

# PERSONNEL 3.0

## Purchase of Medical and Related Services through Utilization of the Delegated Purchase Authority -- 3.18

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**Date** June 26, 2000

**Issued:**

**Date Last** March 23, 2011

**Revised:**

**Signature:**



Cathy R. Taylor, DrPH, MSN, RN

**By:** Cathy R. Taylor, DrPH, MSN, RN  
Assistant Commissioner  
Bureau of Health Services

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### **POLICY**

All Authorization to Vendor requests to utilize the Delegated Purchase Authority (DPA) for the purchase of services in Categories E.1. Occasional Medical and Related Services and E.2. Clinical/Counseling Services (M.D., D.D.S., Physician Extender, Dental Assistant, Dental Hygienist, etc.) in the Medical and Related Services DPA shall be reviewed and approved by the Regional Director and/or Section Chief prior to the provision of such services.

### **APPLICABILITY**

This policy applies to each County Health Department, as well as Regional and Central Office personnel.

### **PURPOSE**

To centralize review and approval process in order to ensure proper utilization of the Medical and Related Services DPA. The DPA shall be utilized for infrequent, non-recurring, or intermittent service delivery.

## **PROCEDURE**

**Prior to the provision of services**, the Regional Director/Section Chief is responsible for obtaining the following information pertaining to each individual vendor:

- A completed and signed **Authorization to Vendor** form
- Copies of licensing credentials
- Documentation of malpractice insurance coverage
- **Bureau of Health Services Vendor Acknowledgement**

Once the above-described documentation has been obtained, the vendor is authorized to provide services. After services have been provided, an **Invoice for DPA Vendor Reimbursement** (which documents number of hours worked) shall be completed by the vendor and approved by the Regional Director/Section Chief or their designee. A copy of the approved original **Authorization to Vendor** form shall be attached to the invoice for approval by the Regional Director/Section Chief. Once the **Invoice for DPA Vendor Reimbursement** is approved, an original and one copy of the invoice and the **Authorization to Vendor** form shall be submitted to the Department of Health's Central Procurement and Payments office for processing for payment. A copy shall also be retained by the Regional Office/Section.

## **NECESSARY FORMS**

1. **Authorization to Vendor**
2. **Bureau of Health Services Vendor Acknowledgement**
3. **Invoice for DPA Vendor Reimbursement**

## **OFFICE OF PRIMARY RESPONSIBILITY**

Fiscal Services Section, Bureau of Health Services, (615)741-7305