

CALIFORNIA DEPARTMENT OF AGING: WEBINAR WEDNESDAYS

REIMAGINING NURSING HOMES: EMERGING FEDERAL AND STATE OPPORTUNITIES

APRIL 6, 2022

10:02:18 >> GOOD MORNING EVERYBODY, LOOKS LIKE WE HAVE ATTENDEES JOINING, PAUSE FOR ABOUT 15 SECONDS OR SO TO HAVE FOLKS JOIN AND GET STARTED WITH A COUPLE OF LOGISTICS REMINDER SZ BEFORE DIVING INTO THE CONTENT.

10:02:34 ALL RIGHT. WELL, WE ARE AT ABOUT 130 ATTENDEES, WHICH IS GREAT, WELCOME EVERYBODY TO TODAY'S WEBINAR, I WANT TO START OFF BY A COUPLE OF REMINDERS, WE HAVE LIVE CAPTIONING AND ASL INTERPRETATION AVAILABLE.

10:02:52 TO ENCABLE CLOSED CAPTIONING, SELECT THE CC OR LIVE TRANSCRIPTION ICON ON YOUR TOOLBAR, RECORDING SLIDES AND TRANSCRIPTS WILL BE POSTED WITHIN THE NEXT FIVE BUSINESS DAYS ON THE CALIFORNIA WEB PAGE.

10:03:06 THE SAME PAGE YOU CAN FIND PAST WEBINAR MATERIALS, RECORDINGS AND TRANSCRIPTS, WE ARE LOOKING FORWARD TO YOUR QUESTIONS AND COMMENTS AND ARE SAVING TIME TOWARDS THE END OF THE WEBINAR FOR THAT.

10:03:18 IF YOU ARE JOINING BY ZOOM, USE THE Q AND A FUNCTION, OR CHAT FUNCTION WHICH IS OPEN TODAY, TO LET US KNOW WHAT YOUR QUESTIONS AND COMMENTS ARE, WE ENCOURAGE YOU TO DO THAT THROUGH THE WEBINAR.

10:03:43 YOU CAN RAISE YOUR HAND, THAT WILL ADD YOU TO THE QUEUE FOR US TO UNMUTE AND HEAR FROM YOU DIRECTLY. THOSE JOINING BY PHONE, PRESS STAR 9 TO RAISE YOUR HAND, WE WILL INMUTE YOUR LINE, FOR ADDITIONAL INFORMATION OR FEEDBACK IF YOU THINK OF THINGS AFTER THE WEBINAR, ALWAYS E-MAIL US AT ENGAGE.

10:03:50 WITH THAT I AM HONORED TO INTRODUCE OUR DIRECTOR OF THE CALIFORNIA DEPARTMENT OF AGING.

10:04:19 >> THANK YOU FOR STARTING US OUT AND THANK YOU SO MUCH TO OUR TEAM AT THE DEPARTMENT OF AGING, SARAH, AND AMANDA WHO PLANNED AND ORGANIZED TODAY'S WEBINAR FOR ALL OF US AND SPECIAL THAPGS TO EACH OF THE PANELISTS YOU WILL BE HEARING FROM, I AM VERY MUCH LOOKING FORWARD TO HEARING YOUR REMARKS AND HEARING CONVERSATIONS AMONG OUR WHAT IS NOW 171 PAR TIS PAPTS ON TODAY'S WEBINAR.

10:04:34 I JUST WANT TO REFLECT FOR A MINUTE THAT TODAY'S WEBINAR IS A CONTINUATION OF THE CONVERSATION OR CONVERSATIONS THAT STARTED WELL BEFORE THE MASTER PLAN FOR AGING CONTINUED THROUGH OUT THE MASTER PLAN FOR AGING PROCESS.

10:04:56 WE HAVE RECOMMENDATIONS IN THE MASTER PLAN FOR AGING FOCUSED ON NURSING HOME ISSUES, AND WE KNOW THAT IN THE MIDST OF THE COVID PANDEMIC, WHICH STILL CONTINUES, THERE HAVE BEEN VERY INTENSE AND FOCUSED CONVERSATIONS ON NURSING HOME ISSUES IN OUR STATE.

10:05:20 TODAY, CONTINUES CONVERSATIONS OVER MANY YEARS TIME. AND DO NOT, WE WON'T CONCLUDE TODAY TALKING ABOUT THE ISSUES CHALLENGES AND OPPORTUNITIES IN CALIFORNIA'S 1200 NURSING HOMES, TODAY IS A LAUNCH FOR MORE CONVERSATIONS WITH MORE AUDIENCES AND MORE VOICES TO CONTINUE THIS CONVERSATION.

10:05:46 AS WE RETURN TO THE VALUES THAT I KNOW EVERYONE ON THIS SHARE IN OUR STATE, THE VALUES OF QUALITY, EQUITY, ACCESS, FINANCING, WORKFORCE. WE TOUCH ON THESE TOPICS TODAY. AND WE'RE VERY FORTUNATE THAT WE ARE HAVING THIS WEBINAR TODAY, WE ARE AT A CRITICAL JUNCTURE IN CALIFORNIA'S TIME LINE.

10:06:02 WE HAVE THE BIDEN ADMINISTRATION LAST MONTH RELEASED A SERIES OF RECOMMENDATIONS. WE HAVE LEGISLATION ACTIVE WITH THE STATE LEGISLATURE, THERE IS A PROPOSAL IN THE GOVERNOR'S BUDGET AROUND NURSING HOME RATE REFORM AND FINANCING.

10:06:16 SO, THIS COMES AT A REALLY CRITICAL TIME, WE THANK YOU ALL FOR PARTICIPATING, JOINING AND WE INVITE YOU TO COMMENT TODAY BUT KEEP THE CONVERSATION GOING WELL AFTER TODAY.

10:06:22 I NOW WOULD LIKE TO INTRODUCE OUR PARTNER IN THE YEAR-LONG WEDNESDAY WEBINAR SERIES.

10:06:39 WE ARE PARTNERING WITH THE CALIFORNIA COMMISSION ON AGING FOR EACH OF THE MONTHLY WEBINARS AND TODAY WE ARE DELIGHTED TO BE JOINED BY ERICA WHO IS A MEMBER OF THE CALIFORNIA COMMISSION ON AGING AND ALSO EXECUTIVE DIRECTOR OF JACOB HEALTH CARE CENTER.

10:06:46 PLEASED NOW TO TURN IT TO ERICA TO MAKE HER REMARKS, WELCOME ERICA.

10:07:15 >> GOOD MORNING AND THANK YOU FOR HAVING ME, WELCOME EVERYONE ON BEHALF OF THE CALIFORNIA COMMISSION ON AGING, I AM A COMMISSIONER AND SERVED FOR ABOUT 1.5 YEARS, INDEPENDENT STATE BODY STATUTORY MANDATED TO SERVE AS A PINS PL ADVOCATE FOR OLDER CALIFORNIANS AND SEEKS TO BE A CATALYST OF CHANGE THAT SUPPORTS AND CELEBRATES CALIFORNIANS AS THEY AGE. .

10:07:47 WE RECOGNIZE IT'S BEEN A CHALLENGE FOR EVERYONE AND PRIOR TO THAT AS WE HAVE SEEN CHANGES WHEN WE HAD OUR STAFFING INCREASES AND MANDATES REGULATED. IN PARTICULAR TO THE DIRECT CARE WORKFORCE AND CNA'S IN PARTICULAR AT THAT TIME. ON THE FRONT LINE PROVIDING SERVICES HAS BEEN EKTIVE IN THE NURSING FACILITIES, ASSISTED LIVING FACILITIES AND GENERAL CARE WORKERS.

10:08:05 AS SOMEONE WHO OPERATES A COMMUNITY I AM NOT JUST OPERATOR, I ALSO SERVE AS THE CALIFORNIA CHAPTER PRESIDENT FOR HEALTH CARE FACILITIES, AND I WORK DIRECTLY ON THE FRONT LINE. I HAVE SEEN OUR SUPERHEROS DO AN AMAZING JOB AND SUPPORT THEY HAVE GAINED OVER TIME.

10:08:17 I AM EXCITED TO WORK WITH THE COMMISSION AND PARTNER ALONG CROSS LINES TO HELP COME UP WITH SOLUTIONS ON HOW TO BETTER SERVE THE CALIFORNIANS IN THE FUTURE.

10:08:34 AS THE WORKFORCE SHORTAGE BECAME MORE ACUTE, THE COMMISSION IDENTIFIED THE WORKFORCE DEVELOPMENT, SPECIFICALLY STRENGTHENING THE DIRECT CARE, GERONTOLOGY, AND RELATED WORKFORCE AS PRIORITY ISSUE AREA FOR 2022.

10:08:57 THANK YOU FOR THE CALIFORNIA OF AGING FOR INVITING THE COMMISSION TO PARTICIPATE IN THE WEDNESDAY WEBINARS, THEY HAVE BEEN VERY HELPFUL AND WE HAVE BEEN GRATEFUL TO HAVE BEEN A PARTICIPANT. WE WELCOME EVERYONE TODAY TO TODAY'S WEBINAR ON BEHALF OF THE COMMISSION ON AGING, I AM LOOKING FORWARD TO TODAY'S DISCUSSION, THANK YOU FOR HAVING ME

10:09:07 >> GREAT, WE WILL TRANSITION TO HOLLY.

10:09:38 >> HI THANKS FOR HAVING ME, TOO, MY NAME IS HOLLY, I AM SPEAKING ON BEHALF OF WHAT IT'S LIKE TO BE CARE GIVING FOR MY MOTHER. AND SUPPORTING HER IN HER SKILLED NURSING FACILITY HERE IN SAN LOUIS OBISPO, BEEN THERE FOR ABOUT THREE AND A HALF YEARS. MY MOTHER'S NAME IS CATHERINE, SHE IS A MOTHER OF 4, AND GRANDMOTHER.

10:10:06 AND A WIFE TO MY FATHER. FOR OVER 45 YEARS. ABOUT, I WOULD SAY ABOUT 8 YEARS AGO, MY MOTHER STARTED TO GET REALLY TIRED AND KIND OF DEPRESSED AND DECLINED AND STOPPED DRIVING. SHE HAS TYPE 2 DIABETES AND HAD SOME OTHER HEALTH ISSUES AND STARTED NOTICING HER DECLINE.

10:10:42 I WANTED TO GIVE YOU A LITTLE BIT OF A BACK STORY ABOUT MY MOM. AND WE TRIED TO GET HER OUT AND TRIED TO DO LOTS OF THINGS, HAD KIND OF A LOST OF INTEREST, AND SLOWLY STARTED DECLINE AND HAD FALLS, WOULD GO TO REHAB IN THE HOSPITAL AND COME BACK HOME, AND OUR LAST EFFORT TO KEEP HER HOME WAS HARD TO MANAGE, MY FATHER AND HI WERE BASICALLY CARING FOR HER NEEDS AND IT WAS TOO MUCH FOR MY FATHER AS HE WAS GETTING OLDER AS WELL.

10:10:56 SHE ENDED UP GOING INTO THE HOSPITAL AND HAVING TO GO TO REHAB AGAIN FOR LIKE A THIRD TIME AND NEVER MADE IT HOME AFTER THAT. SHE HAD A PACEMAKER PUT IN SHORTLY AFTER, IN THE MIDDLE OF HER REHAB.

10:11:08 WHEN MY FATHER AND I LOOK WHAT WENT WRONG HERE IN THE SYSTEM, AT THAT TIME I CAN TELL YOU OUR EXPERIENCE WAS THAT MY MOTHER HAD THIS PACEMAKER PUT IN AND SHE WAS WALKING AT THAT TIME.

10:11:51 SHE WAS WALKING WITH A WALKER AND SUPPORT, AND GETTING BETTER, WHEN THEY DECIDED SHE NEEDED THE PACEMAKER, IT BASICALLY PUSHED HER BACK IN REHAB, IN FACT, THEY STOPPED WALKING WITH HER, SAID SHE COULD NOT PULL UP ON THE TRANSFER POLE, SEVERAL YEARS LATER WE WOULD LOOK BACK, WHAT COULD WE HAVE DONE, WHY WASN'T ANYTHING DONE TO MODIFY HOW SHE GOT UP, SHE COULD NOT PULL UP, THAT WOULD TEAR THE MUSCLES, WE THOUGHT, WHY DIDN'T THEY THINK OF OTHER WAYS TO GET HER UP TO CONTINUE WALKING, WHAT HAPPENED

10:12:32 SHE HAD A PRESSURE ULCER THAT KEPT HER BED BOUND FOR SEVERAL MONTHS LEADING UP TO COVID, AND RIGHT BEFORE COVID IT HEALED. EVEN BEFORE COVID AT HER FACILITY SHE WENT IN IT WAS NOT SUPPOSED TO BE FOR LONG TERM. IT WAS SUPPOSED TO BE REHAB, BUT MOVED HER TO

LONG TERM BECAUSE SHE EXCEEDED HER TIME. WHAT ENDED UP HAPPENING IS THERE WAS A LOT OF STAFFING ISSUES THE YEAR BEFORE COVID.

10:12:52 WE DID NOT KNOW ENOUGH ABOUT THE SYSTEM TO NAVIGATE AND UNDERSTAND WHAT WAS GOING ON, BECAUSE THERE WAS STAFFING ISSUES AND OTHER THINGS, CALL LIGHTS WEREN'T ANSWERED FOR 45 MINUTES, MY MOTHER COULD NOT GET UP ON HER OWN. HER BEHAVIOR SPIKED. I WORK WITH SPECIAL NEEDS I KNOW ABOUT BEHAVIOR AND ENVIRONMENT.

10:13:12 WHAT HAPPENED AT THAT TIME I WAS NOT AWARE, I WAS NEW TO THE SYSTEM. THAT MY MOM'S BEHAVIOR STARTED TO GO UP. AND NEXT THING YOU KNOW, MEDICATIONS STARTED TO BE SUGGESTED TO USE FOR THE BEHAVIORS, BUT WE DID NOT REALIZE THAT MAYBE SOME OF THEM WERE NATURAL PROGRESSION OF DEMENTIA SHE WAS STARTING TO HAVE.

10:13:32 BUT A GOOD AMOUNT OF IT WAS FROM HER ENVIRONMENT THAT CAUSED HER BEHAVIOR TO SPIKE. AND EVENTUALLY WHAT HAPPENED SHE GOT HOSPITAL DUMPED BY OUR FACILITY THEY COULD NO LONGER CARE FOR HER, SHE WENT TO THE HOSPITAL, WAS NOT GETTING UP IN THE LIFT AND GETTING OUT.

10:14:19 WAS IN THE BED FOR ABOUT A MONTH I ADVOCATED AS MUCH AS I COULD TO GET HER UP IN THE WHEELCHAIR AT LEAST OUT OF THE ROOM. AND JUST ADVOCATING FOR THOSE BASIC NEEDS, BASIC CARE, I WAS REALLY SURPRISED THAT I HAD TO DO THAT TO BE HONEST IN THIS SETTING IN THE HOSPITALS. WHERE THESE THINGS SHOULD BE AUTOMATIC, I HAD TO ADVOCATE, I HAD TO CALL, I HAD TO REQUEST OVER AND OVER AGAIN, THE HOSPITAL DID END UP HELPING US GET MY MOM BACK TO HER FACILITY, SHORTLY AFTER THAT, HER FACILITY AT THAT E.

10:15:59 I KNEW SOMETHING WAS WRONG AND WE SAW SOMETHING HAPPENING FOR ABOUT TWO, THREE WEEKS AND I SAID SOMETHING IS WRONG AND IT TURNED OUT SHE HAD INTERNAL BLEED BUT WHAT HAPPENED WITH COVID IS SO MANY PEOPLE WHO HAD REAL SYMPTOMS AND THEY DID NOT PUT TWO AND TWO TOGETHER AND BECAUSE WE WERE SO ACTIVE INVOLVED IN MY MOM'S CARE, MY FATHER AND I, WE KNEW SOMETHING WAS WRONG AND AT THAT TIME WE WENT TO THE HOSPITAL.

10:16:26 I WILL TRY TO KEEP IT SHORT. IT'S SO HARD AND THAT'S THE ONLY TIME WE WERE ABLE TO BE ALONE WITH MY MOTHER IN-PERSON IN THE HOSPITAL. DURING COVID THE FACILITY DID EVERYTHING THEY COULD TO FACILITATE FACE TIME CALLS BUT EVEN THAT WAS VERY DIFFICULT. I AM GLAD THAT WE HAD MY MOM HAD HER OWN PHONE, SO WE COULD KEEP IN CONTACT WITH HER.

10:17:09 I WANT TO SAY HERE THAT SUPPORT DAY-TO-DAY IS FOR BASIC CARE, MEDICATIONS, AND WHAT DO I WANT TO SAY HERE. I FIND MYSELF SOMETHING TO GO OVER AND OVER MY REQUEST FOR MY MOTHER REGULARLY. THINGS THAT WERE ON THE CARE MEETING TWO YEARS AGO, WE ARE STILL HAVING TO COME BACK TO BECAUSE THEY ARE NOT BEING TAKEN CARE OF, HOWEVER THE STAFFING ISSUES ARE. YOU HAVE PEOPLE THAT ARE WORKING IN THE NURSING HOMES THAT HAVE BEEN THERE, THE PEOPLE, THE SAME PEOPLE THERE THREE AND A HALF YEARS AGO ARE

10:17:37 SOME OF THE SAME PEOPLE WE SEE TODAY AND WE HAVE SOME NEW PEOPLE AND BECAUSE I HAVE SO MUCH TO SAY IT'S SO HARD FOR ME TO ISOLATE WHAT NEEDS HELP BECAUSE THERE NEEDS TO BE HELP EVERYWHERE, BUT ONE OF THE THINGS I CAN TELL YOU IS THAT WE ARE NOT PAYING OUR CNAs ENOUGH. I AM OFTEN AT MY MOM'S FACILITY AND THE HALLS ARE EMPTY, THEY ARE DOING A GREAT JOB, BUT A LOT OF THE PEOPLE WHO ARE COMMITTED ARE THERE AND WE SEE NEW FACES.

10:18:05 BUT I DO FEEL LIKE OUR CNAs NEED TO BE PAID MORE. WE ARE NOT PAYING THEM ENOUGH TO PAY FOR OUR LOVED ONES AND MY MOM'S BASIC NEEDS LIKE GROOMING, TAKING CARE OF HER NAILS, MAKING SURE THAT SHE IS NOT ISOLATED. MY MOM'S BEDRIDDEN AND I HAVE TO SAY THAT A LOT OF THE PEOPLE THAT ARE UP AND DOING ACTIVITIES IN NURSING HOMES ARE PEOPLE THAT ARE EITHER ABLE TO PUSH THEMSELVES AROUND IN THE WHEELCHAIR OR WALK.

10:18:32 AND THE ONES WHO ARE IN THE BEDS DON'T GET UP. NOBODY COMES IN AND TAKES THEM OUT OF THEIR ROOM. AND BRINGS THEM INTO THE ACTIVITY CENTER. IT'S REALLY UP TO THE FAMILIES TO DO THAT. AND THAT NEEDS TO CHANGE BECAUSE SO MANY PEOPLE WHO ARE IN THEIR BED WHO CANNOT -- MY MOM HAS HER OWN ROOM. SO MANY PEOPLE WHO ARE IN THE BEDS AND CAN'T GET OUT TO SEE OTHER PEOPLE, THEY ARE ISOLATED.

10:18:57 THEY ARE NOT GETTING SOCIALIZED, THEY ARE SEVERELY DEPRESSED AND DECLINING. AND THE STAFFING IS AN ISSUE. IT WAS BEFORE COVID AND IT IS AND WE NEED TO MAKE SURE OUR PEOPLE ARE GETTING PAID TO BE THERE AND MAYBE MORE PEOPLE WOULD TAKE THESE JOBS CARING FOR OUR LOVED ONES IN FACILITIES IF THE PAY WAS BETTER AND THAT'S REALLY WHAT I WANT TO SAY HERE.

10:19:27 BECAUSE I DO BELIEVE THAT'S WHAT IT COMES DOWN TO IN SOME WAYS, BUT I WROTE SO MANY NOTES AND I JUST FEEL LIKE I AM JUST WANTING TO SPEAK FROM MY HEART TO TELL YOU GUYS THAT WHEN PEOPLE ARE TRANSFERRED OUT OF FACILITIES AND GOING INTO HOSPITALS, I CAN TELL YOU THAT MY MOM'S MEDICATIONS LISTS WEREN'T UPDATED. OFTENTIMES WHEN SHE WAS TRANSFERRED AND GIVEN WRONG MEDICATIONS SEVERAL TIMES.

10:19:49 THANKFULLY, I WAS THERE AND I ADVOCATED TO BE THERE, OTHERWISE MY MOM WOULD NOT HAVE KNOWN WHAT HER MEDICATIONS WERE AT THAT TIME. THAT WAS ANOTHER THING. REHABBING, MAKING SURE THAT WHEN PEOPLE GO INTO A LONG-TERM CARE FACILITY WHERE THERE IS A REHAB, THAT THERE IS ENOUGH STAFF TO SUPPORT PEOPLE GETTING OUT AND GETTING BACK TO THEIR LIFE.

10:20:13 EVEN IF THEY HAVE A FEW YEARS LEFT AT HOME WITH THEIR LOVED ONES THAT THEY HAVE THOSE YEARS, THAT THERE IS SUPPORT FOR THEM TO GET THE REHAB THAT THEY DESERVE. I DON'T FEEL LIKE MY MOM GOT THAT. ALSO, I WANTED TO SAY THE IMPORTANCE OF VISITATION AND I AM PART OF THE CENTRAL CAREGIVERS COALITION. WE HAVE BEEN ADVOCATING AND THERE IS A BILL HOPEFULLY IT'S BEING PASSED SOON.

10:20:28 FOR THE ESSENTIAL CARE GIVERS ACT SO THIS WILL NEVER HAPPEN AGAIN WHERE LOVED ONES ARE LOCKED OUT OF THE FACILITY BECAUSE IF IT WAS NOT FOR ME AND MY FATHER BEING SO INVOLVED IN MY MOM'S CARE SHE WOULD NOT BE HERE TODAY.

10:21:00 HUMAN RIGHTS IS HUGELY IMPORTANT. MY MOM'S BASIC CARE NEEDS. PEOPLE JUST NOT BEING ISOLATED AND COMMUNICATION IN THE DEPARTMENTS BETWEEN NURSES AND CNAs AND FAMILIES AND DOCTORS AND IT BEING CONSISTENT IS HUGE. IT'S HUGE BECAUSE I CAN MAKE A REQUEST TO HER FACILITY AND I CAN SAY TO A NURSE AND THEN ALL OF A SUDDEN AT A CARE MEETING IT'S NOT GOING A KROGS THE BOARD.

10:21:20 ACROSS THE BOARD WHERE MY MOM IS BEDRIDDEN AND SHE HAS NOT BEEN ABLE TO REACH HER WATER FOR SEVERAL YEARS AND I HAVE MADE THIS REQUEST FOR YEARS CAN WE ANGLE THIS

TRAY SO SHE CAN REACH HER WATER. I AM CONTINUALLY MAKING THE REQUEST OVER AND OVER AGAIN FOR HER JUST TO REACH OTHER WATER AND THAT SHOULD NOT BE HAPPENING.

10:21:41 I DON'T KNOW WHAT ELSE TO SAY. I JUST WANT TO SAY HOW IMPORTANT IT IS TO SUPPORT THE PEOPLE THAT CARE FOR OUR LOVED ONES AND SHOWING UP AND BEING PRESENT FOR YOUR LOVED ONE AND BEING INVOLVED IN THEIR CARE IS HUGE.

10:22:01 >> THANK YOU SO MUCH FOR YOUR ADVOCACY. WE ARE SO LUCKY TO HAVE YOU HERE WITH SHARING POLICY AND WHAT HAPPENS ON THE GROUND. I AM SEEING LOTS OF SUPPORT IN THE CHAT, TOO. MANY OF THE FOLKS WHO ARE JOINING US TODAY ARE SEEING THAT CONNECTION. THEY HAVE SEEN SIMILAR THINGS IN THEIR LIFE.

10:22:03 WE WILL TURN IT OVER TO NICOLE HOWELL.

10:22:16 >> THANK YOU. GIVE US A MOMENT. WE HAVE TO SWITCH OUR SLIDES A LITTLE BIT AND GET SETUP FOR NICOLE'S PRESENTATION.

10:22:41 >> THANK YOU FOR BEING HERE. APPRECIATE HOLLY LEADING US OFF WITH SUCH A HARD STORY BUT THAT SHOULD BE THE FOUNDATION OF OUR CONVERSATION TODAY. [READING].

10:22:58 WHAT IS THAT IN IT'S AGING. A QUOTE FROM MY OWN MOTHER: AGING IS HARD. THIS IS THE PERSPECTIVE WE SHOULD HAVE MOVING INTO THESE CONVERSATIONS NAVIGATING TERRITORY THAT IS UNKNOWN TO US AND DOESN'T FEEL COMFORTABLE SO LET'S KEEP THAT IN MIND.

10:23:08 AS WE MOVE TO THIS NEXT SLIDE. MY JOB HERE TODAY IS TO KIND OF DO SOME LEVEL SETTING FOR YOU.

10:23:19 WHAT WE ARE TALKING ABOUT TODAY IS SKILLED CARE FACILITIES AND IT'S IMPORTANT THAT WE UNDERSTAND THE SCOPE THAT WE ARE TALKING ABOUT.

10:23:27 YOU WILL OFTEN HEAR THE PHRASE LONG-TERM SUPPORT SERVICES, LONG-TERM CARE AND IT CAN MEAN LOTS OF THINGS.

10:23:41 SO FOR THIS CONVERSATION, WE ARE TALKING ABOUT LONG-TERM CARE, THE CONGREGATE VARIETY AND WHAT THAT MEANS IS FOLKS WHO ARE CHOOSING TO LIVE IN A CONGREGATE SETTING AND THEY ARE RECEIVING CARE TO SUPPORT THEM THERE.

10:23:55 THEY ARE TYPICALLY OLDER ADULTS, ALTHOUGH, WE DO, ALSO, SEE SOME ADULTS WITH DISABILITIES BUT WHAT THESE FACILITIES DO IS THEIR JOB IS TO HELP PEOPLE TO BE SUPPORTIVE AND TO BE SUCCESSFUL. LET'S DEFINE WHAT THEY ARE.

10:24:09 I THINK A LOT DURING COVID TERMS GOT CONFUSING. IF YOU WERE TO WATCH THE NEWS, YOU WOULD SIMPLY HEAR THE TERM CONVALESCENT HOSPITAL BUT YOU WOULD KNOW BASED ON THE NAME THEY ARE TALKING ABOUT YOUR ASSISTED LIVING DOWN THE STREET.

10:24:33 IN CALIFORNIA WE HAVE A TERM CALLED RESIDENTIAL CARE FACILITIES FOR THE ELDERLY. AND WHAT THAT MEANS IS THAT IS A SOCIAL MODEL OF CARE. YOU PROBABLY HAVE THAT ASSISTED LIVING IN YOUR COMMUNITY, IT'S KIND OF LIKE A CRUISE SHIP, RIGHT, ON A BEST DAY YOU HAVE GOT ACTIVITIES, YOU HAVE FOOD, YOU TAKE A WALK AROUND THE LEDO DECK, THAT'S KIND OF ASSISTED LIVING, RIGHT?

10:24:48 BUT IN CALIFORNIA, WE, ALSO, HAVE SOMETIMES WHAT GETS TERMED AS SICK BED AND THERE'S THE SAME CARE THAT IS DELIVERED IN A HOME-LIKE SETTING AND YOU PROBABLY HAVE THESE FACILITIES IN YOUR NEIGHBORHOOD AND DON'T EVEN REALIZE IT.

10:25:21 BOTH ASSISTED LIVING AND SICK BED ARE THE SAME LEVEL OF CARE. THEY ARE OVER SEEN BY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, AND THERE ARE RESTRICTIONS ON WHAT CAN BE DONE FOR SOMEBODY INSIDE THAT BUILDING. SO THAT IS NOT A MEDICAL MODEL OF CARE. NOW, SKILLED NURSING FACILITIES WHICH YOU HEAR A LOT ABOUT IN THE NEWS, SKILLED NURSING FACILITIES ARE INDEED A MEDICAL MODEL. THEY LOOK SIMILAR TO WHAT YOU MIGHT ENCOUNTER IN ACUTE CARE HOSPITAL LONG HALLWAY, ROOMS WITH LOTS OF PEOPLE IN THEM.

10:25:43 THERE IS A REHAB HAPPENING. THERE ARE ACTIVITIES AND FOOD, BUT IT IS INDEED DIFFERENT THAN THE RESIDENTIAL CARE FOR THE ELDERLY IN THAT THEY HAVE A NURSE ON DUTY, GENERALLY SPEAKING, THERE IS A MEDICAL DIRECTOR AND DIRECTOR OF NURSING AND THERE ARE CERTAIN REQUIREMENTS THAT THEY HAVE TO MEET.

10:25:55 SO THIS IS WHY I THINK IT GETS REALLY INTERESTING TO TALK ABOUT, WHICH IS THAT THEY ARE PAID FOR DIFFERENTLY AND SOMETIMES PAYMENT IS WHAT IS DRIVING QUALITY OR AT THE VERY LEAST IT'S PART OF THE CONVERSATION.

10:26:20 SO AS WE THINK OF THIS PROCESS, THINK OF SKILLED NURSING FACILITIES ARE GENERALLY GOING TO BE PAID FOR A COUPLE OF WAYS. MEDICARE IS GOING TO PAY FOR THOSE SHORT-TERM STAYS. OOPS, I BROKE A HIP, I HAD A REPLACEMENT AND I NEED A LITTLE BIT OF REHAB. BUT THOSE KIND OF STAYS ARE DIMINISHING AS OUR SURGERY ADVANCES, FOLKS ARE ABLE TO GO TO OUTPATIENT SURGERY CENTERS AND RETURN HOME ON THE SAME DAY.

10:26:33 SO WE HAVE A LOT OF FOLKS WHO ARE IN SKILLED NURSING WHO WHAT YOU MIGHT CALL CUSTODIAL CARE, THAT IS THEIR HOME, THAT'S WHERE THEY LIVE TO RECEIVE CARE AND SUPPORTS AND SERVICES.

10:26:44 AND THAT IS GENERALLY PAID FOR IN CALIFORNIA WITH WHAT WE CALL MEDI-CAL AND THAT'S BECAUSE WE LIKE TO BE SPECIAL IN CALIFORNIA. THE REST OF THE COUNTRY CALLS THAT MEDICAID.

10:27:14 SOME PEOPLE MAY CHOOSE TO PAY PRIVATELY, THAT IS POSSIBLE BUT OFTENTIMES YOU HAVE A CHOICE AND YOU HAVE RESOURCES TO PAY, YOU ARE GOING TO CHOOSE TO GO TO THAT RESIDENTIAL CARE FACILITY FOR THE ELDERLY BECAUSE IT IS INDEED LESS INSTITUTIONALIZED. AND SO THIS IS JUST AN IMPORTANT FRAMEWORK WHEN YOU ARE SORT OF ANGRY BECAUSE YOU HEAR THAT YOUR DAUGHTER'S BEST FRIEND AUNT IS BEING MISTREATED IN A SKILLED NURSING FACILITY, WHAT IS THE NAME OF THAT.

10:27:30 WHAT IS THE NAME OF THAT, WHO OVERSEES THAT. IT'S IMPORTANT TO THINK WHO OVERSEES, CALIFORNIA DEPARTMENT OF HEALTH AND RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. NANCY, IF WE CAN GO TO THE NEXT SLIDE, PLEASE.

10:28:11 THERE IS A BIT OF A MIX MATCH OF WHO REGULATES WHO, RIGHT, AND IT CAN BE VERY CHALLENGING. SO IF WE ARE TALKING ABOUT SKILLED NURSING FACILITIES, CENTER FOR MEDICARE AND MEDICAID SERVICES IS WHAT SETS THE POLICY BASED ON LEGISLATION FOR WHAT IS PERMITTED

FOR PAYMENT AND CERTAIN STANDARDS. AND SO IN CALIFORNIA, CENTER FOR MEDICARE AND MEDICAID SERVICES, OR CMS, WE LIKE TO DROP AN M, THEY ACTUALLY SORT OF CONTRACT WITH CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO IMPLEMENT THOSE REGULATIONS

10:28:39 TO CERTIFY A FACILITY, TO EVALUATE AND FACILITY AND POTENTIALLY TO CLOSE A FACILITY AND SOMETIMES WHAT YOU HEAR TALKING ABOUT A SURVEY AND IT'S TAKING A MINUTE WE ARE LOOKING THROUGH SEE IF WE WILL DO A FEDERAL ENFORCEMENT OR DO SOME STATE GUIDANCE. THE FEDERAL GUIDANCE WILL SUPERSEDE AND BE THE STRONGER GUIDANCE AND THAT IS WHAT WE WILL TALK ABOUT LATER ON WITH THE WHITE HOUSE INITIATIVE.

10:28:53 SO IT CAN FEEL LIKE A REALLY SIGNIFICANT MESS BUT THERE IS A LOT OF AREAS IN WHICH WE CAN MOVE AND IMPROVE CARE EVEN THOUGH WE AS A STATE ARE MAYBE NOT QUITE AS MIGHTY AS THE FEDERAL GOVERNMENT.

10:29:19 SOME STATES LIKE CALIFORNIA HAVE CHOSEN TO ASK FOR MORE THAN WHAT FACILITIES REQUIRED TO PROVIDE IN OTHER STATES. SO FOR EXAMPLE, WE HAVE SOME ADDITIONAL COST REPORTING THAT WE WOULD LIKE TO SEE AND WE WOULD HAVE SOME ADDITIONAL TRANSPARENCY. AND SO IT'S IMPORTANT TO NOTE THAT AS CONSUMERS AND ADVOCATES, AND WE ARE TALKING ABOUT MASTER PLAN AND WHAT THAT LOOKS LIKE WE IMAGINE IN THE FUTURE IS WE CAN CHOOSE HERE IN THE STATE OF CALIFORNIA.

10:29:28 TO LEAD THE WAY AND IMPLEMENT RECOMMENDATIONS WITHOUT WAITING FOR THE FEDERAL GOVERNMENT. THERE IS A LOT OF OPPORTUNITY THERE.

10:29:44 SO WE ARE GOING TO GO ON TO MY NEXT SLIDE. LET'S TALK ABOUT WHAT INFORMS LONG-TERM CARE. I AM SURE YOU HAVE HEARD THAT LOTS OF TIMES PEOPLE ARE THINKING GOSH, WE SHOULD CALL SOMEBODY ABOUT THAT. WHO DO WE CALL.

10:30:19 SO AGAIN, REMEMBER THE CENTER FOR MEDICARE AND MEDICAID SERVICES SETS THE REGULATION. AND THERE IS A COUPLE ADVISORY BODIES THAT ADVISE CONGRESS. YOU HAVE MEDPAC AND THEY ISSUE TWO REPORTS A YEAR, MARCH JUST CAME OUT A FEW WEEKS AGO AND JUNE AND THOSE YOU CAN ACCESS FREE AND YOU CAN LOOK ONLINE AND REALLY GET A SENSE OF WHAT THE ADVISORY COUNCIL IS SUGGESTING AND HOW PAYMENTS ARE CHANGED.

10:30:29 YOU, ALSO, HAVE MACPAC, WHICH IS GOVERNING MEDICAID AND MAKE ADVICE TO CONGRESS ON MEDICAID AND MEDI-CAL.

10:30:48 NOW THE BIG UNDER PINNING IS SECTION 1819 OF THE SOCIAL SECURITY ACT. AND THAT OVERSEES PAYMENTS TO SKILLED NURSING FACILITIES AND THEN THERE IS A SECOND PIECE OF THAT. SECTION 42 OF THE FEDERAL REGISTRAR IS WHAT OUTLINES CONDITIONS OF PAYMENT.

10:31:09 SO LET'S SAY A FACILITY FALLS OUT OF COMPLIANCE. THEY WILL ESSENTIALLY RECEIVE A LETTER FROM CALIFORNIA DEPARTMENT OF PUBLIC HEALTH ON BEHALF OF CMS SAYING YOU NO LONGER MEET THE CONDITIONS OF PAYMENT FOR MEDICARE AND MEDI-CAL AND SO YOU WILL NEED TO WRITE X AMOUNT OF THINGS BEFORE YOU BECOME ELIGIBLE FOR PAYMENT AGAIN.

10:31:32 AND SO THOSE TWO ARE KIND OF THE FEDERAL UNDER PINNINGS THAT WE ARE LOOKING FOR. NOW THERE ARE SOME OTHER BODIES THAT DO GET INVOLVED IN SPECIFIC INSTANCES. FOR

EXAMPLE THE DEPARTMENT OF JUSTICE. THEY MAY SEEK ENFORCEMENT AROUND AN ELDER ABUSE CLAIM. WE, ALSO, ARE GOVERNED CURRENTLY BY THE NURSING HOME REFORM ACT OF 1987.

10:32:10 AND FOR THOSE COUNTING, THAT WAS A FEW DECADES AGO. SO AS WE HAVE THIS OPPORTUNITY TO HAVE THIS NEW WHITE HOUSE INITIATIVE FOR SKILLED NURSING REFORM THAT'S HOW LONG IT'S BEEN THAT WE COME BACK AND LOOK AT THIS TOPIC HOLISTICALLY AND THERE ARE AT THE ACT THAT LOOK AT SKILLED NURSING FACILITY AND IN CALIFORNIA WE HAVE THE OLDER AMERICANS AND OLDER CALIFORNIANS ACT WHICH AUTHORIZES YOUR LONG-TERM OMBUDSMAN WHO YOU HEARD HOLLY TALKING ABOUT TO ENSURE IMPROVED CARE AND IMPROVED RESIDENTS ARE

10:32:25 RESPECTED, DIGNITY AND BEING CARED FOR AND IN CALIFORNIA THE LONG-TERM CARBON AND THAT IS ANOTHER OPPORTUNITY AND ANOTHER LEVER THAT WE WILL BE ABLE TO PULL TO SUPPORT RESIDENTS IN LONG-TERM CARE.

10:32:42 ON THE NEXT SLIDE, WE SEE HOW YOU CAN BE INVOLVED IN THAT. SO THERE IS A CMS QUALITY CONFERENCE. IT'S VIRTUAL. IT'S FREE NEXT WEEK. I ENCOURAGE YOU TO GO AND SIGN UP FOR THAT AND PARTICIPATE SO YOU CAN SEE WHAT CMS IS TALKING ABOUT.

10:32:57 NOW CMS GOVERNS A LOT OF THINGS. IT'S NOT ONLY GOING TO BE FOCUSED ON LONG-TERM CARE, BUT IN LIGHT OF COVID AND THE WHITE HOUSE INITIATIVE, I AM PRETTY SURE WE ARE GOING TO HEAR SOME THINGS ABOUT THAT.

10:33:26 REMEMBER WHEN THERE IS A PROPOSED LEGISLATION OR RULE, THE COMMITTEES THAT GOVERN THESE AREAS OF JURISDICTION LIKE WAYS AND MEANS OR ENERGY AND COMMERCE, THEY PUT OUT HEARINGS AND THEY INVITE FEEDBACK. YOU CAN TRACK THOSE AND YOU CAN SEND IN COMMENTS ABOUT WHAT THEY ARE TALKING ABOUT. YOU, ALSO, WHEN CMS IS PROPOSING A RULE, YOU CAN GIVE STAKEHOLDER FEEDBACK AND CMS IS REQUIRED TO REPLY.

10:33:40 YOU CAN ALWAYS SUBMIT THOSE COMMENTS. THAT IS A GREAT WAY TO ENSURE THAT THE ADVOCATES VOICES ARE HEARD. AS SOMEBODY WHO HAS READ THROUGH SOME OF THE LETTERS THAT COME TO THE COMMITTEE, I ENCOURAGE YOU TO MAKE THESE SUCCINCT AND CLEAR AND FOCUS ON THE TOPIC.

10:34:05 BUT YOU CAN BE PART OF THIS PROCESS. AND ON THE NEXT SLIDE, THIS IS REALLY FROM KAISER FAMILY FOUNDATION, THIS TALKS ABOUT THE BILLING ACROSS A LONG-TERM SUPPORT SERVICES AND THE PIECE I WANT TO DRAW YOUR ATTENTION TO IS 6 IN 10 IS PAID FOR BY MEDI-CAL AND TALKING ABOUT WHAT IT LOOKS LIKE IN CALIFORNIA.

10:34:27 MEDI-CAL, THAT IS STATE DOLLARS. WE CAN HAVE FLEXIBILITY WHERE WE WANT THOSE PEOPLE TO LIVE AND WHAT OUR EXPECTATIONS ARE. I THINK IT'S IMPORTANT TO NOTE IF A LONG-TERM CARE FACILITY IS CERTIFIED THROUGH CMS, YOU WILL SOMETIMES HEAR WITH YOU HEAR HOLLY SAY MOM HAD TO LEAVE A SHORT-TERM BED TO GO TO A LONG-TERM BED.

10:34:48 WELL, THE TRUTH IS IF THEIR BED ARE THERE AND THEY HAVE AN OPEN BED AND THEY ARE CMS CERTIFIED, ANY BED IS A MEDI-CAL BED AND THAT'S 1639 ENSURING ACCESS AND IT'S IMPORTANT THAT WE ENSURE ACCESS FOR THOSE WHO NEED IT THE MOST AND DO NOT HAVE RESOURCES TO PAY FOR IT.

10:35:20 THANK YOU, DR. WATSON, HE PUT THE LINK FOR THE CONFERENCE IN THE CHAT. IN CALIFORNIA WE HAVE SOMETHING CALLED 1629. AND IT STARTED IN 2004. AND IT WAS INITIATED AS A WAY TO IMPROVE CARE, PARTICULARLY FOR MEDI-CAL RESIDENTS AND ENSURE THEY HAVE ACCESS AND MOVE AWAY FROM A PAIR-BASED MODEL TO A MODEL-BASED MODEL OF CARE AND IT'S BEEN AROUND FOR A LONG TIME AND OUR LEGISLATURE IN THEIR WISDOM HAVE RENEWED IT CONTINUALLY.

10:35:45 YOU MAY HAVE HEARD ABOUT IT LAST YEAR WHEN WE WERE TALKING ABOUT THAT AND RELATED TO OTHER BUDGET CONCERNS. IT'S UP FOR RE-AUTHORIZATION AGAIN. WE DON'T YET HAVE THE FULL RECOMMENDATION BUT I THINK THERE IS SOME IMPORTANT THINGS THAT WE COULD FOCUS ON. ESSENTIALLY, THIS IS ABOUT A METHODOLOGY THAT REFLECTS STAFFING LEVELS ASSOCIATED WITH QUALITY OF CARE FOR RESIDENTS.

10:36:07 THERE IS DIRECT STAFFING COST AND THERE IS INDIRECT STAFFING COST. THE FOLKS WHO ARE WORKING DIRECTLY WITH RESIDENTS APPOINTED THOSE RESIDENTS MAKING SURE THAT LIFE IN THE FACILITY RUNS. HOUSEKEEPING, AND THE KITCHEN AND THE FRONT DESK AND THE MDS COORDINATOR. THERE IS VARIOUS COSTS THAT YOU CAN BILL FOR.

10:36:07 .

10:36:27 THEY WILL BE SCRUTINIZED ON THE VALUE THAT THEY WILL BE RECEIVING AND THERE WILL BE COST-BASED PER DIEMS AND THAT SETS THE AGENDA AND THIS WILL SUNSET THIS YEAR AND THE DEPARTMENT IS LOOKING TO EXTEND THAT BUT REFORM THE FRAMEWORK.

10:36:51 AND SO THIS WILL BE AN AREA OF RICH CONVERSATION. AS WE TALK ABOUT THIS, I WANT TO REMIND FOLKS THAT WE JUST CAME OUT OF A PANDEMIC OR STILL COMING OUT OF A PANDEMIC. WE SAW THOSE DETRIMENTAL EFFECTS IN LONG-TERM CARE AND HOW TERRIBLE THAT WAS FOR THEM EITHER BECAUSE THEY SUFFERED THE EFFECTS OF COVID OR BECAUSE THEY WERE ISOLATED FOR NEARLY TWO YEARS BECAUSE OF IT.

10:37:10 AND SO AS WE ARE TALKING ABOUT WHAT WE WANT OUR SKILLED NURSING FACILITIES TO LOOK LIKE, LET'S DO OUR BEST WITH THE FRAME OF WHAT WE HAVE COME OUT OF. SO ON THE NEXT SLIDE, WE ARE GOING TO TALK ABOUT THE WHITE HOUSE INITIATIVE. SO I HAVE LEFT THE LINK AT THE BOTTOM. I WILL DROP IT IN THE CHAT WHEN I AM DONE TALKING.

10:37:39 THE WHITE HOUSE INITIATIVE, PRESIDENT BIDEN AND THE BIDEN-HARRIS ADMINISTRATION MADE A PROCLAMATION BEFORE THE STATE OF THE UNION AND THE FIRST FOCUS IS WE WANT TO ENSURE THAT TAX PAYING DOLLARS ARE SUPPORTING NURSING HOME THAT PROVIDE SAFE, ADEQUATE AND DIGNIFIED CARE. WE WANT TO MAKE SURE THAT REMEMBER IT'S TAX DOLLARS THAT ARE PAYING FOR LONG-TERM CARE, SKILLED NURSING FACILITIES.

10:37:51 IT'S OUR JOB TO MAKE SURE THEY ARE PROVIDING THE BEST POSSIBLE CARE. SO IS THAT THE VIA STAFFING? IS THAT MOVING AWAY FROM THREE AND FOUR-PERSON ROOMS TO MORE LIKE SINGLE OR DOUBLE OCCUPANCIES.

10:38:20 OF COURSE ENSURE THAG OUR REGULATORY AGENCIES LIKE CMS AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH RECEIVE APPROPRIATE -- THEY ARE GIVING APPROPRIATE OVERSIGHT. ARE THEY LOOKING AT CHAINS AND SEES THAT THEY HAVE PROBLEMATIC BEHAVIOR AND WHAT ARE

OWNED BY PRIVATE EQUITY THAT THEY ARE GOING TO -- AND NOT TO SHAREHOLDERS AND WE WANT TO INCREASE TRANSPARENCY, OUR DATA SYSTEMS ARE REALLY CHALLENGED.

10:38:30 WE HAVE A LOT OF DISPARATE BUT NOT A LOT CROSS CUTS. SORRY, SARAH, DID YOU WANT TO CUT IN?

10:38:31 >> NO, I AM GOOD.

10:39:09 >> SORRY. WE WANT TO CREATE PATHWAYS FOR GOOD PAYING JOBS. HOW MANY TIMES HAVE YOU HEARD THE NEWS THE LAST FEW WEEKS, YEARS THAT THERE IS A CRITICAL SHORTAGE OF CAREGIVERS. IT'S TRUE AND PART IS BECAUSE WE NEED TO PROVIDE A PATHWAY THAT HELPS WORKERS GAIN SKILLS, CONFIDENCE AND KEEPS THEM IN THE LONG-TERM CARE INDUSTRY BUT, ALSO, HAS FIRST AND FOREMOST, HOLLY, I AGREE THEY NEED TO BE PAY FAIRLY AND FOR ME THAT'S NOT JUST A 2 OR 3% INCREASE, THIS HAS TO BE A WHOLESAL INCREASE OF SUBSTANTIVE

10:39:35 HAPPENING SO FOLKS WANT TO STAY THE SECTOR AND WE HAVE ALL HEARD TERRIBLE STORIES ABOUT WHAT HAPPENS DURING FIRES, DURING EARTHQUAKES, HURRICANES, TORNADOS, SKILLED NURSING FACILITIES ARE OFTEN BUILT OVER FORTY YEARS AGO AND WE MUST REQUIRE THAT'S FACILITIES ARE PREPARED TO EITHER SHELTER IN PLACE, EVACUATE AND STILL RESPOND TO CARE NEEDS.

10:39:46 SO I BELIEVE THAT IS MY LAST SLIDE. I WANT TO THANK ALL OF YOU. I AM EXCITED ABOUT THIS CONVERSATION. I AM REALLY EAGER TO SEE WHAT THE FUTURE OF NURSING HOMES LOOK LIKE IN CALIFORNIA.

10:39:56 >> THANK YOU SO MUCH, NICOLE. YOU JUST HAVE A KNACK FOR TAKING A VERY COMPLICATED SUBJECT AND BREAKING IT DOWN FOR US AND SO VERY MUCH APPRECIATE YOUR TIME.

10:40:09 WITH THAT I WOULD LIKE TO INTRODUCE SARAH STEENHAUSEN, WHO IS THE DEPUTY DIRECTOR OF AGING POLICY AND RESEARCH AND EQUITY AT THE DEPARTMENT OF AGING AND SARAH IS GOING TO INTRODUCE OUR AMAZING PANEL TODAY.

10:40:36 >> GREAT. THANK YOU SO MUCH, MARIA AND I CAN'T THANK OUR PRIOR SPEAKERS ENOUGH, FIRST TO HOLLY FOR SHARING HER VERY POWERFUL STORY, WHICH I THINK REALLY WILL INFORM OUR POLICY DISCUSSION BECAUSE I THINK AS WE ALL KNOW, THE PURPOSE OF OUR POLICY REFORM IS TO RESPOND TO BOTH WHAT RESIDENTS NEEDS AND WHAT THE CAREGIVERS NEED AND HOW WE CAN ENSURE THE HIGHEST QUALITY OF CARE FOR ALL IN OUR NURSING HOMES.

10:41:04 BUT SECOND I WANT TO THANK YOU, NICOLE, FOR AN INCREDIBLE OVERVIEW, YOUR BACKGROUND AS EXECUTIVE DIRECTOR OF ONE OF THE LONG-TERM CARE OMBUDSMAN PROGRAM IN CONTRA COSTA COUNTY AND EMPOWERED AGING AND AT THE CONGRESSIONAL LEVEL REALLY GIVES YOU A BREATH OF UNDERSTANDING OF THE SYSTEM. SO THAT WAS EXTREMELY HELPFUL TO KIND OF GROUND US IN WHERE THE POLICY LEVERS ARE FOR CHANGE.

10:41:37 WITH THAT I WANT TO INTRODUCE OUR WONDERFUL PANEL AND WE CAN BRING THEM UP ONLINE WHEN YOU ARE ABLE TO, MARIA. FIRST WE ARE JOINED BY BLANCA CASTRO, CALIFORNIA STATE LONG-TERM CARE OMBUDSMAN, ERIC CARLSON, DIRECTING ATTORNEY WITH JUSTING AND AGING. HEATHER CRAIG, EXECUTIVE DIRECTOR OF THE ESCATON CARE CENTER IN GREENHAVEN AND

AS YOU KNOW NICOLE HOWELL WHO JUST SPOKE AND CONTINUE TO PROVIDE HER PERSPECTIVE IN OUR PANEL DISCUSSION.

10:41:57 I THINK WE CAN TAKE THIS SLIDE DOWN AND I WANT TO SAY BEFORE ACTUALLY WE GET STARTED, WE WOULD LOVE FIRST TO HEAR FROM ALL OF YOU IN THE CHAT FOR YOU ALL TO INTRODUCE WHO YOU ARE, WHERE YOU ARE FROM, WHAT YOUR ORGANIZATION IS AND ANYTHING ELSE YOU WANT TO SHARE. IT'S ALWAYS NICE TO KNOW WHO IS JOINING US TODAY.

10:42:25 SECOND, WE WANT TO HEAR FROM YOU IN THIS CONVERSATION. WE WANT TO MAKE THIS AS ENGAGED AS POSSIBLE. SO ANY QUESTIONS YOU HAVE, I LOVE WATCHING THE COMMENTS THAT HAVE BEEN COMING UP IN THE CHAT. WE WANT TO WEAVE THOSE IN THE Q&A AND WE WANT TO HEAR FROM YOU SO IF YOU WANT TO SPEAK AFTER ALL OF OUR PANELISTS HAVE MADE THEIR RESPONSES TO THEIR OPENING QUESTION, JUST RAISE YOUR HAND AND WE WILL CALL ON YOU AS WE CAN.

10:42:53 YOU CAN, ALSO, JUST CHOOSE TO PUT YOUR COMMENT IN THE CHAT AND WE WILL TRACK THAT. SO WITH THAT, WHAT WE ARE GOING TO DO HERE IS WE ARE GOING TO START OFF WITH AN OPENING QUESTION THAT IS CRAFTED ESPECIALLY FOR EACH OF OUR PANEL IS SO THEY CAN PROVIDE THEIR PERSPECTIVE AND WE TRIED TO MAKE THIS A BALANCED PERSPECTIVE INCLUDING ADVOCATES, RESIDENT PERSPECTIVE, THE LONG-TERM CARE OMBUDSMAN AND THE PROVIDER PERSPECTIVE.

10:43:27 WE WANT TO HEAR ALL RANGES OF POLICY CONSIDERATIONS IN THIS DISCUSSION. SO WITH THAT, I AM GOING TO START WITH YOU, BLANCA. AND BLANCA, MY QUESTION FOR YOU IS YOU ARE CALIFORNIA'S LONG-TERM CARE OMBUDSMAN AND IN THIS ROLE, YOU HAVE RESPONSIBILITY FOR OVERSEEING THE STATE'S NETWORK OF 35 LONG-TERM CARE OMBUDSMAN OFFICES AS WE HEARD FROM BOTH NICOLE AND HOLLY, THEY PLAY A CRITICAL ROLE IN ASSISTING RESIDENTS OF BOTH ASSISTIVE LIVING FACILITIES AND NURSING HOMES WITH ISSUES RELATED.

10:43:45 TO THEIR DAY TO DIE CARE AND THEIR PERSONAL NEEDS. CAN YOU SPEAK TO HOW THE OMBUDSMAN ROLE WAS IMPACTED BY COVID AND WHAT LESSONS WERE LEARNED AND WHAT YOUR GOALS ARE FOR THE PROGRAM NOW AND INTO THE FUTURE.

10:44:14 >> GOOD MORNING AND THANK YOU VERY MUCH FOR THIS. WHAT AN INCREDIBLE PANEL WE HAVE AND REALLY APPRECIATED HOLLY'S FIRSTHAND EXPERIENCE. SO JUST TO REMIND EVERYBODY. OMBUDSMAN IS ACTUALLY A SWEDISH TERM AND IT JUST MEANS A PERSON OR AN OFFICIAL WHO INVESTIGATES COMPLAINTS LODGED BY PRIVATE CITIZENS AGAINST BUSINESSES OR PUBLIC ENTITIES OR OFFICIALS.

10:44:28 SO IT'S IMPORTANT FIRST TO EXPLAIN TO EVERYONE WHAT THE ROLE AND ORDER IS OF OUR ROLE IS TO PROVIDE A REAL OVERVIEW OF WHAT LESSONS WE LEARNED.

10:45:06 AND THE STRENGTH OF THE STATE LONG-TERM CARE OMBUDSMAN IS ITS ACCESS TO RESIDENTS. THE PROGRAM AND THE 600 -- OVER 600 STAFF AND VOLUNTEERS ACROSS THE STATE. IN ORDER FOR THEM TO PERFORM THEIR FUNCTIONS, THEY MEET PEOPLE IN-PERSON. THEY ARE OFTEN AT THEIR BEDSIDE. AND SO A LOT OF TIMES THEY DO NEED PRIVACY TO BE ABLE TO MEET WITH RESIDENTS. THEY DO THEIR WORK AS A RESIDENT CENTERED APPROACH. THEY MONITOR, CONFIRM COMPLAINTS OR SITUATIONS THAT ARE

10:45:30 LODGED BY RESIDENTS, AND OVERALL, THE ROLE OF THE OMBUDSMAN IS TO RESOLVE COMPLAINTS IN PROTECTING PEOPLE'S HEALTH, SAFETY AND RIGHTS AND SO WHAT WE LEARNED FROM THE PANDEMIC IS THAT FIRST AND FOREMOST OUR ACCESS WAS DENIED AT THE BEGINNING.

10:46:14 WE WEREN'T ABLE TO DO THE WORK INITIALLY THAT WE HAVE BEEN ABLE TO DO ON A REGULAR -- WITHOUT A COVID PANDEMIC AND THAT REALLY AFFECTED NURSING HOME RESIDENTS AND THEIR FAMILIES. FOR EXAMPLE, JUST TO GIVE YOU AN EXAMPLE OF WHAT THIS RESULTED IN IS NORMALLY IN 2020, WE HAD ABOUT 29,265 COMPLAINTS THAT OMBUDSMAN RECEIVED. IN 2021, WE HAD 37% INCREASED, OVER 40,000 COMPLAINTS RECEIVED AND THE TOP CATEGORIES OF THOSE COMPLAINTS

10:46:51 WERE IN THE AREA OF ABUSE, NEGLECT AND EXPLOITATION. MEDICATION, AUTONOMY CHOICE AND RIGHTS. SO IT WAS VERY MUCH STILL A NEED TO HAVE VOLUNTEERS AND STAFF ENTERING FACILITIES BUT BECAUSE WE WEREN'T UNABLE TO, WE HAD TO COME UP WITH OTHER WAYS TO DO THE WORK. SO IF THERE WERE ANYTHING THAT REQUIRED IMMEDIATE ATTENTION, CERTAINLY WE WOULD REFER THAT TO LAW ENFORCEMENT AND OTHERS.

10:47:17 FOR EXAMPLE, THE ADVANCED HEALTHCARE DIRECTIVES. THE STATE LAW REQUIRES THAT AN ADVANCED HEALTHCARE DIRECTIVE, AND THAT IS IF SOMETHING WERE TO HAPPEN AND YOU ARE NOT ABLE TO GIVE YOUR WISHES ON YOUR HEALTHCARE, YOU WANT SOMEBODY TO -- YOU WANT TO BE ABLE TO WRITE DOWN WHAT THOSE PREFERENCES AND THOSE WISHES ARE.

10:47:49 AND SO NORMALLY, WE HAVE TO WITNESS THOSE DOCUMENTS AND SIGN THEM. UNFORTUNATELY, WE WEREN'T ABLE TO GO IN AND SO WE FOUND WAYS LIKE VIDEO CONFERENCING AND SOME CASES TAKING PICTURES OR GOING THROUGH A WINDOW AND THAT'S HOW WE DID SOME OF OUR INVESTIGATIONS ACTUALLY. SO ANOTHER THING THAT WE LEARNED, ONE OF THE TOP PRIORITIES WOULD BE REALLY ACCESS TO INTERNET CONNECTIVITY OR THE ABILITY TO BE ABLE TO

10:48:04 MEET PRIVATELY WITH A RESIDENT IN AN AREA THAT MAYBE THEY HAVE TO QUARANTINE. THE SECOND THING THAT WAS VERY MUCH PROMINENTLY LEARNED IS THAT INFECTION CONTROL REALLY RAN THE GAMBIT.

10:48:37 YES, WE HAD PERSONAL PROTECTIVE EQUIPMENT. YES, WE WERE AWARE OF TESTING. WE WERE AWARE OF VACCINATIONS. THE PROBLEM WAS IS THAT NOT EVERYBODY KNEW NOT HOW TO DAWN AND DOFF PPE AND WHY CMS TRIED TO PROVIDE AS MUCH INFORMATION TO THE STATES AND LOCAL OMBUDSMAN, WE ACTUALLY HAD ONE LOCAL OMBUDSMAN AND THAT WAS IN L.A. COUNTY WHO HELPED CREATE DOWN AND DOFF PPE.

10:49:16 AND WE USED THAT STATEWIDE. THIS VIDEO WAS SHARED WITH VOLUNTEERS AND STAFF AND EVEN STAFF IN FACILITIES. THE TESTS. I THINK THAT'S SOMETHING AND WE NOW HAVE INFECTION CONTROL AND STANDARDS AND PROTOCOLS THAT ARE GOING TO BE NORMALIZED. SO ONE OF THOSE AREAS IS IN TESTS. WE FOUND THAT IT WAS VERY DIFFICULT TO OBTAIN TESTS AND IN ORDER TO ENTER A FACILITY, EVEN INITIALLY WHEN YOU WERE FULLY VACCINATED, YOU NEEDED WEEKLY TESTS.

10:49:46 SO REALLY ANOTHER, A SECOND BIG PIECE OF LEARNINGS THAT WE CAME AWAY WITH IS THE FEDERAL GOVERNMENT REALLY NEEDS TO STANDARDIZE AND CREATE A SUSTAINABLE REVENUE SO THAT FACILITIES AND VOLUNTEERS IN LONG-TERM CARE OMBUDSMAN AND SURVEYORS WILL HAVE

ACCESS TO NOT JUST PPE TESTS AND HAVE EASY ACCESS TO THOSE TESTS BECAUSE THAT WAS ANOTHER THING THAT WE FOUND WAS VERY DIFFICULT.

10:50:01 AS YOU ALL HEARD FROM NICOLE AND OTHERS AND HOLLY, IT WASN'T A SURPRISE BUT THE LOCKED DOWNS PRETTY PREVENTED VISITATION FROM FAMILIES, WHICH RESULTED IN DECLINING HEALTHY MOTIONALLY, MENTALLY AND PHYSICALLY.

10:50:34 WHAT WE LEARNED HERE IS THAT COMMUNICATION WAS SO DISPARATE DEPENDING ON THE FEDERAL GOVERNMENT, THE STATE AND THE LOCAL. A THIRD PIECE AND I WILL BE BRIEF HERE, TWO MORE PIECES BUT A THIRD PIECE THAT WE LEARNED IS COORDINATION OF COMMUNICATION AND GUIDANCE. BECAUSE THERE WAS GUIDANCE FROM CMS -- CDC, FOR EXAMPLE THAT WAS SAYING AS LONG AS YOU ARE TESTING AND YOU ARE WEARING PPE, YOU CAN GO IN AND VISIT WITH RESIDENTS.

10:51:09 AND THIS WAS FOR OMBUDSMAN. HOWEVER, WE RECEIVED MANY COMPLAINTS FROM LOCAL OMBUDSMAN THAT FACILITIES JUST WOULD NOT ALLOWING THEM IN AND WERE ESSENTIALLY SAYING THAT UNLESS AND UNTIL IT WAS FULLY OPENED OR THE LOCKDOWN WAS LIFTED, THAT THEY WERE UNABLE TO COME IN. SO WE HAD TO EMPHASIZE THROUGH ALL OUR ALL FACILITIES LETTERS, WHICH IS THE GUIDANCE ISSUED BY THE DEPARTMENT OF PUBLIC HEALTH.

10:51:44 AND THE PUBLIC INFORMATION NOTICES, WHICH ARE THE GUIDANCE ISSUED BY THE DEPARTMENT OF SOCIAL SERVICES TO EMPHASIZE THAT OMBUDSMAN ARE NOT VISITORS. WE HAVE NOT ONLY A STATE AND FEDERAL LAW THAT ALLOWS US TO GO IN AND MONITOR WITHOUT ANY BARRIERS BUT MORE IMPORTANTLY WE NEED TO BE ABLE TO DO THIS SO WE CAN MEET WITH RESIDENTS AND AS I MENTIONED WITH EVEN THE ABILITY TO GO IN AND DO AN INVESTIGATION

10:52:20 OR EVEN TO GO IN AND WITNESS AN ADVANCED CARE DIRECTIVE. THE OTHER AND THESE WILL BE THE LAST TWO ITEMS, THE IMPROPER DISCHARGE AND I THINK YOU HEARD FROM HOLLY AND HER FIRST EXAMPLE. IMPROPER DISCHARGE AND WHAT WE REFER TO, ALSO, AS PATIENT DUMPING. THIS WAS GOING ON SIGNIFICANTLY. YES, IT'S AN ONGOING PROBLEM, BUT WHAT WE NEEDED TO DO AND WHAT I THINK WE ARE LEARNING FROM THIS IS HOW DO WE INCENTIVIZE IN THE FUNDING

10:53:10 SO THAT THERE IS MORE EFFORT SO THAT IF SOMEBODY IS MEDI-CAL ONLY RESIDENTS, THAT THERE ISN'T THE DISCRIMINATION BY PAYMENT SOURCE. THE LOWER INCOME OR INDIVIDUALS WHO ARE NOT PRIVATE PAY AND THEN, ALSO, THE 100-DAY CLOCK ON MEDICARE. THAT WAS ANOTHER PROBLEM THAT WE CONTINUE TO SEE WHERE PEOPLE WERE BEING TRANSFERRED BACK AND FORTH SO THEY COULD START THAT MEDICARE 100-DAY CLOCK. LAST WILL SAY IS THAT THE BIGGEST CHALLENGE THAT WE ARE GOING TO CONTINUE TO SEE AND WE DO WANT TO SUPPORT IS

10:53:45 THE LOW WAGES HAVE STAFF, CNAs AND OTHERS. WE ARE STRONG SUPPORTERS AND WE STRONGLY WOULD ENCOURAGE THAT NOT ONLY UNDER THE DIRECT CARE INITIATIVE, BUT WE NEED TO COME TOGETHER WITH FACILITY, WITH THE INDUSTRY, WITH LABOR, WITH ADVOCATES TO INCREASE WAGES, IMPROVE TRAINING, AND NOT JUST IMPROVE TRAINING WITH REGARD TO INFECTION CONTROL BUT IMPROVE TRAINING WITH CARING FOR PEOPLE WITH DEMENTIA.

10:54:29 OR WITH TRAMATIC BRAIN INJURY SO WE UNDERSTAND THAT LOW WAGES IS A PRIORITY IN CALIFORNIA AND ABSOLUTELY ONE OF THE AREAS THAT THE OMBUDSMAN OFFICE IS GOING TO BEGIN TO REALLY PUSH AND WORK TO SEE THE CHANGES. THE LAST THING I WANT TO SHARE IS THAT GOING

FORWARD, SOME OF THE RECOMMENDATIONS WE BELIEVE NEED TO BE PUT IN PLACE IMMEDIATELY IS THAT WE HAVE LEARNED A LOT FROM THIS PANDEMIC.

10:55:03 INFECTION CONTROL IS HERE TO STAY, PPE MASKS, ALL OF THOSE THINGS ARE THINGS THAT FAMILIES ARE WILLING AND READY TO USE. ISOLATION IS NOT THE ANSWER. SO FINDING WAYS THAT WE CAN QUARANTINE RESIDENTS AND MAKE IT EASIER FOR FAMILIES TO VISIT LOVED ONES AND THEN, ALSO, FOCUSING RESOURCES, ESPECIALLY WITH NURSING HOMES IN UNDERSERVED AREAS. WE KNOW THAT THE PANDEMIC WAS A REAL HEALTH DISPARITY.

10:55:53 PEOPLE AND COMMUNITIES OF COLOR WERE IMPACTED SIGNIFICANTLY AND MOST IMPORTANTLY WE NEED TO BE ABLE TO CREATE BACK-UP AND STAFFING PLANS TO REPLACE STAFF WHEN YOU HAVE AN OUTBREAK OF A VIRUS IN A FACILITY. I AM GOING TO CLOSE WITH SHARING THAT THE STATE OMBUDSMAN IS SUPPORTING A NUMBER OF BILLS AND I ENCOURAGE YOU ALL TO REACH OUT TO YOUR LEGISLATURES AND ASK THEM TO SUPPORT 2546. AB 277, IT WOULD INCREASE THE PERSONAL NEEDS AND MAINTENANCE SO INSTEAD OF GETTING \$35 A MONTH WHEN

10:56:30 MEDI-CAL AND WE WOULD RAISE IT UP TO \$80 A MONTH FOR PERSONAL NEEDS AND AB 1809, REQUIRING RESIDENT INFORMED CONSENT WHEN PSYCHOTROPIC MEDICATIONS ARE REQUIRED AND MAKING SURE PEOPLE KNOW WHAT THE MEDICATION IS AND WHAT THE IMPACT IT WILL HAVE AND THEN LASTLY IS AB 895. THIS WOULD REQUIRE ALL SKILLED NURSING FACILITIES AND RESIDENTIAL CARE FACILITIES THAT DURING ADMISSION THEY CLEARLY INFORM A RESIDENT ABOUT THEIR OMBUDSMAN.

10:56:40 HOW TO REACH THEIR OMBUDSMAN, AND GIVE THEM THE CONTACT INFORMATION. SO WITH THAT, I WILL TURN IT OVER TO YOU, SARAH. THANK YOU.

10:57:16 >> THANK YOU SO MUCH, BLANCA. YOU PROVIDED A REALLY IMPORTANT INSIGHT FROM LONG-TERM CARE OMBUDSMAN PERSPECTIVE ABOUT LESSONS LEARNED DURING COVID AND WHAT YOU SEE, WHAT THE OMBUDSMAN FEEL ARE IMPORTANT PRIORITIES FOR SYSTEM REFORM MOVING FORWARD AND I THINK WITH ALL OF THIS, I JUST, AGAIN, TO GROUND US ON WHAT WE ARE TRYING TO FOCUS ON FOR THE NEXT 35 MINUTES, WE WANT TO UNDERSTAND HOW WE CAN USE THIS OPPORTUNITY IN CALIFORNIA RIGHT NOW WITH THE AUTHORIZATION, RE-AUTHORIZATION OF AB 1 629.

10:57:41 HOW CAN WE RE-AUTHORIZATION FOR A POLICY LEVEL FOR CHANGE TO ADDRESS SOME OF THESE CRITICAL ISSUES WE HAVE BEEN DISCUSSING TODAY. WITH THAT I AM SO PLEASED TO INTRODUCE ERIC CARLSON. ERIC IS A SENIOR STAFF ATTORNEY WITH JUSTICE IN AGING AND ERIC, WE KNOW THAT JUSTICE IN AGING HAS BEEN A KEY LEADER IN ADVOCATING FOR THE NEEDS OF OLDER ADULTS, INCLUDING RESIDENTS OF LONG-TERM CARE FACILITIES.

10:57:50 WHAT ARE JUSTICE IN AGING KEY PRIORITIES AT BOTH THE STATE AND FEDERAL LEVELS IN REGARD TO NURSING HOME SYSTEM REFORM?

10:58:17 >> THANK YOU, SARAH. ADDRESS THEM IN THIS ORDER, FEDERAL AND THEN STATE AND THEN I WANT TO TALK PERSONAL FOR THE SECOND AS WELL BECAUSE I THINK SOMETIMES THAT GETS OVERLOOKED. AS NICOLE MENTIONED, PRESIDENT BIDEN DID INTRODUCE REFORM PACKAGE A FEW WEEKS AGO, WHICH IS REALLY PROMISING AND IT GIVES AN OPPORTUNITY OF SOME MOMENTUM TO ACTUALLY MAKE SOME PROGRESS ON THESE ISSUES.

10:58:46 ALONG THOSE SAME LINES, JUST A COUPLE OF HOURS AGO, THE NATIONAL ACADEMIES OF SCIENCES ENGINEERING AND MEDICINE RELEASED THEIR REPORT LONG IN THE WORKS ON REFORM TO THE NURSING FACILITIES SYSTEM. IT'S 600 PAGES. I CAN'T SAY THAT I HAVE READ IT YET, BUT BY LISTENING TO THE WEBINAR I HAVE TO SAY THERE IS A LOT OF PROMISING THINGS THERE THAT ARE VERY MUCH IN LINE WITH WHAT THE BIDEN INITIATIVE SUGGESTS AND WHICH

10:59:23 OTHER FOLKS MAY RECOMMEND AS WELL. NICOLE GAVE AN OVERVIEW OF THE BIDEN INITIATIVE. I WILL REITERATE OR ADD A COUPLE OF THINGS. THE BIDEN INITIATIVE INCLUDES SOME MINIMUM STAFFING LEVELS, WHICH WOULD BE CONTROVERSIAL FEDERALLY BUT INCREDIBLY IMPORTANT BECAUSE A LOT OF FOLKS NOTE EVERY TIME THIS CONVERSATION COMES UP IT'S ALL ABOUT THE DIRECT CARE AND HAVING ENOUGH PEOPLE THERE AND THE COMPETENCE AND AVAILABILITY OF DIRECT CARE, PARTICULARLY CNAs IS CRITICAL.

10:59:56 I IMAGINE THERE ARE MINIMUM STAFFING LEVELS IN CALIFORNIA ALREADY. CALIFORNIA IS A BIT OF A GOOD OUTLIER. IN THAT REGARD, MORE MONEY FOR INSPECTION IMPROVED WAGES AND BETTER ACCOUNTABILITY FOR CERTIFICATION SO THAT THE CMS AND STATE SURVEY AGENCIES WOULD HAVE MORE AUTHORITY TO REALLY WEIGH THE COMPETENCE AND GOOD FAITH OF THE PEOPLE ASKING FOR PERMISSION TO BE CERTIFIED UNDER MEDICARE AND IMMEDIATE KAID.

11:00:14 MEDICAID AND ALSO TRANSPARENCY SPECIFICALLY, BETTER INFORMATION ON CARE COMPARE AND, ALSO, MORE EXTENSIVE IN UNDERSTANDABLE INFORMATION RELATED TO A LOT OF CORPORATE OWNERSHIP IN FINANCIAL INFORMATION.

11:01:08 BASED ON REPORTING AND OTHER FACTORS, IT'S GOING TO BE DIFFICULT GIVING THE TIME LINE AS ASSEMBLY MEMBERS POINTED OUT. IT WOULD BE NICE TO HAVE A DRAFT AT THIS POINT.

11:01:22 IT'S A COMPLICATED TOPIC AND TROUBLING, ONCE WE SEE IT, IT'S IMPORTANT TO PUSH HARD AND MAKE SURE THERE IS ACCOUNTABILITY AND THE RATE REWARDS GOOD NURSING FACILITY CARE.

11:01:45 I WILL MENTION AS VETERANS OF THE NURSING FACILITY REFORM WARS AS IT WERE, THERE WAS SO MUCH CONVERSATION ABOUT MONEY, AND FROM THE PROVIDER'S SIDE LONG RUNNING COMPLAINTS. I WON'T EXPECT OR PLAN TO SPEAK FOR PROVIDERS, THEY CAN SPEAK FOR THEMSELVES WELL.

11:02:20 BUT A LOT OF COMPLAINTS ABOUT THE RATES AND MEDICARE SUBSIDIZING, AND MEDICAID, ALL THE REST. IT'S JUST VERY CONTENTIOUS, IT'S VERY IMPORTANT, AND BECAUSE OF THAT IT'S CRITICAL THAT THE STATE GET IT RIGHT. NOT JUST WINDOW DRESSING TO SAY THIS IS NOW ABOUT EQUALITY, IT HAS TO ACTUALLY BE ABOUT QUALITY.

11:02:40 NAME CHECK LEGISLATION THAT IS PENDING RIGHT NOW, 1809. REQUIRES INFORMED CONSENT FOR ANTIPSYCHOTICS, 2079 WOULD REQUIRE MINIMUM REQUIREMENT THAT FACILITIES SPEND A DESIGNATED REVENUE TOWARDS DIRECT CARE.

11:03:00 BILL 1503 GIVES PUBLIC HEALTH MORE CONTROL TO INSURE LICENSES, AND MENTIONED MULTIPLE TIMES ASSEMBLY BILL 2546 WOULD MAKE A DESIGNATED SUPPORT PERSON WHO WOULD HAVE THE ABILITY TO SEE A RESIDENT DURING PUBLIC HEALTH EMERGENCIES.

11:03:24 AND THEN QUICKLY PERSONAL AS WELL. I SAY PERSONAL TO POINT OUT THERE IS AN INCREDIBLE A AMOUNT OF IMPORTANT WORK TO BE DONE AT A RESIDENT SPECIFIC LEVEL. IN LEWIS MENTIONED THIS AND REFERENCED THE PROGRAM AND I KNOW A LOT OF FOLKS ON THIS CALL ARE PART OF THE AGING NETWORK AND HAVE AN INCREDIBLY IMPORTANT ROLE TO PLAY.

11:03:34 SOMETIMES IN NEWSPAPER ARTICLES AND OTHER PLACES IT SUGGESTS THAT NURSING HOME REFORM IS A MATTER OF SETTING UP LEVERS.

11:03:58 PAYMENT MECHANISM HERE AND PUT MORE INFORMATION ON THE WEBSITE HERE AND THAT'S GOING TO MAKE NURSING FACILITIES BETTER. BUT ALL THAT IS TRUE. NOT DOWN PLAYING THAT AT ALL. BUT IT'S ALSO INCREDIBLY IMPORTANT TO HAVE SOME IMPACT ON THAT PERSONAL LEVEL. I THINK FACILITIES TALK ABOUT THIS WHEN THEY TALK ABOUT CULTURE CHANGE. OTHER PEOPLE TALK ABOUT CULTURE CHANGE.

11:04:20 IT'S ABOUT CHANGING THE CULTURE OF FACILITIES AND CHANGING THE NATURE OF THOSE RELATIONSHIPS. RESIDENTS HAVE TO, FOR BETTER OR WORSE. IT'S IMPORTANT FOR RESIDENTS AND FAMILY MEMBERS AND OTHER PEOPLE DO THAT INDIVIDUAL ADVOCACY ON A DAY-TO-DAY BASIS TO MAKE SURE RESIDENTS GET WHAT THEY ARE ENTITLED TO.

11:04:34 PLUG FOR OUR PUBLICATION HOW TO RESOLVE PROBLEMS AND OTHER RESOURCES AND ADVOCATES AS WELL. IMPORTANT WORK TO BE DONE ON THE FEDERAL LEVEL AND WORK TO BE DONE ON THE STATE LEVEL.

11:04:43 AND ALSO REALLY IMPORTANT WORK TO BE DONE ON THAT INDIVIDUAL LEVEL BY CONSUMERS, BY FACILITIES AND OTHER FOLKS IN THE AGING NETWORK.

11:04:55 >> THANK YOU SO MUCH, THAT WAS A WONDERFUL OVERVIEW OF WHERE THE ADVOCACY OPPORTUNITIES ARE, WHAT THE PERSPECTIVE OF JUSTICE AND AGING ON THE KEY REFORMS.

11:05:14 AND FEDERAL AND STATE LEVEL AND WHERE THE OPPORTUNITIES ARE. AND NOW I AM REALLY PLEASED TO HEAR FROM THE PROVIDER'S PERSPECTIVE, HEATHER IS THE EXECUTIVE DIRECTOR OF ESCATON CARE FACILITY IN GREEN HAUVEN.

11:05:25 THIS IS ONE THAT DID ACCEPT COVID PATIENTS AND INDIVIDUALS WHO WERE REHABILITATING ALL THROUGH OUT COVID.

11:05:44 AND NO DOUBT HEATHER YOU HAVE EXPERIENCE THE WHOLE GAM MITT OF ALL OF THE ISSUES THAT HAVE BEEN ADDRESSED AND DISCUSSED TODAY. THE WORKFORCE, AND VISITATION ISSUES, AND JUST KEEPING YOUR FACILITY OPERATING THROUGH VERY DIFFICULT TIMES.

11:06:15 WE REALLY APPRECIATE YOU BEING HERE, WHAT I WOULD LOVE TO HAVE YOU TALK ABOUT AT THIS MOMENT, WHAT HAS IT BEEN LIKE OVER THE PAST SEVERAL YEARS TO BE THE ADMINISTRATOR RUNNING YOUR NURSING HOME. WHAT CHALLENGES DID YOU EXPERIENCE IN COVID. AND WHAT DO YOU TAKE FROM THOSE EXPERIENCES AS LESSONS LEARNED THAT YOU CAN INCORPORATE INTO THE MANAGEMENT OF YOUR NURSING FACILITY NOW AND INTO THE FUTURE.

11:06:34 >> THANK YOU SARAH, IT'S MY PLEASURE TO BE HERE. I AM HEATHER CRAIG, EXECUTIVE DIRECTOR OF THE CARE CENTER GREEN HAVEN IN SACRAMENTO, 148 BED NOT FOR PROFIT NURSING FACILITY, I HAVE BEEN EXECUTIVE DIRECTOR THERE FOR OVER 17 YEARS.

11:06:59 I COULD SPEAK FOR HOURS ON ALL OF THE TOPICS THAT EVERYBODY HAS SHARED. I APPRECIATE THE INSIGHT THIS IS PROVIDING TO PEOPLE PARTICIPATING IN THE SESSION, THIS MORNING I WOULD LIKE TO SHARE 2 KEY FOCUS AREAS IN SKILLED NURSING THAT AROSE DURING THE COVID PANDEMIC, FIRST IS PHYSICAL AND PERSONAL INFECTION EQUIPMENT FOR INFECTION PREVENTION AND CONTROL.

11:07:11 WHEN WE CONDUCTED OUR HAZARD VULNERABILITY ASSESSMENT IN 2019 PANDEMIC DID NOT EXIST IN THE LIST OF LIKE I DISASTERS WE WERE NOT GUILTY PREPARED.

11:07:23 2020 BROUGHT A NEW REALITY, 99% OF SKILLED NURSING FACILITIES WERE BUILT PRIOR TO 1980, FACILITIES WERE NOT BUILT FOR A PANDEMIC.

11:07:47 MOST OF OUR ROOMS ARE MULTIOCCUPANT ROOMS. IN MY FACILITY THEY ARE SEMIPRIVATE, THEY DO NOT ALLOW FOR PHYSICAL DISTANCING, EVEN AFTER REARRANGING WARDROBES AND NIGHT STANDS, ONCE WITH ONE OF THE RESIDENTS GETS OUT OF BED WE CANNOT MAINTAIN THAT 6 FEET DISTANCE.

11:08:02 IF ONE GOT COVID IT WAS LIKELY THE ROOMMATE GOT COVID. WE HAD LIMITED ACCESS TO PPE, THEY WERE ON ALLOCATION TO ACUTE CARE HOSPITALS.

11:08:31 WITH MY EXPERIENCE I WAS FAMILIAR WITH HOW TO CONDUCT A RESOURCE REQUEST TO OBTAIN PPE, MOST NURSING FACILITIES WERE NOT FAMILIAR WITH THE COALITIONS OR THE SYSTEMS. MY FACILITY WAS ABLE TO GET SUFFICIENT PPE FOR OUR STAFF, INCLUDING N 95 RESPIRATOR MASKS BUT DID NOT HAVE ACCESS TO FIT TESTING KITS, WITHOUT FIT TESTING KITS A N 95 MASK IS NOT SAFE.

11:08:51 THROUGH OUR PARTNERSHIPS WE WERE ABLE TO GET FRONT LINE CAREGIVERS FIT TESTED, WHILE WE WAITED FOR OUR KIT ON NATIONAL BACK ORDER. NEW REGULATIONS ON PPE INVENTORY OR SKILLED NURSING FACILITIES, WELL INTENTIONED, HOWEVER WE NEED ASSISTANCE WITH STORAGE SPACE FOR THAT PPE.

11:09:04 AT THE BEGINNING OF COVID WE CLOSED DOWN THE BEAUTY SHOP AND TURNED IT INTO PPE STORAGE, PRECOVID STRUGGLED FOR STORAGE AND OFFICE SPACE.

11:09:30 OFTEN CONVERTING SPACES INTO WORK SPACES. WE NEED HELP WITH OUR STORAGE, THIS HAS TO GO THROUGH A DIFFERENT SYSTEM. OPPORTUNITIES FOR REFORM FOR PHYSICAL, AND PREVENTION AND CONTROL. INCLUDE BEING AT THE TABLE IN DISCUSSIONS WITH RECOGNITION OF THE PHYSICAL CONSTRAINTS.

11:09:44 SKILLED NURSING FACILITIES NEED INVOLVEMENT IN THE COALITIONS, COSTS AND REGULATORY CHALLENGES NEED TO BE CONSIDERED AS MODERNIZED OR AGING OUT DATED NURSING FACILITY IT IS.

11:10:02 THE SECONDARY ISSUE IS WORKFORCE SHORTAGE AND CARE FORCE DEVELOPMENT. PRIOR TO COVID WE WERE FACING WORKFORCE SHORTAGE, BABY BOOMERS WERE RETIRING. COVID EXPEDITED THIS EXODUS, COME TO BE KNOWN AS THE GREAT RESIGNATION.

11:10:12 LONG TERM CARE PROVIDERS LOST CARE WORKERS TO ACUTE CARE, AND PREDATORY MARKETS THAT AFFORDS TO PAY WORKERS AT HIGHER WAGES.

11:10:34 LONG TERM CARE IS NOT SEEING RESURGENCE THAT IS HAPPENING THE OTHER WORKFORCES. THIS SEEMED A DAUNTING NUMBER TWO YEARS NOW, NOW HCIA, IS REPORTING THAT CALIFORNIA NEEDS 20 THOUSAND MORE CNA'S BY 2025.

11:10:47 FOR THE FIRST 15 YEARS MY WORK AT THE CARE CENTER, WE HAD NOT USED REGISTRY C NAs, RIGHT NOW WE HAVE 24 FULL-TIME CNA OPENING.

11:11:10 NINE FULL-TIME RN, AND 6 FULL-TIME LVN OPENING, POSITIONS HAVE BEEN OPEN BEFORE OCTOBER 2021. WE HAD TO DENY NEW ADMISSIONS WHEN WE DON'T HAVE ENOUGH STAFF TO CARE FOR THEM. WE HAVE IMPLEMENTED A VARIETY OF WORKFORCE INITIATIVES.

11:11:31 FOR THE FIRST YEAR EMPLOYEES RECEIVED AN HOUR'S WORK BONUS. VOLUNTEERS RECEIVED A 20% PAY INCREASE. WE ENCREASED PAY FOR LVN AND CNA, IMPLEMENTED A FULLY PAID TRAINING PROGRAM AND YET TO FILL A FULL CLASS.

11:11:54 IN LATE 2021, INCREASED ON CALL RATES FOR NURSES TO BE COMPETITIVE WITH THE REGISTRIES, WE STILL DON'T HAVE ENOUGH STAFF. AT THE START OF 2022 WE INCREASED THE STARTING WAGE FOR CNAs TO DMRR 20 AN HOUR TO RECOGNIZE AND RETAIN OUR DEDICATED CAREGIVERS.

11:12:09 OPPORTUNITIES ARE NEEDING INVESTMENT AND LONG TERM CARE FORCE, WE NEED LIVING WAGES FOR ALL STAFF, WE NEED TRAINING GRANTS FOR CAREER GROWTH OT DEVELOPMENT, NEW RESEARCH AND A PLAN HOW WE GET THERE TO GET TO THE LEVELS.

11:12:19 WE NEED REGULATORY INVESTIGATION AND OVERSIGHT ON REGISTRIES AND PRICE GOUGING, I THANK YOU FOR THE OPPORTUNITY TO PARTICIPATE IN THIS DISCUSSION.

11:12:27 I SEE A LOT OF GREAT COMMENTS IN THE CHAT BOX, I LOOK FORWARD TO YOUR QUESTIONS.

11:12:38 >> THANK YOU SO MUCH. SUCH A IMPORTANT PERSPECTIVE TO HEAR, THANK YOU FOR THE HARD WORK OF YOUR TEAM OVER THE LAST SEVERAL YEARS. IT'S SO CRITICAL AND APPRECIATE HEARING FROM YOU.

11:12:48 SO NOW, I THINK IT'S A GREAT LEAD, WE ARE GOING TO HEAR FROM NICOLE AGAIN, SHE HAS BEEN FOCUSED A LOT ON ADDRESSING THE WORKFORCE ISSUE.

11:13:03 THAT IS SO MUCH OF THE CHALLENGE THAT WE HEAR ABOUT TODAY, ACROSS THE CONTINUUM OF CARE, IN SKILLED NURSING FACILITIES, ASSISTED LIVING AND HOME AND COMMUNITY BASED SERVICES AND MEDICARE SETTING.

11:13:22 NICOLE WE WOULD LOVE TO HEAR HOW YOU HAVE APPROACHED THIS, SPECIFICALLY LOOKING AT THE HEALTH CARE CAREER PATHWAYS PROGRAM AND WHAT YOU SEE AS OPPORTUNITIES TO BUILD THE PIPELINE OF WORKERS AND TO DWOCH MORE OF A CAREER LATTER APPROACH TO PROFESSIONAL DEVELOPMENT. THANK YOU NICOLE.

11:13:35 >> THANK YOU SARAH, THIS IS A MULTIPRONGED ISSUE. THIS YOU KNOW, INTERESTING TO THINK OF THE WAY WE CAN IMPROVE RESIDENT CARE IS ACTUALLY BY IMPROVING CONDITIONS FOR THE WORKFORCE.

11:13:46 FEW YEARS AGO, EMPOWERED AGING AND MOUNT DIABLO, AND JOB TRAINING ORGANIZATION CAME TOGETHER THROUGH MAGIC.

11:14:04 I WAS SAYING, MY TEAM AND I ARE TIRED AT LOOKING AT COMPLAINTS RELATED TO LACK OF STAFFING OR TRAINED STAFFING OR CONSISTENT STAFFING, OPPORTUNITY JUNCTION SAYING WE ARE HEARING FROM JOB SEEKERS THEY WANT TO ENTER THE ALLIED HEALTH CARE FIELD.

11:14:17 AND THE SCHOOL HAD EXPERTISE IN HOSTING A PROGRAM. WE WANT TO DO THIS BUT DON'T WANT IT TO LOOK LIKE ANYTHING WE HAVE EVER SEEN. IN CALIFORNIA TO BECOME A CNA THAT TAKES 160 HOURS, ONE MONTH OF FULL-TIME TRAINING.

11:14:31 WE SAID WE ARE GOING TO BE 30 # HOURS, AND THOUGHT GOSH, THE FOLKS WHO ARE IN SKILLED NURSING FACILITIES, MEDI-CAL BENEFICIARIES ARE BY DEFINITION LOW INCOME INDIVIDUALS, MAYBE HAD STRUGGLES.

11:14:49 WE THOUGHT FIND STUDENTS WHO ALSO HAD SIMILAR STRUGGLES, FIND STUDENTS TO ADDRESS THE BARRIERS, MAYBE COULD NOT FIND THEIR WAY INTO COLLEGE ALONE, MAYBE HAS BEEN HOMELESS AND WHO STRUGGLED WITH ADDICTION, FIRST IN THE FAMILY TO GO TO POSTSECONDARY J KAGS.

11:15:02 ALL OF THE THINGS, SELF-DOUBT, LET'S DESIGN A PROGRAM FOR THEM, STEEP IT IN PERSON-CENTERED PRINCIPLES, I AM GOING TO TELL YOU, STUDENT CENTERED PRINCIPLES ARE THE SAME AS PEOPLE AND PERSON CENTERS.

11:15:16 TREAT THEM WITH RESPECT AND DIGNITY THEY HOLD THAT AND TAKE IT INTO THE WORKPLACE, AND JUSTICE, AND THROW IN SUPPORTS LIKE COMMON SENSE, EVERYONE SHOULD EAT LUNCH TOGETHER, FAMILY STYLE. REENFORCE THE GOOD NORMS.

11:15:26 GOING HOME WITH FOOD ON THE WEEKENDS, WHAT WE HAVE SEEN 3 YEARS LATER IS 80 PTH OF THE STUDENTS ARE STILL WORKING IN THE LONG TERM CARE SYSTEM.

11:15:41 THOSE STUDENTS WHO GOT CUT OFF IN COVID CAME BACK TO FINISH CLASS AND DO THEIR CERTIFICATION TEST AND SO WE ARE REALLY SUCCESSFUL WITH IT. NOW LIVES IN BOTH CONCORD AND CONTRA COUNTY, TWO DIFFERENT SITES.

11:16:00 WE ARE LAUNCHING AND LOOKING TO EXPAND TO ADDITIONAL SITES OVER THE NEXT FEW YEARS, FUNDING THROUGH THE CALIFORNIA LEGISLATURE TO DO THAT. LOOKING AT ALAMEDA COUNTY, IT IS A GREAT REPRESENTATION OF CALIFORNIA IN MANY WAYS, DIVERSE, LARGE, OPPORTUNITIES, TRANSPORTATION.

11:16:16 I THINK IT'S CRITICAL TO UNDERSTAND THAT WE HAVE TO REALIZE IT TAKES SUPPORT TO GET INTO THE ALLIED HEALTH CARE FIELD, OUR CNA'S SHOULD NOT PAY \$2 THOUSAND FOR TRAINING TO GO WHERE THEY ARE TERRIBLY UNDERPAID.

11:16:34 THAT SHOULD BE PROVIDED TO THEM, I DIGITALLY WE CAN'T SAY, GO TO THAT CLASS YOU ARE GOING TO BE FINE, YOU MIGHT NEED THINGS LIKE A WATCH WITH A SECONDHAND, SCRUBS, YOU MIGHT NEED APPROPRIATE UNDERGRARMENTS, MIGHT NOT HAVE A WAY THERE, BUT GIVE YOUR COUSIN A GAS CARD THEY DRIVE YOU EVERY DAY TO CLASS.

11:16:54 YOU MAYBE DON'T KNOW THE SOFT SKILLS, KIND OF MANAGING UP, HOW TO NAVIGATE, OUR PROGRAM HAS THAT. NOW, WE ARE STILL A CNA PROGRAM, I THINK THAT IS GREAT, BUT WE ARE NOW AT THE PLACE WE ARE STARTING TO LOOK AT TA TIS AND LATTERS TO TO PUT IN PLACE TO HELP OTHERS MOVE UP.

11:17:25 CAN THEY BECOME LVN, IF THEY BECOME LVN, PATH TO RN, GO INTO OTHER THINGS, SOCIAL WORK, BE THE SOCIAL WORK DESIGNEE AT THE FACILITY, NO OTHER PERSON BETTER THAN A FORMER CNA, ALSO LOOKING AT THE WAY OF WHAT WE ARE REQUIRING OF THE CNA PROGRAM, WE HAVE A THING IN CALIFORNIA IN ORDER TO LAUNCH A CNA PROGRAM IT REQUIRES YOU HAVE A DIRECTOR THAT IS AN RN.

11:17:38 WORKED IN LONG TERM CARE FOR A PEER IDEA OF TIME AND ALSO TAUGHT STUDENTS, THOSE ARE HARD THINGS TO COME BY, WE ALREADY HAVE A SHORTAGE OF RNs, I WOULD LIKE CALIFORNIA TO MIRROR OTHER HEALTH CARE FIELDS.

11:17:43 LIKE EMT, MEDI-CAL ASSISTANT, DENTAL ASSISTANT.

11:18:08 THOSE INSTANCES STUDENTS ARE ABLE TO HAVE THE SKILLS SIGNED OFF ON BY KS PEER YENSED MEDICAL ASSISTANCE AND EMT ET CETERA. WHO BETTER TO SIGN OFF ON THE SKILLS THAN SOMEONE DOING IT FOR TEN YEARS AND HAS A HEART FOR THIS? WE NEED ORE RNs ON THE FRONT LINE OF HEALTH CARE WITH PATIENTS OR DEVELOPING POLICY OR LEADING HEALTH CARE ENTITIES.

11:18:35 LET US MOVE AWAY FROM THAT REGULATORY STRUCTURE THAT IS UNNECESSARILY CUMBERSOME. I THINK YOU ARE GOING TO SEE IF YOU ADDRESS THOSE ISSUES YOU ARE GOING TO HAVE AN OPENING, HEALTH CARE IS CONSISTENTLY ON THE TOP OF THE LIST OF PROFESSIONS THAT FOLKS WANT TO ENTER, BUT WE NEED TO MAKE IT EASIER TO GET IN, AND RECOGNIZE THAT NOT EVERYONE COMES TO THE FIRST DAY OF CLASS WITH AN EASY LIFE, BUT THEY CAN BE SUCCESSFUL WITH APPROPRIATE SUPPORTS. .

11:18:36 THANK YOU.

11:18:53 >> THANK YOU NICOLE, SO WONDERFUL, APPROACH YOU HAVE TAKEN AND WE WOULD LOVE TO HEAR AFTER WE GET THROUGH SOME OF THE QUESTIONS, WE HAVE ABOUT FEN MINUTES AND WOULD LOVE TO HEAR ABOUT YOUR THOUGHTS ON HOW TO SCALE UP THE PROGRAM AND PROPOSALS.

11:19:24 WE HAVE 2 HANDS RAISED FOR QUESTIONS AND I AM GOING TO CALL FIRST ON LET'S SEE HERE, CHELSEA, AND JEANIE. BUILDING OFF OF THE HEALTH CARE CAREER PATHWAY PROGRAM. SO WE WILL UNMUTE YOU AT THIS MOMENT, WELCOME.

11:19:32 >> I THINK I ACCIDENTALLY HIT THAT BUTTON A WHILE BACK, I DID NOT HAVE ANYTHING I WANT TO SAY, SO SORRY.

11:19:44 >> OKAY, NO PROBLEM, THANK YOU FOR BEING HERE, JEANNIE PARKER MARTIN, WE WOULD LOVE TO HEAR IF YOU, INTRODUCE YOURSELF BEFORE YOU SPEAK, PLEASE.

11:20:15 >> THANK YOU, I WANT TO THANK ALL OF THE PANELISTS. THE COMMENTS FROM A CAREGIVER PERSPECTIVE BY HOLLY, BLANCA'S PERSPECTIVE AND SOLUTIONS YOU PRESENTED. ERIC'S COMMENTS ON THE FEDERAL AND STATE AND PERSONAL PERSPECTIVE WERE EXCELLENT. HEATHER

ON THE GROUND SUBSTANTIATE POINT, REALLY TELLING ABOUT THE STRUGGLES THAT PROVIDERS WERE DEALING WITH.

11:20:35 AND PAIRING THEM WITH THE INDIVIDUAL CAREGIVERS AND THE RESIDENTS THAT YOU ARE DEALING WITH. NICOLE FROM YOU, YOUR WORK NOT ONLY IN UNDERSTANDING THE BIGGER PICTURE OF THE OVERVIEW BUT ALSO IN CARE GIVING DEVELOPMENT. AND I WILL BUILD ON THAT IN A SECOND.

11:20:58 SO I WANT TO FOLLOW ON SOMETHING THAT ERIC SAID, BECAUSE IT'S REALLY IMPORTANT. THE NATIONAL ACADEMY OF SCIENCES ENGINEERING AND MEDICINE REPORT WAS RELEASED AND LINK WAS PUT IN THE CHAT A LITTLE BIT EARLIER. AND THEN ERIC AND I HAVE THE HONOR OF SERVING ON THE COVID COMMISSION FOR QUALITY AND SAFETY IN NURSING HOMES IN 2020.

11:21:12 SEEMS SO LONG AGO NOW, BUT THOSE RECOMMENDATIONS CLOSELY ALIGN WITH EACH OTHER, AND I THINK THERE ARE A COUPLE OF KEY POINTS THAT OVERLAP, AND NOW WE HAVE A NEED TO EXECUTE ON THE RECOMMENDATIONS. WE CAN'T CONTINUE TO LOOK AND

11:21:19 STUDY, BUT REALLY HAVE TO EXECUTE, WHICH WILL ULTIMATELY GET TO NICOLE'S COMMENTS.

11:21:48 REALIGNMENT OF FINANCING AND MEDICARE, IN THE MEDI-CAL PROGRAM WE ARE LOOKING AT IN AN 1629, ALSO IN THE MEDICARE PROGRAM WILL HAVE TO OCCUR, MUST INCREASE THE WAGES FOR CNAs AND ALSO LOOK AT THE TRAINING AND ONGOING DEVELOPMENT COSTS AND ITEMS, NEED FOR EQUITABLE CARE OUT LINED IN THE NATIONAL ACADEMY REPORT AND ALSO THE ONGOING NEED FOR TRANSPARENCY.

11:22:05 AND UNDERSTANDING THE RIGHT APPROACHES TO MAKING SURE THERE IS TRANSPARENCY AND EVERYONE IS HELD ACCOUNT FOR WORK BEING DONE IN NURSING HOMES OR OTHER FACILITIES.

11:22:30 I THINK IT'S IMPORTANT TO KEEP IN MIND THE 1629 DISCUSSION, ONLY ADDRESS FINANCING ISSUES, WE HAVE TO WRAP AROUND THE OTHER CONSIDERATIONS AND MAKE SURE THAT THE ELEMENTS OF EACH OF THE SPEAKERS TODAY ARE INTEGRATED INTO THE CONVERSATIONS AND OUT COMES THAT OCCUR IN VARIOUS BILLS THAT ERIC OUT LINES BUT ALSO IN AN 1629.

11:23:14 I WANT TO ALSO MENTION THAT NICOLE'S EFFORTS AT EMPOWERED AGING HAVE ALLOWED LEADING AGE CALIFORNIA TO ACCELERATE TRAINING AND DEVELOPMENT OPPORTUNITIES. AND WE ARE GOING TO BE IMPLEMENTING AND EXECUTING ON A FAIRLY WIDESPREAD TRAINING AND DEVELOPMENT PROGRAM, HOPEFULLY AUFRIJING ON JULY 1 OF 2022, THAT WILL INCREASE CNA'S BY 2700 CNA'S, AND HOME HEALTH AIDS OVER A 3 YEAR PERIOD, ALONG WITH MANY OF THE WRAP AROUND SERVICES THAT EMPOWER AGING, HIGHLIGHTED IN THEIR INITIAL WORK AND ALSO SO ING

11:23:40 AS WELL AS TRAINING INDIVIDUALS WHO ARE CURRENTLY CNAs. WE ARE LOOKING FORWARD TO COLLABORATING WITH MANY ORGANIZATIONS ON THIS OPPORTUNITY AND LOOK FORWARD TO BUILDING THE WORKFORCE BEYOND WHERE IT IS TODAY. THANK YOU AGAIN TO CDA FOR HIGHLIGHTING WHAT THE ELEMENTS OF THE MPA ARE, THIS IS A IMPORTANT ONE. THANK YOU SARAH.

11:24:02 >> ABSOLUTELY, THANK YOU FOR BUILDING OUT THOSE COMMENTS AS WELL. I WANT TO TURN TO SUSAN AND THEN MICHAEL, IF WE HAVE TIME TRACY WE WILL TURN TO YOU, WE HAVE 5

MINUTES UNTIL WE WILL BE CLOSING, THANK YOU FOR YOUR REMARKS AND COMMENTS, WE WILL BE HAVING THIS RECORDING AVAILABLE.

11:24:09 SO APPRECIATE YOU ALL WEIGHING IN, SUSAN, WELCOME AND THANK YOU FOR INTRODUCING YOURSELF AS WELL.

11:24:39 >> GOOD MORNING, HELLO EVERYONE, THANK YOU TO AN INCREDIBLE ARRAY OF SPEAKERS AND PROFESSIONALS, YOU HAVE MADE THIS TIME EXTREMELY BENEFICIAL TO US ALL. MY NAME IS SUSAN LA PADULA, I WORK AND LIVE IN CONTRA COSTA COUNTY, I AM PLEASSED WITH HER WORK AND THE TEAM, IT'S INCREDIBLE TO HAVE THAT TEAM IN THE COUNTY.

11:25:04 I WOULD LIKE TO TALK FROM A FAMILY MEMBER PERSPECTIVE AND GIVE A NOD TO HOLLY FOR ALL OF THE INFORMATION SHE SHARED. AND ONE THING I THINK WE FORGOT ABOUT, UPON ADMISSION WHEN OUR FAMILY MEMBER IS ADMITTED TO A NURSING FACILITY, IT'S OVERWHELMING, EMOTIONALLY, HEART WRENCHING. AND THE PAPERWORK YOU ARE HANDED ON THAT DAY IS INCREDIBLE.

11:25:38 SO LEARNING ABOUT OUR OMBUDSMAN, AND MEETING AND BEING INTRODUCED MAY GET BURIED IN THE PAPERWORK IN THAT DAY. PERHAPS IN THE FUTURE WE COULD LOOK AT REINTRODUCING THE OMBUDSMAN. SOMEWHERE THROUGH OUT THE STATE SO THAT FAMILY MEMBERS CAN PROCESS AND ADJUST TO THIS NEW TRANSITION AND THEN KNOW THEY HAVE AN OPTION TO BE HEARD AND SOMEONE WHO WILL STAND NEXT TO THEM SHOULDER TO SHOULDER.

11:26:07 THAT IS SOMETHING I WOULD LOVE TO SHARE WITH YOU ALL, REMEMBERING HOW OVERWHELMING THAT PROCESS CAN BE ON FAMILIES AND PAPERWORK. ALSO I WOULD LIKE TO BRING TO YOUR FRONT OF YOUR MIND IS IN A FACILITY, LEGALLY THERE NEEDS TO BE A CONSUMER BOARD. SOME KIND OF CORK BOARD OR BEAUTIFUL PLEXIGLAS BOARD THAT INTRODUCES CONSUMERS TO SOME OF THE OPTIONS.

11:26:35 I AM NOT SURE THAT IS GIVEN TO THE FAMILY MEMBERS AS A PLACE TO SEEK WHAT THEY NEED TO KNOW. PERHAPS WE CAN INCREASE THAT VISIBILITY UPON INTRODUCING THEM TO SKILLED NURSING FACILITY, AND LETTING FAMILY MEMBERS KNOW THESE ARE OPTIONS AND SAFETY NETS THAT HAVE BEEN PUT IN PLACE THEY MAY NEVER HAD TO THINK ABOUT BEFORE, BECAUSE THEY NEVER HAD TO BRING A FAMILY MEMBER TO A NURSING HOME.

11:26:59 LAST BUT NOT LEAST FOR HOLLY AND PERHAPS THE FUTURE, IS THERE ARE RESIDENTIAL FAMILY COUNSELS WITHIN THE NURSING HOME THAT SOME FAMILIES MAY CHOOSE TO BE A MEMBER OF. CERTAINLY, WHEN MY FAMILY WAS IN THE NURSING HOME OUR FAMILY WAS A MEMBER OF THAT COUNSEL, BECAUSE THAT'S REALLY WHERE YOU HEAR ABOUT THE DATA DAY, AND YOU HEAR IT FROM FAMILY MEMBERS AND OTHER RESIDENTS.

11:27:30 SO, PERHAPS THAT IS SOMETHING WE CAN SHARE, AND LAST BUT NOT LEAST REMEMBERING THAT THERE'S A POSSIBILITY TO REFUSE MEDICATION, IF YOUR FAMILY MEMBER SHOULD NOT BE TAKING THAT MEDICATION, THERE'S A OPTION TO REFUSE, JUST BECAUSE IT'S COMING THROUGH DOES NOT MEAN YOU HAVE TO TAKE IT, ESPECIALLY THE PSYCH MEDICATIONS

11:27:44 >> THANK YOU AGAIN, REITERATING THE CAREGIVERS IMPORTANT PERSPECTIVE, WE HAVE A FEW MINUTES LEFT, WE WANT TO HEAR FROM MICHAEL OF THE CALIFORNIA LONG TERM CARE MEDICINE ASSOCIATION, WELCOME, AND THEN WE HAVE TO CLOSE AT THAT POINT.

11:28:03 >> I WILL BE QUICK, I THINK SUSAN'S COMMENTS BEFORE ME WERE OUT STANDING PANEL WAS OUT STANDING, I AM GOING TO MAKE ONE PLUG BASED ON AN 749, WE WILL BE RAISING THE BAR, COMPETENCIES OF MEDICAL DIRECTORS OF THE STATE OF CALIFORNIA IN THE COMING YEARS.

11:28:35 THERE ARE FACILITIES THAT HAVE CERTIFIED MEDICAL DIRECTORS ALREADY, I THINK ENGAGING MEDICAL DIRECTORS IS GOING TO BE A KEY TOOL TO ADDRESSING A LOT OF THESE ISSUES. WE ACKNOWLEDGE THERE'S A LOT OF MEDICAL DIRECTORS WHO DON'T HAVE TRAINING AND ARE NOT ENGAGED. WE WANT TO WORK WITH EVERYONE TO CHANGE THAT. SO ANY WAY, CAL TCM WE REPRESENT AN INTERDISCIPLINARY GROUP OF FOLKS WHO REALLY ARE FOCUSED ON IMPROVING QUALITY OF CARE.

11:29:13 TO OUR MOST VULNERABLE, WE ARE HERE TO WORK WITH EVERYONE. WE PUT IN THE CHAT BOX FEW OF THE RESENT WHITE PAPERS. LAST COMMENT ON THAT, WE ARE ACTUALLY PRESENTING AT THE CMS QUALITY CONFERENCE A PILOT PROPOSAL FOR COMMUNITY RESIDENT AND FAMILY COUNSELS TO ACTUALLY ENGAGE COMMUNITIES PARTICULARLY COMMUNITIES OF COLOR WHERE WE HAVE NURSING FACILITIES WITH HIGH PERCENTAGES OF PEOPLE OF COLOR GETTING COMMUNITIES ACTIVELY INVOLVED IN THOSE. LOOK FORWARD TO WORKING WITH EVERYONE GOING FORWARD.

11:29:32 >> THANK YOU SO MUCH, I APPRECIATE THAT VERY MUCH. AND I WOULD LIKE TO TURN IT NOW TO SUSAN, THE DIRECTOR OF THE DEPARTMENT OF AGING FOR THE CLOSING REMARKS, THAT YOU THINK FOR BEING HERE AND THANK YOU TO OUR AMAZING PANELISTS, REALLY APPRECIATE YOUR PERSPECTIVES.

11:29:57 >> I SHARE THE THANKS TO THE PANELISTS, A 90 MINUTE WEBINAR WILL NOT UNRAVEL THE COMPLEX ISSUES THAT ARE A COMBINATION OF FEDERAL AND STATE POLICY, MANY OF THEM ARE LONG STANDING. BUT, I HAVE SO MUCH CONFIDENCE IN THE PANELISTS TODAY WHO ARE YOU KNOW, WE ALL HEARD FROM LEADERS NATIONWIDE AND STATEWIDE LEADERS.