

MDHHS Tuberculosis Unit: Guidelines for Local Health Department Use of Incentives and Enablers for Tuberculosis Case Management

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Overview of Incentives & Enablers

Adhering to lengthy TB therapy can be very challenging. It is critical that persons with TB take their medications correctly, without skipping or taking partial doses. Responsibility for successful treatment is assigned to the health-care provider, not the patient.

In addition to using Directly Observed Therapy (DOT) to enhance treatment adherence, incentives and enablers (IEs) can be a very effective part of a patient-centered approach to TB case management. The key to a successful DOT program is the use of information on poor adherence, side effects, and adverse reactions to promptly identify and respond to potential barriers to adherence, missed doses, and potential adverse treatment effects.

- **Incentives** are “small rewards” that encourage patients to complete TB treatment by motivating them with something they want or need.
- **Enablers** help to patients overcome barriers to completing their TB treatment. Examples of incentives and enablers are at the end of this document.

When to Use IEs

As a health care professional, you can make a difference by understanding how to use incentives effectively and conveying a positive, caring attitude. Use incentives to motivate or reward, not coerce. Using IEs should not necessarily be routine or automatic for all TB patients. IEs should be chosen according to the patient’s needs.

Using Incentives

Make a verbal or written agreement early in the relationship. Be clear that if the patient keeps all DOT appointments (or whatever you agree upon), they will receive the agreed-upon incentive. If the patient does not keep their end of the agreement, withhold the incentive. Kindly but firmly explain why the incentive is not being given and what they need to do to start receiving it again. Incentives are usually used on an ongoing basis- weekly, monthly, or when key milestones are reached.

Using Enablers

Identify barriers that interfere with the patient’s ability to adhere to the treatment plan and provide something that will help overcome that specific barrier. Examples of instances when you might choose to use an enabler include inadequate transportation for clinic and DOT appointments, poor appetite or malnourishment, uninsured or underinsured, or a child who dislikes the taste of medication.

Missed DOT Doses

If a DOT dose is missed, the patient should be contacted as soon as possible. A missed dose should be an opportunity to identify barriers to adherence and work with the patient to find ways to successful completion of treatment.

Examples of IEs

Incentives	Enablers
Food assistance (food stamps, snacks, meals, fast food vouchers, and restaurant or grocery coupons)	Transportation vouchers (bus passes or taxi vouchers)
Assistance in finding or providing housing	Nutritional supplements to increase weight gain or foods to help take with medicine
Clothing or other personal products	Convenient clinic hours and locations
Books, toys, stickers, games	Clinic personnel who speak the languages of the populations served
Stipends	Reminder systems and follow-up of missed appointments
Patient contracts, which can involve providing information about close contacts, going to medical appointments, or maintain home isolation	Social service assistance (referrals for substance abuse treatment and counseling, help with applying for medical assistance, or finding housing)
	Outreach workers (bilingual and/or bicultural that can provide DOT, follow-up on missed appointments, monthly monitoring, transportation, sputum collection, social service assistance, and educational reinforcement)
	Integration of care for TB with care for other conditions (diabetes, HIV, hepatitis)
	Financial assistance for those out of work or unable to work (groceries, medical supplies, co-pays, rent, car insurance, etc.)
	Cost of care to local public health (mileage for DOT)

Many of these could fit in both categories and are only meant as examples.

Eligibility

Persons Eligible to Receive IEs

1. Persons with pulmonary and/or extrapulmonary active TB disease.
2. Persons with latent TB infection (LTBI) receiving treatment.
3. Children under the age of 18 reliant on persons with active TB disease.
4. Close contacts to a case of active TB disease who are diagnosed with LTBI and are on treatment or window prophylaxis.
5. Special situations that are evaluated on a case-by-case basis.

*IEs Eligible for Request**

1. Gift cards to:
 - i. Purchase nutritional supplements, groceries, or other necessary personal items for persons with active TB disease or children reliant on persons with active TB disease.
 - ii. Encourage compliance with contact investigations, evaluation, and treatment of LTBI.
 - iii. Purchase gas for transportation to and from clinic appointments and DOT meetings, if occurring away from home.
 - iv. Offset cost of healthcare services such as x-rays, over the counter drugs, co-pays for prescription drugs for the treatment of TB disease or LTBI. Gift cards should not be used to cover the full cost of prescription drugs for the treatment of TB disease or LTBI that were purchased without insurance.
2. Reimbursements for the purchase of:
 - i. Clothes, shoes, hygienic products, and toiletries.
 - ii. Gas, bus passes/tokens, or taxi services for transportation to and from clinic appointments and DOT meetings, if occurring away from home.
 - iii. Healthcare services such as x-rays, over the counter drugs, co-pays for prescription drugs for the treatment of TB disease or LTBI. Reimbursements will not be made to cover the cost of prescription drugs for the treatment of active TB or LTBI that were purchased without insurance.
 - iv. Housing, utilities, or other costs necessary to assure the person has a stable and safe living environment. Please see the Housing section in this document for more information.

All reimbursement requests must be pre-approved by MDHHS (Form B) before expenses are incurred by the LHD. We cannot guarantee expenses will be reimbursed without prior approval by MDHHS.

*This list is not exhaustive. If you feel your client has a specific need for an IE not listed please reach out to MDHHS to discuss the situation.

IEs Ineligible for Request

1. Gift cards to purchase, or reimbursements for the purchase of:
 - i. Cigarettes
 - ii. Cash
 - iii. Alcohol
 - iv. Gambling materials
 - v. Re-fillable credit cards
 - vi. Pay full price for prescription drugs. Gift cards can be used to pay co-pays for prescription drugs to treat TB disease or LTBI (see previous section).

Recommended Companies Eligible for Gift Card Purchase

Company Name	Recommended Use				
	Food	Gas	Personal/ Hygiene Items	Clothing	Medications*
Kroger	X	X	X		X
Meijer	X	X	X	X	X
Walmart	X	X	X	X	X
Target	X		X	X	X
McDonald's	X				
Speedway		X			
Citgo		X			
Marathon		X			
CVS			X		X
Rite Aid			X		X

*Full price prescription medications for treatment of TB disease or LTBI are ineligible for use. MDHHS will allow the use of gift cards to pay co-pays for anti-TB prescription medications.

Notes:

- The items and companies listed companies are not exclusive, so if you need something that is not listed above, please request it on the appropriate IE request form.
- It is the responsibility of the LHD to educate the person on what items are acceptable for purchase. Please see the [Creating Your Own Guidelines](#) section for more information to help guide your program.
- Factors that are considered when granting requests are the availability of funds and amount requested.

Housing

Funding for housing and accommodations is available from MDHHS for specific instances and special situations.

Persons Eligible to Receive Housing Assistance

1. Persons with active TB disease including pulmonary and/or extrapulmonary TB;
2. Persons either homeless prior to starting their TB treatment or at risk of becoming homeless throughout the course of TB treatment.

Housing and Medical Management Standards

1. When selecting outpatient housing, the following items should be available to provide suitable, comfortable and safe accommodations:
 - a. The venue should have a telephone for local calls, fire escape and fire alarm, and locks on all doors and windows;
 - b. Appropriate and effective temperature control;
 - c. Cooking space or kitchenette to encourage cooking, microwaves, refrigerator with freezer holding appropriate food storage temperature, sink, and oven;
 - d. Close access to public transportation to encourage shopping for food and personal hygiene items (if not under isolation);
 - e. Access to adequate laundry facilities;
 - f. Regular cleaning of the room (if in a hotel or motel);
 - g. The unit should be inspected for pests and other barriers which could impede TB treatment, including bed bugs.
2. The person must receive medications via DOT. Mechanisms must be established to ensure that the person complies with DOT and infection control instructions.

Housing Types

1. When selecting housing, the following recommendations should be considered:
 - a. Hotels and motels are acceptable forms of housing, especially for short-term and emergency housing. Units with kitchenettes and laundry facilities on site are preferred.
 - b. **Hotel/motel prices should be negotiated to the state rate (\$85/night) when possible.**
 - c. Apartments, houses, or rooms for rent are preferred.

Roles & Tracking

MDHHS Tuberculosis Control Unit

1. MDHHS does not require tracking information from the LHD on how gift card IEs are used.
2. The TB Public Health Consultant (MDHHS) is authorized to make the initial review of all IE requests.
 - a. Gift Cards (Form A):
 - i. MDHHS TB Unit and Section Managers must sign and approve the request before disbursement of the funds.
 - b. Reimbursement Requests (Form B):
 - i. MDHHS TB Unit Manager must approve of the request and sign **Form B Section III** before purchases can be made by the LHD.
 - ii. Once **Section IV** on **Form B** is signed and returned to the TB Public Health Consultant with proof of purchase, the MDHHS TB Unit and Section Managers must sign and approve the request before disbursement of funds.

Michigan Public Health Institute (MPHI)

1. MPHI does not require tracking information from LHDs or MDHHS on how gift card IEs are used.
2. The Financial Analyst at MPHI is authorized to receive redacted IE requests and review for required approval signatures.
3. If the required approval signatures are present, the Financial Analyst will fill the requested item(s) and disburse to the LHD.

Local Health Departments (LHDs)

1. LHDs in the state of Michigan are authorized to request IEs from MDHHS for TB case management, regardless of funding LHDs receive from MDHHS or the CDC.
2. If desired, LHDs may track the spending of their IE gift cards, however this information is not required by MDHHS nor MPHI.
3. It is suggested that LHDs create their own guidelines for use of IEs with their TB patients. See the [Creating Your Own Guidelines](#) section in this document for more information.

Tracking

1. Neither MDHHS nor MPHI require documentation of how gift cards are used.
 - a. It is suggested that LHDs create their own guidelines for use of IEs with their TB patients. See the [Creating Your Own Guidelines](#) section in this document for more information.
2. If requesting reimbursements, the LHD must provide an acceptable proof of purchase.
 - a. Approved proofs of purchase include checks written by the LHD, invoices, and receipts with date of purchase, total amount paid (including tax), and payee name.
3. LHDs must notify both the MPHI financial analyst and the MDHHS TB Public Health Consultant via email when gift cards and reimbursement checks are received. See the [How to Request Incentives & Enablers](#) section of this document for more information.

Reimbursement Deadlines

There are two deadlines for submitting reimbursements, depending on the time of year the purchase was made.

1. Purchases made **October 1st–December 31st**: Submit to MDHHS no later than January 31st
 - For example, if a purchase was made on 11/15/2022, it needs to be submitted to MDHHS for reimbursement no later than 1/31/2023. Any time after January 31st is considered late and you will not be reimbursed for this purchase.
2. Purchases made **January 1st–September 30th**: Submit to MDHHS no later than October 15th
 - For example, if a purchase was made on 8/22/2022, it needs to be submitted to MDHHS for reimbursement no later than 10/15/2022. Any time after October 15th is considered late and you will not be reimbursed for this purchase.

A good rule of thumb is to submit your reimbursement requests as soon as possible.

How to Request Incentives & Enablers

Use either **Form A** or **Form B** to request your IEs (depending on the nature of your request). You can either print and handwrite or use the fillable PDF and email the form. Please do not include PHI such as name and date of birth. Initials and case numbers (MDSS# or RVCT#) are acceptable.

Form A: Gift Cards

1. Use **Form A** to request gift cards. Please limit each request form to \$500 worth of gift cards (if the patient needs additional support, another request can be made). The blank form can be found [on the MDHHS website](#), and an example of a completed form can be found [here in this document](#).
2. Complete **Sections I-II** of **Form A** and submit to MDHHS. Email is easiest and fastest, but fax is also acceptable.

Attention: TB Public Health Consult
Email: berlinc@michigan.gov
Fax Number: 517-335-8263

*Please **DO NOT** put identifying information on the form! Initials or MDSS ID are fine to use.*

3. Once **Form A** is received the TB Public Health Consultant will:
 - a. Notify the LHD the request was received;
 - b. Obtain approval signature from the MDHHS TB unit manager;
 - i. If the request is not approved, the TB Public Health Consultant will contact you with a detailed explanation and suggestions for other available options. See the [Eligibility](#) section of this document for more information.
 - c. Send the request to the Financial Analyst at MPHI for processing;
 - d. Notify the LHD of approval and processing.
4. MPHI's Financial Analyst will fill the request and notify both the LHD and the TB Public Health Consultant when the gift cards and/or reimbursement check is mailed.
5. The LHD will reply to the email (previous step) to confirm receiving the items.

Form B: Reimbursement Requests

1. For all reimbursements, please use **Form B** to first obtain approval from MDHHS before making the purchase. The form can be found [on the MDHHS website](#), and an example of the completed form can be found [here in this document](#).
2. Complete **Sections I-II** of **Form B** and submit to MDHHS. Email is easier and faster, but fax is also acceptable.

Attention: TB Public Health Consultant
Email: berlinc@michigan.gov
Fax Number: 517-335-8263

*Please **DO NOT** put identifying information on the form! Initials or MDSS ID are fine to use.*

3. Once **Form B** is received the TB Public Health Consultant will:
 - a. Notify the LHD the request was received;
 - b. Obtain approval signature from the TB unit manager on **Section III** of **Form B**.
 - i. If the request is not approved the TB Public Health Consultant will contact you with a detailed explanation and suggestions for other acceptable options. See the [Eligibility](#) section in this document for more information.
 - c. Notify the LHD of decision.
4. The LHD can make the purchase once they receive approved **Form B**. Actual purchases or amounts paid should be as close as possible to the requested amount.
5. After purchase, the LHD should complete **Section IV** of **Form B**, attach the proof of purchase, and fax or email both to MDHHS:

Attention: TB Public Health Consultant
Email: berlinc@michigan.gov
Fax Number: 517-335-8263

*Please **DO NOT** put identifying information on the form! Initials or MDSS ID are fine to use.*

6. Once **Form B** is received with the proof of purchase the TB Public Health Consultant will:
 - a. Notify the LHD of receipt;
 - b. Forward the request to the Financial Analyst at MPHI.
7. MPHI's Financial Analyst will fill the request and notify both the LHD and the TB Public Health Consultant when the reimbursement check is mailed.
8. The LHD will reply to the email (previous step) to confirm receiving the reimbursement check.

Example Form A MDHHS TB Incentives and Enablers Request Form: Gift Cards

1. Use this form if you are requesting gift cards. Each request is limited to \$500 (all cards requested add to \$500 or less). Please do not include any patient information (initials or MDSS IDs are okay).

For any reimbursements please complete Form B to obtain approval before expenses are incurred.

2. Complete **Sections I-II** of this form and either fax or email to MDHHS

Attention: TB Public Health Consultant

Email: berlinc@michigan.gov

Fax: 517-335-8263

SECTION I

Your Name: [John Doe](#)

Date: [7/14/2022](#)

Local Health Department: [Anywhere County Health Department](#)

Mailing/shipping address: [1234 Main Street, City, Michigan 12345](#)

Email address: johndoe@MIcounty.gov

Phone: [123-456-7890](#)

Initials of person receiving IEs: [AB](#)

Number of people in this request: LTBI 1 Active TB Disease Other

Reason for request (why are you requesting an incentive and/or enabler?)

This patient has not been able to work, and has been struggling to afford basic necessities. The patient is also struggling with weight loss and malnutrition, so these gift cards will be used to purchase nutrition shakes to help keep the patient from losing more weight and also buy other healthy foods.

Additionally, patient has had many doctor appointments recently and has been struggling to afford the high price of gas lately. A gas gift card would help the patient be able to get around to their appointments, pharmacy, etc.

SECTION II

Gift Cards:

Company	Amount	Value	Total Amount
Meijer	2	\$50	\$100.00
Speedway	2	\$25	\$50.00
TOTAL			\$150.00

Any other comments?

Signature of LHD Requestor: John Doe Date: 7/14/2022

SECTION III: Approval (completed by MDHHS only)

Approved
 Denied

Reason for Denial (if necessary):

MDHHS TB Program: _____ Date: _____

Example Form B
MDHHS Incentives and Enablers Request Form: Reimbursements

1. Use this form if you are requesting a reimbursement. Please note all reimbursements now require pre-approval. Please do not include patient information (initials or MDSS IDs are okay).

For all gift cards requests please use [Form A](#).

2. Complete **Sections I-II** and either fax or email to MDHHS.

Attention: TB Public Health Consultant
Email: berlinc@michigan.gov
Fax: 517-335-8263

3. MDHHS will complete **Section III** and return the form to you.

4. After purchase, complete **Section IV** and return to MDHHS (information above) with proof of purchase.

5. Once the form is processed, a check will be sent to the health department.

SECTION I

Your Name: [John Doe](#)

Date: [7/14/2022](#)

Local Health Department: [Anywhere County Health Department](#)

Mailing/Shipping Address: [1234 Main Street, City, Michigan 12345](#)

Email address: [johndoe@MIcounty.gov](mailto: johndoe@MIcounty.gov)

Phone: [123-456-7890](#)

Initials of person receiving IEs: [AB](#)

Number of people in this request: LTBI 1 Active TB Disease Other

Reason for request (justify your request based on need):

This person has AIDS and was recently diagnosed with active TB. She recently lost her job due to her being on home isolation. She has two children living at home with her and is having trouble feeding them with the limited money she has. She will start working at her Uncle's grocery store once she is released from home isolation (expected September), however she needs help paying rent for the months of July and August. I am requesting reimbursement for her rent, which is approximately \$750 per month, for three months.

SECTION II: Estimated Expenses

Company	Details	Estimated Amount
Apartment Rentals, Inc.	Rent for July, August, September 2022 (\$750x3)	\$2,250.00
TOTAL		\$2,250.00

**STOP! Section III must be completed and approved by MDHHS
before you can proceed with your purchase**

SECTION III: Approval (completed by MDHHS only)

Unit Manager's Approval: _____ Date: _____ Denied

Reason for Denial (if necessary):

SECTION IV: Actual Expenses (completed by LHD after MDHHS approval. Remember to attach proof of purchase)

Company	Details	Actual Amount
TOTAL		

Signature of LHD Requestor: _____ Date: _____

Creating Your Own Guidelines

MDHHS encourages LHDs create their own guidelines for use of IEs with their TB patients, especially if your LHD uses county or personal funds to fulfill IEs.

1. Research possible incentives and enablers that would meet the needs of your target groups and motivate your TB patients. Make sure they are feasible for your program to provide. Consider your own resources as well as skills, programs, goods, and services that could be provided by community partners and local organizations.

Example:

- *MDHHS TB unit has IE funds available for LHDs to use*
- *Local taxi or interpreter services*
- *Coupons and vouchers for a local or specialty store*

2. Decide on an initial menu of incentives and enablers. Over time, this list is likely to be modified as new patient needs are identified, new partnerships are established, and the success and feasibility of various incentives and enablers is evaluated.
3. Identify sources for the selected incentives and enablers and make the necessary arrangements to have them available for distribution.

Example:

- *If you regularly conduct contact investigations, it's handy to have small (\$5 - \$10) gift cards available to incentivize testing.*
- *Some LHDs use small denomination gift cards to incentivize latent TB infection treatment completion, especially for courses lasting 6-9 months.*
- *Create a contract with a local taxi service for easy payment and reliability.*

4. Establish guidelines and procedures for the disbursement of incentives and enablers, including:
 - a. Eligibility: Decide which types of patients qualify to receive IEs and under what circumstances.
 - b. Authority: Determine which staff members are authorized to disburse incentives or enablers and under what circumstances.
 - c. Distribution: Develop a distribution plan for the incentives and enablers. Identify how these items will be sent to the field.
 - d. Tracking: Develop a system and procedure for keeping track of incentives and enablers given to each TB patient and documenting decisions made about them
5. It may be useful to develop a letter of agreement or acknowledgment between the TB patient and the DOT worker. Some jurisdictions have successfully used these as a method of ensuring adherence to therapy. The DOT worker and the TB patient negotiate dates, places, and times for DOT services to be provided, and both sign a document stating such agreements. Included in the agreement could be language specifying what consequences may result if the client violates the terms of the contract, including withholding IEs.

6. Set up referral mechanisms to link TB patients with programs, goods, or services that your program cannot provide.
7. Plan for regular evaluation of your incentives and enablers so that their effectiveness can be assessed, problems can be identified and resolved, issues of funding and resources can be addressed, and modifications can be made as needed.

Example:

- *Do you want to track information about IEs, for example, who receives them and what type of IE? MDHHS suggests you track all IEs used, even if they were purchased with personal money.*
- *Do you want to report this information as part of an annual assessment of your program?*

Abbreviations

AFB: Acid fast bacilli
BAL: Bronchoalveolar lavage
DOT: Direct observed therapy
IEs: Incentives and enablers
LHD: Local health department
MDHHS: Michigan Department of Health and Human Services
MDR-TB: Multi-drug resistant Tuberculosis
MPHI: Michigan Public Health Institute
TB: Tuberculosis

Glossary

Enabler: Items to help TB patients to overcome barriers to completing their TB treatment.

Form A: Michigan Department of Health and Human Services TB Incentives & Enablers Request Form: Gift Cards. Form used for any gift card requests (total gift card amount should be \$500 or less).

Form B: Michigan Department of Health and Human Services TB Incentives & Enablers Request Form: Reimbursements. Form used to request reimbursement; use the same form for submitting the reimbursement request after MDHHS approval.

Incentive: Small reward to encourage TB patients to complete TB treatment by motivating them with something they want or need.

Proof of Purchase: Approved proofs of purchase include checks written by the LHD, invoices, and receipts with date of purchase, total amount paid (including tax), and payee name. Proof of purchase must be submitted with each reimbursement request.

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