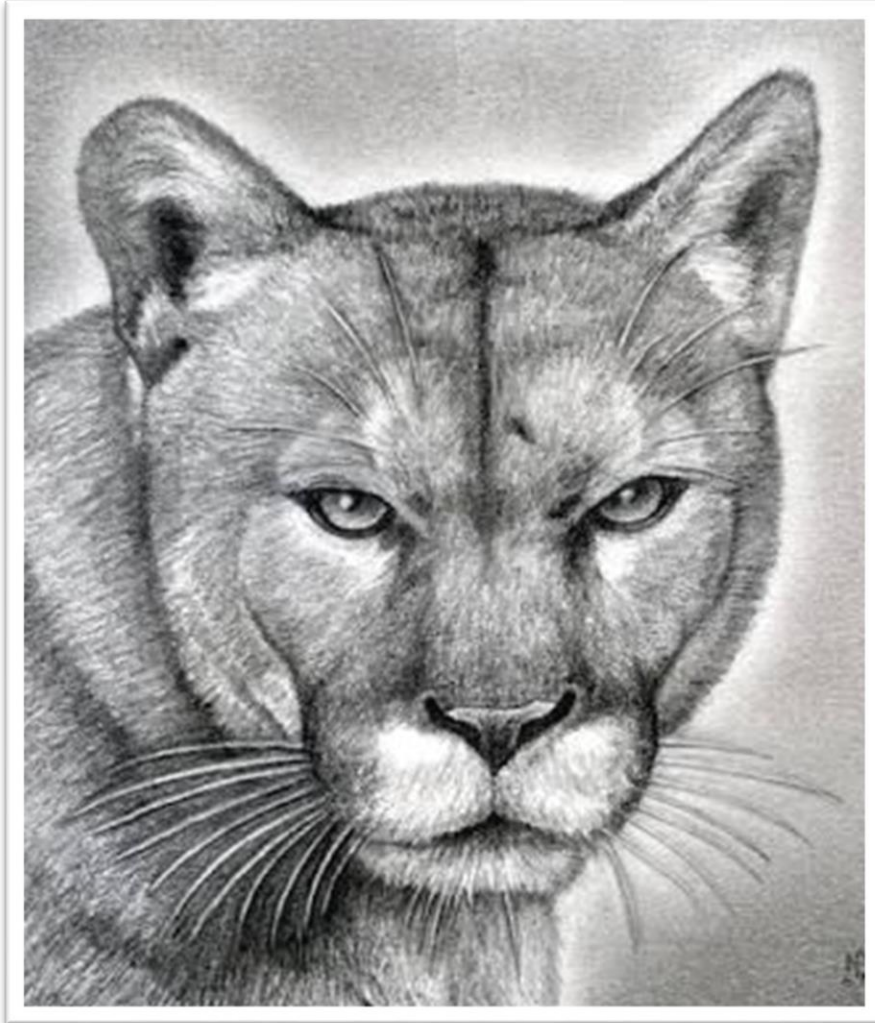




Silver Panther Newsletter

FALL 2023 | Vol 14 Issue 2



Statewide Coalition of Presidents of Resident Councils (SCPRC)

John Balisciano Jr. <i>President</i>	Hewitt Health and Rehab
Susan Bilansky	Hebrew Home
Martha Leland	Touchpoints of Manchester
Thomas Dorman	Amberwoods of Farmington
Jeanette Sullivan-Martinez	Pendleton Healthcare

**IN THIS
NEWSLETTER**

**Letter from E-
Board President
Page 3**

SCPRC Flyer

Page 4

**Best Practices
Page 7**

**LEGISLATIVE
UPDATE
Page 13**

Hello and thank you for taking the time to read this edition of the “Silver Panther”, a newsletter brought to you by the Statewide Coalition of Presidents of Resident Councils (SCPRC) and The Long Term Care Ombudsman Program (LTCOP).

This Newsletter is designed to keep you abreast of the current issues that affect you, the residents of Connecticut nursing facilities.

We invite you to contact us with suggestions of articles you would like to see in future issues, or best practices your facility is using. You may contact us through Email at LTCOP@CT.GOV or by telephone at [1-866-388-1888](tel:1-866-388-1888).

LETTER FROM THE NEW E-BOARD PRESIDENT

Statewide Coalition of Presidents of Resident Councils also known as the Executive Board or "E-Board"

June 15th, 2023

Dear Silver Panther Members:

Hello. My name is John Balisciano Jr. I am the newly elected president of the Statewide Coalition of Presidents of Resident Councils. We are more easily known as the E-Board or Executive Board. As of now, we are a Board of five members. We are all currently, or in the past, have been a President of the Resident Council in a skilled nursing facility. All members are currently living in a skilled nursing home, however there have been individuals who were able to transition to living independently in the community while remaining on the board. Unfortunately over the last year we have had some losses to the E-Board. Our previous president David Peck and Vice President Patty Bausch recently passed away. As the newly elected president of the Statewide Coalition of Presidents of Resident Councils I am personally writing this letter not just to introduce myself, but to also encourage increased membership.

One of the goals of the E-Board is to provide a voice for nursing home residents across the state in support specific legislation by giving oral and written testimony and sharing our personal views as residents as to how proposed laws can and will change our lives for the better. This voice gets stronger with numbers and so, if you are a nursing home resident who is interested in making a difference, we invite you to consider joining our coalition. As a member you can help ensure that our collective voice is heard by legislators and elected officials. If you are interested in joining or want to learn more about the Statewide Coalition of Presidents of Resident Councils you can reach out to your regional ombudsman or myself. You can direct e-mails at this time to LTCOP@ct.gov.

Very truly yours,



John Balisciano Jr.
President,
Statewide Coalition of Presidents of Resident Councils

IT'S YOUR CHOICE, LETS HEAR YOUR VOICE!

Submitted by Jeanette Martinez, E-Board Emeritus Member

Resident council has been very rewarding for me. When I came to the home in which I live I was very sad for several days and then realized that what I was feeling wasn't different from anyone else. My hope was that I would be able to adjust and change things in the home to benefit me and the other residence.

Resident council gave me that opportunity. I've been influential in many things in my building from a residential store to even changes on our food menu. This not only helps me, but it also aided others in my building.

If this is something that you would like to be a part of, contact the State Ombudsmen's office 1-866-388-1888 and ask to speak with the Regional Ombudsman that visits your building and let them know your interest.

The Statewide Coalition of Presidents of Resident Councils (SCPRC) is also looking for new members. While initially membership was just open to the resident council presidents only, we have opened it up to allow for other nursing home member to join and participate if they wish to advocate on their behalf and others to make changes in the lives of nursing home residents. If this is something you feel strongly about please let us know. Feel free to hang or distribute this flyer or letter throughout your home to inform residents about this opportunity to make systemic change.



It's Your Choice, Let's Hear Your VOICE!

**Are You a Nursing Home Resident
Interested in Making a Difference?**

**The Coalition is Seeking New
Members!**

You Will:

- + Be a voice for nursing home residents**
- + Represent your peers in the nursing home**
- + Advocate for resident rights and interests**

TODAY IS OURS LETS LIVE IT

Today is ours, let's live it.
And love is strong, let's give it.
A song can help, let's sing it.
And peace is dear, let's bring it.
The past is gone, don't rue it.
Our work is here, let's do it.
The world is wrong, let's right it.
The battle is hard, let's fight it.
The road is rough, let's clear it.
The future vast, don't fear it.
Is faith asleep? Let's wake it.
Because today is ours, let's take it.

- *Francine Benajmin*

BEST PRACTICES

Glastonbury Health Care Center

Nursing Home Week Celebrations May 14th-20th, 2023

Glastonbury Health Care Center, a managed skilled nursing facility by Athena Health Care Systems, celebrated Nursing Home Week with festivities around this year's theme of "Cultivating Kindness".

Residents, their families, and staff enjoyed gardening on the patio, rock painting and stories of kindness, as well as Dancing for Doughnuts activity, a family and resident cookout, staff relaxation events, and the center hosted carnival activities, including a cotton candy machine and the chance to throw a pie at a staff member. Musical entertainment, kindness bingo, and a photo booth were among other activities celebrated by all.

Glastonbury Health Care Center is proud to serve the greater Hartford community to provide necessary services to those in the community in need of skilled nursing and rehabilitation. Nursing Home Week celebrates the



wonderful staff at our center and raises awareness of working in the industry. For more information on Glastonbury Health Care Center please call us at 860-659-1905.





Spotlight on Mary Pandolfe

At Waters Edge in Middletown, the facility celebrated resident Mary Pandolfe as she had just celebrated her 104th Birthday on June 2nd. She grew up one of 10 children to Pasquale and Carmella LaCava. She graduated from Buckley High School in Hartford, Ct. She worked for the telephone company and various insurance companies in Hartford.

Mary married Ralph Pandolfe who owned Pandolfe's Auto Parts. They had 5 children together.

Mary used to model for G Fox & Company's Connecticut Room. She and her husband would enjoy evenings out together at the Hearthstone Restaurant in Hartford.

"I wake up every day thinking with positivity, optimism, and thanking God for my upbringing and the hard working ethics of my parents," Mary stated.

The Connecticut Long Term Care Ombudsman Program is now on Facebook!

www.Facebook.com/ctltcop

Please visit our page and click **“Like”**

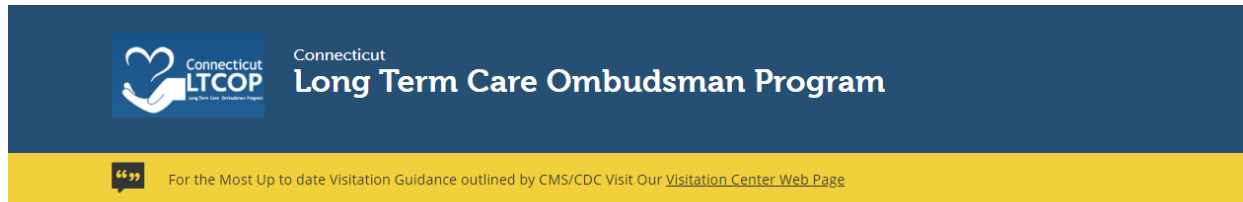


**** Facebook Live Schedule Update ****

The Long Term Care Ombudsman Program has updated it's frequency for live events and they will now take place on the third Wednesday of every month at 5:30 pm. Please tune in to have your questions answered in real time!

www.Facebook.com/ctltcop/live

Get Updates from Long Term Care Ombudsman Program and E-Board straight to your inbox!



CT.gov Home / Long Term Care Ombudsman Program

<ul style="list-style-type: none">About Us >Programs and Services >Publications/Forms/Reports >Resident Rights >Work Groups >Other Resources >Contact Us >Search Long Term Care Ombudsman Program	<h3>Most Popular</h3> <ul style="list-style-type: none">Getting Quality Care >Advocacy Center >How to Choose a Nursing Home >Trainings and Podcasts >Your Legal Rights >File a Complaint With DPH >News and Legislative Updates >	<h3>Subscribe</h3> <p>Get updates from Long Term Care Ombudsman Program straight to your inbox!</p> <p style="text-align: right; color: red; font-size: small;">• required</p> <input type="text" value="First Name"/> <input type="text" value="Last Name"/> <input type="text" value="Email"/>
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<https://portal.ct.gov/LTCOP>

Please visit the CTLTCOP web page and click **“Subscribe”** to stay informed on topics that you care about most:

- Legislative News
- Local and State Wide Resident Council Resources
 - Silver Panther Newsletter
- Local and State Wide Family Council Resources
 - Visitation / COVID-19 Updates
 - Educational Opportunities / Webinars



Resident Key Complaint Mechanisms

Mandatory Reporter Requirements and W-410 Public Act 99-176 redirected the reporting to and investigation of abuse, neglect and exploitation of nursing home residents from the Office of the Long-Term Care Ombudsman to the Office of the Commissioner of Social Services. This responsibility is assigned to the DSS Social Work Services Division, which screens all calls and written reports relating to this area. Reports of abuse, neglect or exploitation should be made to Social Work Services utilizing the [form W-410](#)



Anyone with knowledge or concerns about the care of a patient/resident in a licensed healthcare facility may file a complaint with their State Survey Agency. Facility Licensing and Investigation Section (FLIS) is the agency that has regulatory oversight for all the licensed healthcare entities in the state.



Silver Panther Article on CT 2023 Legislative Session Executive Summary Update June 13, 2023am

Overview

The 2023 CT legislative session was a long budget-focused every other year legislative session that started January 4th and ended June 7th. Democrats controlled both the House and Senate by large majorities again this year (98-53 in the House and 24-12 in the Senate). A state budget was approved late session by large bi-partisan majorities in both the House and Senate and signed by Governor Lamont. A large FY 2022-23 state budget surplus and large state rainy day fund cushion, unlike budgets from 4-5+ years ago, were backgrounds to the session along with the fiscal spending cap which legislators saw as limiting more expansive state appropriations. The state budget included tax cuts for the first time in decades in CT, and other bills related to implementation of early voting, greater phased-in income tax exemptions for retirement income, and gun violence reform.

Nursing Homes and LTC

Related to nursing homes and long-term care, there were positive measures passed to require: 1) greater nursing home transparency for CT Department of Social Service cost reporting to help determine what are real nursing home costs given that many nursing homes have multiple corporate structures and related parties and it can be hard to follow the money; 2) greater public availability of such DSS reports; 3) more efficient use of state and federal funds by nursing homes; 4) improved review and requirements for nursing home change of ownership for greater accountability and to keep out back actors; 5) greater protections for residents related to nursing home involuntary discharge notices and such notices would be invalid if the nursing home did not provide to LTCOP at the same time as provided to the resident; 6) and many other consumer and resident/family-friendly measures.

On February 10th, the Long Term Care Ombudsman Program (LTCOP), E-Board, Statewide Family Council, and many other advocacy organizations rallied at the Legislative Office Building prior to the public hearing on Senate Bill (SB) 989, a comprehensive nursing home reform bill. The hearing lasted all day and late into the evening. The rally highlighted the very real poor nursing home staffing and care concerns that many residents face. SB 989 would have required increased state nursing home staffing to 4.1 hours per resident per day from the 3.0 current requirement among many measures. A corollary bill SB 1026 would have phased-in CT minimum staffing requirements to 3.6 hours per resident per day and then increase it to 4.1 within a couple years.

Unfortunately, increased nursing home staffing was not approved during the 2023 CT legislative session. Possible reasons: cost, staffing availability, and the hope and backdrop for a first-ever national nursing home minimum staffing requirement which the White House and federal government Center for Medicare and Medicaid Services (CMS) floated last year at 4.1 hours per resident per day and which CMS/consultants have been reviewing/studying since with key stakeholder input. As of this writing on June 13th, the White House/CMS are expected to announce results of their year-long national minimum staffing review and propose some sort of national minimum staffing measure.

Key Bills Passed by Both House and Senate

HB 5004 – An Act Implementing Early Voting, (Generally 14-day early voting period for general elections 7-day early voting for most primaries, and a 4-day early voting period for special elections and presidential preference primaries; starting after 1/1/24; requirements and procedures for early voting included) **Public Act 23-5**

HJ 1 - Resolution Proposing Constitutional Amendment Allowing for No-Excuse Absentee Voting, GAE, **House Adopted, Senate Adopted** (Resolution to

appear on 2024 general election ballot) **H.J. No. 1**

HB 5781 - An Act Concerning Notice of Proposed Involuntary Transfer or Discharge of a Nursing Facility Resident, Family Councils in Managed Residential Communities, Coordination of Dementia Services, Nursing Home Transparency and Homemaker-Companion Agencies, (Consolidated these four bills SB 930, SB 1024, HB 6678; SB 1025 into HB 5781); includes nursing home involuntary discharge focus requiring nursing to provide affirmation to LTCOP that discharge notice was provided to resident and invalidates the discharge notice if LTCOP did not receive a copy of the discharge notice at the same time it was issued to the resident; the bill also provides access to the discharge plan for LTCOP staff; includes financial transparency requirements for nursing homes and reduces related party cost reports required to be reported to \$30K from \$50K; the bill also requires assisted living facilities to encourage and assist in the development of family councils; a dementia services coordinator position is created at the Department of Aging and Disability Services to coordinate state agency dementia programs and services; and it will transfer homemaker-companion agency jurisdiction to DPH from the Department of Consumer Protection and provides for many greater consumer protections **Public Act 23-48**

HB 6731 - An Act Concerning The Department of Public Health's Recommendations Regarding Change in Ownership of Health Care Facilities, **Public Act 23-122** (Requires greater scrutiny and review of change of ownership for nursing homes with goal to keep out bad actors)

HB 6733 - An Act Concerning The Department of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes, PH, (Includes measure that revises assisted living (AL) definition and allows for

end-of-life care at AL; residents do not have to be chronic and stable in this situation as typically required in AL), **Public Act 23-31**

HB 6741 - Improving the Safety of Health Care Providers and Patients, **Special Act 23-29** (Requires DPH to make public announcements against aggressive behavior towards healthcare workers; another section focuses on certain state grant funding availability for building security infrastructure improvements)

HB 6775 - An Act Concerning Mandated Reporters, **Public Act 23-168** (Expands abuse, neglect, exploitation, and abandonment mandated reporter list to also include licensed professional counselors; adult probation officers; adult parole officers; physician assistants; dental hygienists; resident service coordinators, clinical care coordinators, and managers employed at housing authorities, or municipal developers operating elderly housing projects)

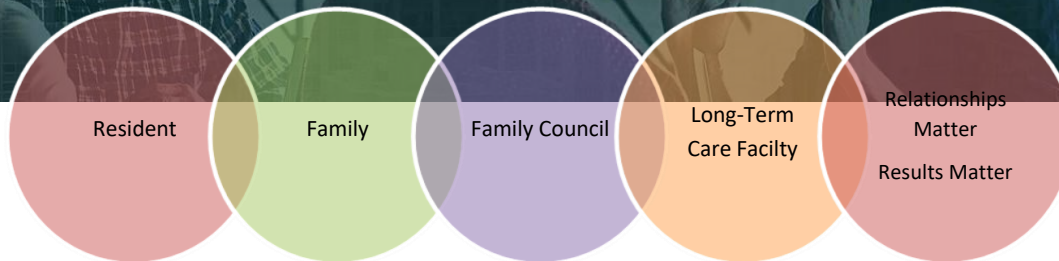
SB 956 – An Act Requiring Discharge Standards Regarding Follow-Up Appointments and Prescription Medications for Patients Being Discharged From A Hospital or Nursing Home Facility, (This bill requires hospitals and nursing homes to better care coordinate resident needs upon discharge) **Public Act 23-39**

SB 989 - An Act Concerning Nonprofit Provider Retention of Contract Savings, Community Health Worker Medicaid Reimbursement and Studies of Medicaid Rates of Reimbursement, Nursing Home Transportation and Nursing Home Waiting Lists **Public Act 23-186** (certain measures like cost reporting transparency and involuntary discharge notices were included in other bills; there was a strike all amendment and final bill appears to include only resident family transportation and waitlist workgroup measures related to nursing homes)

SB 1088 - Financial Exploitation of Senior Citizens, Banking, **Public Act 23-161** (greater financial protections for senior citizens and greater responsibility and requirements for financial organizations to help protect seniors)

HB 6941 - The State Budget Bill: An Act Concerning the State Budget for the Biennium Ending June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget, **Public Act 23-204** (related to long-term care: one section establishes a working group to study nursing home excess bed capacity; another section provides for compensation for family care caregivers in the Medicaid waiver program for personal care attendant support once CMS approves the CT state waiver amendment request; another section would increase funeral assistance support to \$1800 for low-income individuals; this bill includes the personal income tax rate reduction and retirement income phased-in exemptions up to certain limits info)

What is a Family Council?



Join, Start and Support a Family Council at your loved one's facility!

If you are interested in establishing a Family Council or joining an existing one at your loved one's facility, please complete the attached form and give it to your Facility's Administrator.

Family members in a long-term care facility can join together to form a united consumer voice which can communicate concerns to facility administrators and work towards resolutions and improvements by forming an independent Family Council. While Federal Law specifically references "family" of residents, close friends of residents can and should be encouraged to play an active role in Family Councils as well.

If no Family Council exists, join with other family members to form one. Begin by contacting your facility's Administrator.

Family Council Rights:

- Families have the right to organize and participate in a Family Council.
- Meetings may be held virtually or at another location the Facility should provide a Family Council with a private space to hold meetings on site alternatively you may hold meeting virtually or at an off-side location.
- The Facility must notify family members of upcoming meetings in a timely fashion.
- Staff, Residents or special guests may attend meetings by invitation.
- The Facility must provide a designated staff person, approved by the family council, responsible for providing assistance and responding to written requests that result from Council meetings.
- When a Family Council exists, the facility must listen and act upon grievances and recommendations concerning proposed policy and operational decisions affecting resident care and life in the facility.
- The Facility must be able to demonstrate their response and rationale for such response.

Together We Can Make a Difference!

"The support I receive and information that I learn participating in the family Council is very helpful. It makes me feel better about having a loved one in a nursing home, to the extent that there is such a thing. It helps me interact better with staff. Most importantly, I believe it enhances the care that my loved one receives. I am very grateful that we have a family Council at the nursing home – Eileen

"As co-chair of the Family Council for a large skilled nursing facility in Greenwich, CT I recognize that the decision to move a loved one to a home is one of life's most difficult and lonely challenges. It is often extremely hard for some of our best friends, and even other family members, to relate to this. However, the chance to connect with other family council members who truly share these experiences makes the journey more bearable." - Sheila

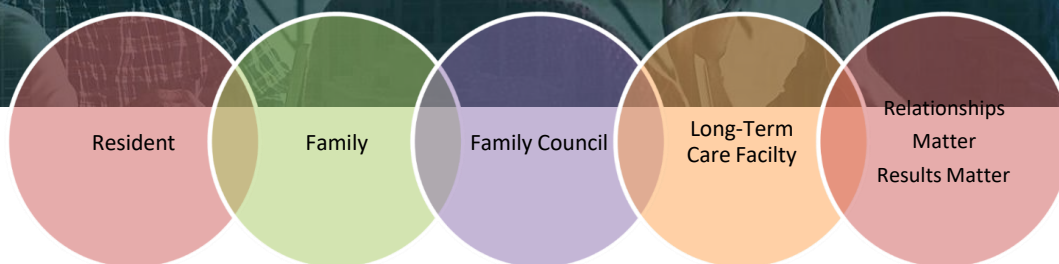
Questions - Contact Co-Chairs of the CT Statewide Family Council

ctswfamilycouncil@gmail.com

<https://theconsumervoice.org/issues/family/family-council-center>

Return this form to your LTCF Administrator

Family Council Sign-Up



Join, Start and Support a Family Council at your loved one's facility!

Meetings are held Quarterly. Additional meetings will be scheduled as needed.

Name: _____

Address: _____

Phone: _____ Email: _____

Resident's Name: _____ Resident's Room #: _____

I am interested in joining the Family Council: ___Yes ___No

I am interested in starting a Family Council: ___Yes ___No

I am a member of a Family Council and interested in joining the Statewide Family Council
___Yes ___No

Please indicate if the Family Council Chair/Co may contact you directly ___Yes___No

Please indicate availability for a meeting ___Morning___Afternoon___Early Evening

Do you prefer to meet ___in person ___virtually?

.....
Please indicate an alternate that could attend the meetings if you are unavailable. They will receive any correspondence sent.

Name: _____

Address: _____

Phone: _____

For more information about the CT Statewide Family Council please visit the webpage at:

<https://portal.ct.gov/LTCOP/State-Wide-Family-Council> or contact

ctswfamilycouncil@gmail.com



Ref: QSO-20-39-NH

DATE: **REVISED 05/08/2023**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 (**REVISED**)

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation is allowed for all residents at all times.**
- **Updated guidance to align with the ending of the PHE**

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, [morbidity, and mortality](#). The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March of 2020, CMS issued memorandum [QSO 20-14-NH](#) providing guidance to facilities on restricting visitation of all visitors and non-essential healthcare personnel, except for certain compassionate care situations, such as an end-of-life situation.

While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. CMS understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends. In light of this, CMS is revising the guidance regarding visitation in nursing homes during the COVID-19 PHE. The information contained in this memorandum supersedes and replaces previously issued guidance and recommendations regarding visitation. Since the release of QSO memorandum 20-39-NH on September 17, 2020, COVID-19 vaccines have received full approval and Emergency Use Authorization from the Food and Drug Administration. [Millions of](#)

[Vaccinations](#) have since been administered to nursing home residents and staff, and these vaccines have been shown to help prevent symptomatic SARS-CoV-2 infection (i.e., COVID-19). In addition, [CMS requires nursing homes](#) to educate residents and staff on the risks and benefits of the vaccines, offer to administer the vaccine, and report resident and staff vaccination data to CDC's National Healthcare Safety Network. CMS now posts this information on the CMS [COVID-19 Nursing Home Data](#) website along with other COVID-19 data, such as the weekly number of COVID-19 cases and deaths. **Therefore, CMS, in conjunction with the Centers for Disease Control and Prevention (CDC), is updating its visitation guidance accordingly, but emphasizing the importance of maintaining infection prevention practices.**

We note that the reason for visitation restrictions during the COVID-19 PHE were to mitigate the opportunity for visitors to introduce COVID-19 into the nursing home. Per 42 CFR § 483.10(f)(4), a resident has the right to receive visitors of his or her choosing at the time of his or her choosing, and in a manner that does not impose on the rights of another resident, such as a clinical or safety restriction (see 42 CFR § 483.10(f)(4)(v)). In other words, while all residents have a right to visitation, fully open and unrestricted visitation posed a clinical health and safety risk to other residents during this PHE, and therefore, it was reasonable to place limits on visitation. However, current nursing home COVID-19 data shows approximately 87% of residents and 83% of staff are fully vaccinated as of February 2022.

On [November 4, 2021](#), CMS issued a regulation requiring that all nursing home staff be vaccinated against COVID-19 as a requirement for participating in the Medicare and Medicaid programs. This requirement also applied to nearly all Medicare and Medicaid-certified providers and suppliers. CMS will continue to monitor vaccination and infection rates, including the effects of COVID-19 variants on nursing home residents, which have recently caused the number of cases to slightly increase. However, at this time, continued restrictions on this vital resident's right are no longer necessary.

We acknowledge that there may still be concerns associated with visitation, however, adherence to the core principles of COVID-19 infection prevention mitigates these concerns. Furthermore, we remind stakeholders that, per 42 CFR § 483.10(f)(2), the resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident. We further note that residents may deny or withdraw consent for a visit at any time, per 42 CFR § 483.10(f)(4)(ii) and (iii). Therefore, if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as he/she chooses.

On April 10, 2023, the President signed legislation that ended the COVID-19 national emergency. On May 11, 2023, the COVID-19 public health emergency is expected to expire. While the PHE will end, CMS still expects facilities to adhere to infection prevention and control recommendations in accordance with accepted national standards.

Guidance

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention and Control (IPC)

- Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
- [Hand hygiene](#) (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) in accordance with CDC [guidance](#) .
- *Post [visual alerts](#) (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) These alerts should include instructions about current IPC recommendations (e.g., when to use source control).* Cleaning and disinfecting of *frequently* touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of [Personal Protective Equipment \(PPE\)](#)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted *following nationally accepted standards, such as [CDC recommendations](#).*

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) [guidance](#) for nursing homes, and should be **adhered to at all times**. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglass dividers, curtains). Also, nursing homes should enable visits to be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the core principles of infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.

Outdoor Visitation

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. For outdoor visits, facilities should create accessible and safe outdoorspaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. When conducting outdoor visitation, all appropriate infection

control and prevention practices should be followed.

Indoor Visitation

Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.

Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission.

Face Coverings and Masks during visits

The facility's policies regarding face coverings and masks should be based on recommendations from the [CDC](#), state and local health departments, and individual facility circumstances.

Indoor Visitation during an Outbreak Investigation

An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed. To swiftly detect cases, we remind facilities to adhere to CMS regulations *at 42 CFR §483.80 Infection Control following accepted national standards, such as [CDC recommendations](#)*. If residents or their representative would like to have a visit during an outbreak investigation, *the visit should ideally occur in the resident's room, the resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit*. While an outbreak investigation is occurring, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area

Visitor Testing and Vaccination

While not required, we encourage facilities to offer testing to visitors, if feasible.

CMS strongly encourages all visitors to *stay up to date with their [COVID-19 vaccinations](#)* and facilities should educate and also encourage visitors to become vaccinated. Visitor testing and vaccination can help prevent the spread of COVID-19. **Visitors are not required to be tested or vaccinated** (or show proof of such) as a condition of visitation.

Required Visitation

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with

42 CFR § 483.10(f)(4)(v). In previous nursing home visitation guidance during the PHE, CMS outlined some scenarios related to COVID-19 that would constitute a clinical or safety reason for limited visitation. However, there are no longer scenarios related to COVID-19 where visitation should be limited, except for certain situations when the visit is limited to being conducted in the resident's room. Therefore, a nursing home **must** facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, per 42 CFR § 483.10(f)(4), which states "The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident," would constitute a potential violation and the facility would be subject to citation and enforcement actions.

As stated above, we acknowledge that there are still risks associated with visitation and COVID-19. However, the risks are reduced by adhering to the core principles of COVID-19 infection prevention. Furthermore, we remind facilities and all stakeholders that, per 42 CFR § 483.10(f)(2), residents have the right to make choices about aspects of his or her life in the facility that are significant to the resident. Visitors, residents, or their representative should be made aware of the potential risk of visiting and necessary precautions related to COVID-19 in order to visit the resident. However, if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as he/she chooses.

[Access to the Long-Term Care Ombudsman](#)

Regulations at 42 CFR § 483.10(f)(4)(i)(C) require that a Medicare and Medicaid-certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. If an ombudsman is planning to visit a resident who is in TBP or quarantine the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room. We note that representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above. If the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit, facilities must, at a minimum, facilitate alternative resident communication with the Ombudsman program, such as by phone or through the use of other technology. Nursing homes are also required under 42 CFR § 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

[Federal Disability Rights Laws and Protection & Advocacy \(P&A\) Programs](#)

42 CFR § 483.10(f)(4)(i)(E) and (F) requires the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to "investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or

if there is probable cause to believe the incidents occurred.” 42 U.S.C. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR § 51.42(c); 45 CFR § 1326.27.

If the P&A is planning to visit a resident who is in TBP or quarantine in a county where the level of community transmission is high in the past 7 days, the resident and P&A representative should be made aware of the potential risk of visiting and the visit should take place in the resident’s room.

Additionally, each facility must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 (Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq. (ADA).

For example, if communicating with individuals who are deaf or hard of hearing, it is recommended to use a clear mask or mask with a clear panel. Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

In addition, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention. Any questions about or issues related to enforcement or oversight of the non-CMS requirements and citations referenced above under this section subject heading should be referred to the HHS Office for Civil Rights (Toll-free: 800-368-1019) (TDD toll-free: 800-537-7697), the Administration for Community Living (202-401-4634), or other appropriate oversight agency.

Entry of Healthcare Workers and Other Providers of Services

All healthcare workers must be permitted to come into the facility as long as they are not subject to a [work exclusion](#). In addition to health care workers, personnel educating and assisting in resident transitions to the community should be permitted entry consistent with this guidance. We note that EMS personnel do not need to be screened, so they can attend to an emergency without delay. We remind facilities that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention.

Communal Activities, Dining and Resident Outings

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices, especially for those at high risk for severe illness.

Upon the resident's return, nursing homes should screen residents upon return for signs or symptoms of COVID-19:

- If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, see the CDC's [guidance](#) for residents who have had close contact for next steps regarding testing and quarantine.
- If the resident develops signs or symptoms of COVID-19 after the outing, see the CDC's [guidance](#) for residents with symptoms of COVID-19.

In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) except in certain situations, described in the CDC's [empiric transmission-based precautions](#) guidance.

Residents who leave the facility for 24 hours or longer should generally be managed as a new admission, as recommended by the CDC in the [Managing admissions and residents who leave the facility](#) section.

Survey Considerations

State survey agencies and CMS are ultimately responsible for ensuring that surveyors are compliant with the applicable expectations. Therefore, LTC facilities are not permitted to restrict access to surveyors. If facilities have questions about the process a state is using to ensure surveyors can enter a facility safely, those questions should be addressed to the State Survey Agency. Surveyors should not enter a facility if they have a positive viral test for COVID-19, signs or symptoms of COVID-19, or currently meet the criteria for quarantine. Surveyors should also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by federal and state agencies (including Executive Orders).

- For concerns related to resident communication with and access to persons and services inside and outside the facility, surveyors should investigate for non-compliance at 42 CFR § 483.10(b), F550.
- For concerns related to a facility limiting visitors, surveyors should investigate for non-compliance at 42 CFR § 483.10(f)(4), F563.
- For concerns related to ombudsman access to the resident and the resident's medical record, surveyors should investigate for non-compliance at 42 CFR §§ 483.10(f)(4)(i)(C), F562 and 483.10(h)(3)(ii), F583.
- For concerns related to lack of adherence to infection control practices, surveyors should investigate for non-compliance at 42 CFR § 483.80(a), F880.

Contact: Questions related to this memorandum may be submitted to:
DNH_TriageTeam@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers, and the State/CMS Locations within 30 days of this memorandum.

May 8, 2023

Nursing Home Visitation Frequently Asked Questions (FAQs)

CMS is providing clarification to recent guidance for visitation (see [CMS memorandum QSO-20-39- NH REVISED](#)). While CMS cannot address every aspect of visitation that may occur, we provide additional details about certain scenarios below. However, the bottom line is visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights. In short, nursing homes should enable visitation following these three key points:

- Adhere to the core principles of infection prevention, especially wearing a mask and performing hand hygiene;
- Encourage physical distancing during large gatherings; and
- Work with your state or local health department when an outbreak occurs.

States may instruct nursing homes to take additional measures to make visitation safer, while ensuring visitation can still occur. This includes recommending that, during visits, residents and visitors wear masks in accordance with CDC recommendations. Masks should be well-fitting, and preferably those with better protection, such as surgical masks or KN95. States should work with CMS on specific actions related to additional measures they are considering.

1. What is the best way for residents, visitors, and staff to protect themselves from COVID-19?

A: The most effective tool to protect anyone from COVID-19 is to be up-to-date with all recommended COVID-19 vaccine doses. Also, we urge all residents, staff, and visitors to follow the guidelines for preventing COVID-19 from spreading.

2. Can visits occur in a resident's room if they have a roommate? A: Yes.

3. Can a visitor share a meal with or feed the resident they are visiting?

A: Yes.

4. How should nursing homes work with their state or local health department when there is a COVID-19 outbreak?

A: Prior to the COVID-19 Public Health Emergency (PHE), there were occasions when a local or state health department advised a nursing home to pause visitation and new admissions due to a large outbreak of an infectious disease. Consultation with state health departments on how to address outbreaks should still occur. In fact, we remind nursing homes that they are still expected to contact their health department when responding to COVID-19 transmission within

the facility.

While residents have the right to receive visitors at all times and make choices about aspects of their life in the facility that are significant to them, there may be times when the scope and severity of an outbreak warrants the health department to intervene with the facility's operations. We expect these situations to be extremely rare and only occur after the facility has been working with the health department to manage and prevent escalation of the outbreak. We also expect that if the outbreak is severe enough to warrant pausing visitation, it would also warrant a pause on accepting new admissions (as long as there is adequate alternative access to care for hospital discharges). For example, in a nursing homes where, despite collaborating with the health department over several days, there continues to be uncontrolled transmission impacting a large number of residents (e.g., more than 30% of residents became infected*), and the health department advised the facility to pause visitation and new admissions temporarily. In this situation, the nursing home would not be out of compliance with CMS' requirements.

*CMS does not define a specific threshold for what constitutes a large outbreak and this could vary based on facility size or structure. However, we emphasize that any visitation limits should be rare and applied when there are many cases in multiple areas of the facility.

Nursing facilities should continue to consult with their state and local health departments when outbreaks occur to determine when modifications to visitation policy would be appropriate. Facilities should document their discussions with the health department, and the actions they took to attempt to control the transmission of COVID-19.

5. Should the facility pause communal activities and dining during an outbreak investigation?

A: No. Communal activities and dining do not have to be paused during an outbreak, unless directed by the state or local health department. Residents who are on TBP (i.e. isolation or quarantine) should not participate in communal activities and dining until the criteria to discontinue TBP has been met.

6. Is a resident (not on transmission-based precautions or quarantine) who is unable or unwilling to wear a mask, when expected based on CDC recommendations, allowed to attend communal dining and activities?

A: A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others during large gatherings. If possible, facilities should educate the resident on the core principles of infection prevention, such as hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles.

A resident who is unable to wear a mask and whom staff cannot prevent having close contact with others should not attend large gatherings. To help residents prevent having close contact, such as in the case of a memory care unit, the staff should limit the size of group activities. They should also encourage frequent hand hygiene, assist with maintaining physical distancing as much as possible, and frequently cleaning high-touch surfaces.

If a resident refuses to wear a mask and physically distance from others during large gatherings,

the facility should educate the resident on the importance of masking and physical distancing, document the education in the resident's medical record, and the resident should not participate in large gatherings.

7. How can a long-term care provider coordinate an onsite clinic to provide COVID-19 vaccine and boosters for staff and residents?

A: Many LTC providers have already identified strategies and partnerships to [obtain and administer COVID-19 vaccines for residents and staff](#), including: working with established [LTC partners and retail pharmacy partners](#) or coordinating with state and local health departments. You may request vaccination support from a pharmacy partner enrolled in the [Federal Retail Pharmacy Program](#). If you are having difficulties arranging COVID-19 vaccination for your residents and staff, [contact your state or local health department's immunization program](#) for assistance. If the state or jurisdictional immunization program is unable to connect your LTC setting with a vaccine provider, CDC is available as a safety net support (Contact CDC INFO at 800-232-4636 for additional support).

8. Why can a resident choose to have a visit *if* COVID-19 cases are increasing?

A: It is important to note that federal regulations explicitly state that residents have the right to make choices about significant aspects of their life in the facility and the right to receive visitors, as long as it doesn't infringe on the rights of other residents (42 CFR 483.10(f)(2) and (4), respectively). In this case, as long as a visit doesn't increase the risk of COVID-19 for other residents (i.e., by using the guidance for conducting safe visits), the resident still has the right to choose to have a visitor. Therefore, if the resident is aware of the risks of the visit, and the visit is conducted in a manner that doesn't increase the risk of COVID-19 transmission for other residents, the visit must still be permitted in accordance with the requirements.

9. Are there any suggestions for how to conduct visits that reduce the risk of COVID-19 transmission?

A: There are ways facilities can and should take extra precautions, such as hosting the visit outdoors, if possible; creating dedicated visitation space indoors; permitting in-room visits when the resident's roommate is not present; and the resident and visitor should wear a well-fitting mask (preferably those with better protection, such as surgical masks or KN95), in accordance with CDC recommendations, *and* perform frequent hand-hygiene. Some other recommendations include:

- Offering visitors *face coverings or masks*.
- Limiting the visitor's movement in the facility, during an outbreak, to only the location of the visit.
- Increasing air-flow and improving ventilation and air quality.

- Cleaning and sanitizing the visitation area after each visit.
- *Post visual alerts (e.g., signs, posters) that include instructions about current IPC recommendations (e.g., when to use source control).*

10. Are there best practices for improving air quality to reduce risks during visitation?

A: Yes, a facility may consider a number of options related to air quality such as:

- Adding [ultraviolet germicidal irradiation \(UVGI\)](#) to the heating ventilation and air conditioning system (HVAC),
 - Adding portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to communal areas.
 - Ensure proper maintenance of HVAC system to ensure maximum outdoor air intake.

For additional information on air cleaning and disinfecting, see [CDC's Ventilation FAQs](#) or the American Society of Heating, Refrigerating and Air-Conditioning Engineers site on [Filtration and Disinfection](#).

11. What are ways a facility can improve and or manage air flow during

visitation?**A:** A facility may consider implementing the following:

- The use of a portable fan placed close to an open window could enable ventilation. A portable fan facing towards the window (i.e. facing outside) serves to pull the room and exhaust air to the outside; a fan facing towards the interior of the room (i.e. facing inside) serves to pull in the outdoor air and push it inside the room. Direct the fan discharge towards an unoccupied corner and wall spaces or up above the occupied zone.
- The use of ceiling fans at low velocity and potentially in the reverse-flow direction (so that air is pulled up toward the ceiling), especially when windows are closed.
- Avoid the use of the high-speed settings for any fan.
- Keeping doors to resident rooms or visitation areas closed during visits to control air flow and reducing spread of infection.

For additional information on improving air quality, optimizing air flow and use of barriers, see the Centers for Disease Control and Prevention (CDC) site on [Ventilation in Buildings](#).

Statewide Coalition of Presidents of Resident Councils (SCPRC)



Executive Board Members

E-board Member Name	Facility & Contact Information
<p style="text-align: center;">John Balisciano Jr. President</p>	<p style="text-align: center;">Hewitt Health and Rehab 203-924-6118 john.balisciano196593@aol.com</p>
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The Long Term Care Ombudsman Program

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Email: ltop@ct.gov

Facebook: www.facebook.com/CTLTCOP

State Website: <https://portal.ct.gov/ltop>

MAIREAD PAINTER

STATE LONG TERM CARE OMBUDSMAN

860- 424-5200

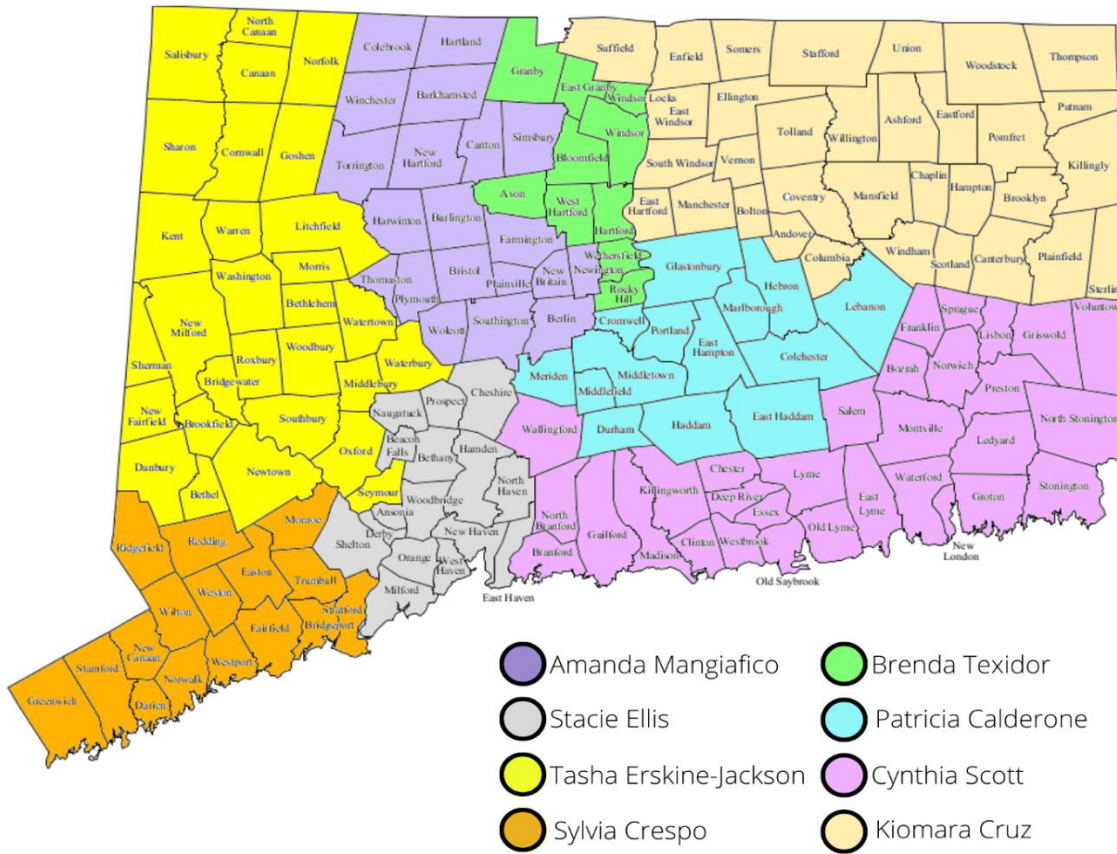
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MedicareAdvocacy.org

The Center for Medicare Advocacy

The Center for Medicare Advocacy, Inc. is a private, non-profit organization which provides education, advocacy, and legal assistance to help elders and people with disabilities obtain necessary healthcare. We focus on the needs of Medicare beneficiaries, people with chronic conditions, and those in need of long-term care. The organization is involved in education, training and litigation activities of importance to Medicare beneficiaries nationwide.

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