Information Memorandum Transmittal Aging and People with Disabilities



Mat Rapoza	<u>Number</u> : APD-IM-23-095
Authorized signature	Issue date: 10/10/2023
<u>Topic</u> : Long Term Care	Due date:
<u>Subject</u> : Vendor Payment for Purchase of GI PCA code is updated	oves and Masks for Homecare Workers-
Applies to (check all that apply):	
 ☐ All DHS employees ☑ Area Agencies on Aging: Types A and B ☑ Aging and People with Disabilities ☐ Self Sufficiency Programs ☐ County DD program managers ☐ Support Service Brokerage Directors ☐ ODDS Children's Residential Services 	 County Mental Health Directors Health Services Office of Developmental Disabilities Services (ODDS) ODDS Children's Intensive In Home Services Stabilization and Crisis Unit (SACU)

<u>Message</u>:

Procedures to pay vendor invoices for purchases of gloves and masks for HCWs serving Medicaid, SPPC and OPI consumers for AAA offices.

APD Procedure for Ordering:

The Procedure for APD offices: Use SPOTS Visa Cards for purchases.

AAA Procedure for Ordering and Request for Reimbursement:

When an invoice is received, please complete the following steps:

• On the invoice, add the PCA, Index and AOBJ codes for billing purposes. Below are the current codes:

PCA code: 30765 (this code changes every October)

Index code: 31140 AOBJ code: 4706

- Attach completed invoices and email to: <u>HCW.GlovesMasksInvoices@odhsoha.oregon.gov</u> and cc: OFS.INVOICES@odhsoha.oregon.gov.
 - ➤ The subject line should read: Invoices for gloves/masks
 - ➤ The body of the email should read: Request for payment of HCW gloves/masks

If the AAA wishes to purchase gloves and/or masks and request reimbursement, please provide additional documentation to show the invoice has been paid and reimbursement is being requested.

APD Policy Staff will approve the request and will send the approval to the Office of Financial Services (OFC). You will be cc'd on the approval email as a confirmation that the payment is being processed. If your request is denied, you will receive an email with a reason and/or what needs to be corrected/addressed in order to approve the reimbursement request.

Reminder: Please see the <u>Worker Guide for the Consumer-Employed Provider</u> Program for further information related to gloves/masks/contractors/etc.

If you have any questions about this information, contact:

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