

Welcome LTCFA Policy Workgroup Members



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

Before the meeting starts:

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



Long-Term Care Facility Access Policy Workgroup

Meeting 1
March 14, 2023

LTCFA Policy Workgroup: Public Participation



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

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

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

aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup

Planned Meetings Dates

Workgroup Meeting 1 (Today)

March 14 | 12:30 PM - 3:00 PM

Workgroup Meeting 2

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

Workgroup Meeting 3

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

Workgroup Meeting 4

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

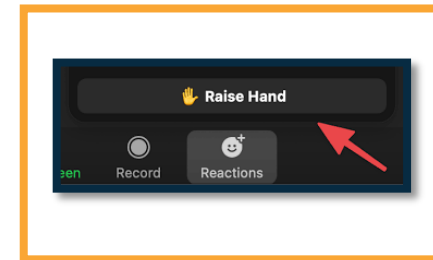
How to Participate In Today's Session

WORKGROUP MEMBERS



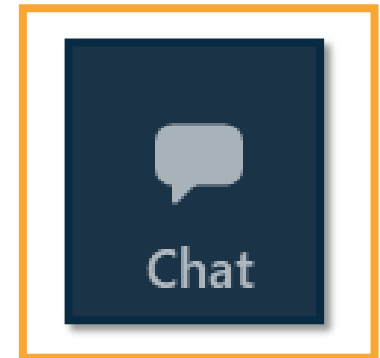
Verbal Comments

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



Written Comments

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- Workgroup members should send their comments to “Everyone.”
- All comments will be recorded and reviewed by CDA staff.



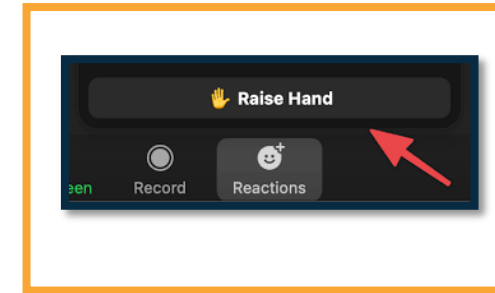
How to Participate In Today's Session

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.



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.

Agenda

12:30 PM

Welcome, Roll Call, and Background

12:45 PM

Research on LTCF Visitation and Access

1:15 PM

The Lived Experience of LTCF Visitation

1:55 PM

Overview of LTCF Visitation Policies in the U.S.

2:35 PM

Public Comment

2:55 PM

Closing and Next Steps

Introductions



Mark Beckley
Chief Deputy Director



Brandie Devall
Attorney III



Juliette Mullin
Manatt Health

Organizations Representing In Workgroup



6Beds
California Foundation for Independent Living Centers (CFILC)
The Alzheimer's Disease and Related Disorders Advisory Committee
California Long Term Care Ombudsman Association
Alzheimer's Association
California Caregiver Resource Centers
California Advocates for Nursing Home Reform (CANHR)
County Behavioral Health Directors Association of California (CBHDA)
California Assisted Living Association (CALA)
County Health Executives Association of California (CHEAC)
California Association of Health Facilities (CAHF)
Disability Rights California (DRC)
California Association of Long-Term Care Medicine (CALTCM)
Foundation Aiding the Elderly (FATE)
California Commission on Aging (CCoA)
Health Officers Association of California (HOAC)
California Conference of Local Health Officers (CCLHO)
Justice in Aging (JIA)
California Department of Aging (CDA)
Kern Medical
California Department of Developmental Services (DDS)
LeadingAge California
California Department of Health Care Services (DHCS)
LTCF Residents
California Department of Public Health (CDPH)
LTCF Residents' Friends, Chosen Family, or Loved Ones
California Department of Rehabilitation (DOR)
Office of the State Long-Term Care Ombudsman (OSLTCO)
California Department of Social Services (CDSS)
Service Employees International Union (SEIU)
California Department of Veterans Affairs (CalVet)
State Council on Developmental Disabilities (SCDD)



Background

Recap of Kickoff Meeting

Scope Considerations

In developing recommendations, the LTCFA Policy Workgroup will consider a range of the following:

- Visitors
- Purpose of Visitation
- Long-Term Care Facilities
- Emergencies

The following slides outline elements that may be considered in the scope of this workgroup, which includes input provided by workgroup members and the public in the February 8 kickoff meeting.

Scope Considerations: Visitors

LTCFA Policy Workgroup will develop policy recommendations that could apply to a range of visitor types, including but not limited to:

- Friends
- Family
- Chosen Family
- Health Care Workers Not Employed by an LTCF, Including:
 - Hospice Providers
 - Paid Caregivers
 - Care Managers
- Social Services or Other Services Providers
 - Financial Planners
 - Conservators
- Spiritual Care Providers
- Ombudsmen, Patient Advocates, Surveyors, Regulators, Auditors, and Similar

Note:

This list is not a definitive list of categories to be used in policy recommendations. It is a range of visitor types that may be considered in the recommendations.

Scope Considerations: Visitation Purposes

LTCFA Policy Workgroup will develop policy recommendations that could apply to a range of visitation purposes, including but not limited to:

Compassionate Care

Visits for individuals whose health has declined, who have experienced a significant change in circumstances, or who have an acute need for support

Caregiving

Visits from a caregiver to provide physical, mental, and emotional care to LTCF residents; can include support for residents who are unable to speak or make decisions for themselves

Social Visits

Visits to support mental and emotional well-being of LTCF residents

Health Care or Social Services

Visits to provide health care, behavioral health, social services, or care management

Spiritual Care

Visits for religious or spiritual support

Other Services

Visits to provide services, such as translation services, entertainment, and barber visits

Advocacy

Visits to provide advocacy support for LTCF residents

Note: *This list is not a definitive list of categories to be used in policy recommendations, and these categories are not mutually exclusive. It is a range of visitation purposes that may be considered in the recommendations.*

Scope Considerations: Facility Types

LTCFA Policy Workgroup will develop policy recommendations that could apply to a range of long-term care facility types, including:

Skilled Nursing Facilities (SNFs)

- Provide 24-hour skilled nursing care as well as related or rehabilitative services to an individual who is chronically ill or recuperating from an illness or surgery and needs regular nursing or related services.
- *Category includes Special Treatment Programs and Subacute SNFs.*

Intermediate Care Facilities (ICFs)

- Provide comprehensive health care and rehabilitation services to improve functional status and independence among individuals with developmental and intellectual disabilities.

Adult Residential Facilities (ARFs) and Other Adult Assisted Living Facilities Regulated by CDSS

- Provide 24-hour nonmedical care and supervision to adults aged 18-59 (or older under specified requirements) who have a mental, physical, or developmental disability.
- *Category includes Adult Residential Facilities for Persons with Special Health Care Needs, Enhanced Behavioral Support Homes, and Residential Care Facilities for the Chronically Ill.*

Residential Care Facilities for the Elderly (RCFEs) and Other Senior Assisted Living Facilities Regulated by CDSS

- Provide 24-hour nonmedical care and supervision to adults aged 60 years or older who may need assistance with activities of daily living (ADLs).
- *Category includes Assisted Living Facilities, Memory Care Units, Board-and-Care Facilities, and Continuing Care Retirement Communities.*

Scope Considerations: Emergencies

LTCFA Policy Workgroup will develop policy recommendations that could apply to a range of potential emergencies, including but not limited to the CDC emergency types.

- The Centers for Disease Control and Prevention (CDC) defines an emergency as “any incident, whether natural or man-made, that requires responsive action to protect life or property.”
- Emergencies may impact visitation due to risk of infection or illness (such as in cases of pandemic, chemical, or radiation emergencies) or due to physical barriers to access (such as in cases of fire and other natural emergencies that may require resident relocation) and may have other potential impacts.

According to the CDC, types of emergencies include:

- Pandemics
- Natural Disasters
- Bioterrorism Emergencies
- Chemical Emergencies
- Radiation Emergencies
- Other Agents, Diseases, and Threats

Additional emergencies the workgroup may consider include:

- Local and Regional Emergencies (e.g., Flu Outbreak)
- Blackouts/Power Surge Failures (PSF)
- Domestic Terrorism (e.g., Mass Shooting, Cyberattack)
- Facility Infrastructure Breakdowns (e.g., Pipes, Electricity)

Key Principles

- In the development of policy recommendations, LTCFA Policy Workgroup members will evaluate the impact of restricted access on the mental health of residents, families, and friends and on the physical health and safety of residents.
- The workgroup will consider the following concepts in its recommendations:

BALANCE	PARITY	REGIONALISM	EQUITY
Relationship between the need for public health protection vs. the physical health, mental health, and advocacy needs of residents, their families, their friends, and others during emergencies, including their individual rights and autonomy	Similarities or differences in visitation requirements that a facility requires for visitors, outside professional staff, and facility staff	Differences among all regions of California and allowances for flexibilities in policies	The imperative to ensure equity in visitation access, with consideration for ageism, ableism, and barriers for historically marginalized communities



Research on LTCF Access and Visitation

Research Summary

To help understand the impact that restricted visitation had in LTCFs during the COVID-19 pandemic, we examined the following questions:

- **What are the key roles of visitors and the benefits of visitation in LTCFs?**
 - Even before the pandemic, LTCF residents were at a **higher risk for social isolation and loneliness**, and studies show the **importance of social connection** to combat that social isolation and loneliness.
 - Family, friends, and chosen family provide **critical frontline care and support** for residents.
- **What happened when visitation was restricted during COVID-19?**
 - Research about the **impact of restricted visitation** during the COVID-19 pandemic is still early but shows some **adverse effects**.

Studies considered in this review were identified by Manatt Health on behalf of CDA and by members of the LTCFA Policy Workgroup. For a list of all the studies considered in this review, please visit the LTCFA Policy Workgroup website: https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

The Roles and Benefits of Visitation

- **What are the key roles of visitors and the benefits of visitation in LTCFs?**
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The Impact of Prolonged Social Isolation and Loneliness Among Older Adults

A growing body of research points to the significant physical and mental health impacts of social isolation and loneliness.

- **Social isolation** is an objective measure of a lack of social contact with others, whereas **loneliness** is the subjective feeling of being lonely.
- A 2020 meta-analysis by the National Academies of Sciences, Engineering, and Medicine summarizes the **major impacts** of social isolation and loneliness among older adults, including:

Physical Health	Mental and Cognitive Health
<ul style="list-style-type: none">• Increase in risk for cardiovascular disease and stroke• Reduction in functionality, as measured by the activities of daily living (ADLs)• Reduction in quality of life	<ul style="list-style-type: none">• Increase in reported levels of clinically significant depression and anxiety• Decline in global cognition, processing speed, executive function, and visuospatial abilities• Increase in risk of dementia

Social Isolation and Loneliness in LTCFs

Even before the COVID-19 pandemic began, LTCF residents had a high risk of social isolation and loneliness.

- A systematic review published in 2020 in *Age and Aging* estimated that the prevalence of “severe loneliness” in residential and nursing care homes was 61% (with studies included in the review reporting a range from 9% to 81%).
- A 2020 scoping review published in the *Journal of the American Medical Directors Association* found positive associations between social connection and LTCF residents experiencing less depression, less anxiety, and less cognitive decline.

Loved Ones Provide Essential Care in LTCFs

Data show that family members and other unpaid caregivers play a significant role in addressing the care needs of LTCF residents.

- In a study published in *Health Affairs* in 2022, University of Pennsylvania researchers analyzed data from national household and Medicare surveys to understand the role of “informal caregivers.”
 - “Informal caregivers” were defined as a family member or any unpaid individual providing care to the resident who was not a paid aide, an employee of the LTCF, or another health or social service provider).
- The prevalence of **informal caregiving was higher among residents of LTCFs** compared with community-dwelling older adults. For example, 65% of nursing home residents received informal caregiving for household activities.
- Informal caregivers provide **a significant number of hours of caregiving in LTCFs**. Among LTCF residents who had a need for informal care and reported receiving it:
 - Residential care facility residents received an average of 65 hours per month of informal care; and
 - Nursing home residents received an average of 37 hours per month of informal care.

- **What are the key roles of visitors and the benefits of visitation in LTCFs?**
 - Even before the pandemic, LTCF residents were at a **higher risk for social isolation and loneliness**, and studies show the **importance of social connection** to combat that social isolation and loneliness.
 - Family, friends, and chosen family provide **critical frontline care and support** for residents.
- **What happened when visitation was restricted during COVID-19?**
 - Research about the **impact of restricted visitation** during the COVID-19 pandemic is still early but shows some **adverse effects**.

How LTCF Visitation Policies Are Set In California



In California, visitation policies for a specific LTCF are determined by guidance and rules established as follows:

Centers for Medicare & Medicaid Services, Centers for Disease Control

Federal agencies establish national rules and regulations related to LTCF visitation and infection control measures.



California Department of Public Health, California Department of Social Services

Building on federal guidance, licensing agencies establish statewide visitation guidance for the entities they regulate.



County Public Health Departments

Each county public health department establishes public health orders and rules specific to that county.



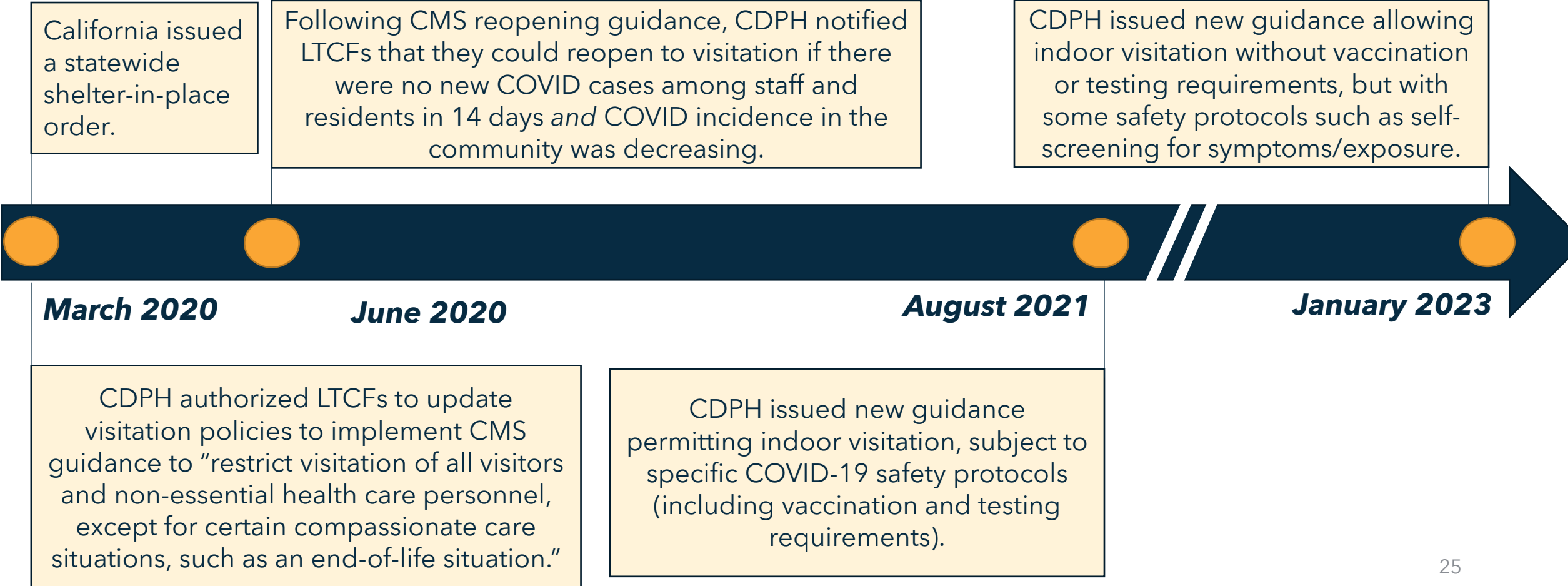
Long-Term Care Facilities

Each facility sets its own visitation policies, in accordance with the regulations and guidance from the entities above.

State LTCF Visitation Policies During COVID-19



During COVID-19, California Department of Public Health (CDPH) and Department of Social Services (CDSS) released LTCF visitation guidance and requirements that evolved as the pandemic progressed.



California issued a statewide shelter-in-place order.

Following CMS reopening guidance, CDPH notified LTCFs that they could reopen to visitation if there were no new COVID cases among staff and residents in 14 days and COVID incidence in the community was decreasing.

CDPH issued new guidance allowing indoor visitation without vaccination or testing requirements, but with some safety protocols such as self-screening for symptoms/exposure.

March 2020

June 2020

August 2021

January 2023

CDPH authorized LTCFs to update visitation policies to implement CMS guidance to "restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation."

CDPH issued new guidance permitting indoor visitation, subject to specific COVID-19 safety protocols (including vaccination and testing requirements).

Restricted Visitation During COVID-19

Due to the unique morbidity and mortality risk for LTCF residents during COVID-19, LTCFs across the U.S. restricted visitation and took other social distancing measures.

Early research on the impact of restricted visitation during COVID-19 includes the following studies:

- In a 2022 study in *Scientific Reports*, University of Rochester researchers found a link between states with stronger social distancing measures - including but not limited to restricted LTCF visitation - and **lower weekly rates** of new confirmed COVID-19 cases and related deaths among LTCF residents and staff.
- In a 2021 study in the *Journal of the American Medical Directors Association*, Brown University researchers found that 29% of LTCF residents in a 2020 national Medicare survey **were lonelier** during the pandemic than in the weeks prior to the pandemic.
- In a 2021 study in the *Journal of the American Medical Directors Association*, Mathematica researchers found some **adverse effects** associated with restricting LTCF access in spring 2020, including a significant increase in unplanned and substantial weight loss that was sustained even for residents who did not get COVID-19 and after visitation restrictions were loosened.



- What are the **key implications of these research findings** for LTCF visitation and access policies going forward?
- What additional **benefits & roles of LTCF visitation** should this workgroup consider when making recommendations about policies and practices?
- What other **known impacts of restricted visitation** should this workgroup consider when making recommendations about policies and practices?

HOW TO PARTICIPATE IN THIS DISCUSSION

Verbal Comments

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The Lived Experience of LTCF Visitation

Understanding the Lived Experience

LTCF residents, loved ones, and staff are invited to share their experience of LTCF visitation generally and/or during the COVID-19 pandemic.

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- When called on for comment, the moderator will announce your name (or the last 4 digits of your phone number) and invite you to unmute your line.
- Facilitator will begin with comments from workgroup members and then invite members of the public to provide their comments.



Overview of LTCF Visitation Policies in the U.S.

Summary of State Approaches to LTCF Visitation Policies

Over a dozen states have passed laws to strengthen visitation rights for LTCF residents and patients during states of emergency.

BALANCE	PARITY	REGIONALISM	EQUITY
Most laws identify rights to visitation and permissible limits to those rights to protect public health during states of emergency.	Some laws specify that visitors cannot be subject to more stringent safety protocols than those required of LTCF staff.	Some laws have provisions that acknowledge localized emergencies and variations in resources .	Some states specify accessibility requirements and have processes to ensure equitable application of rights .

State laws considered in this review were identified by Manatt Health on behalf of CDA and by members of the LTCFA Policy Workgroup. For a list of the laws included in this review, please visit the LTCFA Policy Workgroup website: https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

Background on California AB 2546

Rep. Nazarian introduced AB 2546, "The Resident-Designated Support Persons Act," in March 2022. Prior to passing legislation on this issue, the State Legislature has tasked the LTCFA Policy Workgroup with developing consensus recommendations on LTCF access and visitation.

Key Provisions of AB

Balance

1. Would allow residents to designate two **support persons who can visit them in person** at any time during a PHE and would require LTCFs to allow at least one support person to be present at any given time.
 - Would allow facilities to implement **infection control protocols** for visitors and limit access within the facility to the space in which the resident lives or receives care.
2. Would establish residents' **right to leave the facility for an outing** with a blanket requirement to quarantine upon return.
 - Would require residents to follow "reasonable infection control precautions" and **allow quarantine in specific circumstance** (e.g., if they do not follow the same infection control protocol as staff, there is a known exposure, or they show symptoms of a contagious disease related to the PHE).

Parity

"A facility may require designated support persons to adhere to infection control protocols not greater than required of facility staff during a public health emergency for the duration of their visit."

Regionalism

Would require facility to provide PPE and testing resources to the extent that they have been made readily available for the facility's use by local or state entities.

Equity

Would include requirements to communicate changes in infection control protocols in accessible formats and in a resident's primary or preferred language.

State Approaches: Balance (1)

Individual Physical, Mental Health, and Advocacy Needs, Rights, and Autonomy

Most states established **baseline visitation rights** for LTCF residents during and outside of a state of emergency.

Public Health Protection

States adopted a range of approaches for **permissible limits** to visitation rights, with some states specifying the limitations directly in the law and others directing a state agency to determine permissible limits.

State Approaches: Balance (2)

States have implemented two common approaches to establishing a right to visitation in an emergency situation: (1) identifying and guaranteeing visitation for essential caregivers and/or (2) guaranteeing compassionate care visitation.

Several states have passed laws that allow an **essential caregiver or support person** - designated by a resident or their representative - to conduct in-person visits during emergencies.

Several states established a **right to compassionate care visitation** regardless of any state of emergency.

- An essential caregiver or support person is an individual designated by a resident or their representative for in-person visits, even when other types of visitation are restricted.
 - Some laws specify that this person is not required to provide care in order to receive this designation.
- Generally, these laws allow residents to designate one or multiple essential caregivers and establish a level of guaranteed visitation/access for caregivers.

- As defined by CMS guidance, compassionate care visitations are visits for individuals within LTCFs whose health has sharply declined or who are experiencing a significant change in circumstances.
- Many laws establish that LTCFs must, at a minimum, allow compassionate care visitation, even during a state of emergency.

State Approaches: Balance (3)

States have implemented various approaches for allowable limitations to visitation within LTCFs to ensure public health and safety.

State approaches for this include:

Require that visitors follow guidelines and safety protocols established by Commissioner of Public Health/CMS/CDC (which may include screening, testing, mask wearing, social distancing, etc.)

Require LTCFs to establish “reasonable” or “least restrictive” limitations to LTCF visitations

Require LTCFs to publish updated information about limitations and legal/evidence-based reasons for limitations

Identify specific elements of visitation that can be limited (such as the number of simultaneous visitors, hours of visitation, and locations of visits); some laws set a minimum requirement for these elements

Allow facilities to implement a limited period of visitation lockdown due to an emergency, with maximum number of days specified in the law



What are promising options that California should consider for ensuring **balance** in LTCF visitation policies?

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State Approaches: Parity

Multiple states have set requirements that establish parity between the safety protocols required of staff and those required of visitors.

State approaches for this include:

Require that safety-related policies and procedures for visitors **may not be more stringent** than those established for the provider's staff.



What are promising options that California should consider for ensuring **parity** in LTCF visitation policies?

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State Approaches: Regionalism

Several states include measures that would account for regional differences between facilities and public safety risks.

State approaches for this include:

Direct a public health department to establish the situations in which personal caregiving visitations may be temporarily limited or suspended at a nursing home, including but not limited to local emergencies.

Specify how individual facilities should request permission for a short-term pause in visitation due to a serious public health risk, with limitations on the length of the lockdown.

Acknowledge and account for variation in the supply of PPE and testing resources.



What are promising options that California should consider for ensuring **regionalism** in LTCF visitation policies?

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State Approaches: Equity

In establishing baseline visitation rights via compassionate care visitation and/or essential caregivers, states underscore the need to address equity and access in their policies.

State approaches for this include:

Establish a process for identifying an essential caregiver or support person when a resident cannot speak for themselves.

Establish a process - sometimes called a "person-centered approach"- for identifying when a compassionate care visit is appropriate.

Include clauses requiring that visitation policies be posted in an accessible manner, with provisions for language preference and ADA.



What are promising options that California should consider for ensuring **equity** in LTCF visitation policies?

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In addition to **balance, parity, regionalism,** and **equity,** what **additional principles** for visitation rights should the workgroup consider?

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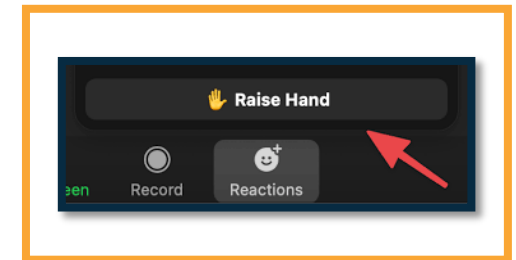
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Public Comment

Public Comments

- Members of the public are asked to limit comments to 2 minutes.
- Prior to making your comments, please state your name for the record and identify any group or organization you represent.
- Comments will be taken in the order of the line.
- Logistics for verbal comments:
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Next Steps

Preparing for Workgroup Meeting 2

The second meeting of the LTCFA Policy Workgroup is scheduled for May 30th 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 May 30.
- 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/



Closing Remarks

Questions or Comments?

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

Email:

LTCFAPolicyWorkgroup@aging.ca.gov