

Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 Ramona Nursing and Rehabilitation Center			Date of Request July 10, 2020	
License Number 950000037			Facility Phone (626) 442-5721	Facility Fax Number (626) 444-9884
Facility Address 11900 Ramona Blvd			E-mail Address [REDACTED]	
City El Monte	State CA	Zip Code 91732	Contact Person Name [REDACTED]	

Approval Request

Complete one form total per facility

Duration of Request

- Staffing
- Tent use (High patient volume)
- Space conversion (other than tent use)
- Other
- Bed use
- Over bedding

Start Date: July 10, 2020
 End Date: October 10, 2020

Program Flex Request

What regulation are you requesting program flexibility for? 3.5 and 2.4 DNHPPD staffing requirement

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 Name	License Number	Request Date
Ramona Nursing and Rehabilitation Center	950000037	July 10, 2020

Justification for the Request

Other:

Due to the ongoing COVID-19 pandemic and LA county being identified as a COVID "hotspot," most of our employees live in areas that have been heavily exposed to COVID. This has the potential for additional staff to test positive and placed on quarantine. We are requesting permission to be able to potentially use LVNs or RNs to fulfill some of the 2.4 CNA staffing requirement if necessary. Nursing assistants have also been used over the past few months and proven a valuable support to our clinical staff. We would love to be able to continue to utilize nurse assistants.

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 alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other: See attachment 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.

See attachment A.

The facility and the appropriate State, Local, and Territorial Health Authorities might determine that the aforementioned recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios,

1. The DON collaborates with the DSD and/or staffing coordinator in conducting a daily assignment of staffing status and needs during a COVID-19 outbreak/ pandemic.
2. HCP may be evaluated by IP and CDPH to determine appropriateness of earlier return to work than recommended above.
3. If HCP return to work earlier than recommended above, they should still adhere to the "Return to Work Practices and Work restrictions Recommendations.
4. Facility may have to utilize registry agencies to fill the need of HCP as needed.
5. Temporarily employ individuals who have completed alternative training paths, as long as they are competent to provide relevant nursing and nursing related services. ie Nurse aids who have completed the AHCA/NCAL Temporary Nurse aide skills competency program and Skills check



 Signature of person requesting program flexibility


 Printed name

Administrator

 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: 7/29/2020 to 10/29/2020

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

Comments / conditions: This program flex is approved effective 7/29/20 for 90 days from the approved date. For regulation Title 22 Section 72329.2 (all staffing ratios), it is approved with the condition of a minimum 3.2 DHPPD overall staffing.

CHCQ Printed Name: _____

CHCQ Staff Signature: _____

Date: _____



 L&C District Office Staff Signature

RN, BSN, RA

 Title

7/29/2020

 Date