## **FOCUS Protocol for One Time Payments for Start-up costs**

## Qualifying Circumstances:

- The proposed Contractor is an individual provider with knowledge of the child and has agreed on individual contract specifications approved by a FOCUS Program Contract Administrator
- 2. The Contractor has requested funding assistance to pay for the required insurance or other upfront costs of providing this service
- 3. Contractor has agreed to an ongoing contract to provide necessary services such as:
  - a. Overnight Respite;
  - b. Youth Mentoring;
  - c. Skills Training;
  - d. Tutoring & Study Skills; or
  - e. Other Placement Related Supports as approved by a FOCUS Program Contact Administrator
- 4. Without this payment, the requirements to initiate a contract would be cost prohibitive and would make the service provision unattainable
- 5. Without this service, the youth would be at risk of disruption of their community placement or would be unable to be placed within a community placement including foster care, relative or parental home
- 6. The Youth the Contractor intends to serve has been designated by the FOCUS Planning Committee as a FOCUS Youth
- 7. The Contractor has submitted an official invoice or quote detailing start up costs.

## **One Time Pay Process**

- 1. Contract Administrator to obtain an insurance quote from Contractor and file in provider file
- 2. Contract Administrator to obtain a W9 from the Contractor
- Contract Administrator to send Contractor information including W9 form to the BRS Provider Entry Specialist for set up in ORKids
- 4. Contact Administrator to fill out the OTP Payment Request form and send it for processing.
  - a. Date of Request
  - b. Vendor Name
  - c. Vendor Number
  - d. Agency
  - e. Payment Distribution Type Mail Direct to Vendor
  - f. Index
  - q. PCA
  - h. AOBJ
  - i. Amount

- j. Comments Mandatory if no invoice. Description should include what we are paying for, why we are paying for it and the frequency of the type of payment.
- k. Prepared by
- I. Phone Number
- m. Approver Name
- 5. Focus Contract Coordinator to send Payment Request form to approver to sign
- 6. Focus Contract Coordinator to submit Payment Request form to OFS.Invoices@odhsoha.oregon.gov include Contractor's W9
- 7. For any questions regarding Payment Request form please contact OFSAP.REQUESTS@odhsoha.oregon.gov
- 8. Focus Contract Coordinator to file signed Payment Request form in provider file
- 9. Contract Administrator to request and obtain Certificate of Insurance or other startup cost receipts prior to contracting