

## **Questions for Stakeholders – Hospice Providers & Facilities Regulations**

The Center for Health Care Quality (CHCQ) within the California Department of Public Health (Department) is developing regulations for licensing hospice providers and hospice facilities in Title 22 of the California Code of Regulations (CCR). CHCQ is seeking input from interested stakeholders in developing these regulations. CHCQ wants to ensure the regulations are consistent with current hospice provider and hospice facility practices, other laws and regulations, and current industry standards.

State law authorizes CHCQ to survey hospice providers using the California Hospice and Palliative Care Association (CHAPCA) California Standards of Quality Hospice Care, effective January 1, 2005 (Hospice Standards). CHCQ surveys hospice facilities to the standards in the Medicare hospice conditions of participation. To obtain a hospice facility license, one must first obtain a hospice provider license.

### **Hospice Services**

1. Based on your knowledge and experience with the CHAPCA Hospice Standards, do you know of gaps or opportunities that CHCQ might address with state specific regulations?
2. Currently, hospice providers start treatment by conducting a comprehensive assessment that includes evaluation of six categories of information:
  - The patient's physical condition, including functional ability and mental status,
  - The patient's pain and other symptoms and the level of discomfort and symptom relief,
  - A review of the patient's drug profile, including over-the-counter drugs,
  - The patient's and family's social and emotional wellbeing,
  - The patient's spiritual orientation and needs,
  - The imminence of death.

Are there other types information hospice providers customarily include, or that should be included, in comprehensive assessment regulatory requirements? If so, please describe.

3. Are there any issues not adequately addressed in the CHAPCA Hospice Standards for administrative policies? If so, please describe the administrative issues requiring clarification.
4. Currently, the CHAPCA Hospice Standards have requirements addressing outside contractors. What issues, if any, should the regulations clarify?
5. Is there information that would be helpful and necessary to have in hospice patient admission or discharge records that is not required in the CHAPCA Hospice Standards?
6. Are there any patient/family rights or responsibilities that would be helpful to have that are not presently required in the CHAPCA Hospice Standards?

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7. The CHAPCA Hospice Standards have personnel qualifications for:
- the administrative director (who is not required to be a doctor or nurse),
  - the doctor medical director,
  - the nurse director of patient care services,
  - a nurse supervisor,
  - registered nurses and licensed vocational nurses,
  - home health aides and homemakers,
  - the individual providing spiritual care,
  - the person who coordinates volunteers, and
  - volunteers.

Are there additional personnel qualifications you would like to see in regulations? What areas, if any, within the personnel qualifications require additional clarification?

8. What are the most important issues you would like to see addressed in hospice provider regulations?
9. Please describe any regulatory changes that could help improve the delivery of hospice services.

### **Hospice Facilities**

1. Based on your knowledge and experience with the Medicare hospice conditions of participation, do you know of any gaps or opportunities, that CHCQ might chose to address as we develop regulations?
2. How do hospice facilities currently provide meals to hospice patients?
3. What are the most important issues you would like to see addressed in hospice facility regulations?
4. In California, a hospice facility could provide inpatient care for someone with a life expectancy of up to one year. According to CMS data, approximately 13-14 percent of hospice patients live longer than 180 days after going on hospice. Long-term care facilities follow notice requirements to reduce the risk of transfer trauma on patients, by giving advance notice of:
- a facility closure
  - resident relocation plans,
  - the appointment of a temporary manager or receiver to manage the hospice.
- What impact would complying with similar notice requirements have on hospice facilities?
5. Please describe any regulatory changes that could help improve the delivery of healthcare provided by hospice facilities.