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Hospice and Palliative Care Advisory Board Meeting

May 20, 2024, 10:30 a.m. – 12:30 p.m.

525 W. Jefferson, 4th Floor, Springfield

122 S. Michigan Ave, 7th Floor, Room 711, Chicago

Meeting link: <https://illinois.webex.com/illinois/j.php?MTID=m57cb78eb1727e2ef5122c3575a2e6b50>

Meeting number: 2633 025 1130

Password: HOSP0520

Join by video system Dial [26330251130@illinois.webex.com](tel:26330251130)

You can also dial 173.243.2.68 and enter your meeting number.

Members Present: Kristin James, Ellen Byrne, Doug Irvin, Jeffrey Workman, Hakeem Bello, Susan Fristad, Molly Chapman, Shelly Taylor

Members Absent: Shawna O'Dell, Paul Hutchison

Department Staff: Karen Senger, Siji Varghese, Jackie Richmond, Rebecca Gold, Stephanie Glenn, Sean Dailey, Sheila Baker

Guests: None

Introduction of Committee Members and Guests

Karen Senger, Division Chief of Division of Health Care Facilities & Programs called the meeting to order at 10:33 a.m. and announced that this is the Hospice and Palliative Care Advisory Committee Meeting with today's date being May 20, 2024.

Karen Senger reminded Members and Guests that this meeting is being conducted via Webex and gave a brief explanation of the protocols for conducting this meeting. This is a public meeting, and it is subject to the Open Meetings Act (OMA) and a recording of this meeting is permitted. Today's meeting is being conducted via Webex, which allows audio and other information said during the session to be recorded. By joining this session, you are automatically consenting to such recordings and if you do not consent to be recorded, then you should not join this session. This introduction statement is being read so everyone is aware that this meeting is being recorded.

Since we are conducting this meeting from the Springfield conference room via Webex, you will need to please mute your phone or computer when you are not speaking so we do not get the echo feedback from members and guests of the public that wish to speak. Members of the Public and others wishing to speak will be recognized by the chair during public comment period, which we will open the floor at the end of the meeting for open discussion/comments.

An introduction of Board members was conducted to establish a quorum. After a roll call was conducted, a quorum was established at this time and the meeting was called to order.

Approval of Draft Minutes for February 8, 2024, Meeting {Vote} {Exhibit 1}

The draft meeting minutes from February 8, 2024, were reviewed and discussed by the Board. Karen Senger asked if there any questions or amendments to the meeting minutes. Not hearing any concerns, we will need an individual to identify by name a motion to approve the minutes, and then we'll need a 2nd, and then we can go through a roll call to approve them. A motion was made to approve the minutes by Board member Doug Irvin and 2nd by Ellen Byrne. With none opposed, the minutes were affirmed and unanimously carried to approve the minutes as presented.

OLD BUSINESS

Subcommittee Serious Illness update

The purpose of this subcommittee is to advise the Board of the rules/regulations/standards that we would advise the State to adopt in some way around the provision of adult palliative care services and specialty services, not just routine value to care in a primary care environment. The first two steps were to develop an updated definition of Palliative Care. We now have a proposed draft of that. And the second step was to define the target population which has two aspects. How the greater medical community would recognize a patient as being appropriate and finding the eligibility criteria for insurance benefits that the state would mandate or put into statute. We worked with the National Association for State Health Policy to put together this draft of the eligibility criteria. That draft is currently circulating the committee for feedback. Next, we plan to work on developing a list of the services that would be required for a specialty value of care to entail. We also want to discuss the requirements for training their teams, or if there should be some type of credentialing for an adult value of care program. The subcommittee could possibly have a formal recommendation by our February 2025 meeting.

POLST SIREN ALERT {Exhibit 2}

The completed version was sent out via SIREN February 14th after our last meeting for educational information.

NEW BUSINESS

Discussion on Room and Board Pass through

Ellen Byrne met with Aimee Isham with HFS who was going to arrange meetings with a larger group of HFS stakeholders. We are waiting for this session to be over so that they will have a little more time availability. We will also be looping in the Illinois Association for Managed or Medicare Health Plans as well.

LPN pronouncing death IHPCO / IDFPR (FYI)

The Illinois Hospitality Care Organization determined that an LPN could assess the individual for absence of vital signs of life and relay that information to the physician responsible or the RN for that patient. Susan noted that some county coroners want it in writing. Ellen stated that it is in writing now, from IDFPR and that we can remove this from the agenda.

Hospice Integrity Issues (discussion on prevention)

There are concerns with integrity issues with hospices occurring in the Western part of the country where there is a lot of fraud. We are not having many issues with this in Illinois, but we want to keep the idea in the forefront so that we are aware. Some of the leading indicators were noticing a massive number of new hospices trying to get licensed, showing a disproportionate need. Having one medical director at multiple hospices is another indicator. Also, having multiple hospices at one location. We do look for this aspect regularly. This information is well received and will continue to be on our radar.

Hospice referral process (discussion)

We discussed previously doing a draft of some education to remind institutions of the referral process. We wanted to give everyone some time to think on this and decide what we need to do moving forward if anything. Hakeem and Doug both noted that many hospitals will only give one choice in this situation, and it's usually the hospice that is owned by the hospital or one that they have a contract with, but there are many more options in the area. People don't know unless they do their own research and, in the situation, most don't because they are concerned for their loved one. The hospitals should give more options. We can put some information together and bring it

back at another meeting for everyone to look over and give final approval. We can also reach out to Medicare and see how this has played out in other states to see what works best to keep hospitals accountable.

Information Draft Bill (SB 2644) Registry for POLST {Exhibit 3}

This bill is not approved yet. The proposed bill is for a registry for advanced directives that individuals would have the choice to put their advanced directive on this registry through the Secretary of State.

Hospice and Assisted Living

Some Assisted Living facilities are making those hospice referrals without MD approval. Is that ok? What are the guidelines for Assisted Living? Do they need to have contracts? There is no agreement that a hospice would need to have with an Assisted Living facility. Nursing homes must have those agreements because it is required by Medicare, but Assisted Living facilities are not Medicare certified providers. They are 'licensed only' within the State. There is a gray area though, around those who have elected hospice benefits and then want to move into an assisted living residence. To be accepted into the residence, they are required to be a level of service type for which the establishment is licensed for – meaning that they must be capable of not needing skilled level of care. It comes down to the resident assessment. If they need 2 or more ADL's, do they need assistance with one or more paid giver? Do they need 5 or more skilled nursing visits? That might prevent them from being admitted because they need to be somewhat independent. But, if someone is already established as an assisted living patient, they can elect the hospice benefit. We can see if someone from Assisted Living can come speak to us at our next meeting to clarify some of these items.

PRN Meds in LTC/Hospice patient

PRN orders for psychotropic meds are limited to 14 days except if the attending physician or prescribing practitioner believes that it is appropriate to extend. Their rationale should be documented, and the resident should amend the medical record and indicate the extended duration.

National Data comparison hospice outcomes {Exhibit 4}

Karen brought forward a listing of national data regarding hospices. You can see elevated numbers of hospice agencies in California and Texas, which is also where most of the fraud is occurring. There is also some information regarding the most frequently cited deficiencies. They are fairly consisted across the board nationally.

Board Membership Updates

We do have a full board, minus the 2 representatives for Department of Aging and Health Care and Family Services. We are still trying to get someone from those agencies to make a recommendation.

Public Comments

None

Next Board Meeting Date: November 14, 2024, ● 10:30 a.m.

Meeting Adjourned at 11:37 a.m.