

## EMERGENCY ALTERNATE CARE SITES

April 3, 2020

**UPDATED April 9, 2020**

Thank you for your interest in taking steps to provide the care necessary to patients/residents during this declared emergency for Coronavirus Disease 2019 (COVID-19). We are aware that many proposals are being considered by acute care hospitals, rural hospitals, skilled nursing facilities, assisted living facilities and other health care providers to assist in accommodating the expected dramatic increase in patients across all provider types requiring medical care during the emergency.

The Centers for Medicare and Medicaid Services (“CMS”) has recently issued a number of blanket waivers of federal requirements, and the Alabama Department of Public Health (“ADPH”), in cooperation with the Alabama Hospital Association and the Alabama Nursing Home Association, has formally requested additional waivers from CMS. **New blanket waivers are being granted daily by CMS, but these waivers apply to federal requirements only.** <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. **YOU MUST PROVIDE THE INFORMATION REQUESTED HEREIN AND OBTAIN PRIOR APPROVAL FROM ADPH IN ORDER TO OPERATE AN ALTERNATE CARE SITE. YOU MAY NOT ADMIT PATIENTS PURSUANT TO YOUR PROPOSAL UNTIL YOU HAVE RECEIVED APPROVAL FROM ADPH.**

The information in this letter is designed to assist health care providers licensed by ADPH in obtaining approval during the emergency for the use of their facilities to accommodate patients **requiring a different level of care than that provided for under their license designation**, as well as for providers who propose to use a building/ facility not constructed or used as a health care facility for the care of patients. The following would require the designation of an alternate care site:

- The transfer from one facility type (such as an acute care hospital) of patients no longer requiring that level of care to another facility type (such as an assisted living facility) that is going to provide a level of care (such as skilled nursing care) other than that for which the facility accepting the transfers is licensed or certified.
- The transfer of patients to a building/facility not constructed or used as a health care facility (such as an auditorium or office building).

See <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/alternative-care-sites.html>.

The transfer of patients from one acute care hospital to another acute care hospital to provide the same level of care does not require the designation of an alternate care site.

**Please be advised that ADPH’s approval of an alternate care site designation pursuant to the COVID-19 emergency is valid only for the duration of this public health emergency.** If you intend to continue operation of the alternate care site after the public health emergency has ended, you will be required to apply for and meet state licensure and federal certification requirements under then-applicable state and federal regulations.

**If you wish to obtain approval from ADPH for an alternate care site, you must provide the following information in support of your request:**

- 1) A short and plain written description of the alternate care site proposal, including the name and location of your facility; the name and location of the facility/ building you intend to use for an alternate care site; how the alternate care site is intended to be used during the COVID emergency; the number of patients/residents to be housed in the alternate care site; the level of care required for those patients/residents; and the name and location of any other health care provider with whom you are collaborating regarding the use of the alternate care site.
- 2) Copies of the application for waiver of the Certificate of Need requirements filed with the State Health Planning and Development Agency and the Agency's grant of such waiver.
- 3) All information requested by the Technical Services, Office of Facilities Management, as attached. Once Technical Services is satisfied with the information received, it will contact the Bureau of Health Provider Standards.
- 4) A signed attestation from an official authorized to bind your facility, certifying that you will sufficiently address and provide for the health and safety of the patient/resident population to be served in the alternate care site and meet that population's level of care requirements.

ADPH reserves the right to revise these requirements as developments and changes in federal guidance warrant throughout the duration of the public health emergency.

We are including a copy of the "2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs)" to assist you in determining if you need to contact your Medicare Administrative Contractor (MAC) for a change in provider enrollment.

Please submit the requested information directly to the following designated mailbox at [COVID19altfacility@adph.state.al.us](mailto:COVID19altfacility@adph.state.al.us).

If you have any questions, please contact Pamela Roth at 334-206-5164.

Bureau of Health Provider Standards

## Requirements for Healthcare

If approved by the Alabama Department of Public Health, your permission to operate an alternate care site will expire at the end of the COVID-19 public health emergency. Continued operation of the alternate care site beyond the scope of the COVID-19 emergency will require you to meet all of the current licensure requirements of the Alabama Department of Public Health. You must also affirmatively attest that based on the level of care you will be providing, you will sufficiently address and provide for the health and safety of the population you will be serving in the alternate care site. This includes but **is not limited** to providing the following:

1. Qualified, competent, and sufficient staff to meet the health and safety needs of the patients/residents on a 24-hour basis.
2. Rooms that provide resident space, equipment and bathroom facilities as required to meet the health and safety needs of the patient/residents.
3. To the extent possible, implementation of Centers for Disease Control (CDC) recommendations to contain and prevent the spread of infections among patients/residents and staff. This would include utilizing Personal Protective Equipment (PPE) in accordance with the CDC Guidance.
4. Clean and soiled utility rooms for use by staff to obtain and discard items in an appropriate manner without cross contamination and in accordance with infection control procedures.
5. Having on hand or having the ability to obtain in a reasonable amount of time the necessary supplies and equipment for resident care in accordance with physician's orders.
6. Acquiring and dispensing medications to residents in accordance with physician's orders with secure storage and preparation areas.
7. Housekeeping/environmental services in accordance with CDC recommendations.
8. Arranging either onsite or offsite for the preparation of meals and nourishment/snacks in a safe and sanitary manner to meet the health and safety needs of the patients/residents.
9. Area(s) where staff can document the care provided to patients/residents as well as areas for respite or breaks.
10. A means for patients/residents to call for assistance.
11. A means of safe disposal of medical waste.
12. A means for laundry services.

# Alternate Care Facility Request

Please provide as much of the following information as you can.

Once we receive the request, we will review the most recent facility survey.

Please send this information to: [covid19altfacility@adph.state.al.us](mailto:covid19altfacility@adph.state.al.us)

1. Facility Name and Location, along with Facility ID Number (if known)
2. Life Safety/Evacuation Floor Plan for alternate care facility
3. Fire Safety/Evacuation policies and procedures for alternate care facility
4. Most recent inspection documentation on the fire alarm system
5. Does this alternate care facility have an automatic sprinkler system?  
If yes, provide most recent inspection documentation on the automatic sprinkler system
6. Does this alternate care facility have an emergency generator?
  - a. If yes, provide most recent inspection documentation on the emergency generator
  - b. If no, provide information on the portable/moveable generator you will provide
    - i. What will be on the emergency generator
    - ii. What is the kW of the emergency generator
    - iii. What is the fuel source for the emergency generator
7. Does the alternate care facility have a Nurse Call System?
8. What is the Construction Type of the alternate care facility ?

**ATTESTATION AND CERTIFICATION**

I hereby certify that I have read the foregoing requirements of the Alabama Department of Public Health for the temporary operation of an alternate care site during the COVID-19 public health emergency and agree to be bound by them for the duration of the COVID-19 emergency. I understand that the Alabama Department of Public Health's approval to operate the alternate care site will expire at the end of the COVID-19 public health emergency. I further agree to sufficiently address, provide, and be responsible for the health and safety of the patient/resident population to be served in the alternate care site, as determined by their level of care needs, and as set forth herein.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title