



# Oregon

Kate Brown, Governor

Department of Human Services

*Aging and People with Disabilities*

500 Summer St. NE, E-02

Salem, OR 97301

**Date:** July 27, 2020

**To:** All Nursing Facilities  
All Assisted Living Facilities  
All Residential Care Facilities  
All Adult Foster Homes

**From:** Mike McCormick, Interim Director  
DHS Aging and People with Disabilities Program

**Re:** Staff Testing Reimbursement: *Non-Initial Only*



Dear Providers:

On April 23, 2020, the [Legislative Emergency Board approved \\$3M](#) in funding for COVID-19 testing costs of frontline workers. This appropriation is separate and distinct from the initial testing requirements announced by Governor Brown and described in [Oregon Administrative Rule 411-060-0020](#).

We will begin accepting claims for reimbursement immediately. In order to be eligible for reimbursement, the costs:

- Must have been incurred on or after March 2, 2020
- Must have been incurred by an APD-licensed nursing facility, residential care facility, assisted living facility or adult foster home.
- Must not have been paid for through other reimbursement mechanisms such as private or public insurance.
- Must be limited to frontline workers only.
- Must be documented and available for post-payment audit.
- Must be submitted on a Department designated form.

DHS will only reimburse providers until \$2.5M is reimbursed. The remaining \$500K of the \$3M appropriation has been allocated to test Home Care Workers providing services to in-home consumers.

Separate guidance will be issued for reimbursement of the baseline testing.

Thank you for your continued efforts during this pandemic.

# Invoice

## Staff COVID-19 Non-Initial Testing Reimbursement

E-Board Authorization: Apr 23, 2020

Provider No.:		Date:	
License Type			
Tax ID (EIN):			
Name:			
Address:			

Date of testing	Total Staff Tested	Unreimbursed Expenditures (Direct only)
		\$ -
		\$ -
		\$ -
		\$ -
	<b>Grand Total</b>	<b>\$ -</b>

By signing this document, I attest that:	
· this reimbursement request is not for initial baseline testing as defined in OAR 411-060-0005.	
· this request for reimbursement is limited to testing expenditures not covered by insurance or other payers.	
· documentation of testing and associated costs are maintained and will be made available for post-payment audit.	
Signature:	
Name:	
Title:	

**Initial testing reimbursement may not be claimed through this form.**  
**Reimbursement for non-initial testing will be limited to the first \$2.5 million in reimbursed expenses.**  
**Reimbursement for staff testing is only eligible for expenditures from March 1, 2020-present.**  
**Reimbursement is limited to direct expenditures only.**

Index: 33039  
PCA: 33198  
AOBJ: 8450

Email completed request to:  
[Testing.reimbursement@dhsosha.state.or.us](mailto:Testing.reimbursement@dhsosha.state.or.us)