

Long-Term Care Facility Access Policy Workgroup Meeting  
August 22, 2023 | Q & A Transcript

Time: 12:31

Name: Heather Harrison

**Question:** Hi I'm a panelsit but believe I have the wrong link. Please help. Heather Harrison

**Answer:** Live answered

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Time: 12:40

Name: DeAnn Walters

**Question:** I also am a panelist and don't seem to have the panelist link. Thank you

**Answer:** Live answered

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Time: 12: 43

Name: Teresa Palmer

**Question:** Call in option does not work-what are the correct call in numbers to listen?

**Answer:** To call in (listen only): (888) 788-0099 or (877) 853-5247, Webinar ID: 843 6509 5969, Passcode: 481582

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Time: 12:43

Name: Teresa Palmer

**Question:** Call in option does not work-what are the correct call in numbers to listen?

**Answer:** Try this: 877 853 5247 (Toll Free) or 888 788 0099 (Toll Free), Webinar ID: 851 4239 5652, Passcode: 506809

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Time: 12:47

Name: Teresa Palmer

**Question:** 'This meeting ID does not exist". I have tried repeatedly.

**Answer:** Live answered

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Time: 12:47

Name: Teresa Palmer

**Question:** 'This meeting ID does not exist". I have tried repeatedly.

**Response:** Hi Teresa, Looks like you are already in the meeting, but you can try to reconnect with this link:

<https://us06web.zoom.us/j/85142395652?pwd=SUZWNTljMTIKMIZ1eTF0N1JwWGZLQT09>

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Time: 12:47

Name: Teresa Palmer

**Question:** 'This meeting ID does not exist". I have tried repeatedly.

**Answer:** Try this: 877 853 5247 (Toll Free) or 888 788 0099 (Toll Free) Webinar ID: 851 4239 5652 Passcode: 506809

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Time: 12:51

Name: Teresa Palmer

Brandie I am waiting

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Time: 12:52

Name: Teresa Palmer

I need to switch to call in/listen only for part of the day-how to do that?

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Time: 12:54

Name: Teresa Palmer

ok thanks will try

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Time: 12:57

Name: Karen Klink

**Question:** A support person is whatever the resident needs at the time.. changes constantly

**Answer:** Live answered

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Time: 13:02

Name: Karen Klink

**Question:** Working under the assumption that residents has so many visitors... it is just not realistic.

**Answer:** Live answered

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Time: 13:04

Name: Teresa Palmer

Limiting an RDSP to only one at a time overlooks the individual needs of both the resident and the support person: allowance must be made for disabled RDSP who need a companion to assist them, or for residents who have an individual need for more than one visitor. You must use the least restrictive and most individualized approach.

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Time: 13:06

Name: Karen Klink

Unfortunately, there is contradiction between jurisdictions

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Time: 13:09

Name: Teresa Palmer

The need to anticipate every situation (AKA "What about Ebola") has been used by industry to keep residents isolated and led to this mess.

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Time: 13:11

Name: Teresa Palmer

As a baseline PERSONAL AND FACE TO FACE CONTACT MUST BE ALLOWED.  
RDSPS MUST BE GIVEN EQUITABLE ACCESS WITH STAFF

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Time: 13:13

Name: Irma Rappaport# CT

I'm in CT and we have a state essential support person bill passed. It allows a primary essential support person and a secondary essential support person, allowed in one at a time. We just need to make sure that no one has to be isolated alone in a public health emergency. Someone who has relied on their loved one's help, especially with the terrible short staffing, can die in a short time without their loved one supplementing their care. If there is an Ebola outbreak, the ESP is willing to take the risk the same as staff in going in and they will follow the same safety protocols as staff. We now have 3 month stockpiling of PPE and there will always be masks available after this Covid Pandemic. It won't create extra paperwork, because ESP comes in regularly, so what they do one day they will do the next day and the next.

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Time: 13:16

Name: Teresa Palmer

THE GREATEST EXTENT POSSIBLE is a loophole you can drive a truck through and will be misused

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Time: 13:16

Name: Irma Rappaport# CT

The CT PA 21-71 defines "essential support person" as "a person designated by a long-term care facility resident, or a resident representative, who may visit with the resident in accordance with rules set by the Commissioner of Public Health to provide essential support as reflected in the resident's person-centered plan of care." It says "Essential Support" means support that includes, but is not limited to a) Assistance with activities of daily living and b) physical, emotional, psychological and socialization support for the resident"

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Time: 13:18

Name: Irma Rappaport# CT

Think of a person with disabilities where a support person was allowed in during the Covid Pandemic. Everyone in a facility has some kind of physical or mental disability or they wouldn't need to live in one, so they deserve a support person. I agree with Maitely's point that if you go into a facility you will see very few ESPs in there daily, etc. But they free up staff to help residents who do not have an ESP.

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Time: 13:21

Name: Karen Klink

We the people made a change in this Pennsylvania case!

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Time: 13:23

Name: Irma Rappaport# CT

Facilities misinterpret and "ignore" CMS/Department of Health guidelines. Good points, Melody "facilities need a tool of a law where facilities can show that you can't have access unless you are following the written safety protocols. A law is clear and enforceable - they are not "guidelines."

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Time: 13:25

Name: Irma Rappaport# CT

Support is safer than staff because they don't have multiple residents to take care of (cross contamination) - they stay with the loved one.

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Time: 13:25

Name: Karen Klink

Yes Catherine..

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Time: 13:25

Name: Irma Rappaport# CT

Support person

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Time: 13:26

Name: Karen Klink

Absolutely Facetime is NOT the same

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Time: 13:28

Name: Irma Rappaport# CT

Support persons are free help and usually very conscientious and responsible. Please watch this 2 minute video, panelists, of a son at a window visit watching his mom in anguish because she doesn't understand why he can't come in.

<https://us02web.zoom.us/j/85052497361?pwd=b2NjTmJPOEdINHNLeljgxR1dVOXluZz09>

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Time: 13:29

Name: Irma Rappaport# CT

I meant this YouTube video:

<https://www.facebook.com/100077369298336/videos/524871622495567>

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Time: 13:32

Name: Ken Cutler

Would that equal visitation right require that the RDSPs have same training, PPE, immunization requirements, etc. as staff?

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Time: 13:38

Name: Karen Klink

I would point out that during current Covid pandemic testing, supplies and ppe were much more readily supplied to visitors at SNF's than non federally funded ALF's etc.

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Time: 13:38

Name: Teresa Palmer

RDSP=staff in access to supplies or anything else

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Time: 13:41

Name: Teresa Palmer

Compassionate care should be taken out of the equation—waiting until someone is in dire shape to allow RDSP presence violates the whole spirit of this.

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Time: 13:45

Name: Teresa Palmer

ANY process for listing designess has to be individualized. COst to facilities to DO THEIR JOB to honor the human rights of residents must be secondary to those rights.

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Time: 13:45

Name: Irma Rappaport# CT

Answering Melody's question about PPE - states have regulations on the PPE: This is Connecticut's: ACT CONCERNING LONG-TERM CARE FACILITIES.

Connecticut General Assembly (.gov)

<https://www.cga.ct.gov> › pdf

Apr 14, 2021 — a 90-day stockpile of personal protective equipment (PPE) that will be used to supply long-term care facilities during a public health.

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Time: 13:49

Name: Teresa Palmer

Nursing homes contracting with pharmacies actually limited the abvialbility of vaccinations to both resdients and staffn because pharmacies were not present daily and the nursing homes did not maintain their own supplies—>industry dumped the cost of billing on pharmacies—it was not about the resdients, it was about saving money on resdients backs.

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Time: 13:52

Name: Teresa Palmer

Industry will abuse limiting the number of RDSPs—families will co-operate with encouragement to limit.

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Time: 13:55

Name: Irma Rappaport# CT

Again, this is a public health emergency, so the important thing is the resident designated the essential support person, there is a backup essential support person and the resident will not be left with NO ONE, like they were in the past few years.

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Time: 13:56

Name: Teresa Palmer

**Question:** RDSPs aren't going to be beating the doors down if there is a true shortage of ppe—there is more of a risk of residents not getting enough help.

**Answer:** Live answered

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Time: 14:03

Name: Teresa Palmer

**Question:** RDSPs who have the option can be encouraged to supply or fund their own PPE as a contribution to families who have less means——families consistently were more conscientious about infection control than staff during the peak of covid. RDSPs can be encouraged to decide with themselves and their resident who the resident most needs to see.

**Answer:** Live answered

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Time: 14:04

Name: Teresa Palmer

GET RID OF D

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Time: 14:12

Name: Karen Klink

I would ask i version 3 when it says more stringent "higher quality mask" that applies narrowly to this. not that we want to follow "more stringent or more restrictive" in other circumstances

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Time: 14:14

Name: Teresa Palmer

?SOME FORM OF VISITATION"—too big a loophole. One cannot feed a resident through a window or computer screen. Resdients who are marginally physically or psychologically will die or decline—

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Time: 14:15

Name: Teresa Palmer

Visitation must be defined as personal and face to face

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Time: 14:15

Name: Karen Klink

What once again I don't understand is why I can't see everyone's comments and questions in this forum Q and A? Also, I am not seeing all comments in chat either. Why is that?

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Time: 14:18

Name: Teresa Palmer

RDSPs must be allowed with the same precautions of staff, as long as they have informed consent as to the risks

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Time: 14:19

Name: Karen Klink

Thanks Karen

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Time: 14:19

Name: Teresa Palmer

72 hours max or people will die

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Time: 14:21

Name: Teresa Palmer

Yes-get rid of B and in A use RDSP=staff period!!!

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Time: 14:23

Name: Irma Rappaport# CT

Please don't limit RDSPs, as long as they are following the same standards as staff healthwise for access. There is a severe staff shortage and they are essential! And they are residents' advocates - otherwise they (especially ones with dementia) have no voice!

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Time: 14:24

Name: Irma Rappaport# CT

I mean limit access, I'm not talking about limiting number. I already think in a public health emergency it's fine to limit the number per person to two, one at a time.

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Time: 14:29

Name: Irma Rappaport# CT

Re: DeAnn Walters comment about someone with no family. They should have a conservator then, or a clergy member be their RDSP. That is a good point about volunteers be available to be someone's support person if they have no one.

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Time: 14:30

Name: Karen Klink

Volunteer groups like National Association of Long Term Care Volunteers are becoming more prevalent.

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Time: 14:31

Name: Teresa Palmer

Get rid of B. The intent is to limit access!!!

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Time: 14:33

Name: Karen Klink

Yes Eric...if not equivalent

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Time: 14:34

Name: Irma Rappaport# CT

Response to Eric Carlson - 5:33 - staff and RDSP are treated equivalent really just in terms of following the same safety protocols. In the resident's care plan should be what activities of daily living the RDSP can do for the resident and they should be educated by the facility in doing them (feeding, etc.)

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Time: 14:38

Name: Irma Rappaport# CT

Sorry about all my comments in the Q&A but I don't have access to the Chat, maybe because I'm not in California. But I'm supporting people in California, based on my advocating for a Federal Essential Caregivers Act and a Connecticut State Bill, which passed. Thank you.

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Time: 15:05

Name: Irma Rappaport# CT

Re: Parameters of Visitation with 14 days/30 days...everyone thought in March 2020 visitation would be resumed within about 2 weeks and in so many facilities it ended up not for 2+ years, so barring visitation for RDSP's for a time frame could be extended on and on until it's for months and months like the past two years.

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Time: 15:07

Name: Irma Rappaport# CT

Past 3 -1/2 years.

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Time: 15:08

Name: Teresa Palmer

Nothing should allow a full stop on IN PERSON FACE TO FACE VISITATION BY RDSPS

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Time: 15:09

Name: Irma Rappaport# CT

RDSPs should stay with the loved one in their room, because usually the resident has to stay in their room. They don't need to go from room to room like staff with multiple residents to care for. Most of the time my mom was alone and lonely on her side of the room, with a curtain in between her and the roommate. The CNAs and nurses only came in for brief periods of time to do care (in a quick manner, since they were short-handed and had to go on to someone else).

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Time: 15:11

Name: Karen Klink

So very hard to hear Jack

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Time: 15:11

Name: Teresa Palmer

ACCESS TO RDSPS FACE TO FACE AT ALL HOURS MAY NOT BE CURTAILED—  
STAFF CAN GO IN

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Time: 15:15

Name: Karen Klink

Exactly Karen!!

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Time: 15:17

Name: Irma Rappaport# CT

It's just one person coming in the room, doing the same safety protocols as staff and RDSPs have much more time to give person-centered care than staff! What about all the people in private rooms during the pandemic who also couldn't have an RDSP.

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Time: 15:17

Name: Irma Rappaport# CT

Nancy and Maitely, I hope you can use my comments to inspire your comments, but you are both doing great!!!

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Time: 15:20

Name: Teresa Palmer

MR. CHICOTEL I agree with due process but not at the expense of loss of in person visitation during the interim

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Time: 15:23

Name: Teresa Palmer

ACCESS TO RDSPS FACE TO FACE AT ALL HOURS MAY NOT BE CURTAILED IF STAFF CAN GO IN

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Time: 15:24

Name: Irma Rappaport# CT

People have died in two or 3 weeks from not eating after their loved one was denied access to them. Please do not take away a RDSP even for one day. The RDSP needs to come in to see clearly even to decide whether to take their loved one out of the facility during the emergency, because there is not enough staff or PPE, etc.

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Time: 15:25

Name: Teresa Palmer

If there is an out of the norm restriction the reason must be transparent and it needs to be the least restrictive alternative without EVER creating a full stop to RDSP person to person contact.

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Time: 15:27

Name: Irma Rappaport# CT

State surveyors and ombudsmen were not even allowed in facilities during the Covid pandemic. We need some objective eyes to make sure STAFF are following the safety protocols. This oversight is perfect for RDSPs.

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Time: 15:27

Name: Teresa Palmer

thank you Karen Jones. LTCs are not prisons

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Time: 15:28

Name: Irma Rappaport# CT

If an RDSP is at the door and is turning into a Zombie, of course they would not be allowed in. If they are passing the health safety guidelines staff have to follow (temperature, not coughing, etc.) they should be allowed in.

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Time: 15:31

Name: Irma Rappaport# CT

Like Karen said, a mask/gloves/gown are standard good protection for most things. If things were worse than that and people needed Hazmat suits and there were not enough of them for RDSP, maybe the RDSP would take out their loved one, no matter the sacrifice.

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Time: 15:33

Name: Irma Rappaport# CT

I don't feel comfortable saying these things in front of everyone, because I don't live in California, but this is a national issue and I hope the panelists are seeing my comments.

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Time: 15:34

Name: Teresa Palmer

stakeholders meeting must occur in advance of limiting parameters. Marginal people will die and decline within 14 days—same old crap

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Time: 15:37

Name: Teresa Palmer

Ms. Dunham are you asking for a loophole to make more bad decisions for nursing home visitation?

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Time: 15:38

Name: Ken Cutler

It says convene a stakeholder group, not just consult.

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Time: 15:41

Name: Karen Klink

Yes Catherine that is exactly what I believe they are saying!! It says convene a stakeholder group, not just consult.

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Time: 15:42

Name: Teresa Palmer

Get rid of b—the intent is to limit RDSP access again

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Time: 15:47

Name: Teresa Palmer

thank you Jack Light. Get rid of b

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Time: 15:51

Name: Teresa Palmer

if anything, in an emergency, RDSP will be needed for more hours as there will be staff shortages

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Time: 16:02

Name: Teresa Palmer

The one visitor at a time for everybody is what needs to be jettisoned—if this rule is flexible and individualized we do not need compassionate care. The term compassionate care has been so widely abused and misunderstood by nursing homes.

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Time: 16:08

Name: Teresa Palmer

Please revisit the clause for only one RDSP at a time—if this is a flexible and individualized decision we do not need compassionate care

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Time: 16:12

Name: Teresa Palmer

Those who were judged by the nursing home to “not qualify” for compassionate care were discriminated against in terms of visitors during covid—they weren’t “sick enough.” (Of course many of them were very sick but the place was too understaffed for anyone to notice.)

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Time: 16:23

Name: Teresa Palmer

Will CDSS and CDPH scuttle the law because they say they are too underfunded to support it? That's what happened to the previous original exceedingly well written AB2546.

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Time: 16:25

Name: Teresa Palmer

There was no itemization or transparency about the excessive costs CDSS cited, and CDPH was never shown to the public.

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Time: 16:31

Name: Teresa Palmer

CDPH took months for many grievances—some being resolved after people died or their families in despair pulled them out of the nursing home due to failure to thrive. Let's define “rapid” as REALLY RAPID

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Time: 16:44

Name: Teresa Palmer

Need another session of this workgroup to finalize recommendations!

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Time: 16:45

Name: Karen Klink

My name is Karen Klink, I worked on the original bill AB2546 The Essential Caregivers Act. That bill was a decent bill in itself. It was supported strongly in the 2 committees it passed through and there was no real financial burden attached to it. Then it got to the Appropriations committee and all the sudden there was a cost of 2.5 million to enforce and regulate it. I am not sure where or why this happened. My recollection is CDSS/CCLD said they did not have funding to "police" ECC. I believe there were entities that just wanted to kill the bill and that certainly did it. No one ever had to justify why it would cost that much money, they just said it. I am pretty sure that is not true, there are not that many people that are ECC or RDSP's, they are not coming out in mass numbers and lining up at the doors of long term facilities to cause such a massive financial burden. I hope this can be thought out in a rational manner this time.

Much Gratitude,

Karen Klink

310-339-9761

My name is Karen Klink, I w

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Time: 16:56

Name: Karen Klink

Thank you for doing this... it was a daunting task