



Task Force on Long Term Care

August 7, 2020, 11:00 AM

Governor's 8th Floor Conference Room

1700 West Washington Street, Phoenix, Arizona 85007

A general meeting of the Task Force on Long Term Care was convened on August 7, 2020, via Zoom and at the Governor's 8th Floor Conference Room at 1700 W. Washington, Phoenix, Arizona 85007, notice having been duly given.

I. Call to Order

- **Christina Corieri, Chair**, called the Task Force on Long Term Care to order at 11:01 a.m. with twenty-seven (27) members and two (2) staff members present.

II. Roll Call

- **Christina Corieri, Chair**, welcomed everyone and explained why this task force was created and called upon by Governor Ducey. **Ms. Corieri** included remarks about the Governor's objectives and goals to develop recommendations of when visitation can safely be phased back into our state. The following members introduced themselves via zoom and gave brief remarks on what they would like to contribute and see from this task force:
- **Mr. Dave Voepel, CEO, Arizona Health Care Association**, deferred his comments and time to **Ms. Heather Friebus, Administrator, Devon Gabels Rehab Center**, for remarks on behalf of him and other members in the task force. **Ms. Friebus** discussed that there needs to be a difference between assisted living facilities and skilled nursing facilities. There needs to be adequate testing, staffing, personal protective equipment (PPE), and screening in order for visitation to resume. **Ms. Friebus** also recognized that some facilities have received testing machines that give quick testing results and would like to see that implemented across the state.
- **Ms. Karen Barno, President and CEO, Arizona Assisted Living Federation of America**, discussed that she represents those who are not federally mandated and do not follow Centers for Medicare & Medicaid Services (CMS) guidelines. She is looking for guidance that is produced by the state in order to open for visitation.
- **Ms. Tiffany Wilkins, Vice President for Operations, Spectrum Retirement**, shared that there needs to be a balance between the physical, emotional, and psychological health of residents. She and members in her industry have witnessed a great decline in residents due to the lack of visitation during the COVID-19 pandemic. Additionally, **Ms. Wilkins** discussed the difficulty of staff having to wait an excessive amount of time before getting testing results back. She expressed how difficult it is to combat worker shortages when workers are waiting for seven (7) to ten (10) days to receive testing results. **Ms. Corieri** recognized that concern and validated that improvements are being made.
- **Ms. Pam Koester, CEO, Arizona LeadingAge**, discussed the implementation of "emergency preparedness command centers" within her industry. **Ms. Koester** explained that she and others have experienced extreme shortness of staff in all sectors, including but not limited to caregivers, cleaning staff, medical personnel, etc.
- **Ms. Dana Kennedy, State Director, AARP Arizona**, discussed that facilities and homes need adequate access to PPE, testing, full staffing, privacy needs, and social

distancing when visitation is allowed to occur. **Ms. Kennedy** recognized that all facilities or homes should have individual visitation plans while adhering to guidelines put forth by the state. She mentioned ideas such as a visitation schedule, designated visitation areas, and clear and regular information distributed to residents and family members about visitation details.

- **Ms. Diane Drazenski, family member**, shared that both of her parents are located in two different facilities. She is able to see her mother due to her being a designated caregiver, however, she is prohibited from seeing her father. This has been an emotional strain on her family and has taken a significant toll on Ms. Drazenski's mother and family.
- **Ms. Becky Hill, family member**, shared that her mother has been in a care home for about ten (10) years. She explained that keeping residents safe from COVID-19 is just as important as keeping residents safe from loneliness, isolation, and neglect. **Ms. Hill** discussed that she would like to see adopted criteria for families and facilities that differentiate residents within their level of care and establish guidelines of what visitation may look like if outdoor options are only available such as allowing "off-campus" visitation.
- **Mr. Rocky McKay, President, Arizona Assisted Living Homes Association**, explained that the Association represents 1,805 residential assisted living homes. These are homes that have 10 or less residents. **Mr. McKay** discussed that he has seen a decline in mental health due to the lack of visitation and the recognition that homes vary and there is not a "one size fits all".
- **The Honorable Kate Brophy McGee, Arizona State Senator**, read a snapshot of a constituent's letter that talked about not being able to see a loved one as they passed away. She discussed that the COVID-19 virus has increased levels of depression, suicide, and opioid issues. **Senator Kate Brophy McGee** discussed that she would like to see county health looped in on this discussion and to ensure that standards are in place that is flexible for different counties.
- **The Honorable Tyler Pace, Arizona State Senator**, discussed his experience in the long-term care industry and would like to see clear policies that are flexible for all facilities and home-types. He discussed that there needs to be a differentiation between facilities, home, and centers alike and that there is a safe environment for all. **Senator Tyler Pace** mentioned that there are many different types of testing available, all in which do different things and produce different results. Therefore, there should likely be guidelines around which tests should be used and how that affects a future matrix or phased-reopening. Additionally, he discussed that homes and facilities need access to PPE, directions on how to properly use PPE (when, where, how), and potential compensation for owners who have had to spend vast amounts of money on adjusting their home/facility for COVID-19 patients. Lastly, **Senator Tyler Pace** discussed that there needs to be a differentiation between the screening of "known exposure, protected exposure, and no exposure". He gave an example of a doctor who has properly and safely treated a COVID-19 patient that is now not allowed to enter a home for that same reason, regardless of the protection in place. This inevitably leads to a worker shortage in all aspects of the industry.
- **The Honorable Lela Alston, Arizona State Senator**, discussed the importance of science-based evidence when reopening for visitation. She addressed issues regarding isolation and depression that are caused by not being able to see their friends and family members. Additionally, **Senator Lela Alston** invited the task force members to a meeting, *Community and Legislative Partners in Aging*, that is held at the Arizona Capitol. The next meeting is August 18th at 11 am and encouraged those to reach out to her office if wanting to join. **Ms. Christina Corieri** mentioned that either **Ms. Grace**

Appelbe or **Ms. Tuesday Elias** would be there on behalf of the Governor's Office to take notes and share those with the members of this task force.

- **The Honorable Regina Cobb, Arizona State Representative**, shared that while criteria should be standardized, there needs to be autonomy within the facilities and homes, and executed as soon as possible. She also suggested that once guidance has been put in place and tested out, this task force meets again to discuss its progress and if anything needs to be changed. **Representative Regina Cobb** also briefly discussed a letter that Representative Barto and her family had sent to colleagues and the Governor's Office.
- **The Honorable Joanne Osborne, Arizona State Representative**, discussed her time as a former city council member and how one of her top goals has always been around constituents reaching their highest quality of life. This includes but is not limited to proper nutrition, physical activity, human interaction, and cleanliness. She discussed the guidance needs to remain local and there needs to be a timeline of expectations for both facilities/homes and families.
- **The Honorable Jennifer Longdon, Arizona State Representative**, reiterated the remarks that her constituents and colleagues have made. She mentioned that there needs to be adequate PPE, staffing, and the recognition that "one size does not fit all". Additionally, **Representative Jennifer Longdon** explained that this task force needs to consider the Navajo Nation, Nogales, and other rural communities that have different challenges than metropolitan areas such as Phoenix.
- **Mr. John Albrechtsen, President, Bandera** (Ensign's Arizona-based portfolio subsidiary), reiterated and reinforced what **Ms. Heather Friebus** discussed above.
- **Mr. Joseph E. LaRue, CEO, Sun Health**, explained their mission of empowering residents to enjoy living their best and healthy life. He described that within their industry, they have been sharing the best resources and best practices. **Mr. LaRue** mentioned that approximately 90 percent of COVID-19 cases in their facilities and homes have happened after the Governor's 'stay at home' order expired and that most of the positive cases came from employees due to community spread.
- **Mr. Mark Clark, President and CEO, Pima Council on Aging**, explained some of the actions that his industry has been taking and explained how the CARES Act has been helpful during this time. He would like to see standardized access to information and will be looking into increasing technology capabilities.
- **Mr. Scott McCutcheon, Chief Operating Officer, LivGenerations**, briefly discussed the differences between independent living homes, assisted living homes or facilities, and memory care residents. He mentioned that COVID-19 has created a reputation that senior living communities are unsafe but that could be the farthest from the truth. **Mr. McCutcheon** would like to see a definitive path that includes the voices of residents and their families. He discussed that testing needs to be standardized and establish guidelines for the same testing measures.
- **Ms. Gaile Dixon, President, Dream Catcher Assisted Living**, echoed previous remarks and reiterated that there have been mental health consequences due to the lack of visitation within facilities and homes.
- **Mr. Mason Hunter, President, Haven Health Group**, echoed his colleagues', **Mr. John Albrechtsen, Mr. Dave Voepel, and Ms. Heather Friebus'** remarks.
- **Ms. Donna Taylor, Chief Operating Officer, Spectrum Retirement**, represents four (4) senior communities in Phoenix that service approximately 700 residents with 400 staff members. She is grateful for technology to maintain connection but recognizes that this does not work well for many residents. **Ms. Taylor** would like to see the "idea of risk" given back to adult residents. She explained that many people take the risk to go to the grocery store, to a restaurant, or in a bus, and that same risk is deserving of the adults and loved ones in facilities and homes.

- **Mr. Justin Stein, District Director of Operations, Brookdale Senior Living**, shared that a key factor in decision making will be the protocols that will be in place to keep residents and families safe. He expressed that family members and residents need to be a part of the discussion on visitation as well.
- **Ms. Virginia Rountree, Deputy Director of Programs, Arizona Department of Economic Security**, echoed many of the priorities shared by her colleagues and reiterated that clear and concise guidelines need to be implemented but remain flexible for all. **Ms. Rountree** reminded the task force members to include intermediate care facilities (ICFs) and residential homes. She explained that Adult Protective Services has seen a decrease in reports of abuse, and that is likely due to the “eyes and ears (family members) not being on the ground” due to COVID-19.
- **Ms. Lisa Pollack, State Long Term Care Ombudsman, Arizona Department of Economic Security** echoed her colleagues above and reiterated the importance of hearing from families and residents during this time.
- **Ms. Jakenna Lebsock, Assistant Director, Arizona Health Care Cost Containment System**, expressed that residents can be very vulnerable and they often have goals of independence and long to live in a safe, healthy, and enjoyable environment. **Ms. Lebsock** reinforced that plans need to be understandable while balancing joint goals and a holistic well being.
- **Mr. Colby Bower, Assistant Director of Policy and Intergovernmental Affairs, Arizona Department of Health Services**, briefly discussed the departments, “going back to school guidelines”, and how the task forces guidelines could be modeled off something like that. Also, **Mr. Bower** recognized that each facility and home is different and they all need flexibility when implementing visitation guidelines.
- The following members were excused from the meeting: **Ms. Tonsa Price-Edwards**

III. Upcoming Meeting Dates

- Tuesday, August 11, 2020, at 1:00 p.m. For members of the task force, Zoom information will be provided at a later time. Call in for the public is made available here: <https://goyff.az.gov/meeting/lrcf/2020/08/11>
- **Ms. Christina Corieri, Chair**, announced that **Mr. Colby Bower** will be presenting on CMS recommendations for skilled nursing and that Ms. Tuesday Elias will be presenting on what other states are doing in terms of visitation, their metrics, and what requirements are in place, next meeting. **Ms. Corieri** also mentioned that she would like to bring in state and county health individuals later in the task force, to be able to answer any questions.

IV. Call to the Public Reminder

- **Ms. Christina Corieri, Chair**, reminded members on Zoom and within the public call line, that call to the public are written only, submitted here: <https://goyff.az.gov/webform/written-public-comment>
- The following remarks were submitted on August 7, 2020, and have been redacted for confidentiality purposes:
- “Thank you for taking the time to read my comment. I have been contracted for the City of Bullhead City as an Emergency Operations City Liaison. My role consists of trying to provide an extra resource to these Long Term Care Facilities(LTCFs) during this pandemic. Just to give you a background of myself, I have worked in the Healthcare industry for over 20 years now from administrative roles, business development, and clinical roles. Although, I am not a clinician, rather a healthcare administration professional with my degree in Healthcare; I have worked directly with nursing staff, doctors, respiratory staff, lab techs, dietary staff, social workers, caregivers, etc all levels

of healthcare staff; in order to coordinate the care for the senior population. What I noticed was a huge problem, was the significant difference in the level of education when it comes to Hospital vs. the LTCFs. The lower level of care requires fewer mandates and less education regarding clinical requirements. During this pandemic, we need highly clinically educated personnel taking care of our high-risk population. When you think about an Assisted Living Facility (LTCF) as being a home for the elderly, it may help to think about their position as really being in a home. Empathizing with the LTCF as they are not working as a high-level care healthcare facility like a Hospital. So when you think of it like this: Hospital vs. Home instead of Hospital vs. Assisted Living, what guidance would you give someone at home or the people caring for these people at home? That may help when understanding how to approach the criteria and medical jargon when implementing new clinical guidance to people that did not have a higher level of education that a Hospital requires to provide care to people. I hope that makes sense. I would love to help any way I can. Thank you for the opportunity to add my input.” - *Danielle Alonzo, BSHA, MBA*

- “I am writing because my father has been in the hospital/long term acute care hospital since May 4th of this year. He has had a severe TBI, is under constant restraint, and they say is necessary to prevent him from hurting himself. We believe he is over medicated. The fact is we don't know, we have no way of knowing if he is getting what he needs, he is not given a speech valve to communicate his needs most of the time, which is required for him to be able to communicate because he has a trach. He will now be moved to the only facility that will take him with restraints. I can't visit him to check if his needs are being met and doctors and nurses in the rehab are not keeping in communication with us. Video calls are hard because it requires someone else to set up and they tell us that they don't know how or can't figure out how to set it up or answer it when his phone is charged at all. He doesn't have his hearing aids in and is not provided his speech valve when we have video calls. This is making it impossible to participate in his treatment. Nurses have said he responds more when we are on the phone. Visitors' restrictions and prevention are understandable and I know why they are doing it, but when you can not see someone who can not make decisions for themselves or participate in their care, it is almost impossible to make informed decisions about their care. We have valuable information and insight into my father as a person, speech patterns, triggers, and habits, that can help with his treatment but can not participate to help with his treatment. This is, in practice, removing us from his treatment decisions and causing him undue stress when he needs to recover. I'm not sure many of you can begin to comprehend what it means to see your loved one restrained and unable to hear you, because their hearing aids are not put in and their ability to speak is regulated by gatekeepers. Now imagine that you are called that night and told that the facility they are in will be discharging him and not to the facility you have chosen, but to a different one that is 40 minutes away, and there is no other option. No way to find out if your presence could help improve them to a point where they could go somewhere else. Many studies show that family participation in the rehabilitation of TBI can be of significant value. But even without using that, people that can not speak for themselves or make discussions for themselves are vulnerable beyond comprehension. Keeping their essential caregivers out of the facilities, and away from them is detrimental to them and their care, end of discussion. This needs to be resolved urgently and the time is ticking. Rehab potential is slipping through an hourglass that can not be reversed. I would ask that you consider that as you adjourn today, and enjoy your weekend, and as I look over your schedule of meetings your that string out another month, that time something that families do not have. Time some of these patients do not have. My father's rehab potential decreases each and every single day. My father does not have COVID-19. I

have rearranged my entire life to pose as little risk as I can: I do not meet in person with anyone, I go out for essentials only and I wear a mask and wash my hands, all so that when visitation is allowed, I will not increase exposure more than absolutely necessary. Maybe asking the families to sign a contract agreeing to certain perimeters, and looking at those that can least speak for themselves to start would work. But I ask you to address this with due haste and urgency that the issue you are responsible for demands, and not allow these patients to dwindle with nothing to motivate them for any longer than necessary. I am lucky to only have 3 months of this so far and not the 4 to 5 months (almost half a year) some of these families are enduring.” - *Amy Loen*

- “Thank you all for making every effort to ensure our residents receive the utmost care and every precaution to keep more people from dying from COVID! My brother is in a long-term care facility with both physical and mental disabilities. The other residents and caregivers are at high risk. Re-opening homes to outside interaction will only worsen the current crisis! I have little confidence in the State of Arizona, and our Governor and his handling of this pandemic thus far.” - *Laurie Provost*

V. **Adjourn**

- **Christina Corieri, Chair**, called for adjournment at 12:34 p.m. and the task force voted unanimously to adjourn. Members seconded the motion with no dissenting vote.

Dated August 7, 2020
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Submitted by Tuesday Elias
Policy Assistant, Office of Governor Doug Ducey