Long-Term Care Facility Access (LTCFA) Policy Workgroup
Draft of Workgroup Recommendations: August 4, 2023

The draft recommendations in this document are drafts and subject to change based on further workgroup discussion. Click here to access the biographies of members in this workgroup. **Please note that this draft does not reflect the views or positions of the California Department of Aging or the State of California.**

These recommendations were updated on August 4th based on workgroup feedback via survey and during workgroup meetings. Members of the workgroup will be invited to provide written comments on these recommendations prior to Meeting 4 of the workgroup.

Principle 1
This workgroup recognizes that "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.

i. "LTCF Visitors" are considered to be 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.
ii. 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.
iii. Family and friends provide frontline care when they visit residents of LTCFs.
iv. 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 recognizes that certain conditions during states of emergency may cause legitimate public health or safety risks that may impact LTCF visitation. In these situations, allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access. As such, this workgroup recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

Principle 3 *(Previously Principle 4)*
The proposed framework would establish that residents could see a wide range of Visitors during a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, as described in the recommendation below.

RECOMMENDATION A
In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends that LTCF Visitors continue to have access to LTCFs.

a) LTCF residents or their representatives can designate any individuals as "Resident-Designated Visitors" (RDVs) who have access to the facility for in-person visits subject to the Visitor safety protocols and visiting parameters in this framework.

i. RDVs may include, but are not limited to, any of the following types of Visitors if designated by the resident or their representative: friends, family, or chosen family.

ii. As a standard, facilities may not limit the number of individuals who may be designated as RDVs, and resident may add or change their RDVs at any time.
iii. LTCF may limit simultaneous RDVs in the case of a legitimate public health or safety risk, with simultaneously defined as occurring at the same moment in time. This recommendation is not intended to limit a resident's ability to have multiple RDVs over a period of time (i.e. in a given day), understanding that those RDVs may not be able to visit simultaneously in the case of a legitimate public health or safety risk.

b) Certain individuals have access to enter LTCFs through legal, statutory, regulatory, or similar authority, and that access should continue subject to the Visitor safety protocols and visiting parameters in this framework.

i. Such individuals may include, but are not limited to, regulators, government surveyors, long-term care ombudsman, patient advocates, law enforcements, and others.

c) Service providers not employed by the LTCF should be able to provide in-person services to residents in the LTCF subject to the Visitor safety protocols and visiting parameters in this framework.

i. Such providers may include, but are not limited to, health care workers, hospice providers, paid caregivers, care managers, dentists, social services providers, financial planners, conservators, and spiritual care providers.

ii. The need for such services may be identified by residents, resident representatives, LTCF employees, the resident's care team, or other individuals.

Principle 4a *(Previously Principle 5a)*
During a state of emergency, LTCFs may need to implement various safety protocol to mitigate the public health or other safety risk caused by that emergency. Such safety protocols may include, but are not limited, requirements to don personal protective equipment (PPE), test for a pathogen, and receive a vaccination. In these cases, licensing agencies for LTCFs issue guidance and regulation to LTCF during state of emergency on safety protocols.

This workgroup recommends that LTCF Visitors adhere to the same safety protocols as LTCF staff. This principle, however, should not inhibit a Visitor who wishes to adopt more intensive safety protocols from doing so. For example, a Visitor who wishes to use more robust PPE than that required of staff should be able to do so.

Principle 4b *(Previously Principle 5b)*
The workgroup does acknowledge that external factors – such as supply issues – may contribute to some variation in the protocols followed by Visitors and LTCF staff. For example, Visitors may have access to vaccinations in the case of a public health emergency later than LTCF staff. In such cases, Visitors may not be able to immediately implement a vaccine-based protocol available to staff.

RECOMMENDATION B *(Previously Recommendations B.i.; C.i.)*
In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends LTCFs should implement the same safety protocols for LTCF Visitors

as for LTCF staff.

a) LTCF Visitors should not be subject to safety protocols that are more stringent than those for LTCF staff, absent of a legitimate external factor impacting LTCF Visitors' ability to follow the same safety protocols as LTCF staff.

b) If legitimate external factors may for any reason impact LTCF Visitors' ability to follow the same safety protocols as staff, state department(s) must issue Visitor-specific protocols that would enable visitation at the same time that they issue staff-specific protocols. In this situation, state department(s) must convene a representative group of stakeholders in a public meeting to discuss the Visitor-specific protocols within 14 calendar days of issuing those protocols.
   i. Such external factors may include, but are not limited, supply issues for PPE, vaccination, and testing equipment, and other emergency supplies.
   ii. A representative group of stakeholders would at least include residents, resident representatives, resident advocates, LTC ombudsman, LTCF operators and staff, the California Department of Public Health (CDPH), local public health departments, and the California Department of Social Services (CDSS).

RECOMMENDATION C *(New)*
In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends that state, county, and local authorities consider LTCF Visitors to be among the priority populations for any emergency supplies required to adhere to LTCF safety protocols.

a) Emergency supplies may include, but are not limited to, PPE, vaccination, and testing equipment.

Principle 5a (*Previously Principle 6a*)
The workgroup acknowledges that operational and safety considerations during a state of emergency may impact parameters of possible visitation for Visitors. Visitation parameters to account for operational and safety considerations – such as, but not limited to, locations and hours of visitation – must not reasonably inhibit a resident's ability to see Visitors in a way that is accessible to the Visitor and resident and adheres to minimum standards ensuring accessibility.

Generally, accessible visitation is in-person visitation with the possibility of physical contact; for residents who are unable to independently leave their room or bed, visitation should be able to occur in the resident's personal space (i.e. their room). To reasonably allow visitation, parameters must account for the mobility, accessibility, translation needs, employment hours, travel, and other reasonable determinants of visitation for each individual resident and Visitor. To adequately account for these factors, the workgroup has identified accessible hours of visitation to be those that occur daily and generally be [input requested from workgroup].

Principle 5b (*Previously 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 the standards, the proposed framework would direct public health officers, LTCF

operators, resident advocates, and resident and family representatives to collaborate on parameters that would enable visitation.

RECOMMENDATION D *(Previously Recommendations B.ii; C.ii.)*
In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends that visiting parameters reasonably allow Visitors to conduct in-person visits with residents, as described below.

a) The standard parameters for visitation are as follows:
    i. LTCF Visitors should be able to see residents in person in a location that is accessible for the resident and Visitor.
    ii. Hours of visitation must be daily and should reasonably allow any Visitor to visit the resident.

b) If legitimate operational and safety considerations require consideration of non-standard visitation parameters, the relevant state department(s) must issue alternate minimum parameters that would enable visitation. In this situation, the state department(s) must convene a representative group of stakeholders in a public meeting to discuss the Visitor-specific protocols within 14 days of issuing those parameters.
    i. A representative group of stakeholders would at least include residents, resident representatives, resident advocates, LTC ombudsman, LTCF operators and staff, the California Department of Public Health (CDPH), local public health departments, and the California Department of Social Services (CDSS).

Principle 6 (*Previously Principle 7*)
There are myriad circumstances in which a resident may experience a rapid decline, significant change in circumstance, or other crisis and may require enhanced access to Visitors, referred to here as "compassionate care visits." When compassionate care is needed and acknowledging the importance of Visitors during moments of crisis, the workgroup urges LTCFs to take enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

RECOMMENDATION E *(Previously Recommendation B.iii.)*
In a state of emergency in which that emergency has created a legitimate public health or safety risk that may impact visitation, the workgroup recommends that visiting parameters – including the number of permitted simultaneous Visitors, visiting hours, and locations of visitation – should be expanded to enable compassionate care.

a) Following the CMS definition, compassionate care is defined as "visits for a resident whose health has sharply declined or is experiencing a significant change in circumstances." This includes, but is not limited to:
    i. End of life and/or hospice care;
    ii. A situation where the resident has stopped eating or drinking, or is experiencing significant weight toss;

iii. A major change of circumstance, such as a transition in LTCF;
iv. Grief, such as grieving the loss of a loved one;
v. A significant or rapid decline in mental health; and
vi. A situation in which a resident is experiencing emotional distress from isolation.

b) The need for a compassionate care visitation may be identified by any member of the resident's care team, the resident themselves, or the RDVs.

c) In case of limited emergency supplies, the workgroup recommends that state, county, and local authorities consider compassionate care visits to be among priority situations for any emergency supplies required to adhere to LTCF safety protocols.
   i. Emergency supplies may include, but are not limited to, PPE, vaccination, and testing equipment.

Principle 8 (*Previously Principle 3*)
All policies and practices related to LTCF visitation must be implemented equitably, with consideration for ageism, ableism, and barriers for historically marginalized communities. To ensure that policies are implemented equitably, residents and their loved ones must have 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.

RECOMMENDATION F *(New)*
The workgroup recommends that state LTCF licensing agencies provide clear communication on LTCF visitation standards and an accessible process for submitting appeals and grievances in situations where visitation is not made available as outlined by this framework.

a) State LTCF licensing agencies should clearly post on their websites the current policies for visitation in LTCFs, including required Visitor safety protocols and any parameters that have been established via this framework.

b) This process should include a method for a resident's loved ones to appeal a situation in which a resident representative did not designate them as a RDV or for a situation in which there is not representation able to make these designations.

c) This process should include a method for rapidly responding to a situation in which a RDV was not able to visit a resident in accordance with the policies posted on the State LTCF licensing agencies' websites.