California Department of Public Health

Tuberculosis Control Branch

Tuberculosis Control Local Assistance Funds Standards and Procedures Manual Fiscal Year 2024-2025

Base Award

Food, Shelter, Incentives and Enablers Allotment

Special Needs Funds

Civil Detention Funds

June 2024

Table of Contents

Part 1 - Standards and General Terms and Conditions

1. Overview

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) sets forth the following standards and procedures. These standards and procedures specify the conditions for receipt of CDPH TBCB local assistance funds.

The purpose of the tuberculosis (TB) local assistance funds is to assist the current efforts of local TB programs to prevent, control, and eventually eliminate TB in California. Financial assistance is provided to local TB programs to augment local support for TB prevention and control activities.

Local assistance allocations are made up of both state funds and federal funds with the exception of state funds-only allocations to three local health jurisdictions (LHJs) that receive federal funds directly from the Centers for Disease Control and Prevention (CDC). The federal funds fiscal information is: CFDA number – 93.116; FAIN number – NU52PS910219.

2. Authority

California Health and Safety Code (H&SC) Sections 121450, 121451 and 121452 authorize CDPH TBCB to distribute for the purpose of TB control an annual subvention, paid quarterly, to any local health department that maintains a TB control program consistent with standards and procedures established by the Department. The following conditions contained in this manual apply to LHJs that have been awarded funding, hereinafter referred to as Contractors.

3. Allocation of Local Assistance Funds

Local assistance funds are allocated using a funding formula (see table Tuberculosis Local Assistance Allocation Formula FY 2024-2025 below). A multi-variable funding formula modeled after the national TB allocation formula was developed in 2009 in collaboration with the California TB Controllers Association (CTCA) and revised in fiscal year (FY) 2012-2013. In 2023, the allocation process was modified to incorporate low morbidity jurisdictions (averaging <6 cases annually) in the base award funding calculation starting in FY 2024-2025.

Allocations are calculated every two years using five years of surveillance data. Data from 2018-2022 was used to determine FY 2024-2025 and FY 2025-2026 allocations.

Tuberculosis Local Assistance Allocation Formula FY 2024-2025

Variable	Weight
Incident cases	32%
Non-U.S.-born persons and U.S.-born minorities	30%
Pulmonary smear-positive	15%
B-1 notification TB evaluations completed	5%
HIV/AIDS co-infection	5%
Substance abuse	5%
Homelessness	5%
Multidrug-resistant (MDR) TB	3%

Based on the current five-year average, LHJs receive an annual Base Award and an allotment for Food, Shelter, Incentives and Enablers (FSIE) expenditures.

TB local assistance awards are valid and enforceable only if the enacted State of California FY 2024-2025 budget and the 2024 and 2025 Federal budgets make sufficient funds available for the purposes of this program.

4. Tuberculosis Control Branch Priorities and Guidelines for Tuberculosis Prevention and Control Activities

4.1. Tuberculosis Control Branch Priorities

The CDPH TBCB priorities include national priorities and strategies established by CDC. Two of the strategies in the CDC Division of Tuberculosis Elimination Strategic Plan for 2021-2025 to reduce TB morbidity in the United States are:

Strategy 1

Maintain control of TB: Maintain the decline in TB incidence through timely diagnosis of active TB disease, appropriate treatment and management of persons with active TB disease (both drug-susceptible and drug-resistant), investigation and appropriate evaluation and treatment of contacts of infectious TB cases, and prevention of further transmission through infection control.

Strategy 2

Accelerate the decline: Advance toward TB elimination through targeted testing and treatment (TT) of persons with latent TB infection (LTBI), appropriate regionalization of TB control activities, rapid recognition of TB transmission using DNA fingerprinting methods, and rapid outbreak response.

4.2. General Guidelines for Local Health Jurisdictions Receiving Local Assistance Funds

CDPH TBCB has historically taken a priority-based, graduated approach in conducting TB prevention, control and elimination activities. LHJs are now encouraged to conduct all TB prevention and control activities to both maintain control of TB and to accelerate the decline of TB. In California, more than 80% of cases reported each year are due to reactivation of LTBI among individuals with long-standing untreated infection (e.g., contacts to TB cases, immigrants arriving with a class B notification, and other high-risk populations). Efforts to prevent future TB cases should include:

- Maximizing treatment initiation and completion for LTBI in high risk populations
- Promoting the use of the shortest effective LTBI treatment regimens
- Increasing access to adherence technologies to enhance follow-up and treatment completion

LHJs experiencing success with certain strategies are encouraged to share best practices with CDPH TBCB and other TB programs.

5. Contractor’s Responsibilities

The Contractor agrees to:

- Direct activities toward achieving the program objectives set forth by the CDPH TBCB

- Use these funds in accordance with the CDPH TBCB Standards and Procedures Manual, and with any additional guidance set forth by TBCB regarding the granting, use and reimbursement of TBCB local assistance funds
- Use these funds to augment existing funds and not supplant funds that have been locally appropriated for the same purposes. Local assistance funds are intended to provide local entities with increased capabilities to address TB control needs. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to "replace" or "take the place of" existing local funding. For example, reductions in local funds cannot be offset by the use of CDPH TBCB dollars for the same purpose.
- Submit information and reports as requested by CDPH TBCB
- Abide by the most recent standards of care for TB treatment, control and prevention as promulgated by:
  - California Department of Public Health[1]
  - California Tuberculosis Controllers Association[2]
  - American Thoracic Society[3]
  - Centers for Disease Control and Prevention[4]

5.1. Reporting Requirements

A. Case Reports

Contractors shall comply with morbidity reporting requirements. All cases are to be reported using the Report of Verified Case of Tuberculosis (RVCT).[5] Case outcome information for cases counted in 2021 and prior years should continue to be reported on the 2009 RVCT form. For TB cases counted in 2022 and later, Contractors should report using the revised 2020 RVCT form. Additional information on all cases treated with multidrug-resistant (MDR) TB medications should be reported using the MDR supplemental form. The 2020 RVCT and MDR supplemental forms were implemented in California Reportable Disease Information Exchange (CalREDIE) in mid-February of 2022.

Contractors are to submit complete TB case data within two weeks of case confirmation, participate in RVCT trainings, and conduct quality control procedures, including

---

[1] CDPH TBCB TB Guidelines and Regulations (www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx)
[2] CTCA Guidelines (ctca.org/guidelines/cdph-ctca-joint-guidelines/#)
[3] American Thoracic Society, CDC, Infectious Diseases Society of America. (2016) Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis (cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf)
[4] CDC TB Guidelines (cdc.gov/tb/publications/guidelines/default.htm)
[5] 2020 RVCTand MDR forms and reference materials are located in the Document Repository of CalREDIE. Log on and select Document Repository from the CDPH option on the menu bar. Under Report Forms & Documents, click on Tuberculosis Control Branch for a link to 2020 RVCT and MDR forms, revised manual, and TBCB guidance on CA fields.

reconciliation of case counts. Contractors will participate in other activities as needed to ensure accurate reporting on the revised RVCT and MDR forms.

When the diagnosis and/or care of a TB patient is shared between jurisdictions because of multiple residences or movement between jurisdictions, Contractors shall communicate with each other to agree on the jurisdiction with appropriate case count authority, according to CDC case counting guidelines. When a decision cannot be reached between LHJs, CDPH TBCB will work with involved LHJs to assign a counting jurisdiction. Case counting guidelines are outlined in the CDC Report of Verified Case of Tuberculosis Instruction Manual.[6]

B. Electronic Reporting

Contractors must enter RVCT case data for their jurisdiction directly into CalREDIE, the CDPH web-based reporting system for notifiable diseases, or a successor CDPH reporting platform if one is developed. Submission of hard copy RVCT for data entry into CalREDIE by CDPH TBCB will not be accepted. Direct entry of data into CalREDIE improves reporting processes including submission of case reports to CDC and tracking patients who have moved.

C. Data Security and Confidentiality

Contractors shall comply with recommendations set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs."[7]

D. California Aggregate Report for Program Evaluation: Follow-up and Treatment for Contacts of TB Cases

Contractors will submit completed Preliminary and Final ARPE-Contact Investigation (CI) forms to CDPH TBCB annually, in mid-March. ARPE-CI instructions and forms can be found in the CalREDIE Document Repository and on the CDC DTBE ARPE webpage.[8] Each year by early February, TBCB will email to all LHJs: 1) Instructions and MS Word version of the form; 2) Excel workbook with reported cases by smear and culture status; 3) invitation to instructional webinars in February.

---

[6] CDC (2021) 2020 Report of Verified Case of TB (RVCT) Instruction Manual (cdc.gov/tb/programs/rvct/InstructionManual.pdf)

[7] CDC (2011) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action (cdc.gov/nchhstp/programintegration/Data-Security.htm)

[8] ARPE forms are located in the Document Repository of CalREDIE. Log on and select Document Repository from the CDPH option on the menu bar. Under Report Forms & Documents, click on Tuberculosis Control Branch for a link to the ARPE forms. ARPE forms and instructions are also available on the CDC DTBE ARPE (cdc.gov/tb/programs/evaluation/ARPE.html) webpage.

E. California Aggregate Report for Program Evaluation: Targeted Testing and Treatment for Latent Tuberculosis Infection

In 2020, the CDC reintroduced the ARPE-TT as a required annual report. The requirement of Contractors to report to CDPH TBCB is being phased in by LHJ morbidity level over the next few years. For FY 2024-2025, Contractors reporting more than 54 TB cases per year will be required to submit the ARPE-TT to CDPH TBCB, in mid-March 2025, for 2023 (Final) and 2024 (Preliminary) data as available. ARPE-TT forms and instructions can be found on the CDC DTBE ARPE webpage.[9] Each year by early February, TBCB will email to all LHJs: 1) Instructions and MS Word version of the form; 2) invitation to instructional webinars in February.

F. Protocols for People Who Move

Contractors will use the most up-to-date National Tuberculosis Coalition of America (NTCA) forms for the transfer of patient care between jurisdictions in California or between states.[10]

All patients moving out of the United States should be referred to CureTB. Instructions and referral forms can be found on the CureTB webpage[11]. Note that referrals from California should be made to the San Diego office of CureTB at (619) 542-4013 or by email at CureTB.hhsa@sdcounty.ca.gov.

Instructions for "Transfer Protocols - RVCT Reporting for Tuberculosis Patients that Move" can be found on the CDPH TBCB website.[12]

G. Outbreak Reporting

The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report TB outbreaks to CDPH. Reports should be conveyed by calling the CDPH TBCB Outbreak Duty Officer at (510) 620-3000. California TB surveillance definitions for outbreaks can be found on the CDPH TBCB website.[13]

LHJs should not delay reporting while genotype results are pending if an outbreak is suspected.

---

[9] CDC ARPE-TT Forms and Instructions (cdc.gov/tb/programs/evaluation/ARPE.html)

[10] NTCA protocol and forms can be found on the TB Reporting Forms and Instructions for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under Interjurisdictional Transfer Recommendations.

[11] CDC CureTB (cdc.gov/usmexicohealth/curetb.html)

[12] CDPH TBCB. (2019) RVCT Reporting Instructions for Tuberculosis Patients that Move. Can be found on the TB Reporting Forms and Instructions for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under Interjurisdictional Transfer Recommendations.

[13] CDPH TBCB. (2023) Surveillance Definitions for TB Outbreaks. Can be found on the Resources for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Tools and Trainings.

LHJs are encouraged to report TB occurrences in which CDPH TBCB assistance may be useful (e.g., suspected outbreak, an infectious case in a sensitive population, large or complex CI).

H. Immigrants, Refugees, Parolees and Immigration Status Adjusters

Contractors will use the "Electronic Disease Notification (EDN) B-notification Follow-up Worksheet"[14] to report the results of U.S. evaluations of immigrants and refugees arriving with A/B-notifications. Evaluations should be completed and Worksheet results submitted within 120 days of notification of arrival in the U.S., or as soon as the American Thoracic Society TB classification has been assigned. Submission of treatment information, including outcomes, for persons diagnosed with ATS TB 2 or 4 is strongly encouraged. However, treatment outcomes should be submitted separately from evaluation outcomes, to prevent delayed evaluation reporting. Contractors receiving email notifications from EDN should enter the Worksheet results, including any LTBI treatment information, online into EDN. Contractors receiving secure email notifications from CDPH TBCB should submit the Worksheet, including any LTBI treatment information, by fax or secure email.

Contractors are strongly encouraged to work with civil surgeons in their jurisdiction to communicate reporting requirements and referral recommendations for immigration status adjustment applicants testing positive for LTBI, or with findings concerning for TB disease. All civil surgeons are now required to use eMedical to report status adjusters with LTBI. Data from eMedical will be transferred into the EDN system, and Contractors with EDN access will receive notifications of LTBI in EDN. Contractors are encouraged to refer or provide status adjusters with LTBI treatment, and report outcomes using the Follow-up Worksheet in EDN, or other state system once available. Please contact TBCB for questions and updates on reporting systems, and for access to EDN.

5.2. Program Evaluation and Program Improvement

Program evaluation is a systematic review of priority program-area performance and improvement. Contractors are expected to be familiar with the California TB indicator reports, B notification and civil surgeon reports, National TB indicators reports, California performance objectives and local TB program performance.[15] Local assistance funding should be used to meet local and California TB performance objectives.

[14] EDN B-notification Follow-up Worksheet and additional guidance can be found on the TB Reporting Forms and Instructions for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under A/B-Notification Reporting.

[15] Program evaluation and improvement resources can be found on the Tuberculosis Disease Data and Publications (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) webpage under TB Disease Data.

A. Local Health Jurisdictions Reporting 100 or More TB Cases Annually (Very High Morbidity Category)

Contractors reporting an average of 100 or more cases annually are expected to meet with CDPH TBCB staff on an annual basis to review their program performance summary data (provided by TBCB) and discuss opportunities for program improvement.

B. Local Health Jurisdictions Reporting 55 – 99 TB Cases Annually (High Morbidity Category)

Contractors reporting an average of 55-99 cases annually are expected to meet with CDPH TBCB staff every two years to review their program performance summary data (provided by TBCB) and discuss opportunities for program improvement.

C. Local Health Jurisdictions Reporting 15 – 54 TB Cases Annually (Medium Morbidity Category)

Contractors reporting an average of 15-54 cases annually are expected to conduct internal review of their program performance summary data (provided by CDPH TBCB) each year and consider opportunities for program improvement. TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

D. Local Health Jurisdictions Reporting Fewer Than 15 TB Cases Annually (Low and Very Low Morbidity Categories)

Contractors reporting fewer than 15 TB cases annually are encouraged to review their TB data in the most recent "Report on Tuberculosis in California,"[16] and any other CDPH TBCB provided data reports. TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

For consultation regarding program evaluation and program improvement, or to check which morbidity category your LHJ falls under, please contact your assigned CDPH TBCB Program Liaison and/or Epidemiology Liaison (see Part 1 Section 5.8).

5.3. Rights of the Tuberculosis Control Branch

- CDPH TBCB reserves the right to modify the terms and conditions of all awards. Additional information and documentation may be required.
- CDPH TBCB reserves the right to use and reproduce all reports and data produced and delivered pursuant to the local assistance awards and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records is protected pursuant to California State laws and regulations.

5.4. Cancellation/Termination

- TB local assistance awards may be cancelled by CDPH TBCB without cause after 30 calendar days advance written notice to the Contractor.

[16] CDPH TBCB. Report on Tuberculosis in California, 2021. Can be found on the Tuberculosis Disease Data and Publications (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) webpage under Annual TB Reports.

- CDPH TBCB reserves the right to cancel or terminate this agreement immediately for cause.* The Contractor may submit a written request to terminate a TB local assistance award only if the TBCB substantially fails to perform its responsibilities.

  *The term “for cause” shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of a TB local assistance award.
- Agreement termination or cancellation shall be effective as of the date indicated in the CDPH TBCB notification to the Contractor. The notice shall stipulate any final performance, invoicing or payment requirements.
- Upon receipt of a notice of termination or cancellation, the Contractor shall take immediate steps to stop performance and cancel or reduce subsequent agreement costs.
- In the event of early termination or cancellation, the Contractor shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of the TB local assistance award.

5.5. Avoidance of Conflicts of Interest by Contractor

The Contractor agrees to make all reasonable efforts to ensure that no conflict of interest exists between its officers, agents, employees, consultants or member of its governing body.

- The Contractor shall prevent its officers, agents, employees, consultants or members of its governing body from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others such as those with whom they have family, business or other ties.
- In the event that CDPH TBCB determines that a conflict of interest situation exists, any cost associated with the conflict may constitute grounds for termination of the TB local assistance award. This provision shall not be construed to prohibit the employment of persons with whom the Contractor’s officers, agents, or employees have family, business or other ties so long as the employment of such persons does not result in increased costs over those associated with the employment of other equally qualified applicants and such persons have successfully competed for employment with other applicants on a merit basis.

5.6. Indemnification

Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of any activities related to a TB local assistance award.

5.7. Other

- TB Local Assistance Awards are not assignable by the Contractor, either in whole or in part without a formal written amendment by CDPH TBCB.

- The Contractor shall act in an independent capacity and not as officers/employees/agents of the State.
- The Contractor will notify CDPH TBCB prior to any public or media event publicizing project data.

5.8. Communicating with the Tuberculosis Control Branch

When communicating with the TBCB, please contact your LHJ's assigned Program Liaison, Fiscal Analyst, Epidemiologist, or Outbreak Liaison.[17]

Fiscal questions should be directed to your assigned Fiscal Analyst. Programmatic questions should be directed to your assigned Program Liaison.

The CDPH TBCB Civil Detention Coordinator Chris Keh may be reached at (510) 620-3000 or by email at Chris.Keh@cdph.ca.gov.

[17] CDPH TBCB. Program, Fiscal, Epidemiology and Outbreak Response Liaison Assignments. Can be found on the Resources for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Liaison Assignments for Local Health Jurisdictions.

Part 2 - Guidelines on Use of TB Local Assistance Funds

1. Use of Base Award Funds

Local assistance funds must be used exclusively for TB-related activities in accordance with the requirements set forth in Part 1 Section 4 and Part 1 Section 5. Allowable expenses include: salaries and benefits for personnel involved in TB control activities, equipment, supplies, TB-specific training and travel. TB medication expenses are reimbursable from state funds only. See Part 2 Section 1.1 for allowable expenditures and Part 2 Section 1.2 for non-allowable expenditures. Local assistance funds should be used to support licensed professionals only to perform services called for.

1.1. Allowable Expenditures FY 2024-2025

The following expenditures are usually approved when used to support CDPH TBCB Priorities I and II. This list is not comprehensive and the presence of an item on the Allowable list does not imply automatic approval. Please contact your assigned TBCB Fiscal Analyst for guidance.

Equipment
- Cell phones
- Computer hardware
- Computer software for data management of cases and contacts
- Printers, scanners, fax machines
- Video or eDOT equipment or services (see Part 2 Section 1.4)

Fixed Assets
- In-room air cleaners (HEPA filters)
- Laboratory or Radiographic equipment
- Sputum induction devices (booths or hoods)
- TB testing equipment

Food, Shelter, Incentives & Enablers
- Delivery services
- Food vouchers
- Patient housing
- Personal products
- Rideshare services
- Transportation tokens or vouchers

Indirect Costs (Optional)
- Contractor specific rates are approved each year by CDPH
- Rates may not exceed 15% of total allowable direct costs or 25% of total personnel services costs

Laboratory (TB-related)
- Chest x-rays
- Culture, smear, drug susceptibility testing
- Rapid diagnostic tests
- Specimen transport

Medications (anti-TB only)
- Limited to state funds portion of award (see Part 2 Section 1.5)

Personnel (conducting TB prevention and control activities)
- MDs, NPs, Clinical RNs, Radiologists, PHNs, CDIs, Community Workers, Laboratory Staff, Clerks, Social Workers, Financial Screeners, Epidemiologists, Interpreters

Supplies
- Laboratory supplies
- Medical clinic supplies
- Office supplies

Travel (in-state ONLY)
- Within jurisdiction for DOT, case management, CI
- Out of jurisdiction associated with training

Training (TB-related)
- CTCA conference expenses
- Curry International TB Center training
- Educational materials
- Respirator fit testing

Vehicle Leasing Fees

Other
- Local detention activities as described in H&SC Section 121451
- Patient locating services

1.2. Non-Allowable Expenditures FY 2024-2025

The following expenditures will not be approved:

Facility Leasing or Rental Fees
- Building or office space

Furniture
- Desks
- File cabinets
- Modular furniture
- Tables

General Building Renovation Fees

Laboratory Renovations
Out-of-State Travel
Out-of-Country Travel
Patient Insurance Co-Pays
Promotional Items and Advertising
- e.g., TB program or health department labeled pens, coasters, banners

TB Clinic Renovations

1.3. State TB Mandates

In 2012, the Commission on State Mandates determined that Health and Safety Code (H&SC) Sections 121361,121362 and 121366 imposed a partially reimbursable state mandated program upon local agencies. To address these activities, the H&SC was amended to include Sections 121451 and 121452.

H&SC Section 121451 states that a local entity that receives funding from the state for the purposes of TB control shall first allocate the moneys received for the actual costs of the activities described below before allocating the moneys for any other purposes or activities.

A. Local Detention

When a person who has active TB or is reasonably believed to have active TB is discharged or released from a detention facility, the Contractor may reimburse a detention facility for both of the following:

- Drafting and submitting notification to the local health officer
- Submitting the written treatment plan that includes the information required by Section 121362 to the local health officer. This activity does not include drafting the written treatment plan.

When a person who has active TB or is reasonably believed to have active TB is transferred to a local detention facility in another jurisdiction, the Contractor may reimburse the facility for both of the following:

- Drafting and submitting notification to the local health officer and the medical officer of the local detention facility receiving the person
- Submitting the written treatment plan that includes the information required by Section 121362 to the local health officer and the medical officer of the local detention facility receiving the person. This activity does not include drafting the written treatment plan.

B. Local Health Officer or Designee

Either of the following activities may be reimbursed with TB local assistance funds if those activities are carried out by a local health officer or his or her designee.

- Receiving and reviewing for approval within 24 hours of receipt only those treatment plans submitted by a health facility. This activity includes all of the following:
  - Receiving the health facility's treatment plan
  - Sending a request to a health facility for medical records and information on TB medications, dosages, and diagnostic workup; and reviewing records and information
  - Coordinating with the health facility on any adjustments to the treatment plan
  - Sending approval to the health facility
- Drafting and sending a notice to the medical officer of a parole region, or a physician or surgeon designated by the Department of Corrections and Rehabilitation, if there are reasonable grounds to believe that a parolee has active TB and ceases treatment for the disease.

C. Counsel to Non-indigent Tuberculosis Patients

The Contractor may reimburse costs for cities and counties to provide counsel to non-indigent TB patients who are subject to a civil order of detention issued by a local health officer pursuant to Section 121365 upon request of the patient. Services provided by counsel include representation of the TB patient at any court review of the order of detention required by Section 121366.

1.4. Equipment and Services for Electronic Directly Observed Therapy

Contractors using local assistance award funds to purchase equipment (e.g., cell phones or webcams) or services (e.g., cell phone service or eDOT vendor contracts) for electronic directly observed therapy (eDOT) must certify in writing that they have a written eDOT policy and procedures. Contractors are responsible for ensuring methods used are in compliance with the Health Insurance Portability and Accessibility Act of 1996 and any other applicable privacy laws.[19] LHJs should review the CDPH-CTCA "Joint Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California"[20] and contact their assigned CDPH TBCB Program Liaison for assistance (see Part 1 Section 5.8).

1.5. TB Medication Expenditures

Base awards may be a combination of state and federal funds. Fund source and anticipated dollar amount is included on the Notice of Award. To comply with federal restrictions on fund

[19] A link to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) can be found on the Health and Human Services (hhs.gov/hipaa/for-professionals/index.html) website.

[20] CDPH-CTCA Joint Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California (ctca.org/wp-content/uploads/2018/11/CDPH_CTCA-eDOT-Guidelines-Cleared-081116.pdf)

use, reimbursement of medication expenditures is limited to the amount of the state fund portion of the award.

1.6. Expense Allowability and Fiscal Documentation

Contractors must maintain records reflecting actual expenditures for FY 2024-2025.

- Invoices, received from the Contractor and accepted for payment by CDPH TBCB, shall not be deemed evidence of allowable agreement costs.
- Contractors shall maintain for review and audit and supply to CDPH TBCB upon request, adequate documentation of all expenses claimed pursuant to these TB local assistance awards to permit a determination of expense allowability for a minimum of 3 years after final payment.
- If the allowability of an expense cannot be determined by CDPH TBCB because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by TBCB. Upon request of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

1.7. Payment and Recovery of Overpayments

- CDPH TBCB reserves the right to question and re-negotiate reimbursement for any expenditure that may appear to exceed a reasonable cost for the service.
- Compensation provided for expenses incurred in the performance of this contract (including travel, per diem, and taxes) shall be considered as paid.
- Federal local assistance award funds may not be used for litigation costs.
- The Contractor agrees that claims based upon a TB local assistance award or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by CDPH TBCB by one of the following options:
  - Contractor’s remittance to CDPH of the full amount of the audit exception within 30 days following a CDPH TBCB request for repayment
  - A repayment schedule that is agreeable to both TBCB and the Contractor.
- CDPH TBCB reserves the right to select which option will be employed and the Contractor will be notified by TBCB in writing of the claim procedure to be utilized.
- Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor’s receipt of the CDPH TBCB demand for payment.
- If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay CDPH the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor’s first receipt of the CDPH TBCB notice requesting reimbursement of questioned audit costs or disallowed expenses.

1.8. Additional Guidance for Base Award Use

Base Awards include Housing Personnel funds. These funds support personnel that work directly with TB patients who are homeless, and/or at risk for homelessness or at risk for not completing treatment. The letter announcing the request for application (RFA) identifies the amount of these funds.

A. Purpose of Housing Personnel Funds

These funds are to be used specifically for personnel that work directly with TB patients who are:

- Homeless, or
- At risk of becoming homeless, or
- At risk for not completing treatment

The Housing Personnel funds in the Base Award are not intended for FSIE expenditures. Separate funds have been set aside for FSIE expenditures. All LHJs receiving a Base Award also receive an FSIE Allotment.

B. Eligible Expenditures

Eligible activities and expenditures for Housing Personnel funds included as part of the Base Award are those that foster the use of less restrictive alternatives to decrease or obviate the need for detention. Some examples are:

- Personnel salaries and benefits for personnel such as outreach workers, social workers, or public health nurses that work with the specified population to attain the desired outcomes
- Local mileage for personnel to perform directly observed therapy (DOT) or other services to ensure completion of therapy

2. Use of Food, Shelter, Incentives and Enablers Allotment Funds

FSIE Allotment funds are to be used to improve adherence and motivate patients to successfully complete treatment. Incentives are tailored rewards that encourage or acknowledge patient treatment adherence (e.g. gas, grocery, or restaurant gift cards, movie tickets, or a small toy for a child). Enablers are practical items that facilitate patient treatment adherence by overcoming barriers (e.g., assistance with transportation to a treatment or clinic appointment, social service referrals, or housing support; in addition to gas, grocery, or restaurant gift cards).

FSIE Allotment funds may be used to provide food, incentives and enablers for patients with confirmed TB and their contacts and for patients suspected of having TB. Funds may also be used to provide shelter for patients with confirmed TB and for patients suspected of having TB who are experiencing homelessness or at risk of experiencing homelessness (See Part 2 Section 2.2 for the definition of homeless).

For more information on strategies to help promote patient treatment adherence, please contact your assigned CDPH TBCB Program Liaison (see Part 1 Section 5.8).

Recipients receive a single Letter of Award specifying the amounts of the Base Award and the amount of the FSIE Allotment. All or part of an award can be used for FSIE expenditures. Recipients should allocate funds from their award for FSIE expenditures before requesting Additional FSIE Allotment funds.

2.1. Directly Observed Therapy (DOT) for Funds Used to Provide Shelter

Contractors will provide in-person DOT or eDOT for patients with confirmed TB and for patients suspected of having TB that are housed using local assistance award funds. For additional requirements, please see the "Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious."[21]

2.2. Definition of Persons Experiencing Homelessness

This definition is taken from the CDC Report of Verified Case of Tuberculosis Instruction Manual.[22] A person experiencing homelessness may be defined as:

- An individual who lacks a fixed, regular, and adequate nighttime residence
- An individual who has a primary nighttime residence that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
  - An institution that provides a temporary residence for individuals intended to be institutionalized; or
  - A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

A person experiencing homelessness may also be defined as a person who has no home (e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends). Persons in unstable housing situations (e.g., alternating between multiple residences for short stays of uncertain duration) may also be considered homeless.

A person experiencing homelessness may be a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters and shelters for battered women. Residents of welfare hotels and single room occupancy (SRO) hotels could also be considered to be experiencing homelessness. In the rural setting, where there are usually few shelters, a person experiencing homelessness may live in non-residential structures, or substandard housing, or with relatives. Persons who are in a correctional setting are not considered to be experiencing homelessnessness.

2.3. Using FSIE Funds for Hospitalization of TB Patients Experiencing Homelessness

By providing funds to house TB patients experiencing homelessness, it was the intent of the 1997-1998 State Budget Initiative to improve completion of therapy for TB, decrease the need for detention of TB patients experiencing homelessness, and decrease the number of TB patients experiencing homelessness that are lost to follow-up. The Initiative was also designed

---

[21] CDPH TBCB. Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious. Can be found on the Tuberculosis Guidelines and Regulations (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx) webpage under Guidelines and Regulations.

[22] CDC. (2020) Report of Verified Case of Tuberculosis (RVCT) Instruction Manual (cdc.gov/tb/programs/rvct/InstructionManual.pdf)

to reduce the need for hospitalization of TB patients experiencing homelessness. CDPH TBCB recognizes, however, that when no other form of housing is available, or the patient is acutely ill, there may still be a need to hospitalize a TB patient who is experiencing homelessness.

The CDPH TBCB may approve the use of FSIE funds for hospitalization when the following criteria are met:

- The patient is unhoused at the time of hospital admission.
- The patient is infectious or too ill to place in any other available housing. This must be clearly documented by the health department in the patient's chart.
- All other payer sources have been explored and found inadequate or unavailable.
- The patient is not eligible for Medi-Cal because of higher income or immigration status.
    - Some patients may have incomes just over the Medi-Cal eligibility threshold and may not have other insurance. Note that immigrants who are undocumented do not qualify to purchase insurance through CoveredCA.
    - Through December 2023, patients age 26 to 49, who are not eligible for full-scope Medi-Cal due to their immigration status, may be eligible for Emergency Medi-Cal services if they are acutely ill and need hospitalization. Patients without qualifying immigration status may obtain full-scope Medi-Cal coverage by claiming PRUCOL (Permanent Residence Under Color of Law) status. Contact your assigned CDPH TBCB Program Liaison (see Part 1 Section 5.8) for more information about the application process for persons with PRUCOL status.
    - As of May 2022, residents age 0 to 25 as well as age 50 and older qualify for full-scope Medi-Cal regardless of immigration status.
    - As of January 2024, immigrants who are age 26-49 are eligible for full-scope Medi-Cal regardless of immigration status.
- The patient is not under an order of detention as stated in H&SC Section 121365(d), (e). CDPH TBCB has a separate request and reimbursement process for Civil Detention funding (see Part 2 Section 5). Each proposed detention should be discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8 as soon as the possible need for detention arises. While both H&SC Section 121365(d) and (g) require the isolation of the patient, H&SC Section 121365(g) does not require that the patient be detained.

Additionally, as required by H&SC Sections 121361 and 121362, the hospital must submit a written treatment plan to the health department of the county where the hospital is located and receive approval prior to discharging or transferring the patient. Approval is not required for transfer to a general acute care hospital when the transfer is due to an immediate need for a higher level of care. The health department should develop a plan for housing TB patients experiencing homelessness. For consultation on developing a plan, please contact your assigned CDPH TBCB Program Liaison (see Part 1 Section 5.8). LHJs considering use of the FSIE Allotment to cover part or all of the cost of hospitalization should contact TBCB for approval.

3. Additional Food, Shelter, Incentives and Enablers Allotment Funds

Additional FSIE Allotment funds are intended for LHJs that have not received a FSIE Allotment, have expended their full FSIE Allotment, or project to do so before the end of the fiscal year.

Additional FSIE Allotment funds may be requested by and awarded to LHJs in accordance with the following criteria:

- CDPH TBCB should be the funding source of last resort for additional FSIE expenditures. The Contractor must attempt to find resources that will allow the local TB control program to provide the necessary services to the TB patient.
- Requests for Additional FSIE funds should be primarily for the purpose of providing housing for patients with confirmed TB or for patients suspected of having TB. Circumstances warranting exceptions to this will be considered and approval will be made on a case-by-case basis. Exceptions should be in accordance with the prescribed use of these funds as described in Part 2 Section 2 of this manual.

CDPH TBCB cannot ensure that sufficient funds will be available to pay every request. However, TBCB will endeavor to identify all appropriate available funds. Additional FSIE Allotment Funds are awarded on a first come, first served basis, and made in accordance with merit of the request and availability of funds.

LHJs may request Additional FSIE Allotment funds as soon as the need has been identified. Requests will be reviewed and if approved, a letter of award will be issued. Instructions for submitting requests and invoicing for reimbursement are located in Part 3 Section 3. For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

4. Special Needs Funds Awards

Special Needs Funds are made available when possible to LHJs that need resources to support acute and non-enduring TB control activities such as outbreaks, extended CIs, and cases of multidrug-resistant (MDR) TB. The amount available varies each year. Available funds may be federal, state or both. Allowable expenditures will be based on state and federal guidelines.

Special Needs Funds may be requested by and awarded to LHJs in accordance with the following guidance:

- CDPH TBCB should be the funding source of last resort for special needs expenditures. The Contractor must attempt to find resources that will allow the local TB control program to provide the necessary services to the TB patient.
- Eligible expenditures include support for additional personnel, benefits, travel, translation services, laboratory testing, supplies and services such as a portable X-ray van to conduct on-site screening of contacts for active TB disease and/or other allowable expenditures needed to assist with TB control activities.
- Ineligible expenditures include in-patient care, support for routine, on-going TB control activities, “not allowed” expenses under Part 2 Section 1.2 and any expenditure that can be covered by another source of funds. Use of Special Needs Funds for anti-TB medications is dependent on funding source (check with your assigned CDPH TBCB Fiscal Analyst) for availability.
- LHJs that receive federal funds directly from CDC through a Tuberculosis Cooperative Agreement with CDC are only eligible for state funds, when available.

LHJs may request Special Needs Funds as soon as the need has been identified. Requests will be reviewed and if approved, a letter of award will be issued. Instructions for submitting requests and invoicing for reimbursement are located in Part 3 Section 4. For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

5. Civil Detention Funds Awards

Civil Detention Funds are made available when possible to LHJs that need resources to detain persistently non-adherent TB patients. Funding is considered on a case-by-case basis. H&SC Section 121358(a) prohibits the use of these funds for detentions carried out in correctional facilities. See Part 2 Section 5.1 for allowable civil detention expenditures and Part 2 Section 5.2 for non-allowable civil detention expenditures.

Civil Detention Funds may be requested by and awarded to LHJs in accordance with the following guidance:

- CDPH TBCB should be the funding source of last resort for civil detention expenditures. The Contractor must attempt to find resources that will allow the local TB control program to provide the necessary services to the TB patient.
- LHJs requesting Civil Detention Funds must file with CDPH TBCB a current "Plan for the Detention of Persistently Non-Adherent Tuberculosis Patients." A template is available upon request.
- Reimbursement of up to $285 per day, based on the facility type, may be requested for the cost of detention for isolation (H&SC Section 121365[d]).
- Reimbursement may be requested for costs associated with the completion of therapy (H&SC Section 121365[e]).
- Reimbursement may be requested for the actual cost of counsel provided to a non-indigent TB patient, upon request of the patient who is subject to an order of civil detention issued by the Local Health Officer. Services provided by counsel include representation of the TB patient at any court review of the order of detention required by H&SC Section 121451.

LHJs may request Civil Detention Funds as soon as the need has been identified, discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8), and recommended for approval.

Requests will be reviewed and if approved, a letter of award will be issued. Instructions for submitting requests and invoicing for reimbursement are located in Part 3 Section 5. For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

5.1. Allowable Civil Detention Expenditures

All civil detention reimbursement requests are reviewed on a case-by-case basis. Proof of third-party payer non-eligibility must be provided to TBCB prior to invoice payment.

- Room Accommodation
  - Including access to toileting and bathing, meals, housekeeping, laundry, provision of nursing care for administration of TB medication by DOT and visitation procedures.
- Health or Other Treatment Facility
  - Acute Care Hospital (up to $285 per day)
  - Skilled Nursing Facility (up to $285 per day)

  - Alcohol and Drug Rehabilitation Facility ($50 per day)
  - Mental Health Rehabilitation Center (up to $285 per day)
  - Other Health Care/Treatment Facility (up to $285 per day)
  - Motel with elopement prevention measures (up to $285 per day)
- Other Expenditures
- Additional Patient Services
  - Provision of TB clinical services for medical evaluation, monitoring, and follow-up
  - Mental health, substance abuse and spiritual counseling
  - Counsel for a non-indigent TB patient, upon request of the patient who is subject to an order of civil detention issued by the Local Health Officer. Services provided by counsel include representation of the TB patient at any court review of the order of detention required by H&SC Section 121451.
  - Recreation
  - Elopement prevention

    May include: 24-hour security, security guard, closed circuit television, electronic monitoring, alarm on doors, and electronic keypad for entry and exit
- Medication
  - The most cost-efficient method of purchasing TB medication must be utilized (i.e., third-party payer, or a discounted drug purchasing program).
- Transportation
  - Ground transportation to and from a regional civil detention site on a pre-approved case-by-case basis.

5.2 Non-allowable Civil Detention Expenditures

These expenditures will not be approved for reimbursement:

- Detention in a correctional facility
- Personal monitoring devices (unless court-ordered)
- Detention in a private residence
- Air transportation within the state of California

6. Local Assistance Award Reimbursement

- CDPH TBCB reimburses the Contractor in arrears for actual expenditures in accordance with an approved and accepted award
- Reimbursement occurs only after CDPH TBCB has received a signed Acceptance of Award form, provided with the Letter of Award
- Reimbursement is contingent upon CDPH TBCB approval of Contractor expenditures submitted by invoice
- Reimbursement will be withheld if CDPH TBCB determines that the Contractor is not adhering to the terms and conditions described in the Standards and Procedures Manual
- It is mutually agreed that if the State of California Budget Act of the current year or the federal budget covered under these TB local assistance awards does not appropriate sufficient funds for the TB program, the awards shall be of no further force and effect. In this event, CDPH TBCB shall have no liability to pay any funds whatsoever to Contractors

or to furnish any other considerations under this agreement and Contractors shall not be obligated to perform any provisions of TB local assistance awards.

- If state or federal funding for any fiscal year is reduced or deleted for purposes of this program, CDPH TBCB shall have the option to either cancel this agreement with no liability occurring to the State, or offer an amendment to Contractor to reflect a reduced amount
- Total reimbursement shall not exceed the sum specified in the letter of award for Base Award, FSIE Allotment, Additional FSIE Allotment, Special Needs Funds Award or Civil Detention Funds Award
- Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927
- LHJs experiencing events that necessitate acute and non-enduring TB control activities for which no other funds are available, such as extended CIs, cases of MDR TB, and outbreaks may request Special Needs Funds (see Part 2 Section 4). Reimbursement for Base Award, FSIE Allotment, Additional FSIE Allotment, Special Needs Funds Award and Civil Detention Funds Award will not be made more frequently than quarterly unless noted in the Letter of Award.
- A final undisputed invoice shall be submitted for payment no more than 60 calendar days following the expiration or termination date of a TB local assistance award, unless a later or alternate deadline is agreed to in writing by your assigned CDPH TBCB Fiscal Analyst. Said invoice should be clearly marked “Final Invoice,” indicating that all payment obligations of TBCB under this agreement have ceased and that no further payments are due or outstanding. CDPH TBCB may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written approval of an alternate final invoice deadline.

Part 3 - Procedures

1. Application Details

1.1. Completing Your Base Award Application: Required Forms and Information

Applications must be completed in accordance with the guidance provided in this document. The Base Award application packet must include:

- TBCB Subrecipient Eligibility Form (signed if applicable)
- Active SAM registration screenshot (if applicable)
- Most current Single Audit; or financial and performance evaluations if agency is exempt from the Single Audit Requirement
- Special Terms and Conditions–Additional Provisions–Federal Terms and Conditions; Exhibit F (signed if applicable)
- Darfur Contracting Act (signed if applicable)
- Contractor Certification Clauses (signed if applicable)
- Certification of Established Electronic Observed Therapy (eDOT) Policies and Procedures (signed if applicable)
- Tuberculosis Control Program organizational chart
- Base Award Application Budget workbook (submit in Excel format with the following file naming convention: LHJ Name_FY 2024-2025 Local Assistance Base Award Application Budget)
  - Program Contacts
  - Detail Budget
  - Line item justifications
  - Funding Matrix
  - Summary Budget
- Base Award Application Budget summary page (signed)
- Allocation of Personnel Matrix (submit in Excel format)

The Subrecipient Eligibility form, all certification forms, Budget workbook, and Allocation of Personnel Matrix are included with the request for application email. All forms (if applicable) require an authorized original signature (electronic or in blue ink).

Submit the Base Award application packet electronically to tbcb.awards@cdph.ca.gov with the following file naming convention: LHJ Name_FY 2024-2025 Local Assistance Base Award Application.

For questions regarding the Base Award application process, please contact your assigned CDPH TBCB Fiscal Analyst by telephone or email.

1.2. Completing Your Base Award Budget

A. Salary Savings and the Contractor's Initial Budget

Submitted budgets should not include projected salary savings. Contractors with local requirements to include salary savings in their application budget should contact your assigned CDPH TBCB Fiscal Analyst for additional guidance.

B. Medi-Cal Fee-for-Service Reimbursement of Directly Observed Therapy and Directly Observed Preventive Therapy, including eDOT

The use of directly observed therapy (DOT) as a strategy for improving completion of therapy and reducing adverse treatment outcomes is the standard of care. To the extent possible, DOT/eDOT services for Medi-Cal eligible patients should be reimbursed by Medi-Cal on a fee-for-service basis of $19.23 per encounter.

Note: DOT is not reimbursable through Medi-Cal Managed Care Plans (MCP), and it is not necessary to bill an MCP and have the claim denied first. DOT should be billed directly to DHCS through the fee-for-service process. Only local health departments are eligible for DOT reimbursement, not providers. DOT is reimbursable whether delivered in-person, or through telehealth: both synchronous *or* asynchronous modalities are reimbursable. In addition, more than one DOT service per day is reimbursable, if necessary and the need is documented (e.g., MDR-TB or other condition).

The following rules apply to claims for Medi-Cal reimbursement for DOT services:

- Medi-Cal fee-for-service reimbursement for administering DOT or directly observed preventive therapy (DOPT) can only be billed for personnel who are either fully or partially funded with local revenue dollars. Medi-Cal reimbursement is not allowed for services provided by personnel who are fully funded through CDPH TBCB local assistance funds.
- A county or local overmatch is required to claim the Federal Financial Participation reimbursement. Contractors should determine which position(s) will provide Medi-Cal fee-for-service DOT or DOPT, and structure their local and CDPH TBCB local assistance budgets to maximize this revenue stream. Reimbursement is limited to the amount of county or local overmatch budgeted for the personnel providing the service.

Suggested options for structuring your budget:

- Option A
  - Identify the number and type of personnel who will provide Medi-Cal reimbursable services.
  - Budget these positions to be fully funded with local revenue dollars
- Option B
  - Identify the number and type of positions who will provide Medi-Cal reimbursable services
  - Estimate the amount of Medi-Cal reimbursement expected for services provided by each identified position
  - Each position should be funded with local revenue dollars for an amount equal to or greater than the expected amount of Medi-Cal reimbursement
  - Position costs in excess of the expected amount of Medi-Cal reimbursement may be included on the Base Award budget

C. Federal Executive Level II Salary Cap

TB funding that consists of a combination of state and federal funds is subject to the Federal Executive Level II salary cap. The cap amount can be found at the NIH Grants &

Funding Policy and Compliance (grants.nih.gov/grants/policy/salcap_summary.htm) webpage. On a federally funded award, Contractors may budget and invoice up to the salary cap amount. Any overage must be charged to a non-federal source such as local funds.

For Base Award budgets, LHJs should use the Federal Executive Level II amount for those staff members whose base salary is above the cap. The Total Annual Salary Amount is Base Salary times Effort on Project. The amount covered by local funds is the Total Annual Salary Amount minus the Capped Annual Salary Amount.

Below is an example for staff with a base salary of $224,934 and an Executive Level II salary cap of $221,900 for the award period:

Base Salary	Effort on Project	Total Salary Amount	**Cap Amount**	**Amount Effort on Project**	**Capped Total Salary Amount**
$224,934	100%	$224,934	$221,900	100%	$221,900

Example Detailed Budget for Base Award Application

Title	**New/Cont**	**Annual**	**FTE**	**Months**	**Amount**
1. Medical Doctor	Cont.	$221,900	1.0	12	$221,900

Invoicing for the Capped Total Salary Amount each quarter

Base Salary	Effort on Project	Total Quarterly Salary Amount	**Cap Amount**	**Amount Effort on Project**	**Capped Total Quarterly Salary Amount**	Above Cap Quarterly Amount Covered by Local Funds
$224,934	100%	$56,234	$221,900	100%	$55,475	$759

For questions about the Federal Executive Level II salary cap, contact your assigned CDPH TBCB Fiscal Analyst.

D. Personnel Costs (Benefit and Non-Benefit)

Budget information for CDPH TBCB funded positions is required on the Summary, Detailed Budget and Line Item Justification forms:

- Summary Budget
  - Personnel (With Benefit) line item category
  - Total amount budgeted for benefited personnel will calculate from the Detail Budget tab
  - Personnel (Non-Benefit) line item category
  - Enter the total amount budgeted for non-benefited personnel and miscellaneous personnel items
- Detailed Budget
  - Personnel (With Benefit) line item category

List and consecutively number each benefited position as a separate line item (see Example of Detailed Budget below). For each position listed, include the following information:

- Position title
- Indicate if the position is new or continuing
- Annual salary
- Full time equivalent (FTE)
- Total Line Item Amount

Example of Detailed Budget

Personnel - With benefits (title, new or continuing, annual salary, FTE, months)

Title	New/Cont	Annual	FTE	Months	Amount
1. Medical Doctor	New	$203,700	.05	12	$10,185
2. Community Worker	Cont.	$35,000	1.0	12	$35,000
3. Community Worker	Cont.	$36,800	0.8	12	$29,440
4. Epidemiologist	New	$60,000	1.0	12	$60,000
Total Personnel (with benefits)					$134,625

Benefits (rate, actual salary)

Title		Rate	Actual Salary	Amount
1. Medical Doctor		32%	$10,185	$3,259
2. Community Worker		40%	$35,000	$14,000
3. Community Worker		40%	$29,440	$11,776
4. Epidemiologist		32%	$60,000	$19,200
Total Benefits				$48,235

Personnel – Non-benefit (title, new or continuing, annual salary, FTE, months)

Title	New/Cont	Base Amount	Rate	Months	Amount
1. Community Worker	New	$38,000	0.5	12	$19,000
1. Bilingual Bonus		$80/mo	9	12	$8,640
Total Personnel (Non-Benefit)					$27,640

TOTAL PERSONNEL SERVICES **$210,500**

- Line Item Justification
  - Include the following information for each position listed in the Detailed Budget (see Example of Line Item Justification below):
    - Position Title
    - Name(s) of the individual(s) filling the position. State “vacant” if position(s) is/are not filled

- Brief summary of the duties for the position; describe how the position contributes to conducting Strategy One and/or Strategy Two activities (see Part 1 Section 4)
- Identify personnel salaried above the Federal Executive Level II salary cap
- Identify personnel funded with Housing Personnel funds, their activities, and the amount of FTE that match the criteria for the use of these dollars
- Identify personnel fulfilling the duties of a Correctional Liaison (see Part 3 Section 1.2 N)
- Identify personnel fulfilling the duties of a Linkage to Care Liaison for civil surgeon referrals (see Part 3 Section 1.2 O)

Example of Line Item Justification

- Personnel
  1. Medical Doctor (above salary cap)

     Allison Smith (0.05 FTE) Reviews hospital discharge treatment plans, coordinates treatment adjustments and approves discharge.
  2. Community Workers

     Henry Trevon (1.0 FTE) and Leo Segundo (0.8 FTE)

     Henry Trevon and Leo Segundo provide DOT along with other patient follow-up services in a public health clinic to ensure completion of therapy.
  3. Epidemiologist (Vacant)

     This individual analyzes RVCT form data and program records to identify disease trends, monitor patient outcomes, and program performance indicators.
  4. Community Worker

     Luther X. Ray (0.5 FTE)

     Luther X. Ray performs CI follow-up services in the field. He also provides DOT which is billed through the Medi-Cal TB Program fee-for-service DOT. He is supported for this portion of his effort by local revenue dollars.

E. Benefits

Benefit rates of greater than 53% must be justified. Submit official documentation of the rate, as well as a breakdown of the benefits.

Benefit information is required on the Summary and Detailed Budget sheets:

- Summary Budget – Benefits line item category
  - Total amount budgeted for benefits will calculate from the Detailed Budget tab
- Detailed Budget – Benefits line item category
  - Enter the benefit rate, actual salary and the amount of benefits budgeted for each position listed in the Personnel (Benefit) category (see Example of Detailed Budget on page 24)

F. Miscellaneous Personnel Line Items

Budget information for miscellaneous personnel line items, i.e., nurse retention bonus, bilingual bonus, is required on the Summary, Detailed Budget and Line Item Justification forms:

- Summary Budget – Personnel (Non-Benefit) line item category
  - Include in the total amount budgeted for miscellaneous personnel line items
- Detailed Budget – Personnel (Non-Benefit) line item category
  - List any miscellaneous personnel line items as separate line items (see Example of Detailed Budget on page 24)
- Line Item Justification
  - For each miscellaneous personnel item listed in the Detailed Budget, include the following information in the Line Item Justification:
  - Name of the line item
  - A brief justification describing how line items assist staff in meeting identified program needs

Example of Personnel (non-benefit) Justification

Bilingual Bonus These bilingual individuals provide direct services to non-English speaking persons.

G. Travel and Per Diem

Reimbursement for travel and per diem expenses shall be in accordance with California Department of Human Resources policies for state employees (in-State travel only):[23]

- Mileage – Private Car: $0.67 per mile
  - Contractors must maintain a travel log that includes the traveler's name, purpose of the trip (e.g., DOT visit), date(s) of travel, and the total mileage for the trip
- Daily Subsistence Rates (when travel exceeds 24 consecutive hours)
  - Reimbursement is made for actual expenditures not exceeding the following maximum allowable amounts:
    - $13.00 Breakfast
    - $15.00 Lunch
    - $26.00 Dinner
    - $5.00 Incidentals (reimbursement for fees and tips given to porters, baggage carriers and hotel staff)
- Lodging Rates by County
  - Reimbursement is made for actual receipted expenditures not exceeding the following maximum designated nightly amounts by county:

[23] CalHR Travel Reimbursements (calhr.ca.gov/employees/Pages/travel-reimbursements.aspx)

- For all counties except the below: up to $107 plus tax
- Alameda County: up to $189 plus tax
- Marin County: up to $166 plus tax
- Monterey County: up to $184 plus tax
- Napa County: up to $195 plus tax
- Riverside County: up to $142 plus tax
- San Diego County: up to $194 plus tax
- San Mateo County: up to $222 plus tax
- Santa Clara County: up to $245 plus tax
- Santa Monica City: up to $270 plus tax
- San Francisco City and County: up to $270 plus tax
- Los Angeles, Orange and Ventura counties: up to $169 plus tax

All travel and per diem expenses invoiced must be for actual amounts. LHJ personnel traveling on Base Award dollars should maintain receipts for all claimed expenses. Lodging without a receipt will not be reimbursed.

Budget information is required on the Summary, Detailed Budget and Line Item Justification forms:

- Summary Budget – Travel line item category
  - Total amount of combined travel and per diem will calculate from the Detailed Budget tab.
- Detailed Budget – Travel line item category
  - List projected within jurisdiction travel separately from out-of-jurisdiction travel
  - For within jurisdiction travel, indicate the number of miles and mileage rate
  - For out of jurisdiction travel, indicate travel and per diem expenses separately
- Line Item Justification
  - For within jurisdiction and out of jurisdiction travel and per diem, briefly describe purpose of travel. If applicable, identify the dollar amount of Housing Personnel funds and how the proposed activities meet the criteria for the use of these funds (see Example of Travel Justification using Housing Personnel Funds below and Part 2 Section 1.8 for guidance on the use of Housing Personnel funds).

Example of Travel Justification using Housing Personnel Funds

Within jurisdiction travel is required for community outreach workers and public health nurses to perform DOT, patient interviewing, and CI. Out of jurisdiction travel is required for medical, nursing and other health professional staff to participate in continuing education through the annual CTCA conferences.

H. Equipment

Whenever the term equipment/property is used, the following definitions shall apply:

- Major equipment/property: A tangible or intangible item having a base unit cost of $2,500 or more with a life expectancy of one year or more and is either furnished by CDPH TBCB or the cost is reimbursed through this Agreement.
- Minor equipment/property: A tangible item having a base unit cost of less than $2,500 with a life expectancy of one year or more and is either furnished by CDPH TBCB or the cost is reimbursed through this Agreement.

Note: CDPH TBCB requires that major equipment purchased with state funds be documented on the "Contractor Equipment Purchased with CDPH TBCB Funds" form. Contractors should request a form from their assigned TBCB Fiscal Analyst prior to invoicing and return the completed form to TBCB with the invoice for the purchase.

- Approval to purchase equipment is contingent upon Contractor's ability to demonstrate that the purchase is a cost-effective means to meet a need related to the control and prevention of TB, best accomplished by clearly stating the purpose of the equipment.
- Contractor must contact Fiscal Analyst prior to any purchase of $2,500 or more for equipment and services related to such equipment. The Contractor must provide in its request for approval all particulars necessary for evaluating the justification of incurring such costs.
- All equipment and products purchased should be American-made, to the greatest extent possible
- Contractors using CDPH TBCB local assistance award funds to purchase video or other electronic equipment or services for electronic directly observed therapy must have an eDOT policy and procedures in place and submit a signed "Certification of Established Electronic Observed Therapy (eDOT) Policy and Procedures" prior to equipment purchase. An eDOT certification is included with the "Request for Application" email and is also available upon request.
    - Summary Budget – Equipment line category
        - Total amount of all equipment purchases will be calculated from the Detail Budget tab.
    - Detailed Budget – Equipment line item category
        - Itemize equipment purchases and include:
        - The number of units, cost per unit, and total cost
        - Make and model number
    - Line Item Justification
        - Briefly describe how the equipment will enhance ability to conduct TB prevention and control activities.

I. Supplies

Use this line item for office, clinic and laboratory supplies, such as tuberculin syringes.

- Summary Budget
    - List the total amount for all supplies to be purchased
- Detailed Budget

- Itemize projected expenditures into three categories (see Example of Supplies Detailed Budget below):
- Office Supplies: state the total amount to be expended for these supplies. It is not necessary to list all the types of office supplies.
- Clinic Supplies: state the total amount to be expended for these supplies. It is not necessary to list all the types of clinic supplies.
- Laboratory Supplies: itemize all supplies to be purchased with the unit price and number needed for each type.

Example of Supplies Detailed Budget

Line Item Category	Unit	Cost per Unit	Amount
Office Supplies			$500
Clinic Supplies			$100
Laboratory Supplies			
Reagents	5	$75.00 ea	$375
Disposable pipets	5	$40.00 pkg	$200
Centrifuge tubes	8	$35.00 pkg	$280
Total Supplies			$1,455

J. Anti-TB Medication

To comply with federal restrictions on fund use, reimbursement of medication expenditures is limited to the amount of the state fund portion of the award.

- Summary Budget – Anti-TB medication line item category
  - Include in the total amount budgeted for anti-TB medications
- Detailed Budget – Anti-TB medication line item category
  - Itemize anti-TB medication you will purchase with the dollar amount for each drug (see Example of Anti-TB Medication Detailed Budget below):

Example of Anti-TB Medication Detailed Budget

Anti-TB Medication	Units	Cost per Unit	Amount
Rifampin	30	$60	$1,800
Isoniazid	30	$20	$600
Pyrazinamide	30	$150	$4,500
Total Anti-TB Medication			$6,900

K. Subcontracts

Please include a copy of each subcontract with the application. A final draft is acceptable, but a copy of the final signed contract must be submitted to CDPH TBCB as soon as the local contract process is completed.

- Summary Budget – Contractual line item category
  - Total amount of all subcontracts (e.g., purchase agreements and service contracts) will calculate from the Detail tab

- Detailed Budget – Contractual line item category
  - Itemize each subcontract on the detailed budget sheet.
  - List the name of each subcontract organization
  - Indicate the period of service
  - Specify total dollar amount of each subcontract
  - Specify personnel and/or services, equipment and other costs for each subcontract. Provide the same details for personnel, benefits, travel, equipment, supplies and other costs covered under the subcontract as is required for the Base Award detailed budget section.
- Line Item Justification
  - Briefly describe the following:
    - Purpose of the subcontract
    - Scope of work: Describe in outcome terms the specific services to be performed. Deliverables should be clearly defined.
    - Method of selection: State whether the contact is sole-source or competitively bid. If the organization is the sole source for the contact, include an explanation as to why this institution is the only one able to perform the service.
    - Method of Accountability: Describe how the progress and performance of the contractor will be monitored throughout the contract period. Identify who will be responsible for supervising the contract. Include a schedule and description of the types and quantity of the services and/or product(s) to be delivered.
    - If applicable, identify the dollar amount of Housing Personnel funds and how the subcontract meets the criteria for the use of these funds (see Part 2 Section 1.8 for guidance on the use of Housing Personnel funds).

L. Other Line Items

This line item is used for other direct costs that have not been listed elsewhere, and local detention activities as described in Health and Safety Code Section 121451.

- Summary Budget – Other line item category
  - Enter the total amount of Other category line items
- Detailed Budget – Other line item category
  - Itemize each type of expenditure
- Line Item Justification
  - Provide a brief justification for all items listed in the Detailed Budget – Other Category

M. Food, Shelter, Incentives and Enablers

This line item is used for the Food, Shelter, Incentives and Enablers Allotment amount that is included on the Letter of Award.

- Detailed Budget – Type the FSIE Allotment amount
- Summary Budget – The FSIE Allotment amount will calculate from the Detailed Budget
- Line Item Justification
  - Provide a brief justification for how the FSIE allotment funds will be used to improve adherence and to ensure that patients successfully complete treatment.

N. Indirect Cost

Indirect costs are the expenses of doing business not readily identified within a grant or contract, but needed for the general operation of the organization. Reimbursement for indirect costs is generally expressed as a percentage called an indirect cost rate (ICR) and is applied to either the total of Personnel Services (Salary and Benefits) or the total Allowable Direct Cost of the contract.

Each Contractor will submit an application annually to CDPH Financial Management Branch (FMB) with their proposed ICR percentage based on either the total cost of personnel services or total allowable direct cost. CDPH FMB will review applications and approve rates for the upcoming fiscal year. ICR will be capped at the CDPH approved rate for each individual jurisdiction, but not to exceed 25% of total personnel services costs or 15% of total allowable direct costs. For more information regarding approved county indirect cost rates, please contact the FMB by email at CDPH-ICR-mailbox@cdph.ca.gov.

Reduced Indirect Costs

Contractors are **not required** to include an ICR in their TB local assistance award budgets. Contractors may choose to not include ICR in their award budget or may elect to include an ICR that is less than their approved rate.

O. Designation of a Correctional Liaison

Ensuring continuity of care for TB patients who transfer between correctional facilities and/or detention facilities and the community is an important TB prevention and control activity. Each jurisdiction should identify its needs and determine those duties that are most appropriate for their Correctional Liaison. The NTCA Public Health TB Corrections Liaison Model Duty Statement and Core Competencies[24] may be useful in determining these duties.

The designee may be your jurisdiction's Correctional Liaison identified in the CTCA Directory,[25] or you may choose to designate someone else.

To identify the designee in your application package:

- If this position is supported through local assistance subvention funds, include the following statement in the line item justification: "Fulfills the duties of a Correctional Liaison."

[24] NTCA. (2015) Public Health TB Corrections Liaison Model Duty Statement (tbcontrollers.org/docs/CoreCompetencies/Corrections_Liaison_Competencies_09-2015.pdf)

[25] CTCA Directory of Public Health Staff (ctca.org/wp-content/uploads/CTCA-Directory.pdf)

- If the Correctional Liaison is supported through other funds, then indicate the name and position classification of the staff member responsible for fulfilling these duties in the cover letter included with the submission.

P. Designation of a Linkage to Care Liaison for Civil Surgeon Referrals

Ensuring linkage to care or referral of individuals with suspected TB and LTBI to care is an important TB prevention and control activity. Persons seeking adjustment of their immigration status have TB testing performed by civil surgeons; civil surgeons are required to report those with LTBI to the local health department. Each jurisdiction should identify a Linkage to Care Liaison for civil surgeon referrals who is responsible for responding to inquiries from civil surgeons and helping persons with LTBI to be linked to treatment. The sites of care for LTBI treatment may include health department clinics, community clinics, primary care providers, or other providers designated by your program.

The designee would be a staff member who serves as a point of contact and lead for your program for responding to inquiries from civil surgeons. Reporting and care linkages may be handled by a number of persons but a point of contact or lead for TB prevention for civil surgeons should be identified.

To identify the designee in your application package:

- If this position is supported through local assistance subvention funds, include the following statement in the line item justification: “Fulfills the duties of a Linkage to Care Liaison for civil surgeon referrals.”
- If the Linkage to Care Liaison is supported through other funds, then indicate the name and position classification of the staff member responsible for fulfilling these duties in the cover letter included with the submission.

1.3. Submitting Your Base Award Application

Submit by Friday, March 15, 2024, electronically to TBCB.Awards@cdph.ca.gov.

1.4. Receiving Your Base Award

CDPH TBCB issues a Letter of Award to the LHJ upon approval of the application package. The total Base Award, comprised of state and federal funds, includes Housing Personnel funds and an FSIE Allotment, both comprised of state funds only. Enclosed with the Letter of Award is an Acceptance of Award form to be completed and returned with an authorized signature.

1.5. Accepting Your Base Award

As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature. By signing the Acceptance of Award, the recipient agrees to all the conditions of the award as set forth by TBCB. A signed agreement is a prerequisite for reimbursement of invoices. The official signature can be electronic or in blue ink.

1.6. Managing Your Base Award and FSIE Allotment

A. Submitting Base Award Invoices

For services satisfactorily rendered, and upon receipt and approval of the invoices, CDPH TBCB agrees to compensate the Contractor for actual expenditures incurred in accordance with an approved TB local assistance award budget.

Invoices should be signed by an authorized representative, certifying that the expenditures claimed represent actual expenses, and submitted on the Contractor's letterhead quarterly (see Part 3 Section 1.6 A.2) in arrears, electronically to TBCB.Awards@cdph.ca.gov.

The official signature(s) can be electronic or in blue ink.

1. Guidance for Submitting Base Award Invoices

To facilitate timely reimbursement, use the current Base Award invoice template available on the CDPH TBCB Resources for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2024-2025 TB Funding for LHJs.

Include the following information:

- Invoice number (e.g., 24XXBASE00-Q1, 24XXBASE00-Q2)
- Billing period
- Award number (e.g., 24XXBASE00)
- Amount to be reimbursed by line item category
  - For Personnel, include name, title, salary and benefit detail
  - Reimbursement for allowable travel and per diem expenses (in-state only) will be reimbursed using state rates. See Part 3 Section 1.2 G for details.
  - For Equipment, include item detail (type and cost for each). For equipment expenditures, CDPH TBCB reserves the right to request evidence of payment purchase, e.g., official county purchase order, and a brief description of the item(s) purchased including make and model number.
  - Under Supplies, include office, medical and laboratory supplies
  - Anti-TB medications should be included as a separate line item. Request for reimbursement must not exceed the state portion of the Base Award.
  - Provide detail regarding amount to be reimbursed under Other, including local detention activities (as described in Health and Safety Code Section 121451)
  - Food, Shelter, Incentives and Enablers: Amount to be reimbursed by line item and the following detail:
    - For shelter include: the TB case RVCT or CalREDIE number or the local TB suspect ID number, name of lodging location, cost per day, number of days, and total cost. Please do not submit any patient identifiers, such as name, address, or birth date.
    - For patients receiving housing assistance and/or shelter: verify and indicate that treatment was administered via DOT during the time housing was provided.
    - For food items, meals, incentives, enablers: itemize and cross-foot (e.g., 20 personal hygiene kits @ $3.50, total $70; 100 bus vouchers @ $1.00, total $100; 50 food coupons @ $3.00, total $150)

- It is not necessary to submit evidence of FSIE expenditures. However, Contractors are required to maintain this documentation. Please contact your assigned CDPH TBCB Fiscal Analyst for more information regarding record retention requirements.
- CDPH TBCB will review the balance of unexpended FSIE funds and redistribute these funds to Contractors that have requested additional funds. By failing to contact TBCB to request a submission extension for second or fourth quarter invoices, Contractors risk not receiving full payment for the invoiced amount if submitted past the deadline. For information about requesting additional FSIE, see Part 3 Section 3.

It is not necessary to submit evidence of FSIE expenditures. However, Contractors are required to maintain this documentation. Please contact your assigned CDPH TBCB Fiscal Analyst for more information regarding record retention requirements

- Remit to address

Please note that no invoices for the new fiscal year can be processed if there are outstanding invoices from the previous year or if there are unresolved stipulations from the Letter of Award. Also, invoice payment requires that a signed Acceptance of Award is on file with CDPH TBCB.

2. Award Invoice Due Dates and Requests for Extensions

Quarter	Period Covered	Due Date
First	July 1 through September 30	November 15
Second	October 1 through December 31	February 17
Third	January 1 through March 31	May 15
Fourth	April 1 through June 30	August 15

- Award Invoices for TB control expenditures must be submitted quarterly per the schedule above. If an invoice will not be submitted by the quarterly due date, the Contractor must contact CDPH TBCB in advance to request an extension.
- All requests for extensions must be submitted in writing via email by the invoice due date with an explanation of the barriers to timely submission. Requests for extensions longer than two weeks may not be granted if the date would delay CDPH TBCB fiscal closeout. Fiscal closeout begins on the first business day of September of each year. Contractors granted a second or fourth quarter extension must submit a “not to exceed amount” by the last business day in August.

B. Budget Revision Process

1. General Standards

- Submit budget revision requests to the TBCB for approval when adding new personnel, equipment, or contractual line items.

- For all other line items, budget revision requests are to be submitted to TBCB for approval when changes total $1,000 or are greater than or equal to 25% of the total award, whichever is greater.
- Budget revision requests are to be made four weeks prior to anticipated expenditures
- The assigned CDPH TBCB Fiscal Analyst will confirm in writing approval of modified budget requests. No reimbursements can be made for revised budget expenses until approval has been granted.
- TBCB does not give verbal approval for budget revisions.

2. Requesting a Budget Revision

- General Requirements
  - Complete the Budget Revision Request Form, and line item justification. to CDPH TBCB by email
  - Before preparing the budget revision, review the list of Allowable Expenditures (see Part 2 Section 1.1)
  - If the Budget Revision Request includes the addition of new staff positions, revise the Allocation of Personnel Matrix
  - If the Budget Revision Request changes the distribution of expenses, submit a Revised Funding Matrix.
- Completing the Budget Revision Request
  - To facilitate timely review, use the Base Award Budget Revision Request template available on the CDPH TBCB Resources for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2024-2025 TB Funding for LHJs.
  - Include a complete narrative justification for each revised line item. The justification should clearly describe how each proposed revision to the approved budget would enhance the TB program's ability to achieve stated CDPH TBCB priorities (see Part 1 Section 4.1).
  - The following items, when appropriate, must be included when submitting revisions to the Personnel line item:
    - Itemized salary savings for each benefited and non-benefited personnel line item
    - For changes in employment status, include the employee's title, start date, and termination date (when applicable) in the justification section
    - A revised Personnel Matrix
    - A revised Funding Matrix
    - All required signatures

3. Notification of Action Taken on a Budget Revision Request

A copy of the approved or disapproved request will be emailed to the contact person listed on the budget revision form, or on the cover letter accompanying

the request, if different from the contact person listed on the form.

1.7. Additional Required Forms

- A "Contractor Equipment Purchased with CDPH TBCB Funds" form must be submitted with the invoice for major equipment purchased with TB local assistance funds. Contact your assigned TBCB Fiscal Analyst for a form.
- A Contractor's Release form will be emailed to Contractors prior to the end of the fourth quarter and must be submitted with the final Base Award invoice.

2. Process for Requesting and Invoicing Additional Food, Shelter, Incentives and Enablers Allotment Funds

- As soon as the need for Additional FSIE Allotment funds has been identified, contact your assigned CDPH TBCB Fiscal Analyst for assistance. Requests must be in accordance with the use of these funds as described in Part 2 Section 3.
- If the request is approved, the Contractor will receive an Additional FSIE Allotment funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, the recipient agrees to the conditions of the award as set forth by TBCB. Invoices for Additional FSIE Allotment funds expenditures will not be processed until the signed Acceptance of Award has been received.
- Contractors should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., realignment funds). CDPH TBCB should be the payor of last resort for additional FSIE expenses.
- Additional FSIE Allotment funds should be invoiced separately using the Additional FSIE Allotment invoice template available on the CDPH TBCB Resources for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2024-2025 TB Funding for LHJs. Calculations for previous expenditures and remaining balance should be based on the approved Additional FSIE Allotment only, not the original FSIE Allotment. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Additional FSIE Allotment funds expenditures should be submitted on the same quarterly schedule and format as described in Part 3 Section 1.6 B of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Additional FSIE Allotment funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2025 for the award period of July 1, 2024 – June 30, 2025). Invoices submitted after August 31 may not be considered for reimbursement.

3. Process for Requesting and Invoicing Special Needs Funds

- As soon as the need for Special Needs Funds has been identified, contact your assigned CDPH TBCB Fiscal Analyst for assistance. Requests must be in accordance with the use of these funds as described in Part 2 Section 4.
- If the request is approved, the Contractor will receive a Special Needs Funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award

must be returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, the recipient agrees to the conditions of the award as set forth by TBCB. Invoices for Special Needs Funds will not be processed until the signed Acceptance of Award has been received.

- Contractors should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., realignment funds). CDPH TBCB should be the payor of last resort for special needs expenses.
- Special Needs Funds should be invoiced using the Special Needs Funds invoice template available on the CDPH TBCB Resources for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2024-2025 TB Funding for LHJs. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Special Needs Funds expenditures should be submitted on the same quarterly schedule and format as described in Part 3 Section 1.6 B of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Special Needs Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2025 for the award period of July 1, 2024 – June 30, 2025). Invoices submitted after August 31 may not be considered for reimbursement.

4. Process for Requesting and Invoicing Civil Detention Funds

4.1. Requesting Approval and Submitting Documentation for Reimbursement for Civil Detention

- As soon as the potential need for civil detention of a persistently non-adherent TB patient has been identified, contact your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8) for assistance. Available upon request, the "Procedure for Requesting Reimbursement for Civil Detention for a Persistently Non-Adherent Tuberculosis Patient" provides a complete description of the request process and required documentation. LHJs should also refer to the CDPH-CTCA "Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California."[26]
- As soon as the need for Civil Detention Funds has been discussed and recommended for approval, contact your assigned CDPH TBCB Fiscal Analyst for assistance. Requests must be in accordance with the use of these funds as described in Part 2 Section 5.
- If the request is approved, the Contractor will receive a Civil Detention Funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, the recipient agrees to the conditions of the award as

[26] CDPH-CTCA. (2011) Joint Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California (ctca.org/wp-content/uploads/2018/11/FINLCivil_Detention092311_.pdf)

set forth by TBCB. Invoices for Civil Detention Funds will not be processed until the signed Acceptance of Award has been received.

4.2. Invoicing for Civil Detention Funds once the Request is Approved

- Contractors should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., application for health benefits). CDPH TBCB should be the payor of last resort for civil detention expenses.
- Civil Detention Funds should be invoiced using the Civil Detention Funds invoice template available on the CDPH TBCB Resources for Local Health Departments (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2024-2025 TB Funding for LHJs. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Civil Detention Funds expenditures should be submitted on the same quarterly schedule and format as described in Part 3 Section 1.6 B of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Civil Detention Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2025 for the award period of July 1, 2024 – June 30, 2025). Invoices submitted after August 31 may not be considered for reimbursement.

4.3. Detention Release Date Information

Within five working days of the detention release date, the jurisdiction will submit the release date to the CDPH TBCB Civil Detention Coordinator.

6. Declining a Tuberculosis Local Assistance Award

- Any LHJ choosing to decline awarded TB local assistance funds shall notify the assigned Fiscal Analyst via email to TBCB.Awards@cdph.ca.gov.
- When declining TB local assistance funds, the LHJ is authorizing CDPH TBCB to reallocate their award amount to other LHJs.

Appendix

Table 1. List of Abbreviations

Abbreviation	Expansion
ARPE	Aggregate Report for Program Evaluation
CalREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CI	Contact investigation
Contractor	Term refers to the LHJ
CTCA	California Tuberculosis Controllers Association
DOPT	Directly observed preventive therapy
DOT	Directly observed therapy
EDN	Electronic Disease Notification
eDOT	Electronic directly observed therapy
FMB	Financial Management Branch
FSIE	Food, shelter, incentives and enablers
FTE	Full-time equivalent
H&SC	Health and Safety Code
ICR	Indirect cost rate
LHJ	Local health jurisdiction
LTBI	Latent tuberculosis infection
MDR TB	Multidrug-resistant tuberculosis
NTCA	National Tuberculosis Controllers Association
PRUCOL	Permanent Residence Under Color of Law
RFA	Request for Application
RVCT	Report of Verified Case of Tuberculosis
SRO	Single room occupancy
TT	Targeted testing and treatment
TB	Tuberculosis
TBCB	Tuberculosis Control Branch