

California Department of Public Health  
Tuberculosis Control Branch

**Tuberculosis Control Local Assistance Funds  
Standards and Procedures Manual  
Fiscal Year 2022-2023**

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

## Table of Contents

<b>Part 1 - Standards and General Terms and Conditions</b> .....	<b>1</b>
1. Overview .....	1
2. Authority .....	1
3. Allocation of Local Assistance Funds .....	1
Tuberculosis Local Assistance Allocation Formula FY 2022-2023 .....	1
4. Tuberculosis Control Branch Priorities and Guidelines for Tuberculosis Prevention and Control Activities .....	2
4.1. Tuberculosis Control Branch Priorities .....	2
Strategy 1 .....	2
Strategy 2 .....	2
4.2. General Guidelines for Local Health Jurisdictions Receiving Local Assistance Funds ..	2
5. Contractor's Responsibilities .....	3
5.1. Reporting Requirements .....	3
A. Case Reports .....	3
B. Electronic Reporting.....	4
C. Data Security and Confidentiality .....	4
D. California Aggregate Report for Program Evaluation: Follow-up and Treatment for Contacts of TB Cases .....	4
E. California Aggregate Report for Program Evaluation: Targeted Testing and Treatment for Latent Tuberculosis Infection.....	5
F. Protocols for People Who Move .....	5
G. Outbreak Reporting.....	5
H. Immigrants and Refugees.....	6
5.2. Program Evaluation and Program Improvement .....	6
A. Local Health Jurisdictions Reporting 100 or more TB Cases Annually (Very High Morbidity Category).....	6
B. Local Health Jurisdictions Reporting 15 - 99 TB Cases Annually (High and Medium Morbidity Categories).....	6
C. Local Health Jurisdictions Reporting less than 15 TB Cases Annually (Low and Very Low Morbidity Categories).....	7
5.3. Rights of the Tuberculosis Control Branch .....	7
5.4. Cancellation/Termination.....	7
5.5. Avoidance of Conflicts of Interest by Contractor .....	7
5.6. Indemnification .....	8
5.7. Other .....	8
5.8. Communicating with the Tuberculosis Control Branch .....	8
<b>Part 2 - Guidelines on Use of TB Local Assistance Funds</b> .....	<b>9</b>
1. Use of Base Award and Real-Time Allotment Funds .....	9
1.1. State TB Mandates .....	9
A. Local Detention .....	9
B. Local Health Officer or Designee .....	9
C. Counsel to Non-indigent Tuberculosis Patients .....	10

1.2. Equipment and Services for Electronic Directly Observed Therapy .....	10
1.3. TB Medication Expenditures .....	10
1.4. Expense Allowability and Fiscal Documentation .....	10
1.5. Payment and Recovery of Overpayments .....	11
1.6. Additional Guidance for Base Award Use: Jurisdictions Reporting on Average Six or More TB Cases Annually.....	13
A. Purpose of Housing Personnel Funds .....	13
B. Eligible Expenditures .....	13
2. Use of Food, Shelter, Incentives and Enablers Allotment Funds or Real-Time Allotment Funds for FSIE Expenditures .....	13
2.1. Directly Observed Therapy (DOT) for Funds Used to Provide Shelter .....	14
2.2. Definition of Homelessness.....	14
2.3. Using FSIE Funds for the Hospitalization of TB Patients Experiencing Homelessness .....	15
3. Additional Food, Shelter, Incentives and Enablers Allotment Funds .....	16
4. Special Needs Funds Awards .....	16
5. Civil Detention Funds Awards .....	17
5.1. Tuberculosis Control Branch Civil Detention Coordinator .....	17
6. Local Assistance Award Reimbursement.....	19
<b>Part 3 - Procedures.....</b>	<b>20</b>
1. Jurisdictions Reporting on Average Six or More TB Cases Annually .....	20
1.1. Completing Your Base Award Application: Required Forms and Information .....	20
1.2. Completing Your Base Award Budget.....	20
A. Salary Savings and the Contractor's Initial Budget .....	20
B. Medi-Cal Fee-for-Service Reimbursement of Directly Observed Therapy and Directly Observed Preventive Therapy, including eDOT.....	20
C. Federal Executive Level II Salary Cap.....	21
D. Personnel Costs (Benefit and Non-Benefit) .....	22
E. Benefits.....	24
F. Miscellaneous Personnel Line Items.....	24
G. Travel and Per Diem.....	24
H. Equipment.....	26
I. Supplies .....	27
J. Anti-TB Medication.....	27
K. Subcontracts.....	27
L. Other Line Items .....	28
M. Indirect Cost.....	28
N. Designation of a Correctional Liaison .....	29
O. Designation of a Linkage to Care Liaison for Civil Surgeon Referrals .....	29
1.3. Submitting Your Base Award Application.....	30
1.4. Notice of Base Award Application Approval Process .....	30
1.5. Accepting Your Base Award.....	30
1.6. Managing Your Base Award and FSIE Allotment.....	31
A. Submitting Base Award Invoices .....	31

B. Submitting FSIE Allotment Invoices .....	32
C. Budget Revision Process .....	33
1.7. Additional Required Forms .....	34
2. Jurisdictions Reporting on Average Less Than Six TB Cases Annually .....	34
2.1. Receiving Your Real-Time Allotment .....	34
2.2. Accepting Your Real-Time Allotment .....	34
2.3. Managing Your Real-Time Allotment .....	35
A. Submitting Real-Time Allotment Invoices .....	35
3. Process for Requesting and Invoicing Additional FSIE Funds .....	37
4. Process for Requesting and Invoicing Special Needs Funds .....	37
5. Process for Requesting and Invoicing Civil Detention Funds .....	38
5.1. Requesting Approval and Submitting Documentation for Reimbursement for Civil Detention .....	38
5.2. Invoicing for Civil Detention Funds once the Request is Approved .....	38
5.3. Detention Release Date Information .....	39
5.4. CDPH TBCB Civil Detention Coordinator .....	39
<b>Appendix .....</b>	<b>40</b>
Table 1. List of Abbreviations .....	40

## Part 1 - Standards and General Terms and Conditions

### 1. Overview

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

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

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

### 2. Authority

California Health and Safety Code (H&SC) Sections 121450, 121451 and 121452 authorize CDPH TBCB to distribute for the purpose of TB control an annual subvention, paid quarterly, to any local health department that maintains a TB control program consistent with standards and procedures established by the Department. The following conditions contained in this manual apply to the LHJs that have been awarded these funds. The LHJ 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 2022-2023 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. However, allocations for FY 2022-2023 and FY 2023-2024 were calculated using only four years of data from 2016-2019, excluding outlier data from 2020 that were significantly decreased as a result of challenges associated with the 2020 COVID-19 pandemic and reporting period.

#### Tuberculosis Local Assistance Allocation Formula FY 2022-2023

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

Homelessness	5%
Multidrug-resistant (MDR) TB	3%

LHJs reporting six or more TB cases annually, based on the current four-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 (RTA) for up to five cases based on current year TB case reporting. RTA funds include FSIE funds and may be used for FSIE expenditures.

TB local assistance awards are valid and enforceable only if the enacted State of California FY 2022-2023 budget and the 2022 and 2023 Federal budgets make sufficient funds available for the purposes of this program.

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

**4.1. Tuberculosis Control Branch Priorities**

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

Strategy 1

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

Strategy 2

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

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

CDPH TBCB has historically taken a priority-based, graduated approach in conducting TB prevention, control and elimination activities. LHJs are now encouraged to conduct all TB prevention and control activities to both maintain control of TB and to accelerate the decline of TB. In California, 86% of cases reported each year are due to reactivation of LTBI among individuals with long-standing untreated infection (e.g., contacts to TB cases, immigrants arriving with a class B notification, and other high-risk populations). Efforts to prevent future TB cases should include:

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

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

## 5. Contractor's Responsibilities

The Contractor agrees to:

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

### 5.1. Reporting Requirements

#### A. Case Reports

Contractors shall comply with morbidity reporting requirements. All cases are to be reported using the Report of Verified Case of Tuberculosis (RVCT).<sup>5</sup> Case outcome information for cases counted in 2021 and prior years should continue to be reported on the 2009 RVCT form. For TB cases counted in 2022, Contractors should report using the revised 2020 RVCT form. Additional information on Multidrug-resistant (MDR) TB cases should be reported using the

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<sup>1</sup> [CDPH TBCB TB Guidelines and Regulations](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx)

([www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx))

<sup>2</sup> [CTCA Guidelines](http://ctca.org/guidelines/cdph-ctca-joint-guidelines/#) ([ctca.org/guidelines/cdph-ctca-joint-guidelines/#](http://ctca.org/guidelines/cdph-ctca-joint-guidelines/#)) can be found on the CTCA website:

<sup>3</sup> [American Thoracic Society, CDC, Infectious Diseases Society of America. \(2016\)](http://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf)

[Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis](http://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf)

([cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid\\_ciw376.pdf](http://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf))

<sup>4</sup> [CDC TB Guidelines](http://www.cdc.gov/tb/publications/guidelines/default.htm) ([cdc.gov/tb/publications/guidelines/default.htm](http://www.cdc.gov/tb/publications/guidelines/default.htm))

<sup>5</sup> 2020 RVCT and MDR forms and reference materials are located in the Document Repository of CalREDIE. Log on and select Document Repository from the CDPH option on the menu bar. Under Report Forms & Documents, click on Tuberculosis Control Branch for a link to 2020 RVCT and MDR forms, revised manual, and TBCB guidance on CA fields.

MDR supplemental form. The 2020 RVCT and MDR supplemental forms are expected to be available in the California Reportable Disease Information Exchange (CalREDIE) in mid-February of 2022.

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

When the diagnosis and/or care of a TB patient is shared between jurisdictions because of multiple residences or movement between jurisdictions, Contractors shall communicate with each other to agree on the jurisdiction with appropriate case count authority, according to CDC case counting guidelines. When a decision cannot be reached between LHJs, CDPH TBCB will work with involved LHJs to assign a counting jurisdiction. Case counting guidelines are outlined in the CDC Report of Verified Case of Tuberculosis Instruction Manual.<sup>1</sup>

### **B. Electronic Reporting**

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

### **C. Data Security and Confidentiality**

Contractors shall comply with recommendations set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs."<sup>2</sup>

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

Contractors will submit completed Preliminary and Final ARPE-Contact Investigation (CI) forms to CDPH TBCB annually, in mid-March. ARPE instructions and forms can be found in the CalREDIE Document Repository and on the CDC DTBE webpage for ARPEs.<sup>3</sup> An MS Word version of the form will be emailed to all LHJs by mid-February, and is available upon request.

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<sup>1</sup> [CDC \(2009\) Report of Verified Case of TB \(RVCT\) Instruction Manual](https://www.cdc.gov/tb/programs/rvct/InstructionManual.pdf) (cdc.gov/tb/programs/rvct/InstructionManual.pdf)

<sup>2</sup> [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](https://www.cdc.gov/nchhstp/programintegration/Data-Security.htm) (cdc.gov/nchhstp/programintegration/Data-Security.htm)

<sup>3</sup> ARPE forms are located in the Document Repository of CalREDIE. Log on and select Document Repository from the CDPH option on the menu bar. Under Report Forms & Documents, click on Tuberculosis Control Branch for a link to the ARPE forms. ARPE forms and instructions are also available on the [CDC DTBE ARPE](https://www.cdc.gov/tb/programs/evaluation/ARPE.html) (cdc.gov/tb/programs/evaluation/ARPE.html) webpage.



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

In response to a new CDC requirement, Contractors will be asked to report on TT activities consistent with the CDC ARPE-TT form.<sup>1</sup> The requirement to report to CDPH TBCB will be phased in by LHJ morbidity level over the next few years. For FY 2022-2023, the five Contractors reporting more than 100 TB cases per year will be required to submit the ARPE-TT to CDPH TBCB, in mid-March 2023, for 2021 (Final) and 2022 (Preliminary) data as available. CDPH TBCB will work with Contractors to determine the most feasible option to meet this new request. Further instructions and guidance will be forthcoming.

### **F. Protocols for People Who Move**

Contractors will use the most up-to-date National Tuberculosis Controllers Association (NTCA) forms for the transfer of patient care between jurisdictions in California or between states.<sup>1</sup>

All patients moving out of the United States should be referred to CureTB. Instructions and referral forms can be found on the [CDC United States – Mexico Public Health Cure TB](https://cdc.gov/usmexicohealth/curetb.html) (cdc.gov/usmexicohealth/curetb.html) webpage. Note that referrals from California should be made to the San Diego office of CureTB at (619) 542-4013 or by email at [CureTB.hhsa@sdcounty.ca.gov](mailto:CureTB.hhsa@sdcounty.ca.gov).

Instructions for “Transfer Protocols - RVCT Reporting for Tuberculosis Patients that Move” can be found on the CDPH TBCB website.<sup>2</sup>

### **G. Outbreak Reporting**

The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report TB outbreaks to CDPH. Reports should be conveyed by calling the CDPH TBCB Outbreak Duty Officer at (510) 620-3000. 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. LHJs are encouraged to report TB occurrences in which CDPH TBCB assistance may be useful (e.g., suspected outbreak, an infectious case in a sensitive population, large or complex CI).

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<sup>1</sup> NTCA protocol and forms can be found on the [TB Reporting Forms and Instructions for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under Interjurisdictional Transfer Recommendations.

<sup>2</sup> CDPH TBCB. (2019) RVCT Reporting Instructions for Tuberculosis Patients that Move. Can be found on the [TB Reporting Forms and Instructions for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under Interjurisdictional Transfer Recommendations.

## H. Immigrants and Refugees

Contractors will use the 2018 revision of the “Electronic Disease Notification (EDN) B-notification Follow-up Worksheet”<sup>1</sup> to report the results of U.S. evaluations of immigrants and refugees arriving with A/B-notifications. Evaluations should be completed and Worksheet results submitted within 120 days of notification of arrival in the U.S., or as soon as the American Thoracic Society TB classification has been assigned. Contractors receiving email notifications from EDN should enter the Worksheet results online into EDN. Contractors receiving secure email notifications from CDPH TBCB should submit the Worksheet by fax, secure email or mail to the TBCB.

Contractors are strongly encouraged to work with Civil Surgeons in their jurisdiction to communicate reporting requirements and referral recommendations for immigration status adjustment applicants testing positive for LTBI, or with findings concerning for TB disease.

### 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. Contractors are expected to be familiar with the California TB indicators, California performance objectives and local TB program performance.<sup>2</sup> Local assistance funding should be used to meet local and California TB performance objectives. For consultation regarding program evaluation and program improvement, please contact your assigned CDPH TBCB Program Liaison and/or Epidemiology Liaison.<sup>3</sup>

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

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

#### B. Local Health Jurisdictions Reporting 15 - 99 TB Cases Annually (High and Medium Morbidity Categories)

Contractors reporting an average of 15 - 99 cases annually are expected to review their program performance summary data (provided by CDPH TBCB) each year and consider opportunities for program improvement. TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

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<sup>1</sup> EDN B-notification Follow-up Worksheet and additional guidance can be found on the [TB Reporting Forms and Instructions for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under A/B-Notification Reporting.

<sup>2</sup> Program evaluation and improvement resources can be found on the [Tuberculosis Disease Data and Publications](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) webpage under TB Disease Data.

<sup>3</sup> CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found on the [Resources for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Program Liaison for Local Health Departments.

### **C. Local Health Jurisdictions Reporting less than 15 TB Cases Annually (Low and Very Low Morbidity Categories)**

Contractors reporting fewer than 15 TB cases annually are encouraged to review their TB data in the most recent “Report on Tuberculosis in California,”<sup>1</sup> and any other CDPH TBCB provided data reports. TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

#### **5.3. Rights of the Tuberculosis Control Branch**

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

#### **5.4. Cancellation/Termination**

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

#### **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

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<sup>1</sup> CDPH TBCB. Report on Tuberculosis in California, 2020. Can be found on the [Tuberculosis Disease Data and Publications](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) webpage under Annual TB Reports.

appearance of being, motivated by a desire for private gain for themselves or others such as those with whom they have family, business or other ties.

- In the event that CDPH TBCB determines that a conflict of interest situation exists, any cost associated with the conflict may constitute grounds for termination of the TB local assistance award. This provision shall not be construed to prohibit the employment of persons with whom the Contractor's officers, agents, or employees have family, business or other ties so long as the employment of such persons does not result in increased costs over those associated with the employment of other equally qualified applicants and such persons have successfully competed for employment with other applicants on a merit basis.

### **5.6. Indemnification**

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

### **5.7. Other**

- TB Local Assistance Awards are not assignable by the Contractor, either in whole or in part without a formal written amendment by CDPH TBCB.
- The Contractor shall act in an independent capacity and not as officers/employees/agents of the State.
- The Contractor will notify CDPH TBCB prior to any public or media event publicizing project data.

### **5.8. Communicating with the Tuberculosis Control Branch**

For local assistance award questions, contact your assigned CDPH TBCB Fiscal Analyst, either Kevin Crawford at (510) 620-3052 or by email at [Kevin.Crawford@cdph.ca.gov](mailto:Kevin.Crawford@cdph.ca.gov) or Laura Molieri at (510) 620-3012 or by email at [Laura.Molieri@cdph.ca.gov](mailto:Laura.Molieri@cdph.ca.gov).

For programmatic questions, please contact your assigned TBCB Program Liaison.<sup>1</sup>

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<sup>1</sup> CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found on the [Resources for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Program Liaison for Local Health Departments.

## Part 2 - Guidelines on Use of TB Local Assistance Funds

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

Base Award and RTA funds must be used exclusively for TB-related activities in accordance with the requirements set forth in [Part 1 Section 4](#) and [Part 1 Section 5](#). Allowable expenses include: salaries and benefits for personnel involved in TB control activities, equipment, supplies, TB-specific training and travel. TB medication expenses are reimbursable from state funds only. See [Allowable Expenditures FY 2021-2022](#) and [Non-Allowable Expenditures FY 2021-2022](#) 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 equipment (e.g., cell phones or webcams) or services (e.g., cell phone service or eDOT vendor contracts) for electronic directly observed therapy (eDOT) must certify in writing that 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.<sup>1</sup> For creating an eDOT policy, please review the CDPH – CTCA joint “Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California 2016”<sup>2</sup> and/or contact your assigned TBCB Program Liaison for assistance.<sup>3</sup>

#### **1.3. TB Medication Expenditures**

Base Awards and RTAs 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 2022-2023.

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<sup>1</sup> A link to the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](https://www.hhs.gov/hipaa/for-professionals/index.html) can be found on the Health and Human Services (hhs.gov/hipaa/for-professionals/index.html) website.

<sup>2</sup> [CDPH-CTCA Joint Guidelines for Electronic Directly Observed Therapy \(eDOT\) Program Protocols in California](https://www.ctca.org/wp-content/uploads/2018/11/CDPH_CTCA-eDOT-Guidelines-Cleared-081116.pdf) (ctca.org/wp-content/uploads/2018/11/CDPH\_CTCA-eDOT-Guidelines-Cleared-081116.pdf)

<sup>3</sup> CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found on the [Resources for Local Health Departments](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Program Liaison for Local Health Departments.



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

### **1.5. Payment and Recovery of Overpayments**

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

**Allowable Expenditures FY 2022-2023**

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 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
- Delivery services
- Patient housing
- Other personal products
- Rideshare services
- 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)**

- Chest x-rays
- 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
- Patient locating services

**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, CI
- 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 requirement



**Non-Allowable Expenditures FY 2022-2023**

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****Patient Insurance Co-Pays****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 FSIE expenditures. 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

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

FSIE Allotment funds are to be used to improve adherence and to ensure that patients successfully complete treatment. Incentives are nominal 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 Allotment funds may be used to provide food, incentives and enablers for patients with confirmed TB and their contacts and for patients suspected of having TB. Funds may also be used to provide shelter for patients with confirmed TB and for patients suspected of having TB who are homeless or at risk of becoming homeless (See [Part 2 Section 2.2](#) below for the definition of homeless). For more information on promoting patient treatment adherence, please contact your assigned CDPH TBCB Program Liaison.<sup>1</sup>

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

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

Contractors will provide in-person DOT or eDOT for patients with confirmed TB and for patients suspected of having TB that are housed using local assistance award funds. For additional requirements, please see the “Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious.”<sup>2</sup>

### **2.2. Definition of Homelessness**

This definition is taken from the CDC Report of Verified Case of Tuberculosis Instruction Manual.<sup>3</sup> A person experiencing homelessness may be defined as:

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

A person experiencing homelessness may also be defined as a person who has no home (e.g., is not paying rent, does not own a home, and is not steadily living with relatives or

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<sup>1</sup> CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found on the [Resources for Local Health Departments](#) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Program Liaison for Local Health Departments.

<sup>2</sup> CDPH TBCB. Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious. Can be found on the [Tuberculosis Guidelines and Regulations](#) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx) webpage under Guidelines and Regulations.

<sup>3</sup> [CDC. \(2009\) Report of Verified Case of Tuberculosis \(RVCT\) Instruction Manual](#) (cdc.gov/tb/programs/rvct/InstructionManual.pdf)

friends). Persons in unstable housing situations (e.g., alternating between multiple residences for short stays of uncertain duration) may also be considered homeless.

A person experiencing homelessness may be a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings, or who reside at 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 person experiencing homelessness 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 TB Patients Experiencing Homelessness**

By providing funds to house TB patients experiencing homelessness, it was the intent of the 1997-1998 State Budget Initiative to improve completion of therapy for TB, decrease the need for detention of TB patients experiencing homelessness, and decrease the number of TB patients experiencing homelessness that are lost to follow-up. The Initiative was also designed to reduce the need for hospitalization of TB patients experiencing homelessness. CDPH TBCB recognizes, however, that when no other form of housing is available, or the patient is acutely ill, there may still be a need to hospitalize a TB patient who is experiencing homelessness.

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

- The patient is unhoused at the time of hospital admission.
- The patient is infectious or too ill to place in any other available housing. This must be clearly documented by the health department in the patient's chart.
- All other payer sources have been explored and found inadequate or unavailable. 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. Patients without satisfactory immigration status (SIS), may obtain Medi-Cal coverage by claiming PRUCOL (Permanent Residence Under Color of Law) status. Contact your assigned CDPH TBCB Program Liaison for more information about the application process for persons with PRUCOL status.
- The patient is not under an order of detention as stated in H&SC Section 121365(d), (e). CDPH TBCB has a separate request and reimbursement process for Civil Detention funding (See [Part 2 Section 5](#)). Each proposed detention should be discussed with your assigned TBCB Program Liaison and/or Civil Detention Coordinator as soon as the possible need for detention arises. While both H&SC Section 121365(d) and (g) require the isolation of the patient, H&SC Section 121365(g) does not require that the patient be detained.

Additionally, as required by H&SC Sections 121361 and 121362, the hospital must submit a written treatment plan to the health department of the county where the hospital is located and receive approval prior to discharging or transferring the patient. Approval is not required for transfer to a general acute care hospital when the transfer is due to an immediate need for a higher level of care. The health department should develop a plan for housing homeless TB

patients. For consultation on developing a plan, please contact your assigned CDPH TBCB Program Liaison.<sup>1</sup> LHJs considering use of the FSIE Allotment to cover part or all of the cost of hospitalization should contact TBCB for approval.

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

Additional FSIE funding may be requested by and awarded to jurisdictions that exhaust their original FSIE Allotment or RTA in accordance with the following criteria:

- 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 FSIE funds should be primarily for the purpose of providing housing for patients with confirmed TB or for patients suspected of having TB. Circumstances warranting exceptions to this will be considered and approval will be made on a case-by-case basis. Exceptions should be in accordance with the prescribed use of these funds as described in [Part 2 Section 2](#) of this manual.

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

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

### 4. Special Needs Funds Awards

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

Special Needs funds may be requested by and awarded to 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 and/or other allowable expenditures needed to assist with TB control activities.
- Ineligible expenditures include in-patient care, support for routine, on-going TB control activities, “not allowed” expenses on the list of [Non-Allowable Expenditures FY 2022-2023](#) on page 13 and any expenditure that can be covered by another source of funds.

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<sup>1</sup> CDPH TBCB. Program and Epidemiology Liaison Assignments. Can be found on the [Resources for Local Health Departments](#) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Program Liaison for Local Health Departments.

Use of Special Needs Funds for anti-TB medications is dependent on funding source (check with your assigned CDPH TBCB Fiscal Analyst) for availability.

- Jurisdictions that receive federal funds directly from CDC through a Tuberculosis Cooperative Agreement with CDC are only eligible for state funds, when available.

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

## 5. Civil Detention Funds Awards

Civil Detention funds are made available when possible to LHJs that need resources to detain persistently non-adherent TB patients. Funding is considered on a case-by-case basis. H&SC Section 121358(a) prohibits the use of these funds for detentions carried out in correctional facilities. See [Allowable Civil Detention Expenditures](#) and [Non-Allowable Civil Detention Expenditures](#) on page 18.

Civil Detention funds may be requested by and awarded to jurisdictions that have no other funds available in accordance with the following guidance:

- Each proposed detention should be discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator as soon as the possible need for detention arises.
- All jurisdictions requesting funding for the civil detention of a persistently non-adherent TB patient must have a current “Plan for the Detention of Persistently Non-Adherent Tuberculosis Patients” on file with CDPH TBCB
- Reimbursement of up to \$285 per day, based on the facility type, may be requested for the cost of detention for isolation (H&SC Section 121365[d]).
- Reimbursement may be requested for costs associated with the completion of therapy (H&SC Section 121365[e]).
- Reimbursement may be requested for the 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.
- Prior to submitting an invoice to CDPH TBCB, LHJs should seek third-party reimbursement for expenses for all eligible civilly detained patients.

LHJs should request Civil Detention funding as soon as the need has been identified. Requests will be reviewed and if approved, a letter of award will be issued. Instructions for submitting requests and invoicing for reimbursement are located in [Part 3 Section 5](#). For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

### 5.1. Tuberculosis Control Branch Civil Detention Coordinator

Leslie Henry, Nurse Consultant, may be reached at (510) 620-3040 or by email at [Leslie.Henry@cdph.ca.gov](mailto:Leslie.Henry@cdph.ca.gov).

**Allowable Civil Detention Expenditures**

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

**Room Accommodation**

Including access to toileting and bathing, meals, housekeeping, laundry, provision of nursing care for administration of TB medication by DOT and visitation procedures.

**Health or Other Treatment Facility**

- Acute Care Hospital (up to \$285 per day)
- Skilled Nursing Facility (up to \$285 per day)
- Alcohol and Drug Rehabilitation Facility (\$50 per day)
- Mental Health Rehabilitation Center (up to \$285 per day)
- Other Health Care/Treatment Facility (up to \$285 per day)
- Motel with elopement prevention measures (up to \$285 per day)

**Other Expenditures****Additional Patient Services**

- Provision of TB clinical services for medical evaluation, monitoring, and follow-up
- Mental health, substance abuse and spiritual counseling
- Counsel for a non-indigent TB patient, upon request of the patient who is subject to an order of civil detention issued by the Local Health Officer. Services provided by counsel include representation of the TB patient at any court review of the order of detention required by H&SC Section 121451.
- Recreation
- Elopement prevention
  - May include: 24-hour security, security guard, closed circuit television, electronic monitoring, alarm on doors, and electronic keypad for entry and exit

**Medication**

The most cost-efficient method of purchasing TB medication must be utilized (i.e., third-party payer, or a discounted drug purchasing program).

**Transportation**

Ground transportation to and from a regional civil detention site on a pre-approved case-by-case basis.

**Non-allowable Civil Detention Expenditures**

These expenditures will not be approved for reimbursement:

**Detention in a correctional facility**

**Personal monitoring devices (unless court-ordered)**

**Detention in a private residence**

**Air transportation within the state of California**

## 6. Local Assistance Award Reimbursement

- CDPH TBCB reimburses the Contractor in arrears for actual expenditures in accordance with an approved and accepted award
- Reimbursement occurs only after CDPH TBCB has received a signed Acceptance of Award form, provided with the Letter of Award
- Reimbursement is contingent upon CDPH TBCB approval of Contractor expenditures submitted by invoice
- Reimbursement will be withheld if CDPH TBCB determines that the Contractor is not adhering to the terms and conditions described in the Standards and Procedures Manual
- It is mutually agreed that if the State of California Budget Act of the current year or the federal budget covered under these TB local assistance awards does not appropriate sufficient funds for the TB program, the awards shall be of no further force and effect. In this event, CDPH TBCB shall have no liability to pay any funds whatsoever to Contractors or to furnish any other considerations under this agreement and Contractors shall not be obligated to perform any provisions of TB local assistance awards.
- If state or federal funding for any fiscal year is reduced or deleted for purposes of this program, CDPH TBCB shall have the option to either cancel this agreement with no liability occurring to the State, or offer an amendment to Contractor to reflect a reduced amount
- Total reimbursement shall not exceed the sum specified in your letter of award for Base Award, RTA, FSIE Allotment, Additional FSIE Allotment, Special Needs Funds Award or Civil Detention Funds Award
- Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927
- LHJs experiencing events that necessitate acute and non-enduring TB control activities for which no other funds are available, such as extended CIs, cases of MDR TB, and outbreaks may request Special Needs Funds (see [Part 2 Section 4](#) for additional information). Reimbursement for Base Award, RTA, FSIE Allotment, Additional FSIE Allotment, Special Needs Funds Award and Civil Detention Funds Award will not be made more frequently than quarterly unless noted in the Letter of Award.
- A final undisputed invoice shall be submitted for payment no more than 60 calendar days following the expiration or termination date of a TB local assistance award, unless a later or alternate deadline is agreed to in writing by your assigned CDPH TBCB Fiscal Analyst. Said invoice should be clearly marked "Final Invoice," indicating that all payment obligations of TBCB under this agreement have ceased and that no further payments are due or outstanding. CDPH TBCB may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written approval of an alternate final invoice deadline.



## Part 3 - Procedures

### 1. 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 Resources for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2022-2023 TB Funding for LHJs.

The eDOT certification form is included in the request for application email.

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

#### 1.2. Completing Your Base Award Budget

##### A. Salary Savings and the Contractor's Initial Budget

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

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

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 for Medi-Cal eligible patients should be reimbursed by Medi-Cal on a fee-for-service basis of \$19.23 per encounter.

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

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



- Medi-Cal fee-for-service reimbursement for administering DOT or directly observed preventive therapy (DOPT) can only be billed for personnel who are either fully or partially funded with local revenue dollars. Medi-Cal reimbursement is not allowed for services provided by personnel who are fully funded through CDPH TCB 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 TCB 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. Federal Executive Level II Salary Cap**

TB funding that consists of a combination of state and federal funds is subject to the Federal Executive Level II salary cap. The cap amount can be found at the [NIH Grants & Funding Policy and Compliance](https://grants.nih.gov/grants/policy/salcap_summary.htm) (grants.nih.gov/grants/policy/salcap\_summary.htm) webpage. On a federally funded award, Contractors may budget and invoice up to the salary cap amount. Any overage must be charged to a non-federal source such as local funds.

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

Below is an example for staff with a base salary of \$215,000 and an Executive Level II salary cap for the award period of \$203,700:

Base Salary	Effort on Project	Total Salary Amount	Cap Amount	Amount Effort on Project	Capped Total Salary Amount
\$215,000	100%	\$215,000	\$203,700	100%	\$203,700

**Example Detailed Budget for Base Award Application**

Title	New/Cont	Annual	FTE	Months	Amount
1. Medical Doctor	Cont.	\$203,700	100%	12	\$203,700

**Invoicing** for the Capped Total Salary Amount each quarter

Base Salary	Effort on Project	Total Quarterly Salary Amount	Cap Amount	Amount Effort on Project	Capped Total Quarterly Salary Amount	Above Cap Quarterly Amount Covered by Local Funds
\$215,000	100%	\$53,750	\$203,700	100%	\$50,925	\$2,825

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

**D. Personnel Costs (Benefit and Non-Benefit)**

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

Summary Budget

- Personnel (With Benefit) line item category
  - 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 24). For each position listed, include the following information:
    - Position title
    - Indicate if the position is new or continuing
    - Annual salary
    - Full time equivalent (FTE)
    - Total Line Item Amount

**Example of Detailed Budget**

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

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

Benefits (rate, actual salary)

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

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

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

**TOTAL PERSONNEL SERVICES \$207,616**

Line Item Justification

Include the following information for each position listed in the Detailed Budget (see [Example of Line Item Justification](#) below):

- Position Title
- Name(s) of the individual(s) filling the position. State “vacant” if position(s) is/are not filled
- Brief summary of the duties for the position; describe how the position contributes to conducting Strategy One and/or Strategy Two activities listed on page 2
- Identify personnel salaried above the Federal Executive Level II salary cap
- Identify personnel funded with Housing Personnel funds, their activities, and the amount of FTE that match the criteria for the use of these dollars
- Identify personnel fulfilling the duties of a Correctional Liaison (see also [Part 3 Section 1.2 M](#))
- Identify personnel fulfilling the duties of a Linkage to Care Liaison for civil surgeon referrals (see also [Part 3 Section 1.2 N](#))

**Example of Line Item Justification**

Personnel

1. Medical Doctor (above salary cap)  
Allison Smith (0.05 FTE) Reviews hospital discharge treatment plans, coordinates treatment adjustments and approves discharge.
2. Community Workers  
Henry Trevon (1.0 FTE) and Leo Segundo (0.8 FTE)  
Henry Trevon and Leo Segundo provide DOT along with other patient follow-up services in a public health clinic to ensure completion of therapy.
3. Epidemiologist (Vacant)  
This individual analyzes RVCT form data and program records to identify disease trends, monitor patient outcomes, and program performance indicators.
4. Community Worker

Luther X. Ray (0.5 FTE)

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

#### E. Benefits

- Benefit rates of greater than 53% must be justified. Submit official documentation of the rate, as well as a breakdown of the benefits
- Benefit information is required on the Summary and Detailed Budget sheets:
  - Summary Budget – Benefits line item category
    - 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 22)

#### F. Miscellaneous Personnel Line Items

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

##### Summary Budget – Personnel (Non-Benefit) line item category

- Include in the total amount budgeted for miscellaneous personnel line items

##### Detailed Budget – Personnel (Non-Benefit) line item category

- List any miscellaneous personnel line items as separate line items (see [Example of Detailed Budget](#) on page 22)

##### 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.

#### G. Travel and Per Diem

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

- Mileage – Private Car: \$0.585 per mile.
  - 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 per night, 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. LHJ 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
- Marin County: up to \$110 per night, plus tax
- Los Angeles, Orange and Ventura counties: up to \$120 per night, plus tax
- Monterey and San Diego counties: up to \$125 per night, plus tax
- Alameda, San Mateo and Santa Clara counties: up to \$140 per night, plus tax
- City of Santa Monica: up to \$150 per night, plus tax
- San Francisco City and County: up to \$250 per night, plus tax

Reimbursement for travel and per diem shall be in accordance with California Department of Human Resources policies for state employees.<sup>1</sup>

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](#) on page 26 and [Part 2 Section 1.6](#) for guidance on the use of Housing Personnel funds).

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<sup>1</sup> [CalHR Travel Reimbursements](http://calhr.ca.gov/employees/Pages/travel-reimbursements.aspx) webpage (calhr.ca.gov/employees/Pages/travel-reimbursements.aspx)

### Example of Travel Justification using Housing Personnel Funds

Within-jurisdiction travel is required for community outreach workers and public health nurses to perform DOT, patient interviewing, and CI.

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

## H. Equipment

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

- **Major equipment/property:** A tangible or intangible item having a base unit cost of \$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: CDPH TBCB requires that major equipment purchased with state funds be documented on the “Contractor Equipment Purchased with CDPH TBCB Funds” form. Contractors should request a form from their assigned TBCB Fiscal Analyst prior to invoicing and return the completed form to TBCB with the invoice for the purchase.

- Approval to purchase equipment is contingent 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.

**I. Supplies**

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

Summary Budget

- List the total amount for all supplies to be purchased

Detailed Budget

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

**Example of Supplies Detailed Budget**

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

**J. Anti-TB Medication**

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

Summary Budget – Anti-TB medication line item category

- Include in the total amount budgeted for anti-TB medications

Detailed Budget – Anti-TB medication line item category

- Itemize anti-TB medication you will purchase with the dollar amount for each drug (see Example of Anti-TB Medication Detailed Budget below):

**Example of Anti-TB Medication Detailed Budget**

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

**K. Subcontracts**

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

Summary Budget – Contractual line item category

- 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).

**L. 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

**M. Indirect Cost**

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



the total of Personnel Services (Salary and Benefits) or the total Allowable Direct Cost of the contract.

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

#### **N. 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 NTCA Public Health TB Corrections Liaison Model Duty Statement<sup>1</sup> and Core Competencies may be useful in determining these duties.

The designee may be your jurisdiction's Correctional Liaison identified in the CTCA Directory,<sup>2</sup> 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 the name and position classification of the staff member responsible for fulfilling these duties in the cover letter included with the submission.

#### **O. Designation of a Linkage to Care Liaison for Civil Surgeon Referrals**

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

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<sup>1</sup> [NTCA. \(2015\) Public Health TB Corrections Liaison Model Duty Statement](https://tbcontrollers.org/docs/CoreCompetencies/Corrections_Liaison_Competencies_09-2015.pdf) (tbcontrollers.org/docs/CoreCompetencies/Corrections\_Liaison\_Competencies\_09-2015.pdf)

<sup>2</sup> [CTCA Directory of Public Health Staff](https://ctca.org/wp-content/uploads/CTCA-Directory.pdf) (ctca.org/wp-content/uploads/CTCA-Directory.pdf)

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

To identify the designee in your application package:

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

### **1.3. Submitting Your Base Award Application**

Submit by Friday, April 22, 2022, electronically to [TBCB.Awards@cdph.ca.gov](mailto:TBCB.Awards@cdph.ca.gov) or mail to:

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**

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 FSIE Allotment. Attached to the letter is an Acceptance of Award form 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 must be returned to CDPH TBCB with an authorized signature. By signing the Acceptance of Award, the recipient agrees to all the conditions of the award as set forth by TBCB. A signed agreement is a prerequisite for reimbursement of invoices. The 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–Additional Provisions–Federal Terms and Conditions
- Darfur Contracting Act
- Certification of Established Electronic Directly Observed Therapy (eDOT) Policies and Procedures (if applicable)

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

## 1.6. Managing Your Base Award and FSIE Allotment

### A. Submitting Base Award Invoices

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

Invoices should be signed by an authorized representative, certifying that the expenditures claimed represent actual expenses, and submitted on the Contractor's letterhead quarterly (see [Part 3 Section 1.6 A.2](#) for due dates) in arrears, electronically to [TBCB.Awards@cdph.ca.gov](mailto:TBCB.Awards@cdph.ca.gov) or mail 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) can be electronic or in blue ink.

### 1. Guidance for Submitting Base Award Invoices

To facilitate timely reimbursement, use the current Base Award invoice template available on the [CDPH TBCB Resources for Local Health Departments](#) ([cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx](http://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx)) webpage under FY 2022-2023 TB Funding for LHJs.

Include the following information:

- Invoice number (e.g., 22XXBASE00-Q1, 22XXBASE00-Q2)
- Billing period
- Award number (e.g., 22XXBASE00)
- 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, CDPH TBCB reserves the right to request evidence of payment purchase, e.g., official county purchase order, and a brief description of the item(s) purchased including make and model number.
  - Under Supplies, include office, medical and laboratory supplies
  - Anti-TB medications should be included as a separate line item. Request for reimbursement must not exceed the state portion of 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)
- Remit to address

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

## 2. Award Invoice Due Dates and Requests for Extensions

- 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 CDPH 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 CDPH TBCB fiscal closeout. Fiscal closeout begins on the first business day of September of each year. Contractors granted a second or fourth quarter extension must submit a “not to exceed amount” by the last business day in August.

### B. Submitting FSIE Allotment Invoices

Invoices should be signed by an authorized representative, certifying that the expenditures claimed represent actual expenses, and submitted on the Contractor’s letterhead quarterly (see [Part 3 Section 1.6 A.2](#) for due dates) in arrears, electronically to [TBCB.Awards@cdph.ca.gov](mailto:TBCB.Awards@cdph.ca.gov) or mail 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) can be electronic or in blue ink.

#### Guidance for Submitting FSIE Allotment Invoices

To facilitate timely reimbursement, use the current FSIE invoice template available on the [CDPH TBCB Resources for Local Health Departments](#) ([cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx](http://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx)) webpage under FY 2022-2023 TB Funding for LHJs, 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 RVCT or CalREDIE number or the local TB suspect ID number, name of lodging location, cost per day, number of days, and total cost. Please do not submit any patient identifiers, such as name, address, or birth date.

- For patients receiving housing assistance and/or shelter: verify and indicate that treatment was administered via DOT during the time housing was provided.
- For food items, meals, incentives, enablers: itemize and cross-foot (e.g., 20 personal hygiene kits @ \$3.50, total \$70; 100 bus vouchers @ \$1.00, total \$100; 50 food coupons @ \$3.00, total \$150)
- It is not necessary to submit evidence of FSIE expenditures. However, Contractors are required to maintain this documentation. Please contact your assigned CDPH TBCB Fiscal Analyst for more information regarding record retention requirements.
- CDPH TBCB will review the balance of unexpended FSIE funds and redistribute these funds to Contractors that have requested additional funds. By failing to contact TBCB to request a submission extension for second or fourth quarter invoices, Contractors risk not receiving full payment for the invoiced amount if submitted past the deadline. For information about requesting additional FSIE, see [Part 3 Section 3](#).

### **C. Budget Revision Process**

#### **1. General Standards**

- Budget revision requests should be made 4 weeks prior to anticipated expenditures
- The assigned CDPH 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. 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 CDPH 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 available on the [CDPH TBCB Resources for Local Health Departments](#) ([cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx](http://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx)) webpage under FY 2022-2023 TB Funding for LHJs.
  - Include a complete narrative justification for each revised line item. The justification should clearly describe how each proposed revision to the approved budget would enhance the TB program's ability to achieve stated CDPH TBCB priorities (see [Part 1, Section 4.1](#)).
  - The following items, when appropriate, must be included when submitting revisions to the Personnel line item:
    - Itemized salary savings for each benefited and non-benefited personnel line item
    - For changes in employment status, include the employee's title, start date, and termination date (when applicable) in the justification section
    - A revised Personnel Matrix
    - 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 your assigned TBCB Fiscal Analyst for a form.
- A Contractor’s Release form for Base Awards and RTA funds will be emailed to Contractors prior to the end of the fourth quarter and must be submitted with the final Base Award or RTA 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 RTA funds, which are based on cases reported using the RVCT. Cases entered into CalREDIE only will not be counted. The allocation of RTA 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 RTA installment will be issued in June based on verified TB cases reported between January 1 and May 31. A revised RTA installment will be issued in November based on TB cases reported between June 1 and October 31. A final RTA installment 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. Letters of Award for RTA installments are sent per the schedule below.

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

**2.2. Accepting Your Real-Time Allotment**

As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature. By signing the Acceptance of Award, the recipient agrees to all the conditions of the award as set forth by TBCB. A signed agreement is a prerequisite for reimbursement of invoices. The following certification forms should be signed and sent with the signed Acceptance of Award:

- Contractor Certification Clauses
- Special Terms and Conditions–Additional Provisions–Federal Terms and Conditions
- Darfur Contracting Act

- Certification of Established Electronic Directly Observed Therapy (eDOT) Policies and Procedures (if applicable)

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

### 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, CDPH TBCB agrees to compensate the Contractor for actual expenditures incurred in accordance with "Allowable Expenditures List FY 2022-2023" (see [Part 2 Table 2](#)).

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

#### 1. Guidance for Submitting Real-time Allotment Invoices

To facilitate timely reimbursement, use the current RTA Invoice template on the [CDPH TBCB Resources for Local Health Departments](#) ([cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx](http://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx)) webpage under FY 2022-2023 TB Funding for LHJs.

Include the following information:

- Invoice number (e.g., 22XXR-TA00-Q1 or 22XXR-TA00-Q2)
- Billing period
- Award period
- Award number (e.g. 22XXR-TA00)
- 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 53%, 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, CDPH TBCB reserves the right to request evidence of payment purchase, e.g., official county purchase order, and a brief description of the item(s) purchased including make and model number.
  - CDPH TBCB requires that major equipment purchased with state funds be documented on the "Contractor Equipment Purchased with CDPH TBCB Funds" form. See [Part 3 Section 1.2 G](#) for the definition of major equipment. Contractors should request a form from their assigned TBCB Fiscal Analyst prior to invoicing and return



the completed form to TBCB with the invoice for the purchase.

- Under Supplies, include office, medical and laboratory supplies
- Anti-TB medications should be included as a separate line item. Requests for reimbursement for anti-TB medications must not exceed the state portion of your RTA.
- 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)
- Remit to address

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

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

- RTA 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 RTA funds in any given quarter. Invoices should be postmarked by the quarterly due date. Fourth quarter RTA invoices must be submitted by August 15 following the end of the award period (e.g., August 15, 2023 for the award period of July 1, 2022 – June 30, 2023).
- 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 CDPH 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 your assigned TBCB Fiscal Analyst.



### 3. Process for Requesting and Invoicing Additional FSIE Funds

- Requests for Additional FSIE Funds should be submitted as soon as the need has been identified. The request should include the amount needed through the end of the fiscal year and a brief budget to show how the funds would be spent. Requests must be in accordance with the use of these funds as described in [Part 2, Section 3](#).
- If the request is approved, the Contractor will receive a letter of award for the approved Additional FSIE Allotment. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature. By signing the Acceptance of Award, the recipient agrees to all the conditions of the award as set forth by TBCB. Invoices for Additional FSIE Funds expenditures will not be processed until the signed Acceptance of Award has been received.
- Additional FSIE Funds should be invoiced separately using the Additional FSIE Allotment invoice template posted on the [CDPH TBCB Resources for Local Health Departments](http://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2022-2023 TB Funding for LHJs. Calculations for previous expenditures and remaining balance should be based on the approved Additional FSIE Allotment only, not the original FSIE Allotment. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Additional FSIE Funds expenditures should be submitted on the same quarterly schedule and format as described in [Part 3 Section 1.6 B](#) of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Additional FSIE Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2023 for the award period of July 1, 2022 – June 30, 2023). Invoices postmarked after August 31 may not be considered for reimbursement.

### 4. Process for Requesting and Invoicing Special Needs Funds

- Requests for Special Needs Funds should be submitted as soon as the need has been identified. The request should include the amount needed through the end of the fiscal year and a brief budget to show how the funds would be spent. Requests must be in accordance with the use of these funds as described in [Part 2 Section 4](#).
- If the request is approved, the Contractor will receive a letter of award for Special Needs Funds. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, the recipient agrees to all the conditions of the award as set forth by TBCB. Invoices for Special Needs Funds will not be processed until the signed Acceptance of Award has been received.
- Special Needs Funds should be invoiced using the Special Needs Funds invoice template posted on the [CDPH TBCB Resources for Local Health Departments](http://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2022-2023 TB Funding for LHJs. The invoice must include the authorized original signature(s) electronically or in blue ink.

- Invoices for Special Needs Funds expenditures should be submitted on the same quarterly schedule and format as described in [Part 3 Section 1.6 B](#) of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Special Needs Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2023 for the award period of July 1, 2022 – June 30, 2023). Invoices postmarked after August 31 may not be considered for reimbursement.

## **5. Process for Requesting and Invoicing Civil Detention Funds**

### **5.1. 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”<sup>1</sup> for a complete description of this process and required documentation. Contact the CDPH TBCB Civil Detention Coordinator for assistance. Each proposed detention should be discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator as soon as the possible need for detention arises. If recommended for approval, requests for Civil Detention funds should be submitted by email to your assigned TBCB Fiscal Analyst. Requests must be in accordance with the use of these funds as described in [Part 2 Section 5](#).
- If the request is approved, the Contractor will receive a letter of award for Civil Detention Funds. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature. By signing the Acceptance of Award, the recipient agrees to all the conditions of the award as set forth by TBCB. Invoices for Civil Detention Funds will not be processed until the signed Acceptance of Award has been received.
- Refer to “Procedure for Requesting Reimbursement for Civil Detention for a Persistently Non-Adherent Tuberculosis Patient” for a complete description of this process and required documentation. Contact the CDPH TBCB Civil Detention Coordinator for assistance (see [Section 5.4](#)). In addition, LHJs should refer to the CDPH-CTCA “Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California.”<sup>1</sup>

### **5.2. Invoicing for Civil Detention Funds once the Request is Approved**

- Before submitting an invoice to 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

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<sup>1</sup> CDPH-CTCA. (2011) [Joint Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California](#) (ctca.org/wp-content/uploads/2018/11/FINLCivil\_Detention092311\_.pdf)

the TB patient at any court review of the order of detention required by H&SC Section 121451.

- Civil Detention Funds should be invoiced using the Civil Detention Funds invoice template posted on the [CDPH TBCB Resources for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under FY 2022-2023 TB Funding for LHJs. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Civil Detention Funds expenditures should be submitted on the same quarterly schedule and format as described in [Part 3 Section 1.6 B](#) of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Civil Detention Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2023 for the award period of July 1, 2022 – June 30, 2023). Invoices postmarked after August 31 may not be considered for reimbursement.

### **5.3. Detention Release Date Information**

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

### **5.4. CDPH TBCB Civil Detention Coordinator**

Leslie Henry, Nurse Consultant may be reached at (510) 620-3040 or by email at [Leslie.Henry@cdph.ca.gov](mailto:Leslie.Henry@cdph.ca.gov).

**Appendix****Table 1. List of Abbreviations**

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