



# **HHSC: Palliative Care Advisory Council**

**November 5, 2021**

[Palliative Care Interdisciplinary Advisory Council](#) consults with and advises on matters related to the establishment, maintenance, operation and outcome evaluation of the statewide palliative care consumer and professional information and education program.

[House Bill \(HB\) 1874, 84th Legislature, Regular Session, 2015\(link is external\)](#) established the Palliative Care Interdisciplinary Advisory Council to assess the availability of patient-centered and family-focused palliative care in Texas. HB 1874 charges the council to consult with and advise the Texas Health and Human Services Commission (HHSC) on matters related to the establishment, maintenance, operation, and outcome evaluation of the statewide palliative care consumer and professional information and education program.

In addition, the council must submit a biennial report assessing

- the availability of palliative care in Texas,
- barriers to greater access to palliative care and
- policies, practices, and protocols in Texas concerning patients' rights related to palliative care.

The Council published its first report on Oct. 1, 2016. The Palliative Care Interdisciplinary Advisory Council is codified under Chapter 118, Texas Health and Safety Code.

## Members

[Physician Representatives](#)

[Advanced Practice Registered Nurse Representatives](#)

[Physician Assistant Representative](#)

[Nurse Representative](#)

[Social Worker Representative](#)

[Pharmacist Representative](#)

[Spiritual Care Professional Representative](#)

[Advocate for Patients and Families Representatives](#)

[Ex-Officio Members](#)

**1. [Welcome and introductions](#).** The meeting was convened by the Chair, Larry Driver, MD.

**2. [Consideration of August 3, 2021, draft meeting minutes](#).** The minutes were approved as written.

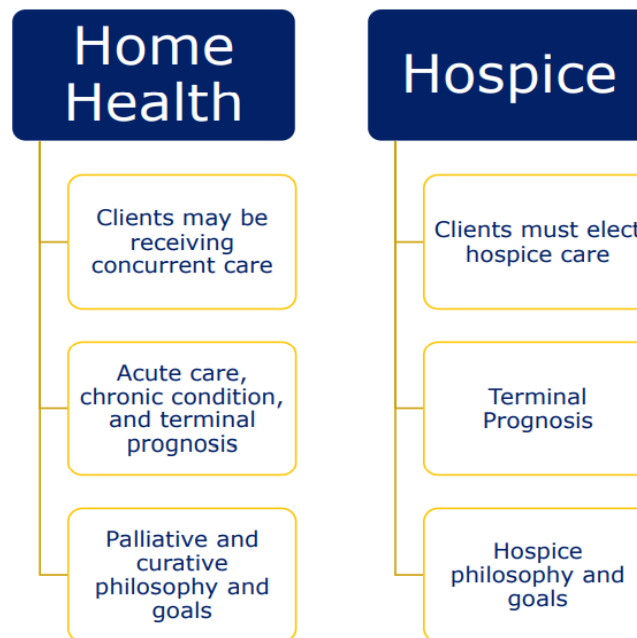
**3. Election of Chair.** The election was held in accord with customary practice for advisory committees. Erin Perez, AGNP-MSN was elected chair by acclamation.

**4. Presentation: Update on Palliative Care & Home Health Regulations.** Rosalind Nelson-Gamblin Long-term Care Regulation Policy Mailbox [LTCPolicy@hhs.texas.gov](mailto:LTCPolicy@hhs.texas.gov)

The requirements pertain to Supportive palliative care services under Texas Health and Safety Code Chapters 142A and 142 and apply to Home and community support services agencies (HCSSAs) and services in home and homelike environments. The licensing regulations are not related to settings granted exemption from HCSSA licensing (hospital, nursing facility, clinic, or sole practitioner) that have palliative care programs.

An agency may have one or a combination of categories on the license. Categories are specific to the services being delivered.

- licensed and certified (L&C) home health services
- L&C home health services with home dialysis designation
- Licensed-only home health services with or without dialysis
- hospice services • personal assistance services



"Hospice" means a person licensed to provide hospice services, including a residential unit or an inpatient unit. Refer to Texas Health and Safety Code Chapter 142, Section 142.001 (14).

"Hospice services" means services, including services provided by unlicensed personnel under the delegation of a registered nurse or physical therapist, provided to a client or a client's family as part of a coordinated program of support services for terminally ill patients. Refer to Texas Health and Safety Code Chapter 142, Section 142.001 (15).

"Terminal illness" means an illness for which there is a limited prognosis if the illness runs its usual course. Refer to Texas Health and Safety Code Chapter 142, Section 142.001 (29).

[Provider Letter 2021-35: Licensing Requirements for In-home Supportive Palliative Care \(texas.gov\)](#)

Dated: September 15, 2021 and Titled: Licensing Requirements for In-home Supportive Palliative Care.

**HCSSA – Hospice.** A hospice agency currently providing palliative care to non-hospice clients is in violation of the statute and regulations. The path to compliance is the addition of the home health category of licensure.

**Adding a Category.** The HCSSA must submit the appropriate application through the online portal, TULIP, at least 30 days before adding the category. The cost for an application is \$30 and HHSC may conduct a licensing visit, but it is not a requirement for addition of the category.

- Current minimum standards are in 26 TAC Chapter 558
- Agency staff must provide at least one service
- Guidance emphasizes coordination of care requirements to ensure client's needs are met.
- Agency policies and procedures must address the differences in treatment philosophy between hospice and supportive palliative care as a curative array of services and plan of care or care plan goals.

#### **Rulemaking Initiative**

- Propose a subchapter in 26 TAC Chapter 558: InHome Supportive Palliative Care
- Initial and ongoing assessments
- Client's physical, psychological, cultural, social, and spiritual experiences and needs
- Supportive palliative care philosophy
- Staff experiential and educational requirements
- Palliative care policies

**Health and Human Services Rulemaking:** Interested parties can participate by:

- participating in external stakeholder discussions.
- offering informal comments.
- commenting on proposed rules published in the Texas Register (link is external).

- providing input through the Palliative Care Interdisciplinary Advisory Council.
- attending an HHSC Executive Council meeting.

### **Questions/Answers/Comments**

In previous conversations the requirements are not new, but it has been an issue for a while. HHSC stated that the process for survey does not lend itself to discovery does not identify a Hospice agency that is providing palliative care.

The timing of this is most unfortunate, given the ongoing COVID experience.

We are moving forward to clarify the standards. The council has decided to have a workgroup for this.

What is the timeline? The Chair Elect stated that we are trying to work withing the confines of DSHS and HHSC to avoid going back to the legislature for cleanup.

HHSC stated that the new regulations allow for the provision of identifying who is providing palliative care in Texas. There is presently no way to collect the data. We can tell what agencies have added a category of home health, but it won't say they are providing a palliative care program.

There is uncertainty of independent clinicians providing palliative care. HHSC stated that letter is only to agencies and not individuals and the exemptions that are available.

### **5. Update: Health and Safety Code Section 142A.0003, as adopted by Senate Bill 916, 86th Leg., R.S. (2019), Study progress.**

#### **Senate Bill 916 Study Requirements.**

Assess potential improvements of SPC on:

- Health quality, health outcomes, and cost savings from the availability of SPC services in Medicaid
- Must include an evaluation and comparison of other states that provide Medicaid reimbursement for SPC

Other Requirements:

- PCIAC must provide recommendations on study

- HHSC may collaborate with and solicit and accept gifts, grants, and donations to fund the study
- Study findings due to Council by September 1, 2022

#### **Senate Bill 916 Study Timeline**

- 11/01/2021- Complete all study activities and draft the study.
- 5/01/2022- Submit the findings of the SB 916 study to internal routing/review/approval process through Medicaid and HHSC. Study findings to be incorporated into the PCIAC Legislative Report.
- 10/01/2022- The Legislative Report will be submitted to the Texas Legislature.

Next Steps identified by SB 916 study workgroup:

- Dual eligible population- ACP
- Take a closer look at preventable events, especially preventable hospital admissions and preventable ER visits
- Better ascertainment of hospice utilization data (adult and pediatric) Results: Full findings of the study due to Legislature by 10/01/2022

#### **Questions/Answers/Comment**

Are you able to break out the different forms of advance care planning? Mr. Blanton stated the information we have would be through billing codes from Medicaid. We cannot get to a more detailed level.

The Chair elect asked if we could look at the supportive palliative care referral information. The Center to Advance Palliative Care might have data. Mr. Blanton stated we might be able to invite them to our meeting.

How many terminal patients who start out on home health end up being referred to Hospice and Palliative Care? Mr. Blanton stated if the billing codes change, we should be able to get some indication.

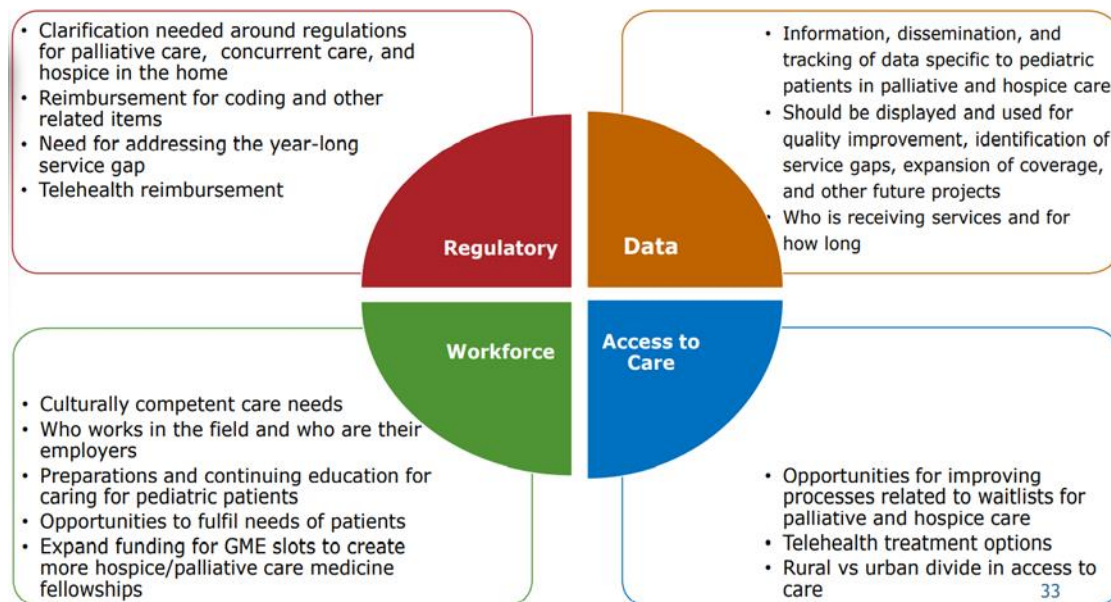
#### **6. Workgroup Update: Pediatric Palliative Care Subcommittee Update.**

##### **Pediatric Palliative Care Subcommittee**

- Monthly meetings
- Summary of meeting discussions combined into opportunities for improvement infographic to guide subcommittee work

- Chose phased approach with action items
- Initial data received from DAP as beginning to analytic plan and reviewed at October meeting
- Upcoming work:
  - Create subcommittee mission statement
  - Refine data with DAP team
  - Phase I data collection to include survey to hospitals, identification of pediatric providers/organizations, and provider education opportunities throughout the state

### Areas of Opportunity to Improve the Current State of Pediatric Palliative Care in Texas



### Questions/Answers/Comments

Will you be looking at neonatal or perinatal care? HHSC stated that they are not excluding neonatal at this time.

We are all over the map on neonatal/perinatal palliative care

### **7. Discussion: Palliative Care Information and Education Program's 2021 continuing education event.**

Event Date: Friday, November 5th from 1pm to 4pm via webinar

- Session One- The challenges of delivering SPC in underserved communities
- Session Two- Loss and decision-making in pediatric palliative care
- Session Three- Coping with dementia, the advance care planning process, and coping skills for caregivers

### **8. Discussion: 2022 Legislative report brainstorming.**

The report is due October 1. Areas for consideration may include:

- Pediatric palliative care policy issue from subcommittee
- Home health licensing regulations
- Advanced care planning proposed benefit
- SB 916 study findings
- Neonatal palliative care
- Other policy issues?

#### **Council Discussion:**

- Medical Cannabis issues and formulations issues
- Ability to charge (and be reimbursed for) for services when child life specialists are treating adults
- Be innovative using CBT codes
- Awareness, access, standards, workforce and training
- Specialty populations within prisons and the LGBTQ community

### **9. Discussion: 2021 timeline and next steps**

Timeline Upcoming Full Council Meetings: • Tuesday, 2/01/2022 • Tuesday, 4/12/2022 • Tuesday, 8/24/2022 • Thursday, 11/08/2022

Other Key Deadlines/Events: • 02/01/2022- Vice Chair Election • 10/01/2022- Council submits the 2022 PCIAC Legislative report to the Texas Legislature which includes the findings of the SB 916 pilot study



## **10. Action items and topics for staff or member follow-up**

- Pediatric Palliative Care & Concurrent Care
- SB 916 Study Progress
- 2022 PCIAC Legislative Report
- New Member Solicitation
- Workgroup for home health
- More specific data
- Finalize topics discussed above

## **11. Public comment.** No public comment was offered

## **12. Adjourn.** There being no further business, the meeting was adjourned.

\*\*\*

---

*The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.*

---