Patient Needs Waiver (PNW)– Facility Applicant Guide

Create an Account

- You will need an account in order to login to the RSS Platform
- Select the **Create Now** feature on the “CDPH has invited you to create an account” email you received

Once you have created your unique password you will be automatically logged into RSS

If you already have an account login to the **RSS Platform** [https://hc.riskandsafety.com/](https://hc.riskandsafety.com/)
Apply for Patient Needs Waiver (PNW) Application

General Tab

- From the RSS Platform home screen select “Apply for Program Flex or Waiver (PNW/WSW)”
- Select “Patient Needs Waiver (PNW)”
- Select the blue arrow at the bottom right of the page
• Select a Facility then select the **Start** button in the upper right of the screen

![Select a Facility](image1)

• Review the Facility information and select **Continue**

![Review Facility Information](image2)
Complete the Patient Needs Waiver (PNW) Application

Patient Needs Waiver Application Tab

- Enter response for question pertaining to facilities with subacute units

<table>
<thead>
<tr>
<th>Patient Needs Waiver Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your facility, or any portion of your facility provide services for residents in a subacute unit approved by the Department of Health Care Services (DHCS)?*</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>For which care areas of your facility are you applying for a waiver for the 2:4 certified nurse assistant hours per patient day requirement?*</td>
</tr>
<tr>
<td>☐ Subacute only ☐ Long Term Care (SNF) only ☐ Both Sub Acute and Acute</td>
</tr>
</tbody>
</table>

For Subacute only units:

- Upload a copy of the current and valid contract with the Department of Healthcare Services to provide subacute care

**Upload File**

Please attach a copy of the current and valid contract with the Department of Healthcare Services (DHCS) to provide subacute care.

- Upload a copy of the most recent audit findings

**Upload File**

Please attach a copy of the most recent audit findings from DHCS related to determining compliance with the subacute staffing requirements set forth in title 22, California Code of Regulations, division 5, section 51215.5.*
- Upload any other attachments that would supplement the Waiver application

![Upload File]

Please attach any additional documents that would supplement the Waiver application. Please describe the attachment and its relevance to your waiver application.

For Long Term Care (SNF) only, complete the qualifying questions for non-subacute facilities

- Enter average daily census

![Qualifying Questions for Non-Subacute Facilities]

Please enter the average daily census, excluding any patient residing in the Department of Health Care Service approved subacute unit.

Eg. 1-2000

- Enter the number by level of direct caregiver staffing

![Please enter the number by level of direct caregiver staffing]

Please enter the number by level of direct caregiver staffing (Full-time Equivalent only) that the facility will provide if granted a waiver.

- Registered Nurse
  - Number of Staff
  - Average Daily Direct Care Hours

- Licensed Vocational Nurse
  - Number of Staff
  - Average Daily Direct Care Hours

- Certified Nurse Assistant
  - Number of Staff
  - Average Daily Direct Care Hours

- Upload a copy of the facility’s Minimum Data Set Facility Level Quality Measure Report

![Upload File]

Please attach a copy of the facility’s Minimum Data Set Facility Level Quality Measure Report dated no earlier than 30 days prior to submission of this waiver application.
• Upload a copy of the facility's Minimum Data Set Facility Characteristics

Please attach a copy of the facility's Minimum Data Set Facility Characteristics dated no earlier than 30 days prior to submission of this waiver application.*

• Upload an analysis of resident needs at the facility

Please attach an analysis of the resident needs at the facility, including a description of the assessment tools used, how the assessment tools are applied, and the outcomes used to determine resident needs.*

• Upload any additional supplemental documents

Please attach any additional documents that would supplement the Waiver application. Please describe the attachment and its relevance to your waiver application.*

For **Both Subacute and Long-Term Care**, upload a copy of the current and valid contract with the Department of Healthcare Services to provide subacute care and a copy of the most recent audit findings as well as any other attachments that would supplement the Waiver application.

• Enter average daily census

Please enter the average daily census, excluding any patient residing in the Department of Health Care Service approved subacute unit.*

Eg. 1-2000
• Enter the number by level of direct caregiver staffing

Please enter the number by level of direct caregiver staffing (Full-time Equivalent only) that the facility will provide if granted a waiver.*

<table>
<thead>
<tr>
<th>Role</th>
<th>Number of Staff</th>
<th>Average Daily Direct Care Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Vocational Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Nurse Assistant</td>
<td></td>
<td></td>
</tr>
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Terms of Acceptance Tab

- Review the contents on the “Terms of Acceptance” tab select the checkbox acknowledgment

  [ ] I acknowledge and agree to the above Terms of Acceptance

- Select **Save & Continue**

Review Tab

- On the “Review” tab, please review and verify all information entered
- Select **Submit**

- Select Submit on the pop-up to confirm the submission of waiver application
# Application Statuses

<table>
<thead>
<tr>
<th>Application Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft</td>
<td>Patient Needs Waiver (PNW) is being created and applicant has not submitted PNW to California Department of Public Health (CDPH).</td>
</tr>
<tr>
<td>Revision</td>
<td>Patient Needs Waiver (PNW) was submitted but was sent back to the Applicant by California Department of Public Health - Centralized Program Flex Unit (CPFU) for additional information. Facility can resubmit the application with complete information.</td>
</tr>
<tr>
<td>Evaluator Review</td>
<td>CPFU Evaluators review the PNW application, and make a recommendation on the decision of an application.</td>
</tr>
<tr>
<td>Manager Review</td>
<td>CDPH leadership may either approve or deny PNW application from facility.</td>
</tr>
<tr>
<td>Approved</td>
<td>Patient Needs Waiver (PNW) that has been approved by CPFU for a certain date range. Can still be revoked if the does not meet the terms of the waiver.</td>
</tr>
<tr>
<td>Denied</td>
<td>Patient Needs Waiver (PNW) that has been denied by CPFU.</td>
</tr>
<tr>
<td>Revoked</td>
<td>Patient Needs Waiver (PNW) that has been approved by CPFU for a certain date range may be revoked due to violation of the terms of the waiver.</td>
</tr>
<tr>
<td>Expired</td>
<td>Patient Needs Waiver (PNW) that has been approved by CPFU for a certain date range but is no longer valid due to date range PNW was approved.</td>
</tr>
</tbody>
</table>
Printing a Section of the Application

- Select the section of the application you wish to print from the list of application sections displayed on the right side of the screen.
- In the top right corner of the application, select the three dots and select **Print Section**

Cloning Your Application

- Cloning can be used to submit the same Patient Needs Waiver for another facility within your corporation
- In the top right corner of the application, select the three dots and select **Clone**

Deleting Your Application

- In the top right corner of the application, select the three dots and select **Delete**
Downloading the Application Decision Letter

- In the top right corner of the application, select the three dots and select **Download Letter**
- If the Patient Needs Waiver request is approved, the approval letter or a true copy thereof shall be posted immediately adjacent to the facility’s license
- If the Patient Needs Waiver request is denied, reasons for the denial are stated in the denial letter

![Image of downloading decision letter]

Withdrawing a Patient Needs Waiver Application

- Patient Needs Waiver applications can be withdrawn after they have been submitted
- Select the **Withdraw** button at the top right of the document

![Image of withdrawing application]
Email Notifications

<table>
<thead>
<tr>
<th>Subject Line</th>
<th>Recipients</th>
<th>Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Patient Needs Waiver Application has been submitted</td>
<td>Facility Contacts, CDPH, CPFU</td>
<td>Upon submission</td>
</tr>
<tr>
<td>Your Patient Needs Waiver Application requires additional information</td>
<td>Facility Contacts, CDPH, CPFU</td>
<td>Sent back to applicant after initial review</td>
</tr>
<tr>
<td>Approval of Patient Needs Waiver Application</td>
<td>Facility Contacts, CDPH, CPFU</td>
<td>Upon PNW approval</td>
</tr>
<tr>
<td>Denial of Patient Needs Waiver Application</td>
<td>Facility Contacts, CDPH, CPFU</td>
<td>Upon PNW denial</td>
</tr>
<tr>
<td>Your Patient Needs Waiver Application has been withdrawn</td>
<td>Facility Contacts, CDPH, CPFU</td>
<td>Upon withdrawal of application by Facility Contacts</td>
</tr>
</tbody>
</table>

RSS Platform Homepage

The RSS Platform Homepage provides access to program flexibility applications in all statuses.

- Use the “Action Items” section
  - To view and access applications that require more information
• Use the “Workspace” section to view the current status of any application