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PIN 21-04-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL
LICENSEES

FROM: *Original signed by Ley Arquisola*
LEY ARQUISOLA, R.N., M.S.N.
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Community Care Licensing Division

SUBJECT: **ADVANCE CARE PLANNING DURING THE CORONAVIRUS DISEASE
2019 (COVID-19) PANDEMIC**

Provider Information Notice (PIN) Summary

PIN 21-04-ASC provides guidance to Adult and Senior Care (ASC) residential licensees related to advance care planning during the COVID-19 pandemic.

Please post this PIN in the facility where residents can easily access it and distribute the Resident Fact Sheet (located at the end of this PIN) to residents and, if applicable, their representatives.

The COVID-19 virus disproportionately affects older individuals and those with underlying medical conditions. Residents of long-term care facilities, including ASC residential facilities, are particularly affected due to the congregate living environment that can increase risk of exposure to COVID-19. As a result, advance care planning has never been more important.

Advance care planning allows residents to plan care preferences in advance of a health crisis. To assist residents with advance care planning, licensees should establish contact and engage with residents' primary care providers (PCPs) **prior** to a health

crisis. Additionally, licensees should encourage residents to work with their PCPs to have a plan ready.

Advance care planning may involve completion of certain documents, including but not limited to:

- **Advance Health Care Directive (AHCD)** – An AHCD designates the person a resident prefers to make medical decisions on their behalf if they become incapacitated. An AHCD is important for anyone over 18 years of age to ensure that, in the event of their incapacity, decisions can be made by a person they trust.
- **Do-Not-Resuscitate (DNR) Form**
- **Physician Orders for Life-Sustaining Treatment (POLST)** – POLST forms are a medical order intended for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include [advanced frailty](#). POLST may not be appropriate for all residents.
- **Request to Forego Resuscitative Measures**

Important! When a resident has advance care planning documents a current copy should be maintained in the resident's facility file.

Licensing Requirements

Residents in ASC residential facilities have a right to receive or reject medical, health or related care or services, consistent with their preferences [California Code of Regulations (CCR), Title 22, sections [80072](#), [81072](#), [82072](#), [85072](#), [87468.1](#), [87468.2](#), and [87872](#)]. In light of the COVID-19 pandemic, licensees should confirm residents' care preferences, as expressed in completed advance care documents described above. The licensees should develop plans to honor residents' goals, values and preferences, as reflected in those documents, and put policies and procedures in place to support residents' wishes being recognized and honored. **It is important to remember that residents have a right to create advance care planning documents but cannot be required to do so.**

Licensees of ASC residential facilities should be familiar with the licensing requirements related to advance care planning for their facility type, including, but not limited to, the following:

- Adult Residential Facilities
 - CCR, Title 22, section [85075.1](#). Hospice Care.
 - CCR, Title 22, section [85075.2](#). Facility Hospice Care Waiver.
 - CCR, Title 22, section [85075.3](#). Advance Directives and Requests Regarding Resuscitative Measures.
- Residential Care Facilities for the Chronically Ill
 - CCR, Title 22, section [87924](#). Do Not Resuscitate Order.

- Residential Care Facilities for the Elderly
 - CCR, Title 22, section [87469](#). Advance Directives and Requests Regarding Resuscitative Measures.
 - CCR, Title 22, section [87632](#). Hospice Care Waiver.
 - CCR, Title 22, section [87633](#). Hospice Care for Terminally Ill Residents.

Recommendations

In addition to the licensing requirements related to advance care planning, licensees of ASC residential facilities should take the following proactive steps with all residents and, if applicable, their representatives:

- Provide information about COVID-19 from the [Centers for Disease Control and Prevention](#) and the [California Department of Public Health](#) about the risks for older persons and those with underlying health conditions.
- Provide access to materials related to Supported Decision-Making so residents can understand and engage in the advance care planning process. Supported Decision-Making is often defined as a model that helps an adult make his or her own decisions by relying on trusted friends, family members, professionals, and others.
- Establish a relationship with residents' PCPs and encourage residents to schedule advance care planning visits with their PCP for evaluation, education, and document completion.
- Develop a telehealth program to support advance care planning conversations for residents and if applicable their representatives with community and hospice palliative care services.
- Assist the resident and if applicable, their representative, to discuss care options with the resident's PCP, in advance of a health crisis, in case of a serious illness from COVID-19. Care options may include hospice care as specified in CCR, Title 22, sections [85075.1](#), [85075.2](#), [87632](#) and [87633](#), or a transfer to a higher level of care if appropriate. The resident's PCP and medical team can explain the nuances of different care options to the resident and if applicable, their representative.
- Prepare to communicate the resident's COVID-19 status, care preferences, associated advance care planning documents and orders (e.g., POLST/DNR), and reason for transfer to another care setting, in the event a transfer is necessary or requested by the resident or if applicable, their representative.

Resources for Advance Care Planning

The following are resources to support advance care planning:

- [California Department of Aging website](#)
 - Find county level services available to assist in advance care planning.
- [California Department of Justice website](#)
 - Includes a [sample Advance Health Care Directive form](#)
- [Coalition for Compassionate Care of California website](#)
 - Includes POLST forms, advance health care directive forms, sample POLST policies, and [decision aids](#) related to the benefits and burdens of specific medical interventions (e.g., cardiopulmonary resuscitation (CPR), tube feeding, intubation)
- [National Hospice and Palliative Care Organization website](#)
 - Includes digital advance directive resources
- [Prepare for Your Care website](#)
 - Includes tools to help discuss advance care planning with family and medical providers
- [The Conversation Project website](#)
 - Includes tools to help discuss advance care planning with family and medical providers

If you have any questions, please contact your local [Adult and Senior Care Regional Office](#).

Resident Fact Sheet

A Companion Guide to Provider Information Notice (PIN) 21-04-ASC, Advance Care Planning During the Coronavirus Disease 2019 (COVID-19) Pandemic

This **Resident Fact Sheet** is a companion guide to **PIN 21-04-ASC** to inform you of guidance the California Department of Social Services provided to your care providers concerning your care.

PIN 21-04-ASC provides guidance to the licensee of your facility related to advance care planning. Advance care planning allows you to plan how you wish to be cared for before a health emergency.

You have a right to create advance care planning documents to reflect your care preferences, but you are not required to do so. If you do create advance care planning documents, you are encouraged to keep copies of those documents in your facility file. If you choose **not** to create an advance care plan, the default treatment will always be the most medically aggressive, potentially life-prolonging interventions.

Recommendations

- **PIN 21-04-ASC advises the licensee of your facility to:**
 - Provide you information about COVID-19.
 - Provide you access to information to help you understand and engage in the advance care planning process.
 - Establish a relationship with your primary care provider (PCP) and encourage you to schedule advance care planning visits with your PCP.
 - Develop a telehealth program to support advance care planning conversations for you, other residents, and if applicable your representatives with community and hospice palliative care services.
 - Assist you and if applicable your representative to discuss care options with your PCP in advance of a health crisis. Your PCP and medical team can explain the nuances of different care options.
 - Prepare to communicate your COVID-19 status, care preferences, associated advance care planning documents and orders, and reason for transfer to another care setting, in the event a transfer is necessary or requested by you or if applicable your representative.

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- [California Department of Justice website](#)
 - Includes a [sample Advance Health Care Directive form](#)

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The Department of Social Services appreciates your understanding. Your care providers, the licensee of your facility, and [the Ombudsman](#) are available to answer your questions.