

### Temporary Permission for Program Flexibility and for Emergencies

When the Medical Health Coordination Center (MHCC) is activated, Providers and District Offices (DOs) will submit requests to [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov)

This form is to be used ONLY for program flexibility requests when providers temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Providers are required to submit a program flexibility request to the California Department of Public Health (CDPH), Center for Health Care Quality for approval. This form is a mechanism to expedite the request directly to the Medical Health Coordination Center (MHCC) for approval in emergency situations. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name			Date of Request	
<input type="text" value="Ballard Rehabilitation Hospital"/>			<input type="text" value="7/24/2020"/>	
License Number			Facility Phone	Facility Fax Number
<input type="text" value="240000502"/>			<input type="text" value="909-473-1200"/>	<input type="text" value="909-473-1276"/>
Facility Address			E-Mail Address	
<input type="text" value="1760 W 16th Street"/>			<input type="text" value="allardrehab.com"/>	
City	State	Zip Code	Contact Person's Name	
<input type="text" value="San Bernardino"/>	<input type="text" value="CA"/>	<input type="text" value="92411"/>	<input type="text" value=""/>	

**Approval Request**

Complete one form total per facility

- |   |                                       |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Staffing                    | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Tent use (High patient volume)         | <input type="checkbox"/> Bed Use      |
| <input type="checkbox"/> Space Conversion (other than tent use) | <input type="checkbox"/> Over bedding |

**Duration of Request**

Start Date	<input type="text" value="7/24/2020"/>
End Date	<input type="text" value="10/24/2020"/>

**Program Flex Request**

What regulation are you requesting program flexibility for?

**Justification for the Request**

- A disease outbreak (verifiable through sources such as the local emergency medical service agency (LEMSA), local Public Health Officer, CDPH Division of Communicable Disease Control, the Centers for Disease Control and Prevention) is present in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: Increased cases of seasonal influenza, onset of a severe acute respiratory syndrome-type or other highly contagious virus requiring acute care, an epidemic/pandemic, a bioterrorism agent, or a declared public health emergency.
- An emergency resulting in the need for increased patient accommodations has occurred in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: A natural or human-caused disaster, a crime incident or transportation accident resulting in numerous mass casualties, an emergency causing the evacuation of patients or diversions from another hospital (LEMSA diversion has been implemented).

- If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days?  
If so, please explain (Note: Attach supporting documentation if necessary)

No

**Justification for the Request**

- Other:

1. Staff calling off sick.
2. Staff on medical leave of absence (MLOA).
3. Staff out on quarantine because of COVID symptoms.

**Exhausting Available Alternatives**

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply:

- Rescheduling non-emergent surgeries and diagnostic procedures.
- Transferring patients to other beds or discharge as appropriate.
- Setting clinics for non-emergency cases (if possible).
- Requesting ambulance diversion from LEMSA, if appropriate.
- Other:

**Adequate Staff, Equipment and Space**

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply:

- A plan is in place for staff if the request is for use of alternate space.
- A plan is in place for equipment if the request is for use of alternative space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other:

**Additional Information**

Provide a brief description of your conditions and explain the need for program flexibility. Provide a brief description of the alternative concepts, methods, procedures, techniques, equipment or personnel to be used, and the conditions under which this program flexibility will be used. Attach additional supporting documentation as needed.

- Efforts being taken--
1. Aggressively hiring more nursing and support staff.
  2. Calling agencies daily to obtain registry staff and master book staff.
  3. Contracted with many staffing and recruiting agencies.
  4. Paying bonuses to staff and agencies to pick up extra shifts.
  5. Using LVNs to supplement.
  6. Other ancillary staff into staffing.
  7. Frequent communication with staff and patients about exposure and efforts being taken to keep staff and patients safe.
  8. Regular huddles with the staff, leadership team and updates on PPE supplies.

We are a 60-bed acute care inpatient rehabilitation facility. We are proposing to--

1. Hire aggressively extra RNs/LVNs/CNAs.
2. Use higher number of LVNs in our staffing matrix as required.
3. Supplement with extra NAs/CNAs.
4. Supplement with therapy aides to help with call lights, assist with ADLs, feeding patients, etc.
5. Continue to secure agency staff along with travelers as available.
6. Continue to offer bonuses as incentive for our staff and registry nurses.

As a last resort, we are requesting a flexibility waiver to go to a 1:6 or 1:7 nurse:patient ratio using RNs and LVNs if we are unable to procure enough staff to meet the 1:5 (50% RN/LVN) nurse:patient ratio. The duration we request this waiver is the allowed 90 days and will then resubmit as COVID continues to evolve.

Thank you so much for your consideration.

\_\_\_\_\_  
 Signature of person requesting program flexibility

**Chief Nursing Officer**  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 MSN, RN  
 Printed Name

**NOTE:** Approval for tent use, space conversion, bed use and over-bedding will be time limited and dependent on the facts presented that substantiate the emergency. Initial approval may be given verbally by the local DO; however, a signed written approval must be distributed (faxed) to the facility and filed in the facility's folder.

For CDPH Use Only

**Center for Health Care Quality Approval:**

Permission Granted from: 08/06/2020 to 11/06/2020

Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions: APPROVED for 70217(a)(11) Med-Surg nurse-patient ratio.  
 CONDITIONS: Facility will continue to make a good faith effort to exhaust all alternatives and mitigation efforts, as described in their staffing waiver request and the additional information they provided. Facility will resume mandatory staffing levels as soon as feasible. Please see next page for other conditions specified in AFL 20-26.3

CHCQ Printed Name: \_\_\_\_\_

CHCQ Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 L&C District Office Staff Signature

\_\_\_\_\_  
 HFES II  
 CDPH CHCQ L&C  
 San Bernardino District Office

08/06/2020

\_\_\_\_\_  
 Title Date