

COVID-19 Rapid Response Recommendations for Older Adults, People with Disabilities and Caregivers

1. CONTINUED IMPORTANCE OF FOCUSED LEADERSHIP

We are immensely grateful for the priority the state has placed on ensuring the needs of California's older adults and people with disabilities are addressed in the COVID-19 response. We recognize that aging and disability issues impact *all* areas of government- from the Health and Human Services Agency, to Housing and Community Development, to business and labor, among others. Addressing the challenges of the COVID-19 crisis requires engagement and collaboration between state and local agencies, the Legislature, and the private sector.

Recommendation

- A. Establish Governor's COVID-19 Task Force on Older Adults and People with Disabilities.** We recommend the establishment of a task force to elevate the needs of older adults and people with disabilities through the COVID-19 crisis, in order to ensure successful resolution of issues. The task force should be convened under the direction of cabinet-level staff, with agency and department point people to oversee the effort. Recognizing the urgency for action, we believe your administration is well-positioned to act boldly now to address the pressing and long-neglected challenges facing older adults and people with disabilities, families and communities. We stand ready to work as community partners to advance these efforts.

2. SAVE LIVES BY COMBATING AGEISM AND ABLEISM

We applaud the decisive action by the Governor and local public health officials to require physical distancing; this action not only saved lives but demonstrated that California values the lives of older adults and people with disabilities. This decision stands in contrast to other states where policymakers were slow to act due, at least in part, to the fact that the virus was described in many media outlets as 'only' impacting older people and those with disabilities and underlying chronic conditions. We have seen examples in other states that require or allow age to be considered when make decisions about who receives care. In this environment, California has the opportunity to lead efforts to fight ageism and ableism, and to demonstrate a commitment to the value of older lives and those with disabilities. The March 30, 2020 Joint Bulletin relating to non-discrimination in medical treatment was an important first step in California's effort.

Recommendations

- A. Communicate the Value of ALL Californians:** We urge the Governor and, by extension, all state partners, to develop messaging and speak publicly to the value of ALL California lives, thus combatting the notion that older lives and those with disabilities are expendable.
- B. Explicitly address discrimination against older adults based on age:** We appreciate the recent Joint Bulletin relating to non-discrimination in medical treatment for COVID-19, dated March 30, 2020. This joint guidance is an important reminder to providers and health systems that federal and state authorities prohibit discrimination in health care. In particular, we appreciate the explicit reminder that people with disabilities cannot be denied access to care. We recommend that the joint guidance go further to explicitly discuss discrimination on the basis of age, clarifying that in addition to discrimination on the basis of disability, discrimination on the basis of age is also prohibited. Specifically, we recommend that the "Treatment of Medi-Cal Beneficiaries" discussion be expanded to include age, actual or perceived
- C. Work with the state agencies and the Attorney General to ensure that these critical non-discrimination policy statements are monitored and, as needed enforced.**

3. ENSURE AN EQUITABLE RESPONSE

COVID-19 is proving to have a particularly harmful impact on diverse communities. Early data on the virus' impact by race and ethnicity reveal that, due to health disparities and inequities in access to care, Black and Latinx older adults and people with disabilities are more likely to contract, be hospitalized and die from COVID-19. Asian American communities are negatively impacted by the virus as well as growing xenophobia and increased reports of hate crimes. California's COVID-19 response must reflect the needs of all Californians, with additional measures to ensure that these communities have the information and resources they need.

Recommendations

- A. Expand data collection and address health disparities:** The state should track all COVID-19 data by race, gender, age and disability to identify disparities and design strategies to assure fairness and equity in the provision of care.

- B. Targeted outreach and education strategies for diverse populations:** To ensure an equitable response to the crisis the state should translate all outreach and educational materials developed for older adults and people with disabilities into all of the Medi-Cal threshold languages and in alternative formats including braille. The state should also conduct special, targeted outreach efforts for older adults and people with disabilities in racial and ethnic communities.
- C. Expand access to health care to all low-income older adults and people with disabilities.** The state must continue with and expedite implementation of the Health4All Elders/Older Californians Medi-Cal eligibility expansion. In addition, the state should further expand access to health care and LTSS by temporarily removing consideration of assets from Medi-Cal's eligibility determinations.
- D. Address the digital divide:** To ensure access to technology, the state should work with private entities to ensure low income older adults and people with disabilities have access to smart phones/tablets in all settings- so they can access virtual health and behavioral care in both home settings and residential settings as well as communicate with family and friends to avoid social isolation. This should include access to broadband, access to adaptive technology and training on how to use such platforms.

4. FOCUS ON URGENT ISSUES EMERGING IN SKILLED NURSING FACILITIES AND RESIDENTIAL CARE

California's 585,000 residents of Skilled Nursing Facility and Residential Care Facilities for the Elderly (RCFE) and those living in other congregate residential settings are among the most vulnerable to COVID-19. Significant issues that have emerged in licensed settings include access to PPE and other equipment, cost of care, and public health measures for infection control, among others.

Recommendations

- A. Convene COVID-19 industry experts, advocates and stakeholders to develop statewide strategy for skilled nursing care and residential settings.** Skilled nursing and RCFE settings face several challenges in preventing and responding to the threat of COVID-19. In partnership with industry and public health experts, the state should develop a comprehensive strategy with interdisciplinary experts to address issues including disease prevention and preparedness, public health mitigation, transition from hospital settings, access to PPE and essential equipment, and visitation from family/friends. In particular, the strategy should:
 - **Designate COVID-19 specific facilities to provide temporary care to COVID-19 patients after acute hospital discharge:** The state should

continue and expand its efforts to establish COVID-19 dedicated post-acute care facilities. Current skilled nursing facility residents should not be displaced to create COVID-19 dedicated facilities; rather, available empty spaces should be used.

- **Ensure staffing is sufficient to keep residents safe:** Despite the challenges in staffing during times of the COVID-19 crisis, the state cannot forego resident safety. The state should explore solutions to staffing challenges including offering hazard pay for employees and deployment of the [Health Corps](#) to fill vacancies.
 - **Provide transparency about infection levels:** Require nursing facilities to immediately inform county and state health departments and related entities when residents or staff test positive, while protecting the confidentiality of individual residents and staff.
 - **Avoid transfer trauma and unintended consequences of SNF discharge:** Some public health representatives [have suggested](#) that transitioning loved ones out of licensed facilities may be a prudent alternative. However, several significant concerns exist that warrant serious reconsideration of this approach, including concerns of transfer trauma, lack of appropriate care in the community, and lack of availability to return.
 - **Address needs of small residential facilities:** Approximately 6,142 RCFEs operate as 6-bed board and care homes – many accepting SSI/SSP, without the physical space for isolation, or the resources to purchase PPE or testing equipment. The state should ensure that providers are equipped to care for these vulnerable residents.
 - **Improve access to care and combat isolation through on-line platforms:** In partnership with the private sector, the state should provide tablets to administration and/or residents in skilled nursing and residential settings. This technology can increase access to telemedicine, while also addressing social isolation of residents.
 - **Protect residents from evictions or unnecessary transfers.** On average, annual nursing home costs are \$100,000 and RCFEs are \$54,000. As individual and family financial circumstances dramatically shift, many residents will be unable to afford monthly payments. Every effort should be made to provide continuity of care for the longest period possible to avoid transfer to acute care or homelessness.
- B. Establish a Community Living Fund.** The state should establish a California Community Living Fund as a “bridge” program that expedites the provision of goods or services – including rent – not available through other means to individuals either transitioning to the community or at-risk of institutionalization. This could include temporary payments to ensure continuity of care in licensed settings.

5. ENSURE ACCESS TO PERSONAL PROTECTIVE EQUIPMENT FOR PAID & UNPAID CAREGIVERS

We were grateful to hear the Governor's [announcement](#) that California has secured access to upwards of 200 million masks and PPE monthly. The lack of protective equipment is a health and safety risk to caregivers across the continuum, impacting their ability to provide care and support.

Recommendation

- A. Ensure and prioritize PPE for all caregivers:** As PPE is secured, it is essential that individuals who are providing care and services to older adults and people with disabilities have access to the necessary PPE, across all settings of care. This includes direct care staff in nursing facilities and RCFEs, as well as IHSS providers and family caregivers providing care in home settings.
- B. Develop distribution plan:** In partnership with county and local partners, the state should establish a process for safe and efficient distribution of masks and PPE for caregivers providing support in the home setting.
- C. Special consideration for End-of-Life Care:** In licensed settings, as well as acute care hospitals, the state should ensure that family members are able to join loved ones receiving end of life hospice or palliative care and are provided the necessary PPE.

6. GUARANTEE BASIC NEEDS ARE MET

We appreciate the efforts that the state and local governments and numerous organizations have made to respond to the nutritional needs of older adults during this time. However, more needs to be done to ensure that ALL older adults, people with disabilities and individuals living with chronic care needs have necessary access to food, supplies and equipment.

Recommendations

- A. Ensure access to federal relief for SSI/SSP population:** The state should outline a strategy to ensure that older adults and people with disabilities who rely on SSI get the help they need to claim the federal relief checks they are owed.
- B. Protect older adults and people with disabilities from eviction:** As housing protections are developed, the state should ensure that those eviction protections apply to evictions outside the court system and to the various settings older adults live in, including independent living, RCFEs, and skilled nursing facilities.
- C. Address needs of homeless older adults:** As the state conducts outreach and programmatic efforts to assist homeless individuals, specific strategies

must be targeted to reach and serve the growing number of homeless older adults.

7. COMBAT ISOLATION, NEGLECT AND ABUSE

Isolation and depression are two major factors leading to poor health outcomes in older adults and people with disabilities. Additionally, fear, hunger and lack of access to necessary physical and social supports creates the perfect storm for isolated older adults. This pandemic dictates isolation in order to stop its spread, which necessitates new ways to prevent the poor outcomes isolation causes.

Recommendations

A. Develop and Expand Local Plans for the Community-Check in Campaign.

We appreciate the Governor's establishment of the Community Check-In campaign that builds on existing efforts by California Volunteers and Community Emergency Response Teams (CERT) to help older Californians and those who need assistance. To build off this effort, the state should call on counties to develop a plan to connect with all older adults, people with disabilities and complex care needs to identify immediate needs related to food, supplies, medicine, social contact and protection from fraud and abuse. The plan should include the following components:

- **Leverage Health Plans:** We appreciate the Department of Managed Health Care's [All Plan Letter](#) dated March 27th that calls on health plans to actively engage both Medicare and Medi-Cal enrollees to ensure they are receiving the necessary care and support. We recommend that the state follow up on this directive to provide more specific instructions on how to perform this outreach and how to connect individuals with assistance.
- **Public health outreach to Alzheimer's population:** Local public health offices have surveillance data on persons diagnosed with Alzheimer's. At a minimum, the state should require all local public health departments to issue a letter with resources to all individuals identified with Alzheimer's.
- **Develop statewide data map:** In partnership with counties and designated local partners, the state should develop a coordinated shared statewide platform that maps hot-spots and emerging needs in real time. As an example, Contra Costa County developed [this food distribution map](#) in response to local needs.

B. Call attention to and address the heightened risk of elder abuse and neglect: Due to increased financial and emotional stress households will experience during the pandemic, we anticipate an unfortunate rise in

elder abuse and abuse of people with disabilities as well as increased fraud and scams. It is critical that the state call attention this issue, while also providing immediate emergency funding to Adult Protective Services (APS) and civil legal services, including legal aid programs, to address the increased need.

8. ENSURE A RESPONSIVE HEALTH CARE SERVICE DELIVERY SYSTEM

California's public and private health care delivery system serves as the front-line in battling COVID-19. We are tremendously grateful for the dedication of all those involved in this fight, including doctors, nurses, lab techs, janitors and direct care workers. To enhance the state's efforts, we believe there are many additional actions that the state can take to further protect and save the lives of older adults, people with disabilities and those with complex care needs.

Recommendations

- A. Expand access to telemedicine:** During the COVID-19 crisis, telehealth platforms provide a critical method to safely deliver primary care and behavioral health care. The state should continue working to ensure that physicians and health centers have flexibility to be reimbursed for phone and video visits by Medi-Cal, Medicare, and private insurers.
- B. Preserving Jobs and Infrastructure across the continuum:** Community-based health centers, aging, independent living centers, community behavioral health organizations and social service organizations are all facing severe financial crisis as a result of COVID-19. The State needs to identify advance payment mechanisms to stabilize these organizations, enabling their continued operation throughout COVID-19 and after recovery. Advances should be forgivable if these non-profits use funds to avoid lay-offs of their highly specialized skilled staff.
- C. Compassionate Care and Advanced Care Planning:** Every adult and person with a disability should be encouraged to complete advance directives making their health care wishes explicit should they be stricken with acute illness related to COVID-19. Information about advance health care directives and independent resources to assist in the completion of the directive also should be available. The state should also identify a directory resource for Palliative Care providers and incentivize health plans financially to expand the availability of Palliative care in their geographic areas.

9. ENSURE ACCESS TO AND STABILIZE SERVICES IN THE HOME AND COMMUNITY

California's older adults and people with disabilities rely on services delivered to or provided in their home or community setting. In the midst of this pandemic, these groups must continue to have access to the home and community-based services (HCBS) that keep them home and avoid unnecessary institutionalization and hospitalization. In many instances, these services have been interrupted or in some cases, may no longer be available, due to physical distancing or a variety of factors such as workforce challenges. Mitigating disruptions in and expanding access to HCBS helps California flatten the curve by reserving scarce resources to those who most need it.

Recommendations

- A. Provide flexibility in service delivery.** During this crisis, the state has been working tirelessly to provide programs with flexibility needed to operate. The state should continue these efforts, providing programs with the flexibility to respond to identified community need while receiving full payment for the services, even if different than originally contracted.
- B. Maintain and expand infrastructure:** The services in the home and community are critical to the state's COVID-19 response. Yet, the system lacks the capacity to meet the needs of older adults and people with disabilities, and its stability is threatened by today's crisis. We recommend that the state commit to maintaining the current service infrastructure by ensuring program stability, including full and continued payment for programs and expansion to meet unmet needs.
- C. Accelerate access to Assisted Living Waiver:** The Assisted Living Waiver provides a valuable alternative to institutional care. During the COVID-19 crisis, this program provides a critical resource for individuals living in the community who are isolated and at-risk of institutionalization. However, the waiver has a long-waitlist and is only available in specific regions of the state. The state should immediately expand access to the waiver with the goal of eliminating the waitlist; removing the institutional ratio requirement, thus providing equal access to individuals on the community waitlist.

10. STREAMLINE AND EXPAND OUTREACH AND COMMUNICATION PLATFORMS

Now, more than ever, older adults and people with disabilities need access to streamlined information regarding COVID and other critical needs. We applaud the Administration's efforts to establish a COVID toll-free hotline (833-544-2374), and utilize the [211 program](#) to direct resources for older adults and people with disabilities. However, this platform is not specific to the needs of this population – and there continues to be confusion on where to go to access information and supports for older adults and people with disabilities.

Recommendations:

- A. Dedicated Toll-Free Number:** The state should establish a centralized toll-free call line that is dedicated solely to aging and adult single point of entry for all older adults and people with disabilities and/or chronic conditions. This effort should build on existing local networks and statewide 24/7 call lines to create a system that offers culturally responsive, multi-lingual, and ADA accessible information and assistance to ensure equitable access.
- B. Create Dedicated Section on COVID19.ca.gov:** The information contained on COVID19.ca.gov is excellent and informative. However, there is not visible messaging geared specifically to the needs of older adults, people with disabilities or those with complex care needs, and their caregivers. The state should establish a separate section on the page dedicated to information geared towards the needs of this population.

11. EXPAND PAID LEAVE LAWS TO PROTECT CALIFORNIA'S FAMILY CAREGIVERS AND THE LOVED ONES THEY CARE FOR

Unfortunately, California's current paid leave laws and guidance do not go far enough to ensure the safety and economic security of working caregivers and their families who rely on their assistance. The federal Families First Coronavirus Response Act extends the right to paid sick days and paid school closure leave only to some employees. California should fill the gaps and ensure that all workers are entitled to job-protected leave and wage-replacement benefits to weather this unprecedented crisis.

Recommendations

- A. Guarantee job-protected leave to cover all workers under the California Family Rights Act (CFRA), regardless of employer size, hours worked, or tenure.** This includes expanding the definition of serious health conditions to include individuals who are directed to self-isolate or quarantine due to a public health emergency. Coverage should

also be expanded to parents who take time off to care for a family member whose school, childcare, elder care, or other care has been closed or is otherwise unavailable due to a public health emergency.

- B. Expand paid sick days.** Increase the number of paid sick days from 3 to 14 days during a public health emergency or natural disaster (or the equivalent of two weeks of leave for part-time workers), that can be used immediately.
- C. Expand the Family School Partnership Act (FSPA) to cover all employees and provide job-protections for the duration of the school and other closures.** Currently, only those who work for employers with 25 or more employees are entitled to up to 40 hours per year to deal with an emergency closure of a child's school or childcare. This must be extended to cover all employees and to provide job-protected leave for the duration of school, childcare, elder care or other care closures due to public health emergencies or natural disasters.
- D. Expand the definition of family to cover all family members.** Provide an inclusive definition of family, so that workers can care for seriously ill grandparents, grandchildren, adult children, parents-in-law, siblings, and any other individual related by blood or whose close association with the employee is the equivalent of a family relationship.
- E. Increase wage-replacement rates for PFL and SDI, especially for low-wage workers.** Right now, workers who cannot work due to their own disability or because they are caring for a loved one receive only 60 or 70% of their normal weekly wages. These rates are insufficient for far too many workers, particularly low-wage workers.

12. SUPPORT FEDERAL POLICY CHANGES TO IMPROVE THE SYSTEM OF CARE

Many COVID-19 issues impacting older adults and people with disabilities require federal action, either legislative or administrative. Advocates in California are working with national advocacy organizations to influence these policies. For example, advocates are pursuing federal policies that would support HCBS infrastructure and providers, automatically deliver relief checks to SSI recipients and expand Medicare enrollment periods and benefits.

Recommendation:

- A. Raise awareness of need through federal channels.** When communicating the state's policy needs to federal officials, as well as California's Congressional Delegation, the state should include the above-mentioned critical issues facing older adults and people with disabilities as priorities to address.