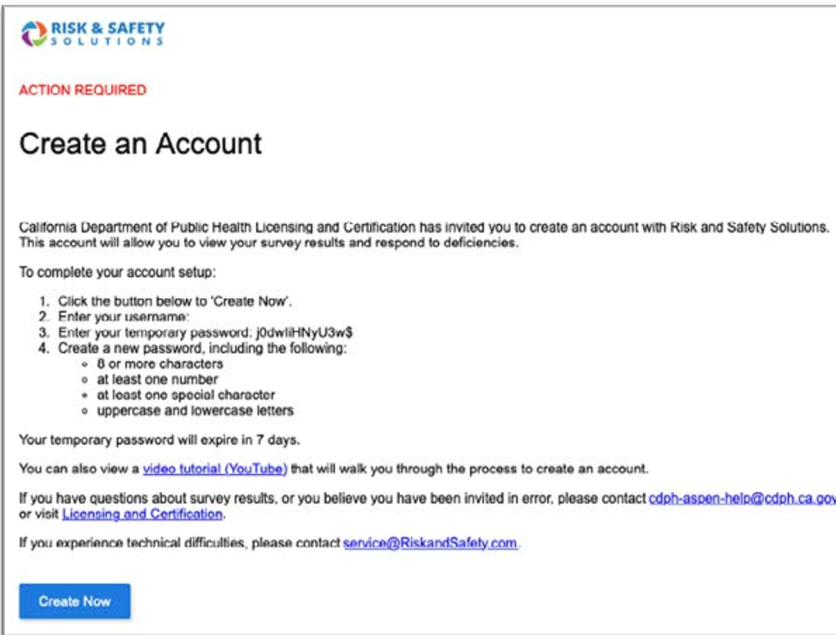


Patient Needs Waiver (PNW)– Facility Applicant Guide

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



RISK & SAFETY SOLUTIONS

ACTION REQUIRED

Create an Account

California Department of Public Health Licensing and Certification has invited you to create an account with Risk and Safety Solutions. This account will allow you to view your survey results and respond to deficiencies.

To complete your account setup:

1. Click the button below to 'Create Now'.
2. Enter your username:
3. Enter your temporary password: j0dwllHnyU3w\$
4. Create a new password, including the following:
 - 8 or more characters
 - at least one number
 - at least one special character
 - uppercase and lowercase letters

Your temporary password will expire in 7 days.

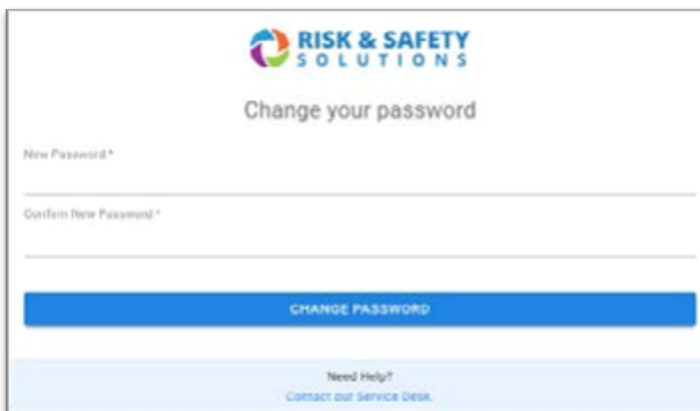
You can also view a [video tutorial \(YouTube\)](#) that will walk you through the process to create an account.

If you have questions about survey results, or you believe you have been invited in error, please contact cdph-aspn-help@cdph.ca.gov or visit [Licensing and Certification](#).

If you experience technical difficulties, please contact service@RiskandSafety.com.

Create Now

- Create your own unique password



RISK & SAFETY SOLUTIONS

Change your password

New Password*

Confirm New Password*

CHANGE PASSWORD

Need Help?
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** <https://hc.riskandsafety.com/>

Apply for Patient Needs Waiver (PNW) Application

General Tab

- From the RSS Platform home screen select “Apply for Program Flex or Waiver (PNW/WSW)”
- Select “Patient Needs Waiver (PNW)”
- Select the blue arrow at the bottom right of the page

Program Flex

Select from one of the following:

Patient Needs Waiver (PNW) ←

A subacute care unit is an identifiable unit of a SNF accommodating beds including contiguous rooms, a wing, a floor, or a building that is approved by DHCS for such purpose. (Cal. Code Regs., tit. 22 section 51215.5, subd. (a).) Subacute patients are medically fragile and require special services, such as inhalation therapy, tracheostomy care, intravenous feeding, tube feeding, and complex wound management care. Subacute care units contracted with DHCS to provide services to Medi-Cal subacute patients must meet the DHCS standard. Subacute care units in a freestanding SNF must provide a minimum daily average of 3.8 licensed nursing hours per patient day and 2.0 CNA hours per patient day. (Cal. Code Regs., tit 22, 51215.5, subd. (e).)

For Purposes of this application, “Long-term care (SNF) only” refers to the portions of a SNF that are not approved by DHCS to provide subacute level care.

Program Flexibility Request

The Department has the authority to grant program flexibility to regulations. The request must include justification for the program flexibility and adequate supporting documentation that patient care will not be compromised.

A facility may request program flexibility that is intended to be emergency or routine. An approved program flexibility request will have a start and an end date. An emergency program flexibility addresses health care emergencies or unforeseen events, such as infectious disease outbreak, a disaster, or mass casualty incident (generally related to a natural or human-caused disaster) that may lead to a rapid influx or surge in patients.

→

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

Begin a Program Flexibility Request

Start

The Department has the authority to grant program flexibility to regulations. The request must include justification for the program flexibility and adequate supporting documentation that patient care will not be compromised.

A facility may request program flexibility that is intended to be emergency or routine. An approved program flexibility request will have a start and an end date.

An emergency program flexibility addresses health care emergencies or unforeseen events, such as infectious disease outbreak, a disaster, or mass casualty incident (generally related to a natural or human-caused disaster) that may lead to a rapid influx or surge in patients.

Select a Facility

Name	District	License	Suite	Address	City	State	Zip Code
30TH STREET COMMUNITY CLINIC	San Francisco	220000349	—	225 30th St	San Francisco	CA	94131

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

← My Workspace PNW-2040

PNW-2040
Gale, Sue

Continue

A subacute care unit is an identifiable unit of a SNF accommodating beds including contiguous rooms, a wing, a floor, or a building that is approved by DHCS for such purpose. (Cal. Code Regs., tit. 22 section 51215.5, subd. (a).) Subacute patients are medically fragile and require special services, such as inhalation therapy, tracheostomy care, intravenous feeding, tube feeding, and complex wound management care. Subacute care units contracted with DHCS to provide services to Medi-Cal subacute patients must meet the DHCS standard. Subacute care units in a freestanding SNF must provide a minimum daily average of 3.8 licensed nursing hours per patient day and 2.0 CNA hours per patient day. (Cal. Code Regs., tit 22, 51215.5, subd. (e).)

For Purposes of this application, "Long-term care (SNF) only" refers to the portions of a SNF that are not approved by DHCS to provide subacute level care.

Facility: [1 & 1 Home Health, Inc.](#)

District: Orange County District Office

Complete the Patient Needs Waiver (PNW) Application

Patient Needs Waiver Application Tab

- Enter response for question pertaining to facilities with subacute units

Patient Needs Waiver Application

Does your facility, or any portion of your facility provide services for residents in a subacute unit approved by the Department of Health Care Services (DHCS)? *


Yes No

For which care areas of your facility are you applying for a waiver for the 2.4 certified nurse assistant hours per patient day requirement? *

Subacute only Long Term Care (SNF) only Both Sub Acute and Acute


For **Subacute only** units:

- Upload a copy of the current and valid contract with the Department of Healthcare Services to provide subacute care

 Upload File


Please attach a copy of the current and valid contract with the Department of Healthcare Services (DHCS) to provide subacute care. *

- Upload a copy of the most recent audit findings

 Upload File

Please attach a copy of the most recent audit findings from DHCS related to determining compliance with the subacute staffing requirements set forth in title 22, California Code of Regulations, division 5, section 51215.5. *

- Upload any other attachments that would supplement the Waiver application

 Upload File

Please attach any additional documents that would supplement the Waiver application.
Please describe the attachment and its relevance to your waiver application.

For **Long Term Care (SNF) only**, complete the qualifying questions for non-subacute facilities

- Enter average daily census

Qualifying Questions for Non-Subacute Facilities

Please enter the average daily census, excluding any patient residing in the Department of Health Care Service approved subacute unit. *


Eg. 1-2000

- Enter the number by level of direct caregiver staffing

Please enter the number by level of direct caregiver staffing (Full-time Equivalent only) that the facility will provide if granted a waiver. *


Registered Nurse	<input type="text" value="Number of Staff *"/>	<input type="text" value="Average Daily Direct Care Hours *"/>
Licensed Vocational Nurse	<input type="text" value="Number of Staff *"/> <small>Please fill out this field.</small>	<input type="text" value="Average Daily Direct Care Hours *"/>
Certified Nurse Assistant	<input type="text" value="Number of Staff *"/>	<input type="text" value="Average Daily Direct Care Hours *"/>

- Upload a copy of the facility’s Minimum Data Set Facility Level Quality Measure Report

 Upload File


Please attach a copy of the facility’s Minimum Data Set Facility Level Quality Measure Report dated no earlier than 30 days prior to submission of this waiver application. *

- Upload a copy of the facility's Minimum Data Set Facility Characteristics

 Upload File


Please attach a copy of the facility's Minimum Data Set Facility Characteristics dated no earlier than 30 days prior to submission of this waiver application. *

- Upload an analysis of resident needs at the facility

 Upload File

Please attach an analysis of the resident needs at the facility, including a description of the assessment tools used, how the assessment tools are applied, and the outcomes used to determine resident needs. *

- Upload any additional supplemental documents

 Upload File

Please attach any additional documents that would supplement the Waiver application. Please describe the attachment and its relevance to your waiver application. *

For **Both Subacute and Long-Term Care**, upload a copy of the current and valid contract with the Department of Healthcare Services to provide subacute care and a copy of the most recent audit findings as well as any other attachments that would supplement the Waiver application

- Enter average daily census

Qualifying Questions for Non-Subacute Facilities

Please enter the average daily census, excluding any patient residing in the Department of Health Care Service approved subacute unit. *


Eg. 1-2000

- Enter the number by level of direct caregiver staffing

Please enter the number by level of direct caregiver staffing (Full-time Equivalent only) that the facility will provide if granted a waiver.*


Registered Nurse	Number of Staff *	Average Daily Direct Care Hours *
Licensed Vocational Nurse	Number of Staff * <small>Please fill out this field.</small>	Average Daily Direct Care Hours *
Certified Nurse Assistant	Number of Staff *	Average Daily Direct Care Hours *

- Upload a copy of the current and valid contract with the Department of Healthcare Services to provide subacute care

 Upload File


Please attach a copy of the current and valid contract with the Department of Healthcare Services (DHCS) to provide subacute care.*

- Upload a copy of the most recent audit findings

 Upload File


Please attach a copy of the most recent audit findings from DHCS related to determining compliance with the subacute staffing requirements set forth in title 22, California Code of Regulations, division 5, section 51215.5.*

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- Upload any additional supplemental documents

 Upload File

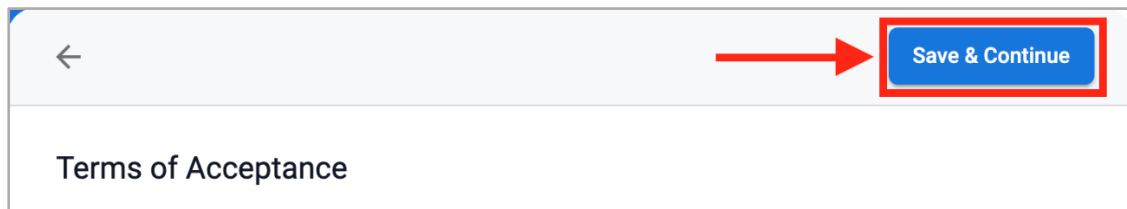
Please attach any additional documents that would supplement the Waiver application. Please describe the attachment and its relevance to your waiver application.*

Terms of Acceptance Tab

- Review the contents on the “Terms of Acceptance” tab select the checkbox acknowledgment

I acknowledge and agree to the above Terms of Acceptance

- Select **Save & Continue**

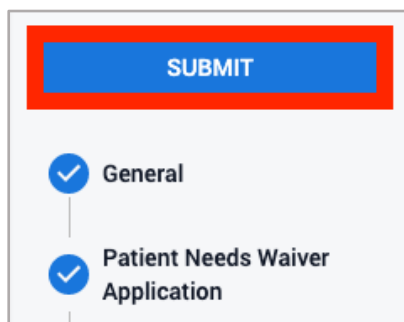


← Save & Continue

Terms of Acceptance

Review Tab

- On the “Review” tab, please review and verify all information entered
- Select **Submit**

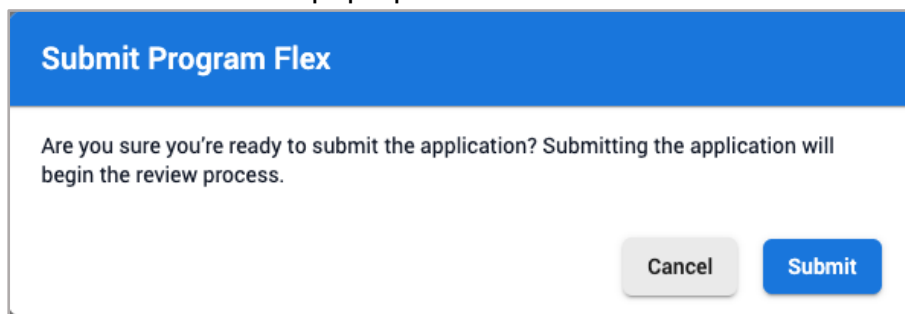


SUBMIT

✓ General

✓ Patient Needs Waiver Application

- Select Submit on the pop-up to confirm the submission of waiver application



Submit Program Flex

Are you sure you're ready to submit the application? Submitting the application will begin the review process.

Cancel Submit

Application Statuses

Application Status	Definition
Draft	Patient Needs Waiver (PNW) is being created and applicant has not submitted PNW to California Department of Public Health (CDPH).
Revision	Patient Needs Waiver (PNW) 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 PNW application, and make a recommendation on the decision of an application.
Manager Review	CDPH leadership may either approve or deny PNW application from facility.
Approved	Patient Needs Waiver (PNW) that has been approved by CPFU for a certain date range. Can still be revoked if the does not meet the terms of the waiver.
Denied	Patient Needs Waiver (PNW) that has been denied by CPFU.
Revoked	Patient Needs Waiver (PNW) that has been approved by CPFU for a certain date range may be revoked due to violation of the terms of the waiver.
Expired	Patient Needs Waiver (PNW) that has been approved by CPFU for a certain date range but is no longer valid due to date range PNW 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**



Cloning Your Application

- Cloning can be used to submit the same Patient Needs Waiver 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**



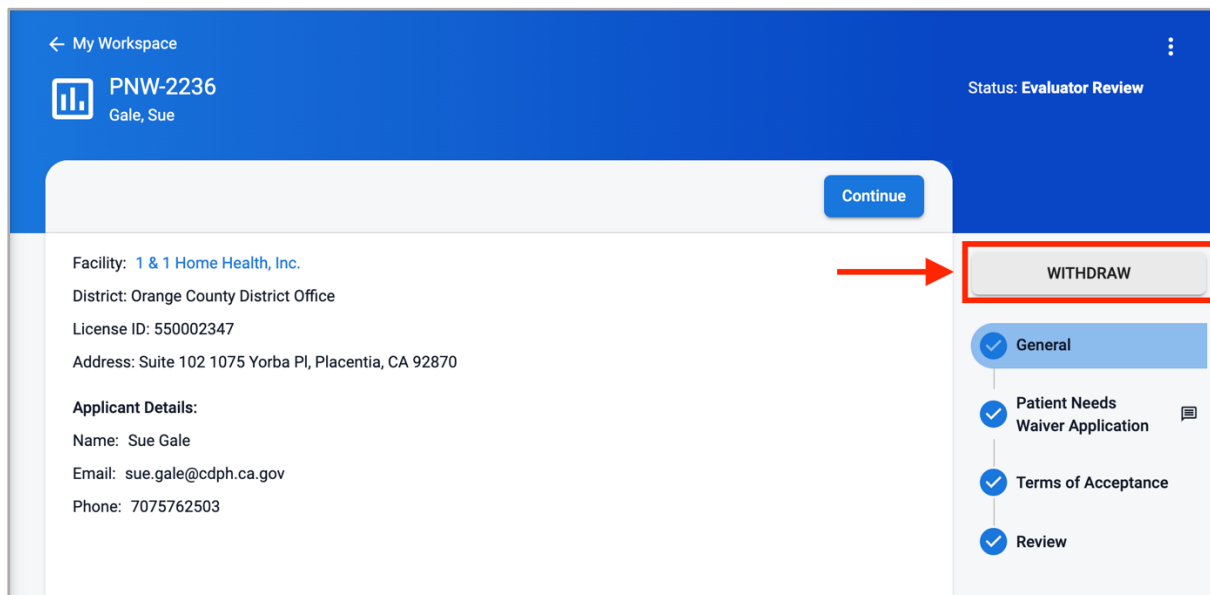
Downloading the Application Decision Letter

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



Withdrawing a Patient Needs Waiver Application

- Patient Needs Waiver applications can be withdrawn after they have been submitted
- Select the **Withdraw** button at the top right of the document



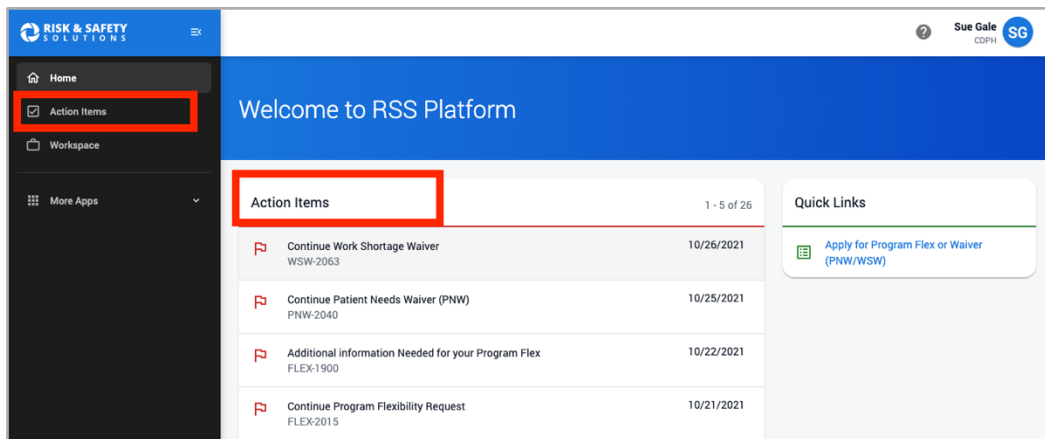
Email Notifications

Subject Line	Recipients	Triggers
Your Patient Needs Waiver Application has been submitted	Facility Contacts, CDPH, CPFU	Upon submission
Your Patient Needs Waiver Application requires additional information	Facility Contacts, CDPH, CPFU	Sent back to applicant after initial review
Approval of Patient Needs Waiver Application	Facility Contacts, CDPH, CPFU	Upon PNW approval
Denial of Patient Needs Waiver Application	Facility Contacts, CDPH, CPFU	Upon PNW denial
Your Patient Needs Waiver Application has been withdrawn	Facility Contacts, CDPH, CPFU	Upon withdrawal of 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
 - To view and access applications that require more information



- Use the “Workspace” section to view the current status of any application

The screenshot displays the Risk & Safety Solutions application interface. On the left is a dark sidebar with navigation options: Home, Action Items, Workspace (highlighted with a red box), and More Apps. The main content area shows a list of applications at the top, including 'Continue Program Flexibility Request FLEX-2015' and 'Continue Work Shortage Waiver WSW-1993'. Below this is a 'Workspace' section (also highlighted with a red box) containing a table of document statuses. The table has columns for Document, Type, Status, and Created. The status column includes labels like 'Evaluator Review' and 'Draft'.

Document	Type	Status	Created ↓
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