

Chapter 112 (2022 Acts of Assembly) Study

Office of Licensure and Certification
Virginia Department of Health

August 25, 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

Overview of Current State and Federal Requirements about
Discharge and Follow-up Care

Ms. Allen

Connecting Patients Receiving Rehabilitation Services to
Necessary Follow-up Care: Best Practices and Pain Points

Workgroup Members

Discussion on Preliminary 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**

OVERVIEW OF CURRENT STATE & FEDERAL REQUIREMENTS ABOUT DISCHARGE AND FOLLOW-UP CARE

State: Discharge Planning

Provide each patient admitted as an inpatient or his legal guardian the opportunity to designate an individual:

- who will care for or assist the patient in his residence following discharge
- to whom the hospital provides info regarding the discharge plan and any follow-up care, treatment, and services that the patient may require

Record in the patient's medical record upon admission:

- The name of the individual designated by the patient
- The relationship between the patient and the person
- The person's telephone number and address

If patient fails or refuses to designate an individual, record the failure or refusal in the medical record

State: Discharge Planning (cont.)

A patient may change the designated individual prior to discharge, which must be recorded in the medical record within 24 hours

Prior to discharge, shall:

- notify the designated individual of discharge
- provide the designated individual with a copy of the discharge plan and instructions and information regarding any follow-up care, treatment, or services that the designated individual will provide
- consult with the designated individual regarding the designated individual's ability to provide the care, treatment, or services

12VAC5-410-1175(D) and (E)

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State: Discharge Planning (cont.)

Include in the discharge plan:

- The name and contact information of the designated individual;
- A description of follow-up care, treatment, and services that the patient requires; and
- Information, including contact information, about any health care, long-term care, or other community-based services and supports necessary for the implementation of the patient's discharge plan.

Include in the medical record the discharge plan and any instructions or information provided to the designated individual

12VAC5-410-1175(E)

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State: Discharge Planning (cont.)

Provide designated individual the opportunity for:

- A demonstration of specific follow-up care tasks that they will provide to the patient in accordance with discharge plan prior to discharge
- the designated individual to ask questions regarding the performance of follow-up care tasks

Such opportunity shall be provided in a culturally competent manner and in the designated individual's native language

12VAC5-410-1175(F)

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State: Patients receiving elective surgeries

Establish protocols to ensure patient scheduled to receive an elective surgical procedure for which the patient can reasonably be expected to require outpatient physical therapy as a follow-up treatment after discharge is informed:

- They are expected to require outpatient physical therapy as a follow-up treatment
- They will be required to select a physical therapy provider prior to being discharged

12VAC5-410-230(K) and 12VAC5-410-1170(A)(3)

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Federal: Discharge planning

The hospital must have an effective discharge planning process that:

- focuses on the patient's goals and treatment preferences
- includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for post-discharge care

The discharge planning process and the discharge plan must:

- be consistent with the patient's goals for care and his or her treatment preferences
- ensure an effective transition of the patient from hospital to post-discharge care
- reduce the factors leading to preventable hospital readmissions

42 CFR § 482.43

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Federal: Discharge planning process

Must identify patients likely to suffer adverse health consequences upon discharge in absence of adequate discharge planning

Must provide a discharge planning evaluation for those patients as well as for other patients upon request

Must make timely discharge planning evaluations to ensure appropriate arrangements for post-hospital care before discharge and avoid unnecessary discharge delays

Must evaluate patient's likely need for appropriate post-hospital services, including hospice care, post-hospital extended care, home health, and non-health care services and community based care providers

Must include a determination of availability of the appropriate services and patient access to those services

42 CFR § 482.43(a) and (a)(1) – (2)

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Federal: Discharge planning process (cont.)

- Include discharge planning evaluation in medical record to establish an appropriate discharge plan
- Must discuss evaluation results with the patient or patient's representative
- Must arrange for the development and initial implementation of a discharge plan for patient, upon request of patient's physician
- Discharge planning evaluation or discharge plan must be developed by, or under the supervision of, a registered nurse, social worker, or other appropriately qualified personnel.
- Must regularly re-evaluate patient's condition to identify changes requiring discharge plan modifications

42 CFR § 482.43(a)(3) – (6)



Federal: Discharge planning process (cont.)

- Must regularly assess its process, including ongoing, periodic review of a representative sample of discharge plans, including those patients readmitted within 30 days of a previous admission, to ensure that plans are responsive to patient post-discharge needs
- Must assist patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures
- Must ensure that post-acute care data on quality measures and data on resource use measures is relevant and applicable to patient's goals of care and treatment preferences.

42 CFR § 482.43(a)(7) – (8)



Federal: Patient discharge and transmission of necessary medical information

The hospital must:

- discharge the patient, and also transfer or refer the patient where applicable, along with all necessary medical information pertaining to the patient's:
 - current course of illness and treatment
 - post-discharge goals of care
 - treatment preferences, at the time of discharge
- to the appropriate post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care

42 CFR § 482.43(b)

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Federal: HHA service referral; SNF, IRF, or LTCH transfer

Must include in the discharge plan a list of HHAs, SNFs, IRFs, or LTCHs that are available, that participate in Medicare, and that serve the geographic area in which the patient resides (for HHAs) or requested by the patient (for in SNFs, IRFs, or LTCHs)

- Must only present list to patients for whom home health care post-hospital extended care services, SNF, IRF, or LTCH services are indicated and appropriate as determined by the discharge planning evaluation
- For MCO-enrolled patients, must:
 - Make the patient aware of the need to verify with their MCO which practitioners, providers or certified suppliers are in-network
 - Share information with patient or their representative on which practitioners, providers or certified supplies are in network, if known
- Must document in the patient's medical record that the list was presented to the patient or to the patient's representative

42 CFR § 482.43(c)(1)

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Federal: HHA service referral; SNF, IRF, or LTCH transfer (cont.)

Must inform the patient or the patient's representative of their freedom to choose among participating Medicare providers and suppliers of post-discharge services

Must, when possible, respect the patient's or the patient's representative's goals of care and treatment preferences, as well as other preferences they express

Must not specify or otherwise limit the qualified providers or suppliers that are available to the patient

The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest and any HHA or SNF that has a disclosable financial interest in a hospital

42 CFR § 482.43(c)(2) and (3)

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Federal: Outpatient discharge

Provide patient with written discharge instructions and overnight supplies

When appropriate, make followup appointment with physician

Ensure patient is informed, either in advance of their surgical procedure or prior to leaving, of their prescriptions, post-operative instructions and physician contact information for followup care

Ensure patient has discharge order, signed by physician who performed the surgery or procedure

Ensure patient is discharged in the company of responsible adult, except those patients exempted by attending physician

42 CFR § 416.52(c)

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CONNECTING PATIENTS RECEIVING REHABILITATION SERVICES TO NECESSARY FOLLOW-UP CARE: BEST PRACTICES & PAIN POINTS

Questions to Consider

What currently are common hospital discharge protocols for patients needing rehab?

Where do hospitals believe improvements could be made to discharge protocols for patients needing rehab?

Where do health care providers providing rehabilitation services and other workgroup members believe improvements could be made discharge protocols for patients needing rehab?

What minimum standards for discharge protocols for patients needing rehab be required by regulation?

What are considered the best practices? And should those be in regulation?

DISCUSSION ON PRELIMINARY 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

WRAP-UP & NEXT STEPS

Moving Forward

VDH will distribute draft recommendations based on today's discussion in advance of next meeting

- Workgroup members are welcome to provide written comment on recommendations prior to the meeting; these will be distributed to the other members

Next meeting to be held on Wednesday, September 7, 2022 at 10:00AM

- Board Room 2 at the Perimeter Center

Discussion will be focused on reviewing workgroup member feedback about the preliminary recommendations and holding a vote on the recommendations

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

ADJOURNMENT