

April 16, 2020

Dear Long Term Care Providers.

As part of Ohio's response to the State of Emergency created by the COVID-19 pandemic, the Ohio Department of Health (ODH), in conjunction with the Ohio Department of Medicaid (ODM), is considering ways in which nursing homes can be leveraged to help meet the surge capacity needed to care for individuals infected with or presumed to be infected with the COVID-19 virus.

ODH and ODM have identified a way to utilize existing nursing homes through consultation and mutual agreement with the Public Health Planning Zone in which the facility is located, by allowing a home to surge their homes in several ways. During this State of Emergency, homes will be permitted to exceed their licensed capacity through the use of certified Health Care Isolation Center (HCIC) beds for quarantine (HCIC-Q), isolation (HCIC-I), or both (HCIC-IQ). Shortly after the end of the State of Emergency, homes will return to their normal licensed capacity and the Isolation Centers will cease operations.

1. Use of entire building as an Isolation Center: An Isolation Center can be as part of the existing nursing home, by temporarily relocating residents so the entire nursing home becomes an isolation center, or by utilizing another building to handle the surge coming into the nursing home.
  - This the the true stand alone model. This is identified when a sponsoring nursing home either uses the entire existing building as an Isolation Center or surges beds into a stand alone building and sets up an HCIC in order to treat COVID-19 patients. This type includes fiscal considerations in section IX of the HCIC Plan. An Isolation Center of this type may be a HCIC-Q, HCIC-I, or HCIC-IQ.
2. Use of a dedicated area as an Isolation Center: Creating an Isolation Center within an existing nursing home, by temporarily identifying an area of the building, that:
  - a. Is a separate separately identifiable part of the building (e.g., a wing or floor)
  - b. Has a separate entrance, if appropriate
  - c. Has segregated, isolation center-only staff
  - This type is similar to the above model, however, it takes place within the nursing home or campus. The facility surges capacity within it's own home or campus and sets up an HCIC to treat COVID-19 patients. This type includes fiscal considerations in section IX of the HCIC Plan. . An Isolation Center of this type may contain an HCIC-Q, HCIC-I, or HCIC-IQ.
3. Internal Facility Cohorting to create HCIC: This is not a HCIC, but is done to accommodate creation of a HCIC. It is limited to a facility's ability to surge their capacity or space. Surging capacity of non-Covid positive or presumptive positive residents within the nursing home plan to facilitate other nursing homes becoming Isolation Centers or for the facility's needs during

the COVID-19 Pandemic. This type of surge does not implicate ODM's increased rates, but ODH must be aware of the increased capacity.

4. Internal Facility Co-horting unrelated to an HCIC: This is not an HCIC but allows a facility to add certified capacity to create internal areas to isolate COVID-19 positive or presumptive positive residents or for facility needs during the COVID-19 pandemic. This type of surge does not implicate ODM's increased rates, but ODH must be aware of the increased capacity.

Any capacity increase is certified and not licensed and is temporary.

Please familiarize yourselves with the Health Care Center Isolation Plan released by ODH and ODM on April 16, 2020, for a better understanding of the requirements for each type before sending your requests.

## INSTRUCTIONS

### For Completion of the Ohio Department of Health HEALTH CARE ISOLATION CENTER/SURGE FACILITY REQUEST FORM

This form is for facilities that desire to: (1) utilize an entire new or existing facility as a Health Care Isolation Center; (2) utilize part of an existing facility as a Health Care Isolation Center; (3) expand its capacity or surge into un-certified space or a new building to support an HCIC; and (4) expand its capacity or surge into un-certified space or a new building to meet the needs of the facility and its residents. For purposes of this form, the latter two will be requested under Facility Surge.

#### **Instructions**

1. Complete every section of the Health Care Isolation Center/Surge Facility Request Form by typing. Incomplete or illegible forms will be returned.
2. Falsification or misrepresentation is prohibited by state law.
3. If there is insufficient space to complete an answer, continue the answer on an additional separate sheet. If multiple answers are listed on an additional separate sheet(s), please number your responses according to the question being answered.
4. Indicate if attaching supporting documentation.
5. The following ***must*** be included in order to be recommended for approval:
  - a. A floor plan of the facility detailing where Health Care Isolation Center/Surge Facility, as applicable, including beds, will be located;
  - b. A letter signed by the facility and the regional hospital zone documenting the need for the isolation and/or quarantine capacity (*HCIC only*); and
  - c. A letter of readiness to ODH indicating that the facility is prepared for a survey of the facility or unit, if applicable.
6. Return this, along with any supporting documentation and your request to [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) and [james.hodge@odh.ohio.gov](mailto:james.hodge@odh.ohio.gov).

**Ohio Department of Health  
Bureau of Regulatory Operations**

**Nursing Home/Residential Care Facility  
Health Care Isolation Center/Surge Facility Request Form**

Facility Name:		License Number (if applicable):	
Street Address:		Facility CCN	
City:	Zip:	County:	
Telephone (including Area Code):	E-mail of Administrator:	Public Health Emergency Zone:	
Name of Administrator:		LNHA Number (if applicable):	

**If Different Than Above**

Isolation Center Name:		Include Licensed/Certified Space within Last 12 Months?	
		YES	NO
Street Address:		Telephone (including Area Code):	
City:	Zip:	County:	

<b><u>Type of Surge Facility (select only one):</u></b>		<b><u>Type of HCIC (Choose One)</u></b>	
1	Use Entire Building as Isolation Center (select sub-type)	HCIC-Q	
	Existing Nursing Home	HCIC- I	
	New Surge Building	HCIC-IQ	
2	Use Area Within Existing Nursing Home	HCIC-Q	
		HCIC- I	
		HCIC-IQ	
3	Facility Surge Over Capacity or Into Non-Certified Space	(Not Applicable)	
Licensed Capacity:	Certified Capacity:	Current Certified Bed Utilization:	
		HCIC-Q	HCIC-I
Additional Certified Beds Requested:			
HCIC-Q:	HCIC-I:	Non-COVID Surge Over Capacity or Into Non-Certified Space:	

**Attestation of Administrator**

1. If requesting to be a Health Care Isolation Center, I meet the requirements:
  - a. For federal certification as a nursing facility; and
  - b. Outlined in the Novel Coronavirus-19 (COVID-19) Health Care Isolation Centers Plan, including that it is part of public health zone planning and what zone.
2. I have the requisite financial ability to operate the Health Care Isolation Center or Surge Facility.
3. I have the ability to properly staff the Health Care Isolation Center or Surge Facility, as applicable.
4. I acknowledge that any certified beds are temporary and will cease to exist when the facility no longer operates as a Health Care Isolation Center or Surge Facility, as applicable.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.

Administrator's Signature:

Date:

Administrator's Name:



## **HEALTH CARE ISOLATION CENTER (HCIC) REQUIREMENTS**

### **PROCESS FOR FACILITIES**

As part of Ohio's effort to address needed surge capacity in the continuing efforts for COVID-19, HCIC's centers have been established in accordance with the Novel Coronavirus-19 (COVID-19) Healthcare Isolation Center Plan. The Ohio Department of Health (ODH) and the Ohio Department of Medicaid (ODM) are working with the Centers for Medicare and Medicaid Services (CMS) concerning these centers. Any adjustments or additional information that may be needed will be immediately communicated to facilities and providers.

At this time, ODH and ODM require the following information for temporary HCIC locations: for HCIC-I, HCIC-Q, or both:

- Identifying Information:
  - Facility making request by name, address, city, zip code, county, and telephone number
  - Facility CCN
  - Facility License Number (if applicable)
  - Corporate Affiliate name (if applicable)
  - Name, address, city, zip code, county of the Isolation Center (if different than the current nursing home location)
  - Identify if facility was previously certified and/or had licensed space and the last year in which the facility held certification and/or licensure
  - Name and contact information of the Administrator
- The number of certified beds proposed for service at the isolation location
- An attestation from the individual indicating that the isolation center:
  - Can meet the certification requirements
  - Has the requisite financial ability to operate
  - Has the ability to properly staff the isolation center
  - Meets the requirements outlined in Novel Coronavirus-19 (COVID-19) Healthcare Isolation Centers Plan, including that it is part of public health zone planning and what zone
  - Acknowledgment that the certified beds are temporary and will cease to exist when the facility no longer operates as a healthcare isolation center
- If the isolation center is going to be located within a current NH facility that houses non-COVID-19 residents, the Isolation Center will:
  - Be a separately identifiable part of the building (e.g., a wing or floor)
  - Have a separate entrance, if appropriate
  - Have segregated, isolation center-only staff
- A floor plan of the Isolation Facility or Unit
- A letter signed by the facility and the regional hospital zone documenting the need for the isolation and/or quarantine capacity with their application.

- A letter of readiness to ODH indicating that the facility is prepared for a survey of the facility or unit, if applicable

Please send to the standard ODH nursing home email at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) and [james.hodge@odh.ohio.gov](mailto:james.hodge@odh.ohio.gov).

Once the notification (or application) is received, ODH will work with ODM to process the request and complete a survey, if applicable. Only HCICs that are working within the public health hospital zone in coordination with the regional plan will be considered.



## **FACILITY CAPACITY INCREASE REQUIREMENTS AND PROCESS**

### **For Internal Facility Cohorting Increases for Create or Unrelated to an HCIC**

As part of Ohio's effort to address needed surge capacity in the continuing response for COVID-19, facilities in Ohio will be permitted to increase their certified capacity in order to create flexibility and measures to respond. This option is for capacity increase and is not a Health Care Isolation Center. The Ohio Department of Health (ODH) is working with the Centers for Medicare and Medicaid Services concerning these centers. Any adjustments or additional information that may be needed will be immediately communicated to facilities and providers.

A facility is required to complete an application if its request and plan meets either of the following conditions:

- The plan includes the facility increasing certified beds higher than its licensed capacity.
- The plan includes using non-certified space, which may include going beyond the four walls of the facility (ex: RCF space).

All other types of expansions that would be licensed and certified beds would be a normal capacity increase and regular procedure through ODH would be followed. This allows ODH to properly account for the temporary beds created in the state and allowing for proper identification for facilities that may require an onsite survey as part of their plan.

ODH requires the following information for expanding certified capacity beyond the facilities licensed capacity:

- Identifying Information:
  - Facility making request by name, address, city, zip code, county, and telephone number.
  - Facility CCN
  - Facility License Number (if applicable)
  - Corporate Affiliate name (if applicable)
  - Name and contact information of the Administrator
- The number of certified beds proposed for additional service
- Acknowledgment that the certified beds are temporary and will cease to exist when the current emergency situation ends
- A Floor Plan identifying changes and additions to capacity
- A letter of readiness to ODH indicating that the facility is prepared for a survey of the unit, if applicable.

Please send to the standard ODH nursing home email at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) and [james.hodge@odh.ohio.gov](mailto:james.hodge@odh.ohio.gov).

Once the notification (or application) is received, ODH will process the request and complete a survey, if applicable.

## Health Care Isolation Center (HCIC) Technical Assistance Teams

The Ohio Department of Health (ODH) and the Ohio Department of Medicaid (ODM) will form technical assistance teams for each Regional Healthcare Zone to support the application process, start-up, operation and closure of HCICs.

Each zone will have a dedicated team, all teams will be led by leadership from ODH and ODM to include an epidemiologist from ODH, an Ombudsman from the State Ombudsman Office, a representative from the Department of Mental Health and Addiction Services and the Department of Developmental Disabilities.

ZONE 1	ZONE 2	ZONE 3
James Hodge-Team Lead	Rebecca Sandholdt-Team Lead	Julie Evers-Team Lead
ODH REP	ODH REP	ODH REP
ODH REP	ODH REP	ODH REP
ODM REP	ODH REP	ODM REP

### Team Lead Point of Contact Information:

James Hodge

Email: [James.Hodge@odh.ohio.gov](mailto:James.Hodge@odh.ohio.gov)

Rebecca Sandholdt

Email: [Rebecca.sandholdt@odh.ohio.gov](mailto:Rebecca.sandholdt@odh.ohio.gov)

Julie Evers

Email: [Julie.Evers@medicaid.ohio.gov](mailto:Julie.Evers@medicaid.ohio.gov)

Requests for Technical Assistance should come to the team leads. Identify in the request the topics to be discussed and a proposed time. The Team Lead will coordinate a call with the zone technical assistance team and other representatives within the respective agencies.

Topics for technical assistance include but are not limited to the following areas:

1. Application Process:
  - a. Requirements to be a HCIC
  - b. Submission process
  - c. Documents required with application
  - d. Approval process
  - e. Notification process
2. Payment Process:
3. Survey Guidance:
  - a. Focused Infection Control Survey
4. Infection Control Guidance:
  - a. PPE guidance
  - b. Testing

5. Admission and Discharge Guidance:
  - a. Requirements for Admission
  - b. Discontinuation of Isolation Precautions
  - c. Checklists
6. General Operations Guidance:
7. Required Daily Check-in:
  - a. What to report
  - b. When to report
  - c. How to report
8. Closure of HCIC:
  - a. Notification process
  - b. Disposition of equipment and supplies supplied by other entities