

To: Long-Term Care Providers
From: Bureau of Survey and Certification
Date: 3/5/2021
Re: Visitation Dashboard

In the [Sixth Amended Director's Order to Limit Access to Ohio's Nursing Homes and Similar Facilities, with Exceptions](#), nursing homes and assisted living facilities are required to regularly report visitation information into an online dashboard. The dashboard is available to the public at <https://coronavirus.ohio.gov>.

Facilities had until October 19, 2020 to register and report their visitation information. The attached document outlines the steps necessary for a facility to obtain an OHID account, register their facility on the dashboard, create the visitation summary, and update the information on a regular basis.

It is expected that you comply immediately. If your facility has not completed the above, you will be contacted by a member of the Ohio Department of Health to review these requirements and provide any assistance needed.

Steps for Registration, Entry and Updates of Visitation Data 3.5.2020

Below are instructions to establish an OHID account, register a long-term care facility, create a facilities initial visitation information, and update a facilities visitation. Visitation information should be updated when changes are made to a facility visitation schedule.

OHID ACCOUNT

- If an OHID account is needed please go to <https://ohio.gov/wps/portal/gov/site/government/state-agencies/ohid> and click the Create OHID Account. Follow the on-screen instructions.
- More than one individual at a facility can have an OHID account.

FACILITY REGISTRATION

- If you have not registered your facility go to <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/contact-us/facility-registration>.

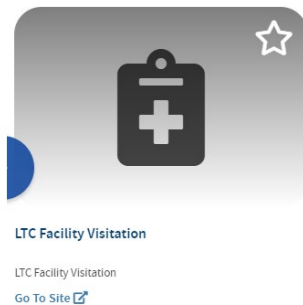
Facility Type *			
Assisted Living			
Facility Name ? *		Phone Number *	
		() - -	
Facility Administrator (First Name and Last Name) *		License Number or Medicaid Number ? *	
Address			
Street Address *			
County *			
Adams			
City *	State *	Zip Code *	
	Ohio		
Submit			

- Ensure that you have selected the correct facility type.
- Enter your facility name that your visitors know you by.
- Enter your facility phone number not the phone number of the administrator.
- Ensure the license number is in one of the following formats XXXN or XXXXR. The N is for nursing home and the R is for Residential Care facilities. They must be capitalized and there should be no spaces between your numbers, before the letter, or after the letter.
- You must select your county from the drop-down list.
- Hit submit, your facility must be approved.
- Once you have an OHID account and your facility is approved the LTC Visitation app will be added to your OHID account.

- If an individual already has an OHID account, they can have the LTC facility visitation app added to their account. Email the following: Rebecca.Sandholdt@odh.ohio.gov, jill.shonk@odh.ohio.gov, ricky.hoover@odh.ohio.gov.

CREATE FACILITY VISITATION

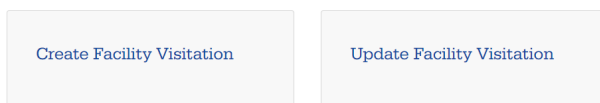
1. Go to ohid.ohio.gov and login.
2. Navigate to Sites and Applications.
3. Click the LTC Facility Visitation app in your OHID Sites & Applications.



4. Click the Launch Facility Visitation Icon.



5. The following two options will be available.



6. Create Facility Visitation is used when you enter visitation time for the first time.
7. Update Facility Visitation is used when you need to update previously entered visitation days and times.
8. Select facility type and then hit submit Assisted Living or Nursing Homes.

Facility Information

Facility Type

Submit

9. Begin to enter your facility name when you see your name click on it.

Facility Name

Facility Name is required

10. If your facility name doesn't show up, your facility is not registered.

11. Once you select your facility the below information may populate, or you can make updates if need be.

Facility Information

Facility Type
Assisted Living x ▾

Facility Name
ZZ - Test Registration (AT) x ▾

Facility Administrator
Mike Dunlap

Administrator Phone Number
(614) 123-5555

County
Franklin

Email
mike.dunlap@das.ohio.gov

License Number or Medicaid Number
LIC123-Test2

Facility Phone Number
() - -

12. You will need to select yes or No to each type of visitation.

Note: All fields are required for the submission. Please answer every field in each of the below three tabs.

Outside Visitation Inside Visitation Window Visitation

Are you having inside visitation:

There has been an existing submission for this Facility, Please update existing Facility!!

13. If you have already entered visitation information the blue statement above will display. If you receive this message you need to start back at Step 3.

14. If you select Yes, you will then need to enter the following information.

Are you having inside visitation:
Yes x ▾

Inside Visitation Information

Do you require an appointment for visitation:
☐ Yes
☐ No

Phone Number to call to schedule an appointment:
() - -

How far in advance does a visitor need to schedule:
▾

Can a resident have more than one visit in a week:
☐ Yes
☐ No

Will you provide the visitor with a face mask:
☐ Yes
☐ No

If visitation is not occurring are you allowing compassionate care visitation
☐ Yes
☐ No

Is your visitation policy based upon community spread:
☐ Yes
☐ No

15. Next you will need to enter the visitation schedule for each day.

Inside Visitation Schedule

Visitation Day's		Visitation Start Time		Visitation End Time		
			Required Format Example: 08:30 AM		Required Format Example: 05:00 PM	
# of visitors per resident visit:		Total # of visitations for this time slot:				
+ Add Another						

There has been an existing submission for this Facility, Please update existing Facility!!

16. When you need to enter another day, click the blue box above.

UPDATE FACILITY VISITATION

1. Select Update Facility Visitation.
2. Search by Facility Name.

Update an existing Visitation Schedule

Search by Facility Name...

3. When the facility to be updated displays select the EDIT button.

Update an existing Visitation Schedule

zz

Facility Type	Facility Name	Facility Administrator	Facility Email	Facility County	
ASSISTEDLIVING	ZZ - Test Registration (AT)	Mike Dunlap	mike.dunlap@das.ohio.gov	Franklin	Edit

4. You will see other facilities that have common names to the facility you are updating, be careful to select the correct facility.
5. Your previously entered visitation information will display.

Are you having inside visitation:

Yes

Inside Visitation Information

Do you require an appointment for visitation:

☐ Yes

☒ No

Phone Number to call to schedule an appointment:

(614) 555-1234

How far in advance does a visitor need to schedule:

3 days

Can a resident have more than one visit in a week:

☒ Yes

☐ No

Will you provide the visitor with a face mask:

☐ Yes

☒ No

If visitation is not occurring are you allowing compassionate care visitation

☐ Yes

☒ No

Is your visitation policy based upon community spread:

☒ Yes

☐ No

Inside Visitation Schedule

Visitation Day's	Tuesdays	Visitation Start Time	08:30 am	Visitation End Time	12:00 pm	
			Required Format Example: 08:30 AM		Required Format Example: 05:00 PM	
# of visitors per resident visit:	2	Total # of visitations for this time slot:	1			

6. Once you make the necessary changes you need to select submit.

Inside Visitation Schedule

Visitation Day's	Tuesdays	Visitation Start Time	08:30 am	Visitation End Time	12:00 pm	
			Required Format Example: 08:30 AM		Required Format Example: 05:00 PM	
# of visitors per resident visit:	2	Total # of visitations for this time slot:	6			

+ Add Another

Submit ✓

Submission Complete

7. Once all changes have been made you can exit.

Any questions email the following: Rebecca.Sandholdt@odh.ohio.gov , jill.shonk@odh.ohio.gov , ricky.hoover@odh.ohio.gov .