

Office of Inspector General Division of Certificate of Need

COVID-19 Emergency Circumstances Notification Form

Based upon the alleviation of emergency circumstances due to the COVID-19 National Public Health Emergency declared by the Secretary of the United States Department of Health and Human Services which was most recently renewed on July 20, 2021 and National State of Emergency extended by President Biden on February 24, 2021, the Cabinet for Health and Family Services, Office of Inspector General has allowed an expedited process to notify the Division of Certificate of Need of emergency circumstances due to the COVID-19 pandemic. Please provide the information requested below and email the completed form to CON@ky.gov. The Division of CON will contact you if additional information is needed.

Pursuant to 900 KAR 6:080, an emergency circumstance is defined as a situation that poses an imminent threat to the life, health, or safety of a citizen of the Commonwealth. If an emergency circumstance related to COVID-19 arises, a person may proceed to provide health services to alleviate the emergency without first obtaining a certificate of need if:

- The person is licensed by the Office of Inspector General Division of Health Care (or the Kentucky Board of Emergency Medical Services for ambulances) to provide the same or similar services necessary to alleviate the emergency;
 - The Division of Certificate of Need is notified in writing within five (5) days of the commencement of the provision of the service required to alleviate the emergency; and
 - The Division of Certificate of Need acknowledges in writing that it recognizes that an emergency does exist.
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To be completed by the person proposing to provide emergency services:

Provide the location or geographic area where the emergency service is being provided:

Are the beds being utilized new or existing?

Name, license number and address of facility involved: _____

Number of beds being utilized: _____

Requester name and title: _____

Level of beds being utilized: _____

Requester address: _____

Date provision of emergency services will occur: _____

Requester telephone number and email address: _____

After approval of the emergency, the Division of Certificate of Need shall be notified every 60 days of the status of the emergency approval via email to CON@KY.gov. The person providing the emergency service may continue to alleviate the emergency circumstances without a certificate of need until the state of emergency is lifted.