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

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
Glenwood Care Center	July 1, 2020

License Number	Facility Phone	Facility Fax Number
050000033	805-983-0305	805-983-2514

Facility Address	E-Mail Address
1300 North C St	[redacted]

City	State	Zip Code	Contact Person's Name
Oxnard	CA	93030	[redacted]

Approval Request

Complete one form total per facility

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

Duration of Request

Start Date: July 24, 2020

End Date: October 24, 2020

Program Flex Request

What regulation are you requesting program flexibility for? CCR 72329.2a; HSC 1276.65

Justification for the Request

- [x] 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:

See additional information below and addendu

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 72329.2a; HSC 1276.65

Due to the increasing COVID-19 community spread (see attached data), our COVID-19 Emergency Plan, including the facility Staff Recall Plan remains activated. Given the nature of the COVID-19 Disease and the need for staff (Confirmed positive staff and staff with known exposure to a COVID-19 Case) to be quarantined and care-managed, we are seeing an increasing number of staff call-ins and requests for LOA. Based on the increasing number of new cases in the county, and the increasing number of our staff with laboratory confirmed COVID-19 positive results, we are very close to reaching the critical shortage of qualified direct care staff that cannot be remedied through staff recall and other staffing 3.5/2.4 for the duration of this event or until we can maintain minimal staffing.

solutions. We are asking that CDPH continue to waive the Staffing Requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing.

[redacted] Administrator

Signature of person requesting program flexibility Title

[redacted]

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: July 24, 2020 to October 24, 2020

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

Comments / Conditions:

The Department may revoke the program flexibility if the licensee does not comply with the conditions set forth in the approval or if the department determines the proposed alternative does not adequately meet the intent of the regulations.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

davi bruamonte for — HFES

[redacted] — District Mgr 7/24/20

L&C District Office Staff Signature Title Date