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VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD  
OFFICE OF EMERGENCY MEDICAL SERVICES

POST ACUTE CARE COMMITTEE MEETING

THURSDAY, MAY 05, 2022  
1:00 P.M.

EMBASSY SUITES BY HILTON RICHMOND  
2925 EMORYWOOD PARKWAY  
RICHMOND, VIRGINIA 23294



<p style="text-align: right;">2</p> <p>1           <b>APPEARANCES</b></p> <p>2 BETH BROERING, CHAIR</p> <p>3 MINDY CARTER, OEMS</p> <p>4 LAUREN CARTER-SMITH</p> <p>5 CHARLES DILLARD</p> <p>6 RENEE GARRETT</p> <p>7 HEATHER ASTHAGIRI, UVA</p> <p>8 JAMES GIEBFRIED, AMERICAN PHYSICAL THERAPY</p> <p>9 ASSOCIATION OF VIRGINIA</p> <p>10 CHRIS MILLER, DARS</p> <p>11 ANNE MCDONNELL, BRAIN INJURY ASSOCIATION OF</p> <p>12 VIRGINIA</p> <p>13 PATRICIA DAVIS, INOVA</p> <p>14 LORI STURT, SOUTHSIDE MEDICAL CENTER</p> <p>15 TRACEY JEFFERS, RESTON HOSPITAL</p> <p>16 PAULA FERRADA, INOVA</p> <p>17 AMANDA TURNER, CENTRAL HEALTH</p> <p>18 KATHY BUTLER</p> <p>19 ROBERT TEWEY, ESO</p> <p>20 JENNIFER WILSON</p> <p>21 AMANDA LORETI, CENTRAL SHENANDOAH</p> <p>22 TANYA TREVILIAN</p> <p>23 KATHLEEN HARDESTY, SENTARA</p> <p>24 LACEY WATFORD, SENTARA NORFOLK GENERAL</p> <p>25 JESSICA ROSNER, OEMS</p>	<p style="text-align: right;">4</p> <p>1   <b>VIRGINIA DEPARTMENT OF HEALTH ADVISORY BOARD</b></p> <p>2   <b>OFFICE OF EMERGENCY MEDICAL SERVICES</b></p> <p>3   <b>POST ACUTE CARE COMMITTEE MEETING</b></p> <p>4   <b>THURSDAY, MAY 05, 2022</b></p> <p>5   <b>1:00 P.M.</b></p> <p>6   <b>CHAIR BROERING:</b> Okay, good</p> <p>7 afternoon everybody.</p> <p>8       Thank you all for taking time out</p> <p>9 of your day to come down and travel many of you</p> <p>10 from longer distances, and I know that there's,</p> <p>11 there's been traffic and stuff. I'd like to</p> <p>12 welcome everybody to the first meeting of the</p> <p>13 Post Acute Committee in a very, very long time,</p> <p>14 and I am assuming the role as chair of the</p> <p>15 committee. I'm Beth Broering and I'm the Trauma</p> <p>16 and Burn Program Manager from VC Medical Center</p> <p>17 in Richmond, Virginia.</p> <p>18       I think as we get started, a</p> <p>19 couple of pieces of housekeeping, there are</p> <p>20 microphones at a couple of places that are</p> <p>21 strategically positioned around the table. Mindy</p> <p>22 and the team asked that we do not touch those</p> <p>23 microphones so that they can record the minutes</p> <p>24 and then in order to be able to accurately record</p> <p>25 the minutes if you are going to speak, if you</p>
<p style="text-align: right;">3</p> <p>1 JAY HOLDREN, VCU</p> <p>2 CHAD BLOSSER, OEMS</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">5</p> <p>1 would just say your name before you make your</p> <p>2 comments or ask questions so that as they</p> <p>3 contribute to the minutes or or record the</p> <p>4 minutes for the next time that they're able to</p> <p>5 keep track of who has said what.</p> <p>6       I am going to pass around a sign</p> <p>7 in sheet, and I think what I said in the email to</p> <p>8 a few of you is typical of my behavior style. If</p> <p>9 nothing more than that is, I just jumped and took</p> <p>10 a leap of faith that I knew what I was doing,</p> <p>11 which probably was not completely accurate and</p> <p>12 when a number of individuals that were previously</p> <p>13 on the computer, on the committee responded and</p> <p>14 said that they had either left their positions</p> <p>15 and recommended new individuals or were no longer</p> <p>16 with your organization. And, and and I also said</p> <p>17 is there anybody else do you think we should have</p> <p>18 on this committee? I got a lot of names and</p> <p>19 suggestions and so I just took the liberty of</p> <p>20 saying would you like to be on this committee?</p> <p>21 And many of you who are here today said yes, that</p> <p>22 would be great. So there's, but then I got that,</p> <p>23 I sort of got my hands slapped and said you have</p> <p>24 to vote on these people first.</p> <p>25       So, what I'd like to do is I'd</p>



6	<p>1 like to have everyone go around the room and                  2 introduce yourself, and please say if you are a                  3 prior committee member and the, and the agency or                  4 group that you are representing, and if you are                  5 new and somewhat replacing an individual who you                  6 are and and sort of what we intend that role to                  7 be so that we can then figure out where we need                  8 to fill in gaps as we keep moving forward. So,                  9 Mindy.                  10 <b>MS. CARTER:</b> Mindy Carter with                  11 Office of EMS.                  12 <b>MR. BLOSSER:</b> Chad Blosser, staff                  13 liaison for this committee for today, Office of                  14 EMS.                  15 <b>DR. GIEBFRIED:</b> Dr. Jim Giebfried,                  16 Associations with the American Physical Therapy                  17 Association of Virginia. My previous commitments                  18 to here, I've also been staff liaison for the                  19 Acute Care Committee.                  20 <b>MR. HOLDREN:</b> My name is Jay                  21 Holdren. I'm a Senior Director for Post Acute                  22 Care at the VCU Office building.                  23 <b>(WHEREUPON, papers shuffling.)</b>                  24 <b>MR. HOLDREN:</b> I am a proposed                  25 member of the committee replacing Nathan Sizemore</p>	8
7	<p>1 who was my predecessor at VCU College.                  2 <b>CHAIR BROERING:</b> All right.                  3 <b>DR. ASTHAGIRI:</b> My name is                  4 Heather Asthagiri, and I work at UVA.                  5 <b>MS. ROSNER:</b> I'm Jessica Rosner.                  6 I am the Epidemiology Program Manager for the                  7 Office of the EMS.                  8 <b>MS. HARDESTY:</b> I'm Kathleen                  9 Hardesty. I am the Assistant Director for Acute                  10 Physical Rehab for Sentara, representing patient                  11 rehab.                  12 <b>MS. WATFORD:</b> And I'm Lacey                  13 Watford. I'm the rehab manager at Sentara                  14 Norfolk General for patient and acute rehab. I                  15 would be a new member ...                  16 <b>CHAIR BROERING:</b> Get up here.                  17 <b>MS. WATFORD:</b> ... okay, and                  18 replacing Shereen Davis.                  19 <b>CHAIR BROERING:</b> Okay, you can                  20 come, you can come to the table. It's not                  21 special.                  22 <b>MS. WATFORD:</b> Okay.                  23 <b>MS. CARTER:</b> I don't even have a                  24 Davis on here.                  25 <b>MS. LORETI:</b> Amanda Loreti,</p>	9
6	<p>1 Central Shenandoah Performance Improvement                  2 Specialist.                  3 <b>MS. WILSON:</b> Jennifer Wilson,                  4 manager at ESO.                  5 <b>MR. TEWEY:</b> Robert Tewey, Director                  6 of Engineering, ESO.                  7 <b>MR. TURNER:</b> Amanda Turner,                  8 Central Health, Senior Director of Heart Disease                  9 Services.                  10 <b>DR. FERRADA:</b> Thank you. My name                  11 is Paula Ferrada, and I am Assistant Chief for                  12 Trauma and Surgery at Inova Health and I am the                  13 current Chair of TAG.                  14 <b>MR. JEFFERS:</b> Tracey Jeffers, I am                  15 the Trauma Program Director at Reston, excuse me,                  16 sorry, at Reston Hospital in Northern Virginia,                  17 and I'm a visitor.                  18 <b>MS. STURT:</b> I'm Lori Sturt, and                  19 I'm from Southside Medical Center, and I'm the                  20 trauma program manager interim for Tracey ...                  21 <b>MS. DAVIS:</b> I'm Pat Davis. I'm                  22 currently a guest and I am the director for rehab                  23 for both Inova Mount Vernon and Inova Fairfax and                  24 the charity program for Inova.                  25 <b>MS. BUTLER:</b> Kathy Butler, Trauma</p>	8
7	<p>1 Program Manager at UVA and previous Chair of this                  2 committee and visitor.                  3 <b>MS. MILLER:</b> Chris Miller, rehab                  4 services director for Department of Aging and                  5 Rehabilitative Services. I've been on this                  6 committee.                  7 <b>MS. MCDONNELL:</b> Anne McDonnell,                  8 the Executive Director of the Brain Injury                  9 Association of Virginia, previous member of this                  10 committee and representing this committee on the                  11 System Improvement Committee.                  12 <b>(WHEREUPON, laughter.)</b>                  13 <b>CHAIR BROERING:</b> So, I think the                  14 first question, help me out here Mindy.                  15 <b>MS. CARTER:</b> I think since Dr.                  16 Ferrada is here, and even though you may not have                  17 a quorum, if you would like to ask Dr. Ferrada to                  18 replace said members with other said members,                  19 there she sits.                  20 <b>CHAIR BROERING:</b> Dr. Ferrada ...                  21 <b>MS. CARTER:</b> Because apparently                  22 that's okay.                  23 <b>CHAIR BROERING:</b> Dr. Ferrada, may                  24 we replace said members with the prior said                  25 members?</p>	9



10	<p>1 <b>DR. FERRADA:</b> It would be a                  2 privilege and an honor.                  3 <b>CHAIR BROERING:</b> Okay.                  4 <b>(WHEREUPON, laughter.)</b>                  5 <b>CHAIR BROERING:</b> Thank you.                  6 <b>MS. CARTER:</b> See, she's so hard to                  7 get along with.                  8 <b>CHAIR BROERING:</b> Exactly. Okay, I                  9 think the other question is to then review and                  10 hopefully some of you have had the opportunity to                  11 review the minutes. I will start to pass this                  12 around and then I'll take a motion to approve the                  13 minutes from February 6th of 2020 especially for                  14 those of you who are new to the group.                  15 <b>MS. CARTER:</b> Could we sort of for,                  16 for record keeping purposes and so we know who                  17 are going to be the new, who's replacing whom, if                  18 we're already into that?                  19 <b>CHAIR BROERING:</b> Sure you want to                  20 jump to ...                  21 <b>MS. CARTER:</b> Okay. Because you                  22 were talking about the minutes, I was just going                  23 to see if we could ...                  24 <b>CHAIR BROERING:</b> Yeah.                  25 <b>MS. CARTER:</b> ...vote on anything,</p>	12
11	<p>1 you know what I mean?                  2 <b>CHAIR BROERING:</b> Yeah, that's                  3 fine. So you want to ...                  4 <b>MS. CARTER:</b> So we need to figure                  5 out, like, who's, who's going to, who's been                  6 joining your ...                  7 <b>CHAIR BROERING:</b> Yeah, this is the                  8 list that I printed out and then forgot, so, to                  9 bring with me. All right, so we have Acute                  10 Rehab. We have a Chair, we have Acute Rehab. We                  11 have a Rehab Center Administration, that would be                  12 you, Jay Holdren; Rehab Center Administration.                  13 Case Manager and Social Services was Donna                  14 Rotondo, and I think Pat, you were the individual                  15 that we, that was suggested and you're coming as                  16 a guest just to see for right now. Okay, Case                  17 Management and Social Work for Acute Rehab was                  18 Lisa Katzman, so that position is still vacant.                  19 Anne, you're here as the Brain Injury Association                  20 or the Brain Injury Council, is that right?                  21 <b>MS. MCDONNELL:</b> Brain Injury                  22 Association, yes, ma'am.                  23 <b>CHAIR BROERING:</b> Yeah. Okay. We                  24 need representation from the Virginia Aging and                  25 Rehab Services.</p>	13
10	<p>1 <b>MS. MILLER:</b> That's me, Chris                  2 Miller.                  3 <b>CHAIR BROERING:</b> Chris Miller.                  4 Okay. Thanks.                  5 <b>MS. CARTER:</b> And where, and you're                  6 from where?                  7 <b>MS. MILLER:</b> DARS, Department of                  8 Aging and Rehabilitation Services.                  9 <b>MS. CARTER:</b> Okay great. Sorry.                  10 <b>CHAIR BROERING:</b> Okay, Dr.                  11 Giebfried is there. Lauren Carter-Smith is not                  12 here.                  13 <b>MS. MILLER:</b> She plans to                  14 continue.                  15 <b>CHAIR BROERING:</b> And she plans to                  16 continue. That's right.                  17 <b>MS. MILLER:</b> And she's with VOTA.                  18 <b>CHAIR BROERING:</b> Yep. Okay.                  19 Renee Garrett was from the Speech and Language                  20 and Hearing of Virginia, and I think that she was                  21 an individual, she is an individual that was not                  22 able to continue, I'm pretty sure. I had marked                  23 her off. And we did not hear from Dr. Dillard                  24 from King's Daughters as a Pediatric Acute Rehab.                  25 <b>MS. MILLER:</b> Let me see if I can</p>	12
11	<p>1 text him real quick.                  2 <b>CHAIR BROERING:</b> Okay that was the                  3 other outstanding, and then Lacey, you're                  4 replacing Emily Jones, is that right?                  5 <b>MS. WATFORD:</b> No, Shereen Davis.                  6 <b>CHAIR BROERING:</b> Shereen Davis.                  7 <b>MS. CARTER:</b> There's no Davis on                  8 here.                  9 <b>MS. WATFORD:</b> I didn't think that                  10 was supposed to come up here. I was just                  11 listening.                  12 <b>CHAIR BROERING:</b> And, Lacey what is                  13 your role?                  14 <b>MS. WATFORD:</b> I'm the Rehab                  15 Manager for Sentara Norfolk General Hospital.                  16 Kathleen Hardesty is the Regional Director.                  17 <b>(WHEREUPON, laughter.)</b>                  18 <b>CHAIR BROERING:</b> No, no, no, no,                  19 you, everybody can stay where they're at. It                  20 doesn't matter where you sit.                  21 <b>MS. CARTER:</b> If you need to do                  22 further work on this you can.                  23 <b>CHAIR BROERING:</b> We can do further                  24 work.                  25 <b>MS. CARTER:</b> Yeah.</p>	13

14

1           **CHAIR BROERING:** Okay. I know  
 2 Emily's gone, we need to replace that.  
 3           **MS. CARTER:** Yellow there.  
 4           **CHAIR BROERING:** Yeah I know.  
 5 Okay, so that's going to be Jay.  
 6           **MS. CARTER:** Jay who?  
 7           **CHAIR BROERING:** Holdren.  
 8           **MS. CARTER:** Okay.  
 9           **CHAIR BROERING:** All right.  
 10 Okay.  
 11          **MS. CARTER:** Anything we can talk  
 12 about.  
 13          **CHAIR BROERING:** Yeah we can do  
 14 that. All right, so let's go back to, sorry  
 15 about that. Let's go back to the minutes from  
 16 February the 6th 2020 and give everyone the  
 17 opportunity to review the minutes and, and then  
 18 I'll take a motion to approve them.  
 19 **(WHEREUPON, Committee Members reviewed the**  
 20 **meeting minutes referred to.)**  
 21          **MS. CARTER:** Does that give us a  
 22 quorum?  
 23          **CHAIR BROERING:** I think it does.  
 24 1, two, three, four, five, six, seven, eight,  
 25 seven out of, I think we have enough; seven out

15

1 of 10.  
 2           **MS. CARTER:** That's quorum.  
 3           **CHAIR BROERING:** Yep.  
 4           **MS. CARTER:** Woo-hoo, we have one  
 5 meeting with a quorum. We're just so happy, I'm  
 6 sorry, this is Mindy, I'm being a bad girl. We  
 7 now have a quorum. So, that's good.  
 8           **CHAIR BROERING:** Do I get extra  
 9 points for that?  
 10          **MS. CARTER:** Yeah, I think you're  
 11 one of the few.  
 12 **(WHEREUPON, Committee Members reviewed the**  
 13 **meeting minutes previously mentioned.)**  
 14          **MS. CARTER:** We can entertain a  
 15 motion, if necessary.  
 16          **CHAIR BROERING:** Hmm?  
 17          **MS. CARTER:** We can entertain a  
 18 motion, if necessary.  
 19          **CHAIR BROERING:** Okay. Yes. All  
 20 right. Thank you. All right, so, we have a  
 21 motion to approve from Chris, for Christine  
 22 miller and a second from Doctor, tell me how you  
 23 say your last name.  
 24          **DR. ASTHAGIRI:** Asthagiri.  
 25          **CHAIR BROERING:** Asthagiri.

16

1           **CHAIR BROERING:** Okay.  
 2           **DR. ASTHAGIRI:** You can call me  
 3 Heather.  
 4           **CHAIR BROERING:** All right. From  
 5 Dr. Heather. Thank you. So is there any other  
 6 questions or comments and if there's no  
 7 dissension, we'll take those motions as approved?  
 8 **(WHEREUPON, no response.)**  
 9           **CHAIR BROERING:** Great, thank you.  
 10 If we can go ahead then and just review the  
 11 agenda. And if there's any suggested changes,  
 12 I'll take open, I'll take suggestions. And  
 13 otherwise, if we could have a motion to approve  
 14 the agenda.  
 15          **MS. MCDONNELL:** Motion to approve.  
 16          **CHAIR BROERING:** From Anne, is  
 17 that right?  
 18          **MS. MCDONNELL:** Yes.  
 19          **CHAIR BROERING:** All right. And a  
 20 motion to second, or second from Dr. Asthagiri.  
 21 So great, thank you very much.  
 22          So, the first item of business is  
 23 the Chair's report, and other than to say I'm  
 24 very appreciative that we're now able to meet in  
 25 person again and keep this committee moving

17

1 forward and really the development of our trauma  
 2 system, I don't have a lot to report. I know that  
 3 there was a lot of work that was done by this  
 4 committee in the past in 2018 and '19, especially  
 5 with the development or the beginning assembly of  
 6 a list of resources for post acute care that I  
 7 would like to discuss further in this meeting.  
 8 And, oh I do have, if we can put on the list  
 9 before we end the meeting, I will need a  
 10 representation, no we need a acute care committee  
 11 liaison for this meeting.  
 12          **MS. CARTER:** Yes.  
 13          **CHAIR BROERING:** That's what we're  
 14 missing. It's the opposite. We have the liaisons  
 15 out, we needed one coming back in, that's what we  
 16 need.  
 17          Okay. So I think the first item  
 18 of business to talk about is the review of the  
 19 PACT membership and the need for additional  
 20 members. So I'm going to let Mindy sort of read  
 21 out where we've got positions that were listed  
 22 and then the discussion of, sort of changes to  
 23 that or augmentation and then people to fill  
 24 vacant positions.  
 25          **MS. CARTER:** So if I'm reading,



18	<p>1 this one's, this one's vacant?                  2 <b>CHAIR BROERING:</b> Yep.                  3 <b>MS. CARTER:</b> And these two are                  4 vacant?                  5 <b>CHAIR BROERING:</b> Yep.                  6 <b>MS. CARTER:</b> Okay so it looks like                  7 with that movement, we have a case manager social                  8 work at an acute rehab, a position open. We also                  9 have the speech language and hearing association                  10 position open. We also have a sniff position                  11 open and as well as a cross member from the Acute                  12 Care Committee open.                  13 I think that, do you want to just                  14 sort of discuss like how we could change that?                  15 <b>CHAIR BROERING:</b> Yeah.                  16 <b>MS. CARTER:</b> So we can't, the                  17 composition of the committee can be changed. This                  18 is not set in stone; if you feel that you're                  19 going to get better participation from                  20 potentially people from other sectors or you feel                  21 that you need people from other sectors, you're                  22 able to do that. The only difference is that we                  23 want to try to keep it to close to the same                  24 number probably in terms of the number of                  25 members, and then if you wanted to you know</p>	20
19	<p>1 eliminate, eliminate a member or add a new                  2 position, the way to do that would be to go to                  3 the executive committee of the board just to get                  4 approval of that, and then you're good to go to                  5 to set that in motion.                  6 <b>CHAIR BROERING:</b> All right.                  7 <b>MS. MCDONNELL:</b> Ma'am?                  8 <b>CHAIR BROERING:</b> Yes.                  9 <b>MS. MCDONNELL:</b> I just got a text                  10 back from Dr. Dillard. He is planning to                  11 continue, he could not be here today.                  12 <b>CHAIR BROERING:</b> Okay great. So                  13 we have representation from Acute Pediatric                  14 Rehab.                  15 <b>MS. MCDONNELL:</b> Yes.                  16 <b>CHAIR BROERING:</b> Okay. I think                  17 the one thing we absolutely need is                  18 representation from our skilled nursing                  19 facilities. And I'm not sure, I'd love to have                  20 some discussion or suggestions on how best to                  21 fill that void because such a large portion of                  22 our patients actually go to what I call sub acute                  23 rehab or skilled nursing facilities for rehab                  24 services.                  25 <b>MS. MCDONNELL:</b> I think Keith Hare</p>	21

1 might be able to help suggest somebody, Keith is  
 2 with ...  
 3 **MR. HOLDREN:** Yeah. VHCA.  
 4 **MS. MCDONNELL:** Yeah, because I  
 5 was going to say Virginia Healthcare and Hospital  
 6 but that's not it, that's Sean Connaughton.  
 7 **MR. HOLDREN:** Yeah.  
 8 **MS. MCDONNELL:** But Keith might be  
 9 able to help us locate someone.  
 10 **MR. HOLDREN:** Yeah, I'm a member  
 11 of VHCA, I could reach to Keith, or a member  
 12 organizations, that's the assembly for all the,  
 13 our state and commonwealth; it's Jay Holdren  
 14 speaking.  
 15 **CHAIR BROERING:** Okay, so you  
 16 would be so just to clarify, you would be  
 17 reaching out to Keith to identify an individual  
 18 to participate on this committee or for Keith to  
 19 participate on the committee or one or either of  
 20 those?  
 21 **MR. HOLDREN:** I think it would be  
 22 more appropriate; he's not an operator. He's the  
 23 CEO of the Association.  
 24 **CHAIR BROERING:** Okay.  
 25 **MR. HOLDREN:** Someone who's ...

1 **CHAIR BROERING:** Within that.  
 2 **MR. HOLDREN:** ...straighter in a  
 3 facility in the Commonwealth, would be most  
 4 appropriate to recommend.  
 5 **CHAIR BROERING:** Okay. And what  
 6 is his last name again?  
 7 **MR. HOLDREN:** H-A-R-E.  
 8 **CHAIR BROERING:** Okay. Yeah if you  
 9 guys know him well and have that relationship  
 10 that can have the conversation, I'm happy to be  
 11 looped into that, but I think that would be great  
 12 to have that conversation and help us identify  
 13 that.  
 14 **MR. HOLDREN:** Well, I'll write to  
 15 him and cc you.  
 16 **CHIAR BROERING:** Okay, that's  
 17 perfect. And then the second, the second  
 18 position that is open, existing position that was  
 19 open was a representation from the Speech and  
 20 Language and Hearing Association of Virginia.  
 21 **MS. MCDONNELL:** I've got some  
 22 contacts. This is ...  
 23 **MS. CARTER:** Oh, that'd be good.  
 24 **MS. MCDONNELL:** I can start  
 25 digging around.

22	<p>1           <b>CHAIR BROERING:</b> So Jay's going to</p> <p>2 take care of the SNF with Keith and then Anne</p> <p>3 you're gonna take care of reaching out for the</p> <p>4 speech and language.</p> <p>5           <b>MS. MCDONNELL:</b> Yeah. I may rope</p> <p>6 Lauren into it ...</p> <p>7           <b>CHAIR BROERING:</b> That's fine.</p> <p>8           <b>MS. CARTER:</b> This is Mindy. Where</p> <p>9 is the sign in sheet?</p> <p>10          <b>MEETING ATTENDEE:</b> I have it. I</p> <p>11 haven't signed in.</p> <p>12          <b>MS. CARTER:</b> Sorry.</p> <p>13          <b>CHAIR BROERING:</b> We can get a</p> <p>14 liaison for the Acute Care Committee this</p> <p>15 afternoon at that meeting at three o'clock, and</p> <p>16 then I think we will have this filled pending</p> <p>17 Pat, your assessment of how you might be able to</p> <p>18 contribute in place of Lisa, is that right?</p> <p>19          <b>MS. DAVIS:</b> Can you help explain</p> <p>20 to me the difference between what Donna Rotonda</p> <p>21 was doing and what Lisa was doing because I'm</p> <p>22 kind of ...</p> <p>23          <b>CHAIR BROERING:</b> Yeah Don, yeah,</p> <p>24 that's, yeah ...</p> <p>25          <b>MS. DAVIS:</b> I'm not social work,</p>	24	<p>1 there as a tentative and then yellow out Donna.</p> <p>2 So then the last, the last role, the last</p> <p>3 existing vacancy would potentially be a role</p> <p>4 would be a liaison or representation from the</p> <p>5 trauma centers, social worker case management</p> <p>6 from the acute side of the trauma centers to, to</p> <p>7 this. So we could take some suggestions for</p> <p>8 that.</p> <p>9           <b>MS. MCDONNELL:</b> I know a social</p> <p>10 worker at Carilion.</p> <p>11          <b>CHAIR BROERING:</b> Okay.</p> <p>12          <b>MS. MCDONNELL:</b> I could read out</p> <p>13 to her.</p> <p>14          <b>CHAIR BROERING:</b> Yeah. I think to</p> <p>15 have somebody from the western, southwestern part</p> <p>16 of the state like that would be really great</p> <p>17 because I think we need that, that expertise and</p> <p>18 that, that perspective. Okay, so those are the</p> <p>19 that fills the existing positions or the role, so</p> <p>20 from the trauma center perspective, both adult</p> <p>21 and pediatric acute rehab representation from</p> <p>22 speech occupation, occupational and speech</p> <p>23 therapy and then the skilled nursing facilities;</p> <p>24 are there other disciplines or organizations that</p> <p>25 we feel would be a valuable contributor to this</p>
23	<p>1 I'm an RN.</p> <p>2           <b>CHAIR BROERING:</b> So Donna was the</p> <p>3 social worker and representing the role as the</p> <p>4 trauma center representation and then Lisa was</p> <p>5 more from the acute rehab side or, and from case</p> <p>6 management. So I think honestly...</p> <p>7           <b>MS. DAVIS:</b> I tend to be more</p> <p>8 toward Donna, even though I have 15 years in</p> <p>9 Fairfax, but I think it sounds more appropriate</p> <p>10 for me to be where since I direct the rehab, the</p> <p>11 case managers for the rehab.</p> <p>12          <b>CHAIR BROERING:</b> The, the case</p> <p>13 managers at Inova's rehab.</p> <p>14          <b>MS. DAVIS:</b> Both of them.</p> <p>15          <b>CHAIR BROERING:</b> Versus Inova as</p> <p>16 the hospital or both.</p> <p>17          <b>MS. DAVIS:</b> I don't have the</p> <p>18 pieces to consult there anymore on complex cases.</p> <p>19          <b>CHAIR BROERING:</b> So I, so maybe</p> <p>20 Pat you might actually fit Lisa's role as the</p> <p>21 acute rehab case management social work</p> <p>22 representation instead of Donna.</p> <p>23          <b>MS. DAVIS:</b> Right.</p> <p>24          <b>MS. CARTER:</b> So ...</p> <p>25          <b>CHAIR BROERING:</b> Just put Pat</p>	25	<p>1 committee? And I'm actually going to need your</p> <p>2 expertise because I truly don't have the</p> <p>3 experience or the perspective of what is truly</p> <p>4 post acute that may be beneficial.</p> <p>5           <b>MS. DAVIS:</b> I do have one</p> <p>6 question. How far post acute are you looking at?</p> <p>7 Are you looking at potentially agencies, home</p> <p>8 health agencies that speak to rehab in the home?</p> <p>9           <b>MS. CARTER:</b> Good idea.</p> <p>10          <b>CHAIR BROERING:</b> Yeah, I think</p> <p>11 that that's actually a great perspective because</p> <p>12 there's certainly a large component of our</p> <p>13 patient population that may spend short periods</p> <p>14 of time in an acute setting but may receive all</p> <p>15 of their services in a home health setting.</p> <p>16          <b>MS. CARTER:</b> There's room to add</p> <p>17 without taking anybody out.</p> <p>18          <b>MS. MCDONNELL:</b> Do you have an</p> <p>19 LTACs on the acute care. Do you know?</p> <p>20          <b>CHAIR BROERING:</b> We do not.</p> <p>21          <b>MS. MCDONNELL:</b> I don't know if</p> <p>22 it's appropriate here or there, but LTACs I think</p> <p>23 are something beyond ...</p> <p>24          <b>MR. HOLDREN:</b> Well, I was going to</p> <p>25 agree with the comments. This is Jay Holdren in</p>

26	<p>1 regard to home health services, stepped down,                  2 well, SNF, ERF, LTAC, hospital, you know, common                  3 destination augmenting skilled services in the                  4 home are durable medical equipment providers,                  5 DME. So you know, again, this could go pretty far                  6 down the rabbit hole, but ...                  7 <b>MS. MCDONNELL:</b> Well, there's a                  8 network of state funded brain injury programs                  9 about contracting services for resource                  10 coordination from day programs to adult pediatric                  11 case management. So some of these folks are                  12 working with people who are 10, 20 years past                  13 their brain injury.                  14 <b>CHAIR BROERING:</b> Yeah.                  15 <b>MS. MCDONNELL:</b> So again, you                  16 know, sort of the rabbit hole caution, I don't                  17 know how far out detailed you want ...                  18 <b>CHAIR BROERING:</b> Yeah. And I                  19 think to, these are really great points. I think                  20 to speak to Pat's original question about how far                  21 post acute, you know, do we want to go? I think                  22 in the, in the short term, this is my opinion, in                  23 the short term of just getting this group                  24 reinvigorated and moving forward, maybe we look                  25 at what that what that short term is of</p>	28
27	<p>1 discharged to say the first year of care that                  2 would be required and what type of things we're                  3 looking at to help improve the system.                  4 And then if we get some structure                  5 around that, we can look at that, you three,                  6 five, 10 year type of, especially from a data                  7 perspective as we start to look for what our data                  8 needs and things like that are.                  9 You know, if for those of you who                  10 are new to the committee, I know one of the                  11 things that we did do prior to the hiatus was we                  12 we actually just tried to get a list of who                  13 provides rehab services because we didn't even                  14 know who provided or how these rehab services are                  15 in the state to even get us started so that, I                  16 don't know, I'm just throwing that idea or that                  17 thought process out.                  18 <b>DR. GIEBFRIED:</b> This is Jim                  19 Giebfried. Yeah, I concur. I think we really                  20 need to have an idea of how far out and it also                  21 depends on what kind of disability we're talking                  22 about.                  23 <b>CHAIR BROERING:</b> Sure.                  24 <b>DR. GIEBFRIED:</b> Just developing and                  25 finding long COVID and how long that's involved</p>	29

30	<p>1 We lost some of the records regarding those                  2 individuals. So, a lot that we did and a lot                  3 more questions, and what would be interesting to                  4 me in being part of the group was that the more I                  5 learned, the more I realize, the less I do.                  6 <b>CHAIR BROERING:</b> Yeah.                  7 <b>DR. GIEBFRIED:</b> Oh, the group does                  8 not end, if it continues.                  9 <b>CHAIR BROERING:</b> Right.                  10 <b>MS. MILLER:</b> I agree with what was                  11 said, and I think for that reason, I like the                  12 approach that you're proposing; we have to start                  13 looking more immediate after, and then as the                  14 group develops and furthers its goals, we can                  15 expand that out. Coming from DARS I always think                  16 about Voc-rehab. I do think home health is                  17 relevant in the short term. I would be glad to                  18 help find someone there, especially if there's a                  19 place in the state, you mentioned before we                  20 started talking about when Anne offered to help                  21 the western, the western part of the state, if                  22 there's a part of the state that also could use a                  23 representation, I can look for home, home health                  24 representative in that part of the state.                  25 <b>CHAIR BROERING:</b> Okay, that would</p>
31	<p>1 be great Chris, that would, and do you prefer                  2 Chris or Christine or doesn't matter?                  3 <b>MS. MILLER:</b> Chris.                  4 <b>CHAIR BROERING:</b> Okay, great                  5 Chris. Okay, and then the other, the other                  6 suggestion was LTACs, and again, I'm somewhat                  7 limited in my knowledge and awareness LATCs                  8 except what is in the immediate vicinity here in                  9 Richmond, and so I would love, and I don't even                  10 know, someone can probably help me out, is there                  11 a governing body of LTACs that, that, or for                  12 LTACs? I'm going to look at you, Jay, because                  13 you're, you're my only source of knowledge for                  14 this.                  15 <b>MR. HOLDREN:</b> That's a good                  16 question.                  17 <b>CHAIR BROERING:</b> Versus acute care                  18 versus SNF or where do they fall?                  19 <b>MR. HOLDREN:</b> At this point, I'm                  20 looking at my friend here from UVA who owns ...                  21 <b>(WHEREUPON, laughter.)</b>                  22 <b>DR. ASTHAGIRI:</b> There are several                  23 LTACs in the state, but I don't know if there's,                  24 I'm sorry, this is Heather Asthagiri, governing                  25 body for them; I'm sure there's something. I can</p>
32	<p>1 ask.                  2 <b>CHAIR BROERING:</b> Okay. That would                  3 be great.                  4 <b>DR. ASTHAGIRI:</b> My only other                  5 suggestion for the first time period after trauma                  6 would be Voc-rehab, and I think that that's                  7 represented in DARS. The DAR representative can                  8 probably.                  9 <b>MS. MILLER:</b> Yeah, I can ask the                  10 liaison or I can find someone.                  11 <b>CHAIR BROERING:</b> Well I think                  12 that, I think the question is can they, can, what                  13 do these, what do these roles or organizations,                  14 these disciplines, how can they help contribute                  15 to the greater good of this committee and to our                  16 system? You know and if, if that's good, again,                  17 as, as Mindy said we've got some limitations in                  18 group size but I think that if there's                  19 distinctions between DARS and Voc-rehab et cetera                  20 then I think that that could be an important                  21 component of it. So, the more the merrier.                  22 <b>MR. HOLDREN:</b> Well, this is Jay                  23 Holdren, again, just something for us to probably                  24 think about further down the line, and our                  25 friends from Norfolk General are here, they have</p>
33	<p>1 started, and this is in the context of the                  2 pandemic has had a few positive effects, one of                  3 which has advanced the abilities of organizations                  4 to deliver community-based in-home services. My                  5 friends at Norfolk General started a hospital-run                  6 program and we're lead that same thing at VCU,                  7 and again, you, you're talking about skill,                  8 rehabilitative care going into the home with                  9 nurses, and the element of this, sending                  10 providers into another setting, so a telemedicine                  11 or virtual care enabled paradigm for rehab of                  12 patients who experience trauma might be in a                  13 different, or aspect that might be included at                  14 some point down the line. Maybe, just, you know,                  15 sort of the history of this group.                  16 <b>DR. GIEBFRIED:</b> This is Jim                  17 Giebried, with the telehealth in home health,                  18 telehealth was a turning point with physicians to                  19 be able to get in because the clients couldn't                  20 get it to them, or vice versa. But there is also                  21 limitation in regard to rehabilitation. People                  22 being paid through Medicare that that's under                  23 COVID bill that went in and were only covered as                  24 long as we're still considered COVID. So that,                  25 that may stop, but the benefits of telehealth are</p>

34	<p>1 up there, and it really helped physicians seeing                  2 the home situation, the home setting the client                  3 is in, like come in and brought into the office                  4 to deal with them right there, but you could miss                  5 everything that is going on in the home and the                  6 caregivers that may come, all the surroundings                  7 and environment. So, home care is important.                  8 Telehealth made a difference. Hopefully will be                  9 continued and completely paid for by the                  10 insurance company. Some of the privates have                  11 made it more permanent. Medicare is still on the                  12 line. And down the line I think that need with                  13 the patient and giving out information to our                  14 clients will make a difference. And the state                  15 putting in their two cents into Washington, and                  16 so, all the states represent themselves, all the                  17 congressional delegation have offices out in                  18 Washington D.C., to go lobby, so I think it's                  19 important that many of the things that come out                  20 of this committee, we need to have some sort of                  21 needs which was can transfer, what we're making                  22 that suggestions to the people who are in                  23 Washington representing the state who then go and                  24 meet with people and does those things. What may                  25 be appropriate at the end of year that we put</p>	36
35	<p>1 things together and present in our legislative                  2 body and address to them what are concerns are,                  3 what are issues and what bills they may be able                  4 to generate either in the House of Delegates or                  5 in a Congressional sense, in Washington. So I                  6 think there's a lot that we can do. I applaud                  7 everybody who's here to try to dig in and help                  8 out.                  9 <b>CHAIR BROERING:</b> Yeah, I think we                  10 got a lot to cover, we've got a lot to do. I                  11 think lots of potential. So I'm hearing, again                  12 the SNF, we've definitely got a liaison for                  13 speech and language. You're going to reach out                  14 to, Heather's going to reach out to the LTACs and                  15 then Chris you're going to reach out identify                  16 home health. Are there any other special                  17 populations? And again, I don't want to like get                  18 this into too much into the weeds of individual                  19 diagnoses specifically. I know we have Dr.                  20 Dillard as a liaison for pediatrics. But is                  21 there any other aspect of pediatrics or a                  22 specialty population that may be critically                  23 important to this committee? Additional                  24 pediatric resources or a pedi, pediatric social                  25 worker? I don't, I don't know. Just, just</p>	37

1 crossed my mind.  
 2 **MS. MCDONNELL:** Well, it depends.  
 3 There may be some benefit to adding a pediatric  
 4 social worker, but I wonder about you, the people  
 5 who are trying to get these kids back into  
 6 school, the transition back to school because  
 7 you know, there are hospital based programs,  
 8 Children's Hospital has one, so that's something  
 9 to consider. The other thing that I was going  
 10 to mention, which isn't related to special  
 11 population, this is Anne speaking, is that one of  
 12 the last conversations we had stopped was the  
 13 role that insurance plays in most acute care.  
 14 And I don't exactly know who the right person is,  
 15 some other health policy person. But you know  
 16 this this issue of insurance is growing  
 17 increasingly problematic with, Aetna denies  
 18 inpatient rehab right out of pocket since people  
 19 do a SNF, you know, see those outcomes getting  
 20 worse and worse and worse with people who have  
 21 brain injuries. What's happening at the same  
 22 time, their length of stay is going ...  
 23 **CHAIR BROERING:** Right.  
 24 **MS. MCDONNELL:** So I keep thinking  
 25 that's an angle that needs to be part of this.

1 We need to prove that an investment in post  
 2 acute acute care is in the best interest of  
 3 everybody.  
 4 **CHAIR BROERING:** Sure. Yeah, I  
 5 can't say more than that is it is critically  
 6 important and incredibly frustrating for those of  
 7 us on the acute side dealing with it, trying to  
 8 get patients placed in the right place. I don't  
 9 know, Mindy is a someone on the, like,  
 10 commissions? I don't ...  
 11 **MS. CARTER:** I'd have to explore  
 12 that further.  
 13 **CHAIR BROERING:** I don't ...  
 14 **COMMITTEE MEMBER:** Are you looking  
 15 for somebody to talk about the insurance? The  
 16 legislative type, because the AMRPA does that.  
 17 They're the ones out there gathering the data on  
 18 denials and how long it takes to get a referral  
 19 to go through. Actually, we went through all  
 20 that data last August. Yeah. But they, they  
 21 gathered all that data and they're actually  
 22 getting their results next Thursday. So, they,  
 23 they're always up more capital.  
 24 **CHAIR BROERING:** Let's leave that  
 25 in the parking lot about the insurance. But it

<p style="text-align: right;">38</p> <p>1 is, it is, I'll get on that bandwagon in a                  2 heartbeat. Okay, so I think we've covered agenda                  3 item number two or number three, kind of the                  4 review of the membership and the potential needs                  5 for additional members with a couple item, a                  6 couple individuals reaching out for liaisons or                  7 representation and hopefully we'll have that                  8 formalized by the next meeting.                  9 The second agenda item for                  10 discussion is the review of the 2020 listing of                  11 regional rehab and post discharge facility                  12 resources. So Mindy, I'm going to ask you for                  13 the help and, and really others on the committee,                  14 as well because I do not have that report. Like.                  15 I don't know if anybody ...                  16 <b>COMMITTEE MEMBER:</b> At the February                  17 meeting of 2020, I provided that list.                  18 <b>CHAIR BROERING:</b> Okay.                  19 <b>COMMITTEE MEMBER:</b> Urgent care and                  20 para care, all of the state steps and the ERMS                  21 throughout the state that's, you can pull that                  22 off the website, yeah, CMS website.                  23 <b>CHAIR BROERING:</b> Okay.                  24 <b>COMMITTEE MEMBER:</b> Now, who is                  25 still in business after COVID? I mean the list</p>	<p style="text-align: right;">40</p> <p>1 <b>document referred to.)</b>                  2 <b>DR. GIEBFRIED:</b> Just a follow up                  3 to that, some of those were licensed and some                  4 were without license; is that true?                  5 <b>COMMITTEE MEMBER:</b> I believe they                  6 were, these were all the licensed sellers.                  7 <b>DR. GIEBFRIED:</b> They were all                  8 licensed?                  9 <b>CHAIR BROERING:</b> So I think what                  10 I'd like to suggest that what we do is we get                  11 that list and send it out to the committee for                  12 review, for further review and I agree it's                  13 really due for a refresh at this point because I                  14 think the, the picture of all of these beds has                  15 probably changed pretty significantly in, in many                  16 areas. So, with some increases in and actually                  17 some decreases, but uh someone will have to                  18 refresh my memory because I actually joined the                  19 Post Acute Committee later in its inception as a                  20 represent as a representative from the Acute Care                  21 Committee. What was the process that we, that                  22 this committee took to collate that report, those                  23 beds? How did we get that information?                  24 <b>COMMITTEE MEMBER:</b> I just made                  25 copies.</p>
<p style="text-align: right;">39</p> <p>1 would have to be refreshed.                  2 <b>CHAIR BROERING:</b> Yeah. Yeah.                  3 <b>COMMITTEE MEMBER:</b> But the list                  4 that I gave to Old County Vets, they had, I guess                  5 that's the way you slice and dice it, had the                  6 addresses and, you know, whether they took                  7 Medicaid, those types of things.                  8 <b>DR. GIEBFRIED:</b> Point of                  9 information.                  10 <b>CHAIR BROERING:</b> Yeah.                  11 <b>DR. GIEBFRIED:</b> You remember how                  12 many, was it like 180 some odd?                  13 <b>COMMITTEE MEMBER:</b> I found it in                  14 the minutes.                  15 <b>MR. HOLDREN:</b> It's in the minutes,                  16 yeah.                  17 <b>COMMITTEE MEMBER:</b> But I do have                  18 the list. Let's see if I can ...                  19 <b>MR. HOLDREN:</b> 28 ERFs and 287                  20 SNFs.                  21 <b>CHAIR BROERING:</b> Yeah.                  22 <b>MR. HOLDREN:</b> It's number 4.                  23 <b>CHAIR BROERING:</b> Right.                  24 <b>MR. HOLDREN:</b> First paragraph.                  25 <b>(WHEREUPON, Committee Members examined the</b></p>	<p style="text-align: right;">41</p> <p>1 <b>CHAIR BROERING:</b> Well, I mean                  2 where was it pulled from? Where were the sources                  3 <b>COMMITTEE MEMBER:</b> It's off the                  4 CMS website.                  5 <b>CHAIR BROERING:</b> Off the CMS                  6 website. So we can pull that and send it and get                  7 it sent out. So let's get that sent out and and                  8 we'll put that on the agenda for next for the                  9 next meeting for further discussion. And then at                  10 the last meeting there was a discussion of the                  11 data standards, there was a beginning discussion                  12 of data standards for post acute discharge. So                  13 I'd like to bring that discussion back up, and I                  14 think this is particularly important because the                  15 Acute Care Committee and then the trauma program                  16 managers in particular have spent really the last                  17 year, year and a half working on reviewing the                  18 prior, or the existing trauma standard                  19 designation, or the trauma designation manual and                  20 the associated standards and really kind of                  21 taking a deep dive into those trauma standards.                  22 And then we're kind of at the point I think of                  23 looking at it and then beginning to bring it back                  24 to the Acute Care Committee and other committees                  25 for review. So I think one of the questions that</p>

42	<p>1 I'd like to bring up is are there things that,                  2 that this committee would like to see included as                  3 part of a designation, trauma center designation                  4 process related to post acute care? So, if if a                  5 hospital was going to undergo designation or                  6 verification visits from the state office of EMS                  7 to be a trauma center be re-verified as a trauma                  8 center, are there aspects of post acute care that                  9 we feel are important to have in place to be, to                  10 meet as a trauma center? If that makes sense.                  11 <b>MS. MCDONNELL:</b> Across all levels?                  12 <b>CHAIR BROERING:</b> Well, it would be                  13 across all levels or we would, we would grade                  14 them according to the level of trauma center.                  15 And there's a question from the, from the guests.                  16 <b>MS. JEFFERS:</b> I'm sorry, this is                  17 Tracey Jeffers, I was just wondering, you had                  18 asked about patient population and designation                  19 manuals. I haven't heard anything about burn                  20 patients or rehab for burn patients and that                  21 there's no one on your panel that represents                  22 burn. So, you had asked about populations and                  23 that just, and I just ...                  24 <b>CHAIR BROERING:</b> That's a great                  25 question. Thanks for bringing that up. You</p>	44	<p>1 from a post acute. What they do have very, really                  2 very clearly as a standard is that there is                  3 evidence of the appropriate speech PT and OT                  4 consultation and then an interdisciplinary rehab                  5 plan for patients that meet that. So if you had                  6 a patient with you know, a brain injury or spinal                  7 cord injury or any type of injuries that there                  8 was clear evidence that there was integration of                  9 PT, OT and speech or physiatry and a, and a                  10 discharge plan documented and that it made sense                  11 for that patient's situation. So, but, but not                  12 that the trauma center, well with the except,                  13 with the exception of that, there's, that the                  14 trauma center has related transfer agreements and                  15 relationships with acute rehab for their patient                  16 population. So that is it.                  17 <b>MS. MCDONNELL:</b> Well, you know, I                  18 mean I know individuals who have brain injuries                  19 who had been admitted into neuro ICU and                  20 discharged practically from neuro ICU, and, and,                  21 discharged home. So the breadth of the                  22 discharges from the level one, level two, and                  23 level three hospital, sort of mind numbing.                  24 <b>DR. GRIEBFRIED:</b> This is Jim                  25 Giebfried. One of the issues that I've had was</p>
43	<p>1 would think that I would ask that question.                  2 <b>MS. JEFFERS:</b> You've got a lot on                  3 your mind today. It's okay.                  4 <b>MS. CARTER:</b> That was Tracey                  5 Jeffers, by the way.                  6 <b>MS. JEFFERS:</b> I said my name.                  7 <b>MS. CARTER:</b> Okay, just making                  8 sure. Tracy Jeffers.                  9 <b>(WHEREUPON, laughter.)</b>                  10 <b>MS. CARTER:</b> In case we didn't                  11 hear you back there.                  12 <b>MS. JEFFERS:</b> Not Beth Broering.                  13 <b>MS. MCDONNELL:</b> Beth, this is                  14 Anne. I have a question. Do you know whether or                  15 not any of the other states have trauma plans                  16 that have those designations based on level of                  17 trauma designation? I'd like to see those,                  18 because I feel like ...                  19 <b>CHAIR BROERING:</b> Yeah, that's a                  20 really great question. I can speak specifically                  21 to Pennsylvania because I, I review trauma                  22 centers in Pennsylvania pretty regularly as a, as                  23 a reviewer for the Pennsylvania trauma system and                  24 they, to my knowledge, I have not ever said,                  25 checked a box that said they have this in place</p>	45	<p>1 that many of the surrogates who are up and                  2 sending people to SNF facilities and discharge                  3 directly from the hospital, the home-to-home care                  4 because of the high risk infections. So, some of                  5 that varies. I went back some of them previous                  6 question that was asked regarding, there we had                  7 an indication that there were 10 states that do                  8 track acute hospitals for their trauma care and                  9 patients.                  10 <b>CHAIR BROERING:</b> Any other                  11 thoughts about, I'm going to let you guys give                  12 that some food for thought, as well, especially                  13 since we're just getting started with this group.                  14 I think I'm going to hold, I'm just, in the                  15 interest of time that any desired data elements                  16 for the state, I think we're too far into the                  17 meeting. Any, any other comments, any                  18 suggestions? Any thoughts on how we keep this                  19 group moving forward?                  20 <b>MS. CARTER:</b> Yeah, the membership.                  21 <b>CHAIR BROERING:</b> Hm?                  22 <b>MS. CARTER:</b> The members.                  23 <b>CHAIR BROERING:</b> Yeah. First, get                  24 the members and then we can, we can work. Okay,                  25 well, I think if that is, unless others have</p>

46	<p>1 comments, suggestions. I think let's um wrap the                  2 meeting up for today. Again, I appreciate                  3 everyone's participation. Please, I should say                  4 you can't shoot me an email because, or you can                  5 do a one on one conversation, is that right?                  6 Please give me the rules of, of communicating,                  7 please give this committee the rules of                  8 communication.                  9 <b>MS. CARTER:</b> So Beth can send out                  10 an email to all of you and you individually can                  11 reply back to her if you get more than two people                  12 on an email that constitutes a meeting under the                  13 code of Virginia, and therefore we cannot do that                  14 without announcing that in advance. So, and                  15 opening it to the public, so basically when Beth                  16 sends you an email, she's probably going to send                  17 it with blind copy that way nobody can hit reply                  18 all, because if you hit reply all that                  19 constitutes a meeting. Okay? So, you know,                  20 we're going to be the email police here                  21 unfortunately and email her directly and you can                  22 include me if you want, and we will facilitate                  23 communication out to the whole group. So we stay                  24 out of hot water with that.                  25 <b>CHAIR BROERING:</b> And I'm a</p>	48	<p>1 here as guests, we will wrap this meeting up and                  2 call it a day. Thanks                  3 <b>(WHEREUPON, the Meeting concluded at 1:55 p.m.)</b>                  4                  5                  6                  7                  8                  9                  10                  11                  12                  13                  14                  15                  16                  17                  18                  19                  20                  21                  22                  23                  24                  25</p>
47	<p>1 pinnacle of hot water.                  2 <b>MS. CARTER:</b> The other thing is                  3 that something that, and this is Mindy, the other                  4 thing that's in the works with the GAB that's                  5 going to be voted on hopefully tomorrow because                  6 it was tabled last time, there are a lot of                  7 questions on whether or not we can have virtual                  8 meetings when the state was under an emergency                  9 order by the governor, we were temporarily                  10 allowed to have virtual, virtual meetings. When                  11 that emergency was lifted, we could no longer                  12 have a virtual meetings, so there is a proposal                  13 on the table that is actually quite limited in                  14 terms of how many times you can do that and and                  15 various things. I have seen the proposal. I                  16 would not even come close to trying to explain it                  17 to you at this point because it was pretty                  18 complicated. So that is under consideration and                  19 maybe by the time we meet the next time there                  20 will be some ability to do that on rare                  21 occasions.                  22 <b>CHAIR BROERING:</b> Great, I hope                  23 that moves forward. Okay, well then with that                  24 being said, if there's no further comments or                  25 questions for the group or any members that are</p>	49	<p>1 <b>CAPTION</b>                  2                  3 The foregoing matter was taken on the date, and at                  4 the time and place set out on the title page hereof.                  5                  6 It was requested that the matter be taken by the                  7 reporter and that the same be reduced to typewritten                  8 form.                  9                  10                  11                  12                  13                  14                  15                  16                  17                  18                  19                  20                  21                  22                  23                  24                  25</p>



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1 CERTIFICATE OF REPORTER AND SECURE  
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2 SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT

3 I, **CHERYL R. LANE**, Notary Public, do hereby  
 4 certify that the forgoing matter was reported by  
 5 stenographic and/or mechanical means, that same was  
 6 reduced to written form, that the transcript prepared  
 7 by me or under my direction, is a true and accurate  
 8 record of same to the best of my knowledge and  
 9 ability; that there is no relation nor employment by  
 10 any attorney or counsel employed by the parties  
 11 hereto, nor financial or otherwise interest in the  
 12 action filed or its outcome.

13 This transcript and certificate have been  
 14 digitally signed and securely delivered through our  
 15 encryption server.

16 IN WITNESS HEREOF, I have here unto set my hand  
 17 this 12TH day of MAY, 2022.

18  
 19  
 20  
 21

22 /s/ CHERYL R. LANE  
 23 COURT REPORTER / NOTARY  
 24 NOTARY REGISTRATION NUMBER: 7864242  
 25 MY COMMISSION EXPIRES: 05/31/2024



<p>0</p> <hr/> <p><b>05</b> 4:4</p> <hr/> <p>1</p> <hr/> <p><b>1</b> 14:24</p> <p><b>1:00</b> 4:5</p> <p><b>1:55</b> 48:3</p> <p><b>10</b> 15:1 26:12 27:6 45:7</p> <p><b>15</b> 23:8</p> <p><b>180</b> 39:12</p> <p><b>19</b> 17:4</p> <hr/> <p>2</p> <hr/> <p><b>20</b> 26:12</p> <p><b>2018</b> 17:4</p> <p><b>2020</b> 10:13 14:16 38:10 38:17</p> <p><b>2022</b> 4:4</p> <p><b>28</b> 39:19</p> <p><b>287</b> 39:19</p> <hr/> <p>4</p> <hr/> <p><b>4</b> 39:22</p> <p><b>4,000</b> 28:20</p> <hr/> <p>6</p> <hr/> <p><b>6th</b> 10:13 14:16</p> <hr/> <p>A</p> <hr/> <p><b>abilities</b> 33:3</p>	<p><b>ability</b> 47:20</p> <p><b>able</b> 4:24 5:4 12:22 16:24 18:22 20:1 20:9 22:17 33:19 35:3</p> <p><b>absolutely</b> 19:17</p> <p><b>according</b> 42:14</p> <p><b>accurate</b> 5:11</p> <p><b>accurately</b> 4:24</p> <p><b>accute</b> 36:13 37:2</p> <p><b>across</b> 29:14 42:11 42:13</p> <p><b>actually</b> 19:22 23:20 25:1 25:11 27:12 37:19 37:21 40:16 40:18 47:13</p> <p><b>acute</b> 4:3 4:13 6:19 6:21 7:9 7:14 11:9 11:10 11:17 12:24 17:6 17:10 18:8 18:11 19:13 19:22 22:14 23:5 23:21 24:6 24:21</p>	<p>25:4 25:6 25:14 25:19 26:21 31:17 37:2 37:7 40:19 40:20 41:12 41:15 41:24 42:4 42:8 44:1 44:15 45:8</p> <p><b>add</b> 19:1 25:16</p> <p><b>adding</b> 36:3</p> <p><b>additional</b> 17:19 35:23 38:5</p> <p><b>address</b> 35:2</p> <p><b>addresses</b> 39:6</p> <p><b>Administrati</b> <b>on</b> 11:11 11:12</p> <p><b>admitted</b> 44:19</p> <p><b>adult</b> 24:20 26:10 28:10</p> <p><b>advance</b> 46:14</p> <p><b>advanced</b> 33:3</p> <p><b>ADVISORY</b> 4:1</p> <p><b>Aetna</b> 36:17</p> <p><b>afternoon</b> 4:7 22:15</p> <p><b>agencies</b> 25:7 25:8</p>	<p><b>agency</b> 6:3</p> <p><b>agenda</b> 16:11 16:14 38:2 38:9 41:8</p> <p><b>Aging</b> 9:4 11:24 12:8</p> <p><b>agreements</b> 44:14</p> <p><b>ahead</b> 16:10</p> <p><b>air</b> 28:18</p> <p><b>allowed</b> 47:10</p> <p><b>already</b> 10:18</p> <p><b>am</b> 4:14 5:6 6:24 7:6 7:9 8:11 8:12 8:14 8:22</p> <p><b>Amanda</b> 7:25 8:7</p> <p><b>American</b> 6:16</p> <p><b>AMRPA</b> 37:16</p> <p><b>angle</b> 36:25</p> <p><b>Anne</b> 9:7 11:19 16:16 22:2 30:20 36:11 43:14</p> <p><b>announcing</b> 46:14</p> <p><b>anybody</b> 5:17 25:17 38:15</p> <p><b>anymore</b></p>
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