**ATTESTATION STATEMENT**

**Rate Increase for “COVID-19 Ready” Nursing Facilities**

**September 2021**

|  |  |
| --- | --- |
| Provider Name |  |
| Provider Address |  |
| Provider (LPI) Number |  |

I attest that the above listed facility will:

* Follow Indiana Department of Health (IDOH) COVID-19 LTC Standard Operating Procedure Guidance and IDOH COVID-19 IP Toolkit
* Follow IDOH 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 IDOH/CMS/CDC communication guidelines
* Accept COVID-19 new admissions, readmissions, and transfers
* Share complete COVID-19 status information with transportation providersserving residents
* Follow IDOH/CMS/CDC reporting requirements for new COVID-19 cases and deaths involving residents and staff
* Provide updates in EMResource for changes in COVID-19 bed capacity and admissions status (i.e. admissions hold)

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Printed Name Title

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Signature Date

To register as a “COVID-19 Ready” facility:

1. Email the signed form to: [Derris.Harrison@fssa.in.gov](mailto:Derris.Harrison@fssa.in.gov)

AND

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