

### 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

Cottonwood Post-Acute Rehab

Date of Request

7/23/2020

License Number

030000046

Facility Phone

530-662-9193

Facility Fax Number

530662-6827

Facility Address

625 Cottonwood St

E-Mail Address

[Redacted]

City

Woodland

State

Ca

Zip Code

95695

Contact Person's Name

[Redacted]

#### Approval Request

Complete one form total per facility

- Staffing  Other
- Tent use (High patient volume)  Bed Use
- Space Conversion (other than tent use)  Over bedding

#### Duration of Request

Start Date   
 End Date

#### 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)

**Justification for the Request**

Other:

“On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of

**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.

CCR 22 ss72329.2; H&S Code ss1599.1(a) Cottonwood Post-Acute Rehabilitation is experiencing COVID19 related issues that are directly impacting our staffing levels. Steps the facility is taking include but are not limited to the following:

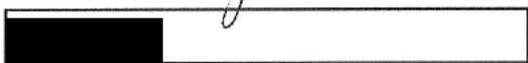
1. Implemented staffing contingency plans by partnering with Staffing/Registry companies in the event a shortage arises.
2. Asking our nursing personnel to work extra hours or pick up extra shifts when needed.
3. Asking the staff who might be working at other facilities to work only at one. This increases our likelihood of successful mitigation of COVID19 by reducing the chance of cross contamination between facilities through staff.
4. Restricting entry to the facility and access to the patients to only essential personnel and regular daily screening of all staff and essential personnel.

~~5. Minimizing the burden of time on nursing staff by utilizing non-clinical personnel to~~

- 5. Minimizing the burden of time on nursing staff by utilizing non-clinical personnel to supplement the services provided by nursing personnel (eg., department heads helping with meals, staff from other departments answering call lights and assisting with services that do not require a CNA or Licensed Nurse, etc. ). This enables nursing staff to realize greater efficiencies in the process of patient care.
  - 6. Keeping the staff informed of the status of COVID-19 in the facility as well as expression of gratitude for the hard work through Alertmedia.
  - 7. Support our staff with meals, snacks and thank you notes during this emergency
  - 8. Following the CDC Crisis Capacity Staffing Strategies for COVID-19.
  - 9. Report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
  - 10. We will continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
  - 11. Follow our disaster response plan.
  - 12. Follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
  - 13. Comply with directives from our local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.
- This list is not exhaustive/all-inclusive. Additional information can be provided if requested.*

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

**Administrator**  
 \_\_\_\_\_  
 Title

  
 \_\_\_\_\_  
 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.

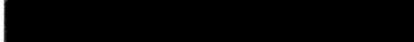
**For CDPH Use Only**

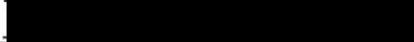
**Center for Health Care Quality Approval:**

Permission Granted from:  to

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

**Approval is limited to the regulation of 72329.2 and excludes 1276.65(c)(1)(B) and (C).**

CHCQ Printed Name: 

CHCQ Staff Signature: 

Date: 7/28/2020

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date