

# Guidelines for Reimbursement of Tuberculosis (TB) Treatment Incentives & Enablers Oregon Tuberculosis Program

**TB Incentives & Enablers:**

The DHS TB Program has limited federal grant funds set aside to provide reimbursement to local health departments (LHDs) that purchase incentives or enablers for TB patients.

**Incentives** are rewards given to patients for complying with their Directly Observed Treatment (DOT) Contract. The purpose of an incentive is to improve patient adherence, and to reduce staff field time spent searching for patients to administer DOT. For example, a patient who keeps all DOT appointments receive a pre-established incentive such as a \$5.00 fast food coupon or a pair of socks.

**Enablers** remove barriers to the patient while they are receiving care. These might be bus tokens to provide transportation to the clinic for DOT, assistance with rent or groceries.

As funds are limited, reimbursement requests will be granted according to the availability of funds and the priority of the case. Prioritization will be assessed as follows:

Level of Priority	Condition
1	HIV-positive case patients, cavitary disease, or multi-drug-resistant TB
2	Pulmonary disease and smear-positive or culture-positive AND any one of the following: drug abuse/ homeless, recent incarceration, history of non-adherence, cultural barriers, unstable or disorganized lifestyle, extreme poverty & other sociological issues.
3	All other cases

**How the decision to distribute incentive & enabler funding will be made:**

All decisions will be made on a case-by-case basis. Block funding requests will not be considered. Approval will depend upon availability of funds. Typical requests should not exceed \$500. Larger requests require special consideration.

**How to request TB treatment incentive & enabler reimbursement:**

1. Complete the incentive request form (below) and fax or mail to the DHS TB program.  
Complete all patient information, anticipated weekly or monthly costs and anticipated total costs through completion of treatment.
2. The TB Program will fax back the signed, approved form, or will notify you if it is NOT approved.
3. Upon receipt of approval, the LHD may purchase the approved items and then submit an invoice for reimbursement.

**How to submit the invoice for TB treatment incentive & enabler reimbursement:**

1. Copy the “Invoice for TB Treatment Incentives & Enablers” onto your LHD letterhead.
2. Each month, complete an invoice for each patient, with the costs for that month totaled together (separate invoice for each patient, not each item purchased).
3. Attach the original receipt(s) to the invoice.
4. Mail the completed invoice/receipts to TB Control.

NOTE: If a request for reimbursement is submitted for money spent prior to TB Program approval, it may not be reimbursed. We will attempt to honor all requests; based upon the priorities listed above.

If you have any questions, please contact the DHS TB Program: (971) 673-0174

**Request for  
TB Treatment – Incentive & Enabler Funds**  
FAX to: (971) 673-0178

A limited amount of funds are available from the State TB Program to reimburse local health departments for TB treatment incentive & enabler-related costs. Approval should be obtained before expenses are incurred. Call to discuss the case and fax this request to the DHS TB Program, providing the case information and reason for the request. A copy of the signed approval will be faxed to you for your records. **Clients must be compliant with their DOT to continue receiving funding. The DOT nurse/worker is responsible for assuring no doses have been missed before awarding or continuing the incentive or enabler.** Bill monthly, using the Invoice for TB Treatment Incentives & Enablers.

County: \_\_\_\_\_ Date: \_\_\_\_\_  
TB Nurse: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_  
Case name: \_\_\_\_\_ Case DOB: \_\_\_\_\_

<b>Case Level of Priority:</b>	<b>Condition:</b>
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**Funding requested:**

Please describe the incentive or enabler & what will be purchased/frequency (daily, weekly, etc.).

**Reason for request:**

Please justify your request on the basis of need, and what other alternatives and or other social supports have been explored.

**Date Start** \_\_\_\_\_  
**Date Stop** \_\_\_\_\_

**Anticipated cost per month: \$** \_\_\_\_\_

**Anticipated total cost through completion of treatment: \$** \_\_\_\_\_

Signature of LHD TB Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: OHD-TB Program: \_\_\_\_\_ Date: \_\_\_\_\_

Copy onto County Letterhead

## Invoice TB Treatment Incentives & Enablers

County: \_\_\_\_\_  
TB Nurse: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Case name: \_\_\_\_\_  
Case DOB: \_\_\_\_\_

Attached are receipts for incentive or enabler items purchased for the above case of TB. These purchases were approved by the OHD-TB Program per the "Request for TB Treatment - Incentive & Enabler Funds" form, which was signed by:

\_\_\_\_\_, from the TB Control Program.

Date	Description of expenditure	Cost
		\$
		\$
		\$
		\$
	Total	\$

Please make payment to: \_\_\_\_\_






I certify this case has been compliant with DOT.

Signature of TB Nurse: \_\_\_\_\_

Mail completed form and attached receipts to:  
Oregon Department of Human Services  
TB Program – incentive & enabler invoice  
800 NE Oregon St., Suite 1105  
Portland, OR 97232

**INCENTIVES & ENABLERS Info Sheet**  
 Examples used in San Diego County  
 Developed by Evelyn Lancaster with input from TB PHNs 11/93

- BASICS:**
- \* INCENTIVES: reward desired behavior
  - \* ENABLERS: remove barriers for willing (but unable) clients
  - \* INDIVIDUALIZE items to the patient !!!
  - \* ASSIGN a staff person to be responsible for keeping track and providing these

<b>INCENTIVES</b> <i>(that need funding \$\$\$)</i>	<b>ENABLERS</b> <i>(that need funding \$\$\$)</i>
<p>1. Cakes / cookies / cupcakes: made by staff</p> <div style="text-align: center;">  </div> <p>2. Food (fruit, candy, etc.): brought in by staff</p> <p>3. Food vouchers</p> <p>4. Clothes vouchers</p> <p>5. Stickers 😊</p> <p>6. Congratulations card/party:</p> <ul style="list-style-type: none"> <li>➤ half way through treatment</li> <li>➤ completed treatment</li> <li>➤ made it through a rough time</li> </ul> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: fit-content;"> <p>*****  <b>Congratulations</b>        *****</p> </div> <p>7. Other items that <i>patients identify</i> that they need.</p> <ul style="list-style-type: none"> <li>➤ help paying utilities or rent</li> <li>➤ pet food</li> <li>➤ worms to go fishing</li> <li>➤ respite babysitting</li> </ul>	<p>1. <u>TRANSPORTATION</u></p> <ul style="list-style-type: none"> <li>➤ but tokens or passes</li> <li>➤ Taxi vouchers</li> <li>➤ Dial-a-Ride</li> <li>➤ Outreach worker / transporter</li> <li>➤ Car battery</li> </ul> <div style="text-align: right; margin-right: 20px;">  </div> <p>2. <u>STABLE HOUSING:</u></p> <ul style="list-style-type: none"> <li>➤ Shelters: try to arrange for TB patient to get priority if clinic/OW gives a voucher that client took their TB meds that day.</li> </ul> <div style="text-align: right; margin-right: 20px;">  </div> <ul style="list-style-type: none"> <li>➤ Other housing programs:</li> </ul> <div style="text-align: center; margin: 10px 0;">  </div> <ul style="list-style-type: none"> <li>- Section Eight assistance</li> <li>- HOPWA</li> <li>- Drug/Alcohol programs</li> <li>- Churches</li> </ul> <div style="text-align: right; margin-right: 20px;">  </div>

**FREE** Incentives and Enablers – see page 2 \*

1. **Friendly** welcome & seen in a timely manner in clinic. Treat patient with **respect**, apologize if you are delayed and explain why, and acknowledge their time is important too.



2. Bring in old **Birthday** and other **Holiday cards**. Cut off front of card (if backside is not written on) to give out to patients on special days.



3. **Cut out coupons** (newspaper/magazines). Keep in a box or basket in the waiting room area of the clinic for patients.



4. Bring in **product samples** (the ones you don't use that come in the mail, or you get when you stay in a hotel).



5. Use **cereal &/or fast food restaurant toys**:



6. **Used items from home** (that are in good condition): clothes, toys, etc.

7. Try an "Adopt a Center" approach: staff check with local merchants to utilize items they would toss out, or as community service would donate:



- Day old bakery items: rolls, cookies (many throw them in the trash!)
- Stores: dented cans, seasonal candy, minor damage/defect items [eg/ soiled new socks, opened/ripped bags of wrapped food, etc.]

Arrange a schedule to pick up donated items.

Other "Adopt a Center" sources: Service clubs (eg/ Lions, Rotary, Girl or Boy Scouts, school clubs, church groups, etc.)

1. **Be flexible** as possible:

In appt. times for:

- DOT
- Clinic
- Home visits



In location of DOT :

- Home
- Work
- School
- Any safe place the patient prefers (park, bar, parking lot)

Are satellite refill clinics needed at:

- a local church
- a migrant camp
- a YMCA
- dovetail with another clinic (eg/ CHDP, immunization)

2. Make phone calls: assist with making contacts for the patient:

- Dr. appointments
- Medical applications
- Social Service referrals
- Translator service, etc.



3. **Teach patient** how to swallow pills vs caps.
  - Some just don't know how to do it.
  - Some need to learn how to crush meds and mix in appropriate foods or liquids.

4. **Provide bus route info:** obtain route maps and teach patient how to use them

5. **Volunteer transporters:**

- family, friends
- church
- other organizations

