California Department of Public Health

Tuberculosis Control Branch

Tuberculosis Control Local Assistance Funds Standards and Procedures Manual FY 2026-2027

Federal Budget Period: 7/1/2026–12/31/2026

State Budget Period: 7/1/2026–6/30/2027

Base Award Funding

Supplemental Funding

Civil Detention Funding

March 2026

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Part 1 - Standards and General Terms and Conditions

1. Overview

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

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

Local assistance allocations are made up of 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). Federal funds fiscal information: ALN – 93.116; FAIN number – NU52PS910282.

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 LHJ that maintains a TB control program consistent with standards and procedures established by the Department. The following conditions contained in this manual apply to LHJs that have accepted awarded funding.

3. Allocation of Local Assistance Funds

Fiscal year (FY) local assistance funds are allocated using a funding formula (see table Tuberculosis Local Assistance Allocation Formula FY 2026-2027 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. In 2023, the allocation process was modified to incorporate low morbidity LHJs (averaging <6 cases annually) in the base award funding calculation starting in FY 2024-2025.

Allocations are calculated every two years using five years of surveillance data. Data from 2021-2025 was used to determine FY 2026-2027 and FY 2027-2028 allocations.

Tuberculosis Local Assistance Allocation Formula FY 2026-2027

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

TB local assistance awards are contingent upon the availability of funds appropriated by the State of California and the federal government. CDPH TBCB reserves the right to reduce,

amend, or withdraw funding, in whole or in part, should funding from the state or federal government be reduced, delayed, or otherwise adjusted.

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

4.1. Tuberculosis Control Branch Priorities

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 2022-2026 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 TB disease, appropriate treatment and management of persons with TB disease (both drug-susceptible and drug-resistant), investigation, appropriate evaluation and treatment of contacts of people with infectious TB disease, and prevention of further transmission through infection control.

Strategy 2 – Accelerate the Decline:

Advance toward TB elimination through appropriate regionalization of TB control activities, rapid recognition of TB transmission using genotyping methods, rapid outbreak response and targeted testing and treatment of persons with latent TB infection by engaging communities that experience high burden of TB disease and expanding partnerships with health care agencies, clinicians, and community organizations.

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

CDPH TBCB has historically taken a priority-based, graduated approach in conducting TB prevention, control and elimination activities. LHJs are now encouraged to conduct all TB prevention and control activities to both maintain control of TB and to accelerate the decline of TB. In California, more than 80% of cases reported each year are due to reactivation of LTBI among individuals with long-standing untreated infection (e.g., contacts to persons with TB disease, 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. Local Health Jurisdiction Responsibilities

LHJs agree to:

- Direct activities toward achieving the program objectives set forth by CDPH TBCB
- Use these funds in accordance with the CDPH TBCB Standards and Procedures Manual, and with any additional guidance set forth by CDPH TBCB regarding the granting, use and reimbursement of TB 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 use of CDPH TBCB dollars for the same purpose.
- Submit information and reports as requested by CDPH TBCB
- Abide by the most recent standards of care for TB treatment, control and prevention as promulgated by:
  - California Department of Public Health[1]
  - California Tuberculosis Controllers Association[2]
  - American Thoracic Society[3]
  - Centers for Disease Control and Prevention[4]

5.1. Reporting Requirements

A. Case Reports

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

LHJs will submit complete TB case data within two weeks of case confirmation, participate in RVCT trainings, and conduct quality control procedures, including reconciliation of case counts. LHJs will participate in other activities as needed to ensure accurate reporting on the RVCT and MDR forms.

When the diagnosis and/or care of a patient with TB is shared between LHJs because of multiple residences or movement between LHJs, LHJs shall communicate with each other

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

[2] CTCA Guidelines (ctca.org/guidelines/cdph-ctca-joint-guidelines/#)

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

[4] CDC TB Guidelines (https://www.cdc.gov/tb/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/tb/publications/guidelines/default.htm)

[5] 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.

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.[1]

B. Electronic Reporting

LHJs should 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. For LHJs using CalCONNECT, data entry into fields that populate the RVCT in CalREDIE is also acceptable. 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

LHJs shall comply with recommendations set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs."[2]

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

LHJs will submit completed Preliminary and Final ARPE-Contact Investigation (CI) forms to CDPH TBCB annually. Reports are due March 19, 2027, for 2025 (Final) and 2026 (Preliminary). ARPE-CI instructions and forms can be found in the CalREDIE Document Repository and on the CDC DTBE ARPE webpage.[3] Each year by early February, CDPH TBCB will email all LHJs: 1) Instructions and the MS Word form; 2) Excel workbook with reported cases by smear and culture status; 3) invitation to instructional webinars in February. CDPH TBCB submits ARPE-CI data to CDC on behalf of California LHJs.

ARPE-CI reporting may be accomplished by using CalCONNECT. LHJs entering all active TB cases and their contacts into CalCONNECT do not need to submit an ARPE form but are encouraged to check data using the ARPE-CI dashboard in CalCONNECT. CDPH TBCB will download and submit ARPE-CI data for these LHJs. LHJs entering some but not all contacts into CalCONNECT may submit a partial ARPE-CI with contacts

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

[2] CDC (2011) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action (https://www.cdc.gov/program-collaboration-service-integration/php/data-security/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/programintegration/Data-Security.htm)

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

not entered into CalCONNECT, and CDPH TBCB will add the partial ARPE-CI data to the data from the ARPE-CI report in CalCONNECT.

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

In 2020, CDC reintroduced the ARPE-TT as a required annual report. The requirement of LHJs to report to CDPH TBCB is being phased in by LHJ morbidity level over the next few years. LHJs reporting more than 5 TB cases per year, based on 2024-2026 average, shall submit the ARPE-TT to CDPH TBCB, by March 19, 2027, for 2025 (Final) and 2026 (Preliminary) data as available. ARPE-TT forms and instructions can be found on the CDC DTBE ARPE webpage.[1] Each year by mid-February, CDPH TBCB will email all LHJs: 1) Instructions and the MS Word form; 2) invitation to instructional webinars in February.

F. Protocols for People Who Move

LHJs will use the most up-to-date National Tuberculosis Coalition of America (NTCA) forms for the transfer of patient care between LHJs in California or between states.[1]

All patients moving out of the United States should be referred to CureTB. Instructions and referral forms can be found on the CureTB webpage[2]. Note that referrals from California should be made to CureTB at (619) 542-4013 or by email at CureTB@cdc.gov.

Instructions for “Transfer Protocols - RVCT Reporting for Tuberculosis Patients that Move” can be found on the CDPH TBCB website.[3]

G. Outbreak Reporting

The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report TB outbreaks to CDPH. Reports should be conveyed by calling the CDPH TBCB Outbreak Duty Officer at (510) 620-3000. California TB surveillance definitions for outbreaks can be found on the CDPH TBCB website.[4]

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

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

[2] CDC CureTB (https://www.cdc.gov/migration-border-health/php/cure-tb/index.html)

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

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

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

H. Immigrants, Refugees, Parolees and Immigration Status Adjusters

LHJs will use the "Electronic Disease Notification (EDN) B-notification Follow-up Worksheet"[1] to report the results of U.S. evaluations of immigrants and refugees arriving with A/B-notifications. Evaluations should be completed and Worksheet results submitted within 120 days of notification of arrival in the U.S., or as soon as the American Thoracic Society TB classification has been assigned. Submission of treatment information, including outcomes, for persons diagnosed with ATS TB 2 or 4 is strongly encouraged. However, treatment outcomes should be submitted separately from evaluation outcomes, to prevent delayed evaluation reporting. LHJs receiving email notifications from EDN should enter the Worksheet results, including any LTBI treatment information, online into EDN. LHJs receiving secure email notifications from CDPH TBCB should submit the Worksheet, including any LTBI treatment information, by fax or secure email.

LHJs are strongly encouraged to work with civil surgeons in their jurisdiction to communicate reporting requirements and referral recommendations for immigration status adjustment applicants testing positive for LTBI, or with findings concerning for TB disease. All civil surgeons are required to use eMedical to report status adjusters with LTBI (not through CalREDIE provider portal). Data from eMedical will be transferred into the EDN system, and LHJs with EDN access will receive notifications of LTBI in EDN. LHJs are encouraged to refer or provide status adjusters with LTBI treatment, and report outcomes using the Follow-up Worksheet in EDN, or other state system if available. Please contact CDPH TBCB for questions, updates on reporting systems, and access to EDN.

5.2. Program Evaluation and Program Improvement

Program evaluation is a systematic review of priority program-area performance and improvement. LHJs are expected to be familiar with the California TB indicator reports, B notification and civil surgeon reports, National TB indicators reports, California performance objectives and local TB program performance.[2] Local assistance funding should be used to meet local and California TB performance objectives.

CDPH TBCB systematically reviews statewide data to decide which TB indicators to prioritize, and to inform work with select local TB programs. CDPH TBCB will contact LHDs based on their performance and contribution to statewide underperformance on prioritized indicators.

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

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

CDPH TBCB will collaborate with chosen LHDs on an annual basis to review their program performance summary data (provided by CDPH TBCB) and discuss opportunities for program improvement.

LHJs that receive annual performance reports from CDPH TBCB are expected to conduct internal reviews of their program performance summary data each year and consider opportunities for program improvement. CDPH TBCB sends performance reports to LHJs reporting an average of 15 or more TB cases per year, on most recent three-year average. CDPH TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

LHJs reporting fewer than 15 TB cases annually are encouraged to review their TB data in the most recent "California TB Snapshot," California TB Dashboard" and "California Data Tables,"[1] and any other CDPH TBCB-provided data reports. CDPH TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

For consultation regarding program evaluation and program improvement, please contact your assigned CDPH TBCB Program Liaison and/or Epidemiology Liaison (see Part 1 Section 5.8).

5.3. Rights of the Tuberculosis Control Branch

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

5.4. Cancellation/Termination

- It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this agreement does not appropriate sufficient funds for the program, this agreement shall be of no further force and effect. In this event, CDPH shall have no liability to pay any funds whatsoever to LHJ or to furnish other considerations under this agreement and LHJ shall not be obligated to fulfill any provisions of this agreement.
- If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDPH shall have the option to either cancel this agreement with no liability occurring to CDPH or offer an agreement amendment to the LHJ reflecting the reduced amount.
- CDPH TBCB reserves the right to cancel or terminate this agreement immediately for cause.* LHJ may submit a written request to terminate a TB local assistance award only if CDPH TBCB substantially fails to perform its responsibilities.

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

*The term “for cause” means that LHJ fails to meet the terms, conditions, and/or responsibilities of a TB local assistance award.

- Agreement termination or cancellation is effective as of the date indicated in the CDPH TBCB notification to LHJ. The notice stipulates any final performance, invoicing or payment requirements.
- Upon receipt of a notice of termination or cancellation, LHJ will take immediate steps to stop performance and cancel or reduce subsequent agreement costs.
- In the event of early termination or cancellation, LHJ is 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 Local Health Jurisdiction

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

- LHJ will prevent its officers, agents, employees, consultants or members of its governing body from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others such as those with whom they have family, business or other ties.
- In the event that CDPH TBCB determines that a conflict-of-interest situation exists, any cost associated with the conflict may constitute grounds for termination of the TB local assistance award. This provision will not be construed to prohibit the employment of persons with whom LHJ’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

LHJ 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 LHJs, 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 LHJ in the performance of any activities related to a TB local assistance award.

5.7. Other

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

5.8. Communicating with the Tuberculosis Control Branch

When communicating with CDPH TBCB, please contact your LHJ's assigned Program Liaison, Fiscal Analyst, Epidemiologist, or Outbreak Liaison.[1]

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

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

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

Part 2 - Guidelines on Use of TB Local Assistance Funds

1. Use of Base Award Funds

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

1.1. Allowable Expenditures FY 2026-2027

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

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

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

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

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

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

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

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

Supplies
- Laboratory supplies
- Medical clinic supplies
- Office supplies

Travel
- In-jurisdiction for DOT, case management, CI
- Out-of-jurisdiction (in-state) associated with training
- Out-of-state travel only with prior CDPH TBCB approval

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

Vehicle Leasing Fees

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

1.2. Non-Allowable Expenditures FY 2026-2027

The following expenditures will not be approved:

Facility Leasing or Rental Fees
- Building or office space

Furniture
- Desks
- File cabinets
- Modular furniture
- Tables

General Building Renovation Fees

Laboratory Renovations

Patient Insurance Co-Pays

Promotional Items and Advertising
- e.g., TB program or health department labeled pens, coasters, banners

TB Clinic Renovations

Travel
- Out-of-country
- Out-of-State without prior CDPH TBCB approval

Other
- Alcohol or Tabacco

1.3. State TB Mandates

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

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

A. Local Detention

When a person who has active TB or is reasonably believed to have active TB is discharged or released from a detention facility, LHJ 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 (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, LHJ 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 (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 their 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 California 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 Nonindigent Patients with Tuberculosis

LHJ may reimburse costs for cities and counties to provide counsel to nonindigent patients with TB 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 patient with TB at any court review of the order of detention required by Section 121366.

1.4. Equipment and Services for Electronic Directly Observed Therapy

LHJs using local assistance award funds to purchase equipment (e.g., cell phones or webcams) or services (e.g., cell phone service or eDOT vendor contracts) for electronic directly observed therapy (eDOT) will certify in writing that they have a written eDOT policy and procedures. LHJs are responsible for ensuring methods used are in compliance with the Health Insurance Portability and Accessibility Act of 1996 and any other applicable privacy laws.[1] LHJs should review the CDPH-CTCA "Joint Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California"[2] and contact their assigned CDPH TBCB Program Liaison for assistance (see Part 1 Section 5.8).

1.5. TB Medication Expenditures

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.

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

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

1.6. Expense Allowability and Fiscal Documentation

LHJs will maintain records reflecting actual expenditures for applicable budget periods.

- Invoices, received from LHJ and accepted for payment by CDPH TBCB, will not be deemed evidence of allowable agreement costs.
- LHJs will 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 5 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 CDPH TBCB. Upon request of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

1.7. Payment and Recovery of Overpayments

- CDPH TBCB reserves the right to question and re-negotiate reimbursement for any expenditure that may appear to exceed a reasonable cost for the service.
- Compensation provided for expenses incurred in the performance of the award (including travel, per diem, and taxes) will be considered as paid.
- Federal local assistance award funds may not be used for litigation costs.
- LHJ 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:
  - LHJ'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 LHJ
- CDPH TBCB reserves the right to select which option will be employed and LHJ will be notified by CDPH 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 LHJ, beginning 30 days after LHJ's receipt of the CDPH TBCB demand for payment.
- If LHJ 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 LHJ loses the final administrative appeal, LHJ will repay CDPH the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from LHJ's first receipt of the CDPH TBCB notice requesting reimbursement of questioned audit costs or disallowed expenses.

2. Additional Guidance for Base Award Use

LHJs receive a single Letter of Award specifying amounts by funding source. The State Base Award includes Food, Shelter, Incentives and Enablers (FSIE) and Housing Personnel funding. All or part of an award can be used for FSIE expenditures.

2.1. Purpose of Housing Personnel Funds

Housing Personnel funding included in the State Base Award is not intended for FSIE expenditures. The State Base Award includes a separate amount for FSIE expenditures.

- Housing Personnel funds specifically support personnel that work directly with patients with TB who are:
  - Experiencing homelessness, or
  - At risk of experiencing homelessness, or
  - At risk for not completing treatment
- Eligible activities and expenditures for Housing Personnel funds included as part of the State Base Award are those that foster the use of less restrictive alternatives to decrease or prevent the need for detention. Some examples are:
  - Personnel salaries and benefits for personnel such as outreach workers, communicable disease investigators, 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

2.2. Purpose of Food, Shelter, Incentives and Enablers Funds

FSIE funds are intended to improve adherence and motivate patients to successfully complete treatment. These funds may be used to provide food, incentives, and enablers for patients with confirmed or suspected TB, as well as their contacts. Additionally, funds may be used to provide shelter for patients with confirmed or suspected TB experiencing homelessness or at risk of homelessness (see Part 2 Section 2.2.B. for the definition of homelessness).

Incentives are tailored rewards that encourage or acknowledge patient treatment adherence (e.g., gift cards for gas, groceries, or meals, movie tickets, or children's toys). Enablers are practical resources that help patients overcome barriers to treatment adherence (e.g., clinic or treatment appointment transportation, social service referrals, assistance with rent, mortgage, or utility bills, or gift cards for gas, groceries, or meals. The specific types of incentives and enablers may vary based on local program policies and procedures.

For more information on strategies to help promote patient treatment adherence or questions about what qualifies as an incentive or enabler, please contact your assigned CDPH TBCB fiscal analyst (see Part 1 Section 5.8).

LHJs are expected to allocate FSIE funding included in their Base Award for FSIE expenditures before requesting Supplemental Funding.

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

LHJs 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 "Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious."[1]

B. Definition of Persons Experiencing Homelessness

This definition is taken from the CDC Report of Verified Case of Tuberculosis Instruction Manual.[2] A person experiencing homelessness may be defined as:

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

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

A person experiencing homelessness is someone who lacks customary and regular access to a conventional dwelling or residence. This includes persons living outdoors or in places not meant for housing, residents of homeless shelters or shelters for persons experiencing domestic violence, and residents of welfare hotels or single room occupancy (SRO) hotels. In rural areas where shelters are limited, experiencing homelessness may also include living in non-residential structures, substandard housing, or with relatives. Persons in a correctional setting are not considered to be experiencing homelessness.

C. Using FSIE Funds for Hospitalization of Patients With TB Experiencing Homelessness

By providing funds to house patients with TB 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 patients with TB experiencing homelessness, and decrease the number of patients with TB experiencing homelessness that are lost to follow-up. The Initiative was also designed to reduce the need for hospitalization of patients with TB experiencing homelessness. CDPH TBCB recognizes, however, that when no other form of

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[1] 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.

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

housing is available, or the patient is acutely ill, there may still be a need to hospitalize a patient with TB who is experiencing homelessness.

Use of FSIE funds for hospitalization may be approved 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 local health department in the patient's chart.
- All other payer sources have been explored and found inadequate or unavailable.
- The patient is not eligible for Medi-Cal and does not have other insurance.
- The patient is not under an order of detention as stated in H&SC Section 121365(d),(e)[1]. CDPH TBCB has a separate request and reimbursement process for Civil Detention funding (see Part 2 Section 5). Each proposed detention should be discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8) as soon as the 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 local 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 there is an immediate need for a higher level of care. The local health department should develop a plan for housing patients with TB experiencing homelessness. For consultation on developing a plan, please contact your assigned CDPH TBCB Program Liaison (see Part 1 Section 5.8). LHJs considering FSIE funding to cover part or all of the cost of hospitalization will contact their assigned CDPH TBCB Fiscal Analyst for approval.

3. Supplemental Funds Awards

Supplemental funding is available to LHJs that have not received funding, have expended awarded funding, or project to do so before the end of the fiscal year. Supplemental Funds Awards are intended to assist LHJs with urgent and/or increased needs related to treatment adherence and completion or acute non-enduring situations.

3.1. Treatment Adherence and Completion: Food, Shelter, Incentives, and Enablers

Supplemental funding intended to improve adherence and motivate patients to successfully complete treatment may be used to provide food, incentives, and enablers for patients with confirmed or suspected TB, as well as their contacts. Additionally, funds may be used to provide shelter for patients with confirmed or suspected TB experiencing homelessness or at risk of

[1] CDPH TBCB. Select California Health and Safety Codes (PDF). Can be found on the Tuberculosis Guidelines and Regulations https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Health-and-Safety-Codes-2017.pdf under Guidelines and Regulations.

homelessness. Circumstances warranting exceptions will be considered and approval will be made on a case-by-case basis. Exceptions may be in accordance with Part 2 Section 2.2 of this manual.

3.2. Acute Non-Enduring Situations: Special Needs

Supplemental funding intended to support LHJs with special needs associated with acute and non-enduring TB control activities such as outbreaks, extended contact investigations, and cases of multidrug-resistant (MDR) TB is typically funded for a maximum duration of six months:

- Eligible expenditures include support for additional personnel, benefits, travel, translation services, laboratory testing, supplies and services such as a portable X-ray van to conduct on-site screening of contacts for active TB disease and/or other allowable expenditures needed to assist with TB control activities.
- Ineligible expenditures include in-patient care, support for routine, on-going TB control activities, “not allowed” expenses under Part 2 Section 1.2 and any expenditure that can be covered by another source of funds.

CDPH TBCB is the funding source of last resort for supplemental funding needs. LHJs should attempt to find resources that allow the local TB control program to provide the necessary services to the patient with TB.

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

Available Supplemental Funds may be federal, state, or both. Approval of expenditures will be based on the most stringent applicable guidelines. LHJs that receive federal funds directly from CDC through a Tuberculosis Cooperative Agreement with CDC are only eligible for state funds, when available. **TB medication expenses are reimbursable from state funds only.**

LHJs may request supplemental funding as soon as the need has been identified. Requests will be reviewed and if approved, a letter of award will be issued. For instructions for submitting requests and invoicing for reimbursement, see Part 3 Section 2. For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

4. Civil Detention Funds Awards

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

CDPH TBCB is the funding source of last resort for civil detention expenditures. LHJs should attempt to find resources that allow the local TB control program to provide the necessary services to the patient with TB.

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

- LHJs requesting Civil Detention Funds will file with CDPH TBCB a current "Plan for the Detention of Persistently Non-Adherent Patients With Tuberculosis." A template is available upon request.
- Reimbursement of up to $285 per day, based on the facility type, may be requested for the cost of detention for isolation (H&SC Section 121365[d]).
- Reimbursement may be requested for costs associated with the completion of therapy (H&SC Section 121365[e]).
- Reimbursement may be requested for the actual cost of counsel provided to a nonindigent patient with TB, 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 patient with TB at any court review of the order of detention required by H&SC Section 121366 (H&SC Section 121451[c]).

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

Requests will be reviewed and if approved, a letter of award will be issued. For instructions for submitting requests and invoicing for reimbursement, see Part 3 Section 4.2. For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

4.1. Allowable Civil Detention Expenditures

All civil detention reimbursement requests are reviewed on a case-by-case basis. Proof of third-party payer non-eligibility must be provided to CDPH 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 use and spiritual counseling
  - Counsel for a nonindigent patient with TB, 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 patient with TB 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**
  - Utilizing the most cost-efficient method of purchasing TB medication (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

4.2 Non-Allowable Civil Detention Expenditures

These expenditures will not be approved for reimbursement:

- **Detention in a correctional facility**
- **Personal monitoring devices (unless court-ordered)**
- **Detention in a private residence**
- **Air transportation**

5. Local Assistance Award Reimbursement

- CDPH TBCB reimburses LHJ in arrears for actual expenditures in accordance with an approved and accepted award.
- Reimbursement is contingent upon CDPH TBCB approval of LHJ expenditures submitted by invoice.
- Reimbursement will be withheld if CDPH TBCB determines that LHJ 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 has no liability to pay any funds whatsoever to LHJs or to furnish any other considerations under this agreement and LHJs are not 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 has the option to either cancel this agreement with no liability occurring to the State or offer an amendment to LHJ to reflect a reduced amount.
- Total reimbursement will not exceed the sum specified in the letter of award for Base Award, Supplemental Funds Award or Civil Detention Funds Award.
- Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.
- LHJs experiencing events that necessitate acute and non-enduring TB control activities for which no other funds are available, such as extended CIs, cases of MDR TB, and outbreaks may request Special Needs Funds (see Part 2 Section 4). Reimbursement for Base Award, Supplemental 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 will 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 will be clearly marked “Final Invoice,” indicating that all payment obligations of

CDPH 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 LHJ fails to obtain prior written approval of an alternate final invoice deadline.

Part 3 - Procedures

1. Process for Requesting and Invoicing Base Award Funds

1.1. Submitting Award Requirements

The following required documents shall be completed in accordance with the guidance provided in this document and submitted by the specified due date:

- TB Subrecipient Eligibility form, *signed* (required if accepting federal funds)
- Active SAM registration screenshot (required if accepting federal funds)
- Most recent Single Audit Report (required if accepting federal funds)
- Established eDOT Policy and Procedures certification, *signed* (required if requesting reimbursement)
- TB Base Award Budget workbook, in Excel format (submit with the following file naming convention: [**LHJ Name**]**-TB_Award-Budget-26**)
  - Program Contacts
  - Federal Detail Budget with Line Item Justifications (required if accepting federal funds)
  - State Detail Budget with Line Item Justifications
  - Funding Matrix
  - Summary Budget
- TB Base Award Budget summary page, *signed*
  - Copy of any subcontract (required if requesting reimbursement))
  - Official documentation of rate ≥53% and benefits breakdown (if applicable)
- Allocation of Personnel Matrix (submitted in Excel format)
- LHJ TB Control Program organizational chart
- Acceptance of Award, *signed*

TB Subrecipient Eligibility form, Established eDOT Policy and Procedures certification, TB Base Award Budget workbook, Allocation of Personnel Matrix, and Acceptance of Award are posted on the CDPH TBCB Extranet. Where required, authorized original signatures can be electronic or in blue ink.

Submit your package of all required documents electronically to TBCB.Awards@cdph.ca.gov, using the [**LHJ Name**]**-TB_BASE-26** naming convention to facilitate tracking.

For additional questions regarding the award requirements submission 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 Local Health Jurisdiction Initial Budget

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

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

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

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

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

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

Suggested options for structuring your budget:

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

C. Federal Executive Level II Salary Cap

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

Summary (FY 1990 - Present) | Grants & Funding (grants.nih.gov/policy-and-compliance/policy-topics/nih-fiscal-policies/salary-cap-summary) webpage. On a federally funded award, LHJs 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 will 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 $226,000 and an Executive Level II salary cap of $225,700 for the award period:

Base Salary	Effort on Project	Total Salary Amount	**Cap Amount**	**Amount Effort on Project**	**Capped Total Salary Amount**
$226,000	100%	$226,000	$225,700	100%	$225,700

Example Base Award Detail Budget

Title/Name	**New/Cont**	**Annual**	**FTE**	**Months**	**Amount**
1. Medical Doctor/ Name	Cont.	$225,700	1.0	12	$225,700

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
$226,000	100%	$56,500	$225,700	100%	$56,425	$75

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

D. Personnel Costs (Benefited and Non-Benefited)

LHJs will provide budget information and line item justifications for CDPH TBCB funded positions on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget
  - Personnel (Benefited) line item category

    List and consecutively number each benefited position as a separate line item (see Example Personnel Costs Detail Budget below). For each position, enter:
    - Position title and name
    - Indicate if the position is new or continuing
    - Housing Personnel (HP checkbox if applicable)
    - Annual salary
    - Full time equivalent (FTE)

- Months
- Total Line Item Amount

- Personnel (Non-Benefited) line item category

  List and consecutively number each benefited position as a separate line item (see Example Personnel Costs Detail Budget below). For each position, enter:
  - Position title and name
  - Indicate if the position is new or continuing
  - Housing Personnel (HP checkbox if applicable)
  - Annual salary
  - Full time equivalent (FTE)
  - Months Total Line Item Amount

Example Personnel Costs Detail Budget

Personnel - Benefited

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

Benefits (rate, actual salary)

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

Personnel – Non-Benefited

Title/Name	New/Cont	HP	Annual	FTE	Months	Total
1. Community Worker/Name	New	N	$38,000	0.5	12	$19,000
1. Bilingual Bonus			$80/mo	9	12	$8,640
Total Personnel (Non-Benefited)						$27,640

TOTAL PERSONNEL SERVICES **$210,500**

- Line Item Justification

  Include the following information for each position listed (see Example Line Item Justification below):
  - Position title

- Name(s) of the individual(s) filling the position. State “vacant” if position(s) is/are not filled
- Brief summary of the duties for the position; describe how the position contributes to conducting Strategy One and/or Strategy Two activities (see Part 1 Section 4)
- Identify personnel salaried above the Federal Executive Level II salary cap
- Identify personnel funded with Housing Personnel funds, their activities, and the amount of FTE that match the criteria for the use of these dollars
- Identify personnel fulfilling the duties of a Correctional Liaison (see Part 3 Section 1.2 O)
- Identify personnel fulfilling the duties of a Linkage to Care Liaison for civil surgeon referrals (see Part 3 Section 1.2 P)

Example 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

LHJs will provide budget information and line item justifications for CDPH TBCB funded position benefits on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail 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 Personnel Costs Detail Budget on page 24).

  Benefit rates greater than 53% may be justified by submitting official documentation of the rate as well as a breakdown of the benefits.

F. Personnel Non-Benefited

LHJs will provide budget information and line item justifications for miscellaneous personnel line items (i.e., nurse retention bonus, bilingual bonus) on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Personnel (Non-Benefited) line item category

  List any miscellaneous personnel line items as separate line items (see Example Personnel Costs Detail Budget on page 24).

- Line Item Justification

  For each miscellaneous personnel item listed in the Detail Budget, include the following information in the Line Item Justification:

  - Name of the line item
  - A brief justification describing how line items assist staff in meeting identified program needs

Example Personnel (Non-Benefited) Justification

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

G. Travel and Per Diem

Reimbursement for travel expenses shall be in accordance with California Department of Human Resources policies for state employees.[1] Out-of-state travel requires prior CDPH TBCB approval. LHJ travelers are expected to maintain receipts for all claimed expenses.

- Mileage

  Use mileage rate applicable to the period of travel. LHJs must maintain a travel log that includes traveler's name, purpose of the trip (e.g., DOT visit), date(s) of travel, and the total mileage for the trip.

- Lodging Rates

  Reimbursement is made for actual receipted expenditures not exceeding the applicable federal rate established by the U.S. General Services Administration for the travel destination, available on the GSA Per Diem Rates (gsa.gov/travel/plan-book/per-diem-rates) webpage. Lodging without a receipt will not be reimbursed.

- Meal and incidental Expenses

  Actual meal and incidental (M&I) expenses incurred while on travel status will be reimbursed in accordance with the maximum rates and time frame requirements outlined below:

  - For each full 24 hours of travel: Up to the federal standard rate for M&I expenses established by the U.S. General Services Administration
  - On the first and last day of travel: Up to 75 percent of the federal standard rate for M&I expenses established by the General Services Administration

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

M&I Expense Total Daily	First & Last Day of Travel	Breakfast	Lunch	Dinner	Incidentals
Up to $68	Up to $51	$16	$19	$28	$5

LHJs will provide budget information and line item justifications for travel on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail 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 expenses by category
- Line Item Justification

  For within jurisdiction and out of jurisdiction travel, briefly describe purpose of travel. If applicable, identify the dollar amount of Housing Personnel funds and how the proposed activities meet the criteria for the use of these funds (see Example Travel Justification using Housing Personnel Funds below and Part 2 Section 1.8 for guidance on the use of Housing Personnel funds).

Example 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 apply:

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

LHJs are expected to document major equipment purchased with state funds. LHJs will request the “Equipment Purchased with CDPH TBCB Funds” form from their assigned CDPH TBCB Fiscal Analyst prior to invoicing and return the completed form to CDPH TBCB with the invoice for the purchase.

- Approval to purchase equipment is contingent upon LHJ’s ability to demonstrate that the purchase is a cost-effective means to meet a need related to the control and prevention of TB, best accomplished by clearly stating the purpose of the equipment.
- LHJ will contact Fiscal Analyst prior to any purchase of $2,500 or more for equipment and services related to such equipment. LHJ must provide in its request for approval all particulars necessary for evaluating the justification of incurring such costs.
- All equipment and products purchased should be American-made, to the greatest extent possible.

- LHJs using CDPH TBCB local assistance award funds to purchase video or other electronic equipment or services for electronic directly observed therapy are expected to 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. The eDOT certification is available on the CDPH TBCB Extranet or available upon request.

LHJs will provide budget information and line item justifications for CDPH TBCB funded equipment on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Equipment line item category

  Itemize equipment purchases and include:

  - The number of units, cost per unit, and total cost
  - Make and model number
- Line Item Justification

  Briefly describe how the equipment will enhance ability to conduct TB prevention and control activities.

I. Supplies

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

LHJs will provide budget information and line item justifications for supplies on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget

  Itemize projected expenditures into three categories (see Example Supplies Detail 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 Supplies Detail 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.

LHJs will provide budget information and line item justifications for anti-TB medication on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail 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 Anti-TB Medication Detail 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

LHJs will include a copy of each subcontract with their budget submission. 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.

LHJs will provide budget information and line item justifications for subcontracts on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail 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 detail 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 contract is sole-source or competitively bid. If the organization is the sole source for the contract, 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 2.1) for guidance on the use of Housing Personnel funds).

L. Other Line Items

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

LHJs will provide budget information and line item justifications for other line items on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Other line item category

  Itemize each type of expenditure
- Line Item Justification

  Provide a brief justification for all items listed in the Detail Budget – Other category

M. Food, Shelter, Incentives and Enablers

This line item is used for the Food, Shelter, Incentives and Enablers amount included with the Base State Award.

LHJs will provide budget information and line item justifications for FSIE expenses on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget

  Type the FSIE amount
- Line Item Justification

  Provide a brief justification for how FSIE funds will be used to improve adherence and to ensure that patients successfully complete treatment

N. Indirect Cost

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

LHJ 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 LHJ, but not to exceed 25% of total personnel services costs or 15% of total allowable direct costs. For more information regarding approved county indirect cost rates, please contact the FMB by email at CDPH-ICR-mailbox@cdph.ca.gov.

Reduced Indirect Costs

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

O. Designation of a Correctional Liaison

Ensuring continuity of care for patients with TB who transfer between correctional facilities and/or detention facilities and the community is an important TB prevention and control activity. Each LHJ should identify its needs and determine the duties most appropriate for their Correctional Liaison. The NTCA Public Health TB Corrections Liaison Model Duty Statement and Core Competencies[1] may be useful in determining these duties.

The designee should be LHJ's Correctional Liaison identified in the CTCA Directory[2] unless a recent change is not yet reflected.

To identify the designee in your submission package:

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

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

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

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

To identify the designee in your submission package:

- If this position is supported through local assistance subvention funds, include the following statement in the line item justification: "Fulfills the duties of a Linkage to Care Liaison for civil surgeon referrals."

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

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

- 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 package.

1.3. Receiving Your Base Award

CDPH TBCB issues to LHJ a Letter of Award including the approved summary budget upon approval of the submission package.

1.4. Managing Your Base Award

A. Submitting Base Award Invoices

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

Invoices should be **separated by funding source**, signed by an authorized representative certifying that the expenditures claimed represent actual expenses, and submitted on LHJ letterhead quarterly (see Part 3 Section 1.4 A) in arrears, electronically to tbcb.awards@cdph.ca.gov.

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

1. Guidance for Submitting Base Award Invoices by Funding Source

To facilitate timely reimbursement, use current Base Award invoice templates by funding source and include the following information:

- Invoice date
- Billing period
- Award number by funding source (see Letter of Award)
- Amount to be reimbursed by line item category:
  - Personnel (Benefited), include title, name, salary and benefits detail
  - Personnel (Non-Benefited), include title, name, and salary detail
  - Allowable travel and per diem expenses (in-state only) will be reimbursed using state rates. See Part 3 Section 1.2 G for details.
  - Equipment, provide item details (make, model, cost per unit, and number of units for each). 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.
  - Supplies, include office, medical and laboratory supplies
  - Anti-TB medications, request for reimbursement must not exceed the State Base Award
  - Other Costs (including local detention activities as described in Health and Safety Code Section 121451), provide a description of each item
  - Food, Shelter, Incentives and Enablers, include amount by line item and provide the following detail:

- Shelter, include name or type of lodging and TB case RVCT or CalREDIE number or the local TB suspect ID number. Do not submit any patient identifiers, such as name, address, or birth date.
- Patients receiving housing assistance and/or shelter, verify and indicate that treatment was administered via DOT during the time housing was provided
- 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). If items such as gift cards included a discount, please include the discount as a separate line item (e.g. 50 food coupons discount @ ($0.50) total ($25.00).

It is not necessary to submit evidence of FSIE expenditures with the invoice. However, LHJs 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 LHJs in need of supplemental funding. By failing to contact CDPH TBCB to request a submission extension for second or fourth quarter invoices, LHJs risk not receiving full payment for the invoiced amount if submitted past the deadline. For information about requesting Supplemental Funds, see Part 3 Section 2.

- Remit to address, must match LHJ's organization mailing address indicated on LHJ's submitted budget workbook. For address changes, please contact your assigned CDPH TBCB Fiscal Analyst.

Invoices for the new fiscal year will not be processed if there are outstanding invoices from the previous year or unresolved stipulations from the Letter of Award.

2. Award Invoice Due Dates and Requests for Extensions

Quarter	Period Covered	Due Date
First	July 1 through September 30	November 16
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 17
Fourth	April 1 through June 30	August 16

- Award Invoices for TB control expenditures must be submitted quarterly per the schedule above. If an invoice will not be submitted by the quarterly due date, LHJ must contact CDPH TBCB in advance to request an extension.
- All requests for extensions must be submitted in writing via email by the invoice due date with an explanation of the barriers to timely submission. Requests for extensions longer than two weeks may not be granted if the date would delay CDPH TBCB fiscal closeout. Fiscal closeout begins on the first business day of

September of each year. LHJs granted a second or fourth quarter extension must submit a "not to exceed amount" by the last business day in August.

B. Budget Revision Process

1. General Standards

- A budget revision is required for any changes that:
  - Shift more than $10,000 or 25% of the total budget previously approved
  - Add personnel positions, equipment, or subcontract line items not previously included in the budget previously approved
- Budget revision requests are to be made four weeks prior to anticipated expenditures. Email TBCB.Awards@cdph.ca.gov to request a budget revision template.

2. Requesting a Budget Revision

- Completing the Budget Revision Request:
  - Review the list of Allowable Expenditures (see Part 2 Section 1.1)
  - Complete the budget revision template and include the line item justification
  - If the budget revision includes addition of new staff positions, revise the Allocation of Personnel Matrix
  - Sign and date the Summary Budget with authorized signature
  - Submit the budget revision template, a PDF copy of the signed summary budget, Allocation of Personnel Matrix (if applicable) and subcontract (if applicable) electronically to TBCB.Awards@cdph.ca.gov for approval

3. Notification of Action Taken on a Budget Revision Request

No reimbursements can be made for revised budget expenses until approval has been granted. CDPH TBCB does not give verbal approval for budget revision requests.

Approved or disapproved budget revision requests will be emailed to the contact person listed on the budget revision template or the person listed on the request cover letter if different from the person listed on the request template.

1.5. Additional Required Forms

- A "Local Health Jurisdiction 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 CDPH TBCB Fiscal Analyst for a form.
- A Local Health Jurisdiction's Release form will be emailed to LHJs prior to the end of the fourth quarter and must be submitted with the final Base Award invoice.

2. Process for Requesting and Invoicing Supplemental Funding

- As soon as the need for supplemental funding has been identified, contact your assigned CDPH TBCB Fiscal Analyst for the Supplemental Funding ADHC workbook. Requests must be in accordance with the use of these funds as described in Part 2 Section 3.
- If the request is approved, LHJ will receive a Supplemental Funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award must be

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

- LHJs should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., realignment funds). CDPH TBCB should be the payor of last resort for supplemental funding expenses.
- To facilitate timely reimbursement, use the current Supplemental Funds invoice template. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Supplemental Funds expenditures should be submitted electronically to TBCB.Awards@cdph.ca.gov on the same quarterly schedule and format as described in Part 3 Section 2 of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Supplemental Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2027 for the award period of July 1, 2026 – June 30, 2027). Invoices submitted after August 31 may not be considered for reimbursement.

3. Process for Requesting and Invoicing Civil Detention Funding

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

- As soon as the potential need for civil detention of a persistently non-adherent patient with TB has been identified, contact your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8) for assistance. Available upon request, the "Procedure for Requesting Reimbursement for Civil Detention for a Persistently Non-Adherent Patient with Tuberculosis" provides a complete description of the request process and required documentation. LHJs should also refer to the CDPH-CTCA "Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California."[1]
- As soon as the need for Civil Detention Funds has been discussed and recommended for approval, contact your assigned CDPH TBCB Fiscal Analyst for assistance. Requests must be in accordance with the use of these funds as described in Part 2 Section 5.
- If the request is approved, LHJ will receive a Civil Detention Funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, LHJ agrees to the conditions of the award as set forth by CDPH TBCB. Invoices for Civil Detention Funds will not be processed until the signed Acceptance of Award has been received.

[1] 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)

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

- LHJs should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., application for health benefits). CDPH TBCB should be the payor of last resort for civil detention expenses.
- To facilitate timely reimbursement, use the current Civil Detention Funds invoice template. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Civil Detention Funds expenditures should be submitted electronically to TBCB.Awards@cdph.ca.gov on the same quarterly schedule and format as described in Part 3 Section 4 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, 2027 for the award period of July 1, 2026 – June 30, 2027). Invoices submitted after August 31 may not be considered for reimbursement.

3.3. Detention Release Date Information

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

4. Declining a Tuberculosis Local Assistance Award

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

Appendix

Table 1. List of Abbreviations

Abbreviation	Expansion
ARPE	Aggregate Report for Program Evaluation
CalREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CI	Contact investigation
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 Coalition of America
PRUCOL	Permanent Residence Under Color of Law
RVCT	Report of Verified Case of Tuberculosis
SRO	Single room occupancy
TT	Targeted testing and treatment
TB	Tuberculosis
TBCB	Tuberculosis Control Branch