

## **HOSPICE SERVICES**

### **I. DEFINITION**

Hospice care is 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 are 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 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.

All hospices must be able to provide four levels of care: inpatient, routine home care, continuous care, and inpatient respite. A hospice may operate a facility that can provide inpatient, inpatient respite and, in some cases, routine home care. Inpatient respite and inpatient can also be provided through contracts.

## 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 Health Care Authority (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. Obtaining a Certificate of Need (CON) for a county requires the provision of services to the entire county.

### Formula for Projecting Hospice Needs

The Authority will perform the calculation to determine unmet need for each county. The Authority's calculation of unmet need is the only demonstration of need that will be considered. The calculation of unmet need will remain in effect until updated and published by the Authority.

Using total resident deaths by county, excluding external causes, obtained from the Department of Health and Human Resources' Health Statistics Center for the three most recently completed calendar years, the Authority will use the following calculation to project need.

Three year average of total resident deaths, excluding external causes, for the county (x) 30 percent = Total projected hospice users.

If the total projected hospice users exceed the current utilization by 75 patients, then an unmet need exists.

For purposes of determining current utilization, the Authority will conduct an annual survey of all existing hospice providers to obtain the number of hospice deaths for each

county. An average of the three most recent years of hospice deaths will be used in determining the current utilization.

If a CON has been issued to a hospice agency to provide services in a county since the publishing of the most recent need methodology, an adjustment factor of 75 will be utilized in determining the need for additional providers. This adjustment factor will allow the recently approved agency time to initiate and develop hospice services before determining if an additional provider is needed.

If a county should lose its only provider of hospice services, leaving the county without hospice services for its residents, the county is considered open for a new provider and the calculation of unmet need is not applicable. However, once a hospice agency receives a CON to provide services to the county, the calculation of unmet need and the adjustment factor described above are applicable.

#### 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 CON 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. No CON shall be granted for hospice service unless the applicant demonstrates that the project is financially feasible by the end of the third fiscal year of operation.

C. 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.