



## **Task Force on Long Term Care**

**October 28, 2020, 1:00 PM**

**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 October 28, 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**

- A. Ms. Christina Corieri, Chair**, called the Task Force on Long Term Care to order at 1:02 p.m. with twenty-six (26) members and three (3) staff members present; Ms. Tuesday Elias, Ms. Grace Appelbe, and Ms. Alyssa Salvaggio.

### **II. Roll Call**

- A. Ms. Christina Corieri, Chair**, welcomed everyone that had joined Zoom and on the public call-in line. **Ms. Corieri** explained that the Task Force Meetings will be on a weekly basis.
- B.** The following members were absent from the meeting: **Ms. Rosie Abad, Archie Hendricks Sr. Skilled Nursing Facility, The Honorable Regina Cobb, Arizona State Representative, The Honorable Joanne Osborne, Arizona State Representative, and The Honorable Jennifer Longdon, Arizona State Representative,**

### **III. Approval of Minutes**

- A. Ms. Chistina Corieri, Chair**, requested a motion to approve the September 29, 2020, meeting minutes.
- B.** A member of the Task Force motioned to accept the minutes as drafted. **The Honorable Kate Brophy McGee, Arizona State Senator**, seconded the motion.
- C. Ms. Chistina Corieri, Chair**, announced that the next meeting will be **Wednesday, November 18th at 1 pm** and that we will continue to have these meetings for the foreseeable future as long as the task force members are available. Please note that the Task Force on Long Term Care will likely call a special meeting before November 18th. **Ms. Tuesday Elias** will send out a proper calendar invite when needed.

### **IV. Review of the FAQ Document and Long-Term Care Guidance**

- A.** Members are welcome to share what they are hearing about the FAQ Document and the Long-Term Care Guidance and if there are any questions or clarifications that need to be made.
- B. Ms. Becky Hill, family member**, stated that today was the day that her mom's facility did not let essential visitors into the memory care unit. Additionally, they have yet to create a written policy and rather they are just explaining their policy by word of mouth. Her mother's facility classifies that everyone in memory care is a "roommate" and, therefore, will not let in essential visitors. She filed a complaint and made plans to move her mother. This issue could be resolved by investigating the complaint or further clarify the FAQ/Policy in place. Additionally, other constituents are having challenges as well. Ms. Hill would like to hear from DHS or the Governor's office about the complaint process. **Ms. Christina Corieri**, asked that when you say you 'hear from other family members', are they also in memory care? **Ms. Becky Hill, family member**, stated that just one in memory care, but not 100% sure. Since there is no posted policy, a lot of the family members likely don't know that they can visit their loved ones. **Ms. Christina Corieri**, stated that she will ask DHS for some clarification and statistics. She does not know how many complaints have been received since they get filed straight to DHS. Regardless, we will have them put together a report of how many complaints DHS has received, how many have been investigated, and how many have been resolved.

- C. Ms. Dana Kennedy, State Director, AARP Arizona**, explained that people have contacted her about the guidance and that she properly sends them all of the information, which they find helpful. She believes that communication regarding the guidance is not getting out to the family members. So far, she has heard of only one success story. Other than that, there has not been a lot of successes; still, window visits.
- D. The Honorable Kate Brophy McGee, Arizona State Senator**, echo's Ms. Kennedy and Ms. Hill's previous statements. She stated that we are going into this as a Task Force to advocate for the physical health of the residents while also balancing their mental health. One constituent mentioned to her that homes/facilities are not relaying the new policies to the families OR the home/facility has adopted more strict CMS guidelines. We have to do something about these issues because it has affected the physical deterioration of residents; they are losing weight, losing their will to live. Must stress that this is time-sensitive and critical that we have facilities adhere to the DHS guidelines. **Ms. Christina Corieri**, explained that we have sent communications from DHS to the facilities/homes. **The Honorable Kate Brophy McGee, Arizona State Senator**, would an executive order be something on the table? I just know that the needle is not moving fast enough. **Ms. Christina Corieri**, stated that DHS will report to the task force related to the complaint line.
- E. Ms. Diane Drazenski, family member**, stated that she was so close to being able to see her father. Her family had picked their designated essential visitors, got their COVID-19 tests, and adhered to the precautions. However, now they are not able to see him for another two weeks. It took 3 weeks in order to hear back from the facility and even then, their policies were unclear and "sketchy". She had to call for clarification. These policies need to be acted on in a quicker fashion. Holidays are coming up and family members are likely coming in from out of state. They would like to see Ms. Drazenski's dad. Now they can't because per the facility, visitation is limited to two visitors per month. **Ms. Corieri** stated that even though there are two essential visitors, there can still be other visitors. Those other visitors just have stricter visitation policies. **Ms. Diane Drazenski, family member**, explained that the explanation from them is that only two visitors per month. Christina - we will send you the chart. **Ms. Diane Drazenski, family member**, asked how is a family supposed to know about the guidelines that are in place? **Ms. Christina Corieri** stated that the facilities are supposed to communicate with the families. However, it looks like this is not happening. Perhaps there is an opportunity to post the visitor guidelines and the FAQ on the facilities/homes websites. Ms. Corieri will discuss that with DHS.
- F. Ms. Donna Taylor, Chief Operating Officer, LifeStream Complete Senior Living**, explained to the group that there is a strong discrepancy between the CMS and DHS guidelines. That her Skilled Nursing Facilities (SNFs), specifically, are affected by the contrasting guidelines. CMS does not recognize the 'designated essential visitors', and their guidance is more strict than what DHS provides. This has created a lot of confusion. From a provider standpoint, Ms. Taylor and her team are trying to balance the needs of residents with the needs of their families. On the other hand, they are tied to the regulations. She requested that SNFs need clarity because DHS and CMS do not align. **Ms. Christina Corieri** explained that Skilled Nursing Facilities are required to follow the CMS guidelines. That we have asked CMS for clarification and we recognize that there is a challenge with the Skilled Nursing Facilities' guidance. **The Honorable Tyler Pace, Arizona State Senator**, commented in regards to the CMS rules. He stated that he knows that some facilities have been following them, however, it is guidance.... facilities cannot restrict visitation without a cause. He requested that we make sure to get clarification from CMS because they have guidance in place, not 'rule'. This is not enforced by CMS whereas the DHS guidance is enforceable. Rules are different from guidance.
- G. Mr. Scott McCutcheon, Chief Operating Officer, LivGenerations**, stated that things are going well for him and his team. They use the guidelines and give the families their options for visiting

their loved ones. He just wanted to throw that out there. Every once in a while, families will have an expired covid-test. We have had family members that have visited on a daily basis and it is going well. ⅔ of family members have been able to visit.

- H. **Ms. Pam Koester, CEO, Arizona LeadingAge**, stated that her members wanted the Task Force to know that they are seeing a backup of testing results. She did not dig deeper to see what labs they were referring to, but would then follow up. **Ms. Christina Corieri**, explained that she has not heard of any labs that are producing results after 24 hours. Ms. Corieri asked if Ms. Koester could ask the member what labs those are? Then we can check into those labs. We can also send you a list of the labs still at the 24-hour time so you can request that to your visitors.
- I. **The Honorable Kate Brophy McGee, Arizona State Senator**, recognized **Mr. McCutcheon's** successful implementation. She added, can we enact those models, or involve the associations, and reach out to members? Not just put it on DHS's website, but to have other parties reach out. Is that something that we could do? Get info out through the associations? Dave or Karen? **Mr. Dave Voepel, CEO, Arizona Health Care Association**, stated that they can do that, they have been putting this out on our weekly newsletter. Part of the confusion goes out to what **Ms. Taylor** was saying; CMS vs. DHS guidelines in regards to their "outbreak" threshold. CMS suggests that compassionate care visitors are only allowed. That is different from the DHS guidelines. We are more than happy to put items out to the membership. **The Honorable Kate Brophy McGee, Arizona State Senator**, stated that **Senator Pace** had an observation of how CMS guidelines are being interpreted. Have you also done that? There are all kinds of interpretations. What needs to be done differently where guidance is not being implemented? **Mr. Dave Voepel, CEO, Arizona Health Care Association**, stated that some larger facilities have proper PPE, full staffing, and means to correctly implement the guidance, however, there are other SNFs that are struggling with some of these things due to the nature of their size. I believe that they have all been communicative with their families. It all goes back to the "outbreak status". DHS and CMS have different definitions and don't explain what happens next. **Ms. Christina Corieri**, it sounds like clarifying what happens after an outbreak is established would be helpful that in the FAQ. Additionally, perhaps include when it is appropriate to shut down? We will work on that.
- J. **Mr. Justin Stein, District Director of Operations, Brookdale Senior Living**, explained that they are also doing well and seeing success. Families are grateful and we have been very clear on what the policies are.
- K. **Ms. Dana Kennedy, State Director, AARP Arizona**, stated that she went to one of the free testing sites. It took 5 minutes and she received the results within 24 hours via email and text. She thought that it would be good to share with families how easy it can be to take a test and get results. **Ms. Christina Corieri**, explained that she has heard that same story, regardless of nasal or saliva testing. **Ms. Koester**, please let us know which labs you are having trouble with. **Ms. Pam Koester, CEO, Arizona LeadingAge**, nodded her head yes.
- L. **Ms. Lisa Pollock, State Long Term Care Ombudsman, Arizona Department of Economic Security**, stated that any kind of clarification would be great in the FAQ. Some facilities are doing so great but there are some facilities that are unclear on the guidance and therefore having less visitation. **Ms. Christina Corieri**, said that if she has anything specific, please let us know.
- M. **Ms. Becky Hill, family member**, asked if the FAQ could clarify SNFs v. Assisted Living v. Memory care? **Ms. Christina Corieri**, yes we will. **Ms. Becky Hill, family member**, added, would it be possible for the facilities to send DHS their guidelines to make sure they are adhering?
- N. **Ms. Gaile Dixon, President, Dream Catcher Assisted Living**, stated that they have been very successful with outdoor visitations. The reason she doesn't have a lot of indoor visitation is due to the 48-hour testing and not many of the people can attest that they have self-isolated between the tests because they have families. **Ms. Christina Corieri**, explained that the designated essential visitors, they do not have to self isolate like normal visitors.

- O. **Ms. Heather Friebus, Administrator, Devon Gabels Rehab Center**, stated that they are also having successful visits. That the DEV option is most popular with many patio visits. They have over 200 residents and have accommodated all residents. They have been successful with no testing issues and her team has been very communicative to the families. Communication is key, both by email and by phone. **Ms. Christina Corieri**, said that she was glad to hear that things are going smoothly.
- P. **Ms. Christina Corieri**, stated that we will get to drafting and circulate the new documents as soon as possible.

#### V. Update on Rapid Antigen Tests

- A. **Ms. Christina Corieri** shared with the Task Force members an update on how many tests Arizona has received and where a facility/homes can get the tests. Ms. Corieri stated that she sent the contact information out to the Associations on how to contact the counties about testing opportunities. Maricopa had not finalized their distribution plans in the requested time but should have submitted them by the end of last week. They should be able to distribute testing equipment now. At the last meeting, there was an issue brought up about screening forms and uniformity. DHS created a model screening form, see below.

#### VI. Review of “Screening Form for Visitation at Congregate Settings for Vulnerable Adults and Children”

- A. The Arizona Department of Health Services has drafted a Screening Form for Visitation at Congregate Settings for Vulnerable Adults and Children. The Task Force members will review the draft and provide any necessary feedback. At this time, the draft will not be distributed to the public until it has been finalized and approved by the Task Force on Long Term Care, the Arizona Department of Health Services, and the Arizona Governor’s Office.
- B. **The Honorable Tyler Pace, Arizona State Senator**, states, “COVID-19 results...if positive restrict entry and [refer to isolation guidance](#)..”. I know that you clarify on the third page that some individuals may be exempt from that. However, the wording is confusing on that first page, and unless you see the third page first, you would not know that you may be exempt. **Ms. Christina Corieri**, We can change that wording. **The Honorable Tyler Pace, Arizona State Senator**, the next page, fourth bullet down, “I have not had close contact with someone diagnosed with COVID-19 or with the symptoms listed above without an alternative diagnosis from a healthcare provider (e.g., influenza) in the past 14 days.”. Senator Pace suggested that there should be an exemption for healthcare providers and EMS. CDC just released new guidance in regard to work restrictions and known COVID-19 exposures. These individuals will come into contact with COVID-19 in a protected environment. My recommendation is that we clarify for healthcare providers, “had a known or exposure to COVID-19”. We just want to make sure the documents are clear. **Ms. Christina Corieri**, we will make sure that DHS is clear on at.
- C. **Ms. Becky Hill, family member**, the only thing I noticed is that on page two, “... Help us practice good infection prevention to keep residents, visitors, and staff safe.” It goes on to list, “Stay in a designated area for the duration of your visit”. However, what is a designated area vs. a residents living space? we cannot wander around the building but perhaps a more concise way of stating that? **Ms. Christina Corieri**, we will look into that.

#### VII. Discussion on “Other States: Off-Site Visitation Protocols”

- A. **Ms. Christina Corieri** shared with the holiday season approaching, we know that residents and loved ones will want to see their families. Maybe taking a loved one home for a meal or perhaps a weekend. However, the visitation could be in a different town or part of the state. So she would like to open the discussion up to how facilities handle going about that? Would we want them to stay in

their room for 14 days? **Ms. Tuesday Elias** has researched what other states are doing in regards to off-site visitation, especially with the holidays approaching. Ms. Corieri would like to hear the thoughts of Task Force Members.

- B. Ms. Virginia Rountree, Deputy Director of Programs, Arizona Department of Economic Security**, thank you, Tuesday, for conducting this information. She asked, what are our next steps around this process? There are many questions as the holidays are approaching. **Ms. Christina Corieri**, asked the Task Force if this is something that they would like to work on? Taskforce members stated yes and that this is a concern. **Ms. Christina Corieri**, agreed, stating that we can make this a topic of discussion for the next meeting. Should you have some public health recommendations for you next week? **Ms. Becky Hill, family member**, we should have this as quickly as possible. **Ms. Christina Corieri**, stated that we will have recommendations from DHS and get them out the Friday before the next meeting. We will also be making testing available for individuals to come back.
- C. Ms. Karen Barno, President and CEO, Arizona Assisted Living Federation of America**, Thanksgiving is only a week after our next meeting. We don't want this guidance to not be out a week before thanksgiving. **Ms. Christina Corieri**, said that she will talk to DHS and see how quickly they can get a draft out. We could have a meeting on the 12th, which is a Thursday instead of the 18th? We could have a meeting the week of the 9th?
- D. The Honorable Kate Brophy McGee, Arizona State Senator**, said to draw up the guidelines and if necessary, pull from other members, and get them out there. I appreciate you doing the review process, but we need to get these guidelines out as soon as possible. I would be happy to put a motion on the table. We need to do that. **Ms. Christina Corieri**, asked, is your request that DHS issue guidelines related to off-site visitation, that they just are issued, and then the Task Force to make comments afterward? **The Honorable Kate Brophy McGee, Arizona State Senator**, Yes, she would like DHS to get this done now while people make their flight reservations. **Ms. Christina Corieri**, stated that we will talk with DHS today and see how quickly they can get recommendations out. **The Honorable Kate Brophy McGee, Arizona State Senator**, asked if she needs to formalize with a motion? **Ms. Christina Corieri**, stated no, that the first step is for her to talk to DHS after this meeting to see what their timeline looks like.

#### VIII. Upcoming Meeting Dates

- A. Ms. Christina Corieri, Chair**, asked members to send any comments to either Ms. Tuesday Elias or Ms. Grace Appelbe.
- B.** The next meeting will be **Wednesday, November 18th**, at 1:00 p.m - 2:30 pm at the latest. If a meeting is needed earlier, Tuesday Elias will reach out to the Task Force Members as soon as possible. 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/tcf/2020/08/11>

#### X. Call to the Public

- A. 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>
- B.** The following remarks were submitted before September 29, 2020, and if needed, have been redacted and summarized for confidentiality purposes:
- “Thank you for the updated essential visitor guidelines. My dad will finally get to visit my mom regularly we hope! However, my sister and I will only be allowed in once a week for a 20-minute visit although we regularly helped with my mom's care in the past. Getting a covid test every week is proving difficult. Could you discuss allowing every immediate family member to become an essential visitor? Thank you, Anne Belding”
  - “My 70-year-old sister is living in an assisted living group home. She had a stroke, can't walk, can't conduct most activities of daily living, and she has End-Stage Renal Disease (ESRD) and receives hemodialysis 3 times a week. Since ESRD is a terminal disease, does that mean that my visits with her at the group home

would be considered "compassionate care visits" as described in the second paragraph of the "Introduction" on page 2 of the document titled "COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children -- effective October 1, 2020" and does that mean I would be considered a "Compassionate Care Visitor (no testing required)" as stated in the heading of the second column of the table on page 6 of that document?" - *Donna Packard*

- "Not all memory care facilities are, in practice, allowing residents to go to medical and dental appointments. A clarification that it is the resident or resident's POA (not the facility) that decides what is a medically necessary appointment and that going to a medical/dental appointment is not grounds for isolation would be helpful. Also, specifying that the resident's DEV can transport and accompany the resident to their appointments would be safer than the alternatives." - *Abby Heun*
- "Please explain how I can get tested in order to visit my mother in assisted living if I don't have symptoms nor have I been around someone with Covid." - *Rebecca Lichtinger*
- "I have received some questionable answers to my inquiries and I would like the AZ Task Force to please list in the minutes, the links to the information of the regulations, policies and the processes from the state and county of the following: Social Work/Healthcare Providers: I was informed that, "The state guidelines clearly indicate that to enter the community as a health care worker you must be providing direct care to the resident in that capacity." I was informed that even though I went through education, training, research, internships, etc., that I CANNOT provide social services to my father, in a facility because I am family. I was also informed that my father needed to be in Hospice or on ALTCS to receive social services. I would like to see where it states that the Executive Director or any employee of the facility needs to attend such meetings between a social worker, health care provider, etc., and resident as to witness services "at that capacity" to residents. Social workers are first responders and meet with clients/residents who are in crisis mode. I believe that COVID-19 is a crisis mode for our aging population. Cost of Testing: In addition, there are questionable charges to the residents for COVID-19 testing. Why would residents pay the facility biweekly/monthly for testing when it is covered by insurance? I would hope that facilities were not making a profit on COVID testing. With this, I never received an answer to "How often are the employees in these facilities tested for COVID?" Family members need a negative COVID test to enter the facility and it is good for seven days (Thank you for the extension). However, do we really know where the employees are going after they walk out of the facility? If the grocery stores, restaurants, hair/nail salons etc. are nonessential for residents, what about the employees?" - *Debra Ohlinger, BSW, POA*
- "With much work and arm twisting, I have been able to see my father so I am thrilled about that. I also just wanted to put an FYI out to the members of the LTC task force. My father lives in an Assisted Living Facility. My sister and I were thinking about moving him to another facility. In talking with the other facility about being my father's Designated Essential Visitor, the director stated that the decisions made by the LTC task force were only "recommendations," and they weren't following them as of yet. This was on October 7, 2020. When I asked why, when October 1, 2020 was the date to start the implementation of the guidelines the director stated that she was consulting with their corporate office to see what they were going to implement, and again stated that they were only "recommendations." I was surprised by this response as I thought that the LTC task force guidelines weren't optional? I understand that each facility can adjust to the needs of the facility, but I didn't think Designated Essential Visitor was optional. Just FYI as this may be an issue that the AZ State Licensing of these LTC and Assisted Living Facilities may need to be aware of. Communication with these facilities about what is and is not optional may need to be addressed. Thank you for your time and to all the members thank you for being proactive so that I can see my father!" - *Vonda Lattin*
- "Social Work/Healthcare Providers: I was informed that, "The state guidelines clearly indicate that to enter the community as a health care worker you must be providing direct care to the resident in that capacity." I was informed that even though I went through education, training, research, internships, etc., that I CANNOT provide social work services to my father, in a facility because I am family. I was also informed that my father needed to be in Hospice or on ALTCS to receive social work services. I would like to know where it states that the Executive Director or any employee of the facility needs to attend such meetings between a social worker, health care provider, etc., and the resident as to witness services "at that capacity" to the resident. Social workers are first responders and meet with clients/residents who are in crisis mode. Social workers all help people solve and cope with problems in their everyday lives as well as diagnose and treat mental, behavioral, and emotional issues. I believe that COVID-19 is a crisis mode for our aging population. Cost of Testing: In addition, there are questionable charges to the residents for COVID-19 testing. Why would residents pay the facility biweekly/monthly for testing when it is covered by insurance? I would hope that facilities were not making a profit on COVID testing. With this, I never received an answer to "How often are the employees in these facilities tested for COVID?" Family members need a negative COVID test to enter the

facility and it is good for seven days (Thank you for the extension). However, do we really know where the employees are going after they walk out of the facility? If the grocery stores, restaurants, hair/nail salons etc. are nonessential for residents, what about the employees?" - *Debra Ohlinger*

- "My mom fell and broke her hip about 2 weeks ago. While in the hospital for surgery, my dad was allowed to be physically present in her room for several hours per day. Mom has memory issues (dementia) at times and having a familiar face helps to calm and stabilize her. She was moved to a rehab/nursing home last week. This facility does not allow in-person visits nor do they allow someone to be a designated essential visitor. My dad has been forced to visit through a window for very short periods of time. She's been there a week and we have not received an update on her medical care, prognosis, or rehabilitation. What good is the task force if facilities defy the recommendation to appoint a designated essential visitor and allow them to have generous visitation? We could really use some help". - *Dan Taylor*
- "My mom is a resident (independent living). They have been on lockdown for over 2 weeks, confined to their rooms. They did have a # of residents and staff test positive early in October. All residents have been tested 3 weeks in a row now and all positives isolated. I think the staff could accompany one or two residents that have tested negative for weeks at a time, for a walk around the facility or outside for fresh air at least one or two times a week. A prisoner in jail is allowed time outside daily. Being confined to an apartment, they do not get the necessary exercise to maintain balance and muscle tone, which leads to a decline in function. Is there anything you can do to address this? As we head into winter, this may be a continuing issue." - *Maggie Jenner*
- Before COVID, my father's medication was set up as he wanted and he was in a routine. In June of 2020 the Director's Assistant had to bring the medication out to me so I could reorder. Unfortunately, she did not place the medications in the same place and order as instructed. Therefore, my father has not taken his medication since June 2020. That is four-month without medication. I am his caregiver but since I am family the facility does not see me as such. Medication Management is not in the budget. The facility is hired to shelter, provide meals and very little assistance. I take care of the rest. I can follow the doctor's instructions as I have for the past 13 years. How can I continue to monitor my father's medication from a 30-minute visit outside, once a week? I was informed that "The state guidelines clearly indicate that to enter the community as a health care worker you must be providing direct care to the resident in that capacity." I was notified that my Social Work degree was not acknowledged even though I went through education, training, research, internships, etc., that I CANNOT provide social work services to my father, in the facility. I was also informed that my father needed to be in Hospice or on ALTCS to receive social work services. I would like to know where it states that the Executive Director or any employee of the facility needs to attend such meetings between a social worker, health care provider, etc. and the resident as to witness services "at that capacity" to the resident. Cost of Testing: In addition, there are questionable charges to the residents for COVID-19 testing. Why would residents pay the facility biweekly/monthly for testing when it is covered by insurance? With this, I never received an answer to "How often are the employees in these facilities tested for COVID?" Family members need a negative COVID test to enter the facility and it is good for seven days (Thank you for the extension). However, do we really know where the employees are going after they walk out of the facility? If the grocery stores, restaurants, hair/nail salons, etc. are nonessential for residents, what about the employees? - *Debra Ohlinger, BSW, POA*
- "I have been able to get in to see Mom a few times a week for about a half-hour. Someone is in the room with me the entire time. They don't let us have privacy. She is in SNF and does not follow DEV guidelines. I'm not allowed to touch her. I have to stay six feet from her. Mom, having dementia, doesn't understand why I leave. They follow CMS guidelines. They will also not let me take her to her doctor visits even though I am with her at the visits. My visits are not as I wish to see her unfettered. They only have one person to watch over the visitors so only one family can have a visitor at a time. Regarding testing - at some point, I am concerned that my insurance will not let me continue to test every week. How do we deal with that? I would like to know where you can saliva test rapidly as a family is coming in for Thanksgiving." - *Diane Heuel*

## XI. Adjourn

- A. **Christina Corieri, Chair**, called for adjournment at 2:08 p.m.
- B. **The Honorable Lela Alston, Arizona State Senator**, motioned to adjourn, and **Ms. Dana Kennedy, State Director, AARP Arizona**, seconded the motion, and the task force voted unanimously to adjourn.

Dated October 28, 2020  
Task Force on Long Term Care  
Submitted by Tuesday Elias  
Policy Assistant, Office of Governor Doug Ducey