



California Department of Aging
Long-Term Care Facility Access (LTCFA) Policy Workgroup
Draft Actionable Principles Related to LTCF Visitation Based on Workgroup Discussion to Date

This document outlines a draft of actionable principles related to long-term care facility (LTCF) visitation based on the discussions of the **LTCFA Policy Workgroup** as of June 14, 2023.

The draft principles were developed to reflect areas of alignment among members of the workgroup in its kick-off and first two meetings. It is based on a review of comments provided verbally and during the chat in these meetings, which can be found here:

- Kick-Off Meeting: [Recording](#) and [Chat Transcript](#)
- Meeting One: [Recording](#) and [Chat Transcript](#)
- Meeting Two: [Recording](#) and [Chat Transcript](#)

The principles in this document are draft and subject to change based on further workgroup discussion. They were sent to the workgroup in June 2023, and initial feedback on these draft principles was gathered through a survey in advance of the July 12 workgroup meeting. The results of that survey will be made available to the public on the CDA website.

Please note that these draft principles do not reflect the views or positions of the California Department of Aging or the State of California. These are a summary of statements made by members of the LTCFA Policy Workgroup; [click here](#) to access the biographies of members in this workgroup.

Draft Principles for LTCFA Policy Workgroup Review

Principle 1: “LTCF Visitors” are essential to a LTCF resident’s wellbeing and the workgroup recommends that they should be considered essential to the resident’s care.

- a) “LTCF Visitors” are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.
- b) Social contact is essential in preventing resident’s social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.
- c) Family and friends provide frontline care when they visit residents of LTCFs.
- d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care.

Principle 2: This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

Principle 3: The proposed framework would include residents’ access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

Principle 4: The proposed framework would establish a right for residents’ ability to see a wide range of Visitors during a state of emergency, subject to any parameters established in accordance Principles 5-7.

Principle 5a: This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues – may contribute to some variation.

Principle 5b: In any situation where external factors – such as supply issues -- may limit Visitors’ ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Principle 6a: Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

Principle 6b: In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 6 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Principle 7: When compassionate care is needed and acknowledging the importance of Visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Survey Details

For each draft principle above, members in the workgroup will be asked to indicate their level of agreement with the statement as follows:

1	2	3	4	5
I disagree and cannot support	I disagree but will not stand in the way	I am undecided or abstain	I agree with some reservations	I am in complete agreement

- Workgroup members who respond with a “1” will be asked to asked the following question: What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?
- Workgroup members who respond with a “2” or higher will be asked to provide any comments on the statement for the workgroup to consider.