

**HOSPICE REGULATION IN COLORADO**

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**HFEMS DIVISION**

- × License and inspect hospitals, ambulatory surgical centers, nursing homes, assisted living residences, hospices, and others
- × State survey agency for Medicare and Medicaid certification
- × In total, the division currently licenses and/or certifies 2094 facilities including 52,049 inpatient beds
- × There are 50 licensed hospices including 104 inpatient beds

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**CERTIFICATION**

- × **CMS CERTIFICATION**
  - Hospices must be licensed prior to receiving CMS certification.
  - Determination for CMS that the agency meets the Conditions of Participation for Medicare.
  - Hospice agencies certified as in compliance with the Conditions of Participation may bill for services rendered to Medicare patients.

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## CERTIFICATION

### ✧ MEDICAID CERTIFICATION

- A hospice must be licensed and Medicare certified prior to being certified for Medicaid reimbursement.

- Medicaid certification is conveyed when the prospective provider shows compliance with Medicare regulations.

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## LICENSURE

- ✧ Determines compliance with minimum standard of care in the provision of services.
- ✧ Determines fitness for the provision (fiscal, criminal, etc.) of hospices services.
- ✧ Provides the authority to offer hospice services in the state.

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## CURRENT STATE LICENSE RULES

- ✧ Management Qualifications and Duties of the Governing Body, and Administrator.
- ✧ Quality Management and Infection Control
- ✧ Patient Care Services and Patient Rights
- ✧ Physician Services
- ✧ Personnel, required staff orientation and training.
- ✧ Pharmaceutical Services
- ✧ Life Safety Code, Dietary and Physical Plant for inpatient hospice facilities.
- ✧ Plan Review for inpatient hospice construction or remodeling.

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### OVERSIGHT ACTIVITIES

- ✧ Occurrence Reporting and Investigation
- ✧ Complaint Investigation
- ✧ Agency/Facility Surveys

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### OCCURRENCE REPORTING AND INVESTIGATION

- ✧ Each licensed facility is required to report certain occurrences or allegations of occurrences within 24 hours of agency knowledge.
- ✧ Each licensed facility or agency conducts its own investigation into the cause of the occurrence and develops and implements a plan to amend practices to ensure patient safety.
- ✧ An occurrence investigator reviews the information submitted by the agency, asks additional questions if needed, and if the agency's plan appears to appropriately address the situation, the occurrence is closed and a summary of the investigation is posted on the internet.

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### OCCURRENCE REPORTING AND INVESTIGATION

If the agency did not respond appropriately or there is a question as to whether appropriate actions were taken, the division would conduct an on-site inspection.

- Most reported occurrences in 1/2006- 6/2009 were Diverted Drugs (5), Physical Abuse(3), and Sexual Abuse(2).

- Only 28 occurrence reports have been received in this time period with only 13 of 49 hospices reporting.

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**COMPLAINT INVESTIGATIONS**

- ✧ The Department maintains a complaint hotline which is staffed 40 hours per week.
- ✧ Complaints are accepted only if there is a corresponding regulatory requirement.
- ✧ Based on initial findings a complaint investigation may be turned into a full agency survey.

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**COMPLAINT INVESTIGATIONS**

- ✧ In the time period 1/1/06 to 6/30/09, 41 complaints were received with a total of 91 allegations.
- ✧ Complaints were against 21 of 50 licensed hospices.

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**COMPLAINT INVESTIGATIONS**

- ✧ Top allegations received:
  - ↳ Quality of Care/Treatment (35)
  - ↳ Nursing Services (14)
  - ↳ Patient Rights (8)
  - ↳ Unqualified Personnel (5)
  - ↳ Pharmaceutical Services (5)
  - ↳ Patient Assessment (5)

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**AGENCY SURVEYS**

- ✧ Licensure
  - Due to current funding, initial inspections or surveys are not conducted. Prospective hospice agencies attest to compliance with the license regulations.
  - Onsite occurrence or complaint activities are only conducted on-site when there is concern that continued practice may result in repeat or continuing harm to patients.
  - 9 State surveys have been conducted in the past 3.5 years. 1 resulted in closure of the agency.

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**AGENCY SURVEYS**

- ✧ CMS/Medicare Surveys
  - 5% of the total number of agencies must be surveyed annually (3) as a tier 2 priority.
  - Additionally, CMS asks that all agencies be surveyed at least every 7 years as a tier 3 priority.
  - Initial surveys are prioritized at tier 4 but there is an avenue through an accrediting organization to receive initial certification.
  - Only the receipt of a complaint alleging serious harm or death is prioritized at tier 1 for hospices.

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**FUTURE ACTIVITIES**

- ✧ Work with the hospice association and other stakeholders to develop a fee structure that will support increased oversight of hospice agencies.
- ✧ Update the license requirements to current standards of practice with an increased focus on quality of care and patient outcomes. Remove some antiquated provisions.
- ✧ Ensure during the process of rule making that state and new federal rules work congruently together.

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