

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

License Number

Facility Phone

Facility Fax Number

Facility Address

E-Mail Address

City

State

Zip Code

Contact Person's Name

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).

- 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)

There has been no lay off of clinical staff within the previous 60 days.

Justification for the Request

- Other:

The current direct care work force available may not be sufficient to meet the 2.4 / 3.5 requirements at all times due to COVID pandemic.

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: We plan to utilize staffing agency(ies) in the event of a direct care work shortage.

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.

- Heightened community cases of COVID-19 are increasing facility direct care staff exposure, which may increase direct care staff absences. The closure of the schools / at-home learning and the restrictions for symptomatic or exposed staff to stay away from work may also create a critical shortage of qualified direct care staff.
- The facility is currently able to meet the 3.5/2.4 requirements with available staff .
- Overtime is worked in the event shift coverage is required. In the event shifts remain uncovered, the facility will reach out to staff from sister facilities in the area.
- The facility has a contract with Blue Shield which is an independent firm specializing in emergency staffing. Additionally, the company maintains an in-house emergency response team for emergency staffing purposes. While these are available for emergency situations,

due to the current pandemic their resources are limited as well.

- The facility has an on-staff recruiter, uses indeed for on-line job postings and also has relationships with several training programs for direct care staff (CNA and LVN) in an attempt address short term as well as long term staffing needs.
- The waiver is being requested as the facility may not be able to satisfy the 3.5/2.4 requirement even after exhausting overtime shift and staffing firm options.
- The facility will communicate emergency staffing concerns with CDPH, LHD, MHAOC and through it's daily and weekly reporting process.
- The DON, IP and other assigned licensed nurses will access residents q/shift for any changes on condition and implement the Change of Condition policy as needed.
- The Social Service Designee will communicate with residents frequently and will bring any grievances or concerns to the IDT to address.
- Non-direct care staff may be utilized to provide assistance in resident safety, resident hydration and activity needs in the event the direct care staffing ration falls below the 3.5/2.4 minimum NHPPD requirement on any day during which the wavier may be in effect.
- In the even deemed necessary due to sever staffing issues, the facility will implement its emergency action plan for resident relocation.

Interim Administrator

Signature of person requesting program flexibility

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: 9/10/20 to 12/9/20

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

HFES 36543

Title

9/4/20

Date