



Hospice Committee  
Teleconference  
February 1, 2018  
9:30 am

## MINUTES

### I. Call to order

II. Minute approval — Minutes were approved.

### III. Additions to agenda

### IV. Reports

- A. Executive Report – (no minutes as minute-taker was not enlisted until next item)
- B. NGS/CMS – next meeting is later in February. Barry shared that NGS also convened the presidents of hospice associations from 20 states with the focus of discussing policy issues for recommendations on “ways to work better with Medicare.” NGS is currently 2 years from CMS contract renewal.
- C. MILARA Survey Liaison – January 3 meeting report: 1/1/18 CASPER report showed top 3 citations in Michigan are Plan of Care (measurable outcomes), and Hospice Aide Assignments and Duties (individualized care plans and performing tasks within scope of practice). Rick Brummette, survey division manager, said, “If the hospice aide can show a surveyor additional information available to them in the EMR that provides updated information regarding their care plans – even if the care plan is not updated yet to reflect this information – this is acceptable.” And, “I am no longer accepting citations from surveyors who cite a hospice for having multiple options for services on an aide care plan and permitting the patient to decide, e.g. both a shower and a bed bath ‘per caregiver request.’ If patient says that s/he wants a shower one visit, and a bed bath the next, this is okay if both are on the care plan.” No hospice complaints have been filed with the state. Emergency Preparedness plans will be requested during surveys after 1/13/18.

### V. Hospice Committee Reports

- A. Education – conference program is set and registration invitations go out later today. Sessions include: MILARA, NGS, Human Trafficking, hospice formulary/cost containment, opioid legislation, emergency preparedness, community-based palliative care models, regulatory updates and HIS session. The annual webinar teleconference schedule is also on the MHHA website.
  - B. Quality & Regulatory (KAREN)
    - a. Hospice Stakeholder Meeting (postponed to March 5)
      - i. State Hospice Rules
      - ii. Survey Waiver
- Medicaid enrollment system (CHAMPS), indicating that hospice agencies may develop their own enrollment/disenrollment forms and they will accept the hospice Election of Benefits form.
- C. Palliative Care — committee met last week. Discussion focused on opioid discussion. Group meets the 4<sup>th</sup> Thursday of every month.

- D. Reimbursement (NANCY) — Blue Care Network; Nancy has an email in with them to pursue payment for physician visit reimbursements.
- E. Hospice Residence Committee (JULIE) — no report
- F. Hospice Residence Room & Board (RENE) — met in January. Submitted a letter to the Governor requesting room & board allocations for next year for Medicaid recipients. Also addressed how hospices are notified to ensure that all receive application and allocations. January 18 was the target week for new grant recipient hospices to receive notifications. Continuing issues remain regarding receiving reimbursement from last year and notification of this year's allocation. Barry urged us to contact Michael Daeschlein, (Manager – LTC Management Section, Bureau of Medicaid Policy and Health Systems Innovations, Michigan Department of Health and Human Services. Phone: 517 335-5322 Email: [DaeschleinM@Michigan.gov](mailto:DaeschleinM@Michigan.gov)) with specific inquiries regarding allocation. We are reminded to take a diplomatic approach as we are also lobbying for an increase in next year's allocation. This is a new process for the state and they do not have a framework to support this program and all hospices have experienced delays in payment.
- G. Public Policy (SARA) — Lisa provided the report. Group did not meet this month. They will be having a discussion tomorrow (2/2) on the Opioid legislation. March 8 is the State Legislator's Day and hospice committee members are encouraged to attend. They are still gathering topics.
- H. Membership — no report.

## **VI. New Business**

- a. New Opioid Law — Sam Watson from the state hospital association joined the discussion as well as Dr. Nathan Chase, medical director from Trinity. Primary change discussed was regarding the Bona Fide Prescriber-patient Relationship (effective 3/31/18).  
Schedule II-V controlled substance prescriptions require that the prescriber is in a bona fide prescriber-patient relationship with the patient.
  - Prescriber has to review records and complete full assessment, including a relevant medical evaluation of the patient conducted in person or via telehealth
  - Must be geographically accessible to the patient for follow-up care.
 Discussion ensued that this requirement would be difficult, if even possible, for hospices to meet.  
Also discussed:
  - Due to additional prescribing burdens, it is anticipated fewer community physicians will follow their patients in hospice, resulting in an increase in hospice physicians serving as attending.
  - Covering physicians would not be permitted to prescribe controlled substances without a Bona Fide Prescriber-patient Relationship.
 A separate task force is convening on February 6 to discuss a coordinated hospice industry legislator response.  
Barry also reported that Congressman Walberg continues to work at the federal level regarding disposal regulations. His previous legislation is on hold and he assures MHHA that he will not move forward with any state-level legislation that does not have the support of MHHA.

## **VIII. Old business**

- a. Listserv — send MHHA an email if you want to be added to the listserv. There is a hospice committee listserv and a reimbursement listserv.

## **IX. Open discussion & Next Meeting**

We Honor Veterans committee meeting will hold its first steering committee meeting on March 28 in Ann Arbor. **NEXT HOSPICE COMMITTEE MEETING—MARCH 1.**