

Certificate of Need – Hospice Services
Notes for Stakeholder Meeting – September 17, 2015
WAC 246-310-290

Meeting opened with introductions.

Department presented overview of program, background of rulemaking, and goals the CoN program and rulemaking.

Department presented current hospice service requirements, including financial feasibility, quality of care, cost containment and other factors. Department seeks consistent application of rule, successful completion of applications. Department discussed challenges department faces under current rule set; goals for development of new rule set.

Participants discussed rules petition that served as the basis for opening this particular rulemaking process. Department described rulemaking process, issue identification, drafting, stakeholder participation. Department clarified content of petition, including methodology, and what portion of the rule was opened by CR 101 – only hospice services.

Participants discussed whether there was any value in reviewing prior version of draft rules, and some asserted that there was. Prior draft may contain language that current work group would want to carry forward. Prior workgroup did not draft any proposed language or rules, but there may be other materials providing insight as to prior work completed and group consensus.

Department analyst presented overview of current hospice need methodology.

Question arose as to treatment of closed centers?

Discussion focused on petition filed by WA State Hospice and Palliative Care in February 2015, and department response. Department agreed to share petition, associated documents and department response at a later time – configuration of computer in particular meeting room did not allow department staff to access documents.

Discussion continued with respect to planning areas, and whether the department should retain current planning areas, expand or reconfigure planning areas. Currently, planning areas are designated by county, or in some instances, multi-counties. Participants discussed the concept that language regarding planning areas or service areas should match language in existing rule, and clarity should be added to the definition (regardless of whether consensus is for planning area or service area). Concept of “open access” hospice was introduced and briefly discussed.

Policy issue – what is the CoN policy. What is the objective in reviewing hospice?

Agency closure - how does the department deal with an agency closure?

Department confirmed the goal of CoN - anyone who has need for healthcare services has access to affordable, quality care. Department's interest is to assure that access. With respect to hospice, do we compare ourselves to someplace out of WA to benchmark use rates? Hospice penetration in WA used to be low; appears that over the years that has changed, but is that just for certain groups – what do we have as an indicator of any monopolies? Are we doing what other states are doing with respect to hospice?

Honoring choices work – we may see an increase in services. There will be a huge statewide movement on advanced directives that may trigger an increase in hospice usage.

Washington data – information lags.

Need to be cognizant if we are creating a system that could potentially create barriers.

Current projections are based on historic population, not projection; we aren't growing subject population in the method, we're growing the total population. We're not looking at the elderly population, we're looking backward in our population and that is creating lagging indicators.

Accountable communities of health – impact on planning areas and the ACA

Performance measures for reimbursement (HCA) that may indirectly impact hospice

Participants developed and identified, and briefly discussed the following potential topics for discussion:

- Planning areas
 - Currently by county
 - Clarity in definition
 - Redefine planning area
 - Cross-county zip codes
 - Accountable communities of health – impact on planning
- Data and data sources
 - How to count concurrent patients
 - CMS data
- Projection horizon
- Length of stay
- ADC (Average daily census) – viability projections
- Death with dignity
- In/out migration
- Population trends
- Value of separating age cohorts
- Cancer v non-cancer (meaningful distinction)
- Enforcement/evaluation of post CoN issuance compliance/performance

- Special populations (including ethnic minorities) - special considerations for utilization
- Superiority criteria
- Exceptions
- Service area (agency specific) vs. planning area (geographic)
- Hospice specialties (i.e. pediatric, etc)
- Use of non-medical criteria for scope of care
- Sale/purchase/lease
- Frequency of concurrent review cycles; timing of review
- Source of access/utilization standards (local, state, regional, national)
- Effectiveness of current agencies
- Choice in every county
- Rural vs urban (different stand -35 and ____?)
- Performance standard for issuance
- How to count capacity for closed facilities
- Numeric method
 - Is looking at three years average appropriate for projection?
 - Growth of total population instead of target population
 - Is a statewide standard appropriate? (urban vs rural)
 - Look at age cohorts in individual counties
- Aging population
- MCO enrolled populations (impact of Medicaid MCO)
 - Be mindful of regional provider contracts
 - What does Washington want to see with access to hospice services?
- Tribal
- Financial viability
- For-profit vs. nonprofit
- Competition and choice
- “Red flags” in application that department should be aware of?
 - As we review applications, what are the triggers and red flags?

Group discussed regarding how consensus will be reached and decisions made; assertion was that once a decision is reached and consensus obtained during workgroup, issue will be removed from further agenda and considered completed.

Next steps:

Department will send petition docs via listserv and publish to hospice rulemaking webpage.

