MINUTES

I. Call to order

II. Minute approval: approved minutes

III. Additions to agenda

IV. Reports
   a. Executive Director
      a. Review of committee list
   b. NGS/CMS:
      a. Next meeting is October 19, 2016. Amy will be calling in for this meeting.
   c. MILARA
      a. No meeting since last report. Next meeting was scheduled for Oct 12 at 10am; however this has to be rescheduled per Rick Brumette.
      b. Topics: CASPER reports including deemed status (does this mean accredited organization) and state survey rules related to deemed status organizations. Barry and MHHA reps will encourage state to develop rules related to deemed status hospices being excluded from state licensure surveys. Barry/MHHA will involve lobbyist and reach out next week.
         i. Where does a program stand re: state survey now that they have had a successful TJC survey with full
accreditation and deemed status. Barry suggested reaching out to Larry Horvath.

ii. State validation survey’s at a few organizations and are finding items that CHAP didn’t; may support state surveys as accreditation bodies are not finding.

V. Hospice Committee Reports

a. Education:

i. report lists workshops and teleconferences coming up. HIPPA audits, ICD10, employment discrimination.

ii. Committee met on 8/30/16 to review conference. Keynote presenter will be Ed Hearns. Ron Culberson is a humorists and will be at the conference as well - he was recommended by NHPCO and Barry has participated in his presentations. Judy Lund Pearson (NHPCO) and Katie Weary (nationally known consultant) coming again this year.

iii. Hospice The Future Unfolding by Melinda Cadbury from Health Care Provider Solutions - will review with the hospice committee members on the education committee. Would it be a good idea to have a fundamental regularity session given the number of new hospice leaders at last years conference?

b. Quality & Regulatory

i. Organization of Subcommittee to meet separately beginning in October

1. All hospice committee members please encourage colleagues to attend this meeting. Quality and regulatory was the #1 item at the hospice committee meeting at the annual conference.

ii. Topics: Final Rule, Language line posted, wage/hour rule, publicly reported data becoming available and what would be included and the timeframe of the data pulled, CHAPS national benchmarking hasn’t been received, potential for star rating for hospice, regulatory q&a/discussion/interpretation at every meeting
iii. Develop charter for the first meeting with mission of subcommittee, goals/objectives. Use the home care subcommittee charter for hospice.

c. Palliative Care

i. Great attendance at the first meeting, a lot of interest and ideas shared for future meetings. Identified other organizations to collaborate with that are also working on palliative care in the state of Michigan. Focus on reimbursement.

ii. Barry to follow-up with John Mulder re: next meeting and him being cochair.

iii. Next meeting in September 22 at 9am at MHHA office in Okemos.

d. Reimbursement

i. Last meeting on Sept. 21, 2016 well attended. Hospice and home care collaborative meeting and will continue to be. Billers attended this meeting and shared a lot of ideas/suggestions - discussions and collaboration related specifically to their role. Great networking opportunity and discussion related to specific payers, etc.

ii. Request biller list-serv be sent to all hospice committee members so they can pass along to billers, etc. in their organization.

e. Hospice Residence Managers

i. Has not been set specifically. Was very beneficial when this was on the HPCAM side and well attended.

ii. John will coordinate date/time for a meeting and help identify a leader.

f. Hospice Residence Room & Board

i. Met with Beth - director of policy related to certificate of need yesterday; Larry Horvath also part of the committee.

ii. What merit does the CON hold now in the state of Michigan

iii. R&B funding through the appropriation committee - not identified re: who can access these funds. Initially intended for dually license
hospice’s. Appears that hospice residences have accessed the funds that are medicaid licensed (not R&B licensed) - happened first year and thought it was an error, however this continues to happen.  Question: is it worth it to be dually certified if funds can be accessed? Would eliminate survey, NHA, quality add on, etc. Larry would be elated and dept would well receive dual licensure giving up this. CON is for special needs beds, which ties to the medicaid R&B.

iv. What value does CON have is then the issue. Can’t be separated from nursing home license. Beth’s directive is that you can’t use special needs CON for anything else. If surrender CON, then would other org’s have access? What happens if admin changes and they want CON if surrounded?

v. Suggestion made by Beth - they could cease and desist CON for hospice and not allow surrendered CONs to be accessed and the regs would then be eliminated.

vi. R&B is not enough for everyone in the state (dually licensed CON and non-CON hospice residences)— is there a way to expand this to cover all hospice residence? Among of money through appropriations, for 2.5 million, is representative for what was paid to dually licensed facilities a few years (was truly 3.5 million a few years ago.)

vii. State would like if all 9 CON dually licensed hospice surrendered. Not sure there could be consensus.

viii. Question for group: do we want them to eliminate reg for special bed CON? Those that want to keep the CON beds can; those that don’t can surrender and no longer have state regs, etc. Larry would prefer it’s all or nothing, however if they have to survey a few hospices, they would.

ix. Our next steps: contact legislatures re: less expense for hospice residence than nursing homes. More focused care, less likely for hospitalization.

g. Public Policy

i. Next meeting is on Friday, September 2, 2016.
ii. Legislation introduced for physician assisted suicide. Sam Singh introduced the bill. Provide Barry the information and details necessary to speak articulately on behalf of hospice for the state. Will likely not get attention and not move in the legislature. Will review NHPCO’s position statement and identify HPCAMs position.

h. Membership

i. Looking to put together a membership committee. Bert Kopel will be the chair - next meeting on: September XX, 2016.

ii. 14 HPCAM members have not renewed their membership; Tim has reached out to them. General trend of those not renewing is simply not sending their dues. Will continue to work with them and perhaps have current members call if they have a connection.

iii. Review the list of members at every hospice committee meeting.

VI. New business

a. Committee Decisions: Pediatrics, Volunteers, We Honor Veterans

b. NHPCO Council of States with Hospice Action Network: Barry attended. Meeting was related to issues of disagreement with NHPCO and Council of States and what state associations want/need. Need a member to participate - need a liaison and would prefer someone who attends the hospice action network meeting that occurs the day after the council of states. Sarah and Melinda to discuss as we have members that have expressed an interest.

c. State/Accreditation Surveys

i. One organization had TJC in May, very deep dive on many areas, more so in the past with focus on: order sets, Individualized and interdisciplinary care planning, medication ranges - needed to be tight, focus on safety, life safety goal re: O2 in the home (didn’t ask specific question of pt: do you have a smoke alarm in the home), HHA not being able to make a decision re: patient care. Interdisciplinary care plan - example pain. How does MSW, SCC, etc. dress in addition to the RN.

d. Listserv Feedback - provide information in meeting minutes and in the next newsletter.
VII. Old business

VIII. Open discussion

   a. Develop hospice specific list-serv

IX. Next Meeting Date/Time: October 6, 2016 @ 9:30am