

Agenda
Chapter 112 (2022 Acts of Assembly) Study
September 7, 2022
Time 10:00 a.m. to 12:00 p.m.
Board Room 2, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

1. Call to Order and Introductions
2. Review of Agenda
3. Public Comment
4. Study Mandate and Goals
5. Presentation and Discussion
 - 5.1. Draft Recommendations
 - 5.2. Review of Written Public Comments on Draft Recommendations
 - 5.3. Discussion on Revisions to Recommendation
 - 5.4. Vote on Recommendations
6. Wrap Up and Next Steps
7. Meeting Adjournment

Regulatory Recommendations

1. The hospital shall identify medically necessary rehabilitative care for a patient, based on the procedure or service provided by the hospital and the patient's medical record from the procedure or service.
2. For rehabilitative care to be provided on an outpatient basis, the hospital shall provide to the patient or the patient's legal representative:
 - 2.1. The name, contact information to include telephone number, and physical address of the health care provider or list of health care providers able to provide the identified medically necessary rehabilitative care; and
 - 2.2. The timeframe, as specified by the patient's physician, in which the patient or the patient's legal representative should schedule the initial appointment for the identified medically necessary rehabilitative care.
3. For rehabilitative care to be provided on an inpatient basis, the hospital shall provide to the patient or the patient's legal representative the name, contact information to include telephone number, and physical address of the inpatient rehabilitation care provider or list of inpatient rehabilitation care providers able to provide the identified medically necessary rehabilitative care.
4. The hospital shall include a community health work in the care planning for a patient who is anticipated to receive medically necessary rehabilitative care services prior to that patient's discharge from the hospital.
5. *The hospital shall document in the patient's medical record its compliance with the regulatory recommendations.*

Commented [REA1]: This was not discussed during the August 25, 2022 meeting; however, this aligns with existing requirements about documentation of discharge planning and this type of documentation is commonly utilized to capture a hospital's compliance with regulatory requirements.

Non-Regulatory Recommendations

1. As a best practice, the hospital should provide 5- and 10-day post-discharge outreach to the patient or the patient's legal representative to ensure that identified medically necessary rehabilitative care either has been scheduled or has been initiated.
2. As a best practice, the hospital should identify state and para-state agencies (e.g., Brain Injury Association of Virginia, local chapter of the American Stroke Association, etc.) that can provide additional support to a patient from whom medically necessary rehabilitative care has been identified, based on where the patient lives and the patient's needs.
3. As a best practice, for patients enrolled in Virginia Medicaid, the hospital should provide the contact information of the appropriate care coordinator to the patient or the patient's legal representative.
4. As a best practice, for patients enrolled in health insurance that is not Virginia Medicaid, the hospital should provide information about care coordination available under that health insurance, if known, to the patient or the patient's legal representative.

Chapter 112 (2022 Acts of Assembly) Study

Office of Licensure and Certification
Virginia Department of Health

September 7, 2022



CALL TO ORDER & INTRODUCTIONS



REVIEW OF AGENDA

Ch. 112 (2022 Acts of Assembly) Work Group - Agenda

Public Comment Period

Study Mandate and Goals

Ms. Allen

Draft Recommendations

Ms. Allen

Review of Written Public Comments on Draft
Recommendations

Ms. Allen

Discussion on Revisions to Recommendations

Workgroup Members

Vote on Recommendations

Workgroup Members

Wrap Up and Next Steps

Dr. Pratt, Ms. Allen, Workgroup Members

PUBLIC COMMENT

Public Comment Period

- There is a two minute time limit for each person to speak.
- We will be calling from the list generated through registration.
- After the 2 minute public comment limit is reached we will let you complete the sentence and will mute you and move on to the next attendee.
- We will call the name of the person on list and also the name of the person is next on the list.

STUDY MANDATE & GOALS

Chapter 112 (2022 Acts of Assembly)

Provide regulatory recommendations to the State Board of Health about hospital protocols for connecting patients receiving rehabilitation services to necessary follow-up care, including requirements related to:

- providing instructions for follow-up care
- making referrals for any such follow-up care
- providing information necessary for the patient to schedule initial appointments for such follow-up care, including the name of and contact information for each provider and information regarding any scheduled appointments

Recommendations due **October 1, 2022**

DRAFT RECOMMENDATIONS

Regulatory Recommendation #1

The hospital shall identify medically necessary rehabilitative care for a patient, based on the procedure or service provided by the hospital and the patient's medical record from the procedure or service.

Regulatory Recommendation #2

For rehabilitative care to be provided on an outpatient basis, the hospital shall provide to the patient or the patient's legal representative:

- The name, contact information to include telephone number, and physical address of the health care provider or list of health care providers able to provide the identified medically necessary rehabilitative care; and
- The timeframe, as specified by the patient's physician, in which the patient or the patient's legal representative should schedule the initial appointment for the identified medically necessary rehabilitative care.

Regulatory Recommendation #3

For rehabilitative care to be provided on an inpatient basis, the hospital shall provide to the patient or the patient's legal representative the name, contact information to include telephone number, and physical address of the inpatient rehabilitation care provider or list of inpatient rehabilitation care providers able to provide the identified medically necessary rehabilitative care.

Regulatory Recommendation #4

The hospital shall include a community health work in the care planning for a patient who is anticipated to receive medically necessary rehabilitative care services prior to that patient's discharge from the hospital.

**Regulatory Recommendation #5

The hospital shall document in the patient's medical record its compliance with the regulatory recommendations.

**This was not discussed last meeting; however, this aligns with existing requirements about documentation of discharge planning and this type of documentation is commonly utilized to capture a hospital's compliance with regulatory requirements.

Non-Regulatory Recommendation #1

As a best practice, the hospital should provide 5- and 10-day post-discharge outreach to the patient or the patient's legal representative to ensure that identified medically necessary rehabilitative care either has been scheduled or has been initiated.

Non-Regulatory Recommendation #2

As a best practice, the hospital should identify state and para-state agencies (e.g., Brain Injury Association of Virginia, local chapter of the American Stroke Association, etc.) that can provide additional support to a patient from whom medically necessary rehabilitative care has been identified, based on where the patient lives and the patient's needs.

Non-Regulatory Recommendation #3

As a best practice, for patients enrolled in Virginia Medicaid, the hospital should provide the contact information of the appropriate care coordinator to the patient or the patient's legal representative.

Non-Regulatory Recommendation #4

As a best practice, for patients enrolled in health insurance that is not Virginia Medicaid, the hospital should provide information about care coordination available under that health insurance, if known, to the patient or the patient's legal representative.

REVIEW OF WRITTEN PUBLIC COMMENTS ON DRAFT RECOMMENDATIONS

This slide is a placeholder and will be replaced with information about written public comments received, if any. Written public comments will be distributed to workgroup members and posted publicly in the meeting materials for this meeting on Virginia Regulatory Town Hall prior to the meeting.

DISCUSSION ON REVISIONS TO RECOMMENDATIONS

Reminder about scope of recommendations

Regulatory recommendations about hospital protocols for connecting patients receiving rehabilitation services to necessary follow-up care, including requirements related to:

- providing instructions for follow-up care
- making referrals for any such follow-up care
- providing information necessary for the patient to schedule initial appointments for such follow-up care, including the name of and contact information for each provider and information regarding any scheduled appointments

VOTE ON RECOMMENDATIONS

Voting Procedure

We will vote on the regulatory recommendations as a block and the non-regulatory recommendations as a block UNLESS a workgroup member asks for a recommendation be pulled out for a standalone vote on just that one recommendation

Your options are:

- Support
- Oppose
- Abstain (i.e., neither support nor oppose)

WRAP-UP & NEXT STEPS

Moving Forward

VDH will distribute voted-upon recommendations to workgroup members and will submit to Board of Health staff by Monday, September 12, 2022

Report to Board of Health staff will include summary of oral public comments and copies of written public comments

Written public comments may be sent to Rebekah.Allen@vdh.Virginia.gov on or before 12:00PM on September 12, 2022 for inclusion in the report

If the recommendations are included on an upcoming Board of Health meeting agenda, workgroup members will be notified via email

ADJOURNMENT