

**Agenda**  
**Chapter 112 (2022 Acts of Assembly) Study**  
August 25, 2022  
Time 10:00 a.m. to 12:00 p.m.  
Training Room 1, 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. Overview of Current State and Federal Requirements about Discharge and Follow-up Care – Department of Health
  - 5.2. Connecting Patients Receiving Rehabilitation Services to Necessary Follow-up Care: Best Practices and Pain Points – Workgroup members
  - 5.3. Discussion on Preliminary Recommendations – Workgroup members
6. Wrap Up and Next Steps
7. Meeting Adjournment

## 12VAC5-410-1175. Discharge planning.

A. Every hospital shall 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 from the hospital and to whom the hospital shall provide information regarding the patient's discharge plan and any follow-up care, treatment, and services that the patient may require.

B. Every hospital upon admission shall record in the patient's medical record:

1. The name of the individual designated by the patient;
2. The relationship between the patient and the person; and
3. The person's telephone number and address.

C. If the patient fails or refuses to designate an individual to receive information regarding his discharge plan and any follow-up care, treatment, and services, the hospital shall record the patient's failure or refusal in the patient's medical record.

D. A patient may change the designated individual at any time prior to the patient's release, and the hospital shall record the changes, including the information referenced in subsection B of this section, in the patient's medical record within 24 hours of such a change.

E. Prior to discharging a patient who has designated an individual pursuant to subsection A or D of this section, the hospital shall (i) notify the designated individual of the patient's discharge, (ii) provide the designated individual with a copy of the patient's discharge plan and instructions and information regarding any follow-up care, treatment, or services that the designated individual will provide, and (iii) consult with the designated individual regarding the designated individual's ability to provide the care, treatment, or services. Such discharge plan shall include:

1. The name and contact information of the designated individual;
2. A description of follow-up care, treatment, and services that the patient requires; and
3. 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.

A copy of the discharge plan and any instructions or information provided to the designated individual shall be included in the patient's medical record.

F. The hospital shall provide each individual designated pursuant to subsection A or D of this section the opportunity for a demonstration of specific follow-up care tasks that the designated individual will provide to the patient in accordance with the patient's discharge plan prior to the patient's discharge, including opportunity for 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.

### **Statutory Authority**

§ 32.1-127 of the Code of Virginia.

### **Historical Notes**

Derived from Virginia Register [Volume 32, Issue 14](#), eff. April 8, 2016.

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## 12VAC5-410-1170. Policy and procedures manual.

A. Each outpatient surgical hospital shall develop a policy and procedures manual that shall include provisions covering the following items:

1. The types of emergency and elective procedures that may be performed in the facility.
2. Types of anesthesia that may be used.
3. Admissions and discharges, including:
  - a. Criteria for evaluating the patient before admission and before discharge; and
  - b. Protocols to ensure that any 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 that the patient:
    - (1) Is expected to require outpatient physical therapy as a follow-up treatment; and
    - (2) Will be required to select a physical therapy provider prior to being discharged from the hospital.
4. Written informed consent of patient prior to the initiation of any procedures.
5. Procedures for housekeeping and infection control and prevention.
6. Disaster preparedness.
7. Facility security.

B. A copy of approved policies and procedures and revisions thereto shall be made available to the OLC upon request.

C. Each outpatient surgical hospital shall establish a protocol relating to the rights and responsibilities of patients based on Joint Commission on Accreditation of Healthcare Organizations' Standards for Ambulatory Care (2000 Hospital Accreditation Standards, January 2000). The protocol shall include a process reasonably designed to inform patients of their rights and responsibilities. Patients shall be given a copy of their rights and responsibilities upon admission.

D. If the Governor has declared a public health emergency related to the novel coronavirus (COVID-19), each outpatient surgical hospital shall allow a person with a disability who requires assistance as a result of such disability to be accompanied by a designated support person at any time during which health care services are provided.

1. A designated support person shall not be subject to any restrictions on visitation adopted by such outpatient surgical hospital. However, such designated support person may be required to comply with all reasonable requirements of the outpatient surgical hospital adopted to protect the health and safety of patients and staff of the outpatient surgical hospital.
2. Every outpatient surgical hospital shall establish policies applicable to designated support persons and shall:
  - a. Make such policies available to the public on a website maintained by the outpatient surgical hospital; and
  - b. Provide such policies, in writing, to the patient at such time as health care services are provided.

E. Each outpatient surgical hospital shall obtain a criminal history record check pursuant to § 32.1-126.02 of the Code of Virginia on any compensated employee not licensed by the Board of Pharmacy whose job duties provide access to controlled substances within the outpatient surgical hospital pharmacy.

§§ 32.1-12 and 32.1-127 of the Code of Virginia.

**Historical Notes**

Derived from VR355-33-500 § 4.3, eff. July 28, 1993; amended, Virginia Register [Volume 11, Issue 8](#), eff. April 1, 1995; [Volume 19, Issue 1](#), eff. November 1, 2002; [Volume 23, Issue 10](#), eff. March 1, 2007; [Volume 28, Issue 2](#), eff. November 1, 2011; [Volume 36, Issue 23](#), eff. August 6, 2020; [Volume 37, Issue 14](#), eff. March 31, 2021.

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8/25/202

## 12VAC5-410-230. Patient care management.

- A. All patients shall be under the care of a member of the medical staff.
- B. Each hospital shall have a plan that includes effective mechanisms for the periodic review and revision of patient care policies and procedures.
- C. Each hospital shall establish a protocol relating to the rights and responsibilities of patients based on Joint Commission on Accreditation of Healthcare Organizations' 2000 Hospital Accreditation Standards, January 2000. The protocol shall include a process reasonably designed to inform patients of their rights and responsibilities. Patients shall be given a copy of their rights and responsibilities upon admission.
- D. No medication or treatment shall be given except on the signed order of a person lawfully authorized by state statutes.
1. Hospital personnel, as designated in medical staff bylaws, rules and regulations, or hospital policies and procedures, may accept emergency telephone and other verbal orders for medication or treatment for hospital patients from physicians and other persons lawfully authorized by state statute to give patient orders.
  2. As specified in the hospital's medical staff bylaws, rules and regulations, or hospital policies and procedures, emergency telephone and other verbal orders shall be signed within a reasonable period of time not to exceed 72 hours, by the person giving the order, or, when such person is not available, cosigned by another physician or other person authorized to give the order.
- E. Each hospital shall have a reliable method for identification of each patient, including newborn infants.
- F. Each hospital shall include in its visitation policy a provision allowing each adult patient to receive visits from any individual from whom the patient desires to receive visits, subject to other restrictions contained in the visitation policy including the patient's medical condition and the number of visitors permitted in the patient's room simultaneously.
- G. If the Governor has declared a public health emergency related to the novel coronavirus (COVID-19), each hospital shall allow person with a disability who requires assistance as a result of such disability to be accompanied by a designated support person at any time during which health care services are provided.
1. In any case in which health care services are provided in an inpatient setting, and the duration of health care services in such inpatient setting is anticipated to last more than 24 hours, the person with a disability may designate more than one designated support person. However, no hospital shall be required to allow more than one designated support person to be present with a person with a disability at any time.
  2. A designated support person shall not be subject to any restrictions on visitation adopted by such hospital. However, such designated support person may be required to comply with all reasonable requirements of the hospital adopted to protect the health and safety of patients and staff of the hospital.
  3. Every hospital shall establish policies applicable to designated support persons and shall:
    - a. Make such policies available to the public on a website maintained by the hospital; and
    - b. Provide such policies, in writing, to the patient at such time as health care services are provided.
- H. Each hospital that is equipped to provide life-sustaining treatment shall develop a policy to determine the medical or ethical appropriateness of proposed medical care, which shall include:
1. A process for obtaining a second opinion regarding the medical and ethical appropriateness of proposed medical care in case in which a physician has determined proposed care to be medically or ethically inappropriate;

2. Provisions for review of the determination that proposed medical care is medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the proposed health care of the patient;
3. Requirements for a written explanation of the decision of the interdisciplinary medical review committee, which shall be included in the patient's medical record; and
4. Provisions to ensure the patient, the patient's agent, or the person authorized to make the patient's medical decisions in accordance with § 54.1-2986 of the Code of Virginia is informed of the patient's right to obtain the patient's medical record and the right to obtain an independent medical opinion and afforded reasonable opportunity to participate in the medical review committee meeting.

The policy shall not prevent the patient, the patient's agent, or the person authorized to make the patient's medical decisions from obtaining legal counsel to represent the patient or from seeking other legal remedies, including court review, provided that the patient, the patient's agent, person authorized to make the patient's medical decisions, or legal counsel provide written notice to the chief executive officer of the hospital within 14 days of the date of the physician's determination that proposed medical treatment is medically or ethically inappropriate as documented in the patient's medical record.

I. Each hospital shall establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition as defined in 42 USC § 1395dd(e)(1), the hospital shall provide the patient or the patient's authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan.

J. Each hospital shall provide written information about the patient's ability to request an estimate of the payment amount for which the participant will be responsible pursuant to § 32.1-137.05 of the Code of Virginia. The written information shall be posted conspicuously in public areas of the hospital, including admissions or registration areas, and included on any website maintained by the hospital.

K. Each hospital shall establish protocols to ensure that any 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 that the patient:

1. Is expected to require outpatient physical therapy as a follow-up treatment; and
2. Will be required to select a physical therapy provider prior to being discharged from the hospital.

**Statutory Authority**

§§ 32.1-12 and 32.1-127 of the Code of Virginia.

**Historical Notes**

Derived from VR355-33-500 § 2.7, eff. July 28, 1993; amended, Virginia Register Volume 11, Issue 8, eff. April 1, 1995; Volume 19, Issue 1, eff. November 1, 2002; Errata, 19:3 VA.R. 549 October 21, 2002; amended, Virginia Register Volume 24, Issue 11, eff. March 5, 2008; Volume 35, Issue 4, eff. November 14, 2018; Volume 35, Issue 21, eff. July 10, 2019; Volume 35, Issue 24, eff. August 23, 2019; Volume 36, Issue 23, eff. August 6, 2020; Volume 37, Issue 14, eff. March 31, 2021.

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## Title 42 - Public Health

### Chapter IV - Centers for Medicare & Medicaid Services, Department of Health and Human Services

#### Subchapter G - Standards and Certification

#### Part 482 - Conditions of Participation for Hospitals

**Authority:** 42 U.S.C. 1302, 1395hh, and 1395rr, unless otherwise noted.

**Source:** 51 FR 22042, June 17, 1986, unless otherwise noted.

#### Subpart C - Basic Hospital Functions

#### § 482.43 Condition of participation: Discharge planning.

The hospital must have an effective discharge planning process that focuses on the patient's goals and treatment preferences and 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, and reduce the factors leading to preventable hospital readmissions.

- (a) **Standard: Discharge planning process.** The hospital's discharge planning process must identify, at an early stage of hospitalization, those patients who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning and must provide a discharge planning evaluation for those patients so identified as well as for other patients upon the request of the patient, patient's representative, or patient's physician.
- (1) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-hospital care will be made before discharge and to avoid unnecessary delays in discharge.
  - (2) A discharge planning evaluation must include an evaluation of a patient's likely need for appropriate post-hospital services, including, but not limited to, hospice care services, post-hospital extended care services, home health services, and non-health care services and community based care providers, and must also include a determination of the availability of the appropriate services as well as of the patient's access to those services.
  - (3) The discharge planning evaluation must be included in the patient's medical record for use in establishing an appropriate discharge plan and the results of the evaluation must be discussed with the patient (or the patient's representative).
  - (4) Upon the request of a patient's physician, the hospital must arrange for the development and initial implementation of a discharge plan for the patient.
  - (5) Any discharge planning evaluation or discharge plan required under this paragraph must be developed by, or under the supervision of, a registered nurse, social worker, or other appropriately qualified personnel.
  - (6) The hospital's discharge planning process must require regular re-evaluation of the patient's condition to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.

- (7) The hospital must assess its discharge planning process on a regular basis. The assessment must include ongoing, periodic review of a representative sample of discharge plans, including those patients who were readmitted within 30 days of a previous admission, to ensure that the plans are responsive to patient post-discharge needs.
- (8) The hospital must assist patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures. The hospital must ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient's goals of care and treatment preferences.
- (b) **Standard: Discharge of the patient and provision and transmission of the patient's 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, and 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.
- (c) **Standard: Requirements related to post-acute care services.** For those patients discharged home and referred for HHA services, or for those patients transferred to a SNF for post-hospital extended care services, or transferred to an IRF or LTCH for specialized hospital services, the following requirements apply, in addition to those set out at paragraphs (a) and (b) of this section:
  - (1) The hospital must include in the discharge plan a list of HHAs, SNFs, IRFs, or LTCHs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, IRF, or LTCH, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available.
    - (i) This list must only be presented 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.
    - (ii) For patients enrolled in managed care organizations, the hospital must make the patient aware of the need to verify with their managed care organization which practitioners, providers or certified suppliers are in the managed care organization's network. If the hospital has information on which practitioners, providers or certified supplies are in the network of the patient's managed care organization, it must share this with the patient or the patient's representative.
    - (iii) The hospital must document in the patient's medical record that the list was presented to the patient or to the patient's representative.
  - (2) The hospital, as part of the discharge planning process, must inform the patient or the patient's representative of their freedom to choose among participating Medicare providers and suppliers of post-discharge services and 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. The hospital must not specify or otherwise limit the qualified providers or suppliers that are available to the patient.



- (3) The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. Financial interests that are disclosable under Medicare are determined in accordance with the provisions of part 420, subpart C, of this chapter.

[84 FR 51882, Sept. 30, 2019]

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This content is from the eCFR and is authoritative but unofficial.

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## Title 42 - Public Health

### Chapter IV - Centers for Medicare & Medicaid Services, Department of Health and Human Services

#### Subchapter B - Medicare Program

#### Part 416 - Ambulatory Surgical Services

Authority: 42 U.S.C. 1302 and 1395hh.

Source: 47 FR 34094, Aug. 5, 1982, unless otherwise noted.

#### Subpart C - Specific Conditions for Coverage

#### § 416.52 Conditions for coverage - Patient admission, assessment and discharge.

The ASC must ensure each patient has the appropriate pre-surgical and post-surgical assessments completed and that all elements of the discharge requirements are completed.

(a) **Standard: Patient assessment and admission.**

- (1) The ASC must develop and maintain a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy must -
  - (i) Include the timeframe for medical history and physical examination to be completed prior to surgery.
  - (ii) Address, but is not limited to, the following factors: Patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level.
  - (iii) Be based on any applicable nationally recognized standards of practice and guidelines, and any applicable State and local health and safety laws.
- (2) Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.
- (3) The pre-surgical assessment must include documentation of any allergies to drugs and biologicals.
- (4) The patient's medical history and physical examination (if any) must be placed in the patient's medical record prior to the surgical procedure.

(b) **Standard: Post-surgical assessment.**

- (1) The patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy.
- (2) Post-surgical needs must be addressed and included in the discharge notes.

(c) **Standard: Discharge.** The ASC must -

- (1) Provide each patient with written discharge instructions and overnight supplies. When appropriate, make a followup appointment with the physician, and ensure that all patients are informed, either in advance of their surgical procedure or prior to leaving the ASC, of their prescriptions, post-operative instructions and physician contact information for followup care.
- (2) Ensure each patient has a discharge order, signed by the physician who performed the surgery or procedure in accordance with applicable State health and safety laws, standards of practice, and ASC policy.
- (3) Ensure all patients are discharged in the company of a responsible adult, except those patients exempted by the attending physician.

*[73 FR 68813, Nov. 18, 2008, as amended at 84 FR 51814, Sept. 30, 2019]*

# 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)

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

## 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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OF HEALTH

## 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)

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

## 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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OF HEALTH

## 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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DEPARTMENT  
OF HEALTH

## 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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OF HEALTH

## 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)



## 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)



## 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**