

Welcome LTCFA Policy Workgroup Members



This meeting will be open to the public and will begin at 12:30 PM PT.

Before the meeting starts:

- Please ensure that your video and audio are functioning correctly by introducing yourself to the group and asking the CDA Communications Team to confirm that they can hear you.
- If you are having technical issues, please send a chat to the "Panelists and Hosts" letting the CDA team know about your issue, and someone will assist you.



Long-Term Care Facility Access Policy Workgroup

Meeting 2
May 30, 2023

LTCFA Policy Workgroup: Purpose

Commissioned by the California Legislature, the **Long-Term Care Facility Access (LTCFA) Policy Workgroup** will develop recommendations for policies and practices regarding access and visitation to long-term care facilities (LTCFs) during states of emergency, with consideration for the impact that restricted access has on the mental health of residents, families, and friends and on the physical health and safety of residents.

LTCFA Policy Workgroup: Public Participation



CDA is committed to ensuring an open, transparent, and accessible process. All workgroup meetings will be held publicly and are subject to the Bagley-Keene Open Meeting Act.

All meetings and deliberations of this workgroup will be made available to the public, and members of the public will have an opportunity to provide comments at every meeting.

Meeting information, agendas, and materials from past meetings will be available on the following webpage:

aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup

Planned Meetings Dates

Workgroup Meeting 2 (Today)

May 30 | 12:30 PM - 3:00 PM

Workgroup Meeting 3

July 12 | 12:30 PM - 3:00 PM

Workgroup Meeting 4

August 22 | 12:30 PM - 3:00 PM

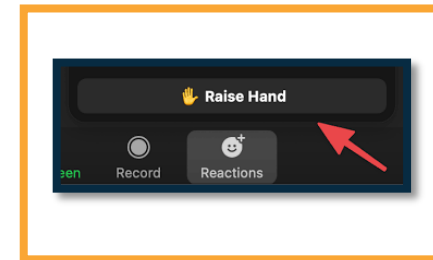
How to Participate In Today's Session

WORKGROUP MEMBERS



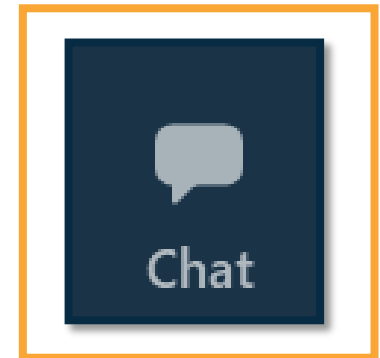
Verbal Comments

- Workgroup members may “**raise their hand**” in the **Reactions** feature of Zoom to enter the line for a verbal comment or question.
- At multiple points throughout the meeting, CDA will take comments or questions from the workgroup members in the line, and members can unmute themselves.



Written Comments

- Workgroup members may submit comments and questions throughout the meeting using the **Zoom Chat**.
- Workgroup members should send their comments to “Everyone.”
- All comments will be recorded and reviewed by CDA staff.



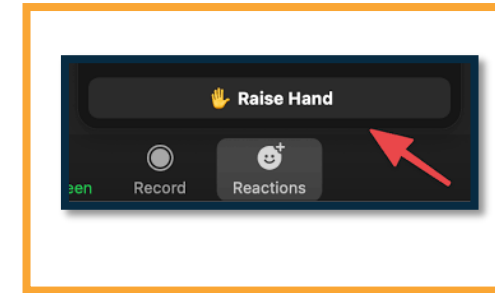
How to Participate In Today's Session

MEMBERS OF THE PUBLIC



Verbal Comments

- CDA will take public comments at designated times during the meeting, as indicated in the meeting agenda.
- Workgroup members may "**raise their hand**" in the **Reactions** feature of Zoom or press *9 on their phone dial pad to enter the line for a verbal comment or question.



Written Comments

- Members of the public may submit comments and questions throughout the meeting using the **Zoom Q&A**.
- All comments will be recorded and reviewed by CDA staff.



Agenda

- 12:30 PM** Welcome, Roll Call, and Background
- 12:35 PM** Summary of Meeting 1: Learnings from Research and Lived Experiences
- 12:45 PM** Actionable Principles for LTCF Visitation
- 2:40 PM** Public Comment
- 2:55 PM** Closing and Next Steps

Introductions



Mark Beckley
Chief Deputy Director



Brandie Devall
Attorney III



Juliette Mullin
Manatt Health

Workgroup Members (1/2)

6Beds	George Kutherian
Alzheimer's Association	Eric Dowdy
The Alzheimer's Disease and Related Disorders Advisory Committee	Darrick Lam
California Advocates for Nursing Home Reform (CANHR)	Tony Chicotel
California Assisted Living Association (CALA)	Heather Harrison
California Association of Health Facilities (CAHF)	DeAnn Walters
California Association of Long-Term Care Medicine (CALTCM)	K.J. Page
California Caregiver Resource Center	Jack Light
California Commission on Aging (CCoA)	Ellen Schmeding
California Conference of Local Health Officers (CCLHO),	Anissa Davis
California Department of Aging (CDA)	Mark Beckley; Brandie Devall
California Department of Health Care Services (DHCS)	Susan Philip
California Department of Public Health (CDPH)	Cassie Dunham
California Department of Rehabilitation (DOR)	Ana Acton
California Department of Social Services (CDSS)	Claire Ramsey

A **roster** listing workgroup members names, organizations, and bios submitted by members is available at aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup

Workgroup Members (2/2)

California Department of Veterans Affairs (CalVet)	Thomas Martin
California Foundation for Independent Living Centers (CFILC)	Dan Okenfuss
County Behavioral Health Directors Association of California (CBHDA)	Michelle Cabrera
County Health Executives Association of California (CHEAC)	Jayleen Richards
Disability Rights California (DRC)	Higgins
Foundation Aiding the Elderly (FATE)	Carole Herman
Justice in Aging (JIA)	Eric Carlson
Kern Medical	Norka Quillatupa
LeadingAge California	Amber King
LTCF Resident	Nancy Stevens
LTCF Residents' Friends, Chosen Family, or Loved Ones	Maitely Weismann
LTCF Residents' Friends, Chosen Family, or Loved Ones	Melody A. Taylor
LTCF Residents' Friends, Chosen Family, or Loved Ones	Mercedes Vega
Office of the State Long-Term Care Ombudsman (OSLTCO)	Blanca Castro
Service Employees International Union (SEIU)	Tiffany Whiten
State Council on Developmental Disabilities (SCDD)	Ken DaRosa

This Workgroup's Task

Bringing together diverse perspectives from across the state and building on learnings from the COVID-19 Public Health Emergency, the LTCFA Workgroup will develop recommendations for **access and visitation policies** for **future states of emergency**.

“The California Department of Aging shall submit the recommendations of the workgroup to **the fiscal and appropriate policy committees of the Legislature.**”

[Bill Text - AB-178 Budget Act of 2022. \(ca.gov\)](#)

Scope Overview

In developing recommendations, LTCFA Policy Workgroup members will evaluate the impact of restricted access on the mental health of residents, families, and friends and on the physical health and safety of residents, and consider a range of the following:

Visitors

Example include:

- Friends
- Family
- Chosen Family
- Health Care Workers Not Employed by an LTCF
- Social Services or Other Services Providers
- Ombudsmen, Patient Advocates, Surveyors, Regulators, Auditors, and Similar

Long-Term Care Facilities

- Skilled Nursing Facilities (SNFs)
- Intermediate Care Facilities (ICFs)
- Adult Residential Facilities (ARFs) and Other Adult Assisted Living Facilities Regulated by CDSS
- Residential Care Facilities for the Elderly (RCFEs) and Other Senior Assisted Living Facilities Regulated by CDSS

Emergencies

- Pandemics
- Natural Disasters
- Bioterrorism Emergencies
- Chemical Emergencies
- Radiation Emergencies
- Other Agents, Diseases, and Threats
- Power Surge Failures/Blackouts
- Facility Infrastructure Breakdowns

Plan for Workgroup Meetings

Learnings from the COVID-19 PHE, Research

Meeting 1 focused on key **learnings** from research, the lived experience of workgroup members and the public, and existing state policies on LTCF access and visitation policies during the COVID-19 pandemic.



LTCF Visitation and Access Principles for Future Emergencies

Meeting 2 will identify a set of **actionable principles** for future emergencies that build on research, the lived experience, and workgroup member expertise.



Policy & Practice Recommendations

For each of the actionable principles, Meetings 3 and 4 will identify **policy and practice recommendations** for future emergencies.

Today's Discussion

Meeting Objective

Identify actionable principles for LTCF visitation in future states of emergency

1. Recap learnings from Meeting #1
2. Identify actionable principles related to the following:
 - a) How to achieve balance of:
 - i. Visitation rights
 - ii. Public health protections
 - b) How to ensure visitation rights and public health protections are implemented equitably
 - c) How to address regional variation to ensure equitable implementation of visitation rights and public health protections



Summary of Meeting 1: Learnings from Research and Lived Experiences

Summary of Topics Covered in Meeting 1

On March 13th, the LTCFA Policy Workgroup discussed the following:



Research on LTCF
visitation and access
policies



The lived
experience of LTCF
visitation



Preliminary overview of
LTCF visitation policies
in the U.S.

Research on LTCF visitation and access policies, and summary of LTCF visitation policies in the U.S. identified by Manatt Health on behalf of CDA and by members of the LTCFA Policy Workgroup are listed on website: https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

Summary of Discussion from Meeting 1

The following four key themes emerged in the discussion about research, lived experiences, and state policies:

1. Family, friends, chosen family, and other individuals (including those not employed by LTCF) provide care and support for residents that is essential for their health and wellbeing.
2. It is difficult for residents and loved ones to understand visitation guidance and rights given all the different agencies and departments involved in establishing visitation policy.
3. Implementation and enforcement of visitation guidance was inconsistent, fostering disparities in access to visitation.
4. Challenges with facility infrastructure, staff shortages, and limited staff training exacerbated a pre-existing digital divide for LTCF residents

Learning 1 from Workgroup Meeting #1

Family, friends, chosen family, and other individuals (including those not employed by LTCF) provide care and support for residents that is essential for their health and wellbeing.

- **Social contact** is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.
 - Research highlights the important of social contact in LTCFs, and the effects of social isolation and loneliness.
 - Several workgroup members shared how their loved ones experienced serious declines in physical and mental health during periods of restricted visitation.
- Research shows that family and friends provide **frontline care** when they visit residents of LTCFs.
 - Health Affairs study showed that "informal caregivers" provide 65 hours per month of informal care to RCFE residents and 36 hours per month to SNF residents.
- Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and **advocating for care**.
 - Testimonials from workgroup members emphasized the importance of having someone who can access a LTCF resident in person who does not work for the LTCF.

Learning 2 from Workgroup Meeting #1

It is difficult for most stakeholders (including residents and loved ones) to understand visitation guidance and rights given all the different agencies and departments involved in establishing visitation policy.

- Many different levels of government agencies - federal, state, county, and city - provide guidance and establish regulation related to LTCF visitation, but there is no single source of information for members of the public to understand the **current guidance and rules** governing LTCF access/visitation rights for their LTCF.
- Facilities do not consistently provide **clear and publicly accessible information about the facility's policies** governing visitation and access.

Learning 3 from Workgroup Meeting #1

Implementation and enforcement of visitation guidance was inconsistent, fostering disparities in access to visitation.

- Several workgroup members provided examples of situations where **facilities did not appear to adhere to existing guidance** from the state.
- Several group members provided examples of situations where they were **unsuccessful in raising issues** with facility's adherence with guidance.

Learning 4 from Workgroup Meeting #1

Challenges with facility infrastructure, staff shortages, and limited staff training exacerbated a pre-existing digital divide for LTCF residents.

Several workgroup members expressed **challenges with using technology to communicate** with their loved ones during restricted visitation.

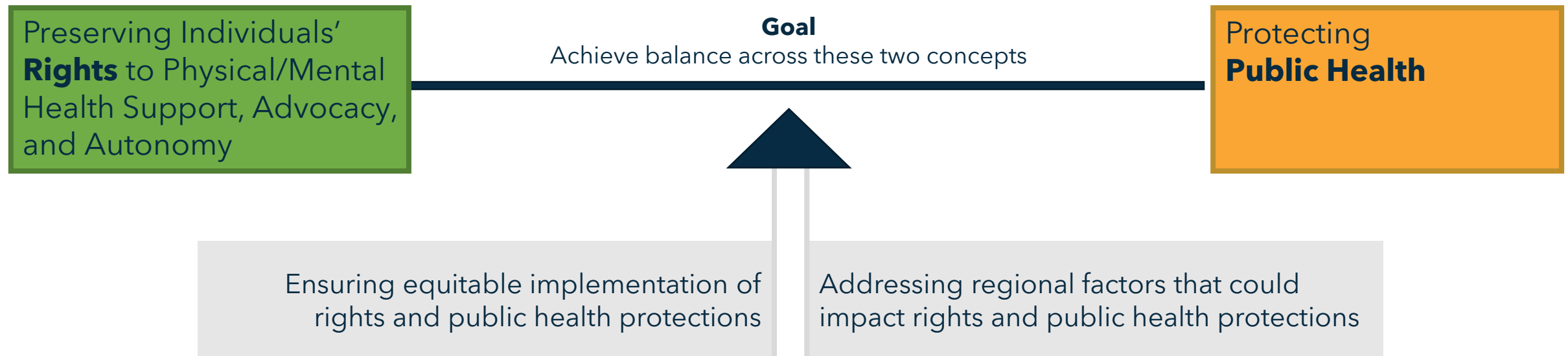
- Many facilities did not have sufficient technology to support tele-visits between residents and loved ones.
- Staffing constraints may have contributed to a lack of support for residents in using virtual visit technologies.
- Staff may not have had sufficient training to help residents with tele-visits.



Discussion: Actionable Principles for LTCF Visitation

Goal: Achieving Balance In Visitation Policies

In the kick-off meeting and meeting 1, the LTCFA workgroup established the priority to achieve balance between the two following concepts in its recommendations:



Today's Discussion

Discussion Objective: Identify actionable principles for LTCF visitation in future states of emergency

Discussion Inputs

Research and Lived
Experience

Approaches Taken By
Other States

Expertise of
Workgroup Members

Discussion Questions

1. What are the key **visitation rights** to consider?
2. What are the permissible parameters to those rights to **ensure public health safety**, with consideration for parity between staff and visitors?
3. How could California ensure **equity** in implementation of visitation rights and public health protections?
4. How should California address **regional** factors that could impact visitation right and public health protections?

Discussion

**How to Preserve Individual's Right to
Physical/Mental Health, Advocacy, and
Autonomy**

Defining the Issue

Research and over a dozen state approaches to ensuring visitation rights point to some common ways in which visitation restrictions impact individual's right to physical/mental health, advocacy, and autonomy, and approaches for limiting that impact.

When access to the facility is restricted:

A	Loved ones are not able to provide important care, social connection, and advocacy for LTCF residents, which can worsen mental and physical health.
B	Residents are not able to be with their loved ones during moments of crisis , including end-of-life, transitions, loss of loved one, eating/drinking issues or mental health support.
C	Residents are not able to participate in important off-site events (funerals, weddings, birthdays).
D	Residents are not able to receive services (health care, care management, social services, and otherwise) that are not provided by LTCF staff.



- Which of these issues are essential for California to address in its policy recommendations?
- What additional issues arise when access to a facility is restricted?

A) Providing Care, Social Connection, and Advocacy

Discussion of this slide during the workgroup meeting will depend on the workgroup discussion on slide 26.

Understanding the Issue	Options for Addressing This Issue
<ul style="list-style-type: none">• Family, friends, chosen family, and other individuals provide essential care and support for residents which they have been unable to provide during previous public health emergencies.• Workgroup testimonials emphasized the importance of having someone who can access a LTCF resident in person who does not work for the LTCF.	<ul style="list-style-type: none">• Some states have adopted rights for residents to have one or more “essential caregiver/support person” with robust rights to access the facility.• Generally, an essential caregiver is defined as an individual who provides in-person visits that are necessary for the physical, emotional, and social wellbeing of resident or patient.<ul style="list-style-type: none">• This individual is selected by the resident or their representative.• Some laws specify that this person is not required to provide care in order to receive this designation.



- What additional considerations are important for understanding this issue?
- Might California consider the “essential caregiver” approach used by other states? What other approaches might this group consider?

B) Being with Loved Ones In Moments of Crisis

Discussion of this slide during the workgroup meeting will depend on the workgroup discussion on slide 26.

Understanding the Issue	Options for Addressing This Issue
<ul style="list-style-type: none">• Workgroup members report that access to compassionate care visitation within LTCFs was inconsistent during the COVID-19 PHE.• When such visitation was available, time limits and social distancing protocols were enforced.	<ul style="list-style-type: none">• Some state laws require that LTCFs must, at a minimum, allow compassionate care visitation, regardless of the state of emergency.• As defined by CMS guidance, compassionate care visitations are visits for individuals within LTCFs whose health has sharply declined or who are experiencing a significant change in circumstances.



- What additional considerations are important for understanding this issue?
- Might California consider the “compassionate care” approach used by other states? What other approaches might this group consider?

C) Participating in Off-Site Events

Discussion of this slide during the workgroup meeting will depend on the workgroup discussion on slide 26.

Understanding the Issue	Options for Addressing This Issue
<ul style="list-style-type: none"> • Workgroup members suggested that offsite visitation and activities - whether for short or prolonged period of time - be considered within scope of visitation modalities. • Workgroup members emphasized the importance of off-site activities for LTCF residents' mental health. 	<ul style="list-style-type: none"> • California's AB 2546 would establish residents' right to leave the facility for an outing without a blanket requirement to quarantine upon return if they follow "reasonable infection control precautions."



- What additional considerations are important for understanding this issue?
- What approaches might California consider to address this issue?

D) Receiving Services Not Provided by LTCF Staff

Discussion of this slide during the workgroup meeting will depend on the workgroup discussion on slide 26.

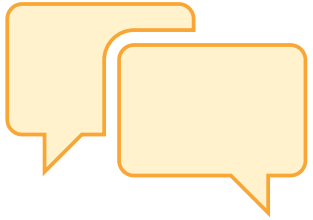
Understanding the Issue	Options for Addressing This Issue
<ul style="list-style-type: none">A wide range of non-LTCF health care and social services personnel provide services to residents of LTCFs, including:<ul style="list-style-type: none">Hospice workersCare managersSocial workersResidents may also need to go off-site for some services, such as dentistry.Residents also receive services like barber/hairdresser services from non-LTCF staff.	<ul style="list-style-type: none">Some states have explicitly stated in law that health care providers who do not work at the facility may access the facility, subject to the same restrictions/protocols as LTCF staff.



- What additional considerations are important for understanding this issue?
- What approaches might California consider to address this issue?

Discussion

How to Protect Public Health



Workgroup members are invited to share public health considerations for visitation policies, including:

- How do we strike a balance that gives public health professionals flexibility to address unexpected situations during a state of emergency?
- Under what circumstances do you feel that essential caregiving and compassionate care can be enabled? Under what circumstance do you feel they might be impacted?
- Do you see situations where staff and visitors might need to follow different safety protocols to protect public health?

HOW TO PARTICIPATE

- Please “**raise your hand**” in the **Reactions** feature of Zoom to enter the line for a verbal comment or question. For attendees joining by phone, press *9 on your dial pad to join the line.
- When called on for comment, the moderator will announce your name (or the last 4 digits of your phone number) and invite you to unmute your line.
- Facilitator will begin with comments from workgroup members and then invite members of the public to provide their comments.

Approaches for Protecting Public Health

States have implemented **varying approaches** for allowable parameters to visitation within LTCFs to ensure public health and safety.

A) Requiring or permitting facilities to require adherence to specific safety protocols

States' approaches include:

- Requiring facilities to adopt the guidelines established by governing bodies (CDC, CMS, Public Health Commissioners)
- Requiring that safety-related policies and procedures for visitors not be more stringent than those established for the provider's staff

B) Allowing facilities to set permissible parameters for visitation if needed to protect public health

States' approaches include:

- Permitting specific parameters:
 - Allowing facilities to limit the number of simultaneous visitors, but setting a minimum
 - Allowing facilities to limit the hours of visitation, but setting a minimum
 - Allowing facilities to limit the location of visitation
- Requiring LTCFs to establish "reasonable" or "least restrictive" limitations to LTCF visitations
- Requiring LTCFs to publish updated information about limitations and reasons for limitations

C) Establishing a process where facilities can request time-bound lockdowns to protect public health

States' approaches include:

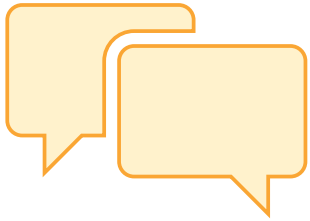
- Limiting the period of time that lockdowns are permitted (both for individual lockdowns and total for the year)
- Requiring facilities to receive approval from relevant agencies for lockdowns



Which approaches might the workgroup consider in its recommendations to protect public health?

Discussion

How to Ensure Equity In Visitation Rights
and Public Health Protections



Workgroup members are invited to share perspectives on equity considerations for the workgroup's recommendations.

- In what ways are visitation rights inequitably implemented today? During the pandemic?
- Are certain groups more at risk of restricted visitation because of systemic inequities, language barriers, cognitive issues, and other factors?
- What resources critical to facilitating visitation are challenged by chronic underinvestment for certain communities?

HOW TO PARTICIPATE

- Please "**raise your hand**" in the **Reactions** feature of Zoom to enter the line for a verbal comment or question. For attendees joining by phone, press *9 on your dial pad to join the line.
- When called on for comment, the moderator will announce your name (or the last 4 digits of your phone number) and invite you to unmute your line.
- Facilitator will begin with comments from workgroup members and then invite members of the public to provide their comments.

Approaches for Ensuring Equity

In establishing visitation rights and public health protections, states underscore the need to address equity and access in their policies, recognizing how longstanding barriers to visitation access were laid bare during the COVID-19 pandemic.

State approaches that may help ensure equity include:

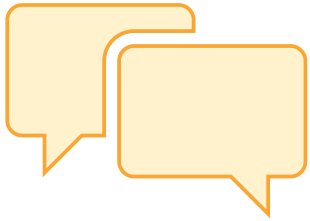
- | | |
|----------|--|
| A | Selecting essential caregivers: Some states have established a process for identifying an essential caregiver or support person when a resident cannot speak for themselves and has no designee. |
| B | Defining compassionate care: Some states have established a standard process for identifying when a compassionate care visit is needed that is not solely dependent on each facility's discretion. |
| C | Accessible communication: Some states require that visitation policies be communicated publicly and in an accessible manner, with provisions for language preference and ADA. |
| D | Flexible visitation hours: Some states require that facilities offer flexible visitation options - such as evening and weekend hours. |
| E | Appeals/grievance processes: Some states outline a specific process to address individual situations where visitation has been barred that is not solely dependent on each facility's discretion. |



What approaches might the workgroup consider in its recommendations to address potential issues related to equity?

Discussion

How to Address Regional Variation



Workgroup members are invited to share perspectives on regional considerations for the workgroup.

- How might regional variation in resources (including technology infrastructure, personal protective equipment, staffing) impact LTCF visitation?
- How might regional variation in emergency risks (including risks for certain types of emergencies, such as fires) impact LTCF visitation?
- What other regional variation could impact LTCF visitation?

HOW TO PARTICIPATE

- Please “**raise your hand**” in the **Reactions** feature of Zoom to enter the line for a verbal comment or question. For attendees joining by phone, press *9 on your dial pad to join the line.
- When called on for comment, the moderator will announce your name (or the last 4 digits of your phone number) and invite you to unmute your line.
- Facilitator will begin with comments from workgroup members and then invite members of the public to provide their comments.

Approaches for Addressing Regionalism

Several states included measures that account for regional variation to ensure equitable implementation of visitation rights and public health protections.

State approaches that may help address regional variation include:

Some states address implications of variation in access to PPE or other resources required across a range of emergencies. Option could include:

- A** Indicating that facilities are required to provide PPE to visitors if they received state/county-supplied PPE
- B** Indicating that facilities are not required to supply or bear the cost of PPE or testing but may chose to do so

Some states allow facility/regional flexibility in parameters for visitation, but establish a minimum standard, such as:

- C** Minimum hours of visitation
- D** Minimum number of simultaneous visitors



What approaches might the workgroup consider in its recommendations to address potential issues related to regional variation?

Summary of Workgroup Discussion

A Verbal Recap

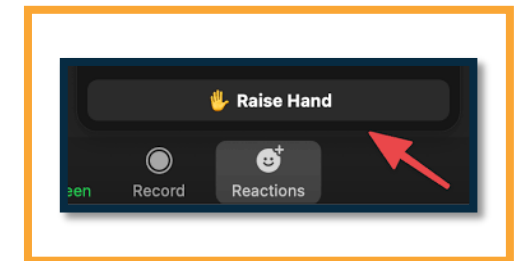
What Are the Actionable Principles On Which This Group Will Develop Policy Recommendations?



Public Comment

Public Comments

- Members of the public are asked to limit comments to 2 minutes.
- Prior to making your comments, please state your name for the record and identify any group or organization you represent.
- Comments will be taken in the order of the line.
- Logistics for verbal comments:
 - Workgroup members may “**raise their hand**” in the **Reactions** feature of Zoom to enter the line for a verbal comment or question.
 - For attendees joining by phone, press *9 on your dial pad to join line.
 - When called on for comment, the facilitator will announce your name (or the last 4 digits of your phone number) and will unmute your line.





Next Steps

Preparing for Workgroup Meeting 3

The third meeting of the LTCFA Policy Workgroup is scheduled for July 12th from 12:30 PM - 3:00 PM.

- CDA will circulate the agenda for this workgroup meeting to the public at least 10 days prior to July 12.
- CDA will send meeting materials to workgroup members 5 days in advance of the meeting and will post all materials for the public following the meeting.
- Workgroup members are encouraged to review materials prior to the meeting and consult other individuals within their organizations as needed.

Email: LTCFAPolicyWorkgroup@aging.ca.gov

Website: https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

Questions or Comments?

Please email CDA with any questions or comments at the email address below.

Email:

LTCFAPolicyWorkgroup@aging.ca.gov