Approved by Governor
Date:

HOSPICE SERVICES

I. DEFINITION

Care designed to give palliative and supportive care to the patient and family in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The coordinated palliative and supportive care is available 24 hours per day, 7 days per week. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Aggressive methods of pain control may be used. Hospice programs generally are home-based, but they sometimes provide services away from home -- in freestanding facilities, in nursing homes, or within hospitals. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as medical symptoms as part of treating the whole person.

Hospice programs generally use an interdisciplinary team approach, including the services of physicians, nurses, home health aides, social workers, counselors, chaplains, therapists and trained volunteers. Additional services provided include drugs to control pain and manage other symptoms; physical, occupational, and speech therapy; medical supplies and equipment; medical social services; dietary and other counseling; continuous home care at times of crisis; and bereavement services for the family. Although hospice care does not aim for cure of the terminal illness, it may treat potentially curable conditions such as pneumonia and bladder infections, with brief hospital stays if necessary. Hospice programs also offer respite care services. Respite care workers are people who are usually trained volunteers, who take over the patient's care so that the family or other primary caregivers can leave the house for a few hours. Volunteer care is part of hospice philosophy.

Hospice Models

Freestanding:	A hospice inpatient facility that is administratively and physically freestanding. This type of hospice operates a home care program in conjunction with the inpatient unit.
Hospital Based:	A hospice administratively and/or physically linked to a hospital. This type of hospice operates a home care program and may also operate an inpatient unit.
Nursing Home Based:	A hospice administratively and/or physically linked to a nursing home or long-term care facility. This type of hospice can operate an inpatient unit and a home care program.
Community-Based:	A hospice home care program that operates under an autonomous administration. This type of hospice may be affiliated with an inpatient unit. This type of hospice may contract for inpatient services.
Home Health Agency Based:	A hospice administratively and/or physically linked to a home-health agency. This type of hospice may contract for inpatient services.

II. CURRENT INVENTORY

The Authority shall provide the applicant with a current inventory of Hospice providers.

III. NEED METHODOLOGY

The evaluation of need for proposed hospice services or facilities will be based on the county of location as the smallest unit of analysis.

Formula for Projecting Hospice Needs

Using the most recent edition of the West Virginia Vital Statistics, published by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Health Statistics Center, the applicant will use the following calculation to project need.

Total deaths for the county (x) 25 percent = Total projected hospice users

If the total projected hospice users exceed the current utilization by 25 patients, then an unmet need exists.

For purposes of determining current utilization, the applicant must conduct a written survey of all existing hospice providers in the applicant's proposed service area. The survey must request that each of the existing hospice providers provide information regarding the counties in which they provide services and data regarding the number of patients served in each county during the most recent twelve-month period. The proof of delivery along with all responses to the survey must be submitted to the Authority. The written survey may be conducted by electronic means, so long as receipt by the existing provider can be verified and the verification submitted to the Authority. "Read" receipts will be submitted to the Authority when electronic means are employed for surveys, along with

the completed survey response. A survey conducted by electronic means that is returned as “undeliverable” or a “read” receipt is not received, shall be sent to the hospice provider by mail.

Survey completion deadlines will be specified on the survey, with a minimum of 15 business days following delivery of the survey for the response to be provided.

IV. QUALITY

All applicants shall document that they will be in compliance with all current applicable Centers for Medicare and Medicaid Services (CMS) and Medicaid requirements.

V. CONTINUUM OF CARE

All applicants shall document that they will be in compliance with all current applicable CMS and Medicaid requirements.

VI. COSTS

A. Applicants for a certificate of need for hospice service should have a plan for financing the proposed project that identifies the expected sources of income and projected expenses, which will indicate a stable financial basis.

B. Hospice services shall be offered at the least restrictive level, which is consistent with the patient's needs.

VII. ACCESS

All applicants shall document that they will be in compliance with all current applicable CMS and Medicaid requirements.

VIII. OTHER

Hospice services are provided for patients living with a terminal illness and their families. Hospice is considered to be a cost-effective, high quality service on the continuum of care. Levels of care include home care, continuous home care at times of crisis, inpatient care, and inpatient respite care. Thus, hospice services should be provided in the least restrictive environment and access must be encouraged.