

Home and Community Based Service Providers
COVID-19 OTHER EXPENDITURES INVOICE instructions for other COVID 19
expenditures purchased on or after March 1, 2020 through December 31, 2020
**This invoice should only be completed if the provider is a Home and Community
Based Service Provider.**

- **COVID-19 OTHER EXPENDITURES INVOICE** - Home and Community Based Service Providers (HCBS Providers) may access and complete the **HCBS COVID-19 OTHER EXPENDITURES INVOICE** on the Department of Health and Senior Services website: Department of Health and Senior Services (DHSS) website: <https://health.mo.gov/seniors/hcbs/covid-19-provider-relief-funds.php>
 - HCBS Providers **must** complete and upload the Attestation form with this invoice.
 - All providers **must** upload and include supporting documentation (invoices/sales receipts, etc.)
 - Invoice number should be 1 or 2 based on the number of invoices submitted by the provider. This is a required field.
 - Tax ID Number is a required field.
 - Provider Name is a required field.
 - NPI Number is a required field.
 - Provider address is a required field, including city, state and zip are required fields.
 - Detail page - All providers **must** complete this page and upload and include supporting documentation (invoices/sales receipts, etc.)
 - If needed, the provider should use the HCBS COVID 19 Supplemental Form excel spreadsheet found on the DHSS website to request reimbursement of additional other expenditures.
 - Date of Expenditure – enter date of expenditure. This is a required field.
 - Detailed Description of Item or Service – enter detailed description of item or service. This is a required field.
 - Detailed Explanation of How COVID-19 Related – enter detailed description of how this item or service is COVID-19 related. This is a required field.
 - Amount – enter the amount of the item or service. This is a required field.
 - If the provider used the HCBS COVID 19 Supplemental Form the sub-totals should be entered by item type in the “Total from additional back-up sheets” field.
 - COVID-19 testing expenses **must not** be included on the other expenditures invoice if they have been or will be reimbursed through any other funding source.
 - Summary Page – the sub-totals from each category from the detail tab will be auto-populated on the Summary tab. The invoice total field will auto-calculate from those sub-totals.
 - The attestation check-box on this form is a required field.
 - Authorized Signature – must be legible. An electronic signature is acceptable. This is a required field
 - Title – enter title of authorized signer. This is a required field.
 - Date – enter date the form was signed. This is a required field.
 - If there are questions about this invoice, please email, DHSS.CRF@health.mo.gov.