

Colorado Department of Health Care Policy and Financing

Presentation to Legislative Interim
Committee on Hospice and
Palliative Care

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Colorado Medicaid Benefits

Medicaid Benefit Categories:

- **Mandatory State Plan Benefits:** Specified list of services that every state Medicaid program is required to cover
- **Optional State Plan Benefits:** Specified list of services from which a state Medicaid program may choose to cover (**hospice**)
- **Home & Community Based Waiver Services:** Services that a state Medicaid program may choose to cover to specified populations as an alternative to institutional level of care



Colorado Medicaid Hospice General Statistics

(based on claims paid between 7-1-08 and 6-30-09)

- Number of Unduplicated Clients
 - 3,168 unique clients
- Expenditures for Hospice Services
 - \$39.915 million TF (\$19.957 million General Fund)
- Average Cost per Client By Setting
 - Inpatient \$ 4,921
 - Nursing Facility \$ 12,466
 - Home Based \$ 7,927

Data Source: BAS/BB/# 999



Colorado Medicaid Hospice By Setting

(based on claims paid between 7-1-08 and 6-30-09)

<u>Setting</u>	<u>Clients</u>	<u>Expenditures</u>
Home Care	646	\$ 5.121 Million
Hospital	301	\$ 1.481 Million
Nursing Facility	2,671	\$33.297 Million
Other	43	\$.016 Million

Unique Clients 3,168

Note: some clients have claims in more than one setting so cannot be totaled

Data Source: BAS/BB/# 999



Colorado Medicaid Benefit for Hospice Care

- Definition: Program of palliative, supportive and interdisciplinary services that provides physical, psychological, sociological and spiritual care to terminally ill clients and their families
- Services Covered: counseling, home health aide, homemaker, nursing, physician, social services, physical therapy, occupational therapy, and speech therapy



Colorado Medicaid Hospice Client Participation Criteria

Client Must Meet Each of the Following Criteria:

- Medicaid Eligible: either categorically eligible (family Medicaid or SSI) or under long-term care eligibility;
- Physician Certification of Life Expectancy -- six months or less; and
- Client/Authorized Representative Election of Hospice Care – palliative/supportive care rather than curative care



What's Working Well

- Formation of a collaborative work group of stakeholders to solve issues
 - Identified timely access to the hospice benefit to be a significant issue
 - Determined that timely access barriers primarily exist for persons who are not already Medicaid eligible
- Solutions to Eligibility Barriers
 - Financial - Enactment of HB 09-1104 authorizing long-term care presumptive eligibility
 - Functional – In process rules revision to add persons entering hospice to the group of situations for which expedited assessment is required



What's Not Working

- Federal Constraints
 - Reimbursement for room & board by Medicaid limited to nursing facilities
 - Federal hospice model does not match “palliative care” model
 - Long-term care eligibility requirements for persons when that is the only way to be determined Medicaid-eligible
 - Nursing facility requirements for:
 - Minimum Data Set (MDS)
 - Pre-Admission Screening and Resident Review (PASRR)



What's Not Working

- Beyond Medicaid:
 - Colorado's average length of stay in hospice is shorter than the national average
 - Why is the length of stay shorter
 - What can be done to address the root cause of shorter length of stay
 - Current Colorado mechanisms for advance directives results in them not being readily available



Further Questions

Department website address:
<http://www.colorado.gov/hcpf>

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