

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 <input type="text" value="Home Health Care Management, Inc."/>			Date of Request <input type="text" value="7/2/2020"/>	
License Number <input type="text" value="230000185"/>			Facility Phone <input type="text" value="530-343-0727"/>	Facility Fax Number <input type="text" value="530-895-1703"/>
Facility Address <input type="text" value="1398 Ridgewood Dr."/>			E-Mail Address <input type="text" value="██████████@healthcaremgmt.com"/>	
City <input type="text" value="Chico"/>	State <input type="text" value="CA"/>	Zip Code <input type="text" value="95973"/>	Contact Person's Name <input type="text" value="██████████"/>	

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).

Facility

Home Health Care Manage

License Number

230000185

Request Date

07/02/2020

Justification for the Request

Other:

The COVID crisis is continuing and is impacting some home health agency practices.

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: Any alternatives would require Program Flexibility as stated below

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: N/A

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.

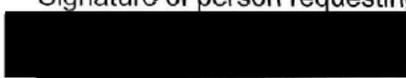
1) INITIAL VISITS: Allow an Occupational therapist to open a home health case - Medicare waived COP 484.55(a) Title 22 Section 74707(a)(2).
 REASON: To decrease the number of clinical staff required to be in contact with the patient, thus decreasing the chance of COVID exposure for the patient and additional clinical staff.

2) SUPERVISION: Waive the requirements for a nurse or other professional to conduct an on-site visit every 2 weeks to evaluate if home health aides are providing care consistent with the care plan. Medicare waived 484.80(h)(1) Title 22 Section 74709. REASON: To decrease the number of clinical staff in contact with the patient in order to decrease the chance of COVID exposure for the patient and additional clinical staff.

3) PHYSICIAN ORDERS: Allow an extended time frame to obtain signed written physician orders. Title 22 Section 74697(a)(1)(4). In addition, allow NPs and PAs to sign orders for Home Health. Title 22 Section: 74697(a)(4) 74701(a) through (e) Medicare waived COP

484.60(b). REASON: Many physicians are not in their offices due to COVID, which has greatly increased the amount of time it is taking physicians to sign orders. NPs and PAs have been more available and could order and sign for home health services in a more timely manner for better patient outcomes.

4) TRAINING: Waive the in-person requirement for training home health aides until the public health emergency has been declared 'ended' and instead allow on-line training in lieu of this requirement. Medicare COP 484.80(d). In addition, permit home health aides to complete their CEIs and renewals after the declared end of the public health emergency. Medicare COP 484.80(d) and utilize interactive on-line training to meet the requirement. REASON: Inteactive on-line training decreases the possible exposure to COVID since there would be a decrease in contacts that would come from an in-person class room setting.


Signature of person requesting program flexibility
 HN, COS-C

Director of Professional Services
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

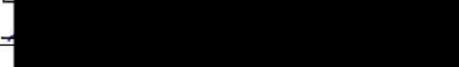
Center for Health Care Quality Approval:

Permission Granted from: 7/2/2020 to 10/2/2020

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

Comments / Conditions:

CHCQ Printed Name: 

CHCQ Staff Signature: 

Date: 7/28/2020


L&C District Office Staff Signature

HFEW1
Title

7/28/2020
Date