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HOSPICE AND HOME HEALTHCARE
COVID-19 SUPPLEMENTAL APPLICATION
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Name of Applicant (legal name): _____

Has the organization developed a comprehensive COVID-19 response plan including the use of the CDC's recommended COVID-19 Planning Checklist? ☐ Yes ☐ No

How many COVID-19 patients have been treated since the outbreak of the pandemic? _____

How many patients are currently being treated? _____

How many deaths have occurred due to COVID-19? _____

What is the date of the most recent COVID-19 related death? _____

Is there staff dedicated to solely treating COVID-19 positive patients? ☐ Yes ☐ No

Did any of the patients with COVID-19 contract the virus while under the organization's care? ☐ Yes ☐ No

Have any staff members tested positive for COVID-19? ☐ Yes ☐ No

If yes:

Please provide the number of staff cases: _____

What is the date of the most recent staff case? _____

What steps are taken once a staff member tests positive? _____

_____

_____

Has the organization implemented the following protocols for all staff:

Daily fever and respiratory symptom screenings? ☐ Yes ☐ No

Monitor staff travels out of state to known COVID-19 'hot spots'? ☐ Yes ☐ No

Confirm staff members have not been in contact with anyone outside of work who has tested positive? ☐ Yes ☐ No

Are records of the above screening questions maintained? ☐ Yes ☐ No

Are guidelines in place for requiring mandatory staff quarantine? ☐ Yes ☐ No

Describe the contingency plan for a staffing shortage: _____

_____

_____

What protocols are in place when accepting new patients and visiting current patients:

Are patients screened for fever and respiratory symptoms? ☐ Yes ☐ No

Are records kept of the screening results? ☐ Yes ☐ No

Is a COVID-19 test performed? ☐ Yes ☐ No

Is PPE required to be worn? ☐ Yes ☐ No

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Hospice Inpatient Facilities Only

Has the organization implemented the below protocols:

- Visitor restriction, excluding compassionate care measures? ☐ Yes ☐ No
- Volunteer and non-essential healthcare personnel restrictions? ☐ Yes ☐ No
- Cancellation of all group activities and communal dining? ☐ Yes ☐ No

For anyone entering the organization's premises, has the organization implemented the following:

- Fever and respiratory symptom screenings? ☐ Yes ☐ No
- Inquiring about out of state travel to known "hot spots"? ☐ Yes ☐ No
- Confirmed no contact with anyone who has tested positive? ☐ Yes ☐ No
- Describe any additional precautions being taken at this time: _____

_____

_____

- Provide details on any "No" responses to the above questions: _____

_____

_____

What protocols are implemented when a patient tests positive or presents symptoms of COVID-19:

- Is the patient placed in a private room with their own bathroom? ☐ Yes ☐ No
- What steps are taken to monitor other patients and staff that may have been in contact with the patient?

_____

_____

- Describe any additional precautions being taken at this time: _____

_____

_____

Have any buildings been repurposed for use under the PREP Act (Public Readiness and Emergency Preparedness Act) or Defense Protection Act? ☐ Yes ☐ No

If yes, please provide details on how the repurposed building is being used. _____

_____

Are any *non-hospice* patients being admitted to the facility? ☐ Yes ☐ No

If yes:

- Are all non-hospice COVID positive patients in an isolated area separate from the hospice patients? ☐ Yes ☐ No
- Who is responsible for the care of the non-hospice patients? _____
- Is there a contract in place with any third-party organization that is providing care to the non-hospice patients? ☐ Yes ☐ No
- Are professional liability limits of at least $1,000,000 required for any third party providing care? ☐ Yes ☐ No
- Is a certificate of insurance from any third party providing care obtained? ☐ Yes ☐ No