



**Safe and Limited Re-Opening of Long-Term Care Facilities Task Force Meeting
August 19, 2020
3:00 P.M.**

Additional Materials:

[Meeting Materials](#)

[Video](#)

Members of the Task Force will work together to develop guidelines for safely allowing family members to visit their loved ones in Florida's long-term care facilities, where visitation has been prohibited since March due to the COVID-19 pandemic.

Task Force members are: Secretary Mary Mayhew, Agency for Health Care Administration; Secretary Richard Prudom, Department of Elder Affairs; Dr. Scott Rivkees, Florida Surgeon General; Mary Daniel, caregiver; Gail Matillo, President and CEO, Florida Senior Living Association; Emmett Reed, Executive Director, Florida Health Care Association; Michelle Branham, Vice President of Public Policy, Alzheimer's Association; and Molly McKinstry, Deputy Secretary for Health Quality Assurance, Agency for Health Care Administration.

Draft of Essential and Compassionate Caregivers

Summary

Mary Mayhew said an essential caregiver is an individual who provides health care services or assistance with activities of daily living to a facility resident. Care or service provided by the essential care giver is included in the care or service plan for the resident. Activities of daily living include bathing, dressing and eating. A compassionate caregiver is allowed on a limited basis as an exception to restricted visitation. They are intended to help a resident face a difficult situation, like end of life, a major upset, a difficult transition, or a loss.

She said the facility should allow access to the facility by essential caregivers whose services are provided as part of the residents' plan of care or service plan as long as they pass the facility screening criteria and comply with facility policies for entry, which may include testing for COVID-19. Essential caregivers are expected to work with the facility to determine an agreeable schedule that addresses the facility obligations for screening, PPE training, and management of visitors in a manner that does not put residents at risk. The facility may limit access by an essential caregiver if the resident is positive for COVID-19 or is suspected of having COVID-19. The facility may deny access by an essential caregiver for noncompliance of facility infection control requirements.

She said the facility should allow compassionate care visitors for limited visits when a resident is experiencing trauma or end of life care. Compassionate care visitors must pass the facility screening criteria and comply with facility policies for entry, which may include testing for COVID-19. Compassionate care visitors are expected to work with the facility to determine the optimal time of schedule for a visit considering the facility obligations for screening, PPE training, and management of visitors in a manner that does not place residents at risk. The



facility may deny access for a compassionate care visit by a visitor who did not comply with the facility's infection control requirements.

Member Questions and Discussion

Mary Mayhew said that the restrictions on visitation apply broadly to long-term care residential settings and are "completely contrary to what we seek to promote. We want families, neighbors, and community members in our long-term care facilities. We recognize how critically important that is for residents' physical health, mental health, and well-being." She said, "We are trying to strike a balance between truly promoting, strongly encouraging, and being clear that it is, in fact, authorized to allow essential caregivers and compassionate caregivers access to their loved ones. Access is not dependent upon the facility not having any onset of COVID-19 within the 28-day period or being COVID-free within a 14-day period."

Mary Daniel said she has had a lot of feedback that describes the draft language defining the essential caregiver as too restrictive. "Who would decide what 'dressing' looks like? Who would decide what the definition of 'bathing' is?" She said she doesn't know if she would qualify as an essential caregiver, although she visited her husband daily before the pandemic and helped him with dressing, bathing, and shaving, among other activities of daily living. She volunteers as a dishwasher at the long-term care facility where he is a resident so that she can continue to spend time with him.

Mary Mayhew said the Task Force is generally trying to be very open in allowing these kinds of services and supports. "The formality would be that they would be reflected in the plan of care, but that the plan wouldn't be overly prescriptive and try to set a bar for what constitutes bathing and dressing for every single resident."

Emmett Reed said that Mary Daniel's concern is valid, "but I would be surprised if any of our nursing homes would be so picky as to define what is dressing your loved one. I don't think anybody would slice and dice a definition like that. If we could come up with a menu, of sorts, for the long-term care facilities to choose from, if we could give them flexibility, we've got the capability to open them up to essential caregivers and then come back in a week to look at what we're seeing out there. We may have to tweak it a bit, but we can do it," he said.

Mary Mayhew said the Task Force needed to do a better job of defining the goal – broad access for essential caregivers and compassionate caregivers – so that everyone understands that essential caregivers would be there to help with some aspects of activities of daily living. "There's not some definition across the board for every resident that an essential caregiver would have to perform. I want us to be open to how we receive concerns about where our approach may be too narrow. Family members need to be able to raise concerns," she said.

Mary Daniel said that many essential caregivers also provide "an emotional component" that may be even more important than dressing or bathing a resident. "They may not be able to help with activities of daily living, but they don't want to be left out."

THE SOUTHERN GROUP

Gail Matillo said that residents need to feel safe, and there needs to be some kind of criteria for providing that feeling of safety. “We need to leave it up to the facilities to decide how they want to allow essential caregivers in.”

Mary Daniel said, “Please don’t say that – that our coming in will make our loved ones unsafe, that we’re not protecting our own families. That’s how it sounds, and it’s difficult to hear. We’ve left it up to the facilities and they’re not allowing us in, even though essential caregivers are allowed to be there.”

Gail Matillo said, “These facilities know that this pandemic is very bad and many residents are very scared of having outsiders come in. We have to be very careful.”

Mary Daniel said, “I adhere to social distancing guidelines, and I don’t go around anybody else’s family member. So, the ones who are concerned won’t be visited by anybody; they won’t see anybody. But I can promise you, the 500 members on my Facebook page have loved ones who are dying to see them, who do want them to come in.”

Michelle Barnham suggested broadening the definition of essential caregiver to include emotional support and opening the designation so that every resident could have an essential caregiver.

Mary Mayhew said that 82% of the facilities reporting in to AHCA’s emergency status system have had no positive COVID-19 cases in their facilities for the past 14 days. “That’s more than 3,200 facilities that will be able to consider how to open up to all visitation. They’re going to be able to consider greater access for a broader opportunity for visitation.”

Gail Matillo said she had received a question from a family member about whether a healthcare proxy would be considered an essential caregiver. Mary Mayhew asked what role would the proxy play that would fit into the definition of an essential caregiver? Gail Matillo said the family member had received a call from his mother’s long-term care facility that she was very ill. He was not allowed to see her but he might have to decide whether she should be hospitalized, and it would be much easier if the medical proxy was included in the definition of the essential caregiver.

Mary Daniel said, “That would be amazing for a lot of people because it opens the door to them.”

Mary Mayhew asked, “In order for facilities to allow outdoor visitation, do they need to achieve the 28 days of no new cases criteria? Centers for Medicare and Medicaid Services says no. Facilities may engage in outdoor visitation even if they haven’t achieved that level.”

Dr. Scott Rivkees said allowing visitation after 14 days of no new cases is a reasonable standard and that, coupled with adequate testing and PPE, gives the facilities an “adequate safety net.”



Mary Daniel said, "Just to be clear, we are not saying that the facility has to be COVID free; we are saying that they have not had a new case within the 14 or 28 days. So, there may be some people in the facility who are COVID positive, but it has been at least 14 days since anybody new has been found to be positive." Dr. Scott Rivkees said yes.

Dr. Scott Rivkees said the 14-day waiting period is reasonable for indoor or outdoor visitation, but outdoor visitation is preferred.

Emmett Reed said that the broader the flexibility the Task Force gives to facilities, the faster they will let visitors inside the buildings.

Richard Prudom said he likes the idea of revisiting the guidelines a couple of weeks in, "to see where we are." He said the challenges that occur would be "very telling" and some facilities may have found ways to overcome them.

Mary Daniel asked if hairdressers could be included in the essential caregiver guidelines? Emmett Reed said he believes that it is very important to open up the barber shops and beauty salons in the facilities, assuming the 14-day criteria is met.

Michelle Barnham asked who would be providing the PPE to the facilities? Mary Mayhew said, "We need essential caregivers to be thinking about how to get access to surgical masks." Mary Daniel said she knew of some facilities that were charging residents extra for the increase in cost of PPE for staff and visitors. She added that she had talked to Governor DeSantis about this issue and he said the State has enough PPE that that shouldn't be an issue. Emmett Reed said, "We do have enough PPE in facilities, but if there is a COVID outbreak then we will burn through it very quickly. So, it is a case-by-case issue." Dr. Scott Rivkees said DEM distributed 10 million surgical masks to facilities across the state.

Michelle Branham asked how facilities would be dealing with screening visitors? Dr. Scott Rivkees said visitors would be asked about physical symptoms, if they have been in contact with someone in the last 14 days who is COVID positive, if they have been in public without proper PPE or social distancing, and if they have been on a commercial flight.

Dr. Scott Rivkees asked if the definition of monitoring should be "the ability to observe and enhance social distancing and PPE compliance while providing auditory privacy." Emmett Reed said he agreed with that language.

Mary Daniel asked how long would it take for the guidelines to be signed and put into place? Mary Mayhew said, "My expectation would be that we work on summarizing what the Task Force has discussed and present it in a draft document that will be back in front of you early next week for our final meeting for this period. We will leave the possibility of reconvening open, if need be. After we finalize that document, it would then be submitted to the Governor for his consideration, and he is aware of the sense of urgency we all have." She said that AHCA has produced emergency rules and guidance within 24 hours.



** Please contact your lead lobbyist if you have any questions or require any additional detail from this report.