

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="Mountain View Convalescent Hospital"/>			<input type="text" value="July 7, 2020"/>	
License Number			Facility Phone	Facility Fax Number
<input type="text" value="920000050"/>			<input type="text" value="(818) 367-1033"/>	<input type="text" value="(818) 367-1394"/>
Facility Address			E-Mail Address	
<input type="text" value="13333 Fenton Avenue"/>			<input type="text" value="[REDACTED]"/>	
City	State	Zip Code	Contact Person's Name	
<input type="text" value="Sylmar"/>	<input type="text" value="CA"/>	<input type="text" value="91342"/>	<input type="text" value="[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).

Facility	License Number	Request Date
Mountain View Convalescent Hospital	920000050	07/07/2020

Justification for the Request

Other:

[Empty box for justification]

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

[Empty box for other alternatives]

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: A plan is in place to ensure that we have adequate nursing staffing during emergency

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.

Mountain View Convalescent Hospital has been caring for and treating residents with positive COVID-19 test results. We are also a designated COVID-19 facility by LA County Department of Public Health with the ability to accept, care and treat patients from the acute hospitals that are COVID-19 positive. Our employees are expected to report to their work site and provide services related to emergency response and recovery operations during an Emergent Infectious Disease pandemic. This facility's staff will be called in, and/or availability may be requested by a pre-designated staff person. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency as determined by the Administrator or designee. All staff in regular, temporary or contracted positions will contact their immediate supervisor or manager if they are unable to report to duty as scheduled due to an emergency or symptom development consistent with COVID-19.

It is the policy of our facility to maximize our staff availability and utilize these approved staffing registries Office Works, Clipboard Health and Street Consulting Group if we are unable to cover our staffing needs during an emergency. Through the emergency management protocols Mountain View Convalescent Hospital will communicate with the CDPH District Office and Los Angeles County Public Health to address surge needs during an emergency.


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:

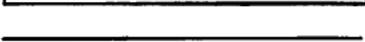
Permission Granted from: 7/8/2020 to 10/8/2020

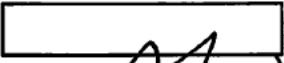
Permission Denied: Briefly describe why request was denied in comments / conditions below:

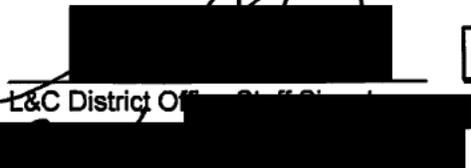
Comments / Conditions: *This program does not apply to subacute beds (24). The facility is to implement its Mitigation Plan & use Registry (Staffing Agencies), prior to flex the staffing regulations.*

CHCQ Printed Name: 

Facility must continue to meet 3.2 staffing requirements.

CHCQ Staff Signature: 

Date: 


L&C District Office

Program Manager 7/11/2020
Title Date