



Workforce Shortage Waiver (WSW) – Facility Applicant Guide

Create an Account

- You will need an account in order to login to the RSS Platform
- Select the Create Now feature on the "CDPH has invited you to create an account" email you
 received



Create your own unique password

	RISK & SAFETY	
	Change your password	
New Pasaword*		
Conflicts Netw Passarood *		
-		
	CHANGE PASSWORD	
	Need Hely? Contact our Service Desk.	

• Once you have created your unique password you will be automatically logged into RSS

If you already have an account login to the **RSS Platform**





Apply for Workforce Shortage Waiver (WSW) Application

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යි Home				
Action Items		Welcome to RSS Platform		
🗂 Workspace				
ళ్ళి Account Management	~ -			
段 RSS Tools	~ I	Action Items	1 - 5 of 61	Quick Links
III More Apps	•	Continue Program Flexibility Request FLEX-1163	10/02/2021	Apply for Program Flex or Waiver (PNW/WSW)

General

- From the RSS Platform home screen select "Apply for Program Flex or Waiver (PNW/WSW)"
- Select "Work Shortage Waiver (WSW) Request"
- Select the blue arrow at the bottom right of the page

Program Flex	
Patient Needs Waiver (PNW) Request Apply when the facility is seeking a waiver of the service hours.	2.4 CNA requirement to meet individual patient needs but will provide a minimum of 3.5 direct care
Program Flexibility (PF) Request Apply when the facility is seeking program flexibin description of the alternative concept, and docum flexibility that is intended to be emergency or rou	lity to regulations. The request must include justification for the program flexibility, adequate nentation supporting that patient care will not be compromised. The facility may request program tine. An approved program flexibility request is for a limited term with a start and an end date.
Workforce Shortage Waiver (WSW) Reque Apply when the facility is seeking a waiver of the shortage of available an appropriate health care	3.5 direct care service hours requirement and/or the 2.4 CNA hours requirement due to a workforce professionals and direct care givers.





• Select a Facility then select the **Start** button in the upper right of the screen

egin a Work	Shortage Wai	ver						
								Start
(a). A SNF must submit ev (1) A detailed description activities, how the facility the facility will take to reso deadlines for completing e Selected Facility Back to list	idence of efforts to address ti of the facility's recruitment pla has implemented the recruitm olve its workforce shortage, ho ach action. Please provide int	ne workforce shoi in to address the ient plan, and for ow the facility will formation on the s	rtage, which sl shortage, incli how long. The implement th facility's recru	hall include, but is n uding any recruitme plan must include : ose actions, and tin itment activities.	ot limited to: nt and retention specific actions ne frames and			
Name	District	License	Suite	Address	City	State	Zip Code	
1 & 1 Home Health, Inc.	Orange County District Office	550002347	Suite 102	1075 Yorba Pl	Placentia	CA	92870	×

General Tab

• Review the Facility information and select **Continue**

÷	My Workspace
•	WSW-2048
	Gale, Sue
	Continue
	(a). A SNF must submit evidence of efforts to address the workforce shortage, which shall include, but is not limited to:
	(1) A detailed description of the facility's recruitment plan to address the shortage, including any recruitment and retention activities, how the facility has implemented the recruitment plan, and for how long. The plan must include specific actions the facility will take to resolve its workforce shortage, how the facility will implement those actions, and time frames and deadlines for completing each action. Please provide information on the facility's recruitment activities.
	Facility: 1 & 1 Home Health, Inc.
	District: Orange County District Office
	License ID: 550002347
	Addrass: Suite 102 1075 Vorba Pl Placentia CA 92870





Complete the Workforce Shortage Waiver (WSW) Application

Recruitment Plan Tab

- Complete the following fields in the "Recruitment Plan" tab
 - o "Primary Recruitment Activity Type"
 - o "Begin Date"
 - "Is primary recruitment activity completed?"
 - If Yes, please enter Activity Actual Date
 - If No, please enter Anticipated Activity End Date
 - o "Party Responsible"
 - Enter the description of how the activity will be implemented

WSW-2329			Status: Draft
Gale, Sue			
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nclude specific actions the facility will take to reso	ve its workforce shortage, how the facility	will implement	
hose actions, and time frames and deadlines for co acility's recruitment activities.	ompleting each action. Please provide info	rmation on the	SUBMIT
,			
Primary Recruitment Activity Type*	Begin Date*		General
Dedicated recruiter	11/01/2021		Recruitment Plan
Dedicated recruiter X	11/01/2021		Recruitment Plan
Dedicated recruiter X Is primary recruitment activity completed?* Yes O No	11/01/2021		 Recruitment Plan Advertising Activit
Dedicated recruiter Is primary recruitment activity completed?* Yes No Activity Actual or Anticipated End Date*	11/01/2021		 Recruitment Plan Advertising Activit Retention Plan
Dedicated recruiter X Is primary recruitment activity completed?* Yes No Activity Actual or Anticipated End Date*	11/01/2021		Recruitment Plan Advertising Activ Retention Plan

• Select the Add Another Recruitment Activity button at the bottom of this page, if applicable







WSW-2317 Gale, Sue		2	Status: Draft
~		Save & Continue	
Per AFL 18-16			
(a) SNF must submit evidence or efforts to a	address the workforce shortage, which shall include, bu	t is not limited to:	SUBMIT
(1) A detailed description of the facility siled	and the short of a dore so the short age, including any re		
activities, how the facility has implemented facility will take to resolve its workforce sho for completing each action. Please provide i	the recruitment plan, and for how long. The plan must i rtage, how the facility will implement those actions, and information on the facility's recruitment activities.	I time frames and deadlines	al tment Plan
activities, how the facility has implemented facility will take to resolve its workforce sho for completing each action. Please provide i Primary Recruitment Activity Type*	the recruitment plan, and for how long. The plan must i rtage, how the facility will implement those actions, and information on the facility's recruitment activities. Begin Date*	I time frames and deadlines	al tment Plan tising Activit
activities, how the facility has implemented facility will take to resolve its workforce sho for completing each action. Please provide i Primary Recruitment Activity Type * Dedicated recruiter	the recruitment plan, and for how long. The plan must i rtage, how the facility will implement those actions, and information on the facility's recruitment activities. Begin Date* X V 11/01/2021	time frames and deadlines	al tment Plan tising Activit
activities, how the facility has implemented facility will take to resolve its workforce sho for completing each action. Please provide i Primary Recruitment Activity Type * Dedicated recruiter Is primary recruitment activity completed	the recruitment plan, and for how long. The plan must i rtage, how the facility will implement those actions, and information on the facility's recruitment activities. Begin Date* 11/01/2021 ?*	It ime frames and deadlines	al tment Plan tising Activit tion Plan
activities, how the facility has implemented facility will take to resolve its workforce sho for completing each action. Please provide i Primary Recruitment Activity Type * Dedicated recruiter Is primary recruitment activity completed Yes No	the recruitment plan, and for how long. The plan must i rtage, how the facility will implement those actions, and information on the facility's recruitment activities. Begin Date* 11/01/2021 ?*	It ime frames and deadlines	al tment Plan tising Activit tion Plan at Staffing au ting Results
activities, how the facility has implemented facility will take to resolve its workforce sho for completing each action. Please provide i Primary Recruitment Activity Type * Dedicated recruiter Is primary recruitment activity completed Yes No Activity End Date *	the recruitment plan, and for how long. The plan must i rtage, how the facility will implement those actions, and information on the facility's recruitment activities. Begin Date* X V 11/01/2021 ?*	It ime frames and deadlines	tment Plan tising Activit tion Plan at Staffing at ting Results





Advertising Activity Tab

- Complete the following fields in the "Advertising Activity" tab
 - "Type of Advertisement"
 - "Name of vendor or publication"
 - o "Advertisement Begin Date"
 - "Advertisement End Date"
 - o "Skilled Nursing Facility Position"
 - o "Starting Salary"
 - o And enter the description of how the activity will be implemented

Choose the Type of Advertisement				
Name of vendor or publication *				
Advertisement Begin Date *	Advertisement End Date *			
MM/DD/YYYY	MM/DD/YYYY			
Skilled Nursing Facility Position *	Starting Salary (per hour) advertised *			
Choose a SNF Position	✓ Eg: 20.90			
Please describe how you have or will implement thi	s activity within your recruitment and retention plan*			

• Upload a copy of the advertisement

 Upload File
Please attach a copy of this advertisement. *

• Select the Add Another Advertising Activity button at the bottom of this page, if applicable

Add Another Advertising Activity





- My Workspace	
USW-2317 Gale, Sue	Status: Draft
← Save & Continue	
Advertising Activity	SUBMIT
Per AFL 18-16	General
(2) Documentation of the facility's recruitment efforts indicating when, where, and how long the facility advertised each vacancy, including providing a copy of all advertisements;	Recruitment Plan
	Advertising Activity
Fivers	Retention Plan
Name of vendor or publication*	Current Staffing and Recruiting Results





Retention Plan Tab

- Complete the following fields in the "Retention Plan" tab
 - o "Primary Retention Activity Type"
 - o "Activity Begin Date"
 - o "Is activity completed?"
 - If Yes, please enter Activity Date
 - If No, please enter Anticipated Activity End Date
 - o "Party Responsible"
 - o And enter the description of how the activity will be implemented

Primary Retention Activity Type*	
Choose an Activity Type	~
Activity Begin Date*	
MM/DD/YYYY	
Is primary retention activity completed?*	
🔿 Yes 🔿 No	
Party Responsibile*	
Choose the party responsibile	
Please describe how you have or will impley	ment this activity within your recruitment and retention plan*





• Complete the "Benefits Offered" fields

Benefits Offered					
Please select the benefits offered by your facility.					
Check all that apply:*					
Medical Insurance					
Dental Insurance					
Vision Plan Benefits					
☐ 401K					
Flexibile Spending Plan					
Life Insurance and/or Accidental Death & Dismemberment					
Bonus Program					
Educational Assistance					
Employee Assistance Program					
Other					

• Upload recruitment and retention plan

 Upload File 	
Please attach recruitment and retention pla	in.*
	'

• Select the Add Another Retention Activity button at the bottom of this page, if applicable







My Workspace WSW-2317	Status: Draft
← Save & Continue	
Retention Plan	SUBMIT
Per AFL 18-16	General
(a). A SNF must submit evidence of efforts to address the workforce shortage, which shall include, but is not limited to: (1) A detailed description of the facility's recruitment plan to address the shortage, including any recruitment and retention activities. how the facility has implemented the recruitment plan, and for how long. The plan must include specific actions the	Recruitment Plan
facility will take to resolve its workforce shortage, how the facility will implement those actions, and time frames and deadlines for completing each action. Please provide information on the facility's recruitment activities.	Advertising Activity
Primary Retention Activity*	Retention Plan
Primary Retention Activity Type* Salary Increases × ✓	Current Staffing and Recruiting Results

Current Staffing and Recruiting Results Tab

• Complete the "Current Staffing" fields.

Current Staffing		
Please enter the number of currently equivalent) to meet the 3.2/2.4 staffin	employed staff (Full-timeequivalent) an ng standard in the table below:	d number of staff needed (Full-time
	 Current number Employed 	Additional Staff Needed
Registered Nurse *	2	2
This is a required question.	_	
	 Current number Employed 	 Additional Staff Needed
Licensed Vocational Nurse*	1	3
This is a required question.		
	Current number Employed ————————————————————————————————————	 Additional Staff Needed
Certified Nurse Assistant*	1	4
This is a required question.	•	T





- Complete the "Recruiting Results" fields for data from the past three years, for each position type listed. For each calendar year you will need to enter:
 - o "Applied"
 - o "Interviewed"
 - o "Hired"
 - o "Separations"
 - o "Turnover Rate (%)"
 - o "Starting Hourly Wage"

2020	
Registered Nurse	
Applied	
Interviewed	
Hired	
Separations	
Turnover Rate(%)	
Starting Hourly Wage	

Recruiting Results Summary Tab

- Complete the "Registry Service" field
 - o If No, elaborate on the decision to not use registry services or indicate N/A
 - o If Yes, please describe the number of positions, shifts, or hours requiring coverage

Registry Service	
Do you use registry services to fill vacant positions shifts or hours?*	
🔿 Yes 🔿 No	





\leftarrow	Save & Continue
Total Separation	2 Total Separation
Registry Service Do you use registry services to fill vacant positions s Yes No	hifts or hours?*

Resident Care Tab

• Complete the "Direct Service Hours Information" fields for each of the months listed

Month One	Average Census *
November 2021	\$
Type of Staff*	Average Actual Daily Hours*
Registered Nurse*	Average Actual Daily Hours
Licensed Vocational Nurse*	Average Actual Daily Hours
Certified Nurse Assistant *	Average Actual Daily Hours

\leftarrow		& Continue
Resident Care		
Per AFL 18-16:		
A SNF must provide a detailed plan for resident care that spe and ensure quality care despite the workforce shortage. The	cifis how the facility will continue to meet reside plan for resident care shall include, but is not lim	nts' needs ited to:





DHPPD Summary Tab

• Review and select Save & Continue

\leftarrow	Save & Continue
DHPPD Summary	

Staffing Needs Tab

• Complete staffing needs fields

Please enter staffing	(Full-time equivalent) needed to me	et residents' care needs	
Census	Registered Nurse	Licensed Vocational Nurse	Certified Nurse Assistant

• Select the Add Another Census button, if applicable







- Complete the following fields:
 - o "Explain the method the facility uses to assess residents' needs"
 - "Explain the method the facility uses to determine adequate staffing to meet residents' needs"

he facility uses to dete	rmine adequate staff	ing to meet residents	reeds.*	
	ne facility uses to dete	ne facility uses to determine adequate staff	ne facility uses to determine adequate staffing to meet residents	ne facility uses to determine adequate staffing to meet residents' needs. *

• Upload "Additional Information" documentation

dditional Information *
 Upload File
Please attach any additional documentation to supplement the method the facility uses to assess residents' needs and determine adequate staffing to meet those needs. *

÷			Save & Continue
Staffing Needs			
Please enter staffing	(Full-time equivalent) needed to n	neet residents' care needs	
Please enter staffing Census	(Full-time equivalent) needed to n Registered Nurse	neet residents' care needs Licensed Vocational Nurse	Certified Nurse Assistant





Terms of Acceptance Tab

• Review the contents on the "Terms of Acceptance" tab select the checkbox acknowledgment



• Select Save & Continue

<i></i>	Save & Continue
Terms of Acceptance	

Review Tab

- On the "Review" tab, please review and verify all information entered
- Select Submit







Application Statuses

Application	Definition
Draft	Workforce Shortage Waiver (WSW) is being created and applicant has not submitted WSW to California Department of Public Health (CDPH).
Revision	Workforce Shortage Waiver (WSW) was submitted but was sent back to the Applicant by California Department of Public Health - Centralized Program Flex Unit (CPFU) for additional information. Facility can resubmit the application with complete information.
Evaluator Review	CPFU Evaluators review the WSW application, and make a recommendation on the decision of an application.
Manager Review	CDPH leadership may either approve or deny WSW application from facility.
Approved	Workforce Shortage Waiver (WSW) that has been approved by CPFU for a certain date range. Can still be revoked if the facility does not meet the terms of the waiver.
Denied	Workforce Shortage Waiver (WSW) that has been denied by CPFU.
Revoked	Workforce Shortage Waiver (WSW) that has been approved by CPFU for a certain date range may be revoked due to violation of the terms of the waiver.
Expired	Workforce Shortage Waiver (WSW) that has been approved by CPFU for a certain date range but is no longer valid due to date range WSW was approved.





Printing a Section of the Application

- Select the section of the application you wish to print from the list of application sections displayed on the right side of the screen.
- In the top right corner of the application, select the three dots and select **Print Section**

← My Workspace	Status: Draft
← Search FLEX-1161 Draft	Print Section

Cloning Your Application

- Cloning can be used to submit the same Program Flex application for another facility within your corporation
- In the top right corner of the application, select the three dots and select Clone



Deleting Your Application

• In the top right corner of the application, select the three dots and select Delete







Downloading the Application Decision Letter

- In the top right corner of the application, select the three dots and select **Download Letter**
- If the Workforce Shortage Waiver request is approved, the approval letter or a true copy thereof shall be posted immediately adjacent to the facility's license
- If the Workforce Shortage Waiver request is denied, reasons for the denial are stated in the denial letter



Email Notifications

Subject Line	Recipients	Triggers
Your Workforce Shortage Waiver Application has been submitted	Facility Contacts, CDPH, CPFU	Upon WSW submission
Your Workforce Shortage Waiver Application requires additional information	Facility Contacts, CDPH, CPFU	Sent back to applicant after initial WSW review
Approval of Workforce Shortage Waiver	Facility Contacts, CDPH, CPFU	Upon WSW approval
Denial of Workforce Shortage Waiver	Facility Contacts, CDPH, CPFU	Upon WSW denial
Your Workforce Shortage Waiver Application has been withdrawn	Facility Contacts, CDPH, CPFU	Upon withdrawal of WSW application by Facility Contacts





RSS Platform Homepage

The RSS Platform Homepage provides access to program flexibility applications in all statuses.

- Use the "Action Items" section
 - \circ $\,$ To view and access applications that require more information

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Action Items	Welcome to RSS Platform			
🖞 Workspace				
III More Apps 🗸 🗸	Action Items 1-5 of 26	Quick Links		
	Continue Work Shortage Waiver 10/26/2021 WSW-2063	Apply for Program Flex or Waiver (PNW/WSW)		
	Continue Patient Needs Waiver (PNW) 10/25/2021 PNW-2040			
	Additional information Needed for your Program Flex 10/22/2021 FLEX-1900			
	Continue Program Flexibility Request 10/21/2021 FLEX:2015			

• Use the "Workspace" section to view the current status of any application

ORISK & SAFETY ≕					Sue Gale SG
命 Home	F1 Continue Pro FLEX-2015	gram Flexibility Request		10/21/2021	
Action Items	Continue Wo	Continue Work Shortage Waiver		10/15/2021	
🛱 Workspace	13111353			View More	
III More Apps 🗸 🗸					
	Workspace			1 - 5 of 84	
	Document	Туре	Status	Created \downarrow	
	FLEX-2087	Program Flex	Evaluator Review	10/28/2021	
	WSW-2063	Program Flex	Draft	10/26/2021	
	PNW-2046	Program Flex	Evaluator Review	10/26/2021	
	PNW-2040	Program Flex	Draft	10/25/2021	
	FLEX-2015	Program Flex	Draft	10/21/2021	
				View More	