

ATTESTATION STATEMENT
Rate Increase for “COVID-19 Ready” Nursing Facilities

Provider Name	
Provider Address	
Provider (LPI) Number	

I attest that the above listed facility will:

- Follow Indiana State Department of Health (ISDH) checklist for COVID-19 preparedness
- Follow ISDH Long Term Care hospital transfer guidance or have developed a mutually agreed upon plan with local hospitals for admission and readmission of COVID-19 patients
- Follow ISDH communication guidelines
- Accept COVID-19 admissions and transfers
- Share complete COVID-19 status information with transportation providers serving residents
- Follow ISDH reporting requirements for new COVID-19 cases and deaths involving residents and staff
- Provide daily updates in EMResources of PPE supply and COVID-19 bed capacity
- Follow Guidelines for Nursing Facility COVID-19 Unit (attached)

Printed Name

Title

Signature

Date

There are two options for registering as “COVID-19 Ready”:

1. Email the signed form to: Derris.Harrison@fssa.in.gov

OR

2: Log into EMResource and type “Yes” in the “LTC: COVID-19 Ready Facility Status Column”