

AEM – Flex Waiver Application User Guide for Providers

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1. How to Access the Form

- a. To access the form, go to the [CDPH Flex Waiver](https://eforms.cdph.ca.gov/content/chcq-waiver/chcqlanding.html) web page < <https://eforms.cdph.ca.gov/content/chcq-waiver/chcqlanding.html>> and click on “Get Started”.
- b. You will see the page below, where you can click “Create an account” to create a new account or enter your credentials and click “Sign In” if you already created an account previously.
- c. **Please note one registrant can submit multiple applications.**



2. Sign Up for an Account

- a. Click “Create an account” on the page referenced in Section 1b. You will see the page below where you can fill in your information to set up an account.

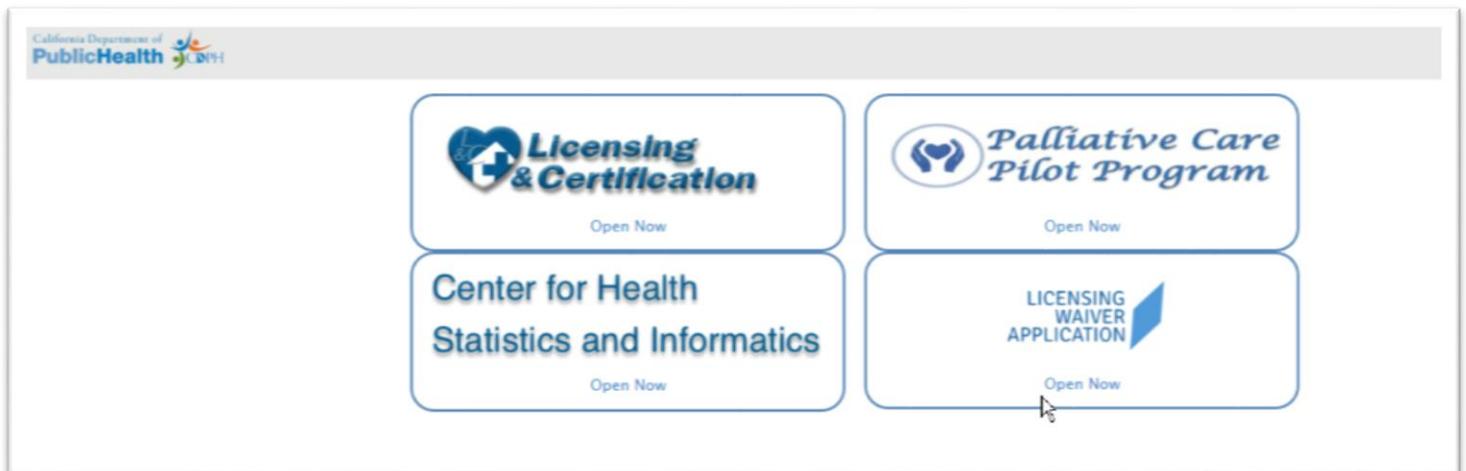
A screenshot of the CDPH registration form titled "Licensing and Certification". The page includes the CDPH logo and a breadcrumb trail: "Home > New Account > Registration Information". Below the title, there is a paragraph: "Complete the form below to create your own account. If you already have a CDPH account, click the CDPH License, Permit, and Certification Portal to continue." The form is titled "Registration Information" and contains a list of required fields marked with a red asterisk: "First Name", "Middle Name", "Last Name", "Email Address", "Confirm Email", "Password" (with a help icon), "Confirm Password", "What is your mother's maiden name?", "What is your favorite color?", and "Who is your childhood hero?". At the bottom of the form, there is a checkbox for "I'm not a robot" and a reCAPTCHA logo with links for "Privacy" and "Terms".

3. Sign In to Your Account

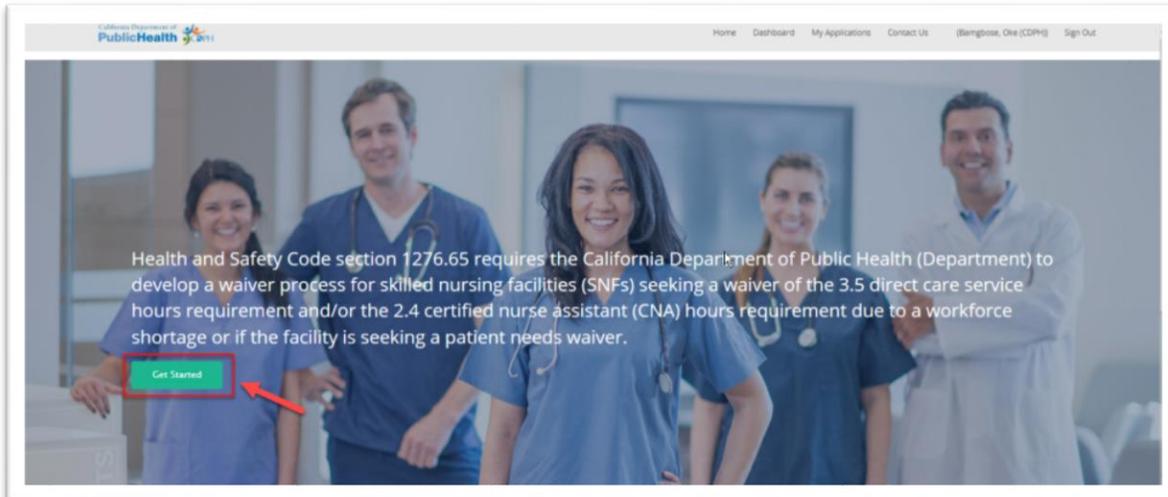
- a. As explained in Section 1b, enter in your credentials and click “Sign In” to access your account.



- b. After signing in, you will first see the page below. Click “Open Now” on the “Licensing Waiver Application” panel, which will bring you to the Main Site page referenced in the next step 3c and in Section 4c.



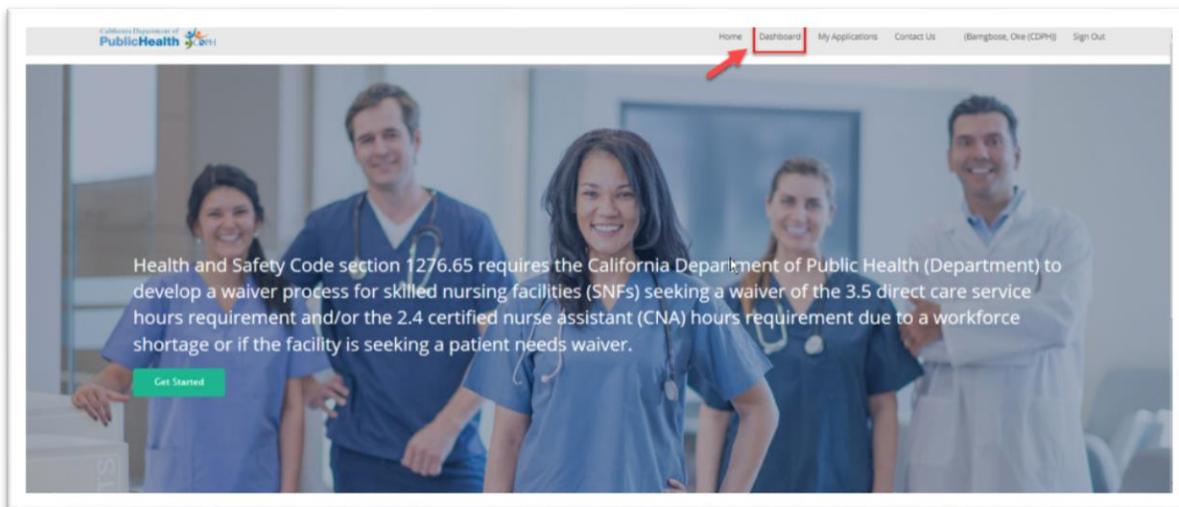
- c. Click on the “Get Started” button which will bring you to the Dashboard page referenced in Section 4a. See 4a for further details.



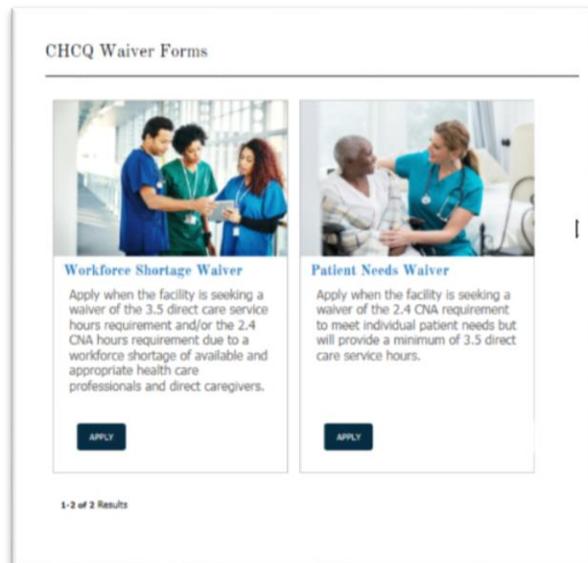
4. Navigating the Site

a. Dashboard

- i. Access the Dashboard page by clicking on the “Get Started” button referenced in Section 3b, or by clicking on the “Dashboard” button in the top navigation bar.

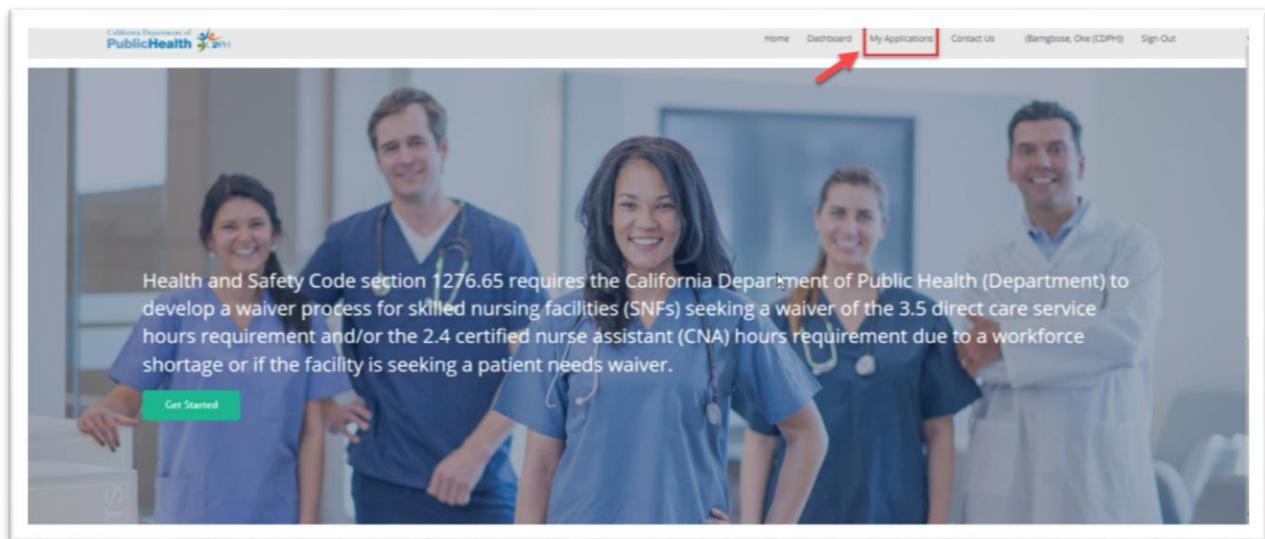


- ii. The Dashboard page is a view of all the applications available to be filled out. Currently there are the “Workforce Shortage Waiver” and the “Patient Needs Waiver”



b. My Applications

- i. Access the My Applications page by clicking on the “My Applications” button in the top navigation bar.



- ii. The My Applications page is where you can see your Drafted Applications and Submitted Applications. Click on the “Draft Applications” or “Submitted Applications” tab to see your applications. See Section 8 for more details.

California Department of **PublicHealth** CDPH

Home Dashboard My Applications Contact Us (Bamgbose, Oke (CDPH)) Sign Out

Draft Reports(1) Submitted Reports(1)

 **Workforce Shortage Waiver**
Facility Name: **McKinley Park Care Center**
Waiver Year: **2018**
3 Minutes Ago

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California Department of **PublicHealth** CDPH

Home Dashboard My Applications Contact Us (Bamgbose, Oke (CDPH)) Sign Out

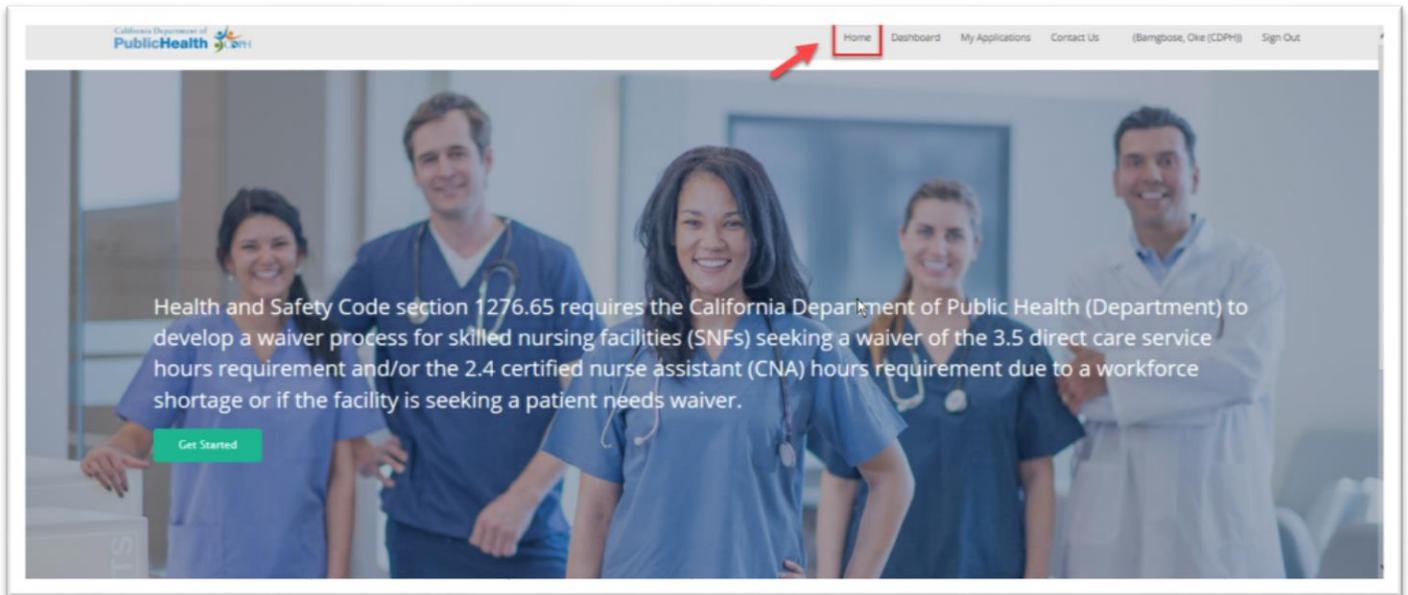
Draft Reports(1) **Submitted Reports(1)**

 **Patient Needs Waiver**
Facility Name: **McKinley Park Care Center**
Waiver Year: **2018**
4 Minutes Ago

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c. Home

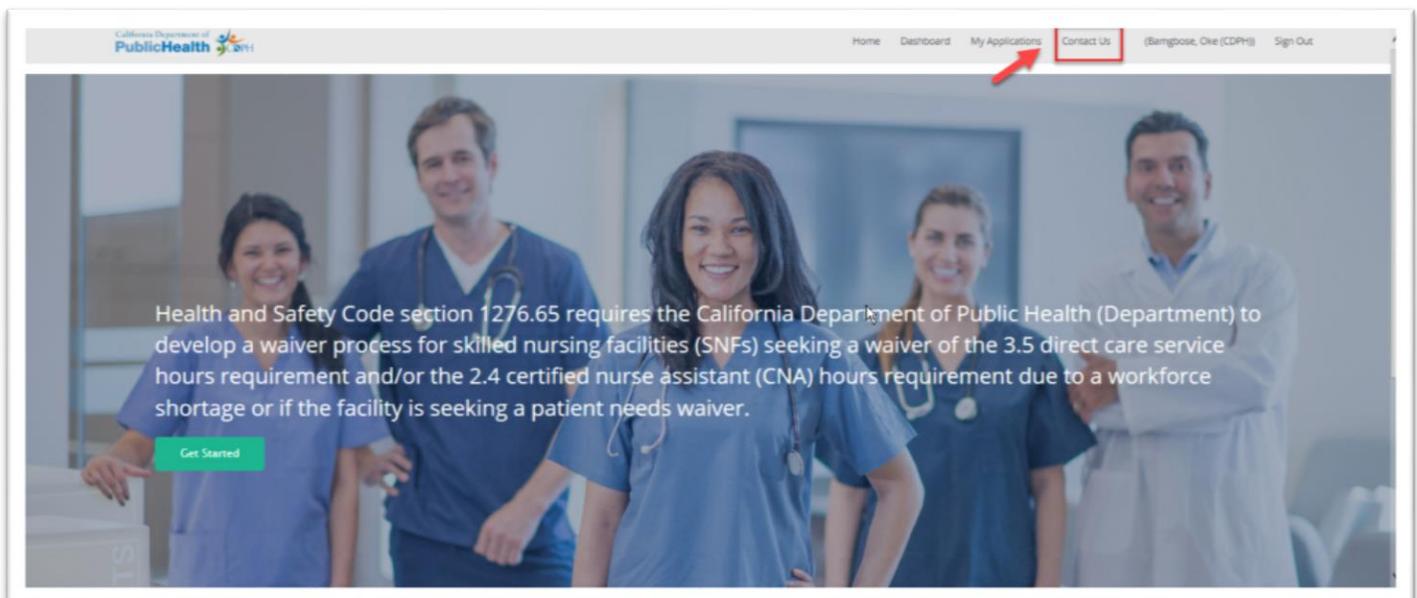
- i. Access the Home page by clicking on the “Home” button in the top navigation bar.



- ii. The Home page is the same page you see after you sign in, as referenced in Section 3b.

d. Contact Us

- i. Access the Contact Us page by clicking on the “Contact Us” button in the top navigation bar



- ii. The Contact Us page is where you can see the contact information you might need if you have questions on how to fill out the application.

- Please refer to **AFL 18-16** for more information regarding applying for a Workforce Shortage Waiver.
- Please refer to Title 22 California Code of Regulations section 72329.2 for information regarding applying for a Patient Needs Waiver.

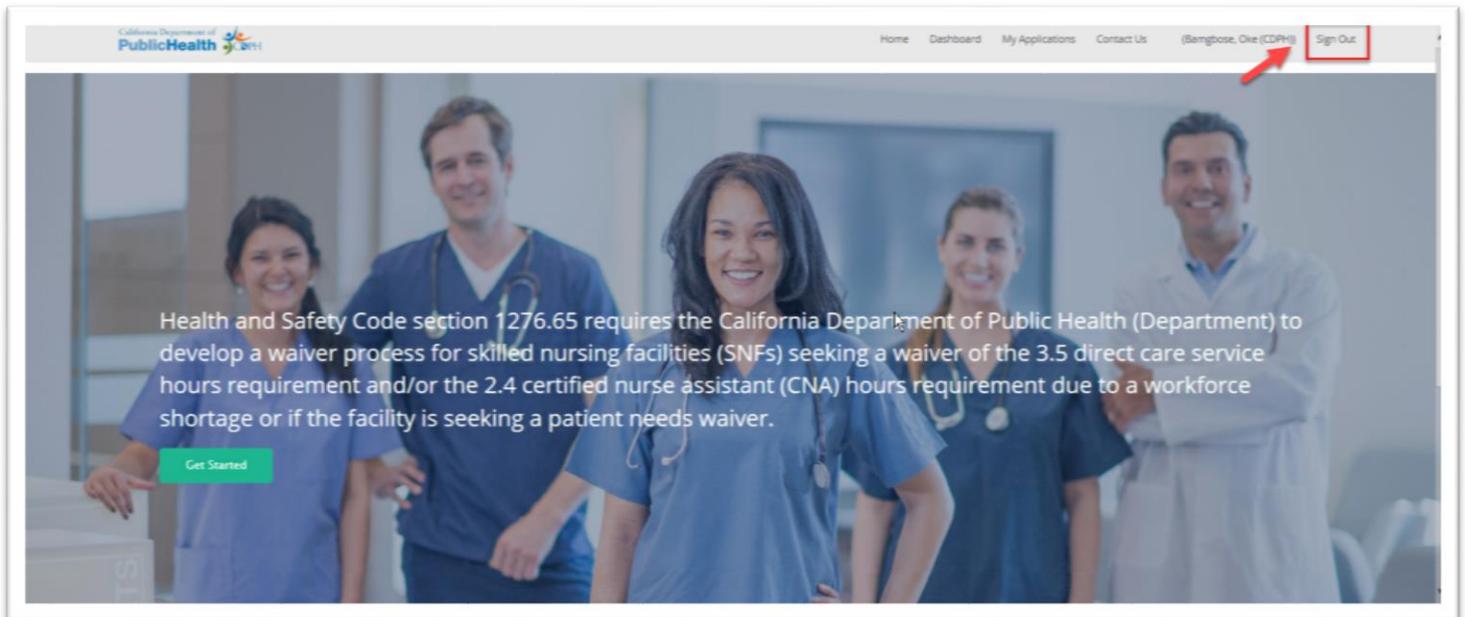
Submit written inquiries by email to RNUNIT-WAIVER@cdph.ca.gov or deliver to the following address:

California Department of Public Health
RN Unit
PO Box 997377, MS 3201
Sacramento, CA 95899-7377

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e. Sign Out

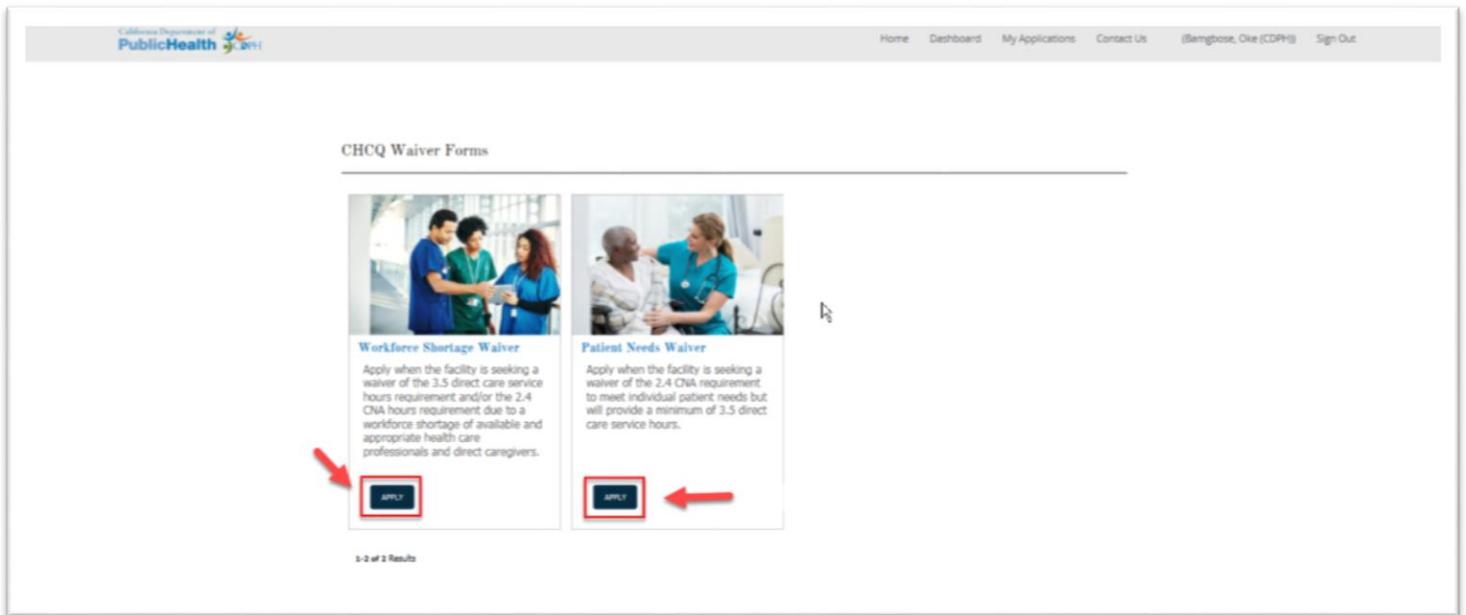
- i. Sign Out of your account by clicking on the “Sign Out” button in the top navigation bar.



- ii. You will see the sign in page seen in Section 1b after signing out of your account.

5. Creating a New Application Form

- a. To create a new application form, go to the Dashboard page referenced in Section 4a. Click on the “Apply” button to start a new waiver form.



- b. You should see the page below which is the first page of the form. This screen is where you will search for a Skilled Nursing Facility (SNF) in which you will be submitting a waiver. You can search by “Facility ID”, “License Number”, and “Facility Name and City”.

Skilled Nursing Facility (SNF) Search

Search By:

- Facility ID
- License Number
- Facility Name and City

Enter Facility ID

Search

Skilled Nursing Facility (SNF) Search

Search By:

- Facility ID
- License Number
- Facility Name and City

Enter License Number

Search

Skilled Nursing Facility (SNF) Search

Search By:

- Facility ID
- License Number
- Facility Name and City

Enter Facility Name

AND

Enter City

Search

- c. Once you enter information and select “Search”, the facility will be displayed in the “Search Results” section and you can select the checkbox of the desired facility, then click “Next” to proceed with filling out the waiver.

Skilled Nursing Facility (SNF) Search

Search By:

Facility ID

License Number

Facility Name and City

100000093

Search

Search Results

Select the appropriate facility from listed options:

	Facility Details
<input checked="" type="checkbox"/>	McKinley Park Care Center 3700 H Street. Sacramento CA 95816-4611

Next

- d. Attaching a File
- i. While filling out the form, you may be asked to attach a document to support the information that you have provided. In the example below, you click “Attach File(s)” when prompted and search your saved documents to upload.

Advertising Activity +

For multiple entries, click the plus button.

Type of Advertisement
Choose the Type of Advertisement v

Name of vendor or publication

Advertisement Begin Date mm/dd/yyyy  **Advertisement End Date** mm/dd/yyyy 

Skilled Nursing Facility Position Choose a SNF Position v **Starting Salary (per hour) advertised**
Eg. 20.90

Please describe how you have or will implement this activity within your recruitment and retention plan.

Please attach a copy of the advertisement. 

e. Required Fields

- i. Most of the data fields on the form will be required fields. If you do not fill out a required field, the form will not let you proceed to the next screen. If you click "Next", you will see a validation error message for each required field, as shown below. Once you fill out the required field, the error message will turn green.

Skilled Nursing Facility (SNF) Search

Search By:

- Facility ID
- License Number
- Facility Name and City

Enter Facility ID

This is a required field.

Search

Next

Skilled Nursing Facility (SNF) Search

Search By:

- Facility ID
- License Number
- Facility Name and City

10000093

Search

Next

f. Multiple Entries for One Section

- i. In some sections of the form, you may have multiple entries of information to enter. In the example below, the Primary Recruitment Activity section will have an entry for each activity. Click the “+” icon in order to add another panel so you can enter in another set of information.

The screenshot shows a form titled "Primary Recruitment Activity" with a dropdown arrow on the left. Below the title, there is a text instruction: "For multiple entries, click the plus button." To the right of this instruction is a red arrow pointing to a small square button containing a plus sign (+). The form contains several fields: a dropdown menu for "Primary Recruitment Activity Type" with the placeholder text "Choose an Activity Type"; a date field for "Activity Begin Date" with the placeholder text "mm/dd/yyyy" and a calendar icon; two radio buttons for "Is the primary recruitment activity completed?" with options "Yes" and "No"; a dropdown menu for "Party Responsible" with the placeholder text "Choose the Party Responsible"; and a large text area at the bottom with the instruction "Please describe how you have or will implement this activity within your recruitment and retention plan."

- g. Selecting a Date on Calendar
 - i. When selecting a date from the calendar, user can select the calendar icon and when the calendar displays in the pop-up window, user can navigate to other months and years by clicking on the date at the top at the top of the popup window to navigate between other months and years
 - ii. If an activity is ongoing, then the “Activity End Date” is optional to fill out

Primary Recruitment Activity

For multiple entries, click the plus button.

Primary Recruitment Activity Type

Choose an Activity Type

Activity Begin Date

December, 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

activity within your recruitment and retention plan.

6. Saving a Draft of Your Form

- a. While filling out the form, you should save your progress after completing each page to ensure that your data is not lost. You should also save the form every time you need to take a break or if you need to finish filling out the form at a later time.
- b. To save your work, click the "Save" button at the bottom of each screen.

Street Address

3700 H Street

Apt/Suite/Other

City

Sacramento

Zip Code

95816-4611

Designated Point of Contact Information

First Name

test

Last Name

user

Title

admin

Email

test@user.com

Phone Number

(123) 456-7890

Previous

Save

Next

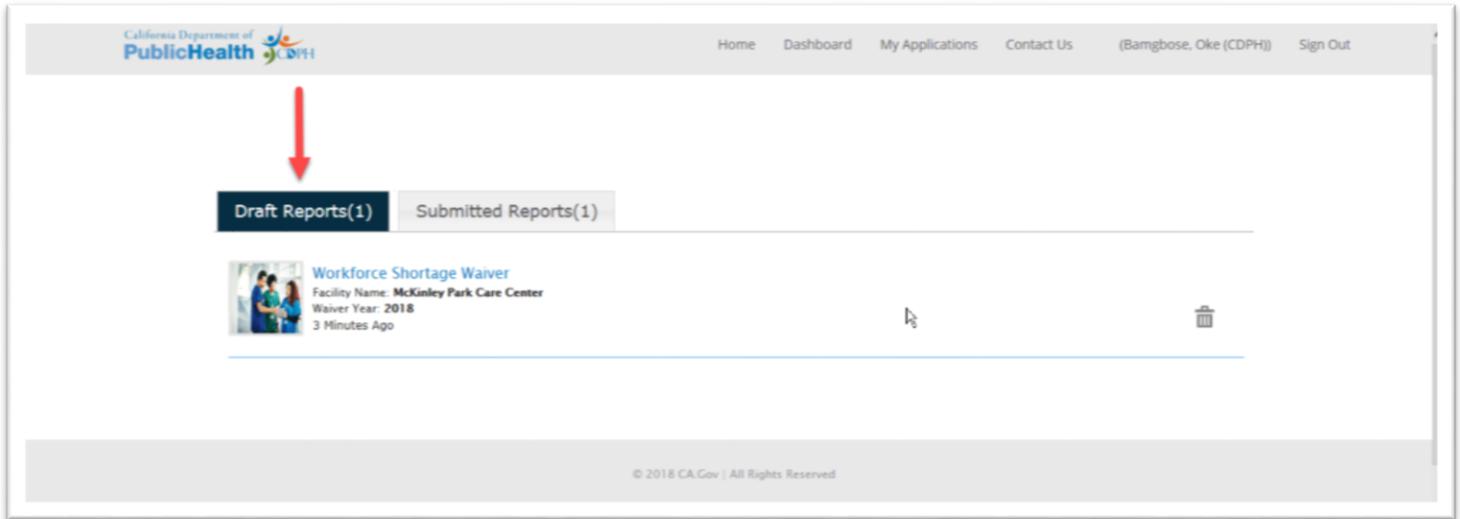
- c. Saving the entire form may take 3-10 seconds. You MUST wait for the “Saved Successfully” message to pop-up to be sure that your application has been saved properly.

The image shows a web form with two main sections. The top section contains address information: 'Street Address' (3700 H Street), 'Apt/Suite/Other' (empty), 'City' (Sacramento), and 'Zip Code' (95816-4611). The bottom section is titled 'Designated Point of Contact Information' and includes: 'First Name' (test), 'Last Name' (user), 'Title' (admin), 'Email' (test@user.com), and 'Phone Number' ((123) 456-7890). At the bottom of the form are three buttons: 'Previous', 'Save', and 'Next'. A mouse cursor is hovering over the 'Save' button. A dark grey notification box with the text 'Saved Successfully' is positioned below the 'Save' button, with a red arrow pointing to it from the right.

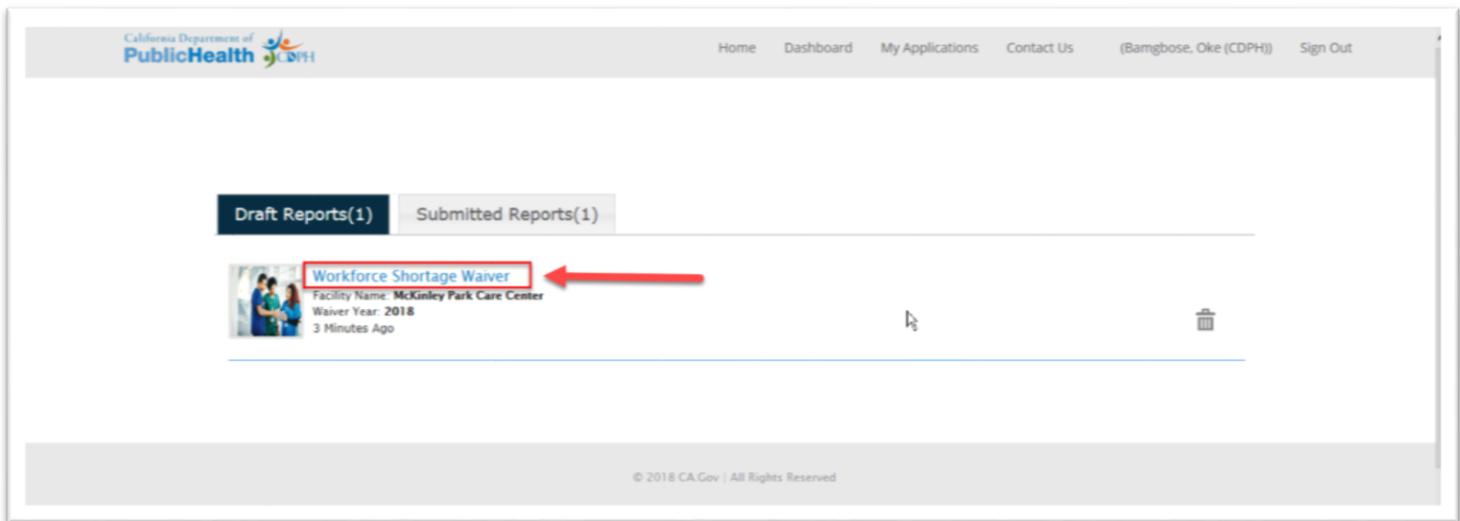
7. Accessing Drafted and Submitted Forms

a. Continue Filling Out a Saved Draft of the Form

- i. Access the My Applications page as referenced in Section 4b. Click on the “Draft Applications” tab to see your list of drafted applications.



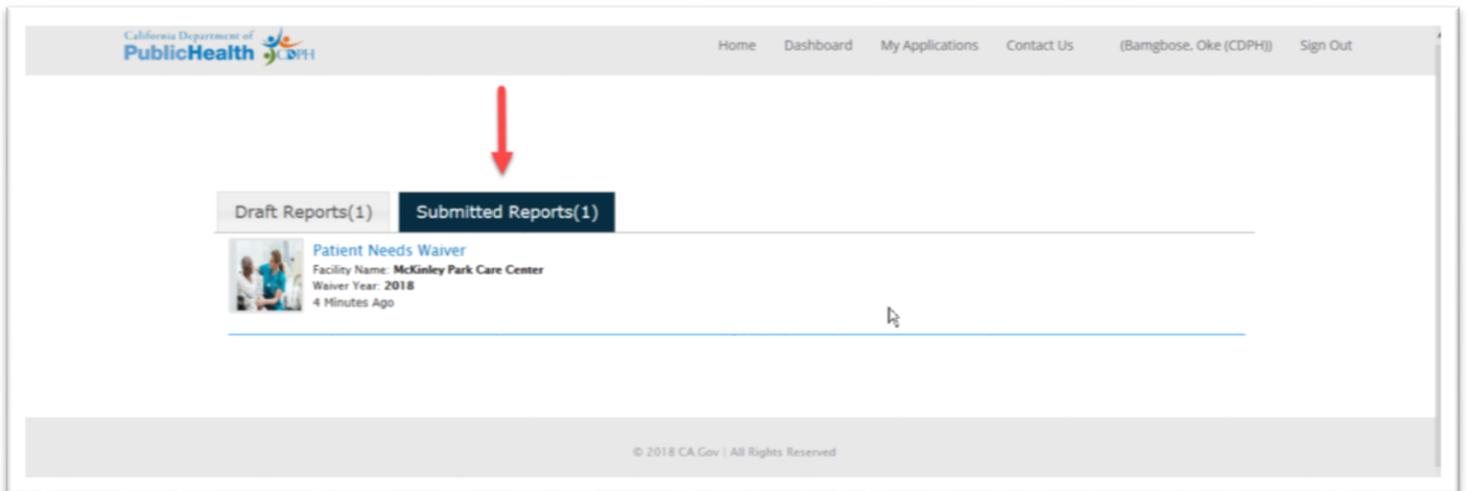
- ii. Click on the title of the application you want to continue filling out, as shown below.



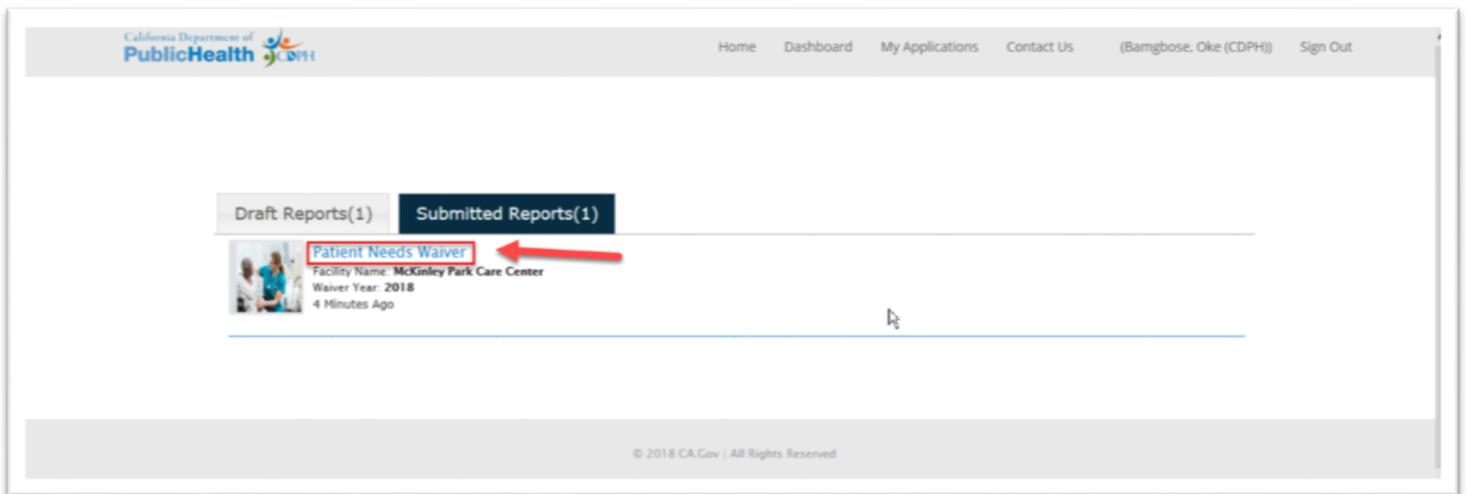
- iii. You will be brought to the first page of the application. Keep clicking the “Next” button until you get to the page you want.

b. Reviewing a Previously Submitted Form

- i. Access the My Applications page as referenced in Section 4b. Click on the “Submitted Applications” tab to see your list of submitted applications.



- ii. Click on the title of the application you want review, as shown below.



- iii. You will be brought to the first page of the application. Keep clicking the “Next” button until you get to the page you want. The fields will be Read-Only, as you cannot change what you previously submitted.

8. Submitting the Form

a. Disclaimer/Submission Page

- i. The final page of the form is shown below. You will need to check the box and electronically sign your name on this page. Click the "Submit" button to submit the form. Wait until you see the page referenced in Section 9b to ensure your application is received.

Applicant Signature:

I agree to submit this Patient Needs Waiver Application by electronic means. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
- I am authorized to submit this application on behalf of the licensee.

I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature (Please type your full legal name)

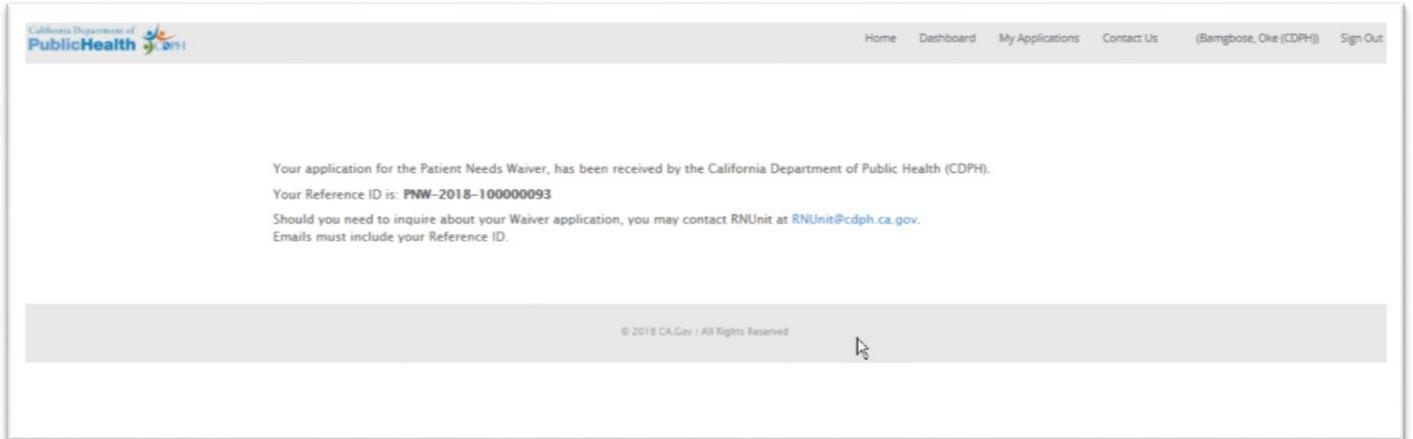
test user x

NOTE: You will receive an acknowledgement email with a copy of the application as a pdf attachment once the application is submitted.

[Previous](#) [Save](#)  [Submit](#)

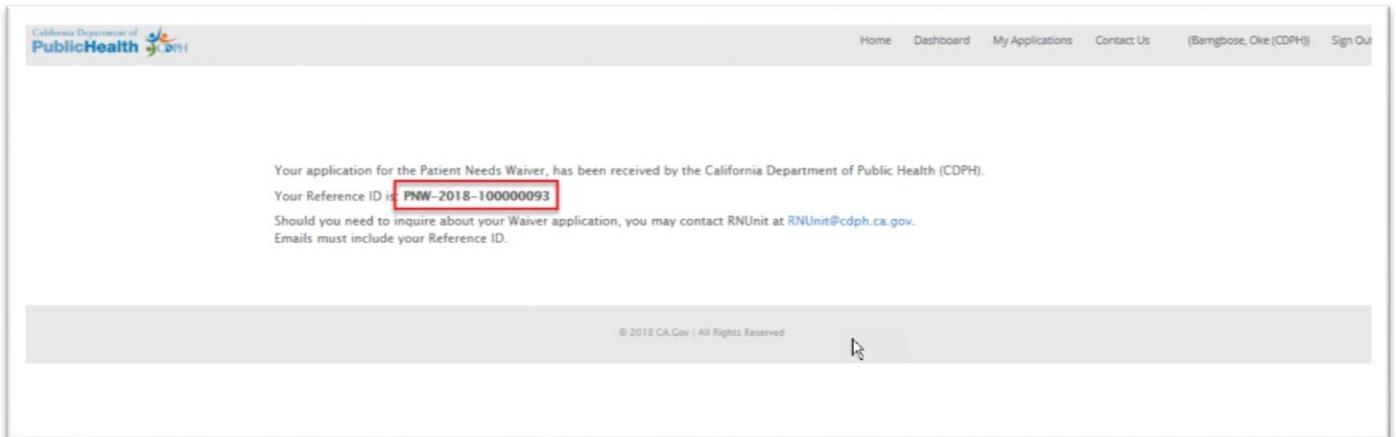
b. Thank You Page

- i. After successfully submitting your application, you should see a page similar to the one below.
NOTE: The text on the page will vary depending on the type of waiver submitted: Patient Needs Waiver or Workforce Shortage Waiver.



c. Tracking ID

- i. All submissions will be assigned a Tracking ID, which is shown on the Thank You Page referenced in Section 9b and seen below. Use this Tracking ID if you need to contact CDPH about your application.



d. Confirmation Email

- i. After successfully submitting your application, you will receive an email, similar to the one shown below, confirming the submission with a PDF attachment detailing the information you submitted.
- ii. The email is sent to the one entered for the “Designated Point of Contact” section in the form.

The screenshot shows an email client window titled "[secure] CDPH - Patient Needs Waiver Application Confirmation - Message (HTML)". The interface includes a ribbon with tabs for "File", "Message", and "Adobe PDF". The "Message" tab is active, displaying a toolbar with various actions like "Delete", "Reply", "Forward", "Move", "Mark Unread", "Categorize", "Follow Up", "Translate", and "Zoom". Below the toolbar, the email header shows the sender as "aemforms-noreply@cdph.ca.gov" and the subject as "[secure] CDPH - Patient Needs Waiver Application Confirmation". The recipient is listed as "Martinez, Edgar@CDPH". A notification indicates the message was forwarded on 01/23/2019 1:04 PM. An attachment is shown as "PNW-2019-040000018.pdf" (31 KB). The main body of the email contains the following text:

Thank you for your Patient Needs Waiver application.

Your application has been sent to the California Department of Public Health, Licensing and Certification, Registered Nurse Unit for eligibility determination. If you have any questions about your application, contact CDPH at RNUNIT-WAIVER@cdph.ca.gov. Please include your Tracking ID in the email.

Your Tracking ID is: **PNW-2019-040000018**

California Department of Public Health
Licensing and Certification Program
Registered Nurse Unit
PO Box 997377, MS 3201
Sacramento, CA 95899-7377
Email: RNUNIT-WAIVER@cdph.ca.gov