Welcome LTCFA Policy Workgroup Members

California Department *of* AGING

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.

Please Adjust Your Display Name

1. On the Zoom toolbar, click **Participants.**

2. Hover your mouse over your name, then click the ellipses.

3. Click Rename. A pop-up box will appear.

4. In the pop-up box, enter your new display name and organization.

5. Click Change.
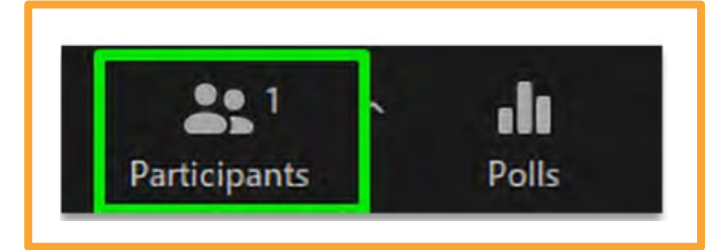
Long-Term Care Facility Access Policy Workgroup

Meeting 3
July 12

LTCFA Policy Workgroup: Purpose

California Department *of* AGING

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

California Department *of* AGING

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

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

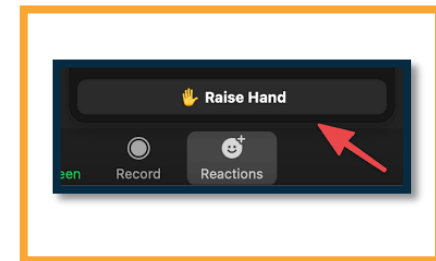**Workgroup Meeting 4** August 22 | 12:30 PM - 3:00 PM

How to Participate In Today's Session
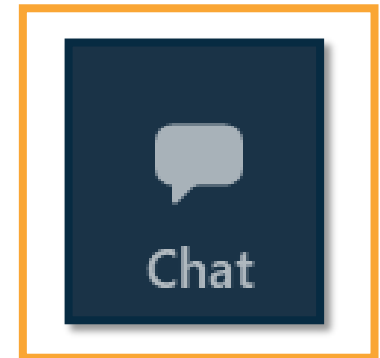
WORKGROUP MEMBERS

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."

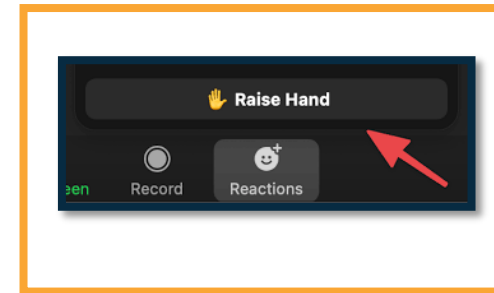- All comments will be recorded and reviewed by CDA staff.

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.
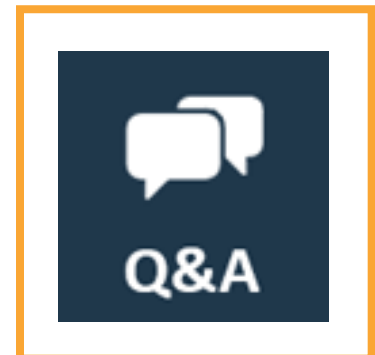
Agenda

12:30 PM
Welcome, Roll Call, and Background
12:35 PM
Summary of Meeting 2 and Post-Meeting Survey: LTCF Visitation Principles
12:50 PM
Workgroup Policy and Practice Recommendations Based on LTCF Visitation Principles and 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; on the physical health and safety of residents, and consider a range of the following:

Visitors	Long-Term Care Facilities	Emergencies
Example include:	*Example include:*	*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	• 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	• 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

LTCF Visitation and Access Principles for Future Emergencies

Policy & Practice Recommendations

*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.*

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

*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 policy and practice recommendations for future emergencies.

1. Summary of submitted workgroup feedback on draft principles.
2. Develop policy and practice recommendations that establish the following:
   A. Process for resident to designate Visitors.
   B. Standards for safety protocols, visiting parameters, and compassionate care visits.
   C. Process for establishing any protocols and parameters to address situations where standards may not apply.

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, and submitted survey responses are listed on website: https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

Summary of Meeting 2 and Post-Meeting Survey: LTFC Visitation Principles

Development of Principles

7 draft actionable principles related to long-term care facility (LTCF) visitation were developed to reflect areas of alignment by workgroup members.

Reviewed meeting transcripts to develop principles → Gathered feedback from workgroup through survey → Reviewed feedback and revised principles

In a survey, workgroup members indicated level of agreement (1-5) for each principle. Submitted feedback was considered during the revision of principles.
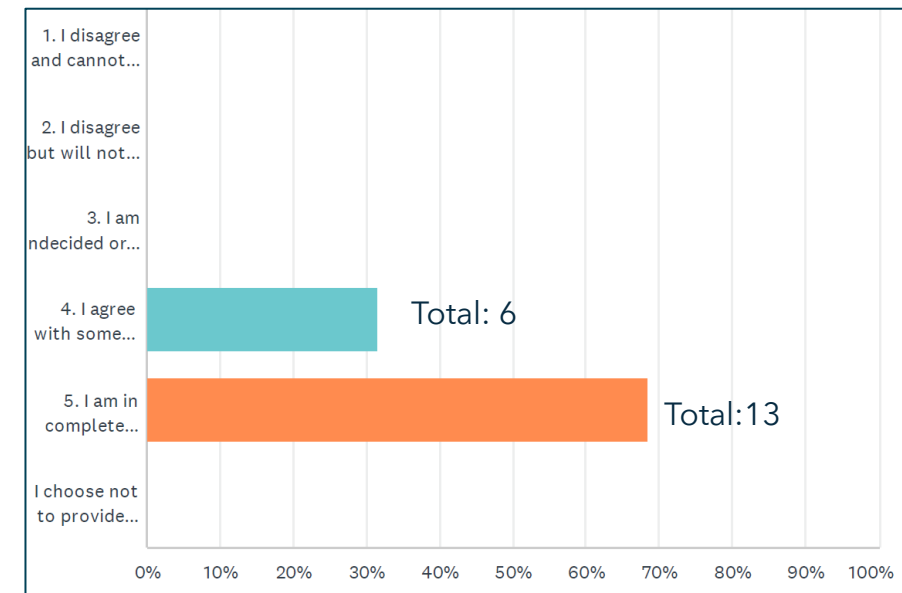
Workgroup Feedback on Actionable Principles

In June, CDA requested workgroup members' feedback on draft actionable principles to help shape the recommendations. Overall, workgroup members were in alignment with principles.

Principle 1:
"LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.

 A. "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.

 B. 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.

 C. Family and friends provide frontline care when they visit residents of LTCFs.

 D. 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.

Bar chart categories:
1. I disagree and cannot...
2. I disagree but will not...
3. I am undecided or...
4. I agree with some... — Total: 6
5. I am in complete... — Total: 13
I choose not to provide...

Horizontal axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Actionable Principles 2 and 3

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Principle 2:
This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.
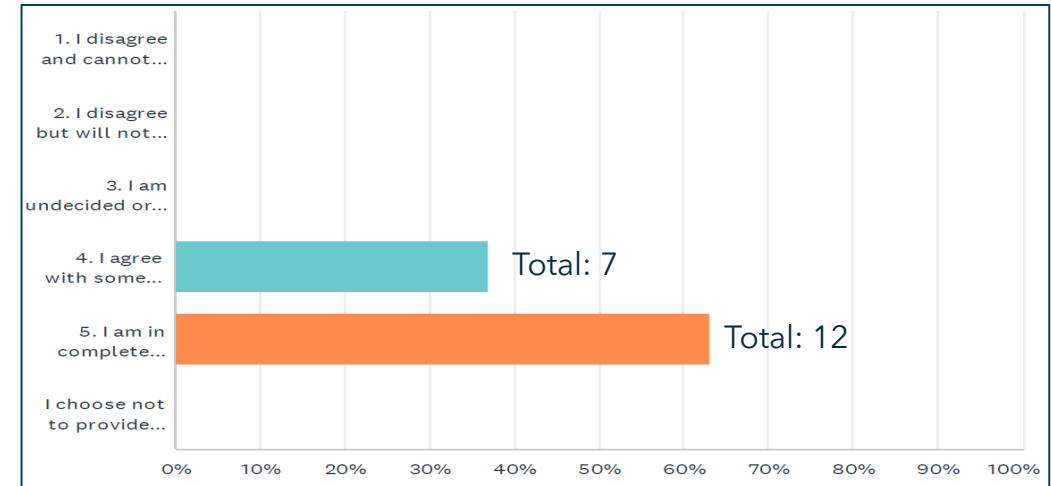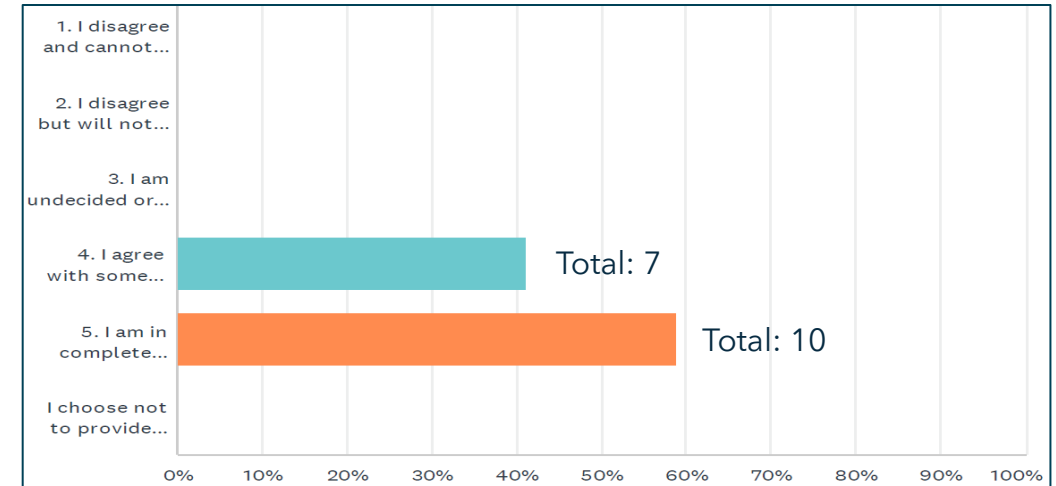

Principle 3:
The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

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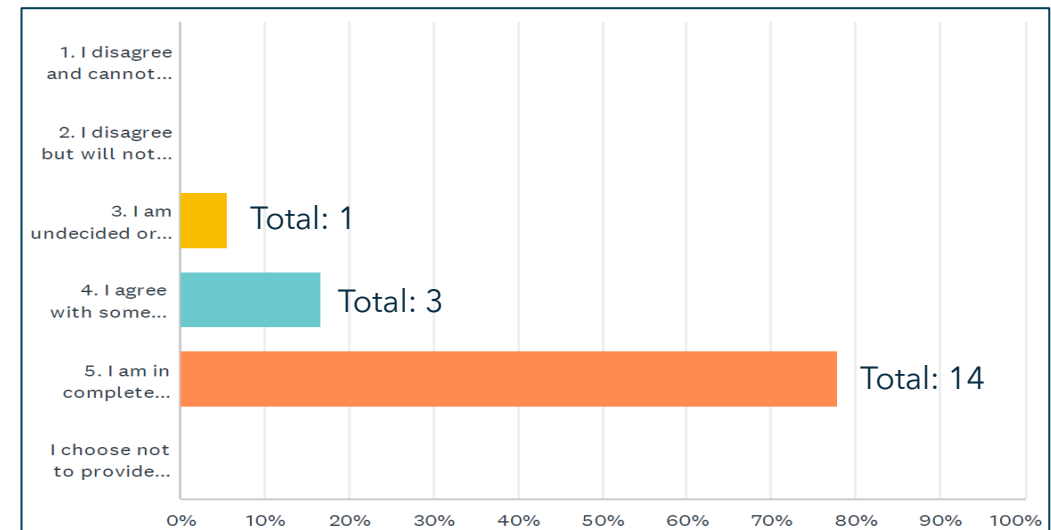
Principle 4:
The proposed framework would establish that residents could see a wide range of Visitors during a state of emergency, subject to any parameters established in accordance with Principles 5-7.
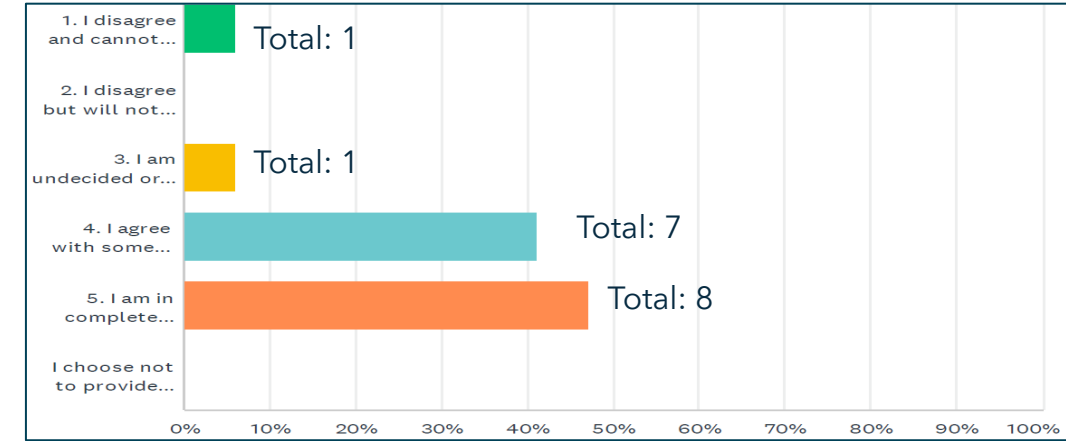

Principle 5(a):
This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.
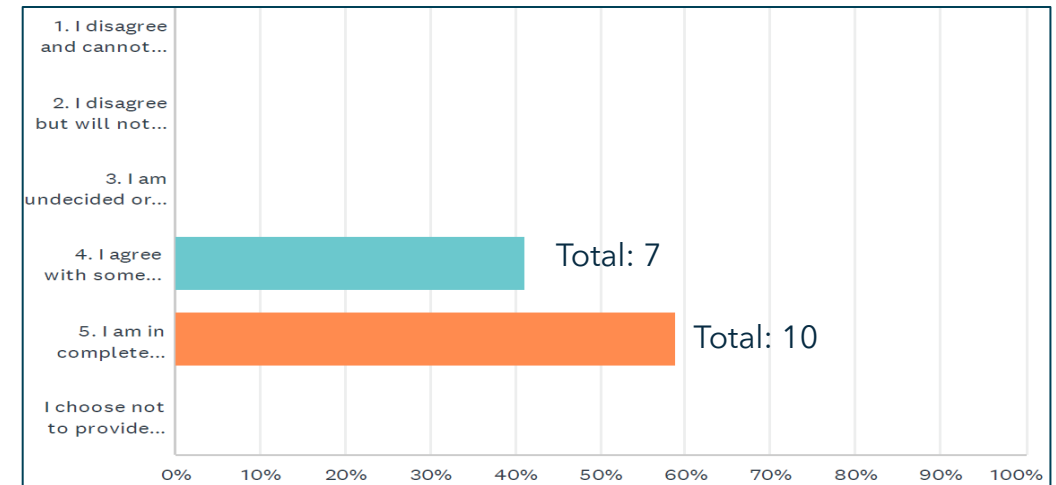
Actionable Principle 5(b)

Principle 5(b):
In any situation where external factors – such as supply issues - may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Chart responses:
- 1. I disagree and cannot… — Total: 1
- 2. I disagree but will not…
- 3. I am undecided or… — Total: 1
- 4. I agree with some… — Total: 7
- 5. I am in complete… — Total: 8
- I choose not to provide…

Workgroup member who indicated "1" on this principle raised a concern with (a) not including residents and families directly in this process and (b) permitting different safety protocols as a result of staffing levels.

Proposed Edit To This Principle:
"In any situation where external factors – such as supply issues – may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, resident advocates, **and resident and family representatives** to collaborate on safety protocols for LTCF Visitors during a state of emergency."

In the detailed recommendations that support this principle, workgroup will define which/how external factors may impact safety protocols for residents.
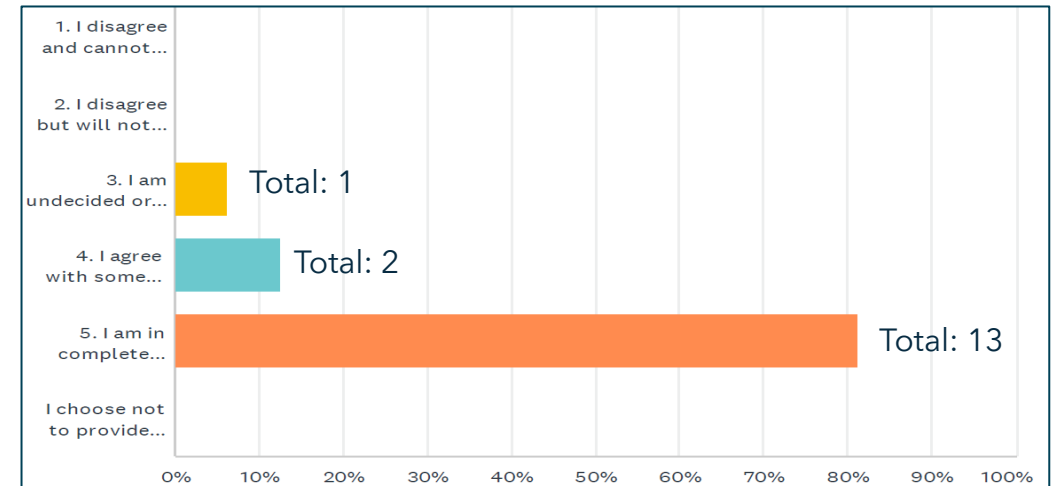
Actionable Principles 6(a) and 7

Principle 6(a):
Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous Visitors – must not reasonably inhibit a resident's ability to receive a wide range of Visitors and must be transparently communicated to the public.
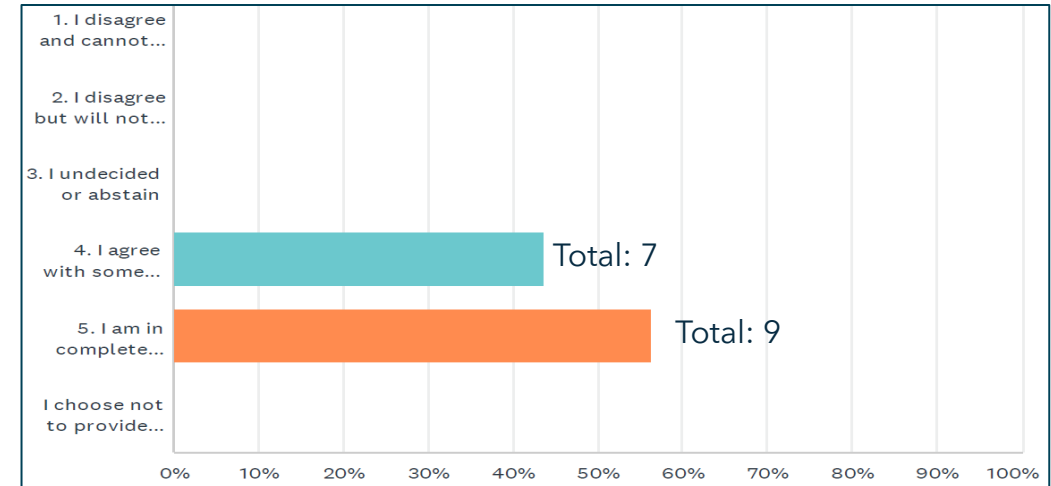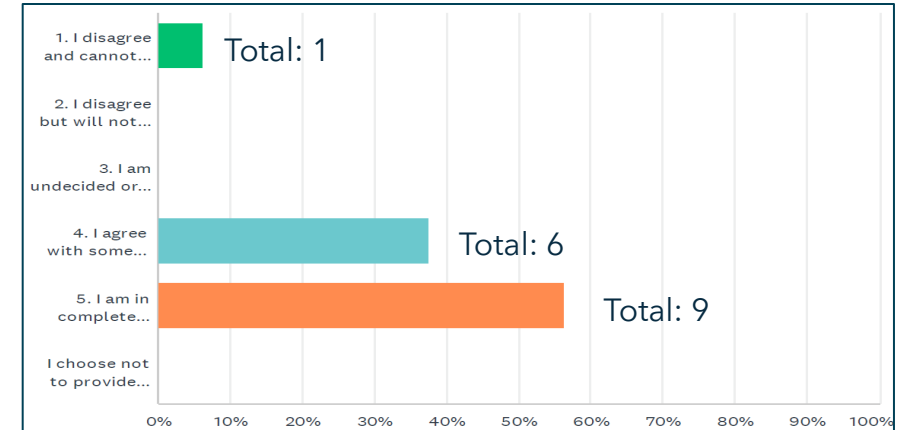

Principle 7:
When compassionate care is needed and acknowledging the importance of Visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Actionable Principle 6(b)

Principle 6(b):
In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Workgroup member who indicated "1" on this principle raised a concern with (a) not including residents and families directly in this process and (b) having any period of time where resident-designated support persons are not able to access resident.

Proposed Edit To This Principle:
"In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, resident advocates, **and resident and family representatives** to collaborate on parameters **that would enable visitation**."

In the detailed recommendations that support this principle, workgroup will define which/how parameters are determined through this process.

23

Other Feedback from Workgroup

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The following reflects additional feedback provided by the workgroup in the June principles survey, and how this feedback is being integrated into the principles and recommendations. Updated principles will be shared back with the workgroup for additional feedback.

Feedback	Response
Workgroup members provided feedback on specific language included in the principles.	• Principles will be revised further based on that feedback and on today's meeting discussion.
Workgroup members highlighted the importance of the detailed definitions for each principle.	• Workgroup today will define the specific policy and practice recommendations for each principle.
A couple workgroup members emphasized the need to discuss the unique vulnerability of members with I/DD and dementia.	• This will be included in the framing of the final principles. • The workgroup is also encouraged to consider these comments in the detailed recommendations today.
One workgroup member emphasized need to have accessible and culturally inclusive communications.	None
One workgroup member recommended including state funding/investment recommendations.	• The workgroup is encouraged to consider potential funding/investment recommendations in the detailed recommendations today.
One workgroup member recommended providing an analysis of current legal and constitutional rights related to visitation.	• It is not within the scope or expertise of this workgroup to, as a collective group, provide legal analysis or constitutional recommendations to the State of California. • However, individual organizations represented in this group may chose to provide legal analysis if appropriate, and it will be included in the documents made public for this workgroup.

Policy and Practice Recommendations

Workgroup Discussion

Developing Principle-Based Recommendations

A RECOMMENDED FRAMEWORK FOR LTCF VISITORS

Principles

1. "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.
2. This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

TODAY'S DISCUSSION: DEVELOP THIS RECOMMENDED FRAMEWORK BASED ON PRINCIPLES 4-7

3. The proposed framework would include residents' access to a timely appeal and grievance process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

FOCUS OF NEXT MEETING

Today's Discussion

Goal: Establish recommend framework for visitation based on principles 4-7.

A. **Recommendation for process of resident <u>designating</u> Visitors.**

B. **Recommendation for visitation <u>standards</u> related to:**
   i.   Safety protocols;
   ii. General visiting parameters; and
   iii. Visiting parameters for compassionate care.

C. **Recommendations on <u>process</u> for developing any protocols or parameters in situations where standards may not apply.**

Preview of Today's Discussion

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The following working draft of recommendations was developed based on the actionable principles established by this workgroup and based on feedback and discussion of those principles. They are not final.

Each of the following recommendations will be workshopped today.

Preview of Today's Framework Discussion

All statements below will be workshopped and further defined today.

A. PROCESS FOR DESIGNATING VISITORS (30 MINUTES)

Principle	Workgroup's Recommended Framework *For Workshopping & Further Definition*
4. The proposed framework would establish protocols and parameters for residents to see a wide range of Visitors during a state of emergency, subject to the provisions set forth in accordance with Principles 5-7.	A. In a state of emergency, a LTCF resident (or their designated decision maker if they are unable to decide for themselves) can designate any individual as a "resident-designated Visitor" who has access to the facility for in-person visits subject to the protocols and parameters in this framework. • Workgroup to define designation process.

Preview of Today's Framework Discussion

All statements below will be workshopped and further defined today.

B. STANDARDS FOR VISITATION (50 MINUTES)

Principles	Workgroup's Recommended Framework *For Workshopping & Further Definition*
5a. This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.	B.i. As a standard during a state of emergency, facilities may not impose different protocols for staff and Visitors.
6a. Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous Visitors – must not reasonably inhibit a resident's ability to receive a wide range of Visitors and must be transparently communicated to the public.	B.ii. As a standard during a state of emergency, visiting parameters must reasonably allow resident-designated Visitors to conduct in-person visits with the resident *and* must at least meet "minimum" standards on the number of permitted simultaneous Visitors, visiting hours, and locations of visitation. • Workgroup to define "reasonably allow." • Workgroup to define "minimum" standards for visiting parameters.
7. When compassionate care is needed and acknowledging the importance of Visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.	B.iii. As a standard during a state of emergency, visiting parameters – including the number of permitted simultaneous visitors, visiting hours, and locations of visitation – should be expanded to enable compassionate care. • Workgroup to define compassionate care. • Workgroup to define "minimum" standards for visiting parameters for compassionate care.

Preview of Today's Framework Discussion

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All statements below will be workshopped and further defined in meetings 3 and 4.

C. PROCESS TO ADDRESS SITUATIONS WHERE STANDARDS MAY NOT APPLY (45 MINUTES)

Principles	Workgroup's Recommended Framework *For Workshopping & Further Definition*
5b. In any situation where external factors – such as supply issues - may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, resident advocates, and resident and family representatives to collaborate on safety protocols for LTCF Visitors during a state of emergency.	C.i. In situations where Visitors may need to follow unique safety protocols to account for external factors (such as, but not limited, to supply issues) for an extended period of time, safety protocols for visitors must be determined at the county/city or state level, not the facility level. • Workgroup to define "extended period of time." • Workgroup to define process for determining protocols.
6b. In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, resident advocates, and resident and family representatives to collaborate on parameters that would enable visitation.	C.ii. In situations where distinct visiting parameters may be needed that do not adhere the standards in the framework, parameters must be determined at the <u>facility, county/city, or state level.</u> • Workgroup to define "extended period of time." • Workgroup to define process for determining parameters.

31

A. Defining the Process to Designate Visitors

30 minutes

Recommendations to achieve the following Principle:
4. The proposed framework would establish a process that would allow residents to see a wide range of LTCF Visitors during a state of emergency, subject to any parameters established in accordance with Principles 5-7.

Process to Designate Visitors

Outline of Today's Discussion

Process to designate Visitors
30 minutes

Visitation standards for safety protocols and visiting parameters
50 minutes

Process for addressing situations where standards may not apply
45 minutes

In this section, the workgroup will define how residents will designate Visitors under the framework.

- *In scope:*
  - How individuals are selected to be LTCF Visitors.
  - Which individuals may be selected to be LTCF Visitors.

- *Out of scope (for next section):*
  - Safety protocols.
  - Visiting parameters (including hours, number of simultaneous visitors, and location of visitation within facility).

Draft Straw Model Workgroup Recommendation Based on Workgroup Discussions to Date

A. In a state of emergency, the workgroup recommends that a LTCF resident can designate any individual as a "resident-designated Visitor" who has access to the facility for in-person visits subject to the safety protocols and visiting parameters in this framework.

- Resident-designated Visitors may include, but are not limited to, any of the following types of Visitors if designated by the resident or their representation: friends, family, chosen family, health care workers not employed the LTCF, social services or other services providers, and ombudsmen and other patient advocates.

- If a resident is unable to speak for themselves and select a resident-designated Visitor, then:

  - Their durable power of attorney (DPOA) or other designated decision maker (DDM) may select resident-designated Visitors on the resident's behalf; or

  - If no DPOA or other DDM has been selected, the facility will convene the long-term care ombudsman and other stakeholders as needed to select resident-designated Visitors on the resident's behalf.

- As a standard, facilities may not limit the number of individuals who may be designated as "resident-designated Visitors," but they may require visitors to follow safety protocols as a condition of in-person access and visitation may be subject to operational and safety parameters (such as a limitation on the number of simultaneous visitors).

Would this recommendation achieve the workgroup principle? What, if anything, is it missing?
15 minutes

Process to Designate Visitors
Workshopping a Recommendation

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Workgroup members: Please indicate your level of support for this straw model recommendation via the Poll Everywhere link in the chat.

1	2	3	4	5
I disagree and cannot support	I disagree but will not stand in the way	I am undecided or abstain	I agree with some reservations or modifications	I completely agree

If you selected "1" on this recommendation, what modifications would bring you to a "2" or higher?

10 minutes

Process to Designate Visitors

Please indicate your level of support for this straw model recommendation

1) I disagree and cannot support
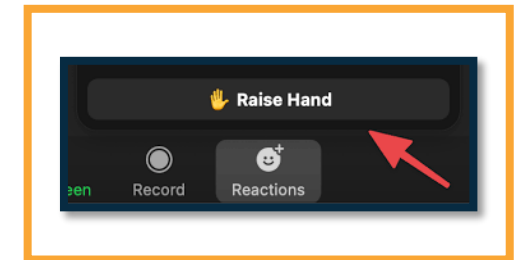
2) I disagree but will not stand in the way

3) I am undecided or abstain

4) I agree with some reservations or modifications

5) I completely agree

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.

B. Defining visitation <u>standards</u> related to safety protocols and visiting parameters

50 minutes

Recommendations to achieve the following Principle:

5a. This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues – may contribute to some variation.

6a. Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous Visitors – must not reasonably inhibit a resident's ability to receive a wide range of Visitors and must be transparently communicated to the public.

7. When compassionate care is needed and acknowledging the importance of Visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Defining Safety Protocols and Visiting Parameters

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Outline of Today's Discussion

Process to designate Visitors
30 minutes

Visitation standards for safety protocols and visiting parameters
50 minutes

Process for addressing situations where standards may not apply
45 minutes

In this section, the workgroup will define the parameters for a resident-designated Visitor's access to a LTCF.

- *In scope:*
  - Safety protocols.
  - Visiting parameters (hours, number of simultaneous Visitors, and location of visitation within facility).
  - Compassionate care definition and parameters.

- *Out of scope (for next section):*
  - Process for addressing situations where standards may not apply (i.e., "expect the unexpected").

Draft Straw Model Workgroup Recommendation Based on Workgroup Discussions to Date

B.i. <u>As a standard during a state of emergency</u>, the workgroup recommends that facilities may not impose different safety protocols for staff and resident-designated visitors.

- Safety protocols include conditions for an individual to enter the facility, which may include requirements for testing, vaccination, isolation/quarantine, personal protective equipment (PPE), or others.

- There may situations in which factors external to the facility may create variation between the safety protocols that can reasonably be followed by staff versus residents. If this situation persists for an extended period of time (defined as more than 30 days), counties/cities or the state should follow the process established in Recommendation C (to be discussed in next section) for establishing visitor-specific safety protocols that allow resident-designated visitors to visit residents. For example:
  - In a public health emergency, vaccinations may become available to LTCF staff before they become available to visitors.
  - In a case of extremely restricted access to PPE, visitors may not have access PPE at the same levels as staff.

Would this recommendation achieve the workgroup principles? What, if anything, is it missing or should be edited?
5 minutes

Defining Safety Protocols and Visiting Parameters
Workshopping a Recommendation

Workgroup members: Please indicate your level of support for this straw model recommendation via the Poll Everywhere link in the chat.

1	2	3	4	5
I disagree and cannot support	I disagree but will not stand in the way	I am undecided or abstain	I agree with some reservations or modifications	I completely agree

If you selected "1" on this recommendation, what modifications would bring you to a "2" or higher?

5 minutes

Defining Safety Protocols and Visitation Parameters

Please indicate your level of support for this straw model recommendation

1) I disagree and cannot support

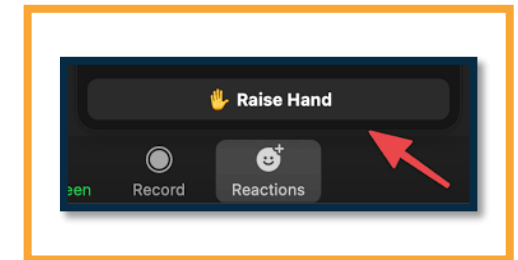2) I disagree but will not stand in the way

3) I am undecided or abstain

4) I agree with some reservations or modifications

5) I completely agree

Public Comments

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- Prior to making your comments, please state your name for the record and identify any group or organization you represent.
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Draft Straw Model Workgroup Recommendation Based on Workgroup Discussions to Date

B.ii. <u>As a standard during a state of emergency</u>, the workgroup recommends that visiting parameters must reasonably allow resident-designated Visitors to conduct in-person visits with the resident *and* must at least meet "minimum" standards on the number of permitted simultaneous Visitors, visiting hours, and locations of visitation.

- To "reasonably allow" visitation, parameters must account for the mobility, accessibility, translation needs, employment hours, travel, and other reasonable determinants of visitation for each individual resident and Visitor.

- Subject to the condition above, LTCF may establish visiting parameters due to a reasonable public health or safety risk as follows:
  - LTCF may limit simultaneous resident-designated Visitors, but must allow at least one at any given time.
  - LTCF may limit visits to specific locations within the facility, but those locations must "reasonably allow" visitation as defined above.
  - LTCF may limit the hours of visitation, but those hours must include weekend and evening options and must "reasonably allow" visitation as defined above.

- All facilities must post their visitation policies on their website in a manner that is accessible for residents and resident-designated Visitors.
  - Policies must include details on any parameters to visitation.
  - Policies must be up-to-date.

Would this recommendation achieve the workgroup principles? What, if anything, is it missing or should be edited?
10 minutes

Defining Safety Protocols and Visiting Parameters
Workshopping a Recommendation

Workgroup members: Please indicate your level of support for this straw model recommendation via the Poll Everywhere link in the chat.

1	2	3	4	5
I disagree and cannot support	I disagree but will not stand in the way	I am undecided or abstain	I agree with some reservations or modifications	I completely agree

If you selected "1" on this recommendation, what modifications would bring you to a "2" or higher?

10 minutes

Defining Safety Protocols and Visitation Parameters
Please indicate your level of support for this straw model recommendation

1) I disagree and cannot support

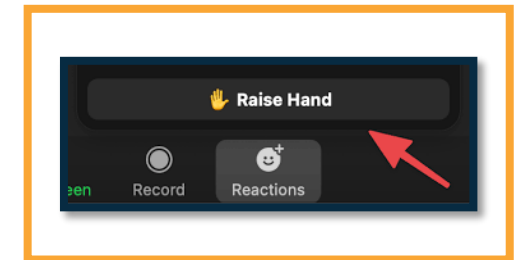2) I disagree but will not stand in the way

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Defining Safety Protocols and Visiting Parameters
Workshopping a Recommendation

Straw Model Workgroup Recommendation Based on Workgroup Discussions to Date

B.iii. <u>As a standard during a state of emergency</u>, the workgroup recommends that visiting parameters – including the number of permitted simultaneous Visitors, visiting hours, and locations of visitation – should be expanded to enable compassionate care.

- Following the CMS definition, compassionate care is defined as "visits for a resident whose health has sharply declined or is experiencing a significant change in circumstances."
  - The need for a compassionate care visit may be identified by any member of the resident's care team, the resident themselves, or the resident-designated Visitors.

- In the case of compassionate care, visiting parameters established due to a legitimate public health, safety, or operational risk must:
  - Allow as many simultaneous Visitors as determined by resident and as space and safety protocols reasonably allow.
  - Should not limit the hours of visitation.

Would this recommendation achieve the workgroup principles? What, if anything, is it missing or should be edited? *10 minutes*

Defining Safety Protocols and Visiting Parameters
Workshopping a Recommendation

Workgroup members: Please indicate your level of support for this straw model recommendation via the Poll Everywhere link in the chat.

1	2	3	4	5
I disagree and cannot support	I disagree but will not stand in the way	I am undecided or abstain	I agree with some reservations or modifications	I completely agree

If you selected "1" on this recommendation, what modifications would bring you to a "2" or higher?

5 minutes

Defining Safety Protocols and Visitation Parameters
Please indicate your level of support for this straw model recommendation

1) I disagree and cannot support

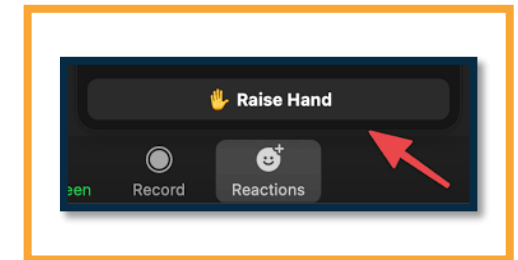2) I disagree but will not stand in the way

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C. Creating a process for establishing additional parameters and protocols to address situations where standards may not apply

45 minutes

Recommendations to achieve the following Principle:

5b. In any situation where external factors – such as supply issues - may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, resident advocates, and resident and family representatives to collaborate on safety protocols for LTCF Visitors during a state of emergency.

6b. In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, resident advocates, and resident and family representatives to collaborate on parameters that would enable visitation.

Creating a Process for Additional Parameters

California Department *of* AGING

Outline of Today's Discussion

Process to designate visitors
30 minutes

Visitation standards for safety protocols and visiting parameters
50 minutes

Process for addressing situations where standards may not apply
45 minutes

In this section, the workgroup will define the parameters for a resident-designated Visitor's access to a LTCF.

- *In scope:*
  - Situations where standards established in previous section may not be able to apply.
  - Process for developing protocols and parameters in those situations.

- *Out of scope (already discussed):*
  - Designation process for visitors.
  - Standards for safety protocols and visiting parameters.

Draft Straw Model Workgroup Recommendation Based on Workgroup Discussions to Date

C.i. In situations where visitors may need to follow unique safety protocols to account for external factors (such as, but not limited to, supply issues) for an extended period of time, the workgroup recommends that safety protocols for visitors be determined at the county/city or state level, not the facility level through a collaborative process with public health, LTCF operators, resident advocates, and resident and family representatives.

- In these situations, the county public health department or the state public health department within 30 days must convene the following stakeholders for a public meeting to discuss safety protocols for LTCF visitors: Public health departments, long-term care ombudsman, long-term care facility operators, and resident and resident-designated Visitor representatives.

- Protocols developed through this process must "reasonably allow" (as previously defined) at least one mode of visitation for resident-designated Visitors and must be renewed through the same process every 30 days.

Would this recommendation achieve the workgroup principles? What, if anything, is it missing or should be edited? *5 minutes*

Draft Straw Model Workgroup Recommendation Based on Workgroup Discussions to Date

C.ii. In situations where visiting parameters may be needed that do not adhere the standards in the framework, the workgroup recommends that parameters be determined at the <u>facility, county/city, or state level</u> through a collaborative process with public health, LTCF operators, resident advocates, and resident and family representatives.

- In these situations, the facility (for facility-specific issues), county (for county-specific issues) or state (for state-specific issues), within 30 days must convene the following stakeholders for a public meeting to discuss parameters for LTCF visitors: Public health departments, long-term care ombudsman, long-term care facility operators, and resident and resident-designated Visitor representatives.

- Protocols developed through this process must reasonably allow at least one mode of visitation for resident-designated Visitors and must be renewed through the same process every 30 days.

Would this recommendation achieve the workgroup principles? What, if anything, is it missing or should be edited? *5 minutes*

Defining a Resident's Ability to Designate Visitors
Developing a Recommendation

California Department of AGING

Workgroup members: Please indicate your level of support for this straw model recommendation via the Poll Everywhere link in the chat.

1	2	3	4	5
I disagree and cannot support	I disagree but will not stand in the way	I am undecided or abstain	I agree with some reservations or modifications	I completely agree

If you answered "1" on this recommendation, what modifications would bring you to a "2" or higher?

20 minutes

Creating a Process for Additional Parameters
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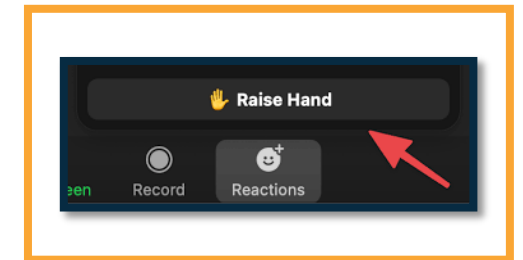
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Next Steps

Providing Additional Feedback in August

- Prior to the next workgroup meeting on August 22, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion to the workgroup.

- Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting.

- All drafts and feedback provided by workgroup members will be posted on the CDA website.

Preparing for Workgroup Meeting 4

The last meeting of the LTCFA Policy Workgroup is scheduled for August 22 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 August 22.

- 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