

# Wisconsin Tuberculosis (TB) Treatment Assistance Program Policies and Procedures Manual

## Introduction

The Wisconsin Tuberculosis (TB) Treatment Assistance Program (WTBTAP), administered by the Wisconsin Department of Health Services, Division of Public Health Tuberculosis Program, is designed to help with the treatment of clients with active TB disease or latent tuberculosis infection (LTBI) by providing funding to purchase treatment assistance aids that will support and encourage clients to complete therapy. WTBTAP is federally funded through the Centers for Disease Control and Prevention (CDC).

WTBTAP is used primarily for clients who have active TB disease but can also be used for clients being treated for LTBI to encourage and reward them along the course of their therapy. Continuing to take medications for a lengthy TB regimen can be very challenging. It is critical that clients take their medications correctly, without skipping or taking partial doses. In addition to encouragement from health care providers and use of directly observed therapy (DOT) to enhance treatment completion, TB treatment assistance aids can be an effective part of a patient-centered approach to caring for clients with active TB disease or LTBI. TB programs around the U.S. have proven that TB treatment assistance aids are well worth the expenditure and serve as a significant motivator for clients battling TB to sustain their efforts.

## What are TB treatment assistance aids?

- TB treatment assistance aids help clients overcome barriers and motivate them to complete their TB treatment. Some examples include:
  - Bus tokens or taxi vouchers to get to clinic appointments.
  - Nutritional supplements like Ensure for someone with a poor appetite.
  - Yogurt or applesauce for a child who dislikes the taste of medication.
- TB treatment assistance aids do not need to be elaborate or expensive. Food, small clothing items, hobby supplies, toys, juice boxes, gift cards, or stickers are a few examples of treatment assistance aids.
- TB treatment assistance aids are most effective when they are personally meaningful to the client; base the purchases on your knowledge of the client's needs and interests.

# Procedures

## **WTBTAP Information and Forms**

WTBTAP information and forms are available on the Wisconsin TB Program website: <u>https://www.dhs.wisconsin.gov/tb/index.htm</u>

## Enrollment

Enroll in the WTBTAP by reading the WTBTAP **Policies and Procedures Manual** and then completing and signing the **Enrollment and Agreement form** (F-02462). Once you enroll, you will need to review and sign the Enrollment and Agreement form on an **annual basis**. Additionally, please inform the Wisconsin TB Program of any contact information changes.

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The Enrollment and Agreement form does not enroll the entire health department. Only those individuals who have completed F-02462 are allowed to sign and submit any Treatment Assistance Forms.

Send or fax the completed and signed Enrollment and Agreement form to:

Wisconsin TB Treatment Assistance Program Division of Public Health, Tuberculosis Program 1 W. Wilson Street, room 255 Madison, WI 53703 Fax: 608-266-0049 Email: <u>dhswitbprogram@dhs.wisconsin.gov</u>

For more information, contact the Wisconsin TB Program at: 608-261-6319

#### **Enrollment Confirmation**

After the Wisconsin TB Program receives your signed **Enrollment and Agreement form**, you will receive confirmation by email.

#### **Purchasing Treatment Assistance Aids**

- Without pre-approval from the Wisconsin TB Program, TB treatment assistance aids are capped at:
  - \$200 for clients being treated for active TB disease.
  - \$50 for clients being treated for latent TB infection.
  - **Definition of cap**: For WTBTAP purchases, the capped amount is the total amount that may be spent on any one patient for the <u>total duration</u> of their TB/LTBI treatment.
  - Any request for reimbursement over the capped rate per patient (without prior approval using the Special Request form <u>F-02461</u>) will be denied. It is recommended that local health departments keep track internally of TB treatment assistance aid purchases for each patient, so the cap is not exceeded.
- WTBTAP purchases must meet specific criteria to follow federal purchasing regulations. Please see a list of allowable purchases in Table 1, below.
- Do not purchase TB treatment assistance aids in bulk for future distribution. Instead, purchase a specific treatment assistance aid for a specific client.
- Do not pay a client directly (e.g., cash or check) for a TB treatment assistance aid.

Items covered by WTBTAP (Included Items)	Items NOT covered by WTBTAP (Excluded Items)
Pill minders	Cigarettes or other tobacco products
Food	Vaporizers, vape pens, hookah pens, electronic
Beverages (non-alcoholic)	cigarettes (e-cigarettes), and "e-liquid"
School supplies	Cash
Plants	Alcohol
Bus tickets	Lottery tickets or other gambling games
Gas/fuel cards (vouchers)	Health services (e.g., X-rays) *
Flowers	Prescription and over-the-counter medications *
Personal care items	Gift cards to establishments where any of the
Practical clothing items (less than \$20)	above can be purchased (e.g., Target, Walgreens,
Hobby supplies	Visa gift cards, etc.), see "Gift Cards" section below.
Books	* Submit these costs in the Dispensary's TOBI Program
Gift cards to establishments where excluded items are NOT available (limit \$50 per gift card)	

## Table 1. Allowable TB Treatment Assistance Aids

## **Gift Cards**

- Reimbursement of gift cards, other than "gas/fuel only" cards, will only be made if a detailed receipt of purchases made with the gift card accompanies the request. Reimbursement will not be made for alcohol, tobacco, or vaping supplies, see Table 1.
- There is a \$50 limit per gift card.
- Clients receiving gift cards must also be provided with education on allowable purchases (Table 1).
- Gas/fuel cards or vouchers:
  - Submit a scanned photocopy of the card showing the "for Fuel Only" notation with the card receipt
  - If the card does not have "fuel only" imprinted on the card, a detailed receipt of the purchase made with the card must accompany the reimbursement request and card receipt.
    Reimbursement will not be made for alcohol, tobacco, or vaping materials.
- Do not purchase gift cards in bulk for future distribution. Instead, purchase a specific gift card for a specific client.

## Special Requests and Requests Over the Capped Amount

Sometimes, it may be appropriate to provide more treatment assistance aids for a client than the indicated capped rates (above). These will be considered if:

- A client has a particular need.
- A client is contagious and will need to remain in isolation for an extended period of time.
- A client needs help paying rent so as not to become homeless.
- A client needs help paying for utilities so they won't be discontinued ("shut off").
- A client needs help paying for a cell phone bill to communicate with the nurse for coordinating treatment.
- A client has reached an important milestone in treatment (e.g., completed one year of therapy for multidrug-resistant TB).

Treatment assistance above the capped amount must be approved by the Wisconsin TB Program. Complete and submit the **Special Request form** (F02461) prior to your purchase to ensure your expense will be reimbursed.

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## **Requesting Reimbursement for TB Treatment Assistance Aids**

- 1. Fill out the Purchase Log on the **Request for Reimbursement form** (F-02463). Itemize the treatment assistance aid purchases and attach all receipts to the form.
  - Fill out the agency name and address, contact name, contact email and contact phone number.
  - Make a separate entry in the log for each treatment assistance aid.
  - The date the aid was provided to the client.
  - The quantity and description of the aid item.
  - The client's name and WEDSS disease incident ID.
  - The amount spent for each aid item and the name of the purchaser. Indicate the total reimbursement request at the bottom of the itemization area.
  - To receive reimbursement, each TB treatment assistance aid line item must appear on a receipt.
  - Sign and date the form.

## 2. Send or fax the **Request for Reimbursement** form to:

Wisconsin TB Treatment Assistance Program Division of Public Health, Tuberculosis Program 1 W. Wilson Street, Room 255 Madison, WI 53703 Fax: 608-266-0049 Email: dhswitbprogram@dhs.wisconsin.gov

#### For any questions or concerns, please contact:

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