

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	
<input type="text" value="Lassen Nursing & Rehabilitation Center"/>			<input type="text" value="9/25/2020"/>	
License Number			Facility Phone	Facility Fax Number
<input type="text" value="056231"/>			<input type="text" value="530-257-5341"/>	<input type="text" value="530-257-8150"/>
Facility Address			E-Mail Address	
<input type="text" value="2005 River St"/>			<input type="text" value="[REDACTED]"/>	
City	State	Zip Code	Contact Person's Name	
<input type="text" value="Susanville"/>	<input type="text" value="CA"/>	<input type="text" value="96130"/>	<input type="text" value="[REDACTED]"/>	

Approval Request

Complete one form total per facility

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

Duration of Request

Start Date	<input type="text" value="10/01/2020"/>
End Date	<input type="text" value="12/31/2020"/>

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)

No clinical staff or direct patient care staff have been laid off in the previous 60 days.

Justification for the Request

- Other:

The facility is currently experiencing a shortage of staff due to multiple resignations due to fears of COVID19 and staff having to modify their respective schedules or being unable to work due to life changes e.g. online schooling for children, child care options lacking, etc.

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.

Lassen Nursing and Rehabilitation Center is applying for an emergency staffing waiver as outline in AFL 20-32.1 for the following reasons:

1. Since August 1st we've had approximately seven nursing staff resign; six of which were due to concerns of COVID in the community, more specifically in our prisons. Some of our staff live with prison employees and that also was a cause for concern.
2. Four of our employees were advised that they'd have to resign or cease working at their other positions (outside of facility) due to increase COVID risk (prison, hospital, etc.). Those four staff members opted to work at our facility at this time.
3. We are in direct contact with the Program Director at the local community college; we make referrals for the CNA class and also conduct clinicals for both the LVN and CNA program at our facility.

- 4. Daily rounds are conducted by DON or designee to monitor and modify staffing needs due to current census, projected census, and current acuity of our residents.
- 5. Utilization of all staff in assisting with resident needs and answering of call lights; licensed nurses are also performing CNA duties as needed.
- 6. Due to existing staffing levels facility has been unable to admit new patients, which has affected our respective stakeholders in the community, as well as forced some individuals to seek care outside of their community.
- 7. Our organization has ads on the radio, print media, online job listings (indeed, glass door, etc.), and sponsors local sporting teams (high school). We also have a CNA bonus program for both the applicant and the referring party.

Administrator

Signature of person requesting program flexibility

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: to

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

Title

Date