



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 and 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.