



MISSISSIPPI STATE DEPARTMENT OF HEALTH

COVID-19

Long Term Care Facility Phase I Attestation

Based upon the following criteria as stated in the Centers for Medicare and Medicaid Services memo QSO 20-30-NH and in accordance with the MSDH COVID-19 Nursing Home Re-Opening Guidelines, our facility attests it has met the conditions listed below and is ready to begin Phase 1 of re-opening.

- Case status in the community: The county is not under the Governor's Executive Order for additional Community Mitigation Measures and Masks. (https://msdh.ms.gov/msdhsite/_static/14,0,420.html).
- There have been no new **nursing home onset** COVID-19 cases in residents for 14 days; and if a recent **outbreak**, no onset in the last 14 days in residents or staff. If the facility experiences a new **nursing home onset** COVID-19 case, the facility **must repeat this phase** with the subsequent testing required.
- The nursing home is not experiencing staff shortages and is not under emergency staffing.
- The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents.
- The nursing home has capacity for access to adequate viral detection testing for COVID-19 as recommended by CMS, CDC and the MS State Department of Health.
- Referral hospital(s) have bed capacity on wards and intensive care units for transfers.
- Facility has written policies and procedures in place related to COVID-19 screening of all residents (daily) and employees (each shift), co-horting of ill residents and staff training related to infection prevention.
- All nursing home residents and staff have received a single baseline COVID-19 test.

Name of Facility: _____

Address of Facility: _____

Facility CCN #: _____

Last date of COVID-19 positive case test: _____

Administrator name and phone #: _____

Administrator email address: _____

Date of attestation: _____

Signature of Administrator: _____

Email completed attestation to: Christal Carter, ASPEN Coordinator Christal.Carter@msdh.ms.gov



MISSISSIPPI STATE DEPARTMENT OF HEALTH

COVID-19

Long Term Care Facility Phase 2 Attestation

Based upon the following criteria as stated in the Centers for Medicare and Medicaid Services memo QSO 20-30-NH and in accordance with the MSDH COVID-19 Nursing Home Re-Opening Guidelines, our facility attests it has met the conditions listed below and is ready to begin Phase 2 of re-opening.

- The nursing home has been in Re-Opening Phase 1 for at least 14 days.
- The nursing home has in place all the components for Phase 1 entry.
- Case status in the community: The county is not under the Governor's Executive Order for additional Community Mitigation Measures and Masks. (https://msdh.ms.gov/msdhsite/_static/14,0,420.html).
- There has been no new **nursing home onset*** COVID-19 cases in residents for 14 days.

Name of Facility: _____

Address of Facility: _____

Facility CCN #: _____

Last date of COVID-19 positive case test: _____

Administrator name and phone #: _____

Administrator email address: _____

Date of attestation: _____

Signature of Administrator: _____

Email completed attestation to: Christal Carter, ASPEN Coordinator
Christal.Carter@msdh.ms.gov

*If the facility experiences a new **nursing home onset** COVID-19 case, the facility **must repeat the phases** with the subsequent testing required.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

COVID-19

Long Term Care Facility Phase 3 Attestation

Based upon the following criteria as stated in the Centers for Medicare and Medicaid Services memo QSO 20-30-NH and in accordance with the MSDH COVID-19 Nursing Home Re-Opening Guidelines, our facility attests it has met the conditions listed below and is ready to begin Phase 3 of re-opening.

- The nursing home has been in Re-Opening Phase 2 for at least 14 days.
- The nursing home has in place all the components for Phase 1 and Phase 2 entry.
- Case status in the community: The county is not under the Governor's Executive Order for additional Community Mitigation Measures and Masks. (https://msdh.ms.gov/msdhsite/_static/14,0,420.html).
- There has been no new **nursing home onset*** COVID-19 cases in residents for 14 days.

Name of Facility: _____

Address of Facility: _____

Facility CCN #: _____

Last date of COVID-19 positive case test: _____

Administrator name and phone #: _____

Administrator email address: _____

Date of attestation: _____

Signature of Administrator: _____

Email completed attestation to: Christal Carter, ASPEN Coordinator
Christal.Carter@msdh.ms.gov

*If the facility experiences a new **nursing home onset** COVID-19 case, the facility **must repeat the phases** with the subsequent testing required. If a facility can progress through the phases over a 6 weeks period, they will remain in **Phase 3** and be considered **sustaining the Phase 3 level**.