

# spring intensive: REGULATORY UPDATE program detail

**Tuesday, April 18, 2023**

**Keynote Presentation: Creating a Culturally Competent Organization from the Inside Out**, Marisette Hasan, BSN, RN, Principal/CEO, LifeSprings Consulting Group, LLC

The Public Health Emergency has underscored the huge disparity gaps that exist in our medically compromised patients who live in black and brown communities. In addition, CMS is now taking a deep dive into evaluating how to measure the outcomes of hospice care delivery incorporating diversity, equity and inclusion. During this interactive session we will take a deep dive into the current regulatory landscape and discuss practical strategies to increase and to enhance our Equity, Diversity and Inclusion culture internally as well as externally. In addition we will have an interactive discussion on what we can do to foster relationships in communities of color that will lead to increased trust and access to care.

*Learning Objectives:*

1. Participants will verbalize at least two regulatory updates related to their internal and/or external operations related to DEI.
2. Participants will identify two best practice strategies for cultivating an organizational DEI culture in every aspect of their day-to-day operations.
3. Participants will verbalize at least 2 best practice strategies for effective engagement with culturally diverse communities.

*About the Presenter:* Marisette Hasan has worked professionally as an RN since 1981 in various roles: oncology nurse, hospice nurse, clinical manager, home health and hospice administrator and nurse consultant. Marisette is passionately engaged in supporting hospice and palliative care providers in North and South Carolina through leadership, innovation, public advocacy and regulatory technical assistance.

With the onset of COVID-19 and the enormous disparity and health inequities that have been spotlighted, Marisette has been sought after by the serious illness care provider community to provide consultation on matters of diversity, equity and inclusion regionally as well as nationally. As an African American nurse and Senior Executive Leader, Marisette brings a unique perspective and experience to assist those who desire to increase access to care to our black and brown communities.

Marisette has participated as a guest speaker/panel facilitator for regional and national forums sponsored by CTAC (The Center to Transform Advanced Care) and NHPCO (The National Hospice and Palliative Care Organization) & TCC (The Carolinas Center) to raise awareness and promote public advocacy on issues of how to build a culture of trust and serious illness care delivery in black and brown communities. She serves as a consultant to train leaders and primary care staff on how to engage in authentic, trusting conversations with African American patients and how to build a culture that embraces diversity, equity and inclusion from the inside out. Marisette is engaged in research as an expert community stakeholder Co-Investigator for a PCORI grant (EQUAL ACP) initiative led by Dr. Kimberly Johnson to investigate and implement effective tools to eliminate advance care planning disparities among African Americans in 5 states. She recently served as a co-trainer for the Center of Practical Bioethics to conduct Advance Care Planning Education sessions with members of the Black Faith Community utilizing the curriculum: *The African-American Spiritual and Ethical Guide to End-of-Life Care-What Y'all Gon' Do With Me?*

**Panel Presentation – Focus on Safety: At the Office and in the Home**, Amy Baird, LCSW, Executive Director, Social Services Clinical Manager, Lumina Hospice & Palliative Care, Corvallis; Stacey Jones, LICSW, ACHP-SW, Director, Providence Hospice of Seattle; Cheryl Medawattage, RN, BSN, BC: Gerontology, CHPN, ACHE, CPMN, Executive Director – Hospice, EvergreenHealth, Kirkland; Molly Rhea, RN, Director, Pioneer Memorial Home Health & Hospice, Heppner

Events from the past several years have emphasized the challenges and importance of ensuring staff safety in the provision of home care. Home hospice hazards may include bloodborne pathogens and biological hazards, latex sensitivity, ergonomic hazards from patient lifting, violence, drug diversion, hostile animals and unhygienic and dangerous conditions. A panel of hospice providers will share their insights and lessons learned from their experiences in improving safety assessments, implementing new measures and providing safety training. The session will include a discussion regarding screening new prospective patients and their caregivers. How much safety screening is enough?

*Learning Objectives:*

1. Participants will be able to describe at least three safety issues to review at a hospice office location.
2. Participants will be able to identify at least 3 safety requirements to review and screen for before allowing a hospice staff person to visit a patient in a home setting.
3. Participants will be able to describe at least 3 topics to include during safety training for hospice staff.

*About the Panelists:* Amy Baird, LCSW, Executive Director, Social Services Clinical Manager, Lumina Hospice & Palliative Care, Corvallis; Stacey Jones, LICSW, ACHP-SW, Director, Providence Hospice of Seattle; Cheryl Medawattage, RN, BSN, BC: Gerontology, CHPN, ACHE, CPMN, Executive Director – Hospice, EvergreenHealth, Kirkland; Molly Rhea, RN, Director, Pioneer Memorial Home Health & Hospice, Heppner

**Urban Legends and Old Spouse Tales: Regulatory Myths Debunked!** Barb Hansen, MA, RN, CEO, OHPCA and Executive Director, WSHPCO

Have you ever wondered about the origin of some of your hospice program policies? Have you wondered if your policies are based on state or federal regulations—or what one surveyor may have advised during a previous survey? Have any of your staff stated a program policy is a “regulation” when, in fact, it is actually your program *policy*—and not a state or federal regulation? This session will explore and review some common misperceptions regarding “hospice regulations” and discuss how to create program policies based on references and benchmarks.

*Learning Objectives:* At the end of this session, participants will be able to:

1. Participants will be able to describe at least three common myths in hospice regulations.
2. Participants will be able to identify which of their program policies may differ from national or state regulations.
3. Participants will be able to describe references and sources of information in creating program policies and best practices which align with CMS requirements.

*About the Presenter:* Barb Hansen earned her BS in Nursing from the Oregon Health and Sciences University and received a Master of Arts in Interdisciplinary Studies at Oregon State University with a focus on Gerontology and Community Health. She has worked in end-of-life care in many roles since 1986: Home Health and Hospice Nurse Case Manager, Clinical Coordinator, Home Care Surveyor for the Joint Commission; Wound, Ostomy, Continence RN, and Director of a Hospice, a Hospice Inpatient Unit and a Home Health program. Currently, Barb serves as the CEO of the Oregon Hospice and Palliative Care Association and Executive Director of the Washington State Hospice & Palliative Care Organization.

### **Panel Presentation – Atypical Treatments: What’s Related? What Should We Cover?**

This session will explore how hospice programs make determinations about what to cover or not cover when patients or families are requesting treatments that are “outside the norm of what hospices usually cover”. When there is no real right or wrong answer, what process should a hospice team use to make coverage or “relatedness” decisions? This session will review coverage regulations and the process for coverage determinations.

#### *Learning Objectives:*

1. Participants will be able to define “stewardship” as it is used by hospice programs in statements about values.
2. Participants will be able to describe a process for how a hospice could review requests for atypical treatments prior to hospice election.
3. Participants will be able to describe a framework for determining relatedness of treatments, services and medications to the palliation of symptoms experienced by a hospice patient.
4. Participants will be able to identify resources for references to use for guidance in making coverage decisions.

#### *About the panelists:*

**To Visit or not Visit at the Time of Death: What’s Required and What’s the Right Thing to Do?** Kathy Katzenberger, DNP, RN, CHPN, Hospice Manager, Evergreen Hospice & Palliative Care, Kirkland

Why do some families request a home visit at the time of death and others refuse a visit? Could a change in scripting impact these decisions? Do your staff wonder if an RN is required to pronounce a hospice patient’s death? If an RN is present for a home visit and a patient dies during the visit, 1) does the visit count for required quality measures, 2) does the visit qualify to be counted on the claim for the SIA payment and 3) when must the “PM” modifier be used on the claim?

#### *Learning Objectives:*

1. Participants will be able to identify the state and federal regulations regarding visits at the time of death.
2. Participants will be able to identify at least two factors that influence a family’s decision about accepting a time of death visit.
3. Participants will be able to identify which visits are reported for different quality measures.
4. Participants will be able to identify which visits qualify for the SIA payment.

*About the presenter:* Kathy Katzenberger is a nurse with over 30 years of hospice experience. She recently completed her DNP and received the Project of the Year Award for her research on Meaningful Time-of-Death Visits. Kathy has been a certified hospice nurse for many years. She is currently serving as the President of the WSHPCO Board and has been a part of the WSHPCO conference planning committee for many years.

**Verbal Orders: The Five Ws**, Barb Hansen, MA, RN, CEO, OHPCA and Executive Director, WSHPCO

This session will explore the many challenges Hospices encounter when completing verbal orders. Topics will include who can *give* verbal orders, who can *accept* them, whether a “referral” given over the phone is a verbal order or an “oral CTI”—as well as whether an order is needed to refer a patient to hospice. The mysteries of the “Five W’s” of verbal orders will be revealed!

*Learning Objectives:*

1. Participants will be able to list the required elements and regulations for a verbal order.
2. Participants will be able to describe the key components of a verbal order “read back” process.
3. Participants will be able to list considerations for elements to include in a program policy regarding acceptance of verbal orders.

*About the Presenter:* Barb Hansen earned her BS in Nursing from the Oregon Health and Sciences University and received a Master of Arts in Interdisciplinary Studies at Oregon State University with a focus on Gerontology and Community Health. She has worked in end-of-life care in many roles since 1986: Home Health and Hospice Nurse Case Manager, Clinical Coordinator, Home Care Surveyor for the Joint Commission; Wound, Ostomy, Continence RN, and Director of a Hospice, a Hospice Inpatient Unit and a Home Health program. Currently, Barb serves as the CEO of the Oregon Hospice and Palliative Care Association and Executive Director of the Washington State Hospice & Palliative Care Organization.

**CTI and Other Admission Challenges**, Molly Rhea, RN, Director, Pioneer Memorial Home Health & Hospice, Heppner and Barb Hansen, MA, RN, CEO, OHPCA and Executive Director, WSHPCO; Penny Smith, BSN, RN, CHPN, Hospice Clinical Quality Improvement Manager, Providence Hospice of Seattle

This session will review the regulations regarding the hospice admission process, including a discussion of different methods hospices may use to operationalize the use of “oral CTIs”. Challenges and strategies for confirming who will serve as a patient’s “attending physician” will be reviewed.

*Learning Objectives:*

1. Participants will be able to list the CMS regulations regarding completion of Certifications of Terminal Illness.
2. Participants will be able to identify at least two methods Hospices may use to document oral CTIs.
3. Participants will be able to list the CMS requirements for documentation that a patient has a choice of attending physician.

*About the Presenters:* Barb Hansen earned her BS in Nursing from the Oregon Health and Sciences University and received a Master of Arts in Interdisciplinary Studies at Oregon State University with a focus on Gerontology and Community Health. She has worked in end-of-life care in many roles since 1986: Home Health and Hospice Nurse Case Manager, Clinical Coordinator, Home Care Surveyor for the

Joint Commission; Wound, Ostomy, Contenance RN, and Director of a Hospice, a Hospice Inpatient Unit and a Home Health program. Currently, Barb serves as the CEO of the Oregon Hospice and Palliative Care Association and Executive Director of the Washington State Hospice & Palliative Care Organization. Penny Smith, BSN, RN, CHPN is a certified hospice and palliative care nurse with more than 17 years experience. Her background in hospice includes inpatient care, home hospice case management, education and quality. She is currently a hospice quality manager for the Providence hospice agencies in Washington.

**Discharge Dilemmas**, Chris Lasley, RN, BSN and Denise Cocking, RN, MSN, Hospice Quality Specialists, Kaiser Permanente Washington Hospice, Seattle; Katrina Hoffman, MSN, FNP, Samaritan Evergreen, Albany; Molly Rhea, RN, Pioneer Memorial Home Health & Hospice, Heppner; Tracy Calhoun, BSN, RN, CHPN, RN Case Manager, Lumina Hospice & Palliative Care, Corvallis

This session will explore the regulations and decision processes surrounding challenges that every hospice encounters when deciding whether to discharge a patient. Panelists will share case studies and factors they considered in making their decisions. When is it right to initiate a “Discharge for Cause”? What actions must a hospice perform when anticipating a discharge for cause? When preparing for a planned live discharge, can a hospice be accused of “abandoning” a patient?

*Learning Objectives:*

1. Participants will be able to describe situations when a Hospice may decide to discharge a patient for cause.
2. Participants will be able to identify the actions required by the state and CMS when a hospice program discharges a patient for cause.
3. Participants will be able to identify measures a hospice can implement to prevent accusations of “patient abandonment”.

*About the Presenters:* Chris and Denise are Hospice Quality and Compliance nurses at Kaiser Permanente Washington Hospice. Tracy Calhoun, BSN, RN, CHPN, RN Case Manager, Lumina Hospice & Palliative Care, Corvallis

## **Wednesday, April 19, 2023**

**Guest Expert Presentation – Regulatory Hot Topics**, Judi Lund Person, BA, MPH, CHC, Vice President, Regulatory and Compliance, National Hospice and Palliative Care Organization

Regulatory issues remain the focus of this annual conference. The past several years brought a record number of regulatory changes in hospice, but nothing in the past could compare to the challenges hospice and palliative care programs have faced during the COVID-19 pandemic. We continue to face the challenges of payment reform, ever-increasing scrutiny by the Office of the Inspector General, the “MACs” and other CMS “subcontractors”, continued changes and expansion in quality reporting requirements, as well as all the “usual” challenges in providing care for dying Oregonians and Washingtonians and their families.

*Learning Objectives:*

1. Restate the most current regulatory issues facing hospices today.

2. Discuss the role of quality measures in hospice today.
3. Identify implications of recent CMS CRs, the most recent Final Rule and other regulatory changes.
4. Review the current auditing environment and other factors that impact hospice.

*About the Presenter:* Judi serves as a key contact with the Centers for Medicare and Medicaid Services, interfacing with hospice payment policy, Part D, survey and certification, contractor management, and program integrity functions, among others. She also represents hospice and palliative care with the Government Accountability Office (GAO), the Medicare Administrative Contractors (MACs), the Drug Enforcement Administration (DEA) and other federal agencies and many national organizations. Recent issues include working with the GAO on a study for elder abuse and neglect in hospice, discussions with CMS on the implementation of the HOSPICE Act, including surveyor training and enforcement remedies, advocating for a new process for Part D notification of hospice election, addressing confusion about attending physicians, and ongoing work with the Medicare Administrative Contractors on hospice payment policy issues.

She works daily with hospice providers and state hospice organizations on the ever-increasing array of regulatory and compliance issues and translates complex regulatory language into actionable “plain English” for hospice providers. She works with her team at NHPCO to develop regulatory and compliance tools for hospice providers each year, including the new Hospice Survey Readiness and Response Toolkit, State/County Wage Index and Rates each year, and the refresh of the regulatory pages of the NHPCO website, creating the NHPCO Regulatory and Compliance Center.

Judi graduated with honors from the University of North Carolina at Greensboro with a degree in Sociology and has a Masters in Public Health from the University of North Carolina at Chapel Hill. She holds a Certification in Healthcare Compliance.

**Understanding the New Hospice Outcomes and Patient Evaluation (HOPE) Assessment Tool, Stephanie Beebe, MN, RN, Hospice Manager, EvergreenHealth Hospice, Kirkland**

The Hospice Outcomes and Patient Evaluation (HOPE) assessment tool is a new instrument being created by Centers for Medicare and Medicaid Services (CMS). The HOPE standardized assessment is being developed to reflect outcomes of care throughout a patient's stay on hospice and will be replacing the Hospice Item Set (HIS). Beta testing of the HOPE assessment tool has recently wrapped up, and this presentation will provide a unique overview of the HOPE assessment from a beta testing participant's perspective.

*Learning Objectives:*

1. Participants will be able to understand an overview of the HOPE assessment tool and development by CMS.
2. Participants will be able to identify the disciplines that will be able to complete the HOPE assessment.
3. Participants will be able to understand why the HOPE assessment will replace the HIS in the HQRP.

*About the Presenter:* Stephanie Beebe has been a hospice nurse for over a decade, with 5 of those years being Hospice Quality Program Manager. During her tenure at EvergreenHealth Hospice, she has successfully navigated through the Targeted Probe and Educate program and other audits and is now managing a hospice admission team.

**Strategies to improve your Care Compare Results**, Stephanie Beebe, MN, RN, Hospice Manager, EvergreenHealth Hospice, Kirkland; Chris Lasley, RN, BSN and Denise Cocking, RN, MSN, Hospice Quality Specialists, Kaiser Permanente Washington Hospice, Seattle; Christine Nidd, CPHQ, PMP, MSW, Quality and Compliance Manager, Hospice of the Northwest, Mt. Vernon; Rochelle Webster, FNP, CPHQ, ACHPN, Quality Control Program Coordinator, Asante Hospice, Talent; Rachel Miller, RN, CQI Coordinator, Cascade Health, Eugene

This session will review the various hospice quality measures included in “Care Compare”. During the session, we will explore various strategies hospices are utilizing to target specific quality measures with the goal of improving outcomes reported on Care Compare.

*Learning Objectives:*

1. Participants will be able to list the quality measures that are publicly reported on Care Compare.
2. Participants will be able to describe the regulations prohibiting “coaching” family members and caregivers on completing the CAHPs survey.
3. Participants will be able to describe strategies hospices may employ in an effort to improve quality measure outcomes.

*About the Presenters:* Stephanie Beebe has been a hospice nurse for over a decade, with 5 of those years being Hospice Quality Program Manager. During her tenure at EvergreenHealth Hospice, she has successfully navigated through the Targeted Probe and Educate program and other audits and is now managing a hospice admission team. Chris and Denise are Hospice Quality and Compliance nurses at Kaiser Permanente Washington Hospice. Rochelle Webster has been a nurse since last century, nurse practitioner for 15 years, and privileged to work in hospice for 7 years. She is certified as a Family Nurse Practitioner, Professional in Healthcare Quality and a Hospice and Palliative Care Advanced Practice Nursing. She brings to this work her passion for patient safety, including the protection of the dignity and humanity of all who we serve. This year she found time away from knitting and improvising to sing with the Rogue Valley Peace Choir where she is a featured soloist. Rachel Miller, RN has 20+ years of experience in hospice in a variety of positions: IPU floor/charge nurse, Admissions, Case manager, and IPU Manager. Since 2019 she has served as the CQI Coordinator at Cascade Health for their inpatient and outpatient Hospice departments in addition to the Home Health department. For the past 10 years, Christine Nidd has worked as the Quality and Compliance Manager at Hospice of the Northwest in Washington State. She has served as faculty for NHPCO and as an advisor for NAHQ. As a Certified Professional in Healthcare Quality, a Project Management Professional and a Baldrige Examiner, Nidd redesigns processes in a systematic way to initiate and sustain performance improvement.

**The Waivers Will Soon End. Now What?** Barb Hansen, MA, RN, CEO, OHPCA and Executive Director, WSHPCO

We’ve discussed the “what ifs” when the Public Health Emergency ends. Now we know that they will end—and May 11, 2023 is fast approaching! Using a game-show format, this session will review the CMS 1135 waivers granted during the COVID-19 pandemic, their official end dates and strategies Hospices can utilize to return to “the old rules”.

*Learning Objectives:*

1. Participants will be able to identify the CMS hospice waivers that will end on May 11, 2023.
2. Participants will be able to list the three CMS hospice waivers that will end after May 11, 2023.
3. Participants will be able to describe strategies hospices can utilize to resume operations under pre-pandemic regulations.

*About the Presenter:* Barb Hansen earned her BS in Nursing from the Oregon Health and Sciences University and received a Master of Arts in Interdisciplinary Studies at Oregon State University with a focus on Gerontology and Community Health. She has worked in end-of-life care in many roles since 1986: Home Health and Hospice Nurse Case Manager, Clinical Coordinator, Home Care Surveyor for the Joint Commission; Wound, Ostomy, Continence RN, and Director of a Hospice, a Hospice Inpatient Unit and a Home Health program. Currently, Barb serves as the CEO of the Oregon Hospice and Palliative Care Association and Executive Director of the Washington State Hospice & Palliative Care Organization.