

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY ALABAMA

2024-2027 STATE HEALTH PLAN
ADMINISTRATIVE CODE

CHAPTER 410-2-3
SPECIALTY SERVICES

410-2-3-.10 In Home Hospice Services.

(1) Discussion

(a) Hospice care is a choice made to enhance end of life. Hospice focuses on caring and comfort for patients and not curative care. In most cases, care is provided in the patient's place of residence. It is the intent of this section to address health planning concerns relating to hospice services provided in the patient's place of residence. For coverage of hospice services provided on an inpatient basis, please see Section 410-2-4-.15.

(2) Definitions

(a) Hospice Program. A "Hospice Program" is defined as a public agency, private organization, or subsidiary of either of these that is primarily engaged in providing Hospice Care to the terminally ill individual and families and is separately licensed by the State of Alabama and certified by Centers for Medicare/Medicaid Services (CMS) for the provision of all required levels of Hospice Care.

(b) Hospice. "Hospice" is a coordinated program providing a continuum of home and inpatient care for the terminally ill patient and family and/or significant other. It employs an interdisciplinary team acting under the direction of an identifiable hospice administration. The program provides palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses which are experienced during the final stages of illness and bereavement. The care is available twenty-four hours a day, seven days a week.

(3) Availability and Accessibility

(a) Hospice services must be obtainable by all of the residents of the State of Alabama. The care must be available to all terminally ill persons and their families without regard to age, gender, national origin, disability, diagnosis, cost of care, ability to pay or life circumstances.

(b) Physicians and other referral sources may be unfamiliar with the total scope of services offered by hospice; accessibility may be limited due to a lack of awareness. Every provider should provide an active community informational program to educate consumers and professionals to the availability, nature, and extent of their hospice services provided.

(4) Inventory

(a) As of this date, hospice services are available in all sixty-seven (67) counties. Hospice programs are licensed by the Alabama Department of Public Health.

(5) Quality

(a) Quality is that characteristic which reflects professionally and technically appropriate patient services. Each provider must establish mechanisms for quality assurance including procedures for resolving concerns identified by patients, physicians, family members, or others in patient care or referral. Providers should also develop internal quality assurance and grievance procedures.

(b) Providers are encouraged to achieve a utilization level which promotes cost effective service delivery.

(c) Hospice programs are required to meet or exceed the current Medicare Hospice Conditions of Participation, as adopted by CMS, and codified in the Code of Federal Regulations, along with State Licensure Regulations of the Department of Public Health.

(6) In Home Hospice Services Need Methodology

(a) Purpose. The purpose of this in home hospice services need methodology is to identify, by county, the number of hospice providers needed to assure the continued availability, accessibility, and affordability of quality care for residents of Alabama. A corporate entity must obtain a CON for each parent. Relocation within the CON Authorized service area of a branch or parent provider does not require applying for a new CON.

(b) General. Formulation of this methodology was accomplished by a committee of the Statewide Health Coordinating Council (SHCC). The committee, which provided its recommendations to the SHCC, was composed of providers and consumers of health care, and received input from hospice providers and other affected parties. Only the SHCC, with the Governor's final approval, can make changes to this methodology, except that SHPDA staff shall annually update statistical information to

reflect more current population and utilization. Adjustments are addressed in paragraph (e) below.

(c) Basic Methodology

1. Need Assessment for Hospice Services

2. The need for additional Hospice Services shall be calculated as follows:

$$\text{HPR} = \text{Hospice Deaths by County} / \text{Total Deaths by County}$$

Where as:

HPR= The Hospice Penetration Rate

Hospice Deaths by County is defined as the total deaths of those served in hospice care for the specific county. Data shall be obtained through all licensed Alabama Hospice providers who are required to collect and provide data to SHPDA annually.

Total Deaths by County is defined as the total deaths from all causes in the specific county. Data shall be obtained from the Alabama Department of Public Health Center for Health Statistics.

This formula is recommended by the National Hospice and Palliative Care Organization which utilizes this formula to report national hospice penetration rates. In completing the formula to establish need, SHPDA will match the year of hospice deaths with the most recent year of total deaths as provided by the Alabama Department of Public Health Center for Health Statistics.

3. Review Criteria. An application to establish or expand hospice services in a county shall be consistent with this Plan if:

(i) The Hospice penetration rate in the proposed county is less than forty percent (40%).

(ii) Each approved hospice agency in the proposed county has been operational for at least thirty-six (36) months in Alabama; and

(iii) Only one (1) application may be approved in each county during any approval cycle as defined by the Statewide Health Coordinating Council, or as implemented by SHPDA.

4. The SHCC has determined that additional information is required in order to conduct a thorough examination of both the appropriateness and accuracy of any need projections derived from this methodology. Therefore, no determination of need shall be made by SHPDA for a

minimum of two (2) years following the effective date of this Plan. During this two (2) year period, SHPDA shall review the data collected on the Annual Report for Hospice Providers (form HPCE4) to determine the appropriateness and accuracy of the methodology provided in this section. SHPDA shall also investigate and analyze the impact of utilizing only the total number of "hospice eligible" deaths, rather than the total number of deaths in a county, to determine the impact of utilizing an alternate value as a part of the methodology. Further, SHPDA shall work with the SHCC to determine the impact of other aspects of this section to determine whether additional changes to this section, beyond potential changes to the methodology, should be considered by the SHCC.

(d) Planning Policies

1. SHPDA staff shall collect data from all licensed hospice providers on an annual basis, on a survey instrument developed by SHDPA staff with the advice and consent of the Health Care Information and Data Council. The survey instrument shall be designed to collect all data necessary to support the In-Home Services Need methodology discussed above.

2. Hospice need projections will be based on a three-year planning horizon.

3. Planning will be on a countywide basis.

(e) Adjustments. The need for hospice providers, as determined by the methodology, is subject to adjustments by the SHCC. The SHCC may adjust the need for hospice services in an individual county or counties if an applicant documents the existence of at least one of the following conditions:

1. Absence of services by a hospice certified for Medicaid and Medicare in the proposed county, and evidence that the applicant will provide Medicaid and Medicare-certified hospice services in the county; or

2. Absence of services by a hospice in the proposed county for patients regardless of ability to pay, and evidence that the applicant will provide services for patients regardless of ability to pay.

For a listing of In-Home Hospice providers or the most current statistical need projections in Alabama contact the Data Division as follows:

MAILING ADDRESS

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Health Planning**Rule 410-2-3-.10**

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data.submit@shpda.alabama.gov<http://www.shpda.alabama.gov>**Author:** Statewide Health Coordinating Council (SHCC)**Statutory Authority:** Code of Ala. 1975, §22-21-260(4).**History: New Rule:** Filed October 18, 2004; effective November 22, 2004. **Amended:** Filed February 1, 2010; effective March 8, 2010. **Amended:** Filed January 24, 2012; effective February 28, 2012. **Amended:** Filed February 1, 2013; effective March 8, 2013. **Amended:** Filed February 13, 2014; effective March 20, 2014. **Amended:** Filed December 2, 2014; effective January 6, 2015. **Repealed and New Rule:** Published March 31, 2020; effective May 15, 2020. **Repealed and New Rule:** Published April 30, 2024; effective June 14, 2024.