



HEALTH SYSTEMS DIVISION

Kate Brown, Governor



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Date: June 3, 2021

To: Personal Care Attendants (PCAs)

From: Dana Hittle, Deputy State Medicaid Director

Subject: PCA reimbursement for transportation to COVID-19 vaccination sites

The Oregon Health Authority (OHA) will pay qualified and enrolled PCAs for mileage and time spent to transport individuals eligible for behavioral health (BH) PCA services to COVID-19 vaccination appointments. PCAs may be reimbursed for these costs for dates of service on and after Dec. 14, 2020, for the duration of the COVID-19 public health emergency. This authorization covers the following:

- Mileage to and from the COVID-19 vaccination appointment in the PCA's own vehicle, using the most direct and reasonable route from the individual's home to the vaccination site.
- Time accompanying the individual at the vaccination appointment, if this service is not already included in the current service plan, or was not already claimed as part of the allotted time on their voucher for the pay period that the COVID-19 vaccination occurred.

If the individual wants to drive their own car, the PCA may only request reimbursement for time spent accompanying the individual.

PCAs may drive two individuals to a COVID-19 vaccination appointment only if both individuals agree to be transported together. All Oregon Public Health guidelines for COVID-19 must be followed. Payment will only cover the mileage and time associated with the appointment. A PCA will not be paid twice for the same trip.

Prior authorization through local case management or Comagine Health is **not** required.

What should you do?

To request reimbursement, a PCA must:

- Complete the attached PCA COVID-19 Vaccination Travel Tracking Sheet;
- Have the individual or their representative review and sign the tracking sheet; and
- Submit the tracking sheet with a copy of their driver's license and proof of current auto insurance.

You can submit the tracking sheet in one of three ways:

- **Secure email:** PC.20@dhsoha.state.or.us;
- **Fax:** 503-945-5751 (Salem); or
- **Regular mail:** AMH Prov Pay, 500 Summer St NE E-86, Salem OR 97301.

An OHA representative may contact you or the individual who employs you for additional information. Once OHA approves your request, OHA will issue payments in the next available payment cycle.

Questions?

If you have any additional questions about this notice, please contact the Medicaid Behavioral Health Policy team at FFS.BH@dhsoha.state.or.us.

PCA: Complete one form per appointment. Both the PCA and client (consumer-employer) or client's representative must read and sign this form. For mileage:

- Use your odometer or an online map service (e.g., Google Maps, MapQuest) to record miles.
- Attach a copy of your driver's license and proof of current insurance for your personal vehicle.

Send completed forms to the Oregon Health Authority (OHA) by:

- **Secure email:** PC.20@dhsosha.state.or.us;
- **Fax:** 503-945-5751 (Salem); or
- **Regular mail:** AMH Prov Pay, 500 Summer St NE E-86, Salem OR 97301.

If the form is missing information or hard to read, OHA will return it to the PCA to make corrections.

PCA section

Vaccine type:	Choose one:	Appointment date:	
Travel from (enter address):	Travel to (enter address):	Miles	
Home:	Appointment:		
Appointment:	Home:		
Start time (leaving client's home):	End time (returning to client's home):	Total hours (for OHA use only):	

Did travel take longer than usual due to construction, traffic, weather, or other issues? ☐ Yes ☐ No

If yes, please explain:

PCA statement of understanding: I understand:

- OHA will only pay for mileage to and from the appointment using my personal vehicle.
- OHA will only pay for time spent with the client for travel and attending the appointment.
- I must have a valid driver's license and current auto insurance on my personal vehicle to qualify for mileage payments.
- I cannot charge the client or OHA for additional payment.
- OHA will review this form. If OHA finds I gave false information or hid facts that would change whether OHA pays me, OHA may prosecute me under federal and state law.

By signing below, I agree that the information reported on this form is:

- Only for actual miles traveled and time spent for the appointment using the most direct and reasonable route. This means the quickest and safest way to take the client to and from the vaccination appointment.
- Not for personal business, such as shopping, stopping at my home, running errands, visits with friends or family, or stopping for lunch.
- True, accurate and complete.

PCA name:	Oregon Medicaid Provider ID:
PCA signature:	Date:

Client section

Client name:	Client ID#:
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By signing below, I understand and agree that:

- ☐ The PCA used their own vehicle to take me to the appointment.
- ☐ The PCA stayed with me throughout the appointment.

Client (or representative's) signature	Date
If signed by the client's representative, print their name here:	