

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 RiverPointe Post-Acute			Date of Request 8/10/20	
License Number 1265934632			Facility Phone 916-483-8103	Facility Fax Number
Facility Address 6041 Fair Oaks Blvd			E-Mail Address [REDACTED]	
City Carmichael	State Ca	Zip Code 95765	Contact Person's Name [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	8/10/20
End Date	11/10/20

Program Flex Request

What regulation are you requesting program flexibility for? Title 22-Section 72329.2

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 We have NOT laid off Staff within the previous 60 days.

Justification for the Request

- Other:

See Additional Information.

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.

CCR 22 72329; 72329.2; H&S Code 1599.1(a)

Our Facility is experiencing an outbreak of confirmed positive Covid-19 staff. Our neighboring facilities are also managing covid-19 in their buildings. Our overall community is seeing increased cases and staffing crisis because of this. We are doing all we can to hire, recruit and utilize registry companies, hiring managers, incentives,etc (details below).

We are experiencing an increase on absenteeism (call offs) up nearly 100% from normal trends.

Our DON, ADON's and other managers step in to ensure patient care isn't negatively impacted.

additional steps we are taking:

- 1) Implementing the facility's staff recall policy and reaching out to previous employees.
- 2) Asking nursing personnel to work extra hours and pick up extra shifts.
- 3) Working with the following Staffing agencies to supplement staffing:
Brightstar
- 4) Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel.
- 5) Sponsoring candidates to attend CNA certification courses to grow the pool of available CNA's in the coming months.

Contracted staffing companies we currently use: Brightstar [redacted], Sac Valley Nurses [redacted] 2. NPH [redacted]

We will continue to ensure patient needs and care are being met but are requesting an temporary staffing waiver.

Thank you for your support and consideration.

[redacted] Administrator

Signature of person requesting program flexibility Title

[redacted]

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: 8/10/20 to 11/08/20

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

Comments / Conditions:

Approval is limited to the regulation of 72329.2 and per all conditions noted on AFL 20.32.1.

CHCQ Printed Name: [redacted]

CHCQ Staff Signature: [redacted]

Date: 8/17/2020

[redacted signature]

MFCM II
Title

8/17/2020
Date