

## User Guide for Aging Providers

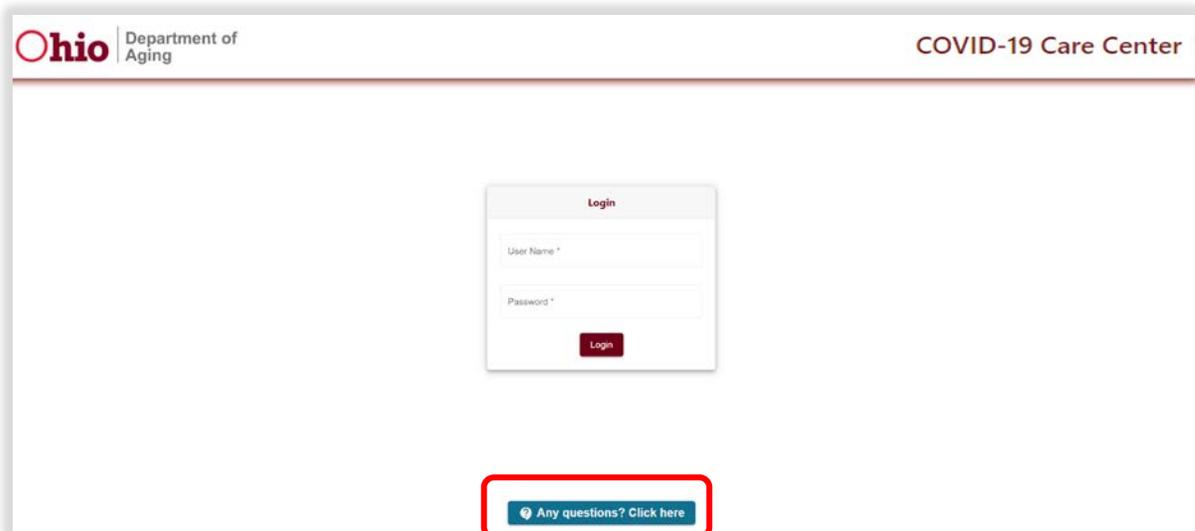
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Welcome to the COVID-19 Care Center, a one stop self-service shop for testing and vaccine program needs. We appreciate your on-going support in protecting Ohio's residents and staff throughout various congregate care settings.

Aging network providers should use this guide to navigate the COVID-19 Care Center portal which includes facility profile information, participation level in the various state-supported COVID-19 programs, access to ordering rapid antigen testing supplies, report testing/vaccine activities, etc.

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Go to <https://covidcare.age.ohio.gov/> and log-in using the user name and password provided by the Ohio Department of Aging (ODA). This link can easily be found on our [website](#) as well. Credentials may be shared with your facility's stakeholders as needed.



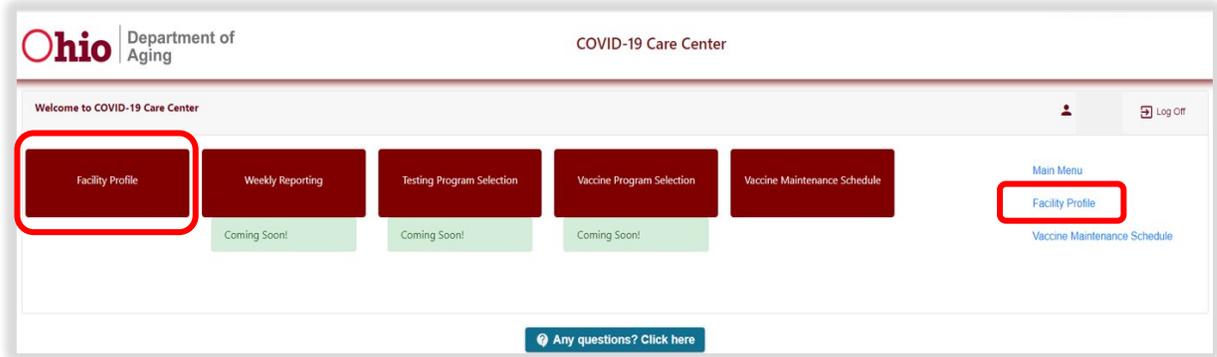
If you have technical issues or need help, press the blue inquiry button to easily e-mail [COVIDTesting@age.ohio.gov](mailto:COVIDTesting@age.ohio.gov).

## COVID-19 Care Center Portal – A User Guide for Aging Providers

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Once logged-in, the user will be greeted by the main menu (display options will vary according to provider type (assisted living facilities, nursing homes, others, etc.)).

To update/review your facility profile, click the red Facility Profile button or utilize the side navigation bar.



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Review and validate your profile information.

- **Ohio License Profile Information:** Information provided by the Ohio Department of Health (ODH). Should anything in this section need updated, please contact ODH directly at [LICCERT@odh.ohio.gov](mailto:LICCERT@odh.ohio.gov).
- **Additional Facility Information:** Enter your website address, ODH enrolled vaccine provider COVID Loc number, CLIA certificate of waiver number, and shared campus information, if applicable. These fields have automatically been filled out if you have already established this information with ODA.
- **State Program Selection:** Your current state-supported testing and vaccine selections are visible here. Beginning June 28<sup>th</sup>, 2021, these selections can be adjusted at anytime to reflect your location's needs through the "Test Program Selection" and "Vaccine Program Selection" red buttons your main menu.

**Note:** An individual response is **required** for each licensed facility, even if on a shared campus.

## COVID-19 Care Center Portal – A User Guide for Aging Providers

### Facility Profile

<b>Ohio License Profile Information:</b> ⓘ		
State ID 365196	State ID 1564N	Facility Name PLEASANT RIDGE CARE CENTER
Facility Address 5501 VERULAM AVENUE	Facility City CINCINNATI	Facility County HAMILTON
Facility Zip 45213	Facility Phone 5136311310	Facility Fax 5136311328
Facility Type SNF	Email Address JBROWN@PREMIERHCM.COM	

<b>Additional Facility Information:</b>	
Website	Enrolled Provider Number
CLIA Waiver	
Select shared facility(s)	

<b>State Program Selection:</b>	
Current Lab IN-ANTIGEN	Current Lab LABORATORY NAME
Vaccine Program Enrollment OPT IN	Vaccine Provider VACCINE PROVIDER

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Review and validate Census Information. These fields have been populated based on the most recent information received through surveys and/or reporting tools.

- **Staff Total:** Enter total staff census for your location.
- **Total Occupied Beds:** Enter current resident occupied beds for your location.
- **Staff/Residents Vaccinated:** Enter total number of individuals fully-vaccinated at your location.
- **Staff/Residents Unvaccinated:** Field is automatically calculated based on total census and vaccinated numbers entered.
- **Staff/Resident Vaccinated Percentage:** Information automatically calculated based on total census and vaccinated numbers entered.
- **Resident Total Lic. Bed Count:** Information automatically filled out by ODH and not editable.

## COVID-19 Care Center Portal – A User Guide for Aging Providers

**Census Information:**

**Staff Census:**  
Staff Total  
65  
Staff Vaccinated: 0  
Staff Unvaccinated: 0  
Staff Vaccinated Percentage: 0

**Resident Census:**  
Total Occupied Beds  
56  
Residents Vaccinated: 0  
Residents Unvaccinated: 0  
Residents Vaccinated Percentage: 0  
Total Lic. Bed Count  
99

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Review and validate Contact Information for accuracy. This information is important to ensure testing and vaccine notifications reach the appropriate individual at your location. You should always keep these current with any personnel changes.

These fields have automatically been filled out if you have already established this information with ODA.

**Contact Information:**

First Name	Last Name	Phone	Cell	Fax	Email	Roles
MARTI	SHIVAK	(330) 659 5147			X_MSHIVAK@REGINAHEALTHCENTER.ORG	VACCINE

+ person icon: Add a new contact here

Edit or delete existing contacts

Items per page: 5 | 1 - 1 of 1

Edit | Delete

**Note:** Contacts entered into your profile can now be assigned one or multiple roles. Depending on your *facility type*, **required roles vary**.

## COVID-19 Care Center Portal – A User Guide for Aging Providers

**Edit Contact**

First Name ROBERT Max 60 characters 6/60	Last Name DSUZA Max 60 characters 5/60
Phone (453) 453 4534 Max 10 characters 10/10	Cell (345) 345 3453 Max 10 characters 10/10
Fax (345) 345 3453 Max 10 characters 10/10	E-mail ASDAS@WER.COM Max 60 characters 13/60

**Roles**

- Director of Nursing
- Facility Admin
- Vaccine Point of Contact
- Medical Director
- Testing Point of Contact
- Infection Preventionist

**Save** **Close**

- 6 Once all sections within the Facility Profile have been updated, click the save button. You will be taken back to your main menu display.

**Facility Profile**

Ohio License Profile Information: ⓘ

Federal ID	State ID 2001R	Facility Name REGINA HEALTH CENTER
Facility Address 5232 BROADVIEW ROAD	Facility City RICHFIELD	Facility County SUMMIT
Facility Zip 44206	Facility Phone 3308594161	Facility Fax 3306595113
Facility Type RCF	Email Address MYANTEX@REGINAHEALTHCENTER.ORG	

**Additional Facility Information:**

Website: \_\_\_\_\_ Enrolled Provider Number: \_\_\_\_\_

CLIA Waiver: \_\_\_\_\_

Select shared facility(s): \_\_\_\_\_

**State Program Selection:**

Testing Program Enrollment IN-ANTIGEN	Current Lab LABORATORY NAME
Vaccine Program Enrollment DPT IN	Vaccine Provider VACCINE PROVIDER

Census Information: ▾

Contact Information: ▾

**Save** **Reset**

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Next Steps:

