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**California Department of
Public Health**



EDMUND G. BROWN JR.
Governor

December 31, 2018

AFL 18-57

TO: Hospice Providers

SUBJECT: Palliative Care Pilot Program Mandatory Annual Reporting

AUTHORITY: Health and Safety Code (HSC) section 1747.3

All Facilities Letter (AFL) Summary

This AFL notifies hospice providers of the launch of a new web-based data collection tool created to facilitate the mandatory annual reporting required of Palliative Care Pilot Program participants.

Senate Bill (SB) 294 (Chapter 515, Statutes 2017) established a pilot program allowing licensed hospice providers to provide palliative care to patients with a serious illness, as determined by the physician and surgeon in charge of the care of the patient, regardless of the individual's estimated length of life. A patient receiving palliative care from a participating hospice provider may continue to receive curative treatment from other licensed health care professionals. The pilot program does not include in-patient hospice facilities and sunsets on January 1, 2022.

The Center for Health Care Quality (CHCQ) developed a web-based data collection tool to facilitate the reporting of required information. Hospice providers participating in the Palliative Care Pilot Program (PCPP) must submit the required information using this reporting tool once a year, on or before January 1, 2019, January 1, 2020, and January 1, 2021. The PCPP reporting link will be available through the California Department of Public Health's (CDPH) website on the Annual Palliative Care Pilot Program Report page. Report submissions will be accepted through March, for the previous reporting period. Reporting Instructions and other useful resources are available to review.

Notwithstanding the rulemaking provisions of the Administrative Procedure Act, CDPH has the authority to make requirements for the PCPP by means of AFLs, or similar instructions, without taking regulatory action. The mandatory reporting provisions outlined in this AFL have the force of law and participating facilities must report using the Annual Palliative Care Pilot Program Report.

DEFINITIONS

For the purposes of the PCPP the following definitions apply:

The "Participation Interval" is the interval between the date of enrollment in the program and the end of the calendar year or disenrollment in the program, regardless of whether or not there were non-hospice patients being served on all days.

The definitions for "persons" and "patients" used for reporting are the same definitions currently used when reporting to the Office of Statewide Health Planning and Development (OSHPD). A "person" is an individual human being who received services from the provider during the reporting year. A "patient" is an individual who received services from a provider between the time of admission and the time of discharge. For example: Mrs. Green was in

the care of a hospice provider at the beginning of 2017 and received visits from hospice staff during January. In February, she was discharged. In November, she was re-admitted to the hospice and received visits from hospice staff through the remainder of the year. Mrs. Green would be considered two “patients”, but only one “person”.

REPORT REQUIREMENTS

Providers will search for their organization by:

- Facility ID,
- License Number, or
- Facility Name and / or City.

Hospice providers will need the following to complete the report:

- Designated point of contact information.
- PCPP participation interval.
- Number of staff who were employed on the first day of participation, who were hired during the reporting period, and who left during the reporting period for each of the following types of staff:
 - Registered Nurse
 - Licensed Vocational Nurse
 - Medical Social Services
 - Physician Services
 - Home Health Aide and Homemaker Services
 - Spiritual and Pastoral Care
 - Other Services (Counseling, Physical Therapy, Occupational Therapy, and Speech-Language Pathology)
- Number of patients and persons receiving non-hospice or hospice services.
- Source of payment, counting each patient only once, even if the patient changed payers during his/her admission. Record the first source of payment for each patient.
- Number of patients served - Enter the total patients served in each of the payer categories for non-hospice or hospice patients.
- Total patient care days - Enter the total number of patient care days served in each of the payer categories.
- Reason for discharge.
- Length of stay.
- Number of admissions by principal diagnosis (use ICD-10-CM codes).
- Complaints received for all of the following:
 - Events that caused or were likely to cause serious injury, harm, impairment, or death.
 - Events or incidents that negatively impacted a patient’s mental, physical, or psychosocial status and were of such consequence to the patient’s well-being that a rapid response was required.
 - Delays in patient care for hospice and non-hospice patients who received palliative care pursuant to HSC section 1747.3.
 - Qualifications of staff.

The report also requests answers to the following general questions to assist CDPH in evaluating the pilot project.

- What impact has your participation in the PCPP had on the seriously-ill patients you serve?
- What impact has your participation in the PCPP had on the terminally-ill patients you serve?
- How can the PCPP achieve better outcomes?

If you have questions about this AFL or completing the report, please contact the CDPH, Licensing and Certification Program, Research and Evaluation Section (RAES) by email: CHCQData@cdph.ca.gov or phone: (916) 552-8900.

CDPH’s failure to expressly notify facilities of statutory or regulatory requirements does not relieve facilities of their responsibility for following all laws and regulations. Facilities should refer to the full text of all applicable sections of HSC and the California Code of Regulations to ensure compliance.

Sincerely,

Original signed by Scott Vivona

Scott Vivona

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Page Last Updated : December 31, 2018