

## Covid-19 Adult Care Home Checklist Form

This form is to ensure the safety, health and comfort for all patients/residents and staff of an ACS, DF/U or CBC.

Facility Name: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Medicaid Provider Number: \_\_\_\_\_

Please check the appropriate plan:

- Alternate Care Site (ACS) – Separate facility
- Designated Facility/Unit (DF/U) – Within a current licensed building
- Change in Bed Classification (CBC) – Within a current licensed building

Please check the appropriate box, attesting to your understanding that the following policies/procedures are in place and will be followed when opening/operating an ACS, DF/U or CBC:

- Infection Control
- Abuse, Neglect and Exploitation (ANE)
- Disaster Preparedness
- Advanced Directives

Please attach a brief description of your ACS, DF/U or CBC:

- Brief description – ACS, DF/U or CBC Plan to sufficiently address safety, health and comfort for patients and staff

**NOTE: The following CMS language is specific to Alternate Care Sites, however, KDADS believes the guidance is also applicable for Designated Facilities/Units.**

**Physical Environment.** CMS is waiving requirements related at 42 CFR 483.90, specifically the following: Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents, which may not be feasible in the existing SNF structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults. CMS believes this will also provide another measure that will free up inpatient care beds at hospitals for the most acute patients while providing beds for those still in need of care. CMS will waive certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_