STATE OF WASHINGTON
DEPARTMENT OF HEALTH

WASHINGTON STATE
CERTIFICATE OF NEED PROGRAM
Meeting Summary – Hospice Services
WAC 246-310-290

A meeting regarding the Certificate of Need (CoN) hospice services rules convened on October 29, 2015. The meeting was held at the Department of Health, 111 Israel Road SE, in Town Center 2, Conference Room 145, Tumwater, WA 98501.

PRESENT:
Steven Pentz, Providence
Frank Fox, Providence
Barb Hansen, WSHPCO
Leslie Emerick, WSHPCO
Lisa Grundl, HFPD
Catherine Koziar, Providence
Nancy Field, Field Associates
Candace Chaney, Assured Hospice WA/ID
Peg Isenhower, MultiCare Hospice
Doris Visaya, Home Care Association of WA
Teresa Martin, Community Home Health & Hospice

STAFF PRESENT:
Janis Sigman, Program Manager
Beth Harlow, Analyst
Katherine Hoffman, Policy Analyst

9:00am – Open Meeting, welcome and introductions

Overview

Jan Sigman/Kathy Hoffman – goals for workshop, review of meeting notes and topics from prior meeting

Group Discussion

- The group agreed to organize topics developed in the September 17, 2015 meeting by themes. A table/matrix (attached) was created with columns containing the following themes:
    - Numeric Need Methodology

    - Policy Goals
    - Other Review Criteria
    - Other
    - Process

- Discussion involved placement of each topic in the designated theme category.

- Group agreed that some topics were duplicative. These items were removed from the list.

- Distinction was made between larger, overarching policy goals versus more specific, subject matter focused policy issues. Participants discussed how goals identified in the table should be limited to global issues as opposed to technical policy issues.

- Discussion around forms, guidelines, FAQ, how long CoN monitors agencies (bricks and mortar, services, etc.). Should we start a list of guidelines? Sheet of guidelines for new hospice agencies that come into the state? Department encourages entities to come in to speak with program about CoN in advance – establishing guidelines would be very helpful for these entities.

- Extended discussion occurred with respect to subject matter and placement in theme category in the following topic areas:

    - Planning areas
    - Closed facilities
    - Exceptions

- Following categorization and removal of duplicative topics, discussion involved whether to address each topic by rank, in groups, or whether definitions should be established and agreed upon before moving forward. Group agreed that creating definitions while working through each topic was the preferred approach. Group further agreed to begin with the first column (Numeric Need Methodology) and discuss each item with the underlying goal of continuous forward movement. Discussion ensued as follows, starting with the first item in the column:

    - **Planning Area**: Group engaged in robust discussion regarding the definitions of planning area and service area, and whether both were needed. Operationally, service area is not used. Different units of measurement do not provide consistency or a uniform way to count demand or supply. Discussion moved to whether there was a rule prohibiting the group from changing the definition of

planning area. Question arose as to why there was a definition of service area in the current rule and the role it played.

> ***Consensus*:** A separate service area definition is not needed. The second sentence in the current planning area definition is not needed. Planning areas should be left as they currently are.

- **Data and Data Sources**: Discussion included nationally recognized data source availability and access. The department does not favor limiting data sources, but some nationally recognized data is not available. Differing elements of methodology will direct the types of data sources used.

  > ***Consensus*:** Data and data sources need to be readily available to the public. As the group works through the rules, data sources will be identified. Data source location, whether data will be published on CoN website, identification of data for a particular measure and time frame to allow for planning areas will also be identified.

- **Projection Horizon**: Discussion involved absence of projection horizon in current methodology. Base year plus three years after approval is the current department practice. Group considered how hospice compared to other healthcare areas in terms of growth, shifting regulatory landscape and whether a comparable model exists.

  > ***Consensus*:** Group wants to have some future projection that is not immediate at the point of application, and that it is somewhere between the five year projection into the future after the base year.

- **Length of Stay**: Robust discussion of definition, the advantages/disadvantages of relying on median length of stay versus average length of stay, and turnaround (or “churn”). Palliative care versus hospice care, including reimbursement coverage was also discussed. Time restraints led to conclusion of discussion before consensus could be reached.

<u>Cordt Kassner Presentation</u>

- Dr. Kassner provided narrative regarding slides presented as part of the prior hospice workgroup’s proposal. The slides represented the examination and testing and different thresholds, focusing on actual hospice utilization rates and possible levels of deviation from those rates.

Group participated in question and answer with Dr. Kassner regarding uncontrolled growth, churn level, proposed methodology and the influence of counties with higher utilization rates, and need determination.

- Group discussion following presentation: Issue with assuming that the issue for the counties who are underutilizing is based on lack of an agency. When reviewing map, lack of agency has more to do with other issues in those communities than necessarily adding an agency, and vice versa. Methodology proposal seems too simple.

- Department involvement in prior workgroup was clarified, as was purpose of Dr. Kassner's presentation (information only). Medicare and Medicaid data was used for prior workgroup methodology, and neither of these sources are publically available.

Conclusion

Group agreed to cancel the November 24, 2015 workgroup meeting and reconvene on December 17, 2015.

***Additional Area of Consensus*:** Once group has met consensus on a topic, that topic will be removed from further discussion, and the group will move on.

Certificate of Need Hospice Rulemaking Topic Matrix: WAC 246-310-290*

November 9, 2015

Numeric Need Methodology	Policy Goals	Other Review Criteria	Other	Process
Planning areas	Population trends	Data and data sources	Death with dignity	
Data and data sources	Hospice specialties	Superiority criteria	Enforcement/evaluation	
Projection horizons	Choice in every county	Exceptions	Use of non-medical criteria for scope of care	
Length of stay	Access	Effectiveness of current agencies	Sale/purchase/lease	
ADC		Performance standards for issuance	Frequency of concurrent review	
In and out migration		Managed care organizations	Choice in every county	
Population trends		Accountable Communities of Health (ACH)	Profit v nonprofit (not a criteria)	
Value of separating age cohorts		Financial viability	“Red flags” in applications	
Closed facilities		“Red flags” in applications	Consideration of in-home and hospice services rules	
Cancer v. non-cancer			Consideration of HCA payment models	
Special populations (tribal,			Update form	
Exceptions				
Service area vs. planning area				
Hospice specialties				
Source of access/utilization standards				
Effectiveness of current agencies				
Urban vs. rural				
Capacity/volume thresholds				
Definitions				

*Content source: original matrix created by hospice services workgroup during the October 29, 2015 rule making workshop.
Note: Topics developed during first rulemaking workshop but not added to matrix based on duplicity are: How to count capacity for closed facilities; aging population; competition and choice.