



## **Attestation for Free Testing Kits**

### **Instructions:**

Texas is distributing test kits to certain NFs, ALFs, ICFs/IID and HCSSAs located in counties where the COVID-19 positivity rate is greater than 10%. Facility or agency staff designated to administer tests must successfully complete training provided by TDEM and must agree to continue looking for community resources to secure testing.

### **NF, ALF and ICF/IID Eligibility**

- The facility must attest to:
  - only use test kits to test essential caregivers,
  - administer the test by trained staff, and
  - report test results appropriately.
- The facility must be located in a rural area where there are limited free test sites available.
- The facility can't be part of a large corporation.

A NF, ALF, and ICF/IID completes and submits an attestation on the HHSC template, Attestation for Free Testing Kits NF, ALF and ICF/IID. Staff from LTCR and TDEM will review the completed attestation form for accuracy and completeness. Staff may require and request documentation from the facility to support the attestation. If the facility meets the free kit criteria, LTCR and TDEM staff will approve the facility for distribution of the free kits.

### **HCSSA Eligibility**

- The agency must attest to:
  - only use test kits to test agency staff who have direct contact with individuals receiving hospice services,
  - administer the test by trained staff, and
  - report test results appropriately.
- The agency must be located in a rural area where there are limited free test sites available.
- The agency can't be part of a large corporation.

A HCSSA completes and submits an attestation on the HHSC template, Attestation for Free Testing Kits HCSSAs. Staff from LTCR and TDEM will review the completed attestation form for accuracy and completeness. Staff may require and request documentation from the HCSSA to support the attestation. If the HCSSA meets the free kit criteria, LTCR and TDEM staff will approve the HCSSA for distribution of the free kits.

**Nursing Facility (NF), Assisted Living Facilities (ALFs) and Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)**

I, the undersigned with responsibility for \_\_\_\_\_  
 (name of NF, ALF or ICF/IID), attest that I understand all the requirements associated with a  
 NF, ALF or ICF/IID qualifying to receive and administer free test kits to essential caregivers. I  
 attest that \_\_\_\_\_ (name of NF, ALF or  
 ICF/IID) (please check each box):

- has a current CLIA waiver;
- is located in a county where the COVID-19 positivity rate is greater than 10%;
- is located in a rural area where there are limited free test sites available; and
- is not part of a large corporation.

I further understand and agree that \_\_\_\_\_  
 (name of NF, ALF or ICF/IID) will (please check each box):

- continue to seek out community resources to secure testing;
- only use test kits to test essential caregivers;
- administer the tests by NF, ALF or ICF/IID staff who successfully complete training provided by the Texas Division of Emergency Management;
- follow all reporting requirements associated with the use of BINAX cards; and
- report test results appropriately.

Facility Name	Facility ID
Number of BINAX cards needed per week	Number of weeks BINAX cards are needed
Printed Name of Authorized Person	Title

\_\_\_\_\_  
 Signature of Authorized Person

\_\_\_\_\_  
 Date

## Home and Community Support Services Agencies (HCSSAs)

I, the undersigned with responsibility for \_\_\_\_\_  
(name of HCSSA), attest that I understand all the requirements associated with a HCSSA  
qualifying to receive and administer free test kits to essential caregivers. I attest that  
\_\_\_\_\_ (name of HCSSA) (please check each  
box):

- has a current CLIA waiver;
- is located in a county where the COVID-19 positivity rate is greater than 10%;
- is located in a rural area where there are limited free test sites available; and
- is not part of a large corporation.

I further understand and agree that \_\_\_\_\_  
(name of HCSSA) will (please check each box):

- continue to seek out community resources to secure testing;
- only use test kits to test HCSSA staff who have direct contact with individuals receiving hospice services;
- administer the tests by HCSSA staff who successfully complete training provided by the Texas Division of Emergency Management;
- follow all reporting requirements associated with the use of BINAX cards ; and
- report test results appropriately.

HCSSA Name	HCSSA ID
Number of BINAX cards needed per week	Number of weeks BINAX cards are needed
Printed Name of Authorized Person	Title

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date