VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

4200 INNSLAKE DRIVE, SUITE 203, GLEN ALLEN, VIRGINIA 23060-6772
P.O. BOX 31394, RICHMOND, VIRGINIA 23294-1394
(804) 965-1227 FAX (804) 965-0475

SENT VIA EMAIL

December 8, 2022

Dear LTC Facility Administrator,

We are writing to inform you that the Virginia Long-Term Care Mutual Aid Plan Memorandum of Understanding (the "MOU") that was first signed in 2018 is set to expire December 31, 2022. We would like to renew the MOU for an additional five years, ending on December 31, 2027. As stated in the MOU, a renewal must be signed prior its expiration in order to continue participation in the Virginia Long-Term Care Mutual Aid Plan (the "Mutual Aid Plan").

As a reminder, the MOU was signed by long-term care facilities ("LTC Facilities") throughout Virginia in order to facilitate providing assistance to other long-term care facilities in the event of a disaster. In furtherance of Virginia's Administration for Strategic Preparedness and Response Hospital Preparedness Program HPP/PHEP Cooperative agreement, the Virginia Department of Health ("VDH") and the Virginia Hospital & Healthcare Association ("VHHA"), as VDH's subcontractor, have created the Mutual Aid Plan to assist LTC Facilities and supplement other forms of assistance already in place between LTC Facilities. Furthermore, in 2016, the Centers for Medicare and Medicaid Services ("CMS") issued Rule 3178F – *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* (the "CMS Rule") along with policies and procedures that require LTC Facilities to develop arrangements with other facilities and providers to receive their residents in the event of limitations or the cessation of operations due to an emergency.

A renewal must be signed prior to the December 31, 2022, expiration of the MOU. Accordingly, please sign below indicating your facility's renewal of the MOU for a period of five years ending on December 31, 2027.

Sincerely,

Sean T. Connaughton
President & CEO

Acknowledged and Agreed to by:

_____
Organization Name

_____
Name

_____
Title

_____
Signature

_____
Date