**Requests for Program Flexibility:**

Facilities seeking program flexibility to address health care emergencies or unforeseen events, such as an **infectious disease outbreak, a disaster, or mass casualty incident** (generally related to a natural or human-caused disaster) should refer to [AFL 18-09](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-18-09.aspx).   
(This is an older doc, but CDPH has indicated it is the guidance to use for COVID-19).

All other program flexibility refer to AFL 18-19    
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-18-19.aspx>.

**When requesting a program flexibility, health facilities must submit the “Program Flexibility” form to the district office (DO) that oversees the facility. Here’s the link.**

[**https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph5000a.pdf**](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph5000a.pdf)

**Send the form to** [**CHCQDutyOfficer@cpdh.ca.gov**](mailto:CHCQDutyOfficer@cpdh.ca.gov)

If the program flexibility request involves; health care emergencies or unforeseen events, such as an infectious disease outbreak, a disaster, or mass casualty incident - **you will need to indicate the event name at the top of the form to expedite the processing of the request.**

The CDPH Licensing and Certification (L&C) Program has the authority to grant program flexibility from regulatory requirements if the facility requesting the program flexibility demonstrates its ability to meet statutory requirements.

Requests for program flexibility must include justification for the program flexibility request and adequate supporting documentation that the proposed alternative does not compromise patient care.

The form must contain:

* Each regulation for which the facility requests flexibility.
* An explanation of the alternative concepts, methods, procedures, techniques, equipment, personnel qualifications, bulk purchasing of pharmaceuticals, or pilot projects the facility proposes to use.
* Supporting evidence demonstrating how the facility’s alternative concepts, methods, procedures, techniques, equipment, personnel qualifications, bulk purchasing of pharmaceuticals, or pilot projects meet the intent of the regulation.
* A licensee, administrator, or authorized facility representative signature on all forms and/or requests.

Please direct specific questions to CAHF Director of Regulatory Affairs [Patti Owens](mailto:powens@cahf.org), 916-432-5201.

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