



PINS Update

Gov. Newsom's state of emergency proclamation spawned PINs in response to COVID-19

PIN 20-09.1-ASC Update on Priority 1 complaint tele-inspection program

- Supplement to PIN 20-09-ASC. It updates notice about allegations that could be serious health and safety risks to residents.
- This takes effect immediately. Review of Priority 1 complaints will be on a case by case basis whether tele- or on-site inspection is needed.

PIN 20-10-CCLD Waiver of administrator certification program fees, license fees and home care aide registration fees as a result of COVID-19

- Details the California Department of Social Services' authority to waive the aforementioned fees for licensees in economic hardships as a consequence of COVID-19 pandemic.
- Gov. Gavin Newsom declared on March 4, 2020 a state of emergency prompted by COVID-19 when licensees, licensure applicants, home care administrators and vendors began experiencing financial hardship. Authority was given to CCLD to accept written fee waiver requests. Only renewals, registrations, licenses or certificates expiring by June 30, 2020 are being accepted for fee waiver requests.

PIN 20-11-CCLD CCLD on-line resources on COVID-19

- Notice for a dedicated COVID-19 page on CCLD website with accessible on-line COVID-19 resources.
- The live website page offers click buttons leading to 1) PINs in English and other Languages, 2) Additional Resources with links to specific agencies and information and 3) Hot Topics with an overview of relevant and related topics.

PIN 20-12-CCLD Updated statewide waivers for background check requirements due to COVID-19

- Rescinds PIN 20-09-CCLD from April 2, 2020. This new PIN updates guidance to ASC administrators and licensees on California background check waivers on HCA and HCO licensees.

PIN 20-12-ASC Statewide waiver for medical assessments due to COVID-19

- California waiver for specific medical assessment requirements for all adult and senior care facilities due to COVID-19
- The waiver is based on Gov. Gavin Newsom's announcement on March 6, 2020 for a statewide waiver for specific medical assessment needs without individual requests depending on terms and conditions provided in this PIN. Instead, certain document listed in this PIN completed by a medical professional or individual designated by a physician, can be obtained.

PIN 20-13-ASC Notification to families when a person tests positive for COVID-19

- Counsel to ASC to advise families of all persons in care when anyone in the facility tests positive for COVID-19
- As of April 27, 2020, an update directs notification of testing positive for COVID-19 must include notification of all persons in care, health professionals and other related health care service providers that enter the facility.

PIN 20-15-ASC Adult and Senior Care Facilities with COVID-19 positive cases available on California Department of Social Services website

- Announcement that information on licensed ARCF for elderly who are positive with COVID-19 in care and/or staff is on the California Department of Social Services website.
- The information can be accessed by the link: [COVID-19 Positive Cases in Adult and Senior Care Facilities](#) under [Additional Resources](#) tab on the CCLD home page. The information specifies ARCF for elderly with seven or more capacity that reported 11 or more positive cases. Details include facility name, county and location. Count is tallied and updated daily.

PINS Update Cont.

PIN 20-16-ASC-CCR Waiver of Advance Notice Requirements and information on Federal Small Business Lending for COVID-19 crisis Announcement that the California Department of Social Services is waiving various requirements for Continuous Care Retirement Community providers applying for COVID-19 relief loan

- Gov. Gavin Newsom's March 4, 2020 state of emergency proclamation allows CDSS to waive any Health and Safety Code provisions required to protect California in COVID-19 emergency. COVID-19 relief loans open to CCRC providers include: Paycheck Protection Program, the Small Business Administrations, Economic Injury Disaster Loan Program for COVID-19 and others.

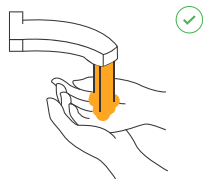
PIN 20-17-ASC Temporary Contracts to increase bed capacity due to anticipated surge in COVID-19

- Announcement to Adult and Senior Care licensees to help put up temporary additional beds for COVID-19 positive persons
- Gov. Newsom's state of emergency proclamation granted CDSS authority to waive any Health and Safety Code or Welfare and Institutions Code provisions to respond to COVID-19. Especially urgent need for housing and care for adults and senior care residents who are positive for COVID-19 but don't require hospitalizations. Thereby, allowing hospital capacity to meet anticipated demands for COVID-19 patients requiring acute care.

PIN 20-189-ASC COVID-19 stimulus checks for persons in care

- Guide to licensees with residents who are recipients of Supplemental Security Income/State Supplementary Payment benefits who received stimulus checks authorized by Coronavirus Aid Relief and Economic Security (CARES) Act.
- The stimulus checks are not monthly SSI/SSP monthly benefits or income. They are tax refund advances for tax year 2020. The recipient can use the funds according to their desires. In accordance with Gov. Gavin Newsom's executive order on April 23, 2020, no stimulus payment funds received by a resident may be garnished or used to pay off a debt owed by resident to licensee.

Coronavirus (Covid-19) Prevention



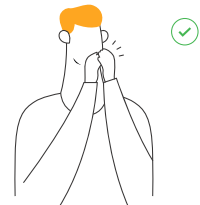
Wash Your Hands With Soap



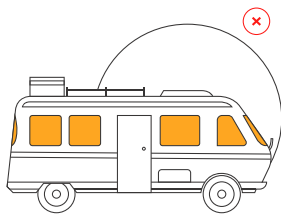
Keep Object Clean



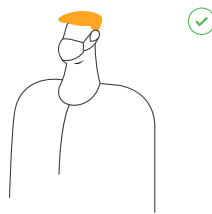
Use Hand Sanitizer



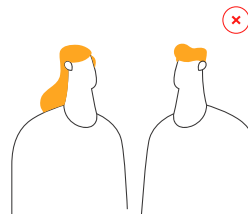
Sneeze Into Elbow



Avoid Traveling



Use a Mask



Avoid Contact



Stay At Home

Not a 6Beds Member? Join Today!





Provider profile: The Wizard of docs

By Harvey Barkin

Life need not be a docu-drama when you've got DocuWhiz. 'Just whiz through your documentation needs'... so you don't have to care for your data as much as your patients

Life need not be a docu-drama when you've got [DocuWhiz](#). "You just whiz through your documentation needs." It's an intuitive system, so you don't have to care for your data as much as your patients.

CEO and co-founder Dora Valentin says, "DocuWhiz doesn't provide documents. DocuWhiz allows care homes to document. When a resident has a fall, develops a wound, has an episode of anxiety or aggression, when his appetite changes or when he simply catches cold, a care giver needs to document these incidents to chart what happens to the resident."

"To document all these things takes time and DocuWhiz makes it simple. Additionally, DocuWhiz give care givers a simple to-do list created by the manager – an important risk management tool that gives proof of service rendered."

Valentin and CTO and co-founder Michael Mundt developed DocuWhiz – a software as a service (SaaS) cloud-based software "with great flexibility in mind." Valentin adds, "it is very much customizable for 6Beds."

DocuWhiz is just perfect for 6Beds

Some of their big-name competitors like the long-term care cloud-based platform PointClickCare and the long-term post-acute care system MatrixCare were created for facilities with skilled nursing staff.

Since billing and Electronic Health Record is now required by the Center for Medicare and Medicaid Services, document solution systems for care homes became complicated and way too expensive especially for non-medical, assisted living care provider. From this came the need for alternative options like the long-term care software AL Advantage which is state-specific and reputedly "easy to use." Or ResiDex intended for assisted living facilities or group homes. But both are expensive and less user-friendly than DocuWhiz.

Amid a market of expensive, complicated systems, DocuWhiz is like magic. Its pricing option is spelled out right there in their website. They don't make a production out of demos then set you up for a sales pitch.

DocuWhiz even takes into consideration care givers who use English as a second language to document clearly and concisely.

Valentin says, "DocuWhiz can be used by any non-medical all-inclusive service provider – such as care homes, group homes (residential assisted living), assisted living facilities, adult day cares, PCA/visiting care providers."

Aside from California, they have clients in Nevada and Arizona.

[DocuWhiz](#) is a stand-alone company that got its start just about a year ago. But Valentin's extensive experience in managing residential facilities was gained from California, Arizona, Wisconsin and Nevada. In 2017, she won Best Home of the Year from her local association. She manages Ace Care Home and is administrator in several other facilities.

She says [DocuWhiz](#) was recommended by insurance agents to work with 6Beds. They offer 10 percent off liability insurance costs to use DocuWhiz.



*CEO and co-founder
Dora Valentin*



Virtual townhall meeting updates insurance claims and small business loans amid COVID-19

Several agencies and the Governor's office offer a glimmer of hope as the fight to take back our lives continues

For a while now, news has been about the coronavirus, the discovery of new symptoms, the slow progress in finding a definitive cure and the harrowing fate of COVID-19's victims, now including children.

But several agencies and the Governor's office offer a glimmer of hope as the fight to take back our lives continues.

Changes to insurance claims and small business loans as a consequence of the pandemic were discussed in a virtual townhall meeting last May 15 involving six agencies.

Hosted by Chair of the Senate Human Service Committee Sen. Melissa Hurtado (D-Sanger), the virtual brief features a panel of experts including California Insurance Commissioner Ricardo Lara, California State Treasurer Fiona Ma, US Small Business Administration District Director Dawn Golik, Valley Community Small Business Development Center Director Rich Mostert and Valley Small Business Development Corporation CEO Debbie Raven.

Commissioner Lara enumerated his action items in response to the pandemic. On April 13, he asked for a 20 percent discount on auto insurance premiums to be returned to drivers and businesses. The stay-at-home order reduced the risk factors for many auto drivers. On April 14, he required insurance companies to comply with their contractual obligation to investigate coverage claims for COVID-19 just as they would for any disaster. At the time of the brief, Lara also ordered the premium discounts reflected in May, as well. On the May 18 hearing, he reviewed it again so that the risk factor is accurate.

His order included private passenger auto, commercial auto, workers' compensation, commercial multi-peril, commercial liability and medical malpractice.

Lara's stern order to insurance companies to exhaustively investigate claims include those for business interruption insurance related to COVID-19. And that claims should be acknowledged within 15 days and judgment should be rendered not more than 40 days after. He also mentioned Gov. Newsom's executive order (EO) on May 6 on rebuttable presumption. The EO covers front line workers who tested positive for COVID-19 within 14 days of labor or service after the stay-at-home order on March 19. The presumption is in effect 60 days after the EO.

To further assist consumers in the emergency, the State's Department of Insurance enforced:

- A 60-day grace period to pay insurance premiums
- A 90-day extension for insurance claim deadlines
- A maintenance for those with expired license or car registration
- An extension of personal auto coverage for delivery drivers in essential businesses
- A no-cost co-pay for COVID-19 testing and screening
- A notice to insurance companies that workers' comp insurance applies to everyone regardless of immigration status

State Treasurer Ma mentioned her website at www.treasurer.ca.gov now prominently features click buttons COVID-19 Updates and COVID-19 Resources.

She said the Updates button is a more reliable source than social media while the Resources button opens up to Small Business and Food Access resources, and Tax, Individual and Non-profit relief.

Ma also said the Economic Injury Disaster Loan (EIDL), an emergency advance of up to \$10,000 for small businesses, does not have to be re-paid. But is sadly unavailable for the moment. Only a limited advance application from agricultural businesses are currently being considered.

The Paycheck Protection Program (PPP) resumed accepting applications on April 27. The SBA loan helps businesses keep their employees get paid for work through the pandemic. The PPP is an incentive that allows business owners' loan to be forgiven by the SBA if they keep all their employees on payroll for eight weeks. And if the money is used for payroll and business rent, mortgage interest and utilities.

Golik represents the only Cabinet-level agency that deals with small businesses. She said that this is the first time her agency was involved in an emergency. She had more details on EIDL and PPP.

She explained that the EIDL is available as a forgivable \$10,000 loan or a long-term loan. Payment becomes due on the loan after 12 months from set up. There is no fee to apply.

The PPP can be deferred for six months with a low one percent interest rate, two-year term and no pre-payment. The terms for loan forgiveness is usually determined by the loan provider and guidance is still forthcoming. A second round of PPP can still accept applications. While the first round saw difficulty in sourcing lenders, many Silicon Valley credit unions and even Amex, Paypal and other lenders stepped up for small businesses.

PPP also provides flexibility for small businesses to be able to pay their employees even if they are closed. Both EIDL and PPP can be both used together by small businesses.

Mostert's agency is funded by the SBA to serve non-profit organizations. Their services come at no cost and they are strictly confidential. They are the go-to for qualification and funds facilitation, offering one-on-one consultation. They advise on traditional and non-traditional lending alternatives like municipal CD programs, crowd-funding and grants that straddle different counties or towns. They offer assistance from when the small business gets the loan until it becomes sustainable and beyond.

Raven described a small business disaster relief fund benefit program that was designed for the pandemic: quick turn and less paperwork.

>> Visit [6Beds COVID-19 Resource page](#) for the information related to the pandemic.

We are in this together with each one of you and we at 6Beds are here to help and will continue to provide further information as it comes available.

CBD: Chronic pain management without the addiction

Addiction shifted from opium to opioid ... by then 'recreational use' could not capture the demand for a better pain reliever without the addiction and side-effects

As early as 2700 B.C., the Chinese documented marijuana's usefulness for gout, rheumatism and malaria. In old India it was used for anxiety release, dysentery, easier digestion and even sunstroke. In 1500 B.C. Egyptians used cannabis (the tall plant used to produce hemp fiber and marijuana drug) against inflammation.

But when the Spaniards brought cannabis to the new world in 1500, they grew it for hemp – fiber for clothes and ropes for rigging in sailing ships. When steam ships replaced sailing ships in the late 1800s, cotton replaced hemp as a cash crop.

In 1910, people fleeing from the Mexican revolution began bringing cannabis into the U.S. Shortly, the use of marijuana was banned in the 1912 Opium Convention and the 1914 Harrison Act. By 1938 cannabis was restricted in 13 countries, including the U.S.

It's interesting to note that marijuana was listed in the US Pharmacopeia from 1850 to 1941 and prescribed for nausea, rheumatism and labor pains.

In the 1930s, the Feds campaigned to highlight marijuana addiction that caused some users to be violent. This, despite its use by jazz musicians in the 1920s, then the beatniks in the 1950s and the hippies in the 1960s.

The Controlled Substance Act of 1970 set marijuana alongside LSD and heroin as Schedule 1 drugs. The category meant a high potential for abuse with no accepted medical use.

From 1982 to 1992 saw the passage of stricter drug laws all over the world. But surprisingly, marijuana use among teens declined in the mid-1980s to the early 1990s.

It didn't take long for addiction to shift from opium to opioid. About four million people were dependent on opioids primarily for pain relief in 2011. By 2013 more than 30 million were using opioid illicitly between ages 15 to 65. In 2015, increased use and addiction were brought about by over-prescription of opioids.

By then, "recreational use" could not fully capture the urgent demand for a better pain reliever without the addiction and the side-effects. Even the toxins extracted from snakes were useful against specific diseases.

Cannabis extraction has been around for a while. In the 1970s, there were several publicized methods for extracting "hash oil". But it was not until the early 2000s when different methods and different products began to appear on-line.

In 2014, the Rohrabacher-Farr amendment became law and stopped the Justice Department from meddling with state medical cannabis law. Then the 2018 farm bill effectively removed hemp-derived cannabinoids (CBD) from the Controlled Substances Act nationwide. Former 6Beds provider and Senior Community Learning CEO Mickey Gray explained, "CBD is extracted from either the marijuana plant or hemp through a process called Super Critical carbon dioxide (CO2) extraction. Pressurized CO2 acts as a solvent at certain temperatures and pressure levels to isolate the active compounds from the unwanted phytochemicals (THC) and plant matter. The supercritical CO2 passes through high quality, CBD-rich marijuana or hemp in an extractor. The CO2 will draw the cannabinoids, terpenes and essential oils out of the plant material."

California is the first state to adopt medical marijuana.

Gray clarified, "Hemp derived CBD is federally legal but marijuana-derived CBD is more complicated because it is derived from a plant that is federally illegal. In states where marijuana is legal for recreational use, marijuana-derived CBD is also legal."

According to Gray, "CBD oil is not addictive because it does not impact the brain's dopamine-reward system. Made from the stalks and seeds of hemp or marijuana, CBD oil is dominated by cannabidiol, a naturally occurring and non-psychoactive cannabinoid."

Based on studies, the FDA has approved CBD products for pain, anxiety and depression, epilepsy, symptoms related to cancer treatment, acne and other skin issues, high blood pressure, addiction, diabetes, nausea and vomiting, seizures, psychosis disorders, inflammation and neuro-degenerative disorders.

CBD can be taken by the patient as oil drops under the tongue for quick absorption (but Gray said, "the flavor can be unpleasant.") If ingested as capsule or soft gel, it takes longer to absorb. Lotions, balms and creams would be ideal for eczema and acne. CBD-laced food and beverages have the lowest potency.

Although there are no set rules, Clinical Anesthesiology Professor and Chair of the Pain Medicine Department at the University of California San Diego Dr. Mark Wallace recommends if ingested, patients should wait eight hours before driving; if inhaled, wait two hours and if taken transmucosal, wait four hours.

Unfortunately, most everybody is still unprepared to dispense medical cannabis. Dr. Wallace said most states allow only four ounces of marijuana dispensed at a time.

The good news is, a survey in 2016, found a 64 percent reduction in opioid use, decreased side effects and an improved quality of life. A year later, another study revealed a 23 percent reduction in opioid dependence.

Dr. Wallace's approach in treating patients suffering from chronic pain is to wean them off opioids then introduce medical cannabis. He believes medical cannabis can provide pain relief with little side effects and even manage withdrawal from side-effects caused by opioid.

Gray said "patrons above 21 can enter and purchase from any establishment that carries CBD oil. Since CBD is federally legal, no prescription is required. For use as a medication in a long-term care setting, a simple doctor's order is needed."

Stella has been an RN for 25 years and had a brush with the law shortly before CBD was legal. "Doctors did not encourage (it's use) because of legality in California before 2019. For us in the care home facility, I was about to be cited in 2018. I said it was not even medicine, it was a supplement. You can get it over-the-counter without prescription."

Stella related her experience with a patient who had 10 to 20 seizures every day since his infancy. She said they tried almost all kinds of anti-seizure medication but the patient still had seizures.

A Stanford pediatric neurologist evaluated the patient every three to six months after two other doctors. Reaching out to other parents in the same situation, they decided to try CBD. The mother started with CBD in 2010. The patient has been at Stella's facility since 2017. Nowadays, the patient will have at most two to four seizures a day.

Stella said the CBD is delivered in liquid form through a gastrostomy tube, two times daily with a 2ml dose each time. Seizure control stays 24 hours in divided doses. She observed that the only side-effect on the patient was sleepiness.

Senior Community Learning medication training instructor Joan Riordan said, "Side effects are rare but the most commonly reported are tiredness/fatigue diarrhea, nausea, changes in appetite, dry mouth and low blood pressure."

According to Riordan, CBD studies have not observed a tolerance for CBD. "In human studies, CBD administration did not induce side effects across a wide range of dosages, including acute and chronic doses regimens and tolerance to CBD did not develop."

"For CBD to become toxic to the system through overdosing, someone would need to ingest over 20,000 mg of CBD all at once, which would be an extremely difficult feat to pull off. Since marijuana and its derivative CBD is legal in California, there is no penalty to usage." She added, "In most cases, it is highly unlikely that hemp-derived CBD oil will lead to a positive drug test, so discrimination should not be an issue."

Still, CBD oil treatment is still not common to most care homes.

But Riordan stands by CBD. "I have personally had residents who had successful outcomes with the use of CBD oil for pain management, sleep difficulties and anxiety. CBD was used as replacement for opioids, addictive prescription sleep drugs and addictive anti-anxiety medications like Ativan. Alleviation of symptoms appeared to be more comprehensive than in manufactured medications and with fewer side-effects and contra-indications. The impact of CBD on the body will be apparent at different speeds based on the method of delivery, with drops/tinctures having the fastest reaction times and creams being slowest, based on absorption rates. There is no limit as to how long a person can utilize CBD products."



6 Reasons to Join or Renew Your Membership



6Beds is the first and only residential care provider-based organization in California's history that is officially recognized as a DSS, DDS and DOL stakeholder.



6Beds is the first and only residential care provider-based organization in California's history that contracts top-notch professionals — lobbyists, lawyers, IT, PR — to protect and advance California's residential care industry.



6Beds is the first and only residential care provider-based organization in California's history to establish a mutually respectful, working relationship with both DLSE and DOL.



6Beds leadership is comprised of a staunch, motivated and highly educated group of volunteer care home owners — such as yourself — with MBAs, PhDs, JDs, RNs and MDs, with a combined industry experience of over 200 years in RCFE and ARF.



6Beds boasts a membership representing almost 2000 facilities throughout California. 6Beds also has a growing number of diverse Affiliate Members who provide key products and services to our community of care home owners.



Since its inception in July of 2014, 6Beds has achieved unprecedented political victories, saving California's residential care industry from what would have been an unfortunate and disastrous demise.

6Beds, Inc. Priority Bills

AB 2926 (Calderon) — Referral agencies for RCFEs: **Oppose unless amended.**

Enacts disclosure requirements for referral agencies designed to make their practices more transparent to consumers. Since the Bill is sponsored by A Place for Mom, it lacks two important provisions: (1) It does not require disclosures before a referral has already been committed to and (2) It does not allow a recipient of referral services to terminate a contract at any time and use another agency. We asked for those amendments. Bill has passed the Assembly. We will continue to oppose in Senate. Supported by California Assisted Living Association as at least some reform.



AB 1796 (Levine) — Bars hiring of employee until criminal background clearances are received from both CA Department of Justice and FBI: **Oppose.**

This will cause sometimes significant delay in hiring in some cases. Bill passed the Assembly. We will continue opposing in Senate.

SB 1259 (Hurtado) — Would require Department of Social Services to do report on how to meet the housing and care needs of SSI/SSP recipients: **Support.** Awaiting action in Senate Appropriations.

SB 1264 (Hurtado) — Extend RCFE emergency and disaster plan requirements to ARFs: **Support.** Awaiting action in Senate Appropriations.

AB 2024 (Holden) — Increased provider rates for certain DDS vendors to reflect increase in state minimum wage: **Support.** Defeated by being held on Assembly Appropriations suspense file (budget pressures).

Who Is 6Beds?

6Beds, Inc. promotes affordable, quality care for California seniors and adults with disabilities in a safe home-like environment.



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