

### Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 Colusa Medical Center SNF			Date of Request 8/17/2020	
License Number 23000424			Facility Phone 530-619-0800	Facility Fax Number 530-619-0297
Facility Address 199 E. Webster St.			E-mail Address [REDACTED]@colusamedcenter.org	
City Colusa	State CA	Zip Code 95932	Contact Person Name [REDACTED]	

#### Approval Request

Complete one form total per facility

#### Duration of Request

- |   |                                       |
|---|---------------------------------------|
| <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 |

Start Date:	8/17/2020
End Date:	10/17/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? 72329.2(a)

#### 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).

Facility Name	License Number	Request Date
Colusa MedicalCenter SNF	23000424	8/17/2020

**Justification for the Request**

Other:

URGENT STAFFING NEED  
COVID RELATED SURGE

**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: Staffing agencies contacted for temp CNAs

**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 alternate 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.

High Covid 19 positivity rate in both Glenn and Colusa County. Also Colusa Co. with one of highest cases per 100,000 population (top 10). Glenn Medical Center, sister hospital, at capacity as well due to staffing limitations. High volume of transfers from neighboring facilities due to regional surge. Largest number of transfer are SNF patients. Staffing shortages being experienced due to Covid. Currently 2 clinical personnel out for next 14 days due to positive test results. One of those is a CNA. Another CNA is pending testing results and experiencing symptoms. We are actively trying temp agencies and are looking at the current flex from CMS that will allow staff other than CNAs to act as CNAs if competent to perform the duty (like Medical Assistants). We expect to have the staffing shortage resolved within a week but expect with our ongoing call-outs and staff testing as Covid positive that we may have intermittent staffing issues.

Current reg requires 3.5 patient hours per resident with 2.4 of that as CNA.

Would like to request a flex allowing for 3.2 patient hours per resident and waive the requirement of a minimum of 2.4 CNAs minimum part of the 3.2. We are having a difficult time finding CNAs but are staffing with licensed LVNs and RNs. We usually can staff with at least one CNA per shift. We will continue to meet the 3.2 patient hours per resident but it will be made up with a blend of CNAs, LVNs and RNs that may not meet the 2.4 CNA hour requirement.

Signature of person requesting program flexibility

Printed name

Quality/Risk Mgr.

Title

**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: 8/17/2020 to 11/16/2020

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

Comments / 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.~~

CHCQ Printed Name:

CHCQ Staff Signature:

Date: 8/19/2020

L&C District Office Staff Signature

RN, HFES.

Title

8/19/2020

Date