

Incentives and Enablers

- I. **AUTHORITY:** Florida Statute Chapter 392.64 (1) (partial) - TB Control - "Adherence to treatment. The department, its authorized representatives, or a physician licensed under chapter 458 or chapter 459 shall prescribe an individualized treatment plan for each person who has active tuberculosis. The goal of the treatment plan is to achieve treatment to cure by the least restrictive means."
- II. **TITLE:** Protocol for the Incentive and Enabler Program
- III. **TYPE OF STANDARD:** Service
- IV. **OUTCOMES:**
 - A. To describe the use of Incentives and Enablers (I&E) to motivate and empower persons receiving treatment for tuberculosis (TB) disease and latent tuberculosis infection (LTBI) to complete a full course of therapy.
 - B. To improve tuberculosis and LTBI therapy completion rates.
 - C. To encourage and improve individual client adherence with clinical recommendations for the treatment of active tuberculosis or LTBI.
 - D. To establish administrative procedures for ordering, shipping, storing, and issuing coupons, products, and payment warrants used in the Incentives and Enablers Program.
 - E. To establish guidelines to ensure accountability for coupons, products, and payment warrants used in this program.
- V. **PERSONNEL:**
 - A. Assessment of Need: M.D., D.O., A.R.N.P., P.A., R.N., L.P.N., TB Epidemiologist and Health Services Representative.
 - B. Interviewing/Counseling/Educating: M.D., D.O., A.R.N.P., P.A., R.N., L.P.N., TB Epidemiologist and Health Services Representative.
 - C. Administration/Ordering/Security: TB Program Supervisor; Health Services Representative Supervisor; TB Program Manager; TB Program Coordinator; Administrative Assistant and TB Epidemiologist.
 - D. Documentation: M.D., D.O., A.R.N.P., P.A., R.N., L.P.N., Health Services Representative, TB Epidemiologist and Directly Observed Therapy Technician.
 - E. Accountability: TB Program Supervisor; TB Program Manager/Coordinator; Medical Health Care Program Analyst; TB Epidemiologist, Administrative Assistant; Human Services Analyst.

Each discipline will perform activities within the constraints of their respective practice acts, job descriptions, and protocols.

VI. COMPETENCIES: Health care professionals and field staff must demonstrate their understanding of clients' social and psychological needs and their ability or willingness to cooperate in their treatment; the rationale underlying the use of I&E; and the importance of weighing client need against the availability of resources.

VII. SPECIFIC AREAS OF RESPONSIBILITY:

A. Description of the Program.

- 1. Incentives:** Incentives are products or services that motivate clients to adhere to treatment, take medications, keep clinic appointments, or to cooperate in other ways necessary to complete their treatment. Products currently available as incentives include fast-food coupons, supermarket coupons, and nutritional supplements.
- 2. Enablers:** The term enabler describes anything that helps the client to complete treatment by eliminating obstacles to the client's cooperation. Examples of enablers include bus tokens, temporary housing, food assistance, or other services or assistance available through public and institutional social services. Enablers purchased using state funds should be used in a manner that avoids any appearance of impropriety. The justification for their use should be worded so as to give clear evidence of the need for the enabler to assure continuation or completion of therapy.
- 3. Eligibility:** The following persons are eligible to receive incentives and enablers:
 - a. Clients with suspected or confirmed active TB disease.
 - b. Contacts to clients with active TB disease.
 - c. Persons with LTBI at high-risk for progressing to TB disease such as HIV/TB co-infection, recent skin test conversion, and children who are close contacts to a case of active, infectious TB.
- 4. Restrictions:**
 - a. Products and coupons are restricted to program uses. They are not intended to be used as gifts.
 - b. Nutritional supplements are to be used for clients with wasting due to active tuberculosis or HIV/TB co-infection.
 - c. TB Program funds used for housing enablers are restricted to homeless clients or those requiring temporary isolation without other housing alternatives (e.g., patients with young children in the household) and should be used **only** during the infectious period, generally two to four weeks, after which time other arrangements should be in place or the client should be capable of returning to his or her normal routine. The Bureau of TB and Refugee Health (BTBRH) regards arranging services beyond the infectious

period or the availability of funds, whichever comes first, as a function of case management. See Attachment 1: Guidelines for Evaluating and Managing Homeless Clients Being Considered for Temporary Housing.

- d. Incentive and enabler funds may be approved to pay for certain living expenses such as utility bills on a case by case basis upon approval by BTBRH.
5. **Alternate Sources:** County health departments (CHD) are encouraged to develop alternate sources of supply through local purchases, donations, and grants in order to supplement BTBRH resources and better match the incentive or enabler inventory to client needs in the county.

B. Order Procedure for Incentives

1. Overview

- a. Requests for incentives originate at the CHD whenever on-hand supplies of any group of I&E (e.g. supermarket coupons) have been exhausted. The TB Program Supervisor or designated person may place orders as needed.
- b. Requests for incentives are forwarded to the local Area TB Manager/Coordinator.
- c. The Area TB manager/coordinator verifies that all accountable items such as supermarket or fast food coupons requested have been accounted for using the TB Incentive/Enabler Voucher Worksheets. The worksheets must show the disposition of all coupons by client name and serial number. The area TB manager/coordinator then completes the Incentive/Enabler Request/Receipt Form (Incentivereq.pdf), and forwards the signed request by fax to the Bureau at (850) 921-9906 or SC291-9906.
- d. Copies of I&E forms (TB Incentive/Enabler Service Request/Receipt Form, Incentive/Enabler Consent Form, and TB Incentive/Enabler Service Voucher Worksheet) can be found on the Bureau of TB and Refugee Health Web Site at:
www.doh.state.fl.us/disease_ctrl/tb/TBForms/Tbformsmenu.htm.
- e. If the completed TB Incentive/Enabler Service Voucher Worksheets are sent by mail, they should be treated as confidential medical information and sent by traceable mail in double envelopes, and stamped confidential.

C. Review and Approval

1. At BTBRH, the request will normally be reviewed and processed within twenty-four working hours.
2. The filling of resupply requests is contingent on verification that all coupons of the type requested have been accounted for.

3. After the review, coupons and related forms are sent to the local Area TB Program Manager/Coordinator via traceable (overnight) mail.
4. The local area TB manager/coordinator should then forward the coupons and voucher worksheets personally or via traceable mail to the TB Program Supervisor or designated person at the CHD.
5. After verifying that the number of coupons corresponds to the number listed on the transmittal, the local Area TB manager/coordinator should sign that the coupons have been received and fax the receipt to BTBRH.

D. Procedures for Enablers

1. Since most enablers involve single individuals and require an individual determination, requests may be submitted by confidential fax or telephone directly to the local area TB manager/coordinator.
2. The local Area TB Manager/Coordinator is responsible for preparing and submitting a written request using Incentive/Enabler Request Form (Enablerform.doc - 10/2000) to the Bureau. All items on the form must be completed for the request to be processed.
3. Information should include the client's name, social security number, TB status and history of adherence, enabler assistance requested, amount of the request, the period for which assistance will be needed (if applicable), and the reason for the request.
4. If temporary lodging is needed, indicate the name of the facility, its address, tax identification number, and the manager's name and telephone number. Also, indicate any extraordinary circumstances that apply, including emergency conditions, and state whether the vendor accepts VISA credit cards for payment.
5. If the request is for an enabler other than lodging, please specify the assistance requested, the client's name, social security number, address, telephone number, and TB status, if applicable, the source of the item, and the price.

- E. Order Procedure.** Routine requests will be forwarded via confidential fax to BTBRH by the local area TB manager/coordinator. The request will be reviewed and, if approved, paid with a state credit card or submitted to the Bureau of Finance and Accounting for a state warrant.

Approval must be obtained from BTBRH before a purchase or commitment to purchase can be made. All phone requests must be followed up by faxing the request form with the appropriate confidential cover sheet. Requests for additional coupons or housing extensions must follow this same procedure.

F. Credit Card Procedure:

1. Payment by state credit card is the preferred method of payment when vendors accept credit cards.
2. After the request is approved, the approving authority will contact the local area TB manager/coordinator or nurse case manager who is handling the case and arrange to call the facility to pay for the request by credit card.
3. A representative of the CHD must be present during the call to witness the transaction and receive the bill and the receipt.
4. Upon return to the CHD, the representative will fax the credit card receipt and bill to BTBRH to maintain accountability.
5. The original copies of both documents must also be mailed to the person who approved the transaction at BTBRH.
6. This procedure is used for lodging as well as other types of I&E paid using the state purchasing card.
7. These procedures may also require direct coordination between the requesting local area TB manager/coordinator and the Bureau representative.

G. Procedure for Water, Juice, and Applesauce:

Funds to purchase of water, juice, and applesauce to enable clients to take their medications using directly observed therapy (DOT) are included in the county and area budgets. Water, juice and applesauce were originally introduced to replace the use of nutritional supplements, such as Boost or Sustacal, as aids to clients taking TB medication. Water, juice and applesauce are still recommended for this purpose. To obtain a supply, the local area TB manager/coordinator or other designee should take the following actions:

1. Ascertain locally that funds are available in the budget for the purchase,
2. Identify a place to make the purchases for the CHD,
3. Contact the Bureau representative to complete the transaction using a state purchasing card,
4. Obtain a receipt for the purchase and follow the procedure listed in paragraph VII, F, above, for forwarding it to the Bureau; and
5. Ensure these items are appropriately stored and distributed.

Once a source has been identified, the local area TB manager/coordinator will arrange for a telephone call from the Bureau to the store to pay for the supply. The local area TB manager/coordinator or designee should obtain the bill and the charge slip and fax them to the Bureau to document the purchase.

Note: Water, juice and applesauce are not required to be accounted for by unit of issue.

H. Actions Taken When Credit Cards Are Not Accepted:

- 1. Routine Requests:** In the event credit cards are not accepted, the approving authority will request a state warrant for payment. Warrants for routine purchases normally require five days for preparation. The warrant will be made out in the name of the establishment or agency to which payment is intended and sent via traceable mail to the local area TB manager/coordinator for distribution to the county contact or vendor.
 - 2. Emergency Requests:** Emergency requests for assistance requiring warrants in situations where the vendor does not accept credit cards will be handled in the same manner as routine requests except that the request will be hand-carried to the Bureau of Finance and Accounting for immediate action. Emergency warrants can usually be provided the next working day if received prior to 1:00 p.m..
 - 3. Special Needs:** If incentives or enablers are needed in conjunction with a special program such as a high-risk targeted screening initiative, a migrant clinic, or similar event, submit a request using the appropriate form and indicate the requirement and circumstances. These incentives also count against the requestor's budget.
 - 4. Prior Arrangements:** To expedite placement in temporary housing, it is strongly advised that the CHD TB Program identify placement sites for TB clients in advance of need so last minute searches are avoided.
- I. Budgets:** Each year the Bureau will develop budgets, by county, for I&E program funding. Allocations are generally based on the size of the TB and LTBI caseload, but every county will have a minimum budget regardless of caseload. The filling of requests beyond the assigned budget is dependent on the availability of funds.
1. Each local area TB manager/coordinator will be provided a budget for all counties in his or her area that shows the total allowance available to the area. It is the responsibility of the local area TB manager/coordinator to administer this budget. If the area includes counties that rarely request I&E, it may be desirable to pool the allocation. If most counties are regular users of I&E, the manager may chose to pass on the allocations provided. Although BTBRH will operate within a budget for incentives and enablers, no funds are sent to the CHDs. Existing order procedures for nutritional supplements (e.g. Boost), juices, housing, and coupons will continue to be followed including those pertaining to accountability for all coupons issued.
 2. All expenditures, whether for coupons, nutritional supplements or other I&E will be charged to the specific county's budget unless the local area TB manager/coordinator has determined that funds will be consolidated for the area. The budget does not distinguish between I&E. The total amount is applicable to all I&E for the area or county.

J. Accountability:

1. **CHD Designee:** Each county will designate a person to be responsible for the I&E Program.
2. **Security:**
 - a. All coupons and warrants used as incentives or enablers are accountable and are to be transferred only in person or via traceable mail.
 - b. Coupons will be accounted for at each step in the process.
 - c. The local area TB manager/coordinator signs a receipt initially on the request form and returns a copy to the Bureau.
 - d. The TB Program Supervisor or designated person at the CHD should sign for coupons received from the local area TB manager/coordinator.
 - e. Coupons and products must be stored in a safe and secure manner with restricted access. Once coupons or products arrive at the CHD, they are to be entered into an inventory record by number. The TB Incentive/Enabler Service Voucher Worksheet may be used for this purpose.
 - f. Coupons issued to clinic staff or field workers are to be received with a signature by the person who will be dispensing them to clients. At least weekly, the accounts must be reconciled and the client's name entered into the logsheet to document the disposition of the coupons issued.
 - g. When all coupons have been dispensed and the log sheets are complete, the log sheet is certified by the TB Program Supervisor or designated individual and a replacement order can be sent to BTBRH by the local area TB manager/coordinator.
 - h. All log sheets should be maintained in a secure place as confidential information.
 - i. If all coupons cannot be accounted for, an internal audit will be conducted by CHD designee and local area TB manager/coordinator. No additional coupons will be issued until either the coupons are accounted for or an official report is sent to BTBRH stating the measures taken to find the missing coupons and outlining the changes instituted in disbursement and accounting to ensure prevention of future unaccounted coupons.
3. **Receiving Reports:** Whenever products such as nutritional supplements are shipped, the receiving report must be faxed to BTBRH as soon as the shipment is received to permit payment.
4. **Nutritional Supplement Procedures:** Nutritional supplements do not need to be accounted for by unit of issue. However, it is recommended that no more

than two cans per day be dispensed to any individual client and then only if the issue is warranted by clinical conditions. **Under no circumstances should an entire case be issued to a single client.**

5. **Local Guidelines:** County health departments are strongly encouraged to develop local guidelines on the use of incentives and enablers. Such guidelines should include, but not be limited to, the following topics:
 - a. Who is eligible for incentives?
 - b. How is a client determined to be eligible for incentives?
 - c. How often can incentives be dispensed to a client?
 - d. How many coupons or products can be dispensed at one time?
 - e. Exceptions to internal policies should be reserved for the TB Program Supervisor or designated person at the CHD.
 - f. Procedures should be applicable to both coupons and products such as nutritional supplements.

VIII. REFERENCES

Centers for Disease Control and Prevention. "Treatment of Tuberculosis", MMWR June 20, 2003;
(Vol. 52/Mp. RR-11), pp. 15-18.

Centers for Disease Control and Prevention. "Interactive Core Curriculum on Tuberculosis: What the Clinician Should Know"; version 1.0, slides: 10-16.

Attachment 1:

Guidelines for Evaluating and Managing Homeless Clients Being Considered for Temporary Housing

This memorandum provides additional guidelines for the management of homeless persons who are being considered for housing under the Incentive and Enabler (I&E) Program.

Funds provided for the I&E program are restricted to the support of homeless persons or those needing temporary isolation for whom alternate housing is not available. Such funding should be provided only during the infectious period, generally two to four weeks, after which time other arrangements should be in place or the client should be capable of returning to his or her normal routine. BTBRH regards arranging services beyond the infectious period or the availability of funds, whichever limit is reached first, as a function of case management.

Clients should be counseled about tuberculosis, its treatment, and the need for compliance with the treatment regimen as per case management protocols. In addition, the client should be counseled about his or her conduct including the avoidance of visitors, alcohol, and drugs. Violations could result in their being removed from housing.

Clients placed in housing at state expense should be placed on DOT and carefully monitored to make certain that they are fully compliant with treatment and to ensure that adequate number of sputum specimens are collected within 8-24 hour intervals.

The Nurse Case Manager is responsible for arranging food for the client. The case manager should explore community options for providing meals such as Meals on Wheels and local food banks, but this latter option may not be suitable unless the client can prepare meals in the room. Coupons may also be used to acquire food for the client. However, the client is supposed to remain in the room until he or she is no longer infectious.

Homeless clients who are being referred to the Health Department by a hospital should be carefully evaluated to make certain they are capable of independent living. Clients who are overtly symptomatic or ill, or who are otherwise unable to live independently, eat a regular diet, or who still require professional nursing or medical care, as determined by the Nurse Case Manager, should not be considered for this program. In case of questions whether the client is fit to be discharged, please refer the question about the client's status to your CHD TB physician or the TB Physicians Network 1-800-4-TB-INFO (1-800-482-4636) before making a commitment to accept the client for housing.