

# HEALTH CARE FACILITY EMERGENCY ALTERNATE CARE SITE DESIGNATIONS AND HOSPITAL BED EXPANSIONS

April 3, 2020

**UPDATED April 9, 2020**

**REVISED August 4, 2021**

Thank you for your interest in taking steps to provide the care necessary for patients/residents during the continuing public health emergency concerning Coronavirus Disease 2019 (“COVID-19”). The Alabama Department of Public Health (“ADPH”) is 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 accommodate the expected increase in persons requiring medical care from all provider types during this emergency.

The Centers for Medicare and Medicaid Services (“CMS”) has issued a number of blanket waivers of federal regulations governing health care facilities and services that have continued in effect throughout the public health emergency, as found at <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. While the state of emergency declared by Alabama Governor Kay Ivey in March 2020 has expired, the national public health emergency continues in effect and permits federal agencies to grant needed flexibilities of their regulations so long as the state of emergency exists.

## **Alternate Care Sites**

Based on CMS’ blanket waivers, as the state survey agency for CMS, ADPH began assisting health care providers last year by temporarily waiving licensure requirements covered under the waivers through the designation of alternate care sites via an expedited review process. There are no fees associated with an alternate care site application.

Under the alternate care site designation, health care providers licensed by ADPH may obtain temporary approval 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 proposals to use an area/building/facility not constructed or used as a health care facility or for the care of patients/residents. 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 an area/building/facility not constructed or used as a health care facility or for the care of patients/residents.

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. Likewise, a **temporary increase in the number of health care facility beds authorized by SHPDA**, needed to respond to the COVID-19 public health emergency, may not automatically require the designation of an alternate care site, but notice of the temporary bed increase should be provided to ADPH for evaluation by ADPH staff, including the Technical Services Unit, Office of Facilities Management, for compliance with Life Safety Code requirements when placing beds into service, in lieu of an ADPH survey.

**BEFORE OPERATING AN ALTERNATE CARE SITE, YOU MUST PROVIDE ALL THE INFORMATION REQUESTED IN THE ATTACHED APPLICATION AND OBTAIN PRIOR APPROVAL FOR YOUR PROPOSAL FROM ADPH. THE APPLICATION MUST RECEIVE THE APPROVAL OF STAFF IN BOTH THE BUREAU OF HEALTH PROVIDER STANDARDS AND TECHNICAL SERVICES, OFFICE OF FACILITIES MANAGEMENT. YOU MAY NOT ADMIT PATIENTS/RESIDENTS PURSUANT TO YOUR PROPOSAL UNTIL YOU HAVE RECEIVED WRITTEN APPROVAL FROM ADPH.**

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.

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

Please submit the requested information directly to the designated mailbox at [COVID19altfacility@adph.state.al.us](mailto:COVID19altfacility@adph.state.al.us). Please contact Pamela Roth at 334-206-5164 with any questions regarding submission through the mailbox. Questions regarding the proposals themselves may be directed to Lisa Pezent, Acting State Program Director, [lisa.pezent@adph.state.al.us](mailto:lisa.pezent@adph.state.al.us); Tony Dunklin, Supervisor Plan Review, Technical Services Unit, [tony.dunklin@adph.state.al.us](mailto:tony.dunklin@adph.state.al.us); or Dana Billingsley, Assistant General Counsel, [dana.billingsley@adph.state.al.us](mailto:dana.billingsley@adph.state.al.us).

## **Hospital Bed Expansions**

### **Authorized and Licensed Bed Capacity**

Hospitals having an authorized bed capacity that is less than their licensed bed capacity may, in response to the COVID-19 public health emergency, receive a temporary increase in their number of authorized beds up to the number of beds in their licensed bed capacity by filing a Change in License application with ADPH, available at <https://www.alabamapublichealth.gov/providerstandards/application.html>. See also Ala. Admin. Code r. 420-5-7-.01 -.02. There is no fee associated with a Change in License application. Change in License applications related to the public health emergency may be expedited by completing the attached cover letter and submitting the application to the designated mailbox at [COVID19altfacility@adph.state.al.us](mailto:COVID19altfacility@adph.state.al.us). Hospitals should be prepared to submit information relating to the bed increase to ADPH for evaluation by ADPH staff, including the Technical Services Unit,

Office of Facilities Management, for compliance with Life Safety Code requirements when placing beds into service.

### **ICU Beds**

Hospitals seeking to temporarily increase the number of beds in their Intensive Care Units (“ICU”) in response to the COVID-19 public health emergency should submit information relating to the bed increase to ADPH for evaluation by ADPH staff, including the Technical Services Unit, Office of Facilities Management, for compliance with Life Safety Code requirements when placing beds into service.

Please submit the requested information directly to the designated mailbox at [COVID19altfacility@adph.state.al.us](mailto:COVID19altfacility@adph.state.al.us). Please contact Pamela Roth at 334-206-5164 with any questions regarding submission through the mailbox. Questions regarding the proposals themselves may be directed to Lisa Pezent, Acting State Program Director, [lisa.pezent@adph.state.al.us](mailto:lisa.pezent@adph.state.al.us); Tony Dunklin, Supervisor Plan Review, Technical Services Unit, [tony.dunklin@adph.state.al.us](mailto:tony.dunklin@adph.state.al.us); or Dana Billingsley, Assistant General Counsel, [dana.billingsley@adph.state.al.us](mailto:dana.billingsley@adph.state.al.us).

### **Swing beds**

Pursuant to the CMS blanket waivers, hospitals are allowed to establish skilled nursing facility (“SNF”) swing beds payable under the SNF prospective payment system (“PPS”) for patients who no longer need acute care, but are unable to find placement in a SNF. The swing beds may not be used for acute care under the waiver, and hospitals must have a plan to discharge patients in those beds as soon as a SNF bed becomes available or when the public health emergency ends, whichever is earlier.

Hospitals requesting additional numbers of swing beds must apply directly to CMS and SHPDA.

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

Bureau of Health Provider Standards

## ALTERNATE CARE SITE APPLICATION

**To obtain approval 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 public health emergency; the number and location of patients/residents to be housed in the alternate care site (i.e., Technical Services may require a schematic showing the location of patient/resident beds and other information); 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. **It is imperative that you provide as much detail as possible in your written description to ensure an expedited response to your request and limit requests from ADPH staff for additional information.**
- 2) Copies of any application for waiver of Certificate of Need (“CON”) requirements filed with the State Health Planning and Development Agency (“SHPDA”) and SHPDA’s written response. Questions concerning CON requirements and available waivers should be directed to SHPDA at 334-242-4103.
- 3) All information requested by 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.

### Requirements for Healthcare

**If approved, your permission to operate an alternate care site will expire at the end of the public health emergency.** Continued operation of the alternate care site beyond the scope of the COVID-19 public health emergency will require you to apply for and meet all state licensure and federal certification requirements under then-applicable state and federal regulations. You must also affirmatively attest that based on the level of care to be provided in the alternate care site, you will sufficiently address and provide for the health and safety of the population to be served. 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 and Prevention (“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 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 patient/resident care in accordance with physician’s orders.
6. Acquiring and dispensing medications to patients/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.

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

### **Technical Services Requirements**

Please provide as much of the following information as you can. Once the request is received, Technical Services will review the most recent facility survey.

This information should be submitted 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 the alternate care facility
3. Fire Safety/Evacuation policies and procedures for the 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** (see next page)

**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 public health emergency. I understand that the Alabama Department of Public Health's approval to operate an 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 the level of care needs, and as set forth herein.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DRAFT COVER LETTER FOR CHANGE IN LICENSE APPLICATION**

[Company Letterhead]

[Date]

Ms. Felicia Williams, RN, MSM  
Director, License Unit  
Division of Health Provider Services  
201 Monroe Street, Suite 700  
Montgomery, AL 36104

Re: Change in License Application (Request for Expedited Review Due to COVID-19)

Ms. Williams:

Please expedite this Change in License application pursuant to the COVID-19 public health emergency. This application seeks a temporary increase in \_\_\_\_\_'s authorized bed count (\_\_\_\_\_ beds) to the number of beds in its licensed bed count (\_\_\_\_\_ beds), effective upon the date of approval of the Alabama Department of Public Health.

Please contact \_\_\_\_\_ at \_\_\_\_\_ if additional information is needed.

Thank you.

Sincerely,