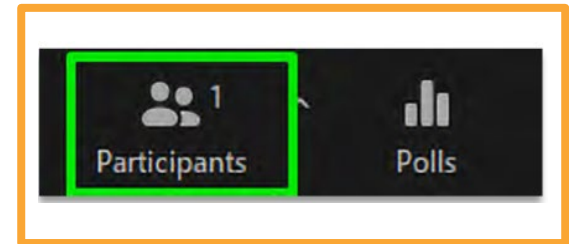


Please Adjust Your Display Name

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

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 4
August 22

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.

This is meeting #4 of this workgroup.

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

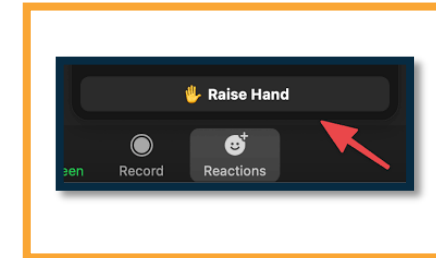
How to Participate In Today's Session

WORKGROUP MEMBERS



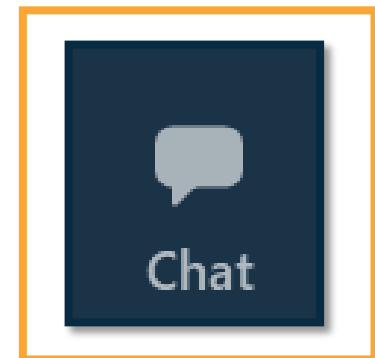
Verbal Comments

- 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.
- Workgroup members will also be prompted to participate in Poll Everywhere surveys throughout the meeting.



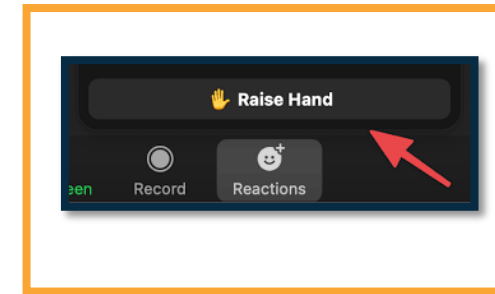
How to Participate In Today's Session

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
- 12:40 PM** Summary of Workgroup Meetings and Written Comments
- 12:50 PM** Discussion Part 1: Revised Policy and Practice Recommendations A-C
- 2:20 PM** Break
- 2:40 PM** Discussion Part 2: Revised Policy and Practice Recommendations D-F
- 4:40 PM** Closing

Introductions



Mark Beckley
Chief Deputy Director



Brandie Devall
Attorney III



Juliette Mullin
Manatt Health

Workgroup Members (1/2)

6Beds	George Kutherian
Association of Regional Center Agencies (ARCA)	Amy Westling
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



Summary of Workgroup Meetings and Comments

This Workgroup's Task

Bringing together diverse perspectives from across the state and building on learnings from the COVID-19 Public Health Emergency, the State Legislature has commissioned this workgroup to “develop **recommendations regarding best policies and practices** for long-term care facilities during public health emergencies, including, but not limited to, visitation policies.”

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

Key Stakeholder Groups Represented In Workgroup



LTFC Residents,
Advocates, and Loved
Ones



Public Health
Officials



LTFC Operators
and Staff

Output of the Workgroup



The workgroup's recommendations are intended to reflect areas of alignment between key stakeholder groups represented on the workgroup.



In a "Recommendations Report," CDA will summarize the recommendations of this workgroup, as well as summarize the discussions and areas where the workgroup was not fully aligned. That report will be submitted to the fiscal and appropriate policy committees of the Legislature.



The Legislature is expected to consider legislation that is informed by the recommendations of the workgroup.

Structure of Recommendations Report

Elements of Recommendations Report

Background

detailing workgroup discussion and comments, including areas that the workgroup considered but did not have alignment



Principles

reflecting alignment in the workgroup on important concepts related to LTCFA visitation that the workgroup jointly seeks to convey to the Legislature



Policy & Practice Recommendations

providing specific recommendations for the Legislature to consider in legislative action around LTCFA policy

Draft sections of this report have been circulated three times to this workgroup. Sections of the report (i.e., the recommendations) are included in this deck for today's discussion. The full report will be completed based on the discussion in today's meeting.

Summary of LTCFA Policy Workgroup Meetings

Since March 13th, the LTCFA Policy Workgroup have discussed LTCF research, actionable principles, and straw model recommendations.

Meeting 1



Research and lived experience of LTCF visitation and access policies

Meeting 2



8 actionable principles related to LTCF visitation to inform recommendations

Meeting 3



6 recommendations for workgroup to consider

Stakeholder input and feedback was gathered between meetings via three survey opportunities to provide feedback.



Revised Policy and Practice Recommendations A-C

Key Context for the Recommendations

The following reflects recommendations for LTCF visitation during states of emergency **in which a local or state order may curtail visitation due to a legitimate public health or safety risk.**

This context is provided throughout the draft Recommendations Report and now emphasizes that the mechanism for curtailing visitation in the case of a legitimate public health or safety risk would be a local or state order.

Long-Term Care Facilities

Defined as:

- 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



20 minutes

A. Who Can Visit During an Emergency

Summary of Feedback on Version 1 of Recommendation A

Recommendation A is intended to define who can visit residents in a LTCF during a state of emergency where a local or state order curtails visitation.

Version 1

Version 2

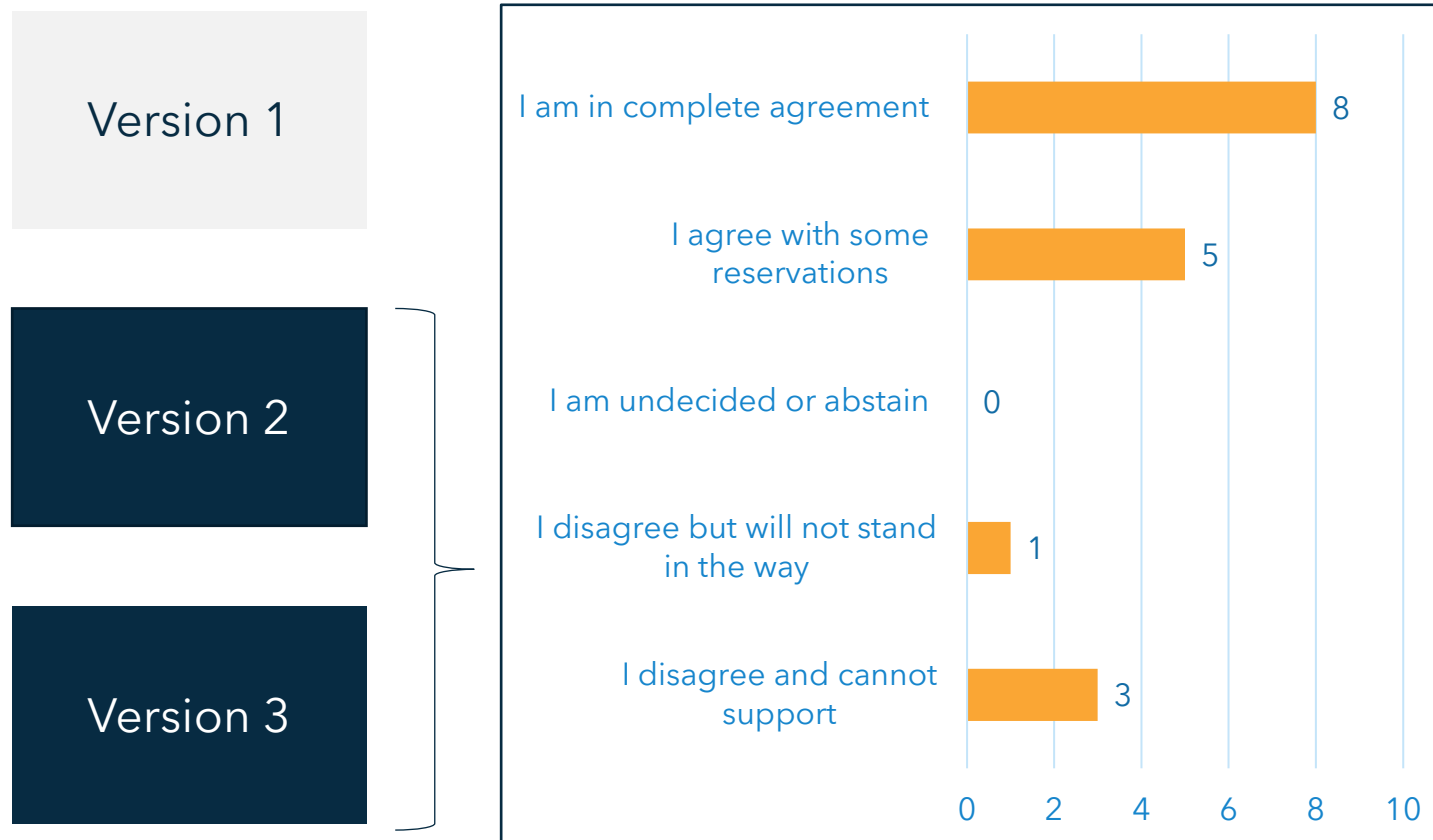
Version 3

In Meeting 3 and its follow-up comment opportunity, the workgroup provided initial feedback on Version 1 of this recommendation.

- Core areas of feedback on Version 1 included the need to **further develop and distinguish between Visitor types**. As a result, additional categories were developed for Version 2 that reflect the range of Visitors who may visit during an emergency.
- Workgroup provided feedback to **simplify the language on how to designate Visitor**; this feedback was reflected in Version 2.
- During the meeting and in the follow-up survey, workgroup members expressed **different positions on the preferred term used to describe the individual(s) with designated access** -- i.e. "visitor" vs. "support person."

Summary of Feedback on Version 2 of Recommendation A

Workgroup members provided feedback on Version 2 of this recommendation via a survey.



Summary of Key Workgroup Feedback

- The preponderance of feedback provided recommended the term **“Resident-Designated Support Person (RDSP)”** instead of “Resident-Designated Visitor” in recognition that Visitors are essential to a LTCF resident’s wellbeing and to the resident’s care.
- Workgroup members express concern about the operational challenges associated with prescriptive format or processes that facilities would follow to track designations.

Recommendation A: Proposed Update (Version 3)

In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends that local or state orders not curtail LTCF visitation for the following types of Visitors and as follows.

- a) **LTCF residents or their representatives can designate any individuals as “Resident-Designated Support Persons” (RDSPs) who have access to the facility for in-person visits subject to the safety protocols and visiting parameters in this framework.**
 - i. RDSPs may include, but are not limited to, any of the following individuals if designated by the resident or their representative: friends, family, or chosen family.
 - ii. As a standard, facilities may not limit the number of individuals who may be designated as RDSPs, and residents may add or change their RDSPs at any time.
 - iii. LTCF may limit simultaneous RDSPs in the case of a legitimate public health or safety risk, with simultaneously defined as occurring at the same moment in time. This recommendation is not intended to limit a resident’s ability to have multiple RDSPs over a period of time (i.e., in a given day), understanding that those RDSPs may not be able to visit simultaneously in the case of a legitimate public health or safety risk.
 - iv. **This recommendation is not intended to establish specific requirements on the format or processes associated with establishing or tracking RDSPs at the facility level. It is intended to emphasize resident choice.**

- b) **Certain individuals have access to enter LTCFs through legal, statutory, regulatory, or similar authority, and that access must continue subject to the Visitor safety protocols and visiting parameters in this framework.**
 - i. Such individuals may include, but are not limited to, regulators, government surveyors, long-term care ombudsman, patient advocates, law enforcements, and others.

- c) **Service providers not employed by the LTCF should be able to provide in-person services to residents in the LTCF subject to the Visitor safety protocols and visiting parameters in this framework.**
 - i. Such providers may include, but are not limited to, health care workers, hospice providers, paid caregivers, **personal care assistants**, care managers, dentists, social services providers, financial planners, conservators, and spiritual care providers.
 - ii. The need for such services may be identified by residents, resident representatives, LTCF employees, the resident’s care team, or other individuals.

Workgroup Discussion

- We are looking to reach general alignment on what is included in this Recommendation, although the report will also summarize major areas of disagreement related to this issue.
- **Please raise your hand if there is an edit that would need to be made to Version 3 in order for you to be comfortable with this recommendation.** You will be asked to provide that specific recommendation.
- We may ask the workgroup to react to your proposed edit by providing a thumbs up/thumbs down via Poll Everywhere. Workgroup members who respond with a thumbs down may be invited to refine the edit.

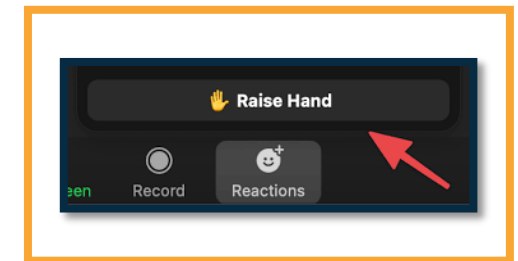
Reflecting on the edit shared previously, would you be comfortable with an update as worded?

Nobody has responded yet.

Hang tight! Responses are coming in.

Public Comments

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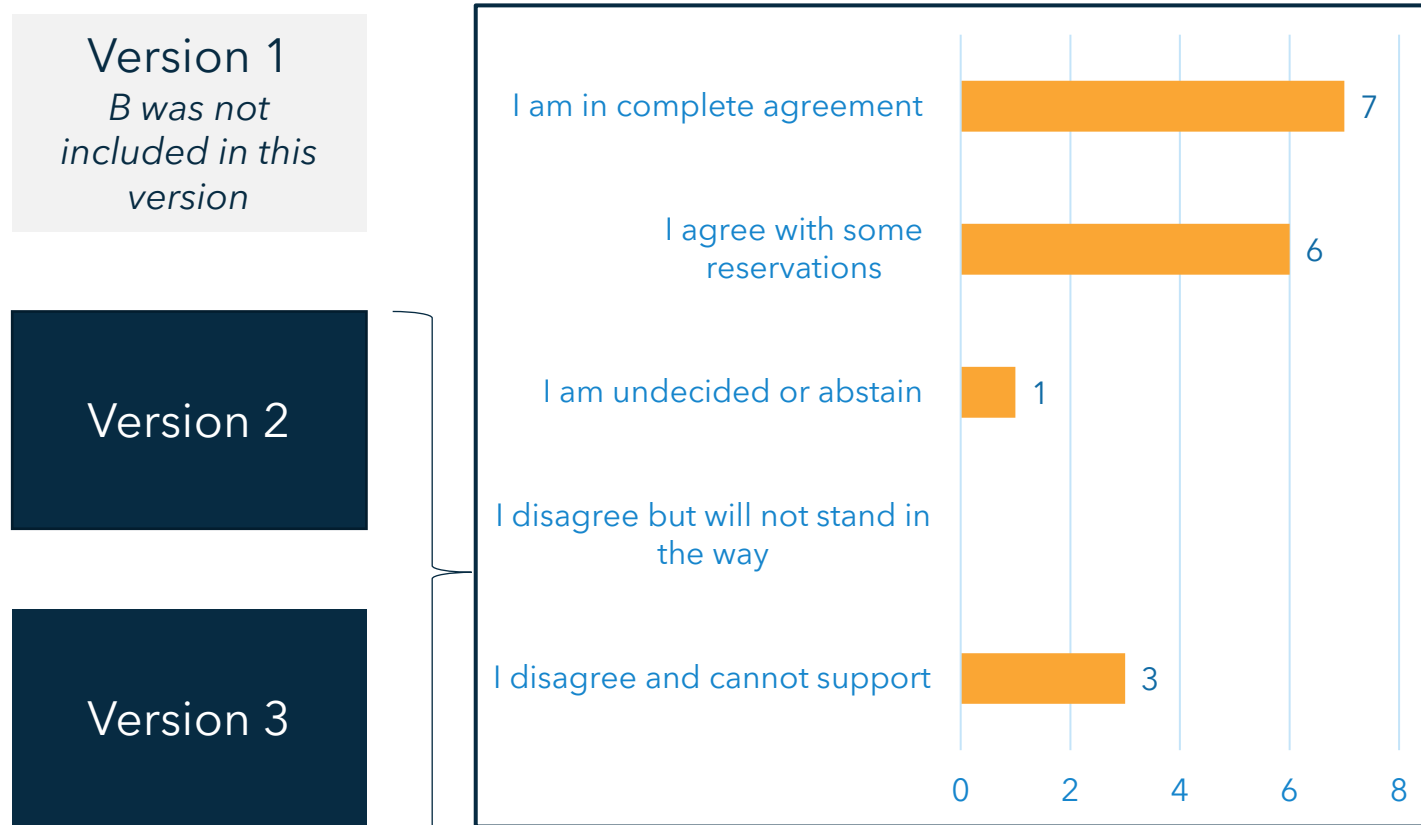


20 minutes

**B. LTCF Visitors as Priority
Populations for Emergency
Supplies
*(Previously C)***

Summary of Feedback on Version 2 of Recommendation B

Recommendation B is intended to ensure access to emergency supplies for LTCF Visitors (including RDSPs) during a state of emergency. Workgroup members provided feedback on this recommendation via a survey.



Summary of Key Workgroup Feedback

- One workgroup member indicated confusion for why there may be limited emergency supplies and why access was not already guaranteed for LTCFs.
- Some workgroup members noted that there may be times of extremely limited supply and expressed concern that this recommendation may deprioritize LTCF staff.
- Some workgroup members indicated that there should be a requirement to make supplies available for Visitors' use.

Recommendation B: Proposed Update (Version 3)

In a state of emergency in which the emergency supplies are limited across the board and in which state, county, and local authorities are involved in supply distribution, the workgroup recommends that state, county, and local authorities consider LTCF Visitors (including RDSPs) to be among the top priority populations for any emergency supplies required to adhere to LTCF safety protocols.

- a) Emergency supplies may include, but are not limited to, PPE, vaccination, and testing equipment.
- b) **Facilities shall provide emergency supplies to Visitors (including RDSPs), to the extent that those supplies have been made available to the facility by state or local entities.**
- c) **Nothing in this recommendation would deprioritize or inhibit access to emergency supplies for LTCF staff.**
- d) In case of extreme limitations on emergency supplies, the workgroup recommends that state, county, and local authorities consider compassionate care visits to be among the highest priority situations for any emergency supplies required to adhere to LTCF safety protocols.
 - i. Compassionate care is defined in Recommendation E.

Workgroup Discussion

- We are looking to reach general alignment on what is included in this Recommendation, although the report will also summarize major areas of disagreement related to this issue.
- **Please raise your hand if there is an edit that would need to be made to Version 3 in order for you to be comfortable with this recommendation.** You will be asked to provide that specific recommendation.
- We may ask the workgroup to react to your proposed edit by providing a thumbs up/thumbs down via Poll Everywhere. Workgroup members who respond with a thumbs down may be invited to refine the edit.

Reflecting on the edit previously shared, would you be comfortable with an update as worded?

Nobody has responded yet.

Hang tight! Responses are coming in.



50 minutes

**C. Safety Protocols and Process for
When External Factors May Impact
Parity Standard
*(Previously B)***

Summary of Feedback on Version 1 of Recommendation C

Recommendation C is intended to define the safety protocols that Visitors (including RDSPs) must follow when visiting a LTCF.

Version 1

In Meeting 3 and its follow-up comment opportunity, the workgroup provided initial feedback on Version 1 of this recommendation.

Version 2

- Workgroup recommended that any process for developing non-standard parameters should be **set at the state and not the county/facility level**; this was clarified in Version 2.
- The initial recommendation to convene a stakeholder group within 30 days was considered (a) **too long of a period** and (b) **unclear about what would happen with visitation during the 30-day period**. In Version 2, this was reduced to 14 days, with a clarification that visitation should still occur during that 14-day window in accordance with visitation parameters issued by the state during that time.

Version 3

- Workgroup members indicated that the recommendation as written would not address situations in which Visitors (including RDSPs) may want to follow **more stringent safety protocols** (such as using a higher quality mask) than those followed by staff.

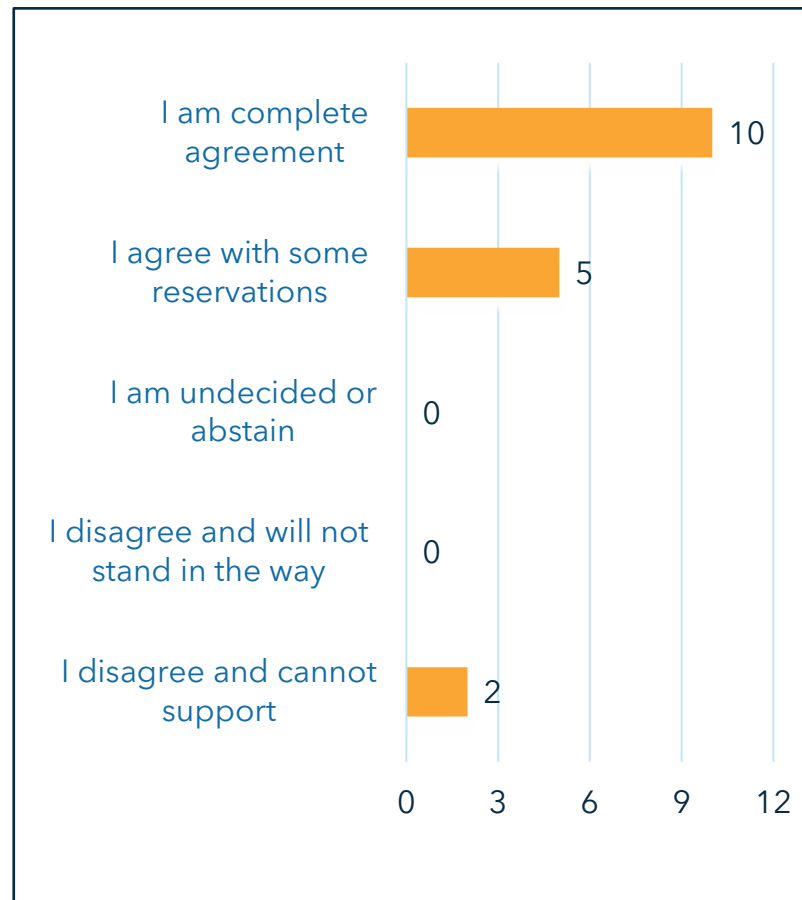
Summary of Feedback on Version 2 of Recommendation C

Workgroup members provided feedback on Version 2 of this recommendation via a survey.

Version 1

Version 2

Version 3



Summary of Key Workgroup Feedback

- Some workgroup members raised concerns about feasibility of state department (s) convening a representative group of stakeholders in public meeting during an emergency.
- Workgroup members expressed concern about what happen during the 14-day window.
 - Some were concerned that no visitation would occur during this time.
 - Others were concerned that public health official will not be able to implement safety protocols shown to be effective during this time.
- Workgroup members did not agree on what would constitute a "legitimate external factor" that may impact safety protocols or on the potential impact of limited supplies of PPE, testing, or vaccines.

Recommendation C: Proposed Update (Version 3)

In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends LTCFs should implement the same safety protocols for LTCF Visitors as for LTCF staff.

- a) LTCF Visitors should not be subject to safety protocols that are more stringent than those for LTCF staff.
- b) **If the state for any reason determines that the unique nature or conditions of the state of emergency may impact LTCF Visitors' ability to follow the same safety protocols as staff**, state department(s) must issue Visitor-specific protocols that would **allow some form of** visitation at the same time that they issue staff-specific protocols. In this situation, state department(s) must convene a representative group of stakeholders in a public meeting to discuss the Visitor-specific protocols within 14 calendar days of issuing those protocols.
 - i. Such external factors may include, but are not limited, supply issues for PPE, vaccination, and testing equipment, and other emergency supplies.
 - ii. A representative group of stakeholders would at least include residents, resident representatives, resident advocates, LTC ombudsman, LTCF operators and staff, the California Department of Public Health (CDPH), local public health departments, and the California Department of Social Services (CDSS). **The group should represent the diverse needs of the residents in all types of facilities impacted by these recommendations.**
 - iii. **Nothing in this recommendation prohibits state department(s) from responding in a timely manner to a legitimate public health or safety risk; it does, however, require consultation with stakeholders within 14 days of issuing any orders that establish Visitor-specific protocols.**
 - iv. **Nothing in this recommendation would allow a full stop to visitation for any period of time.**

Workgroup Discussion

- We are looking to reach general alignment on what is included in this Recommendation, although the report will also summarize major areas of disagreement related to this issue.
- **Please raise your hand if there is an edit that would need to be made to Version 3 in order for you to be comfortable with this recommendation.** You will be asked to provide that specific recommendation.
- We may ask the workgroup to react to your proposed edit by providing a thumbs up/thumbs down via Poll Everywhere. Workgroup members who respond with a thumbs down may be invited to refine the edit.

Reflecting on the edit previously shared, would you be comfortable with an update as worded?

Nobody has responded yet.

Hang tight! Responses are coming in.



Break
(20 minutes)



Revised Policy and Practice Recommendations D-F

D. Visiting Parameters and Process for Issuing Alternate Minimum Parameter



50 minutes

Summary of Feedback on Version 1 of Recommendation D

Recommendation D is intended to establish clear visiting parameters that reasonably allow Visitors to conduct in-person visits and minimize variation between facilities.

Version 1

Version 2

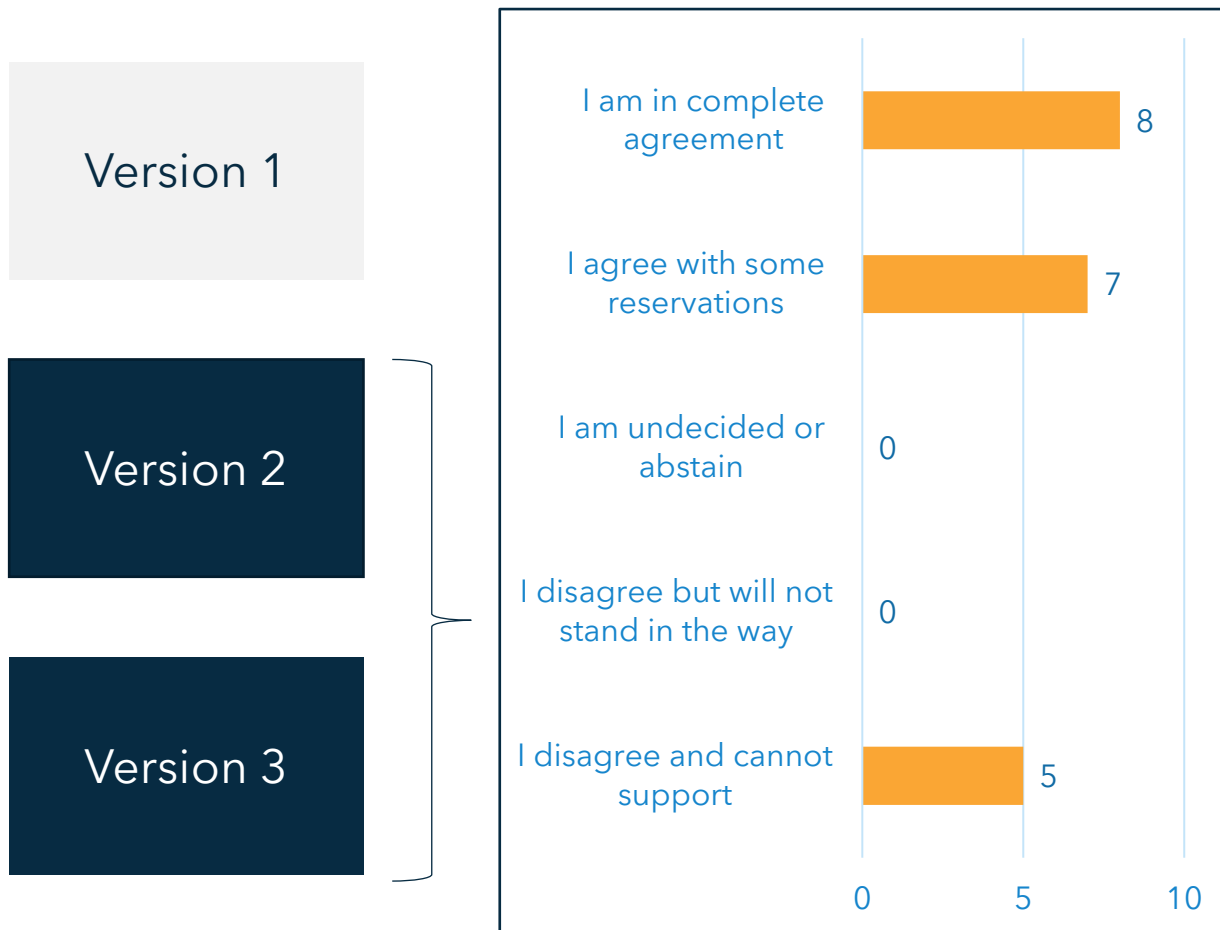
Version 3

In Meeting 3 and its follow-up comment opportunity, the workgroup provided initial feedback on Version 1 of this recommendation.

- Workgroup recommended that the standard more clearly **be in-person visitation**; this was added to Version 2.
- Workgroup recommended that any process for developing non-standard parameters should be **set at the state and not the county/facility level**; this was clarified in Version 2.
- The initial recommendation to convene a stakeholder group within 30 days was considered (a) **too long of a period** and (b) **unclear about what would happen with visitation during the 30-day period**. In Version 2, this was reduced to 14 days with clarification that visitation should still occur during that 14-day window in accordance with visitation parameters issued by the state during that time.
- Workgroup did not agree on the minimum hours of visitation that should be required of LTCFs during a state of emergency.

Summary of Feedback on Version 2 of Recommendation D

Workgroup members provided feedback on Version 2 of this recommendation via a survey.



Summary of Key Workgroup Feedback

- Some workgroup members raised concerns about the feasibility of state department (s) convening a representative group of stakeholders in public meeting during an emergency.
- Workgroup members expressed concern about what happen during the 14-day window.
 - Some were concerned that no visitation would occur during this time.
 - Others were concerned that public health officials will not be able to implement safety protocols shown to be effective during this time.
- Some workgroup members indicated that recommendations must explicitly not allow restrictions in hours of visitation during an emergency for Visitors.

Recommendation D: Proposed Update (Version 3)

In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends that visiting parameters allow Visitors to conduct in-person visits with residents, as described below.

- a) The standard parameters for visitation are as follows:
 - i. LTCF Visitors **must** be able to see residents in person in a location that is accessible for the resident and Visitor. **Generally, this should occur in a resident's room, although steps should be taken to ensure privacy in the case of a shared room.**
 - ii. Hours of visitation must be daily **and must be at least as expansive as those required of a LTCF outside of a state of emergency. Those requirements may vary by facility type.**

- b) If legitimate operational and safety considerations require consideration of non-standard visitation parameters, the relevant state department(s) must issue alternate minimum parameters that would enable visitation. In this situation, the state department(s) must convene a representative group of stakeholders in a public meeting to discuss the Visitor-specific protocols within 14 days of issuing those parameters.
 - i. A representative group of stakeholders would at least include residents, resident representatives, resident advocates, LTC ombudsman, LTCF operators and staff, the California Department of Public Health (CDPH), local public health departments, and the California Department of Social Services (CDSS). **The group should represent the diverse needs of the residents in all types of facilities impacted by these recommendations.**
 - ii. **Nothing in this recommendation prohibits state department(s) from responding in a timely manner to a legitimate public health or safety risk; it does, however, require consultation with stakeholders within 14 days of issuing any orders that establish non-standard parameters to visitation.**
 - iii. **Nothing in this recommendation would allow a full stop to visitation for any period of time.**

Workgroup Discussion

- We are looking to reach general alignment on what is included in this Recommendation, although the report will also summarize major areas of disagreement related to this issue.
- **Please raise your hand if there is an edit that would need to be made to Version 3 in order for you to be comfortable with this recommendation.** You will be asked to provide that specific recommendation.
- We may ask the workgroup to react to your proposed edit by providing a thumbs up/thumbs down via Poll Everywhere. Workgroup members who respond with a thumbs down may be invited to refine the edit.

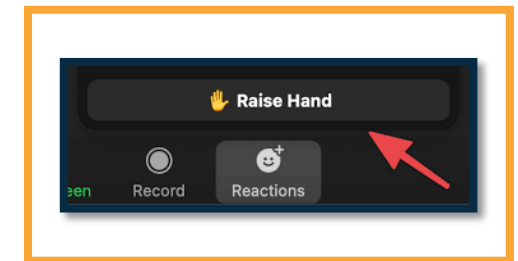
Reflecting on the edit previously shared, would you be comfortable with an update as worded?

Nobody has responded yet.

Hang tight! Responses are coming in.

Public Comments

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20 minutes

E. Expanded Visiting Parameters to Enable Compassionate Care

Summary of Feedback on Version 1 of Recommendation E

Recommendation E is intended to expand the visiting parameters to further enable compassionate care.

Version 1

Version 2

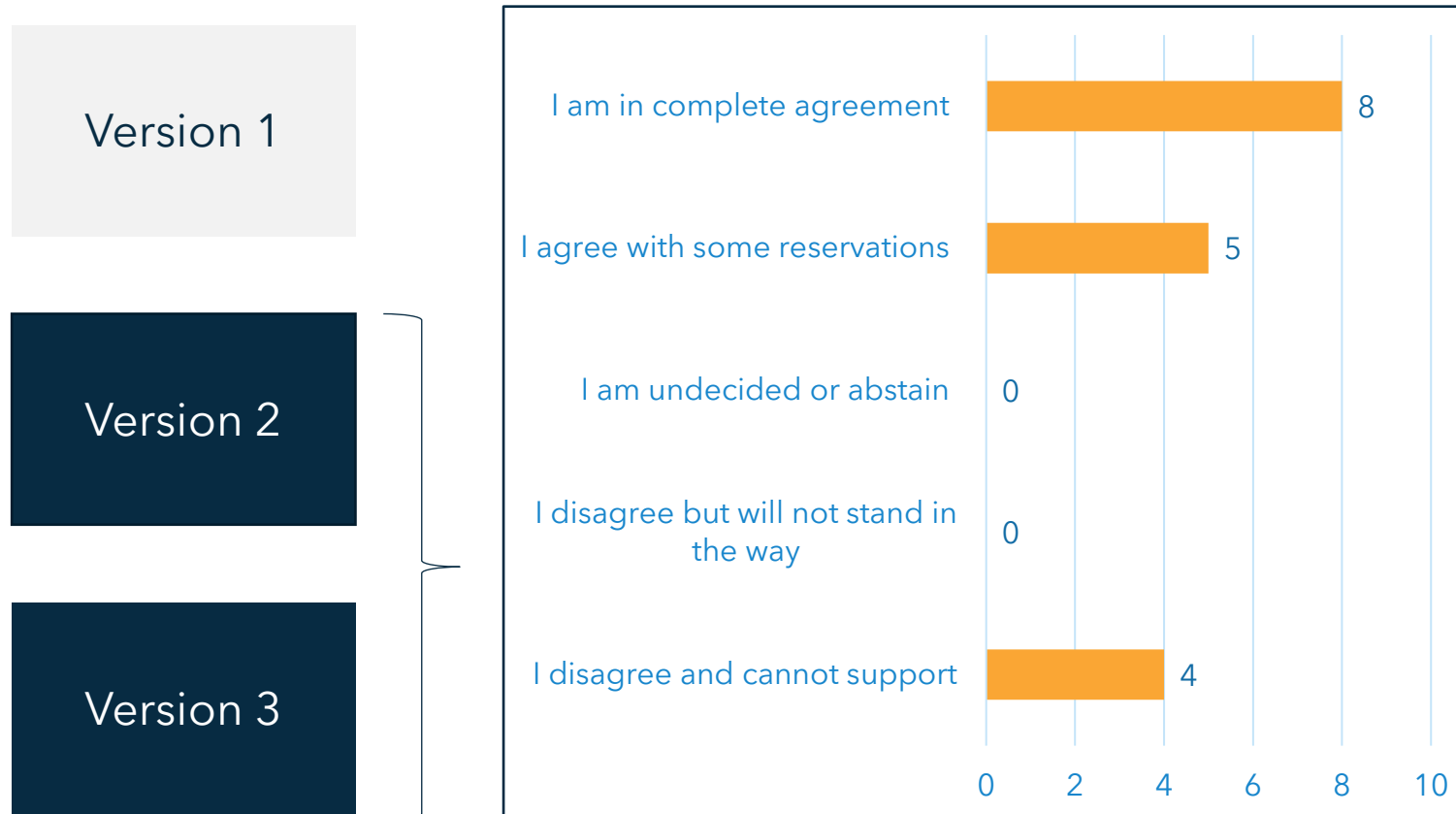
Version 3

In Meeting 3 and its follow-up comment opportunity, the workgroup provided initial feedback on Version 1 of this recommendation.

- Some cited concern with utilizing the term “compassionate care” due to **its association with “end of life” situations**. However, “compassionate care” is an understood, standard term that has regulatory meaning, so the term was maintained in Version 2 with the definition elaborated to account for any concern about the the term being interpreted to mean only end-of-life situations.
- Workgroup was uncertain about the need for compassionate care recommendation, but acknowledged its need may depend on the specifics include in other recommendations.

Summary of Feedback on Version 2 of Recommendation E

Workgroup members provided feedback on Version 2 of this recommendation via a survey.



Summary of Key Workgroup Feedback

- Some workgroup members expressed that a compassionate care recommendation was not needed and should be removed.
- Suggested LTC Ombudsman and state licensing entities be included in list of individuals who can identify the need for compassionate care.
- Recommended CMS definition of compassionate care be amended to consider stable residents.

Recommendation E: Proposed Update (Version 3)

In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, 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.

- a) 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” **or who is otherwise suffering**. This includes, but is not limited to:
- i. End of life and/or hospice care;
 - ii. A situation where the resident has stopped eating or drinking, or is experiencing significant weight loss;
 - iii. A major change of circumstance, such as a transition in LTCF;
 - iv. Grief, such as grieving the loss of a loved one;
 - v. A significant or rapid decline in mental health; and
 - vi. A situation in which a resident is experiencing emotional distress from isolation.
- b) The need for a compassionate care visitation may be identified by any member of the resident’s care team, the resident themselves, the RDSPs, **the state licensing agency personnel, or the Long-Term Care Ombudsman.**

Question for Workgroup:

Does this workgroup want to put forward a recommendation related to compassionate care?

Workgroup Discussion

- We are looking to reach general alignment on what is included in this Recommendation, although the report will also summarize major areas of disagreement related to this issue.
- **Please raise your hand if there is an edit that would need to be made to Version 3 in order for you to be comfortable with this recommendation.** You will be asked to provide that specific recommendation.
- We may ask the workgroup to react to your proposed edit by providing a thumbs up/thumbs down via Poll Everywhere. Workgroup members who respond with a thumbs down may be invited to refine the edit.

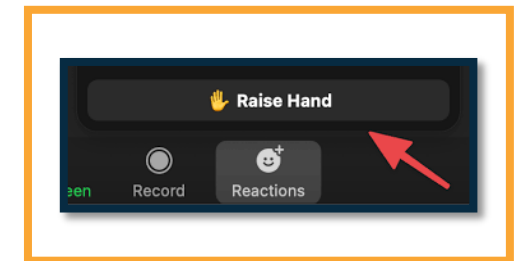
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Nobody has responded yet.

Hang tight! Responses are coming in.

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 - 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.



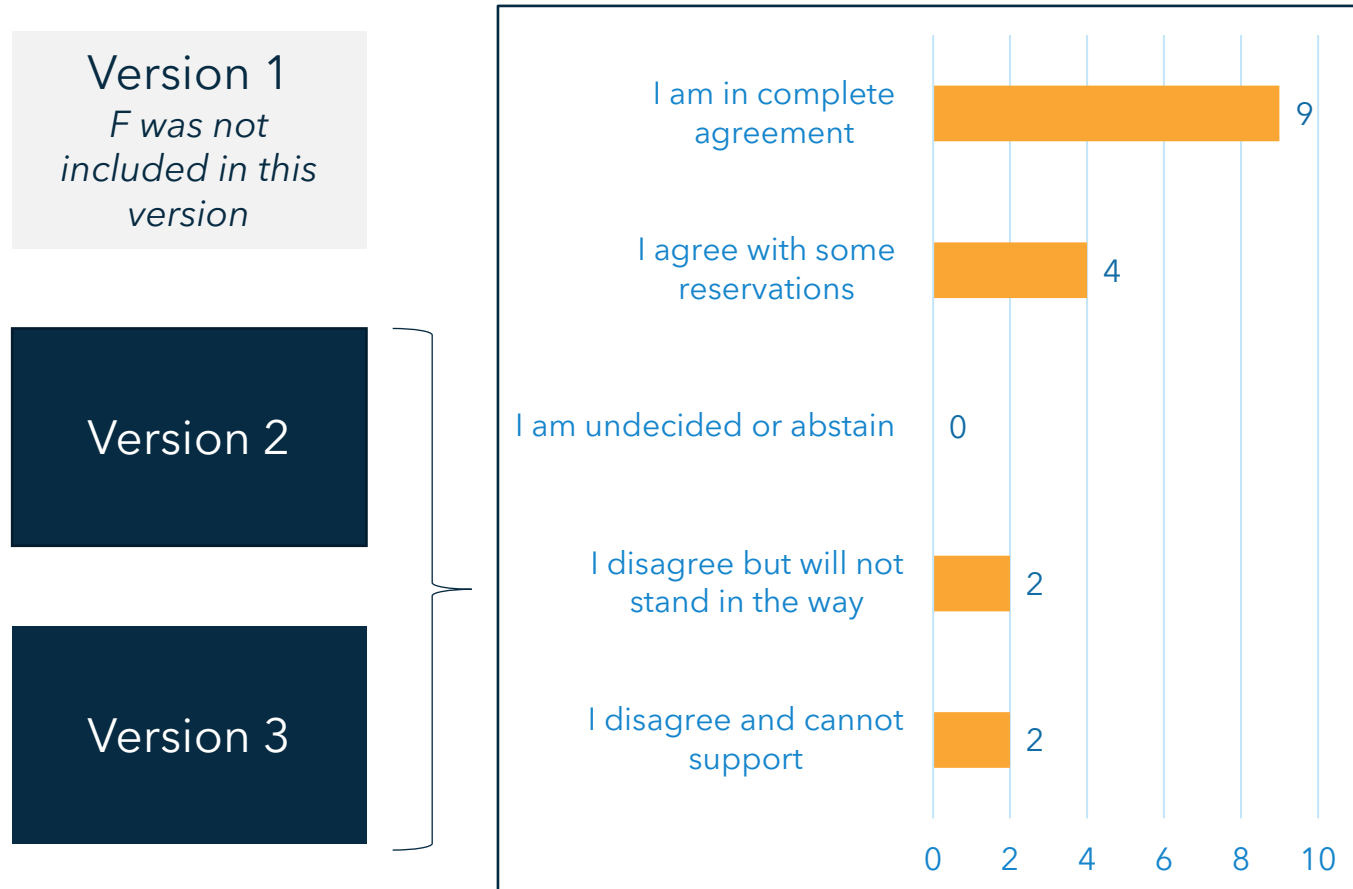


40 minutes

F. Communication on LTCF Visitation Standards and Appeals/Grievances Process

Survey Feedback on Version 2 of Recommendation F

Recommendation F intends to establish framework for an appeals/grievances process that ensures equitable implementation of the recommendations. Feedback on this recommendation was provided via survey.



Summary of Key Workgroup Feedback

- Workgroup members expressed the importance of the communication being provided in “threshold languages and written in plain language” for all residents and visitors.
- Some workgroup member emphasized the need for communication to be posted on LTCF website, but also within facilities where both residents and visitors are able to view.
- Workgroup members emphasized the need for clear guidelines on the timeframe for responding to grievances and appeals.

Recommendation F: Proposed Update (Version 3)

The workgroup recommends that state LTCF licensing agencies provide clear communication on LTCF visitation standards and an accessible process for submitting appeals and grievances in situations where visitation is not made available as outlined by this framework.

- a) To promote clear communications of policies:
 - a) State LTCF licensing agencies should clearly post on their websites the current policies for visitation in LTCFs, including required Visitor safety protocols and any parameters that have been established via this framework.
 - b) **Facilities should clearly post visitation policies in visible locations within the facility.**
 - c) **All communications related to visitation must meet accessibility standards, be written in plain language, and be available in threshold languages.**

- b) To promote equitable implementation of those policies:
 - a) **The state LTCF licensing agencies shall develop a detailed process for grievances and appeals, and they shall release the proposal for public comment prior to finalizing it.**
 - b) **That process will include specific timelines for responding to grievances and appeals.**
 - c) The process also should include a method for a resident's loved ones to appeal a situation in which a resident representative did not **identify** them as a RDSP or for a situation in which there is not representation able to make these designations.
 - d) This process should include a method for rapidly responding to a situation in which a RDSP was not able to visit a resident in accordance with the policies posted on the State LTCF licensing agencies' websites.

Workgroup Discussion

- We are looking to reach general alignment on what is included in this Recommendation, although the report will also summarize major areas of disagreement related to this issue.
- **Please raise your hand if there is an edit that would need to be made to Version 3 in order for you to be comfortable with this recommendation.** You will be asked to provide that specific recommendation.
- We may ask the workgroup to react to your proposed edit by providing a thumbs up/thumbs down via Poll Everywhere. Workgroup members who respond with a thumbs down may be invited to refine the edit.

Reflecting on the edit previously shared, would you be comfortable with an update as worded?

Nobody has responded yet.

Hang tight! Responses are coming in.



Next Steps

Next Steps

- Following today's meeting, CDA and Manatt teams will review additional feedback received by Workgroup and members of the public to inform the "Recommendations Report."
- As a reminder, the "Recommendations Report" will summarize the discussion and the joint recommendations of this workgroup . That report will be submitted to the fiscal and appropriate policy committees of the Legislature.
- Members of this workgroup will be provided a copy of the final report. If there are recommendations your organization wishes to provide but on which this workgroup did not reach consensus, workgroup members will have an opportunity to submit a letter on behalf of their organizations for inclusion as an attachment to the report.

LTCFA Policy Workgroup Meeting materials are listed on 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