



Attestation for Free Testing Kits

Instructions:

The State of Texas is distributing a limited number of free BinaxNOW point of care (POC) antigen COVID-19 test kits to nursing facilities (NFs), assisted living facilities (ALFs), intermediate care facilities for individuals with an intellectual disability or related conditions (ICFs/IID), home and community-based services (HCS) program providers, and home and community support services agencies (HCSSAs).

NF, ALF, ICF/IID, HCS, and HCSSA Provider Eligibility

- The provider must have a current Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver or a CLIA laboratory certificate.
- The provider must attest and agree to:
 - ensure tests are administered by provider staff who successfully complete training provided by [Abbott Laboratories](#) or who are clinicians with appropriate education and training;
 - follow all reporting requirements associated with the use of the Binax cards; and
 - report test results appropriately.

To request the free test kits, an NF, ALF, ICF/IID, HCS, or HCSSA program provider completes the Attestation for Free Testing Kits NF, ALF ICF/IID, HCS, and HCSSA Program Provider, and submits it to the HHSC Regional Director or designee in the region in which the provider is located. The Regional Director or designee will elevate it to the State Operations Center in the TDEM. Staff from HHSC Long-term Care Regulation (LTCR) and the TDEM will review the completed attestation form for accuracy and completeness. Staff may require and request documentation from the provider to support the attestation.

Nursing Facility (NF), Assisted Living Facility (ALF), Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), Home and Community-based Services (HCS), and Home and Community Support Services Agency (HCSSA) Program Provider

I, the undersigned with responsibility for

_____ (name of NF, ALF, ICF/IID, HCS, or HCSSA program provider), attest that I understand all the requirements associated with an NF, ALF, ICF/IID, HCS, or HCSSA program provider qualifying to receive and administer free BinaxNOW point of care antigen test kits to essential caregivers. I attest that

_____ (name of NF, ALF, ICF/IID, HCS, or HCSSA program provider) has a current Clinical Laboratory Improvement Amendment (CLIA) waiver or CLIA laboratory certificate;

I further understand and agree that

_____ (name of NF, ALF, ICF/IID, HCS, or HCSSA program provider) will (please check each box):

- ensure tests are administered by NF, ALF, ICF/IID, HCS, or HCSSA program provider staff who successfully complete training provided by [Abbott Laboratories](#) or who are clinicians with appropriate education and training;
- follow all reporting requirements associated with the use of Binax cards;
- report test results appropriately.

Facility Name	Facility ID
Number of cards needed per week	Number of weeks cards are needed
Facility Address	Facility Point of Contact

HHSC LTCR Regional Point of Contact	
Printed Name of Authorized Person	Title

The tests will be shipped directly to your facility, or a location of your choosing, please provide the shipping address in the space below.

Shipping Name: _____

Shipping Address: _____

 Signature of Authorized Person

 Date