



The information in this document will be updated on an as-needed basis.

Award Funding Information

There has and will continue to be a great deal of work to protect communities from the spread of COVID-19. Local public health authorities (LPHAs) are critical to the response to COVID-19. In May 2020, Oregon received funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act to support an equity-centered approach to active monitoring for the period of March 27 through December 30, 2020. All LPHAs are receiving funding for these activities with the exception of Multnomah and Washington counties, which received funds through the CARES Act directly.

The Oregon Health Authority (OHA) has dedicated funding for:

- PE01-05 – Up front total award of \$11,301,721 using the modernization funding formula. Up to an additional \$17,000,000 is available for active monitoring fee-for-service reimbursement and reimbursement for isolation and quarantine-related direct costs. The total funds available from March 27, 2020 through December 30, 2020.
- PE01-06 - \$662,600 spread evenly across COVID-19 emergency preparedness regions for regional coordination and response activities.

The PE01 -05 funding formula, regional funding, active monitoring fee-for-service reimbursement model and a table showing LPHA COVID-19 funding sources for FY20-21 are attached at the end of this document.

Unspent PE01 -05 and -06 funds from FY20 (ending June 30, 2020) may be eligible for carry forward to FY21 (ending December 30, 2020). Carry forward amendments for unspent FY20 will be issued after final FY20 R/E reports are received and approved by the Office of the State Public Health Director. Issue date will be approximately September 2020.

Budget

Each LPHA must submit a PE01-05 budget using the template provided by OHA for PE01-05. Fiscal Agents for each emergency preparedness region must submit a separate budget for PE01-06. The budget is due within 60 days of receiving award. OHA may request revised budgets or additional information on expenditures on an as needed basis.

The CARES Act provides that payments from the fund may only be used to cover costs that:

1. Are necessary expenditures incurred due to the public health emergency related to Coronavirus Disease 2019 (COVID-19);
2. Were costs incurred during the period March 27, 2020 and ended December 30, 2020.

The CARES Act funds cannot be used for indirect costs. LPHAs may use a separate funding stream, such as State General Funds distributed through PE01 -04 to cover indirect costs.

The budget will include the following categories:

Personnel	Provide a list of each position that will be funded. The LPHA should review Program Element 01 -05 and -06 requirements to determine which positions are needed to fulfill requirements. The LPHA may utilize funds from this PE to cover salaries for staff normally funded by non-COVID-19 sources (e.g., TPEP) as long as they are working on COVID.
Travel	Provide the total estimated budgeted amount for travel. Include local mileage as well as per diem, lodging and transportation to conduct COVID-19 response work. Federal per diem rates limit the amount of reimbursement for in-state travel: www.gsa.gov/perdiem .
Capital Equipment	Provide a total amount for equipment, as well as a narrative listing line item planned purchases with a brief rationale. OHA may request additional information on proposed purchases of equipment with an acquisition cost of more than \$5,000. Any equipment purchases, including IT and software purchases and upgrades and software licensing fees, must directly benefit the LPHA’s COVID-19 response. OHA will collect the equipment inventory form at the end of each fiscal year. CARES Act funds cannot be used for Capital Improvement Projects.
Supplies	Provide a total amount for supplies. Supplies may include office supplies, home quarantine kits and communications material.
Contractual	List each subcontracted program activity and the name of the subcontractor (if known) along with the amount of the anticipated subcontract. The initial budget can list out anticipated contracts and can be adjusted later. All subcontracts are subject to all applicable subcontractor provisions outlined in the Public Health Intergovernmental Agreement for the Financing of Public Health Services.
Other	List expenses for items not listed above, such as telephone, rent, copying, printing, postage, and mailing that are directly related to program activities. If funds are allocated to educational materials or paid media campaigns, the budget must include a brief narrative justification that describes how such materials or campaigns are related and essential to specific activities listed in the work plan. Funds may not be used to provide direct medical services, but may be used to provide public health services, such as testing and active monitoring.

Total Direct Costs The total direct costs will auto-fill on the worksheet. Confirm that the amount is correct.

Payments and Invoicing

Payments for base funding

Base funding under PE01-05 and PE01-06 will be paid as a lump three-month sum after the award is executed. FY20 base awards were issued during June 2020.

Payments for active monitoring fee-for-service reimbursement and reimbursement for isolation and quarantine wraparound service direct costs

Reimbursement payments are only available through PE01-05, and not through PE01-06.

Payments for both 1) Active Monitoring Fee for Service and 2) Isolation and Quarantine and Wraparound service direct costs must be invoiced to OHA including the required elements described in this document. LPHAs should also refer to the Instructions in the COVID-19 Invoice Template provided by OHA.

Invoices must be submitted to OHA-PHD.ExpendRevReport@dhsosha.state.or.us at least quarterly (monthly preferred). LPHA must use the COVID-19 Invoice Template provided by OHA. OHA will amend PE01-05 awards based on the invoice received. Payment will be issued to the LPHA once amendment is executed.

Final invoices are due no later than January 31, 2020.

COVID-19 funds may not be used for implementation of programs outside of emergency preparedness and response related to COVID-19.

Invoice requirements for active monitoring fee-for-service reimbursement:

The LPHA must provide the following information with supporting documentation:

1. Number of cases).
2. Use the approved fee per case.
3. Supporting documentation required with the invoice includes ORPHEUS Case ID.
4. Do not include patient name or other HIPAA protected information.

Invoice requirements for reimbursement for isolation and quarantine wraparound service direct costs:

The LPHA must provide the following information with supporting documentation:

1. Total amount due for wraparound services by category.

2. Supporting documentation should include by description detailing vendor name, amount paid, items purchased and dates of purchase.

Reimbursable categories for direct costs for wraparound services may include the following:

- Housing, such as hotels or motels;
- Cleaning services;
- Food;
- Transportation;
- Communications, such as cell phones;
- Health care and self-monitoring supplies not covered by insurance; and
- Childcare.

Reasonable efforts should be made to utilize other benefits such as SNAP and WIC before seeking reimbursement for costs related to isolation and quarantine.

Reimbursable costs do not include: car payments, credit cards payment, or student and personal loans.

Fiscal reporting from LPHAs

LPHA must report both base funding and invoice expenses on the quarterly expenditure/revenue report. Reimbursable expenses should be listed under line 2A Professional Services/Contracts. Base funding should be reported per regular reporting standards.

FY20: Standard reporting through Quarterly Revenue and Expense reports will be expected for FY20 by August 20, 2020 close out.

FY21: Standard reporting through Quarterly Revenue and Expense reports will be expected during FY21 Q1 and Q2. A final close out report will be due by January 31, 2020.

For more information

Contact Cara Biddlecom at cara.m.biddlecom@state.or.us or (971) 255-6370 with programmatic questions.

Contact OSPHD staff at oha-phd.expendevreport@dhsosha.state.or.us with IGA contract or payment questions.

Public health modernization LPHA funding formula - FINAL
2019-21 biennium
May-20

COVID 3-month base Contact Tracing and Support Services through the funding formula = \$11,301,721

County Group	Population ¹	Base component										Matching and Incentive fund components		Total county allocation				Avg Award Per Capita
		Floor	Burden of Disease ²	Health Status ³	Race/Ethnicity ⁴	Poverty 150% FPL ⁴	Rurality ⁵	Education ⁴	Limited English Proficiency ⁴	Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita			
Wheeler	1,450	\$ 37,235	\$ 736	\$ 1,395	\$ 448	\$ 520	\$ 3,020	\$ 277	\$ 18	\$ -	\$ -	\$ 43,649	0.4%	0.1%	\$ 30.10			
Wallowa	7,175	\$ 37,235	\$ 4,410	\$ 2,767	\$ 1,329	\$ 1,863	\$ 14,941	\$ 1,370	\$ 804	\$ -	\$ -	\$ 64,719	0.6%	0.3%	\$ 9.02			
Harney	7,380	\$ 37,235	\$ 6,275	\$ 6,154	\$ 2,734	\$ 2,433	\$ 6,808	\$ 2,044	\$ 1,838	\$ -	\$ -	\$ 65,521	0.6%	0.3%	\$ 8.88			
Grant	7,400	\$ 37,235	\$ 3,845	\$ 4,268	\$ 1,703	\$ 2,049	\$ 15,410	\$ 2,030	\$ 1,014	\$ -	\$ -	\$ 67,554	0.6%	0.3%	\$ 9.13			
Lake	8,115	\$ 37,235	\$ 5,470	\$ 3,383	\$ 3,370	\$ 3,156	\$ 10,697	\$ 3,339	\$ 1,819	\$ -	\$ -	\$ 68,470	0.6%	0.3%	\$ 8.44			
Morrow	11,885	\$ 37,235	\$ 6,167	\$ 9,277	\$ 13,107	\$ 3,521	\$ 11,360	\$ 7,895	\$ 23,387	\$ -	\$ -	\$ 111,948	1.0%	0.4%	\$ 9.42			
Baker	16,765	\$ 37,235	\$ 10,848	\$ 6,990	\$ 4,187	\$ 4,894	\$ 14,314	\$ 4,464	\$ 2,714	\$ -	\$ -	\$ 85,646	0.8%	0.6%	\$ 5.11	\$ 8.43		
Crook	22,710	\$ 55,853	\$ 14,382	\$ 16,944	\$ 7,393	\$ 7,340	\$ 22,700	\$ 7,390	\$ 3,394	\$ -	\$ -	\$ 135,394	1.2%	0.8%	\$ 5.96			
Curry	22,915	\$ 55,853	\$ 19,956	\$ 17,025	\$ 8,488	\$ 6,789	\$ 18,467	\$ 6,224	\$ 3,995	\$ -	\$ -	\$ 136,797	1.2%	0.8%	\$ 5.97			
Jefferson	23,560	\$ 55,853	\$ 17,211	\$ 13,959	\$ 26,314	\$ 8,223	\$ 30,958	\$ 9,061	\$ 14,964	\$ -	\$ -	\$ 176,543	1.6%	0.8%	\$ 7.49			
Hood River	25,310	\$ 55,853	\$ 10,305	\$ 15,710	\$ 25,427	\$ 6,544	\$ 27,513	\$ 13,886	\$ 49,804	\$ -	\$ -	\$ 205,040	1.8%	0.9%	\$ 8.10			
Tillamook	26,395	\$ 55,853	\$ 17,029	\$ 16,052	\$ 11,333	\$ 7,336	\$ 38,256	\$ 7,169	\$ 9,533	\$ -	\$ -	\$ 162,561	1.4%	1.0%	\$ 6.16			
Union	26,885	\$ 55,853	\$ 15,649	\$ 12,136	\$ 8,073	\$ 9,297	\$ 23,570	\$ 5,278	\$ 5,692	\$ -	\$ -	\$ 135,548	1.2%	1.0%	\$ 5.04			
Gilliam, Sherman, Wasco	30,970	\$ 130,323	\$ 20,321	\$ 15,242	\$ 19,991	\$ 8,096	\$ 26,764	\$ 10,981	\$ 21,982	\$ -	\$ -	\$ 253,700	2.2%	1.1%	\$ 8.19			
Malheur	31,925	\$ 55,853	\$ 18,518	\$ 28,723	\$ 34,312	\$ 13,138	\$ 32,177	\$ 16,227	\$ 33,398	\$ -	\$ -	\$ 232,345	2.1%	1.2%	\$ 7.28			
Clatsop	39,200	\$ 55,853	\$ 26,502	\$ 19,047	\$ 15,401	\$ 10,346	\$ 31,836	\$ 8,961	\$ 13,181	\$ -	\$ -	\$ 181,127	1.6%	1.4%	\$ 4.62			
Lincoln	48,210	\$ 55,853	\$ 37,896	\$ 31,133	\$ 23,134	\$ 15,737	\$ 37,748	\$ 13,743	\$ 15,010	\$ -	\$ -	\$ 230,254	2.0%	1.7%	\$ 4.78			
Columbia	51,900	\$ 55,853	\$ 29,888	\$ 31,400	\$ 15,875	\$ 12,356	\$ 47,122	\$ 13,260	\$ 9,049	\$ -	\$ -	\$ 214,803	1.9%	1.9%	\$ 4.14			
Coos	63,275	\$ 55,853	\$ 48,518	\$ 43,638	\$ 25,569	\$ 21,268	\$ 50,598	\$ 17,868	\$ 11,820	\$ -	\$ -	\$ 275,132	2.4%	2.3%	\$ 4.35			
Klamath	67,960	\$ 55,853	\$ 50,288	\$ 45,804	\$ 40,621	\$ 24,014	\$ 53,212	\$ 23,029	\$ 27,084	\$ -	\$ -	\$ 319,905	2.8%	2.4%	\$ 4.71	\$ 5.53		
Umatilla	80,765	\$ 74,470	\$ 43,690	\$ 55,700	\$ 74,793	\$ 25,841	\$ 48,942	\$ 39,097	\$ 105,615	\$ -	\$ -	\$ 468,148	4.1%	2.9%	\$ 5.80			
Polk	82,100	\$ 74,470	\$ 38,665	\$ 37,318	\$ 48,612	\$ 21,227	\$ 34,022	\$ 20,534	\$ 52,146	\$ -	\$ -	\$ 326,996	2.9%	3.0%	\$ 3.98			
Josephine	86,395	\$ 74,470	\$ 67,011	\$ 51,729	\$ 30,548	\$ 32,110	\$ 80,960	\$ 25,326	\$ 13,988	\$ -	\$ -	\$ 376,141	3.3%	3.1%	\$ 4.35			
Benton	93,590	\$ 74,470	\$ 32,640	\$ 41,661	\$ 49,113	\$ 29,541	\$ 36,640	\$ 11,578	\$ 48,954	\$ -	\$ -	\$ 324,597	2.9%	3.4%	\$ 3.47			
Yamhill	107,415	\$ 74,470	\$ 50,688	\$ 64,315	\$ 67,520	\$ 25,574	\$ 50,552	\$ 33,798	\$ 72,239	\$ -	\$ -	\$ 439,156	3.9%	3.9%	\$ 4.09			
Douglas	111,735	\$ 74,470	\$ 87,224	\$ 81,963	\$ 36,372	\$ 33,222	\$ 95,864	\$ 31,852	\$ 16,699	\$ -	\$ -	\$ 457,666	4.0%	4.0%	\$ 4.10			
Linn	125,575	\$ 74,470	\$ 72,664	\$ 74,401	\$ 50,392	\$ 36,932	\$ 82,634	\$ 33,096	\$ 32,842	\$ -	\$ -	\$ 457,430	4.0%	4.5%	\$ 3.64	\$ 3.93		
Deschutes	188,980	\$ 93,088	\$ 83,472	\$ 67,536	\$ 65,229	\$ 41,124	\$ 108,616	\$ 33,035	\$ 49,425	\$ -	\$ -	\$ 541,525	4.8%	6.8%	\$ 2.87			
Jackson	219,200	\$ 93,088	\$ 131,144	\$ 126,436	\$ 112,568	\$ 64,939	\$ 91,750	\$ 63,077	\$ 90,088	\$ -	\$ -	\$ 773,089	6.8%	7.9%	\$ 3.53			
Marion	344,035	\$ 93,088	\$ 172,582	\$ 211,383	\$ 325,352	\$ 104,146	\$ 93,852	\$ 139,709	\$ 462,740	\$ -	\$ -	\$ 1,602,852	14.2%	12.4%	\$ 4.66	\$ 3.88		
Lane	375,120	\$ 111,705	\$ 203,637	\$ 189,325	\$ 183,164	\$ 117,597	\$ 136,702	\$ 85,750	\$ 121,466	\$ -	\$ -	\$ 1,149,347	10.2%	13.5%	\$ 3.06			
Clackamas	419,425	\$ 111,705	\$ 188,461	\$ 193,278	\$ 203,621	\$ 66,873	\$ 158,089	\$ 76,702	\$ 219,389	\$ -	\$ -	\$ 1,218,118	10.8%	15.1%	\$ 2.90	\$ 2.98		
Total	2,775,720	\$ 2,085,168	\$ 1,536,092	\$ 1,536,092	\$ 1,536,092	\$ 768,046	\$ 1,536,092	\$ 768,046	\$ 1,536,092	\$ -	\$ -	\$ 11,301,721	100.0%	100.0%	\$ 4.07	\$ 4.07		

¹ Source: Portland State University Certified Population estimate July 1, 2018

² Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon death certificate data, 2012-2016.

³ Source: Quality of life: Good or excellent health, 2012-2015.

⁴ Source: American Community Survey population 5-year estimate, 2013-2017.

⁵ Source: U.S. Census Bureau, Population estimates, 2010

County Size Bands				
Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,000	above 375,000

COVID-19 Region Support



Region	6 Months Costs
Region 1: Clatsop, Columbia, Tillamook, Clackamas	94,657
Region 2: Yamhill, Polk, Lincoln, Benton, Marion , Linn	94,657
Region 3: Lane, Douglas, Coos, Curry	94,657
Region 5: Jackson, Josephine	94,657
Region 6: Hood River, Wasco, Sherman, Gilliam	94,657
Region 7: Jefferson, Deschutes, Crook, Wheeler, Grant, Klamath, Lake, Harney	94,657
Region 9: Morrow, Umatilla, Union, Wallowa, Baker, Malheur	94,657
Total Amount	662,599

5/20/2020

Reimbursement Fee-for-Cases



Weighted Average Salary	Hourly Rate contract tracing
\$ 5,669	\$ 32.71
Average Salary EPI	Hourly Rate Case investigation
\$8,432	\$48.65

Case Size-Average hours	Hourly Rate - Contract Tracing	Number of Tracing Hours	Hourly Rate for Case Investigation	Number of Case Investigation hours	Fee per case
	\$ 32.71	20	\$48.65	10	\$ 1,140.58

7/26/2020

Local Public Health Authority COVID-19 Funding, FY 20-21

This document provides an overview of the funds awarded to local public health authorities (LPHAs) for the COVID-19 response in FY 20-21. This document is designed to guide LPHAs to where to allocate charges associated with the response.

Program Element	01-04	01-05	01-06	12-02
Start-end dates *unspent funds from FY20 will be carried forward to FY21	1/21/20-6/30/21*	3/27/20-12/30/20*	3/27/20-12/30/20*	3/21/20-3/15/21*
Funding source	General Fund	Federal Funds – CARES Act	Federal Funds – CARES Act	Federal Funds – Public Health Emergency Preparedness Supplement
Deliverables	Budget plan and narrative within 30 days of receiving amendment. Due by April 15, 2020.	Budget plan and narrative within 60 days of receiving amendment. Due by August 20, 2020.	Budget plan and narrative within 60 days of receiving amendment. Due by August 20, 2020.	Budget plan and narrative within 60 days of receiving award. Due by June 30, 2020. Community intervention implementation plan by 6/30/20
Funded activities	COVID-19 response	COVID-19 active monitoring, including: cultural and linguistic competency and responsiveness including through Memoranda of Understanding with community-	Regional COVID-19 active monitoring activities, including	Development of community intervention implementation plan

		based organizations, testing coordination, case investigation, contact tracing, isolation and quarantine, social services and wraparound supports, Tribal nation coordination, infection prevention and control for high-risk settings and community education.	epidemiology and surge capacity agreements.	Virtual infection control assessments in congregate care facilities Planning for hospital transfers Case investigation and contact tracing
Funding model	Public health modernization funding formula paid in full upon amendment execution.	Public health modernization funding formula paid in full for first three months upon amendment execution. Second three months will be awarded and paid in full based on need in September 2020. Additional available funds for reimbursement using fee-for-service rate for case investigation and contract tracing and reimbursement for direct costs for isolation and quarantine.	Flat funds for the COVID-19 region paid out in full upon amendment execution.	Public health modernization funding formula paid in full upon amendment execution.