Long-Term Care Facility Access Policy Workgroup Kick-Off Meeting
February 8, 2023

(AUTOMATED ZOOM TRANSCRIPT)

[0:04]

[SLIDE 1 & 2]

MEGAN MORGAN: Hello, and welcome everyone to the kickoff meeting for the California Long-Term Care Facility Access Policy Workgroup. My name is Megan, and I'm here today with the California Department of Aging. I'll be helping to kick off this meeting today.

Throughout the meeting the CDA team and I will be in the background answering any questions, Zoom and otherwise, that you might have. If you experience any difficulties, please just type your question into the Q & A box, which is located at the bottom of your screen, and the chat panel is also available in that same space for you to provide comments and feedback, and we'll be providing additional information on that shortly. During today's live event you'll see that we have live closed captioning that's available, you can also click that from the toolbar at the bottom of your screen. And we also have American Sign Language interpretation, as you can see. Alongside each speaker today will be toggled back and forth between two individuals who are helping us with that.

[SLIDE 3] So, on the next slide we're going to go into a little bit more of the purpose of the Long-Term Care Facility Access Policy Workgroup. So before reviewing the logistics, just reminding everyone of why we're here, what we're kicking off with today. So, we're committed to, um, ensuring an open, transparent, and accessible process and all workgroup meetings will be held publicly and are subject to the Bagley-Keene Meeting Act. [SLIDE 4] All meetings and deliberations of this workgroup will be made available to the public. So, I'm reading some of this out loud, but you can also see it on the slide and, in the next slide we'll get into a little bit more about the policy workgroup members.

[SLIDE 5] So, looking at this slide the Budget Act of 2022 identified the following groups as participants for this workgroup: the California Department of Aging, The Office of The State Long-Term Care Ombudsman, The State Department of Public

Health, The State Department of Social Services, and stakeholders representing public health officials, long-term care facility operators and residents, and consumer advocates. So CDA, in partnership with the California Health and Human Services and legislative partners, identified and invited over 30 organizations to represent these stakeholder groups and agencies and there's a little reference there at the bottom of the slide.

[SLIDE 6] And so in regards to public participation on the next slide here we've listed off all the planned meeting dates, including starting with today which will go from 2 to 3 30 pm. These meetings are open to the public and members of the public will have an opportunity to provide comments at every meeting. All of the meeting information, agendas and materials from past meetings will be available on the following web page, which is listed there, so it's at the aging.ca.gov website, and the Long-Term Care Facility Access Policy Workgroup page. I will be posting these links into the chat as we go along so that you can find that information easily.

[SLIDE 7] So, in terms of participating in today's section, for workgroup members you can raise your hand on your Zoom screen in the reactions feature of Zoom which can be found at the bottom of your screen. And at multiple points throughout the meeting, we'll take comments or questions from the workgroup members in the line, and members can unmute themselves. And then for written comments, you can also submit those comments and questions through the meeting using the Zoom chat which is also located at the bottom of your screen, and workgroup members should try to remember to send their comments to everyone and then all those comments will be recorded and reviewed by the CDA staff.

[SLIDE 8] For members of the public there will be designated times where we'll take public comments as indicated in the meeting agenda that was posted last week. And so, the logistics for those are workgroup members may raise their hand in the reactions feature of Zoom to enter the line to make a verbal comment or ask a question. If you're joining by phone press the star 9 on your dial pad to join the line, and then when you're called on for a comment, I'll just announce your name or the last four digits of your phone number, whichever shows up on your account. I'll unmute your line and then you'll also have to unmute again to be able to speak your comment. And we just ask that everyone stick to two minutes so that we can be sure to get to everybody who might be waiting in line.

[SLIDE 9] So, for members of the public as well you can submit comments and questions through the meeting Zoom meeting format using the Q & A, and we'll be recording and reviewing all of those as well. And yeah, workgroup members and members of the public can provide written comments for this work between meetings, so CDA will provide details on how to provide those comments a little bit later on in this meeting. So, there's lots of ways for you to be involved and share

questions and comments.

[SLIDE 10] And so just some general comments about participating today, we will take comments from workgroup members and members of the public at designated times throughout the meeting. So, when that time comes, please just raise your hand if you'd like to speak and just wait to be called on before taking yourself off mute, and then please try to keep all comments respectful and brief, no more than two minutes, uh, yes, per comment.

[SLIDE 11] And so just going through a little bit of the rollout for today's agenda, so starting now, introduction and workgroup member roll call, we're going to get into a welcome doing a workgroup overview and a workgroup processes, taking questions and comments from the workgroup members, as well as engaging with public comment and then next steps and closing remarks.

[SLIDE 12] The Long-Term Care Facility Access Policy Workgroup will hold its first, the kickoff meeting, so the next first meeting will be on March the 14th. And these are just some of the organizations who have been identified for this workgroup, and I think there's several slides and several representatives from each of these organizations who are here today.

[SLIDE 13] And then, we are privileged to be joined today by CDA's director Susan DeMarois, who will be sharing welcome remarks for the Long-Term Care Facility Access Policy Workgroup. And we'll be then covering all the key details about the charge and scope of the workgroup in the workgroup overview section. In the workgroup process section we will explain how each of the four workgroup meetings will run, beginning in March, and we'll have ample time for comments and questions from the workgroup members and members of the public.

So just before I hand it over to director DeMarois, we just want to review our workgroup members. We've kind of posted the list of the full organizations who are members, they've been part of CDA's outreach and invited to join this workgroup. [SLIDE 12] Um, so because everyone's here today and for the version of the roll call we'd like everybody who's here from these workgroups and as members to introduce themselves in the chat, and we'll be using this for a roll call. So just please provide your name, your title, and the organization that you're representing today. And we'll just wait a few moments to give everybody a chance to do that as their signing themselves over, I want to thank you again everyone for being here for taking the time to be part of this. And perhaps we'll continue to do this prompt throughout the meeting to encourage anyone who may have come a few minutes late to be sure to introduce themselves into the chat, and to thank everyone again.

Great, thank you so much everyone. And as we're all doing that just finishing up introducing ourselves in the chat, I’m going to pass it over to CDA director Susan DeMarois to get everything started for today.

[8:52]

[SLIDE 13]

SUSAN DeMAROIS: Thank you Megan very much for opening up the meeting, and welcome to the official meeting of the Long-Term Care Facility Access Policy Workgroup, and today's kickoff. I want to open this workgroup today by thanking you all for being here to address the essential issue of access and visitation in long-term care facilities during a declared state of emergency. Many on this call know that public health emergency will be ending in California next week, and later in the spring the federal emergency will be concluding, so our timing is excellent. This audience knows all too well that long-term care facilities nationwide and across California, implemented robust social distancing measures to ensure that all residents who have faced a unique and elevated risk throughout the COVID-19 pandemic stay safe.

However, we're here today because these measures resulted in many residents experiencing long periods without visitation. They were not able to see their loved ones for months at a time, even in periods of distress. In some cases, they were not able to access certain types of outside services, such as health care or social services, and providers outside of the facility, whether paid or volunteer, such as faith leaders, who did not work at the facility and were not able to come on site to deliver support.

Over the coming months this workgroup will examine the detrimental impact that restricted access had on residents of licensed facilities, as well as look closely at the impacts on friends, families, and chosen families who could not visit. By the end of the four meetings this group will identify actionable policies and best practices related to facility access for future states of emergency. The recommendations of this workgroup will be made to the state legislature for their consideration in policy making.

The California Department of Aging is honored to be tasked with chairing this workgroup and facilitating the development of its recommendations. We are committed to an open, collaborative, and inclusive process. Moreover, we're committed to eliciting and considering diverse perspectives, experiences, and ideas on how to address this question from all of you as workgroup members, and as you heard at the opening from members of the public as well. I want to extend a special thank you in advance to all of you for participating in a respectful and informative dialogue on this issue over the coming months. We've assembled a wide range of organizations and stakeholders, as you saw on the slide, to provide input and guide the development of recommendations on this issue. Thank you all for agreeing to be here, and for joining today to do this important work together.

I want to especially thank the residents and loved ones of skilled nursing facilities, residential care facilities for the elderly, intermediate care facilities, and adult residential facilities, who have kindly agreed to join this workgroup, welcome to you especially! Your lived experience and perspective on this issue is essential in

establishing a shared understanding of the impacts of restricted access, and in developing actionable principles and policies for California's future. We appreciate your willingness to share your story with us today, and over the next several months, and for taking the time to be here. Finally, I want to thank all the members of the public for joining this meeting.

As I noted already, the Department of Aging is committed to a public and transparent process for developing these recommendations, and we welcome the participation of all who are interested in this work. Throughout, and between our meetings, we will provide opportunities for all members of the public to participate in this work.

[SLIDE 14] And so with that, I would like to introduce to you my colleagues Mark Beckley, Chief Deputy Director at the California Department of Aging, and Brandie Devall, an attorney level three at the Department. Mark and Brandie will be leading us through the development of these recommendations over the coming months. I'm incredibly grateful to Mark, Brandie and the entire CDA team for acting with urgency so that we could all be here today to start this important work. And now I turn it over to Mark. Thank you.

[13:49]

[SLIDE 15]

MARK BECKLEY: Great, thank you so much Susan, and good afternoon to everybody. Um, I want to thank you for attending today's workgroup session and it's just so great to see the large turnout that we have, uh, for today's session.

[SLIDE 16] Um, I'd like to start by elaborating a little on, uh, Susan's comments about the impetus of this workgroup. Um, so as we know, over the course of the pandemic residents and workers in long-term care facilities face a unique risk for COVID-19 outbreaks, and disproportionately higher mortality rates. According to 2020 CMS nursing home visitation guidance, the vulnerable nature of nursing of the nursing home population combined with the inherent risks of congregate living in a health care setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes. Restricting visitation during periods of high COVID-19 transmission were among the social distancing measures that were taken to prevent outbreaks, and mortality among residents, and patients of long-term care facilities. Next slide.

[SLIDE 17] Today healthcare leaders, researchers, and other experts have acknowledged that restricted visitation policies through the COVID-19 public health emergency, may have impacted the physical and mental health of residents and their loved ones. In 2020, CMS revised nursing home visitation guidance noting that they recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents, and their loved ones, residents may feel socially isolated, leading to increased risk of depression,

anxiety, and expressions of distress. Residents living with cognitive impairment and other disabilities may find visitor restrictions, and other ongoing changes related to COVID-19, confusing and upsetting. Next slide.

[SLIDE 18] And so, in this workgroup we're bringing together diverse perspectives among all of you from across the state and trying to build on the learnings from the COVID-19 public health emergency. This workgroup will develop recommendations for access and visitation policies for future states of emergency.

[SLIDE 19] Okay, so let's start off thinking about scope considerations. So, in developing these recommendations the workgroup is going to consider various types of, um, uh, visitors, modalities of visitation, purpose of visitation, the types of long-term care facilities that this workgroup will discuss, as well as the types of emergencies that should also be considered by this workgroup.

Over the coming slides we're going to take a look at some of these options to consider for each of these pieces. Our team as well as our contracted partner on this project, Manatt Health, have looked at existing operational practices, regulations laws, and research to identify preliminary list for each of the elements of our workgroup scope. But please consider these lists as a starting point. We're really looking to all of you as experts and people with lived experience to provide us with feedback on the, um, scope and if we're missing any key issues. Uh, during the comment sections we will be inviting you to enter your thoughts about the scope within the virtual chat. Okay, next slide.

[SLIDE 20] So, let's start with visitors and modalities. The Long-Term Care Facility Access Policy Workgroup may consider a range of visitor types, and visitation modalities, and its recommendations. The types of visitors that we have identified today include friends, family, and chosen family, health care workers not employed by a facility, social services and other service providers, spiritual care providers, and ombudsman, surveyors, regulators, auditors, and other similar types of outside providers. In terms of modalities, we've identified indoor visits, outdoor visits, window visits, as well as remote visits. With these preliminary options of categories of visitors and modalities we'd now like to pause and get your input. Are there any key visit, visitor types, or types modalities of visits that we may have missed.

Juliette Mullin, Senior Consultant from Manatt Health is going to read some comments you have in in the chat function. So, if you'd like to input your thoughts and ideas into the chat, as you would put your thoughts and ideas, uh, Juliette will start reading some of them so that we can hear as a group what the thoughts are. So I'm going to pause for a second to allow you to input your chat.

[19:08]

JULIETTE MULLIN: Hi Mark, its Juliette here. I am seeing some comments already, um, around this, um, there's one note around where mental health and

substance use disorder providers might fit in as we think about the scope of the types of visitors in this workgroup. I'm not seeing other notes. Here we go, we have another one here. Um, a note around, uh, different types of professionals, um, that may need to come on site of a long-term care facility, for example, a professional who's providing financial planning assistance. Additional thoughts from the group on where to look here, great. So, we've got a note around as we think about the modality of visitations getting even more granular than indoor visits, but also thinking about where inside. So, we have a note from a workgroup member about visits that are limited to individual private rooms, versus in larger areas, um, or more public areas. And also, a note to consider, um, testing requirements around visitors to minimize exposures as well. Great. Um, we have another comment around, uh, potentially actually looking at friends, family, and chosen family as distinct categories. Um, noting that family that visits intermittently, and essential care workers who visit more routinely, and provide care might be considered differently. Um, and then just a highlight and a double click on family caregivers, um, who are collaborators in care and support for residents of long-term care facilities. Uh, and noting that a general visitor category isn't sufficient for chosen support people. Also, a mention around conservators, oh they're coming in quick now. Also, events in around conservators around the modality piece. I'm seeing some notes around, um, actually, uh, creating specific areas to support visitation, um, in a way that is safe. A couple notes around essential caregiver. A couple additional, we're seeing some double clicks on having designated visitation space. Lots of great feedback in the chat here, I know we're probably, uh, coming at around time for this piece, Mark. So I'll hand it back to you but we are continuing to keep an eye on what's in the chat and we'll jot all of this down.

[21:58]

MARK BECKLEY: That's great, yes, thank you so much for all of your comments and, um, Brandie will cover this in the next section where we talk about process. Even after this meeting you'll have an opportunity to, um, submit, um, comments about, you know, any skill considerations you may have thought of after this meeting concludes.

[SLIDE 21] So, we're going to move into the next section, um, so, uh, let's see next slide, thank you so much. And this is about visitation purpose, so this workgroup is also going to think about the types of visitations or visitation purposes that the workgroup might want to look at. We've conducted some research, like I say we've been looking at policy procedures from within the state, you know, at other states to compile this list. And this is what we've come up with so far.

So, compassionate care, and this generally refers to visits for individuals whose health is declined, have experienced a significant change in circumstances, or

have an acute need for support.

The next category is visits for persons with disabilities. So, this refers to visits from a caregiver to support the physical, mental, emotional, and overall well-being of persons with disabilities.

The next category is social visits. So, visits to support the mental and emotional well-being of a long-term care facility resident.

Health care or social services visits, and this refers to, um, obviously, you know, health care social or care coordination for residents.

Visits for spiritual care, so, any religious or spiritual support resident may need.

And then finally, visits to provide services. So, this could be barber visits, beauty visits, and visits of that nature, so, more service oriented.

Um, and again, what I'd like to do is open up your thoughts and comments using the chat. And again, Juliette will read some of your responses, so that we can get some ideas or thoughts around the types of visits that this workgroup should consider. So, I'll go ahead and pause here as you take time to write some comments.

[24:10]

JULIETTE MULLIN: Oh, great. And we're getting, um, some comments on this already. Um, I see a note, uh, specifically around persons with disability compassionate care, and social visits should allow visitation for most of us friends, family, and loved ones, so kind of double clicking what I'm hearing on a few of these, and, highlighting that these are especially important uh for a certain category of visitors. Great.

[24:46]

BLANCA CASTRO: Uh, Mark, and uh, Juliette, this is Blanca. I just wanted to, um, jump in really quickly. I think there's a, you know, just a question from one of the, uh, participants about who's defining these categories. And I just want to, I want to emphasize the purpose of this workgroup is to come, you know, with recommendations. And that will include, uh, defining categories. And, so I don't think, um, that there is a, uh, administrators or nursing facility providers are not defining these categories. That's part of what we're going to be discussing, is what which different, uh, as Mark and Susan said, what are the, uh, individuals? Or what are the visitors and people that are coming in, how do we, um, define them? What's the modality? What's the way in doing it? So, um, that's part of what we're all discussing. And so there hasn't been any, um, formalized definition of any, of this, so, I wanted to address Teresa Palmer's comment.

[25:56]

MARK BECKLEY: Yes, um, thank you for highlighting that. Um, absolutely, that's

the reason why we're seeking, uh, workgroup feedback and public feedback, uh, to really help define the scope of this workgroup. None of this has been firmly defined, yet. Um, so, I appreciate you, um, highlighting that, Blanca. Yeah, so keep your, keep your comments coming.

[26:19]

JULIETTE MULLIN: Great. Thank you for that addition, and that clarification. Continuing to see some comments around types of visitations that this workgroup should look at. Um, and we're seeing a, I see a note, just, um, pointing out that identifying social visits may actually be where most family members fall, uh, and just noting that this can be an area where visitation ends up getting limited, so, highlighting that and making sure we're looking at that specifically. Um, and recommending that we combine with family members with visits to persons with disabilities and older adults from family members to support the physical and mental emotional wellbeing. Thank you for that. Um, we have a comment around, uh, the role of, uh, licensing organizations and ombudsman representatives in coming to visit and ensure services are being provided appropriately in those types of visitations. Um, advocacy, but so kind of following on that thread someone titled that an advocacy visit. Um, that the term that they're putting in the chat for that. Um, being an ombudsman, an attorney, or other visitors who voice concerns that the resident has about their care or rights. Visits related to entertainment, arts, music, and classes. Um, and a highlight specifically that, uh, translations and advocacy are often provided by family members, so, highlighting that, um, different types of visitors may fall under different types of visitation purposes, I think there. Um, specifically with a call out, specifically around translation and advocacy. And then a note around transportation providers as well. Great. Thank you all for this input. Um, and I see a couple additional comments in there, so, we'll record all of these.

[28:07]

MARK BECKLEY: Great. Um, yeah, thank you all for your comments. Um, I think that some of the categories that you have identified could fall into the subcategories, or examples of, um, you know, some of the listed categories. In other cases, we may want to combine categories. But definitely appreciate your input, and like I say, keep your comments coming. It's really important that we really make sure that we capture all of the appropriate visits and visitor types, so that we we're making sure that we're not missing anyone or inadvertently excluding anyone.

[SLIDE 22] Okay, we'll move on to facilities and facility types. Um, so, uh, in looking at the scope of this workgroup, I think it's also important to [identify the types of long-term care facilities, um, that we're talking about, um, in this workgroup, and, you know, who any of these future policy recommendations would apply to. Um, what we've come up with to date, again open to your

additional suggestions and comments, are Skilled Nursing Facilities. So, these are 24-hour skilled nursing care, as well as related rehabilitative services to an individual who is chronically ill or recuperating from an illness or surgery.

Next is Intermediate Care Facilities or ICFs. These are facilities that provide comprehensive and individualized health care and rehabilitation services to promote functional status and independence among individuals with developmental disabilities.

The next category is Adult Residential Facilities or ARFs. These provide 24-hour non-medical care and supervision to adults aged 18 to 59, who are primarily developmentally or mentally disabled.

And then finally, we have Residential Care Facilities for the Elderly or RCFEs. These provide 24-hour non-medical care and supervision to adults 60 years or older, who may need assistance with certain activities of daily living, or ADLs.

So again, want to open up the comment and chat to all of you, in terms of any additional facility types that we may have missed, that you feel is important for this workgroup to cover.

[30:37]

JULIETTE MULLIN: Great. And we're seeing some comments here, I'll read a few out. Um, we had a note to consider sub-acuteness in skilled nursing facilities. Um, a note around, um, looking at memory care as their own category. Uh, a comment around STP SNFs. Um, we had a question about group homes for children, and whether they would fit in the scope of this work, or whether they would have their own form for review. Um, we have a question, "please delineate and list which of these categories Assisted Living Facilities fall under." Um, a question on post-acute facilities and whether those fall under skilled nursing facilities. And, a, um, a second thing that memory care should be looked at as their own category. And, I think that, even echoing of the question around pediatric and younger adults as well.

[31:57]

MARK BECKLEY: Right. Yeah. The subacute in memory care, and definitely hear about assisted living facilities, we will have to, yeah, definitely think about that, and where these would fall. When it comes to, um, homes for children, you know, group homes, living homes, with these also, uh, would any recommendations apply for those settings? Right now, is to find, these have been really targeted on, um, you know, these specific long-term care facilities. But we'll definitely, you know, take that back as well. Okay, well thanks again everyone for your comments feedback. Um, like I say keep the comments and the feedback coming.

[SLIDE 23] Um, and we're going to move into the next and final scope consideration for this workgroup. And again, if there's any key scope considerations that you don't feel that we've identified, please give us those comments as well. Um, but in our internal work so far, we thought that these are really the key scope areas.

Okay, so, the final area we're going to look at is the different types of emergencies that should be considered by this workgroup. So, we started off by looking at the Center for Disease Control and Prevention emergency types, and they have the following listed: pandemics, natural disasters, bioterrorism emergencies, chemical emergencies, radiation emergencies, and other agents, diseases, and threats. And, in thinking about, you know, how different types of emergencies may impact residents in different ways, um, just some, you know, a couple of high-level thoughts, um, that we've had on our end so far, in the case of the COVID-19 pandemic I mean, uh, obviously this was due to the risk of infection and illness, that's why certain protocols were put into place, and there might be similar protocols that might also be put into place for chemical or radiation emergencies as well. A natural disaster that could have the impact residents of creating physical barriers to access for a facility force or for services, such as in the cases of a fire or an earthquake for instance.

So again, we'd like to get your input. Are there any additional emergencies that you can think of that aren't covered by the CDC guidelines? And, are there any other sort of, uh, unique impacts that you think certain types of emergencies may have on residents? Um, so again would love to get your feedback on this area.

[34:35]

JULIETTE MULLIN: Great. And we have some comments in the chat on this one already. Um, we're seeing, I see a question about where flu would fall in this, uh, delineation of whether that would be considered part of the other agents, diseases, and threats. Um, a question about whether an extended rolling blackout, uh, would count under this, under this definition, and an echoing of that, again, around power outages, um, and significant weather events. Um, a note that pandemic doesn't necessarily address communicable diseases in an early, or a regional stage. Um, so highlight there. Um, a similarly, a note that, uh, pandemic, it may not be a pandemic, but facilities have shut out visitors for seasonal flu. Um, the comment uses, that, uses quotations around seasonal. Um, a number of additional comments around the flu. Um, so, we'll track all of those. A comment around, um, the, uh, impact of a mass shooting, or a terrorism event, be it domestic, or foreign, and how that might be considered in these recommendations. Um, again, a kind of additional echoing of the comment around prior to COVID, facilities would occasionally prohibit visitation based on facility specific outbreak of infectious disease. So, the more localized disease outbreak, there. Infrastructure breakdown, pipes, electricity, etc. Um, a highlight that local

emergencies can be limited to one, or a few nursing homes. Um, and then a general comment, um, at a broader level around lockdowns. That facilities appear to be, that the frequency of lockdowns appears to be increasing. And some additional comments around the flu. And a comment around, um, what happens if there is a cyber-attack on an EMR system. Great. We're continuing to get some comments here. Um, we will track all of these and thank you for these additional notes, around [INAUDIBLE].

[37:00]

MARK BECKLEY: Great. Thank you, for, uh, reading out the comments and the feedback Juliette, and again, great thoughts, great ideas. I think many of, um, your, um, suggestions could fall under these existing categories, and again it might just be a matter of listing out these, uh, specific, you know, infection types under the different categories or, you know, if you see fit. You know, we're not tied down to the CDC categories, uh, we could create our own sort of like category, groupings, like one specific for communicable diseases, um, if we think that would be more clear, uh, you know, for a certain, um, types of health protocols and emergencies.

[SLIDE 24] Okay, so, um, next slide. So, the final thing, you know, that I really wanted to cover are some key, I guess, principles, or, you know, considerations that we really want to, um, approach this work with. Um, and this was really, um, created in some conversations we had with, um, uh, legislative staff who have worked on this issue. Um, and we, and we definitely think that these are, um, key sort of like principles, guidelines, uh, to consider when we're looking at different recommendations, or, um, you know, um, how we may want to advocate for different policy changes when it comes to handling different types of emergencies.

So, the first, um, the first principle, or you know consideration, is balance. So, you know, I think this is really going to be the crux of a lot of our work, uh, trying to define that relationship, or that balance, for the need to protect the health of long-term care residents. Um, as well as balancing that against their, um, physical, mental health, and advocacy needs. So, where do we strike that balance? You know, in the case of a pandemic where you want to protect people from getting sick, or dying, versus, of course, also considering, and taking care of their physical, mental, and, you know, social support needs as well.

Um, parity. So, this really looks at, um, the sameness, or differences, uh, among visitation requirements at a facility may require. So, what requirements do they have for their own staff to enter a facility, and to provide services? And what requirements do they have, say to visitors of a facility, should those be different and why? Or should they be the same, and why?

And then finally regionalism. So, this acknowledges that there will be differences in different California regions that may result in, you know, flexibilities, or different

policies. Maybe, you know, in rural regions, the risk of like outbreaks or infections may be lower if people are more spread out, and, you know, more concentrated urban areas, maybe there would be a need for more stringent requirements or different requirements. So that's really what, um, that, that principle, or that concept looks at.

Um, but really again, would love to get your feedback in terms of any other principles or concepts we should approach this work by, outside of those. Um, because I think there's probably a lot of principles that we could approach this work with. So again, please feel free to enter your comments on the chat.

JULIETTE MULLIN: Great. And I'm seeing, um, a recommendation around, uh, building in a, specific comment, a specific, uh, concept around equity, um, and I'll just read the comment here, uh, "we've run into scenarios where individuals were excluded for access to emergency long-term care and housing settings due to their behavioral health and/or criminal backgrounds. This just deepens structural inequities in times of emergency/crisis." Thank you for that comment. Um, a recommendation to add autonomy to the balance concept, "there must be some accounting for what residents want in addition to concerns about their safety." Some additional comments about that some of the learnings from COVID, um, so one person noting, uh, that "in the beginning [of covid] the whole world was scrambling with what to do/how to how to react," um, and how that impacted the, uh, actions of long-term care facilities. We have a recommendation to look at compassion as a concept, uh, in in the recommendations, for those in the facilities that need their loved ones with them. A note around flexibility, considering individual needs. And an echo on this to consider individual rights. Now there's some additional letters, that are in the chat here, so we'll, we will note these all, um, and look at them. Thank you for continuing to comment on the scope elements here.

[44:22]

MARK BECKLEY: Great. Yes, thank you all so much. yeah, I see a lot, um, around autonomy, a lot of comments around flexibility, um, so we'll definitely take, um, these additional, um, concepts back, um, for discussion, um, and possible inclusion into the workgroup scope. Um, so thank you again, um, for all of your comments. Uh, thank you all so much for helping us to think about the scope, and maybe more precisely define the scope of this workgroup to make sure that we're addressing, um, you know all the critical issues, all the critical items, um, you know that will ultimately, um, you know, be for the benefit of long-term care facility residents. So, um, yeah, thank you so much.

Uh, next what I would like to do is, before we move into the process discussion, which our attorney Brandie Devall will be leading, I'd like to invite Liz Fuller, who's the chief consultant for the California Assembly Committee on Aging and Long-Term Care, uh, to say a few words. Um, Liz has been very involved with this

issue, um, so, I'd like her to provide her comments and thoughts on this workgroup and the scope. Liz ...

[43:40]

LIZ FULLER: Hi, hello. Hi. Thanks Mark. Um, what, I mean, I'm seeing in the chat, this is, this is probably the most aggressive chat Zoom I've had, uh, in a while, and I think it just shows the interest in engagement. I think that, uh, how this originated was, um, as some have said in the chat is that we need more consistency and kind of, um, greater understanding of everyone who plays a role in this space, um, across the board, and that happened in a bill, which was later, uh, agreed that, that what we needed was more consensus. When you say there needs to be an interagency, I saw Derek, I think put in the chat there needs to be an interagency working group on these protocols. Um, that is what we're really trying to accomplish here, in kind of a smaller and organic conversation. Uh, something that could really happen, and then potentially build policy that, um, that gives us some very, very, uniform, um, understandings of what may happen in, uh, any type of emergency throughout the state. So, I think, um, like I said, I, it's, it's, uh, the chat is coming so fast and furious, that I really want to see what people are saying. And I think it shows, uh, the desire for engagement amongst this group. It is felt that perhaps this space has not had an opportunity for people to share some of their feelings and this really shows that we all have concerns, we all have feelings. I have said this in almost every meeting that I've had, that closing the doors of facilities caused isolation on both sides of the door. I think that you have those that were in facilities that were so, um, in, and some, um, experienced an end of life that is something that none of us would have hoped for people that we care about. But also, the impact that that had for the people who loved them on the other side of the door, and how important it is for their life and well-being, uh, to have access to the people that they care about. So, I think that so many of you, um, I see in the chat, are people that I built a relationship with, who I admire the work that you do, uh, whether it's professionally or it's your personal life work. And I'm excited to hear what everyone has to say and really what we come up with, um, in recommendations. I know that we're all putting recommendations kind of fast and furious today, but that's really the end product of what we hope to see coming out of this. So, thank you all for being here.

[46:26]

MARK BECKLEY: Great. Thank you so much Liz. Um, thank you, thank you for your comments, and just thank you for, um, being so involved with this issue, um, we certainly do appreciate it.

[SLIDE 25] Um, so what I'd like to do is to transition to our next section which is, um, on workgroup process. So, this section will be led by, uh, Brandie Devall, who's one of the attorneys with the department, and, um, she will be working as, uh, sort of the, the project manager for this workgroup going forward, and she'll

walk you through the, uh, project, uh, processes that we'll be following, uh, Brandie.

[47:05]

BRANDIE DEVALL: Thank you. Um, thanks to everyone for joining, I'm so glad to see everyone here virtually. Like Mark said I'm going to talk about workgroup process and, uh, specifically I'm going to talk about how workgroup members can help to develop recommendations.

[SLIDE 26] So, through consensus and collaboration the Long-Term Care Facility Access Policy Workgroup will build toward joint recommendations for LTCF access and visitation over four meetings, and the meetings will build on one another. So, meeting one will focus on key learnings from research and from the lived experience of workgroup members, and the public on LTCF access, and visitation policies during the, uh, the COVID-19 pandemic. Then, for each of the learnings from meeting one, meeting two will identify a set of actionable principles for future emergencies. For each of the principal, meetings three and four will identify policy and practice recommendations for future emergencies. And, so, as you can see, and I hope it's been evident here today, we are focused on working together to build consensus over these four meetings, and to ensure that we are fully incorporating the feedback and the input of the workgroup, and the public in each step of this process.

[SLIDE 27] And, I want to say, um, a word about how workgroup members can provide input. We encourage workgroup members, and members of the public, to submit comments during, and in between meetings. Instructions to provide these comments differ for workgroup members and the public. So, during the meetings written comments can be submitted, and verbal comments can be submitted. So, as far as written comments, workgroup members may submit comments and questions throughout the meeting using the Zoom chat. All comments will be reviewed by CDA staff. As far as verbal comments, at multiple points throughout the meeting, CDA will take comments or questions from workgroup members in the line. For time, and to give all members the opportunity to speak, comments will be limited to two minutes per comment. Then, there's also the time in between meetings. In between meetings members can direct any additional comments or questions, to, um, the email address which is ltcfapolicyworkgroup@aging.ca.gov, and again, all comments will be reviewed by CDA staff.

[SLIDE 28] So, that's for members. As far as the public, the public can provide input through the following ways: during meetings the public can also provide written and verbal comments, uh, from written comments. Members of the public may submit comments and questions throughout the meeting using the Zoom Q & A, and those comments will all be reviewed by CDA staff. And then for verbal comments, at designated points in the meetings CDA will take comments or questions from members of the public who are in the Zoom comments line. Unless

otherwise specified, comments will be limited to two meetings [minutes] per individual. And, in between meetings, similar to the workgroup, members of the public can direct any additional comments or questions to the, uh, email, again, ltcfapolicyworkgroup@aging.ca.gov, and all comments will be reviewed by CDA staff. So, now, um, I see Juliette has dropped that into the chat, she's dropped the email address into the chat. And I'm going to hand it back to Juliette.

[51:59]

[SLIDE 29]

JULIETTE MULLIN: Great. Thank you, Brandie. Um, so at this point we'd like to open it up for any questions, or comments from the workgroup, at this point.

[SLIDE 30] So, if you have any questions about the scope or the processes that we'll be taking over the coming four meetings, um, to develop long-term care facility access policy recommendations as a, as a workgroup, uh, we invite those questions and we also invite general comments on the charge of this workgroup. And I see, let me go over to my view here, I see we have a couple people with their hands raised, uh, Tony, um, would you like to take yourself off mute and provide your comments.

[52:43]

TONY CHICOTEL: Thank you so much, hi everyone, this is Tony. Um, just want to make a couple comments. One, first and foremost, to thank Liz Fuller for her leadership, and assembly member Nazarian, um, getting us to this point, um, super fundamental. Um, I still shake when I think about 2020, and 2021, all the calls, and desperate emails I receive from residents and family members of residents in long-term care facilities, who couldn't see one another, couldn't talk to one another, it was an awful time. I think we made horrific policy mistakes, and I'm hoping that we set the ground so that we don't make those same mistakes twice. Um, so I'm really enthusiastic about the mission of this group. I'm super happy with the robust participation from so many perspectives, I think it's really fantastic. The most important point I want to make is adding additional, um, value to the idea of what essential caregivers bring to residents, and I fundamentally misunderstood this up until 2020 myself. We even saw in the CMS memos that Mark was talking about, one of the slides, the references to isolation and how important visitation is for resident well-being. And I agree with all that, and that, all that in and of itself should be enough to justify a different policy path in future pandemics. But what I didn't appreciate, and I would, what I think so many people still don't appreciate, people who are professionals in this long-term care business don't appreciate, is how much hands-on care essential caregivers bring to their loved ones. How much turning and repositioning they do, how much grooming they do, how much ambulating they do with residents, and most importantly how much feeding they do with residents. And I think that we've got to give that more

value as we go through this process. The visitation the, the social interaction is fantastic and super critical, but that, that hands-on care that so many family members provide um is, is lifesaving.

JULIETTE MULLIN: Thank you for that comment, Tony, and for sharing that. I'm going to go to the next person we have in line, Blanca.

[55:13]

BLANCA CASTRO: Thank you very much. And, I just wanted to share, Blanca Castro, Long- Term Care Ombudsman. Um, wanted just to share that we'll be, uh, we just submitted our data to the Administration On Community Living, and I wanted to share with everyone here that one of the, uh, things that we, uh, or the complaints that we saw, that has gone from being, you know, down at number 10 is now up at number four, was policies. Uh, that's a top complaint from residents, and so, I think, um, with the data, it used, it previously was physical abuse and neglect, um, but I think what this, uh, is telling us is, and we need to hear, that residents and families are telling us, the policies did not work. Um, and so this is just a perfect, uh, forum to begin to address, uh, one of the things that that we all intuitively knew, but we have data to tell us, so we'll share everyone the data once we, when it's since been validated by ACL. And happy to, you know, do more briefings on that, but I wanted to share, we just, I just heard, learned of that, uh, today once it was finalized.

[56:36]

JULIETTE MULLIN: Thank you for that comment, and I think a little later in the meeting today we will also, um, provide some additional information about how to submit, uh, research and reports like what you just mentioned Blanca for this workgroup's consideration. So, thank you for raising that, and we will also provide a little additional context and information on that at the end of today's conversation. Nancy, I see you are next in our line.

[57:02]

NANCY STEVENS: Hi, Nancy Stevens here, uh, resident of Rancho Mirage Healthcare and Rehabilitation Center. Um, I have a concern that, um, enforcement is not happening when, I consider it an emergency for the residents actually, um, when visitation is restricted, um, and strictly enforced, with cut off times being at like sundown. Um, there's way too much happening here in the evenings that the public doesn't know about. Um, visitation is strictly enforced, um, or visitation restrictions are strictly enforced, but nothing's being done about it. The ombudsman has been here. There's two big signs on the front entryway, um, that that state the hours, um, and that it's strictly enforced. But when, um, when agencies come out, they say, well, the facility can post whatever signs they want, even though there aren't any, um, COVID cases, there's no infection, there's no, um, you know, flu going on, they can still post whatever they want on their front

doors. All the, all the residents and the essential caregivers have to do is just ask. But it states in bold letters on those, on both of the signs, um, that says visitation hours are strictly enforced. And that's just a deterrent, people aren't going to know to ask that they have the right to ask. That they have the right to come in, um, when they see those signs posted on the front doors, and nurses are verbally asking people to leave, exit the building at 6 30 promptly. So that to me is an emergency in itself.

[58:52]

JULIETTE MULLIN: Thank you so much for that comment, Nancy, um, really appreciate your input and sharing that consideration for the workgroup. And, also want to echo, um, comments earlier in the meeting today thanking, um, you and residents of long-term care facilities for joining the workgroups and sharing your lived experience of these issues, um, for this conversation, so thank you.

[59:20]

NANCY STEVENS: Thank you.

JULIETTE MULLIN: Um, of course, um, next we have Derek. If you'd like to take yourself off mute.

[59:22]

DARRICK LAM: Yeah, sure, um, hi everyone. As a former owner operator of skilled nursing assisted living memory care, and also a consumer of, uh, assisted living where my mom was staying at our CFG, specializing in hospice, I definitely can say that there needs to be consistency in the way how both CDPH and CDSS design and implement the policy. Also, we have to understand a lot of times it's really how the staff carry out the bulk of the work in terms of allowing and provide accommodations for family members to do the visitation. So, I hope that during the next four meetings we're able to come up something that will be compassionate as well as to understand that we do have a larger mandate to make sure that we will order something which is going to solve all the issues we are bringing up today thank you.

[1:00:34]

JULIETTE MULLIN: Thank you, Derek, for that comment, I appreciate your input, and experience. Do we have any additional questions or comments from members of the workgroup? At this time, I do see that we have a hand raised among our public attendees, um, and we will turn to that in a moment. Um, I'll take another peek here to see if there's anyone else in the workgroup. And I am seeing some questions in the chat, um, that we can answer as well. There's some questions in the chat about whether these slides, uh, and the recording and the chat will be available for this meeting. Um, yes, uh, my colleague Caroline just dropped a link to the webpage for this workgroup in the chat. Um, there you will find the deck for

this meeting. Um, and we will also be posting, uh, the recordings and, um, uh, comments logs, uh, from these meetings on that webpage. And I see that Jake has raised his hand. Jake.

[1:02:05]

ANISSA DAVIS: It might be me, Anissa Davis, um, I'm representing CCLHO.

[1:02:12]

JULIETTE MULLIN: Your name is coming up differently, please go ahead.

[1:02:19]

ANISSA DAVIS: I'm sorry, um, I was just going to, uh, put out a suggestion of when we do, do the recommendations, some of the things that may be, uh, some guiding principles would be things that, um, I've seen in the legal sphere which is like least restrictive, um, least restrictive measures for the smallest or shortest amount of time. So, I was just gonna, I just wanted to put that up there as another, um, aspect to consider. Thank you.

[1:02:44]

JULIETTE MULLIN: Thank you we appreciate that. All right I think if there are no additional comments or questions from the workgroup, at this moment in the meeting, we can shift over to taking any comments or, um, from the public, uh, and with that I will hand it back to the CDA Communications team for this piece. Megan.

[1:03:25]

[SLIDE 31 & 32]

MEGAN MORGAN: Hi everybody. Just a reminder that now is the time for members of the public to have the opportunity to make comments about the purpose and scope of this workgroup. So, we are asking you to limit your comments to two minutes. And, prior to making your comments please state your name for the record and identify any group or organization that you represent. Comments will be taken in in the order that they're raised. Workgroup members may also raise their hand in the reactions feature of Zoom to enter the line for a verbal comment or question. And for those attendees who are joining us by phone, uh, further instructions are that you can press star 9 on your dial pad to join the line, and once you're called on, I'll announce your name or the last four digits of your phone number, and then we'll unmute your line, and then you'll also have to unmute yourself as well. And then when comments are done, and no one is left in line I'll turn it back over to Brandie for next steps. So, it looks like right now we have two hands raised. First person I see here is Karen Klink. Karen I'll unmute your line and you can proceed with your two minutes.

[1:04:38]

KAREN KLINK: Okay can you hear me?

MEGAN MORGAN: Yes

KARN KLINK: Cause I don't hear me, or see me. My name is Karen Klink, I'm the daughter, I am a daughter with a mom with dementia in memory care, and the central caregiver, and do a lot of advocates. I love my mom and I want what's best for her. I did not check that love, my rights, or nor hers at the door of the long-term care facility. Um, I have a lot to say. But a month ago there was an outbreak at my mom's facility. There are only four residents there. They locked us down. They locked us out. Um, we couldn't come in. Even though they said it was only one resident, which turned out not to be true. We found out there was more. Oh, my mom was not, my mom did not have COVID, they said it was their policy. I said what policy? Was that the DSS policy, or Public Health Department? They only sent me their quote mitigation plan. After I kept asking, which made them mad at me. And it looked like it was from 2020. It talked about face time, it talked about window visits, it talked about outdoors. I told her it needed to be updated, and so did their Public Health Department. She wouldn't, and I got reprimanded, and I got a new set of restrictions, one of which that I was never to interfere with the facility operations again, especially about COVID restrictions. I did not go to the CDSS from fear of more retaliation. Three years into the pandemic this is what's still happening. It's mind-boggling. Facility owner sent me an email telling me to mind my own business, or else I could move my mom. I wish to, I could say, I was surprised. Private pay facilities can still do whatever they want, they are allowed to be stricter ,but not less than, strict than, the guidelines or rules that are put out the licensing facilities, and the health department. This house also has private rooms, they are that, all have their own entrances to go from the outdoors. So, there's no need for this restricted, uh, visitation rights. For the [UNAUDIBLE], but anyway, that was ridiculous. So, they are very set up for people to come into the into their rooms. So, this was during the rainy season, and I was told I could visit my mom under the awning in the backyard, or in the garage with the door open. These are the things that we're up against. I have encountered things like this over and over again. So, there has to be something done about these things, um, you know the families and, uh, and loved ones are, um, are not being treated with respect. The ombudsman department will not deal with families because they're set up to do residents. I've come across this again and again, and I just you know, have to say what my experience has been and I've experienced working with other people, um, and, um, you know, this is why I probably wasn't picked to be on the committee because I speak my truth, thanks for letting me share.

[1:07:50]

MEGAN MORGAN: Thank you Karen, um, next we have Teresa Palmer MD. I'm going to unmute your line and you can have your two minutes. Thanks Teresa.

[1:07:55]

TERESA PALMER MD: Hi can you hear me?

MEGAN MORGAN: Yes, we can.

[1:08:02]

TERESA PALMER MD: Yes, uh, one of the things that is amazing is that we can take away the rights of people just because they're in long-term care and dictate to them, um, things that you wouldn't dictate to anyone who's not in long-term care. And, um, I think that needs to be looked at with every policy. Um, the other thing is the right to be more restrictive, uh, needs to be taken away. There needs to be best practices and rules, and it is, it can't be okay to be more restrictive. Um, the third thing is, um, the original AB2546, um, bill that I worked with the California Essential Caregivers, and with CANHR, and with Liz Fuller, before it got downgraded into a working group, was extremely well written and, um, there was hours and hours of work from multiple stakeholders that went into that, and I would like to know, I would like to know, that that original, uh, Tony Chicotel can, or Liz Fuller can supply it to you, that, that what was written in that bill it has been reviewed by everyone because, um, there's a lot you could just take from that you don't have to reinvent the wheel. Thank you.

[1:09:27]

MEGAN MORGAN: Thank you Teresa. Up next, we have, uh, Tamara Rodriguez DDS, I'll unmute your line Tamara. And you can go ahead and make your public comment.

[1:09:54]

TAMARA RODGRIGUEZ DDS: Yeah. Thank you. I didn't have my hand raised so I'm not sure what happened but thank you.

[1:10:02]

MEGAN MORGAN: Oh.

TAMARA RODGRIGUEZ DDS: Yeah, thank you.

MEGAN MORGAN: No problem. I don't see any other, uh, hands raised for public comment at this time. I think we are trying to get back over to Brandie.

[1:10:16]

[SLIDE 33 & 34]

BRANDIE DEVALL: Thank you. Thank you for all of your comments. We're going to talk about the next steps. So, after this meeting we ask workgroup members to submit a one paragraph bio for the workgroup, and for the workgroup's website that includes your current role and relevant previous experience, and your experience with long-term care facilities access and visitation during COVID-19. We are also asking you to submit any relevant research, policy guidance and/or position papers from your organizations or other groups that this workgroup should consider in the development of our recommendation, which speaks to the

last comment that was made. Um, you could email these items to CDA at the email address that we've been referencing, um, and the one that's on screen now by February 20th, that would be appreciated. And, um, then there's a couple of things that we can do to prepare for the first, um, workgroup meeting.

[SLIDE 35] We're here today for the kickoff, but the first actual workgroup meeting is going to be on March 14th and it's going to start at 12 30, and it's scheduled to run from 12 30 to 3. CDA will post the agenda for this workgroup meeting on its public website at least 10 days prior to March 14th. CDA will send meeting materials to workgroup members five 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 with other individuals within their organizations as needed. Materials will be listed on the Long-Term Care Facility Access Policy Workgroup webpage, which the team is, uh, well it's up there now and I think if someone could just drop that in the chat, um, that would be great. And with that I will hand it back to mark.

[1:12:55]

[SLIDE 36]

MARK BECKLEY: Great. Thank you so much Brandie. Um, so we're just wrapping up now. I first want to thank all of you for attending the kickoff today, again it's been such a great turnout and as Liz had mentioned I don't think I've seen such an active chat in a Zoom meeting in a very long time. So definitely a lot of interest, a lot of thoughts and ideas on this topic, so thank you all for being so actively engaged in contributing. Um, you'll have plenty of other opportunities to contribute either through the email options that Brandie provided to submit additional comments, any research that you want to share on the topic, and anything that you think would be beneficial to help move this workgroup forward. Um, and thank you so much for helping us better refine and define the scope of the workgroup. Again, this is such an important topic and we want to make sure that we're not missing out any critical considerations, any critical scope areas, um, so your feedback, your participation has been just so helpful and beneficial. Um, you know, as Brandie had said, you know, we will be providing, um, you know, a summary and, um, you know, the PowerPoint, um, and then, you know, revisiting some of these topics in the next workgroup meeting. The next meeting is really going to focus on research, um, as well as experience, uh, from people with lived experience through the pandemic, um, and the impact that, you know, existing health policies may have had on them, as you know they, um, they went through the pandemic. But yes, thank you just so much for participating today and we really look forward to engaging with you in the next workgroup meeting take care everybody.

[SLIDE 37]