Questions for GACH Stakeholder Meeting

DPH-16-007: Rehabilitative Support Services

- 1. Many of the supplemental service regulations have redundant and duplicative requirements. Should CDPH consolidate all common service requirements into a single administrative section and have service specific requirements listed under their respective sections?
- 2. Looking at the existing regulations for physical therapy, occupational therapy, speech/ audiology, respiratory, podiatric, social services and rehabilitation services, what are the greatest challenges associated with the current regulations?
- 3. What, if any, scope of practice changes should the Department consider when revising regulations for these services?
- 4. Are there additional guidelines or revisions that you would like to see included in updated regulations as they relate to your specific service?

A. Acute Respiratory and Respiratory Services

- A1. The existing regulations require the physician with responsibility over the service to be certified by the American Board of Internal Medicine or the American Board of Anesthesiology. What standards should be used to qualify physicians practicing in an acute respiratory care service in a hospital setting?
- A2. What is the optimal nurse to patient ratio in an acute respiratory care setting?
- A3. Does the respiratory care service have any unique equipment or supply requirements? If so, what are those unique requirements?
- A4. Please provide any comments or suggestions you have for revising the respiratory services regulations.

B. Occupational and Physical Therapy

- B1. Based on the way that occupational and physical therapy are provided currently, what changes should the Department make to the regulations for these services?
- B2. What patient evaluations should be required in the occupational therapy service regulations?
- B3. Does the occupational therapy service have unique space requirements? If so, what are those unique requirements?

- B4. Does the physical therapy service have unique staffing requirements? If so, what are those unique requirements?
- B5. Does the physical therapy service have unique equipment or supply requirements? If so, what are those unique requirements?

C. Podiatric

- C1. How are podiatric services provided in a modern hospital?
- C2. Does the podiatric service have unique staffing requirements? If so, what are those unique requirements?
- C3. Does the podiatric service have any unique equipment or supply requirements? If so, what are those unique requirements?

D. Rehabilitation Center

- D1. What is the role of the Rehabilitation Center, described in section 70597 of the text, in the provision of rehabilitative and support services in the modern hospital environment?
- D2. What issues related to the role of the Rehabilitation Center should be addressed in the Department's amendments?
- D3. Rehabilitation Centers are required to provide at a minimum physical therapy, occupational therapy, and speech therapy. Do hospitals that provide rehabilitation services also maintain these components as separate services? How is the rehabilitation services organized?

E. Speech/Audiology

- E1. How are speech and audiology services provided in a hospital?
- E2. What are the pros and cons of separating the speech and audiology requirements into separate regulations?
- E3. What standards should the Department consider in the drafting of the speech-language pathology regulations?
- E4. Does the speech-language pathology service have any unique equipment or supply requirements? If so, what are those unique requirements?