1. Call to Order and Introductions – Secretary John Littel
2. Review of Agenda
3. Public Comment
4. Study Mandate and Goals
5. Presentations and Discussion
   5.1. Joint Commission on Health Care (JCHC) on Recent Studies Involving Congregate Care Settings – Mr. Jeff Lunardi
   5.2. Virginia Department of Behavioral Health and Developmental Services (DBHDS) Congregate Care Settings: Current Licensing, Regulation, and Oversight – Dr. Dev Nair
   5.3. Virginia Department of Health (VDH) Federal Oversight for DBHDS Congregate Care Settings – Ms. Rebekah Allen
   5.4. Discussion on Presentations
6. Wrap Up and Next Steps
7. Meeting Adjournment
Summary of Virginia Department of Health Presentation for
Chapter 559 (2022 Acts of Assembly) Study
From August 24, 2022

Freestanding Nursing Homes and Hospital Nursing Care Units
- Both require certificate of public need (COPN) – can take a max of 120 days
- Freestanding nursing homes must be licensed – time to license is variable; VDH works with applicants to issues licenses when the applicant has requested a specific date
- Nursing care units operate under the existing hospital license
- Both have the option to become certified as a nursing facility (NF; Medicaid only), skilled nursing facility (SNF; Medicare only), or SNF/NF (Medicaid and Medicare)

Statistics
- 306 facilities provide nursing care or skilled nursing care in Virginia
  - 278 licensed nursing homes are fully certified
  - 2 licensing nursing homes are partially certified
  - 8 licensed nursing homes are not certified at all
  - 7 nursing care units are fully certified
  - 2 fully certified facilities are not licensed nursing homes (operated by DBHDS)
- 33,167 long-term care beds in Virginia
  - 29,959 beds are SNF/NF
  - 1,498 are SNF only
  - 1,048 are NF only
  - 662 are non-participating (private pay only)

Oversight Operations
- VDH is responsible for nursing home state licensure program and carrying out federal certification activities of NFs, SNFs, and SNF/NFs for CMS
- VDH conducts federal surveys of all federal provider types regardless of whether VDH is responsible for state licensure or whether Virginia requires licensure at all
- VDH triages complaints per CMS guidance and primarily investigates under federal authority due to robust enforcement options and stricter requirements
- Deficiencies are scored according to the CMS scope and severity matrix
- VDH utilizes home-based medical facilities inspectors (MFIs) organized into 5 regional teams – no field offices
  - MFIs must meet CMS personnel standards and training requirements in addition to any Virginia-specific requirements
  - Training can take over a year to complete
  - VDH uses the same MFIs for state licensure and federal survey work
- 7% of LTC MFI time is annually spent on state licensure activities

Issues
- Very little revenue and appropriations to support the licensing program
  - Nursing home licensure fees are $1.50/bed (min. $75, max. $500)
  - Nursing home licensure fees haven’t changed in 43+ years
- VDH has to prioritize federal activities
  - CMS provides bulk of MFI and travel funding (cannot be used for state activities)
  - Failure to meet CMS metrics can result in fines for VDH
- VDH carries on average 10 LTC MFI vacancies because of difficulty attracting qualified applicants, travel demands on MFIs, and lack of funding
- CMS is shortening the timeframe to investigate most complaints, which strains existing staff and resources that are already being used to address backlog complaints