



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

**February 19, 2021, 12:30 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 February 19, 2021, 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 12:03 p.m. with twenty-three (23) members and three (3) staff members present; Ms. Tuesday Elias, Ms. Alyssa Salvaggio, and Ms. Grace Appelbe.

### **II. Roll Call**

- A. Ms. Christina Corieri, Chair**, welcomed everyone that had joined Zoom and on the public call-in line. Ms. Corieri stated that it has been a while since the Task Force has last convened.
- B.** The following members were absent from the meeting: Ms. Rosie Abad, Ms. Diane Drazenski, Mr. Justin Stein, Senator Tyler Pace, and Representative Joanne Osborne
- C.** The following members were excused from the meeting: Ms. Tonsa Price-Edwards, Representative Regina Cobb, Representative Jennifer Longdon, and Ms. Pam Koester

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

- A. Ms. Christina Corieri, Chair**, requested a motion to approve the October 28, 2020, meeting minutes.
- B. Mr. Dave Voepel** motioned to accept the minutes as drafted. **Ms. Karen Barno**, seconded the motion. The minutes were approved.

### **IV. Update and Discussion on Vaccinations in Long Term Care Homes/Facilities: Mr. Colby Bower, Assistant Director of Policy and Intergovernmental Affairs, Arizona Department of Health Services;**

- A.** Hello everyone, Colby Bower from the Arizona Department of Health Services. I will be giving an overview on vaccinations for our assisted living/long-term care individuals. First, I want to highlight the Pharmacy Partnership Program, which is providing vaccines to residents. That is going well in Arizona and has been very operational by CVS and Walgreens. The program is going very well and should conclude near April. Here is a breakdown of some of the statistics:
1. Arizona has 1,717 facilities enrolled in the CDC Partnership;
  2. A total of 73,317 vaccines have been administered in these facilities;
  3. 60,864 are first doses and 12,453 are second doses;
  4. 43,881 are resident doses and 29,436 are staff doses.
- B.** Program progress as of 2/17/2021 is
1. Skilled Nursing Facility: 100%;
  2. Skilled Nursing Facility second dose: 95%;
  3. Assisted Living Facility first dose: 75%;
  4. Assisted Living Facility second dose 7% → anticipating 100% in April.
- C.** It is important to recognize that many of the outdoor sites will become unattainable during the summer months, so DHS is working on the operations of moving these sites into pharmacies. CVS and Walgreens will be able to administer more vaccines in their retail locations very soon. We are starting to distribute vaccines to pharmacies, around 150 locations, and growing. The largest barrier in Arizona is that we need more vaccines! Arizona is 3rd in the nation for the percent of vaccines received. That statistic comes from outside validators such as Bloomberg. The other states ahead of Arizona are smaller rural states; apples to oranges. We have been asking the Biden Administration for more

vaccines and ask to prioritize that. Recently, we asked for 300,000 vaccines with a continuous ongoing supply and we were not able to get that. The newest issue to the nation is the horrible storm in the midwest. We are monitoring the situation to make sure we are not canceling appointments. We are hoping the weather eases.

- D. **Ms. Christina Corieri** stated that she would like to help with some common confusion. The state is currently utilizing and providing vaccines to teachers, law enforcement, and 65+ older. The state is not taking away vaccines from pharmacies. The state sites are using Pfizer and the pharmacies are using Moderna, so there is no issue.
- E. **The Honorable Lela Alston, Arizona State Senator**, Thank you. I appreciate the information very much. Assistant minority leader, Representative Longdon, can not make it. She would like to know what percentage of those in nursing homes and assisted living homes/facilities have received the vaccines?
- F. **Mr. Colby Bower, Assistant Director of Policy and Intergovernmental Affairs, Arizona Department of Health Services**; I don't have the percentage per resident, but the numbers I stated earlier will be in the minutes. I would say, some of the vaccine-hesitant residents are now wanting the vaccine, so that is causing some operational challenges.
- G. **Ms. Christina Corieri**, Perhaps **Mr. Dave Voepel** will be able to provide some insight on what is happening on the grounds.
- H. **Mr. Dave Voepel, CEO, Arizona Health Care Association**, In regard to the initial round of vaccines for Skilled Nursing Facilities (SNFs), we are at approximately 90-95% of residents taking the vaccine. 35% of staff have chosen to take the vaccine. During the second round of vaccinations, that percentage grew to approximately the 55-65% range. I am not sure what the percentage is with the 3rd round of vaccinations but assuming it has gone up. Some are saying 80%, but unsure if that is accurate. Now from a national perspective, there was 37% uptake from staff in SNFs. We are running higher than the national average.
- I. **Ms. Donna Taylor, Chief Operating Officer, LifeStream Complete Senior Living**, I have additional information. I want to echo what Mr. Dave Voepel said. In LeadingAge, we are seeing high participation rates among all of our residents. We worked with Walgreens and CVS and they have been so fantastic. A few hiccups in the beginning, but since then, they have perfected their operations. I do have a follow-up question; the program is trying to schedule 4th clinics, the fourth round of vaccinations. However, we get new residents all of the time, plus new staff. Walgreens is referring us back to the county for follow-up vaccines. Do we have a plan now or working on it?
- J. **Mr. Colby Bower**, We are working on it and that is on our radar. The incoming residents and new staff...the industry as a whole, we know that there is staff turnover. That concern has been raised with leadership and will be planning for that moving forward. We are looking to move into the next phase (banking and other essential workers) in March. However, that is anticipating that we will have enough vaccines in the state of Arizona and if the federal government approves a 3rd vaccine (Johnson & Johnson). Johnson & Johnson is getting close, but they only have a few million doses made for the entire county, which would go pretty quickly.
- K. **Mr. Mark Clark, President, and CEO, Pima Council on Aging**, Colby, I don't have a question but I need to say that I have concerns about our homebound older adults. The technology for registration is a large barrier for these individuals, not to mention the transportation issues. Truly homebound folks, we have talked about this with the County. Any thoughts on this?
- L. **Mr. Colby Bower**, It is an issue and we are aware of it. Arranging transportation on the statewide level is difficult, so we are looking at any solutions posed by the counties. We are open and flexible in stepping in if needed. This is on our radar.
- M. **Ms. Dana Kennedy, State Director, AARP Arizona**, Colby, you mentioned that 1700 facilities are enrolled in the CDC Partnership. Is there a list of who is not enrolled? I get calls from family members asking when they can get family vaccinated. This information would help.
- N. **Mr. Colby Bower**, Yes it could be available since we have a list of who has reached out to the county. We would need to look against our licensed facilities. It would just take some matching and eliminating. We could get this information to you. We have reached out to those facilities, offering them help and

assistance to enroll. We were messaging the facilities at first with the 'Emergency Preparedness Group' and then moved it to the 'Regulator' email. They have the information.

- O. Ms. Dana Kennedy**, that would be helpful to ensure we have the most accurate info, thank you. Regarding the pharmacies, are you giving vaccines to pharmacies or is the federal government doing that?
- P. Ms. Christina Corieri**, The federal government pharmacy partnership is providing the vaccines to the pharmacies. Pharmacies are giving out millions of doses, and going up each week. The federal government just recently announced a new program for qualified health centers (FQHC) and will ramp up quickly.
- Q. Ms. Heather Friebus, Administrator, Devon Gabels Rehab Center**, I have a small pharmacy that I work with within Tucson, but they are saying that the pharmacist must administer the vaccine. Is that true? Or could we give it on site?
- R. Ms. Christina Corieri**, In order to give the vaccine, the vaccinator needs to go through an onboarding process through either the state or federal government. We can provide you information if that is something you are interested in.
- S. Ms. Virginia Rountree, Deputy Director of Programs, Arizona Department of Economic Security**, The facilities that are not participating in the program, are they working with the counties to ensure their membership and staff are vaccinated?
- T. Mr. Colby Bower**, Yes, they should be working with the counties.
- U. Ms. Becky Hill, Family Member**, Are staff not required to get the vaccine?
- V. Ms. Christina Corieri**, At the moment, there is nothing in the law that would require a vaccination. Typically, many healthcare institutions, such as a hospital, may require a flu vaccine. Because this is under a EUA, there is no requirement at this point. We are encouraging and providing education about a vaccine, but no requiring it.
- W. Mr. Dave Voepel, CEO, Arizona Health Care Association**, The issue is the EUA. There are a lot of people doing incentives to boost their vaccine numbers.
- X. Ms. Karen Barno, President, and CEO, Arizona Assisted Living Federation of America**, I would agree with that. The national associations are beginning to require it, not sure if it has been vetted, but they feel that it is more prudent to get vaccinated. We are recommending that facilities make it mandatory.
- Y. Ms. Becky Hill, Family Member**, you mentioned engagement with the congressional delegation, are those conversations with CMS on the visitation policies?
- Z. Mr. Colby Bower**, CMS sends out memos all of the time. I have not seen anything altering visitation strategies. Outbreaks are going down as fast as the cases. Nationally, we were at 1700 facilities with outbreaks. Now we are under 300 facilities.
- AA. Ms. Christina Corieri**, I have not heard of any alterations either, but I can inquire.
- BB. Mr. Joseph E. LaRue, CEO, Sun Health**, We have a great relationship with our pharmacy. Approximately 350 shots and 90% uptick by residents and 60% uptick of residents. We have to make sure we can recruit and retain those who do the service, so we are not going to mandate today. However, we are going to offer "appreciate pay" for those who do get the shot. We are tracking all sorts of data, and our greatest risk is the employers once they leave their shift. Could we expand the vaccinations to the family unit?
- CC. Mr. Colby Bower**, We don't have control over the parameters of the federal program. Your analysis is spot on and we see the same spread. We can communicate that to our federal partners.
- DD. Ms. Christina Corieri**, We will share that feedback with them, thank you.
- EE. Ms. Becky Hill, family member**, Heather mentioned trying to get vaccinators onsite. I know people have tried to become vaccinators. Could they be made available for LTC?
- FF. Ms. Christina Corieri**, We will share that feedback. The issue is not having enough people to vaccinate, it is having enough vaccinations. We need more vaccinations to support the volunteers.
- GG. The Honorable Lela Alston, Arizona State Senator**, Is there the possibility to create a home-care visitation program so for those seniors who are homebound, someone could come to them? We could

utilize Lyft or another rideshare group. I throw that out as an idea. We have more vaccinators than we have vaccines.

**HH. Ms. Christina Corieri**, We are talking through those ideas as well. The challenge is that the only vaccine we could do that with is Moderna, because of the strict quantity and temperature restrictions. 13 of 15 countries use this vaccine and the county could establish this. We have been talking to the counties about this issue.

**II. Kate Brophy McGee**, Thank you very much. I understand that YMCA is offering free Lyft service to homebound seniors. Is that county-based? How do we get the word out?

**JJ. Ms. Christina Corieri**, We are working on the transportation issue and we will be announcing something next week. We are focused on that issue.

**KK. Mr. Mark Clark, President, and CEO, Pima Council on Aging**, The issue that we have run into is transportation. I am under the impression that the rideshare services are not excited about driving someone through a site. There are a lot of moving issues floating around.

**LL. Ms. Dana Kennedy, State Director, AARP Arizona**, the issues are different for those in facilities.

**MM. Ms. Christina Corieri**, Thank you everyone for sharing your thoughts and feedback. We are going to move on to our discussion regarding visitation guidance.

**V. Open Discussion: What Visitation Should Look Like After A Facility, Home, or Family Member Has Been Vaccinated For COVID-19**

**A. Ms. Christina Corieri**, We are not going to adopt any changes today, but want to hear from all of you. We will share the thoughts with DHS and prepare a draft for the task force members. We are starting to see the light at the end of the tunnel! We want to talk about visitation → what should visitation look like when either a home/facility has been vaccinated or the family member who is coming to visit has been vaccinated. There are two different scenarios and I would like to hear your thoughts on the matter. Tuesday is taking detailed notes so we can take your thoughts back to the department for consideration. Should visitors need a COVID-19 test before visiting? I think we could all agree that they should still wear a mask, but should testing be excused? I would like to open the conversation up and have an open discussion.

**B. Mr. Dave Voepel, CEO, Arizona Health Care Association**, Today we have Heather, Mason, and John on the line. The comment regarding the vaccine, whether you are fully vaccinated, we still do not know if you can shed the virus. We don't know yet. Going from the gap period from the third vaccine, we then start to reach herd immunity. If someone has a vaccine, should that give them a pass? I believe yes, as long as we know that they do not shed the virus. We need to take science into account before we open our doors. However, this may be different for assisted living. Assisted Living is very different from SNFs. How can we try to work through the process and that is to separate SNFs and Assisted Living?

**C. Mr. Scott McCutcheon, Chief Operating Officer, LivGenerations**, most facilities are getting 90% vaccines so therefore, we feel confident that families vaccinated would not need to be tested. However, if the resident they are visiting is not vaccinated, then maybe testing is still needed.

**D. Ms. Karen Barno, President, and CEO, Arizona Assisted Living Federation of America**, Our residents live in apartments. If the community has been vaccinated, then they should be allowed to visit. We cannot keep the buildings closed and keep isolating these residents. I think we all can agree that we need to keep the PPE up.

**E. Ms. Kate Brophy McGee, Former Arizona State Senator**, I am curious, what is the policy for staff? They have access to the patients. When they get the vaccine, are they still needing to get COVID-19 tested? Could that be applied to family and essential workers?

**F. Ms. Corieri**, CMS has not changed their testing guidance in light of their vaccination. **Mr. Colby Bower**, Correct, I have not seen any adjustments to the CMS guidance relating to testing for employees. **Ms. Corieri**, We will follow up with CMS and see if they are going to update their guidance.

**G. Ms. Kate Brophy McGee**, The genesis of this task force has to do with the mental, social wellbeing, and health of the residents. We can prevent COVID-19, but we need to remember the intent of the emotional wellbeing and social connection of the residents.

- H. **Mr. Rocky McKay, President, Arizona Assisted Living Homes Association**, I agree with Ms. Karen Barno. Being in homes with assisted living, there is a valid concern of shedding the virus, even if they have the vaccine.
- I. **Ms. Becky Hill, family member**, Ms. Kate Brophy McGee reminded us of the context of this meeting. How can we use our tools and advancements and still keep visitation up? We need to change the policies and let the residents and families get back together. That is the first thing, so let's move the policy along as soon as possible. Around testing, there are things that we do not know. The availability of testing is shrinking → these locations are becoming vaccination sites. What the facilities testing policy is for visitors needs to reflect what is available in the community. It is time to let the residents out. Let them do things before it gets too hot, especially if they are vaccinated. As we see vaccines roll out, as we see spread dropping, mask usage, and compliance, we need to make sure policy is revisited. Residents want to leave and feel the fresh air or see their family members. In the next few weeks, we need to make a decision.
- J. **Ms. Christina Corieri**, I just received a text from representative Osborn, she agrees with Becky and Ms. Kate Brophy McGee.
- K. **Ms. Becky Hill**, We need to figure out the policies for SNFs. I have gotten calls from those who have not had physical contact with their loved ones in SNFs for almost a year. We need to advocate for those residents.
- L. **Ms. Heather Friebus, Administrator, Devon Gabels Rehab Center**, I want to talk about SNFs which are very different from assisted living. I want to work with the facilities that we work with. we had a significant outbreak from someone who actually got the vaccine which was devastating. We had 75 residents affected and the CDC was there for a week. AZDHS was able to help and be a resource. This helped the outbreak. If one person gets it, it can spread so rapidly. it was not intended and they thought that they were just symptoms of the vaccines. I want people to understand that. even if you are doing everything right and trying very hard. I have my percentage going down because of this, but they will be able to get it in March. On the hospital side, they are not able to give vaccines. It is concerning that a vaccine cannot be given at the hospital. Christina; That is super helpful to hear.
- M. **Ms. Gaile Dixon, President, Dream Catcher Assisted Living**, Good Morning, and thank you. I want to speak on the assisting living home side of things. I agree with Dave and Karen. Assisted living homes are not apartments. We are very residential with 5-10 people at a time. I have been talking with family members and they are comfortable with the idea that if residents are vaccinated, and so are the families, then they can come inside the home and room (however, not common areas). I am comfortable with that. It is too early to let families into the community areas. Not all homes have private areas, and that may be a challenge for them. A while back, we thought we were going to have an outbreak but it was a false positive. In the time we thought they were positive, Maricopa County was super helpful and I was very impressed at their response and wanted to thank them for that.
- N. **Ms. Donna Taylor, Chief Operating Officer, LifeStream Complete Senior Living**, I agree with everyone saying that we need to get families back in the buildings and allow residents to get back to normal. One thing that I would say is, many facilities are so different. I have apartments, small residential homes, shared rooms, skilled nursing, etc. All very different. The vaccine is one tool in the toolbox, and we still have more tools. The importance of knowing what is happening in the community is very different. I don't see a path of "vaccine = open doors". Rather, now that the vaccines are available, let's see how we can work together and have it reflected in the individual guidance. The guideline cannot put a bar to keep people out of buildings. We need to make sure the standard, and expectation, that residents can see and have physical contact with their families. we need to still protect the unvaccinated residents. I do not like "1 blanket fits all", and AZDHS has done really well with this previously. I would like to see continued flexibility.
- O. **Ms. Corieri**, I would like to briefly mention that we have people on the phone. So if members of the public are listening, they can make comments on the GOYFF website and we will share those with the committee.
- P. **Ms. Gina Griffiths, Director of Programs, The Opportunity Tree**, I just wanted to share thoughts around the DDD group home side. We have had good participation from residents in the vaccine clinics. While the recent guidance that was location-specific, was helpful, I want to see a place where if families

are vaccinated, they can come in. We are still concerned about off-site visitation. We need some updates soon, and the world sees light at the end of the tunnel.

- Q. Ms. Corieri**, Very agreed, that is why it is so important to have these conversions. ICF and IEDs have had their first doses and some have had their second. We are working on DD group homes and other homes.
- R. Ms. Kate Brophy McGee**, I have a question about vaccine supplies. There is a great national standard but when are we going to get vaccines here?
- S. Ms. Corieri**, I wish I could give you a better answer. We don't get an outlook that far in the future. The Biden Administration stated that what we are getting this week, is the floor of what we will be getting the next two weeks. About 81k doses of Pfizer and 91k of Moderna. That will be the next two weeks. We could see more but they would announce that. One of the questions that we asked is if the FDA should approve Johnson and Johnson, what would those allocations look like? "J and J" are smaller, "only a couple million" which would mean our weekly allocation would be small. We hope that the vaccines increase every week but we don't have a guarantee.
- T. Ms. Kate Brophy McGee**, I am hearing great reviews on PHX Municipal, Countryside, State Farm, etc. Once you get scheduled, it goes very smoothly.
- U. Ms. Corieri**, We are anxious to add more appointments.
- V. Mr. Joseph E. LaRue, CEO, Sun Health**, I want to reiterate comments by Donna, Becky, and Scott. We have a multifaceted approach → testing is still very important. Because of the mandated testing, we are finding cases early on and isolating them quickly. We have very little illness and deaths in assisted living. We are actually seeing more in independent livings. We do know that spread happens quickly so we have extended aggressive testing across all of our campuses. As well as increasing the access to PPE. We need to continue some testing and want to offer that up.
- W. Ms. Becky Hill**, I have a follow-up from earlier. I would like to make clear that I am not advocating full-scale openness. We need to still wear a mask and have testing available. In regards to Donna's comment, visitation should be in a way that was very specific to each facility. That made me think about the uniqueness of each resident. Didn't CMS require individual care plans for residents? Could that help create resident-by-resident policies? I just know that the care plans exist.
- X. Ms. Donna Taylor, Chief Operating Officer, LifeStream Complete Senior Living**, I am not sure what Ms. Hill is asking, but care plans exist in Skilled Nursing. If you think of our regulations, we have baseline regulations that apply to everything. If you think about compassion visits, essential visitors, that is person-level care. There is something to that idea. If the resident is vaccinated or the family is vaccinating...we are being told that you may be able to shed the virus, so the vaccine protects me and me only. Your vaccine protects you. I hope we continue to focus on that. Vaccine or not, designed essential visitors need to stay, compassionate visits need to stay. Facilities are not vaccinated, people are vaccinated in the facility. So focus on person-centered care.
- Y. Ms. Lisa Pollock, State Long Term Care Ombudsman, Arizona Department of Economic Security**, Thank you, Donna, for your comment. We have almost been at a year of shut down facilities. People are missing their families. Ombudsmen are seeing a drastic decline in residents. I agree with the whole shedding process, but many facilities are still not allowing visitation. Some great facilities are doing everything that they can, but some facilities are stopping us at the front door. We hope to get information across to everyone.
- Z. Ms. Dana Kennedy, State Director, AARP Arizona**, I wanted to chime in. I agree that person-centered care plans are good practice moving forward. Essential visitors, that may be too limiting. What about the grandchildren that are a year older? I know I had a healthy relationship with my grandparents from beginning to end. No one is advocating for open doors. We need to be wise and continue to protect residents.
- AA. Ms. Kate Brophy McGee, Former Arizona State Senator**, Agreement. I know there is a lot of pressure on homes and facilities and just want to thank you for all you do. I go back to the original premise, which is the mental, emotional, and social health of the residents.
- BB. Ms. Corieri** we do think it is important to provide some guidance to residents and family members, so they know what to expect once they or a family member gets their vaccine. We do want to provide some

updates to the guidance. I know that this is an important issue and I invite you to give more thought to this. Please email any additional thoughts to Tuesday Elias (telias@az.gov). When do you think would be an appropriate time to send additional thoughts? Let's shoot for the close of business Wednesday to send additional thoughts to Tuesday. Tuesday on Wednesday! We will review those, have discussions with AZDHS and make sure we set up an additional task force call. It will be on a Friday to ensure that as many people can participate. With that final reminder, we value your input as well.

**CC. Ms. Becky Hill, family member,** When will you provide another meeting time? Can you estimate a time?

**DD. Ms. Christina Corieri,** said that the next meeting will likely be the 5th or the 12th of March, but will need to look at calendars to confirm.

## VI. Upcoming Meeting Dates

**A. Ms. Christina Corieri, Chair,** asked members to send any comments to Ms. Tuesday Elias.

**B.** The next meeting will be communicated 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/lrcf/2020/08/11>

## VII. 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:

- “Guidelines for family members who have had the covid 19 vaccines would be greatly appreciated. My mother is in an assisted living facility and I have not been able to visit her. I have gotten the vaccine and the facility does not have any guidelines for visitation.”
- “This is regarding the Federal Pharmacy program with CVS and Walgreens administering Covid vaccine for LTC Facilities. These facilities are facing a staff shortage and failing miserably at administering Covid vaccines. My mother’s LTC Facility is still waiting to be vaccinated (since December 19th) through Walgreens. It seems the LTC facilities were anticipating using the Walgreens flu clinic staff. Walgreens and CVS do not seem to have enough staff to handle these clinics. The vaccine rollout for LTC has been challenging. The Walgreens and CVS pharmacy boards need to be granted permission to allow non-licensed pharmacists to come and administer vaccines because they don’t have enough staff. There is a shortage of people to be able to administer the vaccine. The County or State needs to step up to achieve this goal before another major outbreak happens in our LTC facilities. It would be a great misstatement and a huge overpromise to report that parts of Arizona are ready to move to Phase 1B when there are many LTC facilities still waiting and at risk for another COVID Outbreak. Please get involved. Thank you for listening and advocating for our elderly loved ones.”
- “I have asked the following question for weeks and I have yet to receive an answer: “How often are the employees in these long term, assisted living, nursing homes, etc, facilities being tested for COVID-19? During my visits, I was troubled with what I witnessed. Directors stated they were going to the gym, staff leaving to make it to dinner plans with family, and the young dining staff leaving the facility after shift, removing and disposing of their masks, and walking to their vehicles shoulder to shoulder laughing and talking. I was very concerned with his activity and the well-being of my father. I also noticed that a few elite residents were allowed to sit together during meals while others were told to social distance. Events were scheduled for residents that have it easy to participate, leaving other residents left out of activities. During one of my visits, I asked the Director of Plant Operations about a task I discussed with the nurse and I was met with a cold and condescending reply. I am concerned with the hypocrisy between the policies the Task Force and facilities are placing on the families and that of the staff. With Thanksgiving upon us, staff will be with their families, while the residents will welcome isolation and loneliness with not able to be with family. Again, “How often are the employees in these long-term, assisted living, nursing homes, etc, facilities being tested for COVID-19?”
- “Our neighbor went into YRMC Prescott around 11/15 and had hernia surgery. He was transferred to Good Sam Rehab facility in Prescott for surgery rehab. We understand he is going to be released from the facility in the near future. First, we were told that he would be transported home in Prescott and be in a 14 day home

quarantine. Now we are being told that he will not be transported and there will be no home quarantine required. This means the subject must arrange his own transportation thereby exposing others to possible exposure to the covid. We have been caring for this subject's invalid wife in his absence. We are not comfortable transporting the subject or being in close contact. My question is, is the care facility responsible for transporting the subject upon discharge from the facility if he is not capable of driving himself, and is there any requirement concerning home quarantine for a given time period. Could your office contact us as soon as possible and give us some insight on how we should deal with the rehab facility."

- "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."
- "No meeting since 10/28/20. Canceled meetings. I'm happy to find that a task force on long-term care exists and this little box that I can comment in. I read the minutes of the last meeting, but there were no ANSWERS to the comments. My mom's facility is starting porch visits Monday 2/8 after MONTHS of lockdown. She is in an Assisted Living facility where she was previously free to come and go at will. The Directors are trying to be safe and follow CDC guidelines but are not, in my opinion, considering the mental well-being of their customers. We pay over \$5k per month to TRAP her inside. I can fly on a plane. She can go outdoors ALONE if she can muster her own initiative. The facilities need updated CDC guidelines that include mental health. If I demand to take her offsite for a pedicure, the facility guidelines say she has to quarantine 10 days and PAY \$75 each for 2 COVID tests. I'm so over it."
- "My mother's facility has been vaccinated for Covid and my family is two weeks away from getting our second vaccination. the facility says they are waiting for you to make a decision on inside visitation. My mother is unable to speak or convey her feelings and I have not been able to visit her in person. Window visits are not the same. Please, please meet and make a decision as quickly as possible. This is such a terrible feeling. Being helpless and at the mercy of people that are not in our shoes to make a decision about when we can see our loved one is very difficult. I am reaching out in a plea for you to understand how hard this is for all the families in this situation at this time. The Covid vaccine is being given so that our lives can return to somewhat normal. Seeing our loved ones is the most important part of getting back to somewhat normal for us. I ask you to please do not delay in meeting and making a decision for all of us put into this situation at this time. Thank you so much for your time and consideration in this matter."
- "Thank you for the opportunity to comment. My 83-year-old mother is a resident at \_\_\_\_, and for all intents and purposes is a prisoner in her room due to COVID restrictions. I am the "designated caregiver;" for the winter, I am living in \_\_\_\_ and I work part-time. Current rules require me to visit only if I test for COVID twice a week, or alternatively, within the past 4 days. I have been unable to find a place to test for free in the Camp Verde area. I have to drive up to Flagstaff and test at the ASU saliva testing center either at NAU or CCC; there is up to a 3-day wait for results, which means you have 1 day to work with. Can you imagine how challenging it is to manage a trip one hour away, with my work schedule, and then balance getting the results back with planning another day to visit my mother (about 1.25 hours away). As I have been following strict CDC guidelines, including wearing a mask when unable to social distance, washing hands or using hand sanitizer frequently, and avoiding social activities period per the guidelines at Avista, I have not and do not qualify for COVID testing to be paid through insurance. I wholeheartedly support the measures taken to protect our vulnerable population. What I feel is unconscionable is the burden placed on families who do not have the funds available to fork over hundreds of dollars in order to ensure their elderly loved one has ONE PERSON (Only one person is allowed per the requirements) from their family able to visit and offer social interaction and meet their needs (such as clipping toenails, for crying out loud). I'm not asking you to change the requirements. I'm asking you to make it possible for designated caregivers to get a COVID test without driving all over the state or spending hundreds of dollars to ensure their loved one is not alone, day after day, week after week, and month after month. The longer this goes on, the greater the damage to our elderly and the greater the burden on families. Thank you for listening and for your attention to this urgent matter."
- "I think that if the resident and the visitor have both received their vaccine shots, they should not be required to have weekly COVID tests to show they are negative in order to visit. I think that residents in private rooms should be allowed visits with family members. I think elderly family members who need assistance with visiting a resident, should be allowed to have another family member join them (don't limit visitors to only one at a time.) My mother is elderly and needs assistance with a walker/wheelchair, but is still living independently



and she has not visited with her husband who is in a nursing care facility in over a year. I have been vaccinated and she is getting vaccinated and her husband is vaccinated and the facility has had no new positive cases. We need to get in and lay eyes on my dad. He is deteriorating and we need to be able to be with him.”

- We live in \_\_\_\_\_, in the independent living section; we do not have any contacts with the assisted living and long-term care facility. Both my husband and I received the second vaccine on Tuesday 2/16; 2 weeks from that date, can we expect to be able to go out in the community without being put in quarantine when we come back to our apartment? I would like a clarification on that point. An article in the Prescott Daily Courier on 2/12/21 stated that the CDC announced that people who have received the second dose of the vaccine are no longer required to quarantine due to exposure, 2 weeks after getting the vaccine. That news was shared by the Yavapai County Community Health Services. I really would appreciate an answer. Thank you.
- Good Afternoon my name is Jeanine Medley. I am concerned about our patients that are and continue to be admitted to hospitals for long-term care without physical attention/support from family members/loved ones. My father-in-law and my husband both were admitted via ambulance through the ER to the hospital with COVID. My husband passed after a week in a care unit and 3 weeks on the vent. I was told by a nurse on day 4 that he would be a prime candidate for a sitter and would benefit from having a loved one there to help him with his anxiety (which was induced because of the circumstance) I attempted to request access with that info but continued to be denied. I had already been exposed to him and the illness and later was confirmed to be covid free and have antibodies...The staff told me on more than one occasion (both a Dr and a nurse) that they were understaffed and overworked. They are exhausted. Family members should and need to be able to support loved ones and staff if they are immune. This may be even more beneficial in severe cases. This may not work for everyone but needs to be addressed. Families can use PPE just as easily as staff members.

#### VIII. Adjourn

A. **Christina Corieri, Chair**, called for adjournment at 1:17 p.m.

B. **Mr. Mark Clark**, motioned to adjourn, and **Mr. Dave Voepel**, seconded the motion, and the task force voted unanimously to adjourn.

Dated February 19, 2021  
Task Force on Long Term Care  
Submitted by Tuesday Elias  
Policy Assistant, Office of Governor Doug Ducey