



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

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Date:

Re: Funding Allocation Plan & TB Letter of Intent

Department of State Health Services (DSHS) Commissioner David Lakey has approved new eligibility criteria and a funding formula for allocating Tuberculosis (TB) prevention and control funds throughout the State of Texas.<sup>1</sup> DSHS is implementing the eligibility criteria and formula for General Revenue funds beginning September 1, 2013 and for federal funds beginning January 1, 2014. This memorandum explains the actions your health department must take if you wish to be considered for allocation of TB funds.

The new eligibility criteria are:

- 1) The local health department (LHD) must agree to provide a 20 percent match of the DSHS award amount; and
- 2) The LHD must meet all of the Centers for Disease Control and Prevention (CDC) "Essential Components of a Tuberculosis Prevention and Control Program".

The new funding formula will use the following variables and weights:

Formula Variable	Weight
TB Cases	38
TB MDR Cases	5
TB Cases Completing Therapy	7
TB Suspects	15
HIV/TB Co-infected Cases and Suspects	10
TB Cases and Suspects from Special Populations	10
Total Population in Funded Area	5
Total Square Miles in Funded Area	5
LTBI as defined above	5

DSHS wishes to make TB funding available to all LHDs interested in providing TB prevention

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<sup>1</sup> Both the eligibility criteria and formula were developed and recommended by a broad-based workgroup. The workgroup's recommendations were reviewed and also recommended by the Public Health Funding and Policy Committee (PHFPC).

and control services that meet the eligibility criteria. DSHS has determined that the 20 percent match must be a cash match (local funds used to pay for expenses directly supporting TB activities, e.g. TB staff salaries, travel funds for TB staff, TB supplies). The CDC essential components are as follows:

- Conducting overall planning and development of policy
- Identifying persons who have clinically active TB
- Managing persons who have or who are suspected of having TB
- Identifying and managing persons infected with Mycobacterium tuberculosis
- Providing laboratory and diagnostic services
- Collecting and analyzing data
- Providing training and education

All LHDs interested in being considered for TB funding should complete, electronically sign, and submit the attached Letter of Intent to [kathy.sharp@dshs.state.tx.us](mailto:kathy.sharp@dshs.state.tx.us) by May 20, 2013.

If you have further questions or need additional information, please contact Kathy Sharp at [kathy.sharp@dshs.state.tx.us](mailto:kathy.sharp@dshs.state.tx.us) or 512.776.2640.

Sincerely,

Janna Zumbrun, M.S.S.W.  
Acting Assistant Commissioner  
Division for Disease Control and Prevention Services

## Tuberculosis Funding Letter of Intent

Date: May 21, 2013

LHD: Hidalgo County

Address: 1304 S. 25<sup>th</sup> St  
Edinburg, TX 78539

By completion of this Letter of Intent, the above-named LHD acknowledges its interest in providing tuberculosis (TB) prevention and control services within its service area and further agrees to meet the following eligibility criteria:

1. Provide a 20 percent cash match of the DSHS award amount, which will be determined by the formula.
2. Provide all of the Centers for Disease Control and Prevention (CDC) “Essential Components of a Tuberculosis Prevention and Control Program”.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00038823.htm> as described below:

The above-named LHD TB prevention and control program will administer activities that include the following core components. Most components should be administered directly by the LHD, but a few (e.g., X-rays and interpretation, clinical physician services, DOT) may be administered by contract.

- A. Conducting overall planning and development of policy.
- B. Identifying persons who have clinically active TB.
  1. Clinic capacity (to include physician and nurse capacity)
  2. Contact investigation capacity
  3. X-ray services availability and interpretation
  4. Referral system for other medical problems
- C. Managing persons who have or who are suspected of having TB.
  1. Ability to evaluate, treat and monitor confirmed and suspected TB patients.
- D. Identifying and managing persons infected with Mycobacterium tuberculosis.
  1. Directly observed therapy (DOT) capacity
  2. Delivery of twelve (12) dose regimen of Isoniazid-Rifapentine (medications to be provided by DSHS)
- E. Providing laboratory and diagnostic services in collaboration with:
  1. DSHS Laboratory (Austin), or
  2. DSHS Laboratory (South Texas), or

- 3. Commercial laboratory.
  - F. Collecting and analyzing data.
    - 1. TB surveillance (to include registry activities and LTBI tracking)
  - G. Providing training and education.
    - 1. At minimum linked to the Heartland National TB Center in San Antonio
3. Additionally, the above-named LHD understands it must provide to DSHS data on the number of person with LTBI who have completed treatment (see detail below) in its jurisdiction to be included in the funding formula. The above named LHD will collaborate with the DSHS Health Service Region (HSR) TB program in its area to review the LHD's LTBI data for calendar year 2010. Once the LHD and HSR agree on verification of the data, the HSR will submit the data to the DSHS central office TB program.

New LTBI variable definition: number of persons with LTBI who have completed LTBI therapy with a DSHS TB Services Branch approved treatment regimen<sup>1</sup> who were identified as:

- contacts to a counted case in Texas, or
- member of a special population, or
- client of a DSHS-funded refugee resettlement program.

By electronic signature below, I am acknowledging that the above-named LHD meets the requirements stated herein to be considered for funding for the provision of TB prevention and control services in the State of Texas.

  
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Printed Name:     Ramon Garcia    

Title of Signatory:     Hidalgo County Judge    

Date:     May 21, 2013    

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<sup>1</sup> A medication regimen that is in line with DSHS Standards of Performance for the Prevention and Control of Tuberculosis, Section 5, Management of Patients on Treatment for Latent TB Infection (<http://www.dshs.state.tx.us/idcu/disease/tb/policies/>)