California Department of Public Health
Tuberculosis Control Branch

Tuberculosis Control Local Assistance Funds Standards and Procedures Manual Fiscal Year 2018-2019

Base Award: Jurisdictions Reporting ≥6 TB Cases
Real-Time Allotment: Jurisdictions Reporting <6 TB Cases
Food, Shelter, Incentives and Enablers Funds
Reimbursement for Civil Detention

March 2018

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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 state funds and federal funds with the exception of allocations to three local health jurisdictions (LHJs) that receive federally funds directly from the Centers for Disease Control and Prevention (CDC). Federal funds fiscal Information: CFDA number – 93.116; grant number - 6NU52PS004656

2. Authority

California Health and Safety Code (H&SC) Sections 121450, 121451 and 121452 authorize the 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 the local health jurisdictions that have been awarded these funds. The local health jurisdiction is hereinafter referred to as the Contractor.

3. Allocation of Local Assistance Funds

Local assistance funds are allocated using a funding formula (see Tuberculosis Local Assistance Allocation Formula FY 2018-2019 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 FY 2012-2013.

Allocations are calculated every two years using five years of surveillance data. Data from 2012-2016 was used to determine the allocations for the FY 2018-2019 and FY 2019-2020.

Tuberculosis Local Assistance Allocation Formula FY 2018-2019

Variable	Weight
Incident cases	32%
Foreign-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%

LHJs reporting six or more TB cases annually, based on a five year average, receive an annual Base Award and an allotment for Food, Shelter, Incentives and Enablers (FSIE) expenditures. LHJs reporting on average less than six TB cases per year receive a Real-time Allotment for up to five cases based on current year TB case reporting. Real-time Allotment funds may be used for FSIE expenditures.

TB local assistance awards are valid and enforceable only if the enacted State of California FY 2018-2019 budget and the 2018 and 2019 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 the CDC. Two of the strategies in the CDC Division of Tuberculosis Elimination Strategic Plan for 2016-2020 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 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

The 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, eighty percent 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 the 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 the TBCB regarding the granting, use and reimbursement of the 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 the 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

All Contractors shall comply with morbidity reporting requirements. All cases are to be reported using the revised Report of Verified Case of Tuberculosis (RVCT).[5]

Contractors will submit complete TB case data within 2 weeks of case confirmation, participate in RVCT trainings, and conduct quality control procedures, including reconciliation of case counts.

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[1] CDPH TBCB Guidelines can be found on the CDPH TBCB website under Guidelines and Regulations: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx

[2] CTCA Guidelines can be found on the CTCA website: http://ctca.org/menus/cdph-ctca-joint-guidelines.html

[3] American Thoracic Society, CDC, Infectious Diseases Society of America. (2016) Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis. Can be found at: https://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf

[4] CDC TB Guidelines can be found on the CDC Division of Tuberculosis Elimination website: http://www.cdc.gov/tb/publications/guidelines/default.htm

[5] CDC. (2009) Report of Verified Case of Tuberculosis. RVCT, Follow-up Report 1 and Follow-up Report 2 forms can be found on the CDPH TBCB website under RVCT Reporting: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx

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 (RVCT) Instruction Manual.[1]

B. Electronic Reporting

Beginning with cases counted January 1, 2015, all Contractors must enter RVCT case data for their jurisdiction directly into the California Reportable Disease Information Exchange (CalREDIE), the CDPH web-based reporting software for notifiable diseases. 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 the 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."[2]

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

All Contractors will submit completed Preliminary and Final ARPE-Contact Investigation (CI) forms to CDPH TBCB annually.[3] This is a change from 2015 when only the Final ARPE form was requested.

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[1] CDC. (2009) Report of Verified Case of Tuberculosis (RVCT) Instruction Manual. Can be found at: https://www.cdc.gov/tb/programs/rvct/InstructionManual.pdf

[2] 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. Can be found at: http://www.cdc.gov/nchhstp/programintegration/Data-Security.htm

[3] ARPE Forms and Instructions can be found on the CDPH TBCB website under Aggregate Reports for Tuberculosis Program Evaluation: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx

E. Protocols for People who Move

All Contractors will use the May 2015 National Tuberculosis Controllers Association (NTCA) forms for the transfer of patient care between jurisdictions in California or between states.[1]

Patients moving to Mexico or countries of Central America should be referred to CureTB. Instructions and referral forms can be found on the CureTB website: http://www.sdcounty.ca.gov/hhsa/programs/phs/cure_tb.

It is recommended that patients moving to countries other than Mexico or Central America be referred through TBNet. Enrollment and contact information can be found on the TBNet website: http://www.migrantclinician.org/services/network/tbnet.html.

CDC also maintains a list of international contacts to use in referring patients that are moving out of the United States: http://www.cdc.gov/tb/programs/international/default.htm.

Instructions for "Transfer Protocols - RVCT Reporting for Tuberculosis Patients that Move" can be found on the TBCB website.[2]

F. 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. A confirmed outbreak is defined as four or more TB cases occurring in California with:

- Definite epidemiologic links indicating that all four cases are part of the same chain of transmission
- Matching TB genotypes*
- Case 1 and case 4 counted within three years of each other

* Exception: a pediatric case less than 5 years of age without genotype results (culture negative) can be included as one of the 4 cases.

Contractors should not delay reporting while genotype results are pending if an outbreak is suspected. The California Tuberculosis Outbreak Report Form is available on the TBCB website.[3]

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[1] NTCA protocol and forms can be found on the CDPH TBCB website under Interjurisdictional Transfer Recommendations: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx

[2] CDPH TBCB. RVCT Reporting Instructions for Tuberculosis Patients that Move. Can be found on the CDPH TBCB website under Interjurisdictional Transfer Recommendations: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-NTCA-IJD-Recommendations.pdf

[3] California Tuberculosis Outbreak Report Form can be found on the CDPH TBCB website under Outbreak Response and Reporting: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx

Jurisdictions 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 contact investigation). For more information about outbreak and investigation-related consultation and assistance available to local health departments, please see the Outbreak Response Team Fact Sheet on the TBCB website.[1]

G. Immigrants and Refugees with B-Notifications

Contractors are to use the revised "Electronic Disease Notification (EDN) B-notification Follow-up Worksheet"[2] to report the results of U.S. evaluations of immigrants and refugees arriving with A/B-notifications. Reports should be submitted to CDPH TBCB within 90 days of notification of arrival in the U.S., or as soon as the American Thoracic Society TB classification has been assigned. Contractors receiving email notifications should enter the Worksheet results online into EDN. Contractors receiving paper notifications should submit the Worksheet by fax or mail to the TBCB.

5.2. Program Evaluation and Program Improvement

Program evaluation is a systematic and in-depth study of priority program-area performance. Information collected should be used as a tool for program improvement. All Contractors are expected to be familiar with the California TB indicators, California performance objectives and local TB program performance.[3] Local assistance funding should be used to meet local and California TB performance objectives.

A. Local Health Jurisdictions Reporting 15 or more TB Cases Annually

Contractors reporting an average of 15 or more TB cases annually are expected to review their program performance summary data (provided by CDPH TBCB) each year and to work with TBCB to develop and implement program improvement plans.

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[1] California Tuberculosis Outbreak Response Team Fact Sheet can be found on the CDPH TBCB website under Outbreak Response and Reporting: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx

[2] EDN B-notification Follow-up Worksheet and additional guidance can be found on the CDPH TBCB website under A/B-Notification Reporting: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-EDN-worksheet.pdf

[3] CDPH TBCB. TB Disease Data. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

B. Local Health Jurisdictions Reporting less than 15 TB Cases Annually

Contractors reporting fewer than 15 TB cases annually are encouraged to review their TB data in the most recent "Report on Tuberculosis in California."[1]

For consultation regarding program evaluation and program improvement, please contact your assigned TBCB Program Liaison and/or Epidemiology Liaison.[2]

5.3. Rights of the Tuberculosis Control Branch

- The CDPH TBCB reserves the right to modify the terms and conditions of all awards. Additional information and documentation may be required.
- The 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.
- The 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 to 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.

[1] CDPH TBCB. Report on Tuberculosis in California, 2016. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB_Report_2016.pdf

[2] CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Program-Liaison-Epi-Assignments.pdf

5.5. Avoidance of Conflicts of Interest by Contractor

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

5.8. Communicating with the Tuberculosis Control Branch

For local assistance award questions, contact a TBCB Fiscal Analyst, either David Beers at (510) 620-3012 or via email at David.Beers@cdph.ca.gov or Kevin Crawford at (510) 620-3052 or via email at Kevin.Crawford@cdph.ca.gov.

For programmatic questions, please contact your assigned TBCB Program Liaison.[1]

[1] CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Program-Liaison-Epi-Assignments.pdf

Part 2 - Guidelines on Use of TB Local Assistance Funds

1. Use of Base Award and Real-Time Allotment Funds

Base Award and Real-time Allotment funds must be used exclusively for tuberculosis (TB)-related activities in accordance with the requirements set forth in Part 1, Section 4 and 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 Allowable Expenditures FY 2018-2019 and Non-Allowable Expenditures FY 2018-2019 lists on pages 12 and 13. Local assistance funds should be used to support only licensed professionals to perform services when such services are called for.

1.1. 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.

1.2. Equipment and Services for Electronic Directly Observed Therapy

Contractors who choose to use local assistance award funds to purchase video or other electronic equipment or services for electronic directly observed therapy (eDOT) must certify in writing that their TB control program has a written eDOT policy and procedures. Contractors are responsible for ensuring that methods used are in compliance with the Health Insurance Portability and Accessibility Act of 1996 and any other applicable privacy laws.[1] For creating an eDOT policy, please review the "Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California 2016"[2] and/or contact your assigned TBCB Program Liaison for assistance.[3]

[1] Health Insurance Portability and Accountability Act of 1996 (HIPAA) can be found on the Health and Human Services website: http://www.hhs.gov/hipaa/for-professionals/index.html

[2] Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California 2016 can be found on the CTCA website at: http://ctca.org/filelibrary/CDPH_CTCA%20eDOT%20Guidelines%20-%20Cleared-%20081116.pdf

[3] CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Program-Liaison-Epi-Assignments.pdf

1.3. TB Medication Expenditures

Base Awards and Real-time Allotments are 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 use, reimbursement of medication expenditures is limited to the amount of the state fund portion of the award.

1.4. Expense Allowability and Fiscal Documentation

Contractors must maintain records reflecting actual expenditures for FY 2018-2019.

- Invoices, received from a Contractor and accepted for payment by the 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 the 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 the CDPH TBCB. Upon request of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

1.5. Payment and Recovery of Overpayments

- The 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 the TBCB and the Contractor.
- The CDPH TBCB reserves the right to select which option will be employed and the Contractor will be notified by the 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, to 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.

Allowable Expenditures FY 2018-2019

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 a CDPH TBCB Fiscal Analyst for guidance.

Equipment
- Cell phones
- Video or eDOT equipment or services*
- Printers, scanners, fax machines
- Computer hardware
- Computer software for data management of cases and contacts

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

Food, Shelter, Incentives & Enablers
- Food vouchers
- Patient housing
- Other personal products
- Transportation tokens or vouchers

Indirect Costs
- Indirect costs are 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)
- Costs of culture, smear, drug susceptibility testing
- Rapid diagnostic tests
- Specimen transport

Medications (anti-TB only)
- Reimbursement may not exceed state funded portion of award

Other
- Local detention activities, only as described in H&SC Section 121451

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
- Medical clinic supplies
- Office supplies
- Laboratory supplies

Travel (In-State ONLY)
- Within jurisdiction associated with DOT, case management, contact investigation
- Out of jurisdiction associated with training

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

Vehicle Leasing Fees

* See Part 2, Section 1.2 for video or eDOT equipment and/or service purchase requirements

Non-Allowable Expenditures FY 2018-2019

The following expenditures will not be approved:	
Facility Leasing or Rental Fees • Building or office space **File Cabinets** **Furniture** • Desks • Modular Furniture • Tables	**General Building Renovation Fees** **Laboratory Renovations** **Out-of-State Travel** **Out-of-Country Travel** **Promotional Items and Advertising** (e.g., TB program or health department labeled pens, coasters, banners) **TB Clinic Renovations**

1.6. Additional Guidance for Base Award Use: Jurisdictions Reporting on Average Six or More TB Cases Annually

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 expenditures for food, shelter, incentives and enablers (FSIE). Separate funds have been set aside for FSIE expenditures. All jurisdictions 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

1.7. Additional Guidance for Jurisdictions Reporting on Average Less Than Six TB Cases Annually

A. Real-Time Allotment Use for Food, Shelter, Incentives and Enablers Expenditures

Real-time Allotment funds can be used for FSIE expenditures. FSIE expenditures should provide services that include measures to enhance treatment adherence, prevent homelessness and allow the use of less restrictive alternatives to avoid the need for patients to complete treatment under an order of civil detention. See Part 2, Section 2 for guidance on the use of funds for FSIE expenditures.

2. Use of Food, Shelter, Incentives and Enablers Allotment Funds or Real-Time Allotment Funds for FSIE Expenditures

Food, shelter, incentives and enablers (FSIE) funds are to be used to improve adherence and to ensure that patients successfully complete treatment. Incentives are rewards given to patients to encourage or acknowledge adherence to treatment. Enablers are practical items given to patients to make adherence easier (e.g., assistance with transportation to a treatment or clinic appointment).

FSIE 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 homeless or at risk of becoming homeless (See Part 2, Section 2.2 for the definition of homeless). For more information on promoting patient treatment adherence, please contact your TBCB Program Liaison.[1]

Base Award recipients receive an FSIE Allotment and a single Letter of Award specifying the amounts of the Base Award and the amount of the FSIE Allotment. Jurisdictions that report on average less than six TB cases annually receive a Real-time Allotment which can be used for FSIE expenditures.

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

All 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.”[2]

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[1] CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Program-Liaison-Epi-Assignments.pdf

[2] CDPH TBCB. Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious. Can be found on the CDPH TBCB website under TB Funding for Local Health Jurisdictions: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-SPM-CD-Policy-for-Housing-Patients-with-TB.pdf

2.2. Definition of Homelessness

This definition is taken from the the CDC Report of Verified Case of Tuberculosis (RVCT) Instruction Manual.[1] A homeless person 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 homeless person 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). Another definition is 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, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels that are not designated for permanent long-term housing. In the rural setting, where there are usually few shelters, a homeless person may live in non-residential structures, or substandard housing, or with relatives. Homeless does not refer to a person who is imprisoned or in a correctional setting.

2.3. Using FSIE Funds for the Hospitalization of Homeless TB Patients

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

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

- The patient is homeless 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 health department chart.

[1] CDC. (2009) Report of Verified Case of Tuberculosis (RVCT) Instruction Manual. Can be found at: https://www.cdc.gov/tb/programs/rvct/InstructionManual.pdf

- All other payer sources have been explored and found inadequate or unavailable. Please note that patients otherwise eligible for Medi-Cal except for their immigration status may be eligible for Emergency Medi-Cal services if they are acutely ill. TB alone does not qualify for Emergency Medi-Cal. In addition, patients without satisfactory immigration status (SIS), to qualify for Medi-Cal, may obtain Medi-Cal coverage by claiming PRUCOL Person Residing Under Color of Law) status. Contact your TBCB Liaison for more information about the PRUCOL application process.
- The patient is not under an order of detention as stated in H&SC Section 121365(d), (e). The CDPH TBCB has a separate reimbursement mechanism for civil detention (See Part 2, Section 6). Each proposed detention should be discussed with a TBCB Program Liaison and/or Civil Detention Coordinator as soon as the 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 homeless TB patients. For consultation on developing a plan, please contact your assigned TBCB Program Liaison.[1]

Local health jurisdictions considering use of the FSIE allotment to cover part or all of the cost of hospitalization should contact the TBCB for approval.

3. Requesting Additional FSIE Funds

Additional FSIE funds may be requested by and granted to jurisdictions that exhaust their FSIE or Real-time Allotment in accordance with the following criteria:

- The CDPH TBCB should be the funding source of last resort for additional FSIE funds. The jurisdiction 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 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.
- LHJs should submit requests by email to a TBCB Fiscal Analyst as soon as the need for additional funds is identified. Invoices for additional funds will be reviewed at the end of each quarter and reimbursed; provided that expenses submitted are allowable and

[1] CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Program-Liaison-Epi-Assignments.pdf

sufficient funds are available. Instructions for submitting requests and invoicing for reimbursement are located in Part 3, Section 3.

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

4. Requesting Special Needs Funds

Special Needs Funds awards are made available when possible to LHJs that need resources to support acute and non-enduring TB control activities such as extended contact investigations, unexpected cases of multidrug-resistant (MDR) TB and outbreaks. 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 granted to jurisdictions that have no other funds available in accordance with the following guidance:

- 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
- Ineligible expenditures include in-patient care, support for routine, on-going TB control activities, “not allowed” expenses on the list of Non-Allowable Expenditures FY 2018-2019 on page 13 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 TBCB Fiscal Analyst) for availability.
- Jurisdictions that receive federal funds directly from the CDC through a Tuberculosis Cooperative Agreement with the Centers for Disease Control and Prevention are only eligible for state funds, when available
- Requests may be submitted at any time during the fiscal year. Approved requests may be invoiced quarterly up to the amount approved.

For additional information regarding the Special Needs Funds application process and/or the Special Needs Funds Application, please contact your TBCB Fiscal Analyst.

5. Local Assistance Award Reimbursement

- The CDPH TBCB reimburses the Contractor in arrears for actual expenditures in accordance with an approved and accepted Base Award budget or an accepted Real-time Allotment
- Reimbursement occurs only after the CDPH TBCB has received a signed original copy of the Acceptance of Award or Acceptance of Allotment form that is provided with the Letter of Award or Letter of Real-time Allotment
- Reimbursement is contingent upon TBCB approval of Contractor expenditures submitted by invoice
- Reimbursement will be withheld if the 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, the 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, the 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 Base Award - Letter of Award or Letter of Real-time Allotment, with the exception of approved additional FSIE funds or a Special Needs Funds award. Additional funds may be requested when a jurisdiction has exceeded its designated FSIE Allotment or Real-time Allotment. See Part 2, Section 3 for additional information.
- 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 contact investigations, cases of MDR TB, and outbreaks may request Special Needs Funds (see Part 2, Section 4 for additional information). Reimbursement for Base Award, FSIE Allotment, Real-time Allotment and Special Needs 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 sixty (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 a CDPH TBCB Fiscal Analyst. Said invoice should be clearly marked “Final Invoice,” indicating that all payment obligations of the CDPH TBCB under this agreement have ceased and that no further payments are due or outstanding. The 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.

6. Reimbursement for Civil Detention of Persistently Non-Adherent Tuberculosis Patients

6.1. Reimbursement Standards

- All jurisdictions requesting reimbursement for the civil detention of a persistently non-adherent tuberculosis patient must have a current “Plan for the Detention of

Persistently Non-Adherent Tuberculosis Patients"[1] on file with the CDPH TBCB

- Consideration for reimbursement for detention of persistently non-adherent tuberculosis patients is made 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 Allowable Civil Detention Expenditures below and Non-Allowable Civil Detention Expenditures on page 20.
- Reimbursement of up to $285 per day is available for the cost of detention for isolation (H&SC Section 121365[d]) and completion of therapy (H&SC Section 121365[e])
- Reimbursement is available for the 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.
- Reimbursement for detention is a fixed rate per day based on the type of facility. Contact the TBCB Civil Detention Coordinator for information about the current rate.
- Prior to submitting an invoice to the CDPH TBCB, LHJs should seek third party reimbursement for expenses for all eligible civilly detained patients

The reimbursement process is described in Part 3, Section 4 and in the "Procedure for Requesting Reimbursement of Civil Detention of a Persistently Non-Adherent Tuberculosis Patient."[2]

Allowable Civil Detention Expenditures

Allowable: All civil detention reimbursement requests are reviewed on a case-by-case basis. The CDPH TBCB is the payer of last resort. Proof of third party payer non-eligibility must be provided to the TBCB prior to invoice payment.
Room Accommodation Including access to toileting and bathing, meals, housekeeping, and laundry, provision of nursing care for administration of TB medication by DOT and visitation procedures.

[1] CDPH TBCB. Plan for the Detention of Persistently Non-Adherent Tuberculosis Patients. Can be found on the CDPH TBCB website under TB Funding for Local Health Jurisdictions: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-SPM-CD-Plan-for-Detention-of-Persistently-Non-Adherent-TB-Patients.pdf

[2] CDPH TBCB. Procedure for Requesting Reimbursement of Civil Detention of a Persistently Non-Adherent Tuberculosis Patient. Can be found on the CDPH TBCB website under TB Funding for Local Health Jurisdictions: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-SPM-CD-Procedure-for-Requesting-Reimbursement-CD.pdf

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 key pad 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

Non-allowable Civil Detention Expenditures

Non-Allowable: These expenditures will not be approved for reimbursement:	
Detention in a correctional facility	**Detention in a private residence**
Personal monitoring devices (unless court-ordered)	**Air transportation within the state of California**

6.2. Tuberculosis Control Branch Civil Detention Coordinator

Lisa True, Nurse Consultant, may be reached at (510) 620-3054 or via email at lisa.true@cdph.ca.gov or please contact your assigned TBCB program liaison.[1]

[1] CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Program-Liaison-Epi-Assignments.pdf

Part 3 - Procedures

1. Jurisdictions Reporting On Average Six or More TB Cases Annually

1.1 Completing Your Base Award Application: Required Forms and Information

Applications must be completed in accordance with the instructions given in this document. The application must include:

- Budget
  - Summary Budget
  - Detail Budget
  - Line item justifications
- Funding Matrix
- Personnel Matrix
- Certification of Established Electronic Observed Therapy (eDOT) Policies and Procedures (if applicable)

Budget forms can be found on the CDPH TBCB website under TB Funding for Local Health Jurisdictions: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx. The eDOT certification form is included in the request for application email.

For questions regarding the Base Award application process, please contact a TBCB Fiscal Analyst by telephone or via 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. Jurisdictions with local requirements to include salary savings in their application budget should contact a TBCB Fiscal Analyst for additional guidance.

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

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

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
- Positions costs in excess of the expected amount of Medi-Cal reimbursement may be included on the Base Award budget

C. 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

  Enter the total amount budgeted for benefited personnel
- 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 on page 23). 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

Line Item Category					
Personnel - With benefits (title, new or continuing, annual salary, FTE, months)					Amount
Title	New/Cont.	Annual	FTE	Months	
1. Medical Doctor	New	$160,000	.05	12	$8,000
2. Community Worker	Continuing	$35,000	1.0	12	$35,000
3. Community Worker	Continuing	$36,800	0.8	12	$29,440
4. Epidemiologist	New	$60,000	1.0	12	$60,000
Total Personnel (with benefits)					$132,440
Benefits (rate, actual salary)					
Title		Rate	Actual Salary		
1. Medical Doctor		32%	$8,000		$2,560
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					$47,536
Personnel – Non-benefit (title, new or continuing, annual salary, FTE, months)					
Title	New/Cont.	Annual	FTE	Months	
1. Community Worker	New	$38,000	0.5	12	$19,000
Bilingual bonus: $80 per month x 12 months x 9 Nurses					$8,640
Total Personnel (Non-Benefit)					$27,640
TOTAL PERSONNEL SERVICES					$207,616

Line Item Justification

- Include the following information for each position listed in the Detailed Budget (see Example of Line Item Justification on page 24):
- 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 listed on page 2
- 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 also Part 3, Section 1.2 M)

Example of Line Item Justification

Personnel
1. Medical Doctor Allison Smith (0.05 FTE) Reviews hospital discharge treatment plans, coordinates treatment adjustments and approves discharge.
2. and 3. 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.
4. Epidemiologist (Vacant) This individual analyzes Report of Verified Case of Tuberculosis (RVCT) form data and program records to identify disease trends, monitor patient outcomes, and program performance indicators.
5. Community Worker Luther X. Ray (0.5 FTE) Luther X. Ray performs contact investigation 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.

D. 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
  - Enter the total amount budgeted for benefits

  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 23)

E. 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 23)

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 these line items assist your 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.

F. Travel and Per Diem

Allowable Travel and Per Diem Expenses and Reimbursement (In-State travel only):

- Mileage – Private Car: $0.545 per mile (or current state reimbursement rate)
  - Contractors must maintain a travel log that includes the individual'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 will be made for actual expenditures not exceeding the following maximum allowable amounts:
  - $ 7.00 Breakfast
  - $11.00 Lunch
  - $23.00 Dinner
  - $ 5.00 Incidentals (reimbursement for fees and tips given to porters, baggage carriers and hotel staff)
- Lodging with a receipt up to $90.00 plus tax, except for specific counties listed below.

  Reimbursement is made on the actual amount of the lodging or expense up to the designated maximum. All expenses invoiced must be for the actual amount of the expense. Local health jurisdiction personnel traveling on Base Award dollars should maintain receipts for all claimed expenses. Lodging without a receipt will not be reimbursed.

  Designated reimbursement maximums for lodging are higher for (receipted) hotel stays in the following counties:
  - Napa, Riverside and Sacramento Counties: up to $95 per night, plus tax
  - Los Angeles, Orange and Ventura Counties: up to $120 per night, plus tax
  - Alameda, Monterey, San Diego, San Mateo and Santa Clara Counties: up to $125 per night, plus tax
  - San Francisco City and County and City of Santa Monica up to $150 per night, plus tax

Reimbursement for travel and per diem shall be in accordance with California Department of Human Resources policies for state employees.[1]

Summary Budget – Travel line item category

- List the total amount of combined travel and per diem

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 the purpose of the 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 1.6 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 contact investigation.
Out-of-jurisdiction travel is required for medical, nursing and other health professional staff to participate in continuing education through the annual CTCA conferences.

G. 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 $5,000 or more with a life expectancy of one (1) 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 $5,000 with a life expectancy of one (1) year or more and is either furnished by CDPH TBCB or the cost is reimbursed through this Agreement.

Note: The 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 a TBCB Fiscal Analyst prior to invoicing and return the completed form to the TBCB with the invoice for the purchase.

[1] CalHR website: http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx

- Approval to purchase equipment is contingent on the 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. This is best accomplished by clearly stating the purpose of the equipment.
- Equipment procurement shall not exceed an annual (fiscal year) maximum of $50,000
- 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

  - List the total amount of all equipment purchases

  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 your ability to conduct TB prevention and control activities.

H. 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 on page 28):
- 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			
Supplies			Amount
Office Supplies			$500
Clinic Supplies			$100
Laboratory Supplies	Unit	Cost per Unit	
Reagents	5	$75.00 ea	$375
Disposable pipets	5	$40.00 pkg	$200
Centrifuge tubes	8	$35.00 pkg	$280
Total Supplies			$1,455

I. 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

Line Item Category			
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

J. 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 the CDPH TBCB as soon as the local contract process is completed.

Summary Budget – Contractual line item category

- List the total amount of all subcontracts (e.g., purchase agreements and service contracts).

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 1.6 for guidance on the use of Housing Personnel funds)

K. Other Line Items

Use this line item for:

- Other direct costs that have not been listed elsewhere
- Local detention activities, only 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.

L. 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 the CDPH Financial Management Branch (FMB) with their proposed ICR percentage based on either the total cost of personnel services or total allowable direct cost. The 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.

M. Designation of a Correctional Liaison

Ensuring continuity of care for TB patients who transfer between correctional 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 National TB Controllers Association (NTCA) Public Health TB Corrections Liaison Model Duty Statement[1] and Core Competencies may be useful in determining these duties.

The designee may be your jurisdiction's Correctional Liaison identified in the CTCA Directory,[2] 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, then include the following statement in the line item justification: "Fulfills the Duties of a Correctional Liaison."
- If the Correctional Liaison is supported through other funds, then indicate in the cover letter included with the submission of your budget the name and position classification of the staff member responsible for fulfilling these duties.

1.3. Submitting Your Base Award Application

Submit electronically to tbawards@cdph.ca.gov or mail by Friday, April 27, 2018 to:

[1] Public Health TB Corrections Liaison Model Duty Statement can be found on the NTCA website under Model Duty Statements: http://tbcontrollers.org/docs/CoreCompetencies/Corrections_Liaison_Competencies_09-2015.pdf

[2] CTCA Directory can be found on the CTCA website at: http://www.ctca.org

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attention: Local Assistance – Application for Funding

1.4. Notice of Base Award Application Approval Process

The CDPH TBCB issues a Letter of Award to the recipient upon approval of the application package. The Letter of Award will contain the amounts of the Base Award, including Housing Personnel funds, federal funds and the Food, Shelter, Incentives and Enablers (FSIE) allotment. Attached to the letter is an Acceptance of Award page to be completed by the jurisdiction 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 or Allotment form must be returned to the CDPH TBCB with an authorized signature. By signing the Acceptance of Award or Allotment, the recipient agrees to all the conditions of the award as set forth by the CDPH TBCB. A signed agreement is a prerequisite for reimbursement of invoices. The following certification forms are included in the "Request for Application" email and should be signed and sent with the signed Acceptance of Award:

- Contractor Certification Clauses
- Special Terms and Conditions
- Darfur Contracting Act

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, the CDPH TBCB agrees to compensate the Contractor for actual expenditures incurred in accordance with an approved TB local assistance award budget.

Original invoices signed by an authorized representative in blue ink certifying that the expenditures claimed represent actual expenses should be submitted on the Contractor's letterhead quarterly (see Part 3, Section 1.6 A 2 for due dates) in arrears to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attention: Local Assistance – Invoice

1. Guidance for Submitting Base Award Invoices

- To facilitate timely reimbursement, use the invoice template on the CDPH TBCB website at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx and include the following information:

- Award period
- Billing period
- 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 F for rate details.
    - For Equipment, include item detail (type and cost for each). For equipment expenditures, the CDPH TB Control Branch 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 your Base Award.
    - Provide detail regarding amount to be reimbursed under Other, including local detention activities (as described in Health and Safety Code Section 121451)

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 the CDPH TBCB.

2. Award Invoice Due Dates and Requests for Extensions

- Award invoices for TB control expenditures should be submitted quarterly per the schedule below.

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

- Invoices must be postmarked by the quarterly due date. If an invoice will not be submitted by the quarterly due date, the Contractor must contact the TBCB in advance to request an extension.
- All requests for extensions must be submitted in writing (letter, fax or 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 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. Submitting FSIE Allotment Invoices

Original invoices signed by an authorized representative in blue ink certifying that the expenditures claimed represent actual expenses should be submitted on the Contractor's letterhead quarterly (see Part 3, Section 1.6 A 2 for due dates) in arrears to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attention: Local Assistance – Invoice

The official signature(s) must be in blue ink.

Guidance for Submitting FSIE Allotment Invoices

- To facilitate timely reimbursement, use the FSIE sample invoice template on the CDPH TBCB website at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx and include the following information:
- Amount to be reimbursed by line item (Shelter and Food, Incentive and Enablers) and the following detail:
    - For shelter include: the TB case Report of Verified Case of Tuberculosis (RVCT) or California Reportable Disease Information Exchange (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 expenditures for food, shelter, incentives and enablers. However, Contractors are required to maintain this documentation. Please contact your TBCB Fiscal Analyst for more information regarding record retention requirements.
- The CDPH TBCB will review the balance of unexpended FSIE funds and re-distribute these funds to Contractors that have requested additional funds. By failing to contact the 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 extra FSIE, see Part 3, Section 3.

C. Budget Revision Process

1. General Standards

- Budget revision requests should be made 4 weeks prior to anticipated expenditures
- A TBCB Fiscal Analyst must confirm in writing approval of modified budget requests. No reimbursements can be made for revised budget expenses until approval has been granted. The CDPH TBCB does not give verbal approval for budget revisions.

2. Requesting a Budget Revision

- General Requirements
  - Submit a Budget Revision Request, a revised Summary Budget, Detailed Budget, and line item justification to the TBCB by email
  - Before preparing the budget revision, review the list of Allowable Expenditures (see Part 2, Table 2)
- Completing the Budget Revision Request
  - To facilitate timely review, use the Base Award Budget Revision Request template on the CDPH TBCB website at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx. Additional information may be requested.
  - 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 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
    - All required signatures

3. Notification of Action Taken on a Budget Revision Request

- A copy of the approved or disapproved request will be emailed or faxed 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 a CDPH TBCB Fiscal Analyst for a form.
- A Contractor's Release form for Base Awards and Real-time Allotments will be emailed to Contractors prior to the end of the fourth quarter and must be submitted with the final Base Award or Real-time Allotment invoice.

2. Jurisdictions Reporting on Average Less Than Six TB Cases Annually

2.1. Receiving Your Real-Time Allotment

An application is not required for receipt of Real-time Allotment funds. The allocation of Real-time Allotment funds is based on the number of TB cases and case characteristics reported in the current calendar year and the number of completed B1-notification evaluations. In order to provide 90 days to complete B1-notification evaluations for immigrants arriving in December, funds will be issued for evaluations completed between December 1 of the previous year and November 30 of the current year.

An Initial Letter of Real-time Allotment will be issued in June based on verified TB cases reported between January 1 and May 31. A Letter of Revised Real-time Allotment will be issued in December based on TB cases reported between June 1 and October 31. A Letter of Final Real-time Allotment will be issued in March based on TB cases reported between November 1 and December 31. Funds will be issued for up to five TB cases and/or case characteristics per calendar year. There is no limit on reimbursement for B1-evaluations completed. See Table 10 for the Letter of Real-time Allotment schedule.

Letter of Real-Time Allotment Schedule

TB Cases Reported	Award Letter	Date Issued
January 1 – May 31	Initial	June
June 1 – October 31	Revised	December
November 1 – December 31	Final	March

*Real-time Allotments will be issued for up to five cases or case characteristics per calendar year

2.2 Accepting Your Real-Time Allotment

The Letter of Real-time Allotment will include an Acceptance of Allotment form. The Acceptance of Allotment form is an official acknowledgement of receipt of funds and must be returned to the CDPH TBCB with an authorized signature. By signing the Acceptance of Allotment, the recipient agrees to all the conditions of the award as set forth by the TBCB. A signed Acceptance of Allotment form is a prerequisite for reimbursement of invoices. The following certification forms are included in the “Letter of Real-time Allotment” email and should be signed and sent with the signed Acceptance of Award:

- Contractor Certification Clauses
- Special Terms and Conditions
- Darfur Contracting Act

2.3. Managing Your Real-Time Allotment

A. Submitting Real-Time Allotment Invoices

For services satisfactorily rendered, and upon receipt and approval of the invoices, the CDPH TBCB agrees to compensate the Contractor for actual expenditures incurred in accordance with “Allowable Expenditures List FY 2018-2019” (see Part 2, Table 2).

Original invoices signed by an authorized representative in blue ink certifying that the expenditures claimed represent actual expenses should be submitted on the Contractor's letterhead quarterly (see Section Part 3, Section 1.6, A,2 for due dates) in arrears to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attention: Local Assistance – Invoice

The official signature(s) must be in blue ink.

1. Guidance for Submitting Real-time Allotment Invoices

- To facilitate timely reimbursement, use the Real-time Allotment Invoice template on the CDPH TBCB website at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx and include the following information:
- Award period
- Billing period
- Amount to be reimbursed by line item category (including FSIE)
    - For Personnel, provide name, title and a brief description of duties. For benefit rates of greater than 40%, submit official documentation of the rate, as well as a breakdown of the benefits.
    - Reimbursement for allowable travel and per diem expenses (in-state only) will be reimbursed using state rates. See Part 3, Section 1.2 F for rate details.
    - For Equipment, include item detail (type and cost for each). For equipment expenditures, the CDPH TB Control Branch 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 your Real-time Allotment.
    - For Contractual, a copy of the subcontract must be included with the first invoice for which reimbursement is requested. See Part 3, Section 1.2 J for guidance on additional information needed.
    - Provide detail regarding amount to be reimbursed under Other, including local detention activities (as described in Health and Safety Code Section 121451)
    - Detail for FSIE detail must include:
        - 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
- 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 the CDPH TBCB.

2. Real-time Allotment Invoice Due Dates and Requests for Extensions

- Real-time Allotment invoices for TB control expenditures should be submitted quarterly per the schedule below.

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

- Contractors may invoice for part or all of their Real-time Allotment funds in any given quarter. Invoices should be postmarked by the quarterly due date. Fourth quarter Real-time Allotment invoices must be submitted by August 15 following the end of the award period (e.g., August 15, 2019 for the award period of July 1, 2018 – June 30, 2019).
- Requests for extensions for fourth quarter invoices must be submitted in writing (letter, fax or email) by August 15 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 TBCB fiscal closeout. Contractors granted an extension must submit a “not to exceed amount” by the last business day in August.
- If you have a question regarding invoice due dates, please contact a TBCB Fiscal Analyst.

3. Process for Requesting and Invoicing Additional FSIE Funds: All Jurisdictions

- Requests for additional funds should be submitted by email to a TBCB Fiscal Analyst as soon as the need has been identified. The request should include the amount (by type of expense) needed through the end of the fiscal year.
- Requests must be in accordance with the use of these funds as described in Part 2, Section 3

- The Contractor will receive approval, denial and/or request for additional information by email from the TBCB.
- Invoices for additional FSIE 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.
- Additional FSIE funds should be invoiced separately using the Additional FSIE Invoice template posted on the CDPH TBCB website. Calculations for previous expenditures and remaining balance should be based on the approved Additional FSIE amount only, not the original FSIE Allotment.
- Fourth quarter invoices for additional FSIE expenditures must be submitted by August 15 following the award period (e.g., August 15, 2019 for the award period of July 1, 2018 – June 30, 2019). Invoices postmarked after August 31 may not be considered for reimbursement.

4. Reimbursement for Civil Detention of Persistently Non-Adherent TB Patients

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

Refer to "Procedure for Requesting Reimbursement for Civil Detention for a Persistently Non-Adherent Tuberculosis Patient"[1] for a complete description of this process and required documentation. Contact the TBCB Civil Detention Coordinator for assistance (see Section 4.4).

For assistance in completing the required documentation, refer to the CDPH-CTCA "Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California."[2]

Local health jurisdictions must use one of the following options in order to be eligible for reimbursement.

Option 1 (The CDPH TBCB recommends the use of this option)

- Prior to the detention:
  - Contact your assigned TBCB Program Liaison to discuss the circumstances
  - Submit a completed "Request for Reimbursement of Civil Detention of a Persistently Non-Adherent Tuberculosis Patient" along with the required documentation
- Requests for reimbursement will be reviewed by the TBCB Civil Detention Coordinator; approval or denial will be returned by fax to the requesting

[1] CDPH TBCB. The Procedure for Requesting Reimbursement for Civil Detention. Can be found on the CDPH TBCB website at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-SPM-CD-Procedure-for-Requesting-Reimbursement-CD.pdf.

[2] CDPH CTCA. (2011) Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California. Can be found at: http://www.ctca.org/fileLibrary/file_50.pdf

Contractor

Option 2

- Within 5 working days of the date the detention began, the Contractor must submit a completed "Request for Reimbursement of Civil Detention of a Persistently Non-Adherent Tuberculosis Patient" along with required documentation
- Requests for reimbursement will be reviewed by the TBCB Civil Detention Coordinator; approval or denial will be returned by email or fax.
- Please be aware that if a request for reimbursement is denied by the CDPH TBCB, the Contractor is financially responsible for the detention.

4.2. Invoicing for Civil Detention once the Request is Approved

Before submitting an invoice to the CDPH TBCB, Contractors must seek third party payer reimbursement for all eligible services and expenses for all civil detention patients. Proof of denial of third party payer reimbursement or proof of denial of an application for health benefits is required prior to invoice payment. Contractors may request reimbursement for the actual costs of providing 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.

Use the "Civil Detention Program Invoice"[1] template for invoicing. The invoice must include the authorized original signature(s) in blue ink. Final invoices for each fiscal year are due no later than 60 days past the end of the fiscal year (August 31).

4.3. Detention Release Date Information

Within 5 working days of the detention release date, the jurisdiction will fax the release date to the TBCB Civil Detention Coordinator.

4.4. CDPH TBCB Civil Detention Coordinator

Lisa True, Nurse Consultant, may be reached at (510) 620-3054 or via email at lisa.true@cdph.ca.gov or please contact your assigned TBCB program liaison.[2]

[1] CDPH TBCB. Civil Detention Program Invoice. Can be found on the CDPH TBCB website under Civil Detention Resources: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-SPM-CD-Civil-Detention-Program-Invoice.xlsx

[2] CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Program-Liaison-Epi-Assignments.pdf

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
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	Person Residing Under Color of Law
RFA	Request for Application
RVCT	Report of Verified Case of Tuberculosis
SRO	Single room occupancy
TB	Tuberculosis
TBCB	Tuberculosis Control Branch