

Public Policy Issues
Hospice & Palliative Care in the State of Colorado

1. Barriers to Access and Utilization of Hospice & Palliative Care

Challenges	Opportunities
Assisted Living Residences are required by regulation to reassess patients who are transferred to General Inpatient Hospice care in a hospital or Hospice Care Center often resulting in a resident not meeting the independence requirement to remain at the ALR. If they stay in the ALR throughout their hospice stay, they are considered to be progressing in place and may continue residency.	Amendment of ALR regulations that allow a resident to remain in that setting if receiving hospice care and the IDT believes the patient can safely return to that setting.
Medicaid coverage offered to severely disabled clients such as some pediatric patients or those on ventilators provide greater access to care than can be provided by hospice under the current Medicaid benefit, such as 24 hour RN support when required to maintain the patient at home—even if the patient does not have symptoms out of control that would allow them to receive continuous care under hospice.	Explore opportunities for expansion of continuous care coverage that mimics what the patient care access under private home care under Medicaid.
Hospice patients who are covered by Medicaid have access to long term care in a Skilled Nursing Facility but not a Hospice Residence.	Allow hospice residential benefit in a hospice facility at 95% of nursing home room and board.
Patients who are covered by the Colorado Indigent Care program do not have coverage for hospice.	Coverage of hospice under Cover Colorado benefit
Some private insurance plans have very limited hospice coverage	Mandatory benefit to minimally mimic Medicaid and Medicare coverage.
There are patients who need palliative care that cannot receive hospice due to six month prognosis and requirement for discontinuing curative therapy.	Explore Medicaid benefit for palliative care “illness management” or “care coordination” programs that provide care direction and in person transitional counseling/symptom management from qualified hospice providers.

2. Standardized quality and compliance

Challenges	Opportunity
The lack of surveys of hospice programs – 4 priorities promulgated by CMS resulting in some hospices being surveyed every 10 to 12 years. No survey of hospices when they change owners. No survey of hospices that operate offices in other parts of the state. Challenges with disparity in the cost to conduct surveys and the established fee. Challenges with personnel staffing allocated to surveys and sufficient training and familiarization with Medicare COPS and Hospice state regulations.	<ul style="list-style-type: none"> • Raise fees to mirror costs • Survey hospices like home health, every two to three years. • Mandatory survey for each site • Mandatory survey with ownership change. • Explore pros and cons of mandating accreditation by deemed status organization

3. Honoring End of Life and Patient Wishes

Challenges	Opportunities
Pronouncement of Death & Coroner roles	<ul style="list-style-type: none"> • Clarification and standardized coroner parameters at time of death • Examine procedures for death pronouncement
Lack of coherent, easily understood advance	Update and clarify existing advance directive/CPR

directive laws and regulations.

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