

### 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 <input type="text" value="Idylwood Care Center"/>			Date of Request <input type="text" value="July 2, 2020"/>	
License Number <input type="text" value="220000412"/>			Facility Phone <input type="text" value="408-739-2383"/>	Facility Fax Number <input type="text" value="408-749-8198"/>
Facility Address <input type="text" value="1002 West Fremont ave"/>				
City <input type="text" value="Sunnyvale"/>	State <input type="text" value="CA"/>	Zip Code <input type="text" value="94087"/>	E-Mail Address <input type="text" value="[REDACTED]"/>	
			Contact Person's Name <input type="text" value="[REDACTED]"/>	

**Approval Request**

Complete one form total per facility

- |  |                                       |
|--|---------------------------------------|
| <input 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<br>(other than tent use) | <input type="checkbox"/> Over bedding |

**Duration of Request**

Start Date	<input type="text" value="July 2, 2020"/>
End Date	<input type="text" value="September 29, 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)

Local school closures and restricting staff with respiratory symptoms has caused a shortage of qualified direct care staff to meet the minimum staffing ratios required, all other resources such as registry and staff recall have been exhausted.

**Justification for the Request**

Other:

**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.

Due to the closures of our local school districts, quarantine requirement regulation of symptomatic or asymptomatic staff with positive COVID-19 test and also staff who are working at other facilities with outbreak unable to be scheduled, we may experience critical shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. In case of a staffing shortage, we are asking that CDPH waive the requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing. Facility is currently having an outbreak (Staff being positive after baseline testing) and under Public health surveillance.

In case of staffing shortage, we will implement the following:

- Immediately stop new admissions-unless CDPH approves for hospital surge needs.
- IDT and the facility medical director will communicate daily on staffing issues.
- Communicate immediately with CDPH district office regarding staffing levels and follow guidance given by CDPH.
- DON and other assigned RN will assess residents every shift for any change of condition and implement their change of condition policy as needed.
- Notify residents (Resident's forum) and responsible party (Phone call) of staffing plan and changes as needed. Social Service Director and social service staff will communicate with residents frequently and bring any grievances or concerns to

- Continue to exhaust all measure to meet 3.5 and 2.4 staffing requirements.
- Notify residents and responsible party of staffing plan and changes as needed.
- Please check attached registry contract and MHOAC information for staffing need if needed.
- Continue to hire at this time.

 \_\_\_\_\_ 7/29/20 \_\_\_\_\_  
 Signature of person requesting program flexibility Title

 NHA  
 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 2, 2020 to September 29, 2020  
 Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions:

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

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

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


L&C District Office Staff Signature NFEH I 7/29/2020  
Title Date