



**Health Facility Licensing and Certification**

800 NE Oregon Street, Suite 465

Portland, OR 97232

Voice: (971) 673-0540

Fax: (971) 673-0556

TTY: 711

<http://www.healthoregon.org/hflc>

[mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us)

## Hospital License Temporary Space for COVID-19 Instructions

These instructions are for the temporary licensure of additional hospital space in order to respond to the COVID-19 pandemic. Hospitals must complete and submit this application to add or change patient care locations or bed counts.

### Temporary On-campus Changes

Hospitals can increase currently licensed bed capacity, add an on-campus location to their current hospital license, or move an existing service to another location. The Facilities Planning and Safety Unit (FPS) does not need to review these changes. Hospitals must specify the type of space being added. Hospitals are expected to follow the [Centers for Disease Control and Prevention's \(CDC's\) Alternative Care Sites Guidance](#).

Hospitals do not need to apply to add temporary or mobile on-campus locations; instead hospitals must email [mailbox.fps@state.or.us](mailto:mailbox.fps@state.or.us) to notify Health Facility Licensing and Certification that these temporary or mobile locations have been added.

### Temporary Satellite Requests

Hospitals can add off-campus, inpatient beds, outpatient services, or add outpatient emergency department services at an off-campus location. The Facilities Planning and Safety Unit (FPS) does not need to review these new locations. A waiver of Oregon Administrative Rule [\(OAR\) 333-500-0025\(7\)](#) and [OAR 333-500-0010\(46\)](#) is necessary to add inpatient, off-campus beds. A waiver request is incorporated into the application. Hospitals must specify the type of space being added. Hospitals are expected to follow the CDC's [Alternative Care Sites Guidance](#).

### Duration

Temporary license locations and administrative rule waivers are granted for six months. If the COVID-19 pandemic is still impacting hospital services in the month prior to the license expiration, the hospital may request an extension of the temporary license. Health Facility Licensing and Certification will not issue a paper license to reflect these temporary license changes or additional off-campus locations.

Processing

License applications should be submitted to [mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us). Health Facility Licensing and Certification is processing these applications as they arrive and will notify the facility of approved license changes by email.

If you need this material in an alternate format,  
please call (971) 673-0540 or TTY (711).

## Hospital License – Temporary Space for COVID-19 Application

Hospital Information		
Existing Hospital License #		
Hospital Legal Name:		
Hospital DBA Name (if applicable):		
Hospital Physical Address, City, State & ZIP:		
Administrator Name:	Administrator Phone:	Administrator Email:
Emergency Contact Name:	Emergency Contact Phone:	Emergency Contact Email:

Hospital Classification (choose one)	
<input type="checkbox"/> General Hospital	<input type="checkbox"/> Mental or Psychiatric Hospital
<input type="checkbox"/> Low Occupancy Acute Care Hospital (25 beds or fewer)	

Current Licensed Bed Capacity
Total on-campus inpatient beds:
Total psychiatric satellite beds:

Type of Action	
<input type="checkbox"/> Increase on-campus inpatient bed count to _____ beds. Please briefly describe where these beds will be located, e.g., doubling up patient rooms, converting conference rooms, converting exam rooms, etc.	Effective Date of Change:
<input type="checkbox"/> Request to move a service within existing licensed space. Please briefly describe the move requested.	Effective Date of Change:
<input type="checkbox"/> Add _____ Temporary Licensed Location(s). <i>Complete Temporary Licensed Location form for each location</i>	

***I declare, under penalty of perjury, that I have examined this application and any attached temporary satellite information forms, and to the best of my knowledge and belief, this information is true, correct and complete. These changes are temporary, in order to respond to COVID-19. Services will be provided in a manner which ensures compliance with all applicable hospital Oregon Administrative Rules and Medicare Conditions of Participation that have not been waived. Temporary and/or mobile spaces are not subject to Facilities Planning and Safety review.***

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Title

\_\_\_\_\_  
 Date (mm/dd/year)

Person who filled out this license application	
Name:	Email:
Title:	Phone:

HCRQI Office Use Only			
Approved/Denied by:		Entered by:	
<input type="checkbox"/> Change	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Initials: _____ Date: _____
		Initials: _____ Date: _____	

Temporary Licensed Location		
<input type="checkbox"/> On-campus	<input type="checkbox"/> Off-campus	
Name (if different from hospital name):		
Street Address:		
Phone:	Hours of Operation:	
Type:	<input type="checkbox"/> Outpatient Services <input type="checkbox"/> Inpatient Services          beds <input type="checkbox"/> Off-campus Emergency Department <input type="checkbox"/> COVID-19 screening location (non-ED)	
For Inpatient Locations Complete the Following:		
<input type="checkbox"/> Request waiver of OAR 333-500-0025(7) and OAR 333-500-0010(46) to allow off-campus, inpatient beds		
<input type="checkbox"/> Adding COVID-19 General (non-acute) Care	General, low-level care for mildly to moderately symptomatic COVID-19 patients. This includes patients that may need oxygen (less than or equal to 2L/min), who do not require extensive nursing care, and who can generally move about on their own. This type of ACS might care for nursing home residents who have COVID-19 and need to be moved out of their facility or patients with COVID-19 who are currently hospitalized but can be discharged to a lower level of care.	
<input type="checkbox"/> Adding non-COVID-19 General (non-acute) Care	General, low-level care. This includes patients that may need oxygen (less than or equal to 2L/min), who do not require extensive nursing care, and who can generally move about on their own. This type of ACS might care for patients who are currently hospitalized but can be discharged to a lower level of care.	
<input type="checkbox"/> Adding COVID-19 Acute Care	Higher acuity care for COVID-19 patients. This level includes critical care, emergency care, and advanced cardiovascular life support (ACLS).	
<input type="checkbox"/> Adding non-COVID-19 Acute Care	Higher acuity care. This level includes critical care, emergency care, and advanced cardiovascular life support (ACLS).	
<input type="checkbox"/> Temporary Licensed Location with Individual Patient Rooms	<input type="checkbox"/> Temporary Licensed Location with Open Floor Plan	
<input type="checkbox"/> Adding space regularly licensed as an ASC; this space will be operated by the hospital and used exclusively for hospital patients for the duration of this temporary license. <b>By checking this box, I confirm that ASC has agreed to allow their space to be used as described above. Please include ASC's contact information below.</b>		
ASC Administrator Name:	ASC Administrator Phone:	ASC Administrator Email:
Space previously licensed as a Skilled Nursing Facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe type and scope of services provided. If multiple suites at this location that are not separately licensed, list suite #s and services provided in each suite.		

Questions? Contact us by email at: [mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us), or by phone at: 971-673-0540