Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
April 16, 2014
7:30 a.m.

BOARD BRIEFING BOOK

Table of Contents

Center for Hospice Care
choices to make the most of life

CHAPTER ONE

AGENDA

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
April 16, 2014
7:30 a.m.

A G E N D A

1. Approval of February 19, 2014 Minutes *(action)* – Corey Cressy (2 minutes)

2. President's Report *(information)* - Mark Murray (12 minutes)

3. Finance Committee *(action)* – Wendell Walsh (14 minutes)
   (a) 2013 Audit
   (b) Financial Statements
      1.) Revised December 2013 (Post Audit)
      2.) Revised January, February and March 2014 Financial Statements

4. Policies *(action)* – Dave Haley (5 minutes)
   [See President's Report for explanation and details of changes]
   (a) Bereavement Plan of Care
   (b) Bereavement Risk Assessment
   (c) Bereavement Services
   (d) Clinical Record

5. Foundation Update *(information)* – Terry Rodino (5 minutes)

6. Board Education – Rose Kiwanuka, National Director, Palliative Care Association of Uganda (PCAU), Kampala, Uganda (20Minutes)

7. Chairman's Report *(information)* – Corey Cressy (2 minutes)

Next meeting June 18, 2014 at 7:30 a.m.

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Center for Hospice Care
choices to make the most of life

CHAPTER TWO

MINUTES

Center for Hospice Care
Board of Directors Meeting Minutes
February 19, 2014

Members Present:	Corey Cressy, Julie Englert, Amy Kuhar Mauro, Sue Morgan, Mary Newbold, Tim Portolese, Carol Walker, Wendell Walsh, Tim Yoder
Absent:	Anna Milligan, Becky Asleson, Carmi Murphy, Francis Ellert, Michael Method, Terry Rodino
CHC Staff:	Mark Murray, Amy Tribbett, Donna Tieman, Karl Holderman, Mike Wargo, Becky Kizer

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:30 a.m.	
2. Introductions	• New board members Sue Morgan, Tim Portolese and Carol Walker were welcomed. Anna Milligan, the other new member, was unable to attend today.	
3. Minutes	• A motion was made to accept the minutes of the 12/18/13 meeting as presented. The motion was accepted unanimously.	W. Walsh motioned T. Yoder seconded
4. President's Report	• January ADC was 321 and February so far is 334, a positive difference from 305 and 315 the first two months of 2013. The estimated breakeven census is 316, which is based on the 2014 post sequester budget and budgeted payor case mix. • CHC will receive the St. Joseph County Chamber of Commerce 2014 Economic Impact Award on 02/27. Corey Cressy will accept the award on our behalf. This award was primarily due to our Mishawaka Campus project. Of the four sites we were considering at the time, the river walk was the most economical. • In the board packet today is an update to the 2013 goals and a copy of the new 2014 goals. The goals are tied to our Strategic Plan that goes through 2015. • The Conflict of Interest Policy was distributed. The board needs to sign this policy annually. This is the IRS suggested language and helpful when answering questions for our annual "tax return" to them. • The Fellow from Mayo Clinic arrives on 03/16 for training in hospice and palliative medicine. A mention about this is in the current issue of H&P, which was distributed at the meeting. • New CMS regulatory mandates begin in 2014. We are still looking at payment reform at some point in the future. So in addition to all the internal goals we have, these are the additional external expensive mandates and challenges we have to deal with and for which there is no reimbursement. • On 04/01 we will have to include more data on the hospice claim form, including GIP level of care per discipline in 15 minute increments for non-owned hospice	

Topic	Discussion	Action
	facilities, every drug the patient is taking with its NDC number, post mortem visits, prescription and injectable drugs, infusions pumps, and more. This has nothing to do with how much we get paid. Some of the recent CMS data collection initiatives over the last few years may be useful. We can see that CHC makes more nursing visits per week than our competitors, so there may be some marketing information we can use. Also on 04/01, mandatory submission of Quality Assurance Performance Structural Measures for all 2013 collected data is required. We have already submitted ours. • On 07/01 the new Hospice Item Set (H.I.S.) begins. There are 41 new data elements to be collected at the admission and 11 at the discharge of all hospice patients. This is for all hospice patients no matter their payor source. • On 09/22 the new HIPAA Omnibus Rule for new Business Associate Agreements is in effect and in compliance. • On 10/01 we can no longer use Adult Failure to Thrive or Debility as a primary diagnosis on hospice claims. These two diagnoses were 12% of all hospice claims in the country. Also on 10/01 the new ICD-10 diagnosis codes go into effect. The current ICD-9 has 14,000 codes and the ICD-10 will have 67,000. Changes to the 2014 Medicare Cost Report go into effect later this year for federal FY 2015 with an expansion of the level of cost detail. • Medicare D – CMS is currently attempting to regulate that hospices should pay for all the medications regardless of whether they are related to the terminal illness. If it is not related, we have to document why. NHPCO has met with CMS and this may be delayed because it is a complete reinterpretation of federal statutes going back to the mid-1980s, so we are not doing anything about it until we hear more. • CHC is now an official member of The Advisory Board Company, which is a global research, technology and consulting firm for hospitals, health care organizations and higher education. Our membership is thanks to a deal negotiated by the CEOs in the NHERT. We can now access their post-acute care mapping tool and have access to Medicare data for our service area for all post-acute care discharge activity by hospital and post-acute provider that wasn't available to us before. We can see where hospitals refer their patients for hospice care, and how many came back to the hospital within 30 days of discharge for which hospitals would get penalized by CMS. We can see which nursing homes hospitals are sending patients to and each hospitals readmission rate from specific nursing home discharges.	

Topic	Discussion	Action
5. Finance Committee	• The December 2013 pre-audited financial statement was reviewed. Original admissions were up 10% over 2012, and the number of patients served was up 7%. The ALOS decreased from 75.5 days in 2012 to 70 days in 2013. HMB days decreased from 81 days to 74 days. The median for hospice patients decreased from 16 days to 13 days, and for Medicare hospice (HMB) patients it decreased from 16 to 14 days. • We now have 15½ months in CHC and Hospice Foundation cash and investment reserves. A/R is at 44 days and down $2.7 million from a year ago. As of 12/31 buildings and land valued at nearly $3.5 million were transferred from the CHC balance sheet to the Hospice Foundation balance sheet. These values are reflected in the beneficial interest line item on the balance sheet. Liabilities include the Medicare room and board pass through, and a couple of health insurance claims incurred and unpaid in 2013. YTD total operating revenue was $17.5 million, total revenue $19.4 million, which was $921,000 under budget. Total expenses YTD were $16.9 million, which was $206,000 under budget. Net gain $2.4 million, and without the beneficial interest in the foundation we had a net gain of $714,000. • A motion was made to accept the December 2013 pre-audited financial statement as presented. The motion carried unanimously.	J. Englert motioned M. Newbold seconded
6. Foundation Update	• We finished the year 14% ahead of 2012 in terms of total fundraising. When we extract capital campaign, one time gifts and bequests to compare year to year from a trending standpoint, we finished the year at $978,000, which is a 5½% increase. This is the fourth consecutive year of increases. • The 30th Annual Helping Hands Award Dinner will be held on 05/07 at the Hilton Garden Inn. This year we will be honoring Bob Deputy. Announcement postcards were sent out last week, and invitations and underwriting sponsorship letters will go out in a couple weeks. Mary N. and Tim P. volunteered to serve on the dinner committee and to make calls. • For the fourth consecutive year, Roberta Spencer is once again volunteering in Uganda for six weeks to work with Rose Kiwanuka and PCAU. She has a large list of things to accomplish while there. If you are interested in following her blogs, you can log onto www.foundationforhospice.org/partnerships. We have been in partnership with PCAU for five years. Rose will be here 03/21 through 04/17. She will be spending time with our staff and a number of organizations. She will be attending the NHPCO Management & Leadership Conference in Washington, DC	

	and is scheduled to be a speaker at the annual FHSSA breakfast. A reception will be held in her honor at the Mishawaka Campus on 04/16. She will also be present at the 04/16 CHC board meeting that morning. • We are editing the Road to Hope film footage with a scheduled release in late 2014. Thanks to a connection made by Collin Erker, who was a part of the film crew, an elementary school in Florida has pledged to sponsor a Road to Hope child for one year. The Prairie Vista Elementary School Council in Granger sponsored a child last year and is planning to do so again in 2014. Okuyamba is now available on the "99 Cent Movie Channel." We will receive 30% royalties every time someone chooses to watch it. • Mishawaka Campus – We are in the process of converting the Edgewater Florist building into a palliative care center. We are also in the process of finalizing a plan for completion of the grounds project. • The Annual Appeal runs through May, and so far has raised $75,000 of our $100,000 goal. • We did our first donor survey last fall. It was sent to Circle of Caring members through the mail, and we received an 11% response rate. Results were favorable with 92-93% indicating they agreed or strongly agreed that they were being kept informed of the uses of CHC's funds, they receive the right amount of information regarding the use of their donation, and the right amount of recognition for being a CHC donor. The remaining 7-8% neither Agreed nor Disagreed. We received a lot of favorable comments. There were no negative comments.	
7. Board Education	• The 2013 Year in Review was presented. The Power Point will be posted to the board website.	
8. Chairman's Report	• Thank you to our new board members for joining us.	
Adjournment	• The meeting adjourned at 8:30 a.m.	Next meeting 04/16

Prepared by Becky Kizer for approval by the Board of Directors on 04/16/14.

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Julie Englert, Secretary Becky Kizer, Recording Secretary

Center for Hospice Care
choices to make the most of life

CHAPTER THREE

PRESIDENT'S REPORT

Center for Hospice Care
Hospice Foundation
President / CEO Report
April 16, 2014
(*Report posted to Board Website April 10, 2014)*

This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from February 20 – April 16, 2014.
The Hospice Foundation Board meeting follows in the same room.

CENSUS

Through the end of March, first quarter 2014 year to date (YTD) average daily census (ADC) is up 20 patients per day compared to the same quarter in 2013. In fact, ADC in March reached levels not seen since February of 2012, the same month we hit our one day all-time high of 371. On March 29, our census hit 367. The overall Elkhart census appears to be climbing and part of this increase may be due to the recent arrangement of CHC Medical Director, Amber Burger, MD becoming the Director of Palliative Care at Elkhart General Hospital. They have contracted for her services from CHC. This arrangement truly took off in March. We have also noticed an increase in the Elkhart Hospice House census and occupancy levels as indicated on the next page. In March Elkhart Hospice House occupancy was above the South Bend Hospice House which historically is very rare. Our current overall YTD ADC is above that needed to meet 2014 budget levels.

March 2014	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	479	763	793	(30)
Original Admissions	151	458	482	(24)
ADC Hospice	335.61	319.41	295.23	24.18
ADC Home Health	17.84	17.08	21.60	(4.52)
ADC CHC Total	353.45	336.49	316.83	19.66

February 2013	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	462	612	624	(12)
Original Admissions	149	307	313	(6)
ADC Hospice	318.14	310.90	287.92	22.98
ADC Home Health	16.79	16.68	21.81	(5.13)
ADC CHC Total	334.93	327.58	309.73	17.85

Monthly Average Daily Census by Office and Hospice Houses

	2014 Jan	**2014** Feb	**2014** Mar	**2014** Apr	**2014** May	**2014** June	**2013** July	**2013** Aug	**2013** Sept	**2013** Oct	**2013** Nov	**2013** Dec
S.B.:	196	202	212				174	189	195	198	194	201
Ply:	62	72	71				60	57	65	61	62	59
Elk:	53	51	60				70	68	66	67	66	58
SBH:	5	6	5				5	4	5	4	4	4
EKH:	4	4	6				4	3	4	3	3	2
Total:	321	335	353				313	321	334	333	329	324

HOSPICE HOUSES

March 2014	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
SB House Pts Served	33	88	115	(27)
SB House ALOS	4.94	5.77	4.57	1.20
SB House Occupancy	75.12%	80.63%	83.49%	-2.86%
Elk House Pts Served	37	79	60	19
Elk House ALOS	4.86	5.22	4.63	0.59
Elk House Occupancy	82.95%	65.40%	44.13%	21.27%

February 2013	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
SB House Pts Served	38	64	83	(19)
SB House ALOS	4.71	5.39	3.99	1.40
SB House Occupancy	91.33%	83.54%	80.15%	3.39%
Elk House Pts Served	27	49	37	12
Elk House ALOS	4.33	4.73	4.11	0.62
Elk House Occupancy	59.69%	56.17%	36.80%	19.37%

PATIENTS IN FACILITIES

Of the 479 patients served in March, 149 resided in facilities, and of the 462 patients served in February, 148 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during March was 122; February was 115 and YTD through March 2014 was 117.

FINANCES

Karl Holderman, CFO, reports the February and March Financials will be posted to the Board website on Tuesday morning, April 15th following Finance Committee approval. For information purposes, the non-approved February 2013 financials are below.

February 2014 Financial Information

Center for Hospice Care

(Numbers include CHC's beneficial interest in the Hospice Foundation including its loss / gain)

February Overall Revenue	$	1,916,420	Year to Date Overall Revenue	$	3,036,989
February Total Expense	$	1,359,950	Year to Date Total Expense	$	2,759,758
February Net Gain	$	556,470	Year to Date Net Gain	$	277,231

Hospice Foundation

Feb Development Income	$	58,012	Year to Date Development Income	$	109,698
Feb Investment Gains (Loss)	$	592,911	Year to Date Investment Income	$	279,674
Feb Overall revenue	$	651,110	Year to Date Overall Revenue	$	389,650
Total Feb Expenses	$	166,476	Total Year to Date Expenses	$	324,184
Feb Net Gain	$	484,634	Year to Date Overall Net	$	65,466

Combined

Feb Overall Revenue	$	2,082,896	Year to Date Overall Revenue	$	3,361,161
Feb Overall Net Gain	$	556,470	Year to Date Overall Net Gain	$	277,231

At the end of February 2014, the overall combined net gain for CHC / HF was $277,231. CHC's Year to Date Net without the beneficial interest in the HF was $211,763.

At the end of February 2014, the Foundation's Intermediate Investments totaled $4,364,782. Long Term Investments totaled $15,645,707.

CHC's assets on February 28, 2014, *including* its beneficial interest in the Hospice Foundation, totaled nearly $33.7MM. At November 30, 2013 HF's assets alone totaled just over $33.9MM and debt related to the low interest line of credit associated with the Mishawaka Campus project totaled nearly $5.9MM.

2013 AUDITED FINANCIAL STATEMENTS

The 2013 audited financial statements are on the Board Agenda. They are scheduled to be reviewed by the Finance Committee on Tuesday April 15 when they meet with the auditors from David Culp and Co., LLP. The audit, along with the post-audit December 2013 financial statements, will be posted to the board website on Tuesday morning following the Finance Committee meeting for those wishing to review the materials prior to Wednesday's board meeting. Hard copies of the 2013 audited financial statements will be distributed to all board members at the Wednesday meeting.

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports that CHC experienced 35 DBAs (very late referrals where we arrive within hours of the referral and find the patient already expired -- **D**ying **B**efore **A**dmission) from the three major hospitals in the first quarter of 2014. We experienced 33 DBAs in the first quarter of 2013 and 31 in the first quarter of 2012. There appears to be no significant decrease in the number of DBAs in light of our routinely sharing this information with each of the hospitals and since we have instituted hospital contract addendums whereby fragile terminal patients can be simultaneously discharged from the hospital, admitted to our hospice as a patient, and remain physically within the hospital. Educational efforts will continue with the hospitals regarding earlier referrals and greater use of the simultaneous discharge/admission process. DBA information shared with each hospital is specific to that institution and is broken down by calendar year, by month, and down to frequency by day of the week.

Jennifer Kuyava, M.D, the Hospice and Palliative Medicine Fellow from Mayo Clinic in Rochester, Minnesota, has arrived and is completing her training with CHC, which will end on April 11. Everything appears to have been progressing well and we appreciate this opportunity to provide training for Mayo Clinic. Mayo only has two Fellows in Hospice and Palliative Medicine. One went to their owned facility in Arizona and the other came to Mishawaka, IN.

We are having our first graduate student rotation for a learning practicum from IUSB in our Bereavement Service department.

Dave and I have had preliminary meetings with Miller's Healthcare Systems, Inc. and Hamilton Grove nursing homes, assisted living and CCRS programs to explore mutual synergies to meet their desires to provide palliative care services in their care settings. Meetings have gone well and we are pitching to them specific customized programming for their locations to enhance the collaborative efforts of CHC and their respective institutions. The program is based upon a model successfully instituted by a hospice program in Pittsburgh that was also a member of the National Hospice Executive Roundtable (NHERT).

Dave has met with Alick's Home Medical Equipment, our preferred provider of durable medical equipment, regarding our new preferred provider contractual arrangement and things appear to be progressing well with them and with CHC. We are projecting this new relationship, which was several years in the negotiation process, to save CHC substantial dollars and also benefit Alick's.

Dave Haley's Census Charts are contained as an attachment to this report.

DIRECTOR OF NURSING UPDATE

Donna Tieman, RN, BA, CHPN reports the nursing department successfully completed CHC's first pediatric blood transfusion in the home on February 25, 2014. Through collaborative efforts between CHC nursing staff and the The Medical Foundation we were able to honor the wishes of the patient and family to keep the child in the home her last days. The blood transfusion gave a 10 year old girl two additional quality weeks with her family.

In March, Donna Tieman was the guest speaker for the Club for Compassionate Care in Medicine at Notre Dame. The Club is comprised of pre-medicine students at Notre Dame. The topic presented was roadblocks effecting compassionate care delivery.

Four CHC nurses passed the Hospice and Palliative Care certification exam in February and March. Four additional nurses are registered to take the exam in May and June. This certification exam designates our nurses as experts in the field of hospice and palliative care. Our goal is to set ourselves apart from other Hospices by offering expertly trained clinical staff delivering best practice end of life care.

HOSPICE FOUNDATION VP / COO UPDATE

Mike Wargo, VP/COO, Hospice Foundation (HF), reports…

Fund Raising Comparative Summary

Through March 2014, the Development Department recorded the following calendar year gift totals as compared with the same period during the prior four years:

Year to Date Total Revenue (Cumulative)

	2010	2011	2012	2013	2014
January	64,964.45	32,655.69	36,775.87	83,619.96	51,685.37
February	108,025.76	64,530.43	88,893.51	166,563.17	109,724.36
March	231,949.73	165,468.92	194,345.35	264,625.29	176,641,04
April	354,644.69	269,676.53	319,818.81	395,299.97	
May	389,785.41	332,141.44	416,792.85	446,125.49	
June	477,029.89	427,098.62	513,432.22	534,757.61	
July	532,913.52	487,325.01	579,801.36	604,696.88	
August	585,168.77	626,466.72	643,819.01	783,993.15	
September	671,103.04	724,782.28	736,557.59	864,352.82	
October	992,743.37	1,026,728.58	846,979.95	922,261.84	
November	1,043,750.46	1,091,575.65	895,164.28	969,395.17	
December	1,178,938.91	1,275,402.38	1,027,116.05	1,185,322.83	

Year to Date Monthly Revenue

(less Elkhart Hospice House capital campaign, bequests and one-time major gifts)

	2010	2011	2012	2013	2014
January	52,442.49	32,110.69	32,309.58	83,380.18	51,685.37
February	41,364.37	30,644.74	43,783.64	82,943.21	43,038.99

March	65,886.51	99,796.42	102,351.84	98,212.12	66,916.68
April	104,544.96	97,332.61	123,998.46	130,674.68	
May	33,768.72	51,753.98	90,909.04	40,825.52	
June	74,084.48	90,718.18	92,036.89	65,815.51	
July	55,278.63	53,536.39	62,069.43	69,939.27	
August	51,240.25	83,202.86	64,017.65	92,732.69	
September	85,629.27	94,000.56	92,808.58	80,335.67	
October	66,061.97	47,779.09	65,904.80	56,439.02	
November	49,247.09	48,284.08	46,674.33	47,133.33	
December	115,188.45	133,617.73	111,236.77	130,277.99	
Total	**794,737.19**	**862,777.33**	**928,101.01**	**978,709.19**	**161,642.04**

Special Events & Projects

A Circle of Caring luncheon was held at the Mishawaka Campus on Monday, March 10th. Approximately 30 donors and supporters attended the event, which included a brief program reviewing CHC/HF's 2013 accomplishments as well as a general update on Phase II campus development plans. Circle of Caring luncheons are one of our "touches" for $1,000 + annual donors and key influencers.

Planning continues for 2014's major events including 30th Annual Helping Hands Award Dinner, which will be held at Hilton Garden Inn on May 7. Postcards announcing the event and this year's honoree, Bob Deputy, were sent in early March. Sponsorship packages were also sent to more than 300 prospective underwriters during the month.

The 29th Annual Walk for Hospice, which will start from the Mishawaka Campus for the first time, is scheduled for August 10th. Plans for the coming year include having a music/ice cream social stop at the band shell at Battell Park, encouraging more businesses and organizations to field teams and refreshing the layout and architecture of the web site to encourage pre-registration and fundraising.

Although the weather hasn't been conducive to bike riding, more than 56 riders have already registered for the 6th Annual Bike Michiana for Hospice, scheduled for September 14 at St. Patrick's County Park. The event is already being promoted via RacePlayMichiana locally, Bike Indiana statewide and the Mike Bentley bike site regionally. As details for this year's event are firmed up we will ramp up our promotional efforts, which will include e-blasts to past participants, social media (Facebook and Twitter in particular), targeted web advertising and distributing brochures to regional/Midwest bike shops. Our ND interns produced two promotional television spots (:60 and :30), which will be used as PSA with our media sponsor and other local television stations over the summer.

Global Partners in Care / PCAU

Roberta Spencer recently returned from Uganda after six weeks of serving as a volunteer liaison for the fourth consecutive year. She worked with the Palliative Care Association of Uganda (PCAU) on spiritual care presentations, Road to Hope program monitoring, staff training and a series of

board and outreach meetings. Her blog is available on the Foundation's web site at www.foundationforhospice.org/partnerships.

Rose Kiwanuka, National Director, PCAU, arrived in South Bend on March 21and will be here until April 17. She attended NHPCO's Management and Leadership Conference during her first week in the U.S. She also spoke at the annual FHSSA breakfast. At the breakfast FHSSA announced their name change to Global Partners in Care. A number of educational and outreach activities are planned for her four-week visit including meetings with leaders of various Notre Dame internship programs; ND partners and potential partners; a presentation to Holy Cross College students and faculty; a presentation to the Compassionate Care in Medicine Club at Notre Dame; a lunch presentation to nursing and social work students, faculty and alumni at IU South Bend and a number of meetings with CHC/HF staff. A "Bon Voyage" reception will be held in her honor at the Mishawaka Campus on the evening of Wednesday, April 16.

Rose, Denis Kidde, HF International Programming Coordinator, and Mike Wargo will represent CHC/HF at a Hollywood celebrity event to raise money for the Road to Hope Fund on April 14th. The fundraising group includes celebrities Torrey DeVitto, film / television actress, and Brandi Milloy, PopSugar's Lifestyle TV host and Food Reporter/Producer. The hosting committee includes a number of Torrey and Brandi's Hollywood friends and local fundraisers.

Road to Hope Program / Documentary

The Road to Hope program now has 17 children enrolled. During her recent visit to Uganda, Roberta Spencer visited many of the students – and learned that George Bazaire, who was the inspiration for the program, aspires to be president one day. Overall the students seem to be thriving in the program. PCAU receives regular reports from many of the referring palliative organizations as well.

A crowdfunding initiative is in production, timed to coincide with the Hollywood fundraising event. The platform is provided through Global Partners in Care. The goal is to raise $5,000 in 60 days. We anticipate it going live at the end of next week. It will be featured in the May e-newsletter with a link to donate.

Ted Mandell of the Notre Dame Film, Television and Theatre department has begun editing the documentary, scheduled for release in late 2014. A new teaser is being produced that will feature video footage of George with an inspiring voice-over by Torrey DeVitto.

Mishawaka Campus

Build-out of the new Palliative Care Center at the former Edgewater Florist building is now approximately 80% complete. Work is scheduled to begin in May on the campus grounds completion project. Once completed, the campus will have a much more finished look and feel. Significant visual improvements, including signage, are planned at both main campus entry points on Cedar Street. The areas surrounding all of the campus buildings, which were not completed during Phase I construction, will get fresh landscaping. The green space between the main buildings and the River Walk will be completed, and will include seating nodes, a veteran's memorial, walkways and perimeter fencing.

Hospice Foundation was approached by the Executor of the Estate of the long-time owner and resident of the house located immediately adjacent to campus, at the corner of Madison and Pine Streets, with an offer to sell the property. Following a professionally-performed market analysis, and with approval from the Hospice Foundation board of directors, the property was acquired in March. While we have no immediate use plans for the property, ownership of this strategically located parcel protects our investment and secures the opportunity for future campus expansion should the need present itself.

Annual Giving

As of March 31st, 2013 Annual Appeal has reached $81,725.54 of its ambitious $100,000 goal. This is the first Annual Appeal to feature the new "Champion" giving level, set at $25,000 in annual, cumulative donations. Through 3/31, we have had a total of 530 gifts, with an average gift of $152.41. By comparison, the 2011 Annual Appeal raised $81,090.16 with an average gift of $126.11; 2012 was $91,267.21 with an average gift of $139.98.

An e-blast was sent at the end of January reminding donors and potential donors that those giving at the Helping Hands Society level or above before January 31, 2014 would receive two complimentary tickets to this year's Helping Hands Award Dinner. We received two additional donations at this level as a result of the e-blast as well as a number of additional online donations. The Annual Appeal will continue through the month of May.

Communications

The communications strategy for the Foundation is being updated and will include two new communication campaigns for 2014: Cornerstones for Living: The Crossroads Campaign will be the name of the Hospice Foundation's upcoming comprehensive fundraising campaign and The Road to Hope, which will be simultaneously focused on raising money for our program that supports orphaned child caregivers in Uganda and on promoting the upcoming documentary film of the same name. We have produced a preliminary thought-board for The Crossroads Campaign; the primary campaign brochure is in the draft copy phase. More information regarding these campaigns will be presented at upcoming board meetings.

The spring issue of Crossroads will be in mailboxes later this month. To commemorate the 40th Anniversary of Hospice coming to America, this edition features the first in a four-part series of stories about the history of the hospice movement. It will also include stories on CHC receiving the St. Joseph County Chamber of Commerce's "2014 Economic Impact Award," upcoming events and a story by Brandi Milloy about her experience volunteering at PCAU a few months ago.

We continue to communicate with donors, supporters, event attendees and potential attendees, and media connections through a variety of print, electronic and social media channels. We have added a new web site for Road to Hope Fund, which will allow us to expand the information offered about the program as it grows and allow the current web site to focus primarily on the documentary.

Third-Party Fundraising

Bucky and the Lip Rippers held a fundraising event at the LaSalle Kitchen and Tavern on March 1, raising $1,790 for CHC. In addition, LaSalle Kitchen and Tavern provided complementary

appetizers to guests throughout the evening. This is the second time the band has held a fundraiser on behalf of CHC. We are very grateful for their support and for that of everyone who came out to enjoy the evening and help support CHC.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Amy Tribbett, Director of Marketing and Access reports...

Volunteer Department

On April 2, nearly 200 volunteers, guests, and staff attended the 2014 Volunteer Recognition and Annual Report luncheon held at the Century Center. CHC Volunteer Pauline Pierson, Plymouth, was awarded the 2014 John Kreuger, MD Hospice Caring Award. CHC also awarded its first-ever 30-Year Volunteer Service pin to Connie Nyerges. Fourteen volunteers received a five-year pin, 15 volunteers received a 10-year pin, six volunteers earned a 15-year pin, and two volunteers received a 20-year pin. The featured guest at the luncheon was author and inspirational speaker, Joyce Sheldon. Joyce has published several inspirational books and is well known by those who have attended National Hospice and Palliative Care Association (NHPCO) conferences over the years.

Marketing Department

On April 1, in collaboration with Sprenger Health Care of Mishawaka, CHC hosted author and inspirational speaker, Joyce Sheldon. Joyce did a community presentation to nearly 30 attendees entitled "Finding Hope in the Midst of Despair."

The South Bend Tribune will feature a Viewpoint on either April 12 or 14 about the importance of Advance Directives authored by the CHC CEO about National Healthcare Decisions Day which is April 16. In the April issue of Senior Life, Amy Tribbett authored an article titled, "Make Your Wishes Known on National Healthcare Decisions Day."

As an outcome of a presentation to the National Hospice Executive Roundtable in Boston, 2013, CHC, in collaboration with True North, will be piloting a product/service where our staff (eventually anyone in our community) will be able to complete their Advance Directives, and store them in the "cloud," making them accessible from virtually anywhere. In short, True North provides an online platform that allows users to document their healthcare advocate and make important healthcare choices. A TurboTax-like "wizard" guides the user toward completion. Your healthcare advocate can be chosen from your Facebook friends or simply typed in. The document can be electronically signed and it's been vetted by the American Bar Association for all 50 states. See www.truenorthhealthcare.com. We are piloting this with staff first, reporting our findings and will then begin discussions with them on branding, etc. Our CHC strategic plan includes the development of a web-based "Institute for Advance Care Planning" and this could be a great fit.

On April 10, CHC hosted "Helping Adolescents Cope with Loss," a live webinar produced by the Hospice Foundation of America. This event was attended by 30 area professionals involved with youth including social workers, case managers, funeral home employees and more. Attendees were able to earn three CEUs.

Year-four research was completed recently by Transcend Hospice Marketing Group. Three-hundred residents within our eight-county service area were surveyed. Below is a summarization of the findings.

Key Metrics:

- Top-of- mind recall for hospice is 21% (No increase from 2012; Increase in 2014 for doctors being a resource); Top-of-mind recall for hospice as expert in hospice care is 31% (no statistical change from 2012).
- 15% of total respondents recall seeing or hearing something about CHC or variations of the provider name (no statistical change since 2012)

Trends to watch from a general public perspective / perception:

- Hospice as source of advice if family member was terminally ill is second behind doctors for all age groups except the 50-59 year olds. We are targeting the right audience, and they are looking to be more proactive as caregivers; this could have implications for our messages.
- Community still unsure how hospice is paid for.
- Respondents still noting "new information" that a patient can self-refer or call hospice on their own, even though our data shows these referrals have increased 50% in the last three years.
- Physicians continue to be a key referral source from the public perception perspective.
- Potential value for offering "expert team" is increasing.

<u>Outreach and Liaison News in February & March</u>

Number of Patient Referral Pre-Assessments Visits	15
Number of Hospital Visits	40
Number of ECF Visits	88
Number of Assisted Living Facility or CCRC Visits	33
Number of Physician Practices Visits	73

<u>Lunches and Speaking Engagements</u>

- Speaker for the Life Enrichment Center at Tolson Center in downtown Elkhart Lunch and Learn. Showed Consider the Conversation.
- EGH Manager of Case Management meeting. Very positive about CHC services and very excited about CHC's Amber Burger, MD starting as their Director of Palliative Care.
- Lunch with Social Services Staff at Courtyard Healthcare ECF Goshen.
- Met with ten staff members from Woodlawn Cardio Pulmonary.
- Coffee with Memorial Hospital Department of Social Services.
- Presented Hospice 101 to the Mishawaka Rotary Club.
- Presented Consider the Conversation to St. Paul's Lutheran Church in Bremen.
- Presented Consider the Conversation to the Middlebury Ministerial Association as a way to access more area churches.
- Presented Hospice 101 to the New Paris Senior 60+ group with 16 in attendance.

Facility Protocol Project Development

The "Facility Protocol Project" is a CHC in-house designed process of gathering collaborative facility care partner information and personalized preferences on certain aspects of CHC facility (nursing home, assisted living, and group home) clinical visit activity by CHC care staff. This comes directly from the current CHC Strategic Plan *"Find out what our customers want and customize our relationship with them to meet their needs and expectations.*" Through a series of meetings with facility DON's, facility-specific information is gathered with a focus on the facility's personalized preferences for CHC care team visit activity as they pertain to multiple activity categories. These preferences will be catalogued and shared with all CHC facility care staff as well as posted electronically via the staff Intranet and updated regularly. These facility informational categories include:

- 24-hour ingress/egress information, including security codes
- Listing of facility Management personnel, including personalized facility communication preferences pertaining to CHC visit activity
- Billing office contact information
- Electronic charting access information
- DME preferences
- Detailed facility pharmacy information, including delivery days/times, medication order deadline days/times, stat order options/procedures
- EDK inventory listing
- CHC Care Kit preference
- Nearest 24-hour Walgreen's and CVS locations
- For the benefit of CHC non-facility IDT and triage personnel who visit facilities for emergency and weekend visits, facility demographic information is included.
- To enhance communication between CHC non-facility IDT and triage personnel and CHC facility IDT personnel and to ensure sound continuity of patient care and facility customer service, CHC facility IDT contact information is included.

During February and March, CHC Community Liaisons had meetings to discuss the Facility Protocol Project initiative with:

- DON Southfield
- DON Sterling House
- DON Sprenger
- ADON Sprenger
- DON Holy Cross House
- Miller's Merry Manor Walkerton – met with the administrative team
- Miller's Merry Manor Culver – Met with SW Karen
- DON Tanglewood Trace
- Executive Director, Greenleaf ECF/AFL in Elkhart
- DON, Sanctuary at Holy Cross
- Wellness Director (DON) The Hearth

Miscellaneous Referral Source Meetings

- Michiana Hematology Oncology Plymouth office with CHC Medical Director, Jon Kubley, MD.
- Met with Administrator Bob Briggs from Valley View.
- RT Memorial Hospital Pulmonary Rehab; Breathe Easy.
- Memorial Hospital Cardiac Rehab; Heart Wise.
- Alzheimer's and Dementia of Northern IN.
- Administrator, Cardinal Nursing & Rehab.
- Met with new Administrator and new Social Service Director to review services and current patients at Catherine Kasper facility.
- Met with SJRMC Social Worker to discuss the GIP in-service scheduled.
- Met with the PCC coordinator for Anchor Home Health. We have received two Pediatric referrals from this new to the area provider.
- Courtyard Healthcare – Met with the Activity Director to discuss the Adopt a Soldier program.
- The Hearth ALF in Granger to speak at family night about what hospice does (highlight). Presentation included three other hospices.
- Greenleaf HC ECF ALF Elkhart - Met with Community Services Representative. CHC is going to sponsor one of their Senior Executive Club Breakfasts (they provide food we do program).
- Met with the office Manager from Trinity Home Health in Rochester. We have received a referral from them recently.

Opportunities

- Hamilton Grove meeting set up meeting with CHC CEO and COO to discuss Palliative Care.
- Greencroft: Southfield Village Administrator interested in exploring both Respite and Palliative Care possibilities on his CCRC campus.
- The Documentation of Decline inservice has been completed for presentation to facility personnel. First booking is 4/8 at Holy Cross House.
- Ongoing discussion with Golden Living Center regarding possible lengthier contract. Executive Director of Mishawaka location requested call back week of 4/8/14.

2013 VOLUNTEER HOURS

We recently confirmed that CHC/HF combined now had over 500 volunteers participating in various activities during 2013. For CHC alone, Medicare requires that we recruit and train volunteers to assist with patient care purposes and also calculate the dollar value savings to the agency annually. This requirement has been included in the federal statute for the Medicare Hospice Benefit since it was introduced in the mid-1980s. Hospice is the only Medicare provider with a volunteer component requirement and that includes for-profit hospices. During 2013, CHC volunteers donated 17,310 hours of their time. That's the equivalent of 8.3 FTE's who never call in sick or take a vacation. Hours were up 3% from 2012. CHC volunteers drove 42,599 miles – equivalent to driving around the earth 1.7 times -- to see patients in their residential home setting and in nursing homes, assisted living facilities as well as our own Hospice Houses. Mileage for

2013 was up 9% from 2012. Total dollar savings to CHC was $402,412, an increase of 14% from 2012. CHC has one volunteer coordinator stationed in South Bend, Plymouth and Elkhart as well as Volunteer Recruiter spread across 3.2 FTEs.

CLINICAL POLICY UPDATES

There are four policies on the agenda which have been updated to reflect either current practice or bring in line with current regulations. We ask for board approval of the minor changes to these policies. There are:

Bereavement Plan of Care – the change is to reflect that we now present one memorial service in December of each year.

Bereavement Risk Assessment – the changes are simply to reflect current practice of the Bereavement Department.

Bereavement Services – the change is to reflect the expectation defined by the Medicare Conditions of Participation for length of bereavement services provided by a hospice program.

Clinical Record – the changes reflect current processes and new software. Discharge summaries are no longer completed within two weeks after discharge, but rather at the time the patient is discharged from the Agency. Medical records addendums are now completed in an electronic Memo and electronically attached to the document that contains the page needing addended.

CHC RECEVIES "2014 ECONOMIC IMPACT AWARD" FROM ST. JOSEPH COUNTY CHAMBER OF COMMERECE

Center for Hospice Care received the St. Joseph County Chamber of Commerce's 2014 Economic Impact Award at the chamber's "Salute to Business" luncheon on March 27. The Economic Impact Award recognizes a company's strategic vision and its sustainable capital investment in the St. Joseph County economy. There are various newspaper clippings and press releases about this award attached to this President's Report.

NHERT MEETS WITH THE ADVISORY BOARD COMPANY DURING NHPCO MLC

Because so many of the eleven CEOs in the National Hospice Executive Roundtable (NHERT) were in Washington, DC for the NHPCO Management Leadership Conference, we took this opportunity to meet for a full day with the Advisory Board Company at their international corporate headquarters on M Street NW. We met with ten of their researchers and topics included the Advisory Board Company's recent research related to hospice and palliative care, as well as insight into the hospital/health system approach and current thinking regarding hospice and palliative care delivery. Representative research for discussion included their publications such as "Realizing the Full Benefit of Palliative Care" and "Opportunities to Expand Concurrent Care." Advance Care Planning discussion included the current landscape of end-of-life decision aids, including the range of decisions being made, the scope of available resources and the characteristics of those tools.

Early findings related to implementation challenges and best practices for leveraging end-of-life tools. Also discussed were key lessons from Advisory Board Company's research on cancer center-hospice partnerships including: strategy for integrating palliative care into oncology practice; cancer center and hospice provider partnership structures; hospital processes for selecting hospice partners; crafting mutually beneficial hospital-hospice coordination agreements; and how to build physician support for a palliative care program. We also had an introduction to the Advisory Board's Data and Analytics group -- the dedicated team supporting member quantitative and analytical challenges – who presented an overview of the group and the balancing of on-demand tool access with customized analytical project support and an introduction to tools related to hospice and palliative care. Because we went to them, this meeting at their office was included in our group membership and was of no additional cost.

NATIONAL REGULATORY UPDATE

One of the biggest time-consuming challenges we are currently dealing with is the Hospice and Part D fiasco laid upon us by CMS. CMS issued final guidance on Part D and hospice on March 10, 2014. This final guidance will change admission and medication management processes in every hospice that cares for Medicare beneficiaries. Federal regulations at 42 CFR § 418.202(f) stipulate that the Medicare Hospice Benefit covers only drugs and biologicals used primarily for the relief of pain and symptom control for the terminal illness and related conditions (the term "drugs and biologicals" is defined in section 1861(t) of the Social Security Act). The recently finalized CMS guidance on Part D and hospice will require hospice providers to adjust their admission and medication management processes for Medicare beneficiaries. Effective May 1, 2014, Part D plan sponsors are required to reject all prescription drugs billed to Part D for beneficiaries who have elected the hospice benefit unless or until the hospice notifies the Part D plan, through a prior authorization process, that the medication is unrelated to the terminal illness or related conditions. Once the plan sponsor processes the prior authorization for drugs unrelated to the terminal illness, Part D will process the claim. The hospice will be responsible if the drug is related to the terminal illness or related conditions, or the beneficiary may be financially responsible if the drug is related to the terminal illness but the hospice has determined that it is not medically necessary. This means the hospice will have even more new data to collect during the admission process and increased documentation requirements for the determination of relatedness along with the completion of the prior authorization forms. A few of the numerous challenges include the fact many patients don't understand their Part D coverage or which one they signed up for during the most recent open enrollment period. Hospices currently have no mechanism at all to validate Part D eligibility or determine which Part D plan a patient has prior to admission. We will have the capability once CMS's HIPAA Eligibility Transaction System (HETS) replaces the Common Working File (CWF) and HETS is functional. However, that has been delayed with no date set for implementation. Currently, only a pharmacy can see this information. Somehow – we are still figuring this out -- at the patient admission, the Hospice Medical Director will need to determine for EACH medication (hospice patients average 16 -32 different medications) how it fits into one of four categories: related to the terminal illness; related but no longer medically necessary; unrelated to the terminal illness and which should be paid for by Part D; and unrelated to the terminal illness but no longer medically necessary. This last category means that it wouldn't be covered by anyone and it would need to be paid for by the patient if they wish to continue taking it. For any medication not covered by the hospice, the hospice medical director must also write an explanation for EACH medication regarding "why" it is not related to the terminal illness. It is unclear how much of an "explanation"

would be needed for a thyroid or arthritis medication being unrelated to various terminal illnesses. This information must then be communicated verbally or in writing to the correct Part D insurance plan for that specific beneficiary in order for the pharmacy to release the medication to the patient and charge the correct payor. Again, ALL pharmacies will reject ALL medications immediately when the patient elects the Medicare Hospice Benefit beginning May 1. When it comes to what is and is not related to the terminal illness, at this time, CMS has instructed the Part D plans to "take the hospice's word" for the determination. CMS expects Hospice and the Part D sponsor will coordinate their benefits. CMS expects the hospice or prescriber will promptly provide verbal or written communication for prior authorization. CMS expects the hospice will provide information explaining why the drug is unrelated to the terminal illness or related conditions to the Part D plan and to the patient. CMS expects Part D sponsor will accept and maintain the documentation about un-relatedness and is therefore reimbursable under Part D and process the claim. CMS expects the Part D sponsor and hospice will negotiate retrospective recovery of the amounts paid, if the sponsor has paid for drugs after the effective date of the hospice election, but prior to receipt of notification from CMS. There are obviously many problems with all of this, including that some Part D plans that have jumped the gun and have begun rejecting all medications already. Some assumed since the CMS Guidance came out March 10, that all of this started March 11. Some Plans have already sent erroneous letters to beneficiaries about the process stating it's already here and what would happen should they choose to elect the Medicare Hospice Benefit. There is much more, but I don't have time or room to cover all of it here. Needless to say, all of this additional confusion for beneficiaries regarding who is paying for what drug and when could delay admissions to hospice, dampen a patient's already non-enthusiastic attitude toward signing up for "hospice," and all of this is taking place during a time the industry is experiencing shorter and shorter lengths of stay and a "piling on" of new, unfunded regulatory mandates and problematic, time-consuming data gathering activities.

The Part D muddle is *in addition* to what began days ago on April 1, 2014. It's called the Additional Data Reporting Requirement (Mandatory Reporting) CMS CR 8358 which requires hospice providers to include additional information on the actual hospice claim form. Additional data reporting includes visit reporting for general inpatient care, reporting the service facility National Provider Identifier (NPI) where the service was performed when the service is not performed at the same location as the billing hospice's location, and reporting of infusion pumps and prescription drugs. Hospices report line-item visit data for hospice staff providing General Inpatient Care (GIP) to hospice patients in skilled nursing facilities or in hospitals for claims with dates of service on or after April 1, 2014. This includes visits by hospice nurses, aides, social workers, physical therapists, occupational therapists, and speech-language pathologists, on a line-item basis, with visit and visit length to be reported in 15 minute increments. Additionally, new post-mortem visit reporting is required using appropriate visit revenue codes for the corresponding discipline in 15 minute increments along with further instructions if the visit begins and ends spanning a period involving midnight. Prescription drug reporting includes reporting on a line-item basis per fill (based on the amount dispensed by the pharmacy); using correct revenue codes and the National Drug Code (NDC) number representing the quantity of the drug filled which shall be reported as the unit measure for each medication. This must appear on the actual hospice claim form. Reporting is required for injectable drugs on a line-item basis per fill, using the appropriate Healthcare Common Procedure Coding System (HCPCS) code with units representing the amount filled. Non-injectable prescriptions will also be reported on a line-item basis per fill (based on the amount dispensed by the pharmacy), using the NDC qualifier to represent the quantity of the drug filled and shall be reported as the unit measure. Infusion pumps will be reported on a line-item

basis per pump order and per medication refill, using the appropriate revenue codes for the equipment and for the drugs along with the appropriate HCPCS code. After reporting all of this additional data, line by line, for all Hospice Medicare patients, CHC will still get paid about $150 per day and nothing about this additional reporting will make any difference whatsoever in the amount we are reimbursed for our services. There is also no additional payment for the expense of these ongoing data collection mandates.

Still to come…

Hospice Item Set (HIS) implementation: CMS has developed and tested a hospice patient-level item set to be used by all hospices to collect and submit standardized data items about each patient admitted to hospice. This standardized data collection tool, Hospice Item Set (HIS), will support quality reporting and will be used to collect data on seven NQF endorsed measures. Implementation is scheduled to begin July 1, 2014 and affects FY 2016 payment determination.

Enforcement of the 5 day Payment Limit for Respite Care: CR 8569 addresses prevention of potential overpayments in the Medicare Hospice benefit. New edits are being implemented to prevent payment of respite care for more than 5 days at a time for any hospice claim submitted on or after July 1, 2014.

The HIPAA Omnibus Rule: For those business associate agreements that qualify for the transition exception, the parties will have until the earlier of (1) the date the existing agreement is renewed or modified, or (2) September 22, 2014, to bring their agreements into compliance.

Claims returned to provider (RTP): CMS (FY2014 Wage Index Final Rule) has directed that all claims that use a manifestation code as a primary diagnosis (including debility and adult failure to thrive) will not be paid for services provided on and after October 1, 2014. However, these codes may be used as a secondary/other diagnosis.

Transition of CWF to HETS system: Change Request 8248 planned for transition of the CWF to the HETS system on April 1, 2014. CMS is delaying the date and will provide at least 90 days advanced notice of the new transition date. If this had been online when promised, we could have removed one of the challenges to the Part D situation by being able to determine Medicare beneficiaries Part D coverage status and which insurance sponsor they had chosen.

Due to space considerations, I am not including 2015 CMS changes at this time.

CMS FINALLY RELEASES ACA PROMISED "HOSPICE CONCURENT CARE DEMONSTRATION PROJECT" RFP – LESS THAN PROMISED; NOT WHAT WAS EXPECTED

CMS finally announced the Affordable Care Act promised concurrent care demonstration project calling it the Medicare Care Choices Model to allow Medicare beneficiaries with certain medical conditions (a few diagnoses) to receive "palliative care services" from selected hospice providers without forgoing curative care services as required by the Medicare Hospice Benefit. The patients must be eligible for the Medicare Hospice Benefit – including a six months or less physician certification -- but cannot have been enrolled in it within the previous 30 days. If they enroll in the

demo they may later choose one or the other, the Medicare Hospice Benefit or curative care, at any time, but cannot return to the demo after leaving. They cannot be in a facility (nursing home, etc.) only a residential home setting. Yet, even if they qualified and were eligible for Medicare Part A home health care (we're a licensed provider) we couldn't bill for it because home health care is specifically excluded from being covered for demo patients even though every other Medicare Part A, B, and D provider can still bill for the curative care piece. The initiative is intended to allow CMS to study whether access to curative services results in improved quality of care and patient and family satisfaction, and whether there are any effects on use of curative services and the Medicare Hospice Benefit. The Model is expected by CMS to cover at least 30,000 Medicare and Medicare/Medicaid dual eligible beneficiaries with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure, and HIV/AIDS over a three-year period. Based upon an application process, CMS will select at least 30 rural and urban hospices to participate in the program on a complicated scored and weighted selection process. The "winners" will furnish services available under the Medicare Hospice Benefit (although you cannot call them that) for the Routine home care level of care. Those would be the services that cannot be separately billed under Medicare Parts A, B, and D (except home health care). In addition to providing in-home palliative care, nursing and medical social services, comprehensive assessments, patient and family counseling, plan of care, case management services and in-home respite care, hospices will also be expected to coordinate patient care among their own interdisciplinary teams, all outside physicians and DME suppliers and then report quality measures to CMS at regular intervals. Patients and family members must be involved in decision making as well. The services the hospice provides must be available 24/7, 365 calendar days per year. Providers and suppliers furnishing curative services to beneficiaries participating in the Model will be able to continue to bill Medicare for reasonable and necessary services if they would have been covered anyway under Medicare Parts A, B, and D (except home health care). "Winning" hospice programs will be paid a $400 per-beneficiary / per-month fee (or $200 every 15 days for partial months) for managing their portion of the care. The current national hospice routine home care rate is about $150 per day. The demo is less than $14 per day. Hospices interested in participating in the Model must apply by June 19, 2014. CHC is currently reviewing the daunting and voluminous application materials. The instructions total more pages than the number of pages allowed in a completed application narrative. There is a great deal of discussion about this demo among the NHERT members. All of us are extraordinarily disappointed and believe this Model makes little sense. Still, some are considering applying only from a competitive defensive posture. None of us have the staff or time to complete the daunting application process – particularly with the myriad other challenges we're facing (see above section) -- and are currently looking for outsourcing resources should we decide to apply individually. The main discussion thought-line currently is "if we don't, what if one of our competitors does, what if they "win," and what would that mean to us?" More to come.

COMPLIANCE COMMITTEE AND PROFESSIONAL ADVISORY GROUP MINUTES

Attached to this report are the most recent minutes of the CHC internal Medical Compliance Committee meeting minutes. The suggestion by the OIG for a Medicare Compliance Program is for the governing body to be involved / informed of compliance efforts. Please contact me with any questions.

Also included in this packet are the minutes of the annual meeting of the Professional Advisory Group. This annual meeting is held once time each year for the purpose of meeting a paragraph

contained with the regulations for Medicare Home Health care certification. This is only for our home health care business and completely separate from hospice. We thank new board member Sue Morgan for filling the role of "community member" for this meeting.

OUT AND ABOUT

Several members of the CHC/HF Staff attended the St. Joseph County Chamber of Commerce "Salute to Business" luncheon on March 27.

Several members of the CHC/HF Staff attended the annual Logan Nose-On Luncheon on March 25.

Karl Holderman, Dave Haley, Mike Wargo, Amy Tribbett and I along with Holly Farmer, CHC Bereavement Coordinator, Amy Knapp, CHC Social Work Coordinator, and Rose Kiwanuka, National Director, Palliative Care Association of Uganda attended the National Hospice and Palliative Care Organization's 29th Management and Leadership Conference at various times the week of March 24 in National Harbor, MA.

ATTACHMENTS TO THIS PRESIDENT'S REPORT IMMEIDATELY FOLLOWING THIS SECTION OF THE .PDF

Dave Haley's Census Reports.

Copy of article from February "Sassy" magazine featuring Okuyamba Fest.

Advertisement from 1st Source Bank regarding winners of the St. Joseph County Chamber of Commerce "2014 Salute to Business Awards."

2/28/14 article from the South Bend Tribune regarding the "Salute to Business Awards."

CHC/HF Press Release regarding the "Salute to Business Award."

Press release regarding Joyce Sheldon public event appearance at the CHC Mishawaka Campus co-sponsored by CHC and Sprenger Health Care.

Thank you letter for CHC Grief Counseling at Marshall Intermediate Center in South Bend.

Article from the Goshen Hospital and Health Care Foundation newsletter regarding their $11,000 contribution to CHC.

Article by Amy Tribbett on Advance Directives from Senior Life

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

February and March 2014 Financial Information.

2013 Audited Financial Statements

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, June 18, 2014 at 7:30 AM** in Conference Room A, first floor at the Mishawaka Campus, 501 Comfort Place, Mishawaka, IN 46545. In the meantime, if you have any questions, concerns, suggestions or comments, please contact me directly at 574-243-3117 or email mmurray@centerforhospice.org .

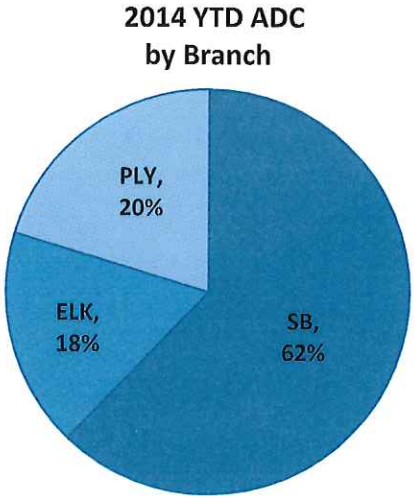
# # #

Center for Hospice Care

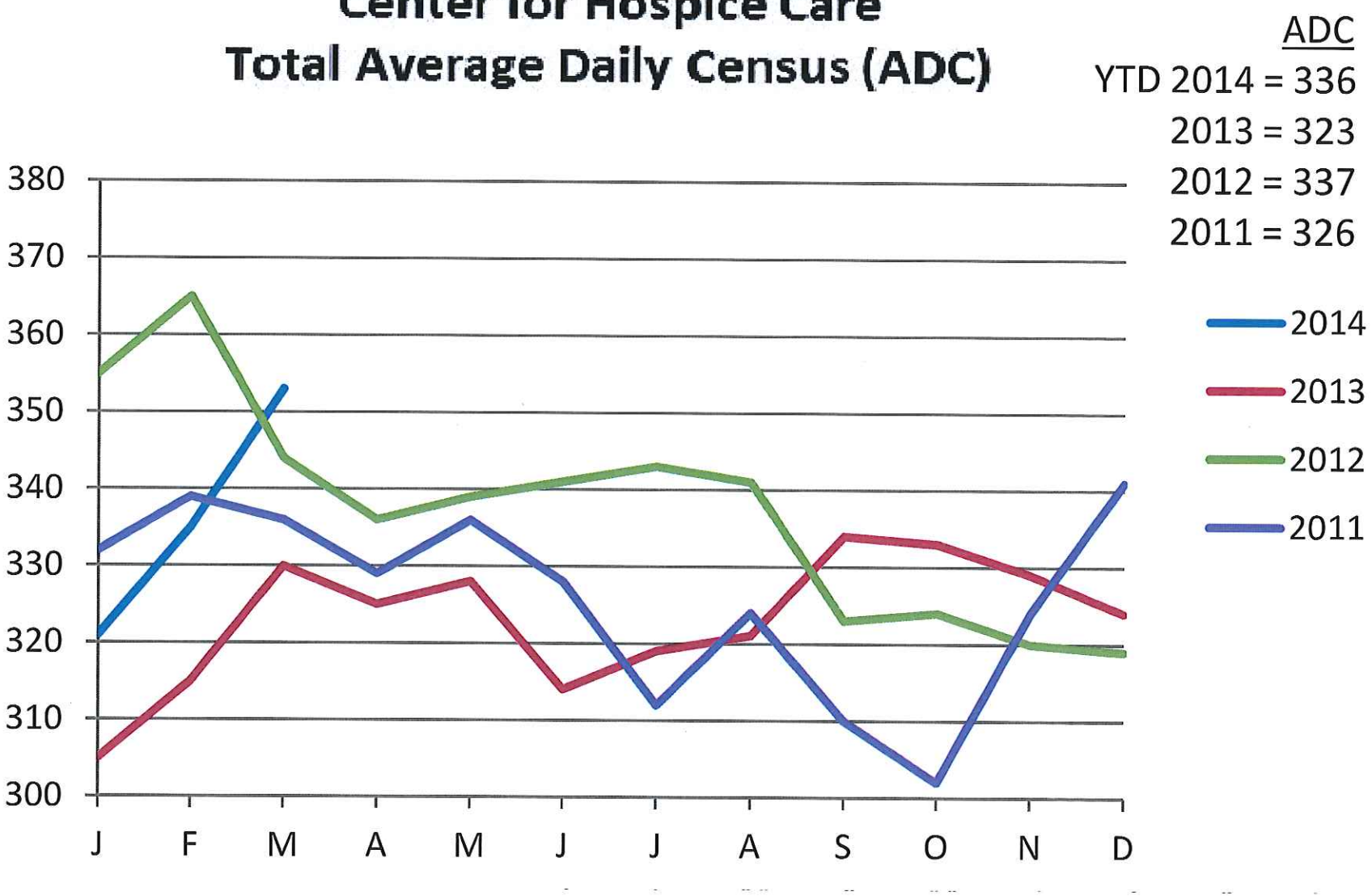
2014 YTD Average Daily Census (ADC)

(includes Hospice House and Home Health)

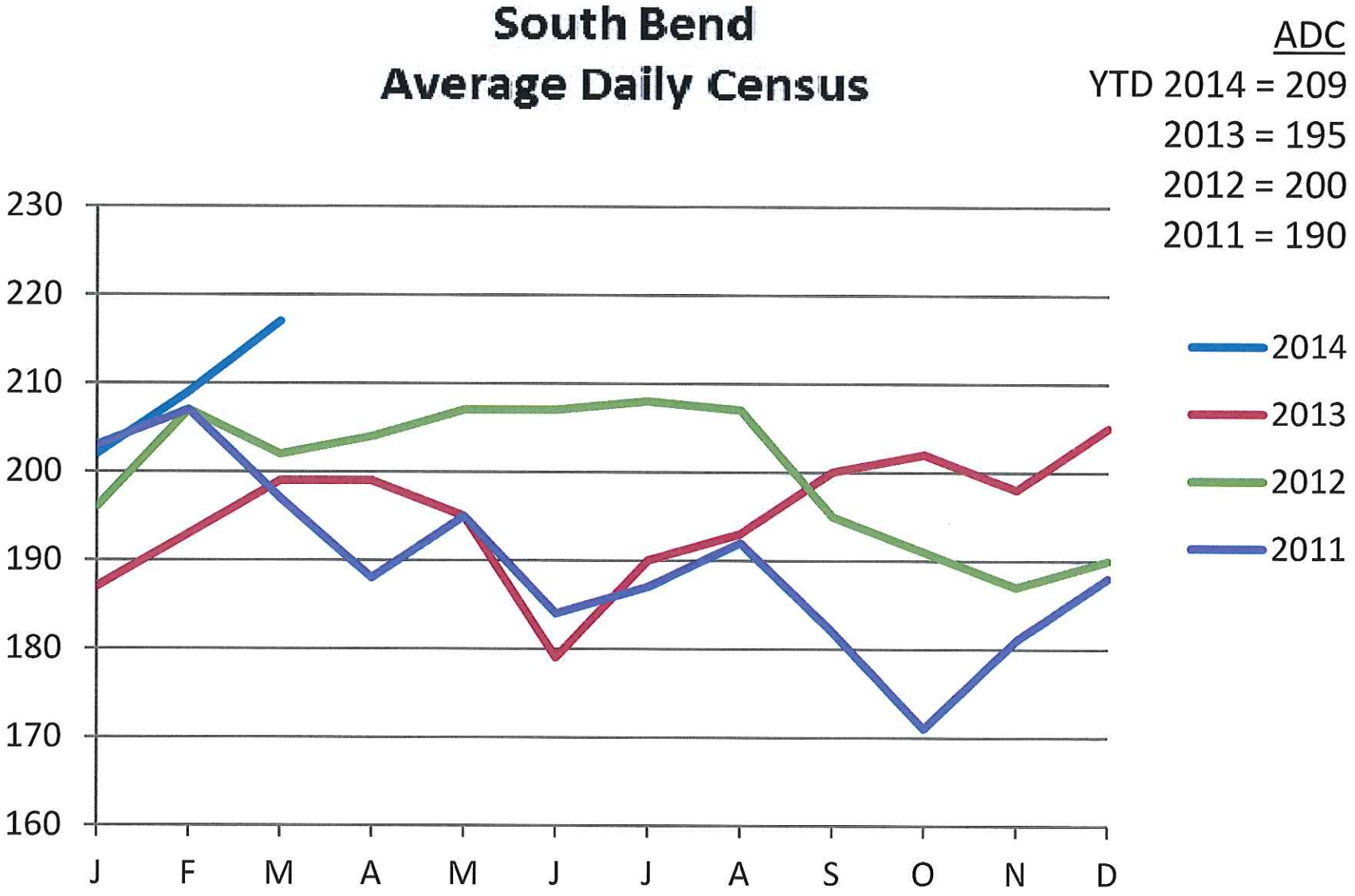
	All	South Bend	Elkhart	Plymouth
J	321	202	57	62
F	335	209	55	72
M	353	217	65	71
A				
M				
J				
J				
A				
S				
O				
N				
D				
2014 YTD Totals	1009	628	177	205
2014 YTD ADC	**336**	**209**	**59**	**68**
2013 YTD ADC	317	193	67	57
YTD Change 2013 to 2014	19	16	-8	11
YTD % Change 2013 to 2014	**6.1%**	**8.5%**	**-11.9%**	**19.9%**



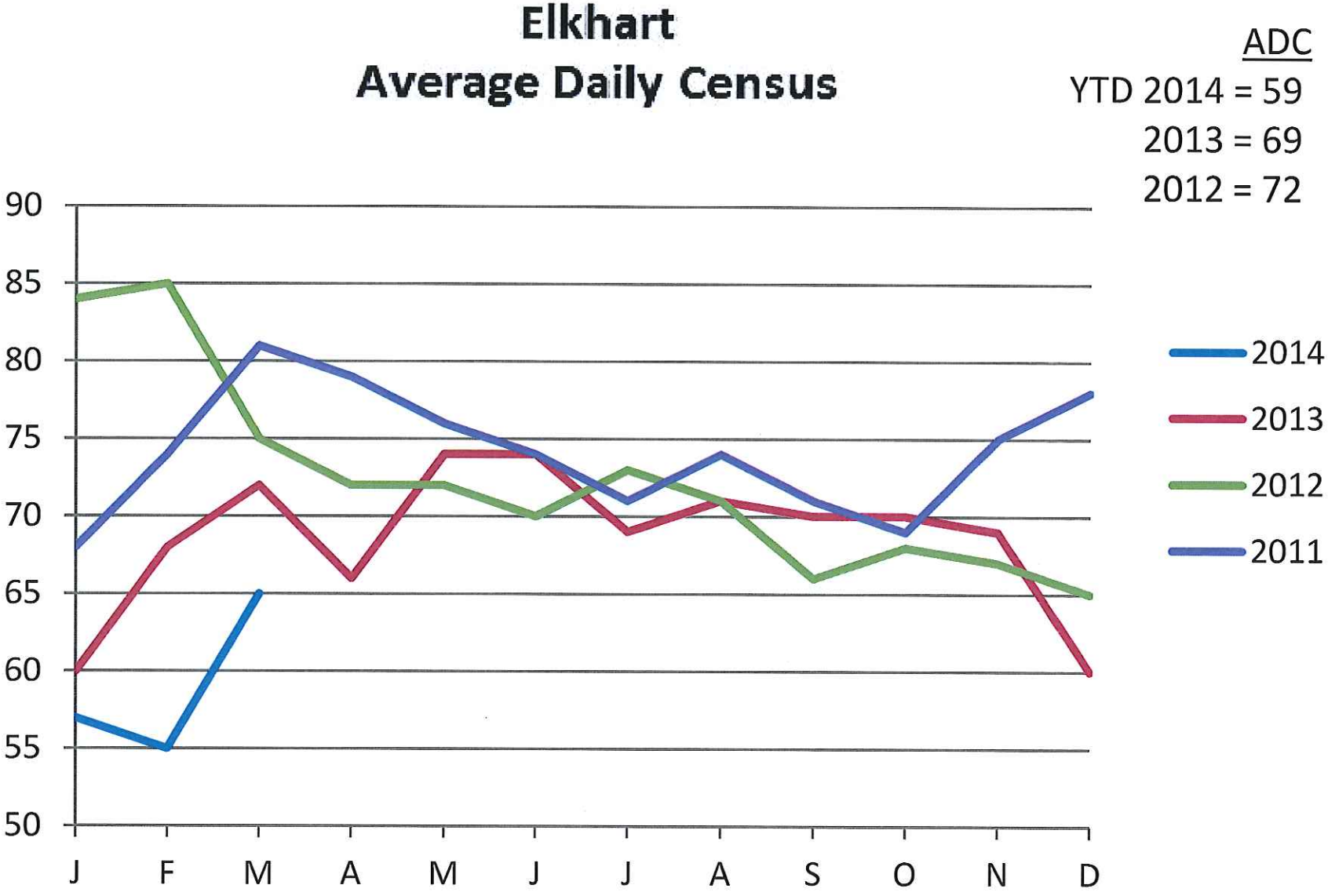
Center for Hospice Care
Total Average Daily Census (ADC)



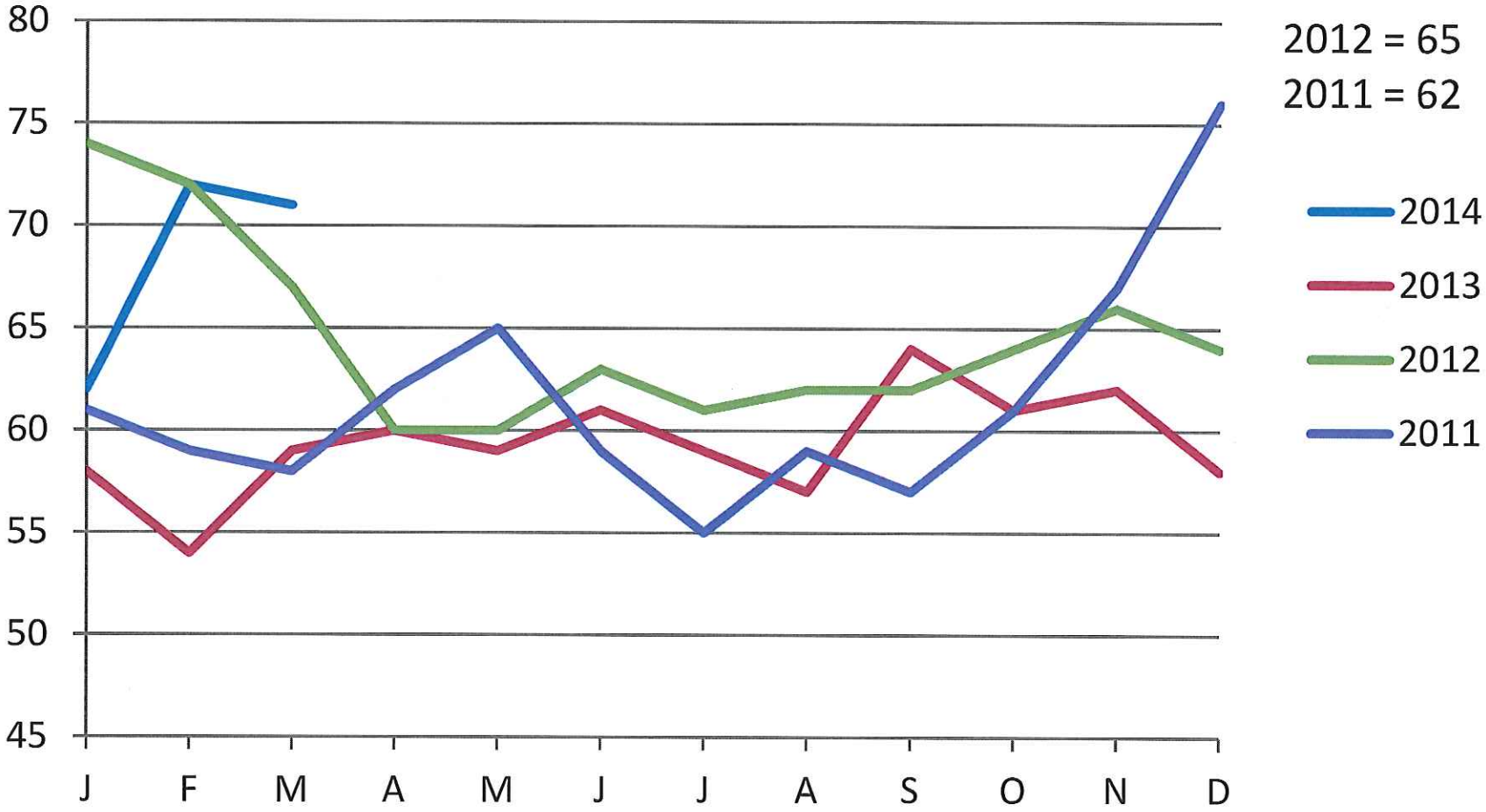
South Bend
Average Daily Census



Elkhart
Average Daily Census



Plymouth
Average Daily Census



ADC

YTD 2014 = 68

2013 = 59

2012 = 65

2011 = 62

2014

2013

2012

2011

Scene & Be Seen

SASSY Magazine promotes Michiana's cultural offerings, personalities, attractions and local businesses with a special emphasis on non-profit organizations' events and activities. We expect this section of SASSY to grow significantly and we'd like your help to get it rolling!

Please send us some of your favorite photos from your organization's or charity's best events and fundraisers. They just may make the next issue of SASSY Magazine! We prefer snapshots of people that are full of life and enjoying the moment, so please send them our way: Jessy@MichianaFamilyMagazine.com.

2013 Okuyamba Fest

By: Cyndy Searfoss

The 2nd Annual Okuyamba Fest, held November 14th at the new Center for Hospice Care Mishawaka Campus, was an evening of art and international food, wine and beer in celebration of a great cause – making palliative care accessible to millions of Ugandans who would otherwise have no access to relief from pain and symptoms brought on by end-of-life diseases. Proceeds from the event provide financial support for the Palliative Care Association of Uganda (PCAU) in their efforts to bring palliative care to the more than 35 million people of Uganda. Currently, it is available to only about 10% of the country's population.

Guests for the event sampled international foods, wine and beer (with thanks to event sponsor Granite City, David Thompson of City-Wide Liquors, Sommelier Ian Wulfsohn, Sean Wojkowski of Indulgence Pastry Shot & Café as well as the many volunteers who made the event possible) while bidding on more than 90 Ugandan art and craft items in the silent auction.

This was followed by a brief program, which included a sneak preview of the Hospice Foundation's upcoming documentary about child caregivers in Africa called The Road to Hope. After the program guests sampled a host of desserts and dessert liquors.

Center for Hospice Care and the Hospice Foundation became partners with PCAU in 2008 through an innovative program developed by FHSSA (formerly known as the Foundation for Hospices in Sub-Saharan Africa). A year later, PCAU's country director, Rose Kiwanuka came to the US to share her mission of easing the pain the suffering of those dying deep in the rural villages of her country. To share her story and support PCAU's work, the Hospice Foundation produced the award-winning documentary "Okuyamba." Titled for the Lugandan word meaning, "to help," the film has screened at film festivals, universities, churches and in hospice and palliative care organizations across the US and around the world.

A variety of international wines, including a selection of South African wines.

Hand-crafted carved bowls from Uganda were among the silent auction items.

Silent auction items also include nativity scenes, woven baskets and African wines and liquors.

The wine tasting table was a popular stop throughout the evening.

moves in Ukraine. te House said Oba- ke with Putin by the life and health of Russian citizens and compatriots who are in Ukrainian

)inion, U.S. 'to hurt him

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center in Washing- l the tug-of-war over : is part of a bigger nce: competing vi-)m Washington and v over the ideal fu- Russia.

think what's good sia is stability in the orhood, economic ." Oliker said. "But or at least Vladimir hinks what's most ant is that Russia is eriously, and that a Russia is one that o its guns and gets wants."

he case of the e, analysts say, it's iat Putin will do just e United States and s could impose eco- sanctions, kick Rus- of the G-8 forum for ialized democra- id issue stern con- tions, but none of likely to sway Putin.

is math, the U.S. and s need Russia more Russia needs them. exports natural gas ope, is the world's rgest military er, and wields veto on the United Na- ecurity Council. As of President Bashar id, Russia has made nstrumental in talks on how to resolve the Syrian civil war. Russia is also a key player in the mammoth effort to dismantle Syria's chemical weapons arsenal under an agreement that saved the Obama administration from making good on threats of a military strike and one of the six nations negotiating with Iran over that country's nuclear program.

In previous flare-ups with Russia, analysts say, U.S. criticism was muted because the Obama administration was still trying to salvage the reset and to court Putin's help with Syria, Iran and other thorny diplomatic issues. The State Department was fond of reminding Moscow that the U.S. had returned "many hundreds" of suspected criminals to Russia, and that the two governments had worked closely in the Boston marathon bombing investigation.

Such cajoling hasn't worked, analysts say, but the Obama administration has been reluctant to give up on Russia and even now seems to be contemplating reprisal moves only reluctantly — and with the knowledge that any retaliation isn't likely to deter Putin.

Winners return the salute

JIM MEENAN South Bend Tribune jmeenan@sbtinfo.com | Posted: Friday, February 28, 2014 7:05 am

SOUTH BEND -- Five businesses and individuals were recognized Thursday at the St. Joseph County Chamber of Commerce's annual Salute to Business for their investment of time and capital in the community.

But a common theme among the winners was humility as well as an appreciation of their families, the community and their colleagues.

Longtime community and business leader Mike Leep Sr. won the W. Scott Miller Distinguished Business Leader award.

"We are truly blessed," said Leep. "This community for 37 years has given us more than we could possibly give."

But giving to the community is a priority at Gurley-Leep.

"This is where we live," Leep said before the event got under way. "There's a lot of need in this community. You can either say, 'I am going to do something about it,' or you can look away. And we choose to do something about it.

"And the reason we can do something about it is because we have employees that are dedicated not just with their money but their time in giving back to the community."

From a career that began as a salesman for McAnary Ford in Gary in 1967, Leep along with his business partner, Van Gurley, purchased their first dealership in 1973.

Today the Gurley-Leep Automotive Group, of which Leep is the president, has 36 automotive franchises and 22 dealerships in Indiana, Michigan and Iowa while employing more than 1,200 people.

Leep serves on several boards including the Women's Care Center Foundation, where he is the chairman of the board.

He's also been involved with many community organizations including the American Cancer Society, Center for the Homeless, Logan Center and Hannah's House.

Recently, he and his wife of 48 years, Karen, received the 2013 Community Philanthropy Award, given by the Northern Indiana Historical Society and the Center for History in recognition of their years of dedication and community service.

Joe Hart won the Outstanding Young Business Leader award Thursday. Hart joined the South Bend Silver Hawks as president in 2011. Since then he's not only helped turn the stadium into a place to be for the community, but has made the team profitable, increasing attendance by 68 percent the first year and another 25 percent last year.

Hart also was instrumental in the signing of long-term naming rights with Four Winds Casino and was named Midwest League executive of the year for 2013.

The 40-year-old Hart also serves as chairman of the March of Dimes March for Babies campaign, serves on the board of directors for the Memorial Health Foundation and is an advisory board member for the Salvation Army Kroc Center.

Karen Barnett won the Athena award for professional excellence in her career, for devoting time and energy to improve the quality of life of others in the community and for assisting women in realizing their leadership potential.

Barnett has been the president and CEO of Mishawaka-based Valley Screen Process Co. since 1998.

Under her leadership, the company began diversifying from making mainly graphics for the recreational vehicle industry in 2010 to other product and service offerings helping the company earn the Development Through Entrepreneurship Award at the Indiana Statehouse in 2012 and the 2012 Indiana Family Owned Business of the Year Award from the Indiana Small Business Center.

Barnett also has volunteered as a facilitator and mentor for the Spark program at Saint Mary's College; has served as president of the Women Business Owners of Michiana since 2011; and has been a member of the board of directors of the YWCA of North Central Indiana since 2009.

Two businesses also received awards Thursday.

Winning the Economic Impact Award was the Center for Hospice Care, which opened its $7.2 million, 24,000-square-foot facility along the banks of the St. Joseph River in Mishawaka in August.

Two existing buildings are also undergoing renovation: one as a guest home for interns, visiting physicians and family members and the other as a palliative care center where patients can go for consultation by one of Center for Hospice Care's three physicians. For the entire project the square footage is 29,000.

Plans for future campus development include construction of a new Hospice House and a medical office building in which the hospice center will house its critical care staff. Mike Wargo, chief operating officer, accepted the award, saluting many business partners.

The Small Business of the Year award went to Senior 1 Care for leadership, innovation, economic growth and capital investment.

What began as a small family business involving Carl Bossung, his wife, Jan, who died in 2007, and their son, Kyle, has grown to employ 130 people, who provide care for more than 500 clients.

In the past three years, the company has grown 154 percent, achieving revenues of $3.3 million last year.

Senior 1 Care has been recognized as one of the fastest-growing, privately held businesses in the area and third fastest-growing health care company in Indiana.

JMeenan@SBTinfo.com

574-235-6342

Center for Hospice Care Receives St. Joseph County Chamber of Commerce Economic Impact Award

CHC was recognized by the St. Joseph County Chamber of Commerce for its strategic vision and its sustainable capital investment in the St. Joseph County economy.

Contact

Cyndy Searfoss
The Hospice Foundation
+1 574-277-4203
Email

South Bend, IN (PRWEB) March 06, 2014

Center for Hospice Care (CHC), a non-profit, community-based hospice provider, received the St. Joseph County Chamber of Commerce's Economic Impact Award at the chamber's recent "Salute to Business." The Economic Impact Award recognizes a company's strategic vision and its sustainable capital investment in the St. Joseph County economy.

In accepting the award for CHC, Mike Wargo, VP/COO of the Hospice Foundation, noted that this is the first of two phases of campus construction. "Completion of the first phase enabled us to bring our administrative and bereavement services under one roof. Once we raise the money needed, construction of phase two will allow us to expand the space available for patient care staff as well as for those who need care on an in-patient basis."

The new Center for Hospice Care Mishawaka Campus sits along the St. Joseph River near downtown Mishawaka

For the past 10 years steady growth and an increase in the demand for compassionate hospice care led to growing pains for CHC. With the organization expending approximately $260,000 in leased space each year in St. Joseph County, it had become time for CHC to create a centralized campus that could accommodate its expanding needs.

Wishful thinking, cooperation from the City of Mishawaka and an architectural firm that helped stakeholders see the vision resulted in CHC constructing the first phase of its new campus along five acres of picturesque land nestled along the northern banks of the St. Joseph River between Cedar Street and Central Park in Mishawaka.

The new structure, inside and out, as well as its serene surroundings is visually stunning, providing a therapeutic link to nature. The setting was once nothing more than overgrown brush. In addition, of the four sites under consideration, the riverfront property was the most economical option.

In August 2013, CHC opened its doors to the community showcasing the new 24,000-square-foot building. CHC architects Jeff Helman and Brad Sechrist designed the two-story edifice to fit into the earthy surroundings with an exterior of stone, ribbed steel and wooden trusses.

The western portion of the main building is home to the Life Transition Center with its grief and bereavement programming, as well as the Hospice Foundation. The eastern section of the new building houses the administrative, billing, finance, human resources, information technology and marketing offices.

In addition to the main structure, two existing campus buildings are undergoing renovation: one as a guest home for interns, visiting physicians and family members; the other as a palliative care center where patients can go for consultation by one of CHC's three board-certified hospice and palliative medicine physicians.

The total investment for the entire project was $7.2 million with just over 29,000 square feet, including the new structure and existing buildings. Future campus development plans include construction of a new Hospice House and medical office building that will house clinical care staff.

The Economic Impact Award was sponsored by Specialized Staffing Solutions.

Center for Hospice Care is an independent, not-for-profit organization, improving the quality of living in Northern Indiana through hospice, home health, grief counseling and education. In 2013, the organization served 1,993 patients, a 7% increase from the prior year.

Center for Hospice Care and Sprenger Health Care of Mishawaka Present Finding Hope in the Midst of Despair

Joyce Sheldon, author, inspirational speaker, faith coach and caregiver advocate is coming to Center for Hospice Care in Mishawaka, IN to present Finding Hope in the Midst of Despair. This presentation is ideal for all caregivers.

South Bend, IN (PRWEB) March 07, 2014

Center for Hospice Care and Sprenger Health Care of Mishawaka are pleased to present: Finding Hope in the Midst of Despair – a special evening for caregivers featuring Joyce Sheldon.

Joyce Sheldon is an author, inspirational speaker, faith coach and caregiver advocate. She is the author of From Fear to Faith, A Caregiver's Journey as well as Seekers and Dreamers.

Joyce's personal experiences have led her to share her insight and to embrace her mission of inspiring and nurturing the spiritual well-being of others, especially those in the role of caregiver. Joyce shares her first-hand knowledge of the mind, body, and spirit connection through moving and inspirational keynote speeches, workshops and special events.

Joyce inspires caregivers, knowing firsthand the trials and tribulations of life. Her presentation provides tools to regain focus, clarity and direction. Joyce will share her incredible journey from fear to faith, a journey she experienced while caring for her husband. Enjoy some coffee and dessert and a chance to meet Joyce immediately following her presentation.

Joyce Sheldon, author and inspirational speaker

Finding Hope in the Midst of Despair is on Tuesday, April 1, 2014, from 6:30 - 8:30 p.m. at Center for Hospice Care's Mishawaka Campus. There is no charge for this event. Seating is limited and registration is required. Please call Julie at 574-277-4100 to reserve your spot.

Center for Hospice Care is a premier not-for-profit, community-based agency improving the quality of living through hospice, home health, grief counseling, and community education. With offices in South Bend, Plymouth, and Elkhart, Center for Hospice Care serves St. Joseph, Marshall, Elkhart, Fulton, Kosciusko, LaGrange, Laporte and Starke Counties.

Sprenger Health Care of Mishawaka offers the full continuum of aging services including: Short Term Rehabilitation, Skilled Nursing, Assisted Living, Independent Living, Hospice, and Home Health.

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MARSHALL INTERMEDIATE CENTER
1433 BYRON DRIVE
SOUTH BEND, IN 46614
TEL. 574-231-5801
MR.JAME BOWEN, PRINCIPAL

March 28, 2014

Mr. Mark Murray
President/CEO
The Center for Hospice Care
501 Comfort Place
Mishawaka, IN 46545

Dear Mr. Murray,

Just recently, Annette DeGuch and Deb Shivley completed an eight week group counseling experience to address grief issues with Marshall Intermediate Center students. The size of the group resulted in this group being divided into two groups that were conducted simultaneously thus allowing more time for students to talk and participate. This was very effective as the younger students were quite comfortable in their own group.

These students who had lost a significant family member greatly benefited from these groups. We are most grateful that the Center for Hospice and Palliative Care, Inc. was able to provide this service to our students. Many of our students do not have the consistent transportation resources to travel for this type of counseling. Our students who participated felt that someone was finally listening to them and they learned that they were not alone within their peer group. We are hopeful that the coping skills presented in the sessions will aid the students as they continue their grieving. Four of the students have come to me to express their appreciation for the group experience. The parents of several of the students are also happy that their student was able to participate in this.

Please accept our sincere appreciation for the services provided to our students. We hope to continue this relationship in the future and look forward to working again with the Hospice staff.

Sincerely,

Mrs. Linda Cress

Mrs. Linda Cress,
School Social Worker

James Bowen

Mr. James Bowen,
Principal

2013: Foundation's Reach and Impact Grows

June 7 - 3rd Annual Gala for Goshen Health Targeted Children's Health Care Needs

Guests at the 2013 Gala for Goshen Health enjoyed dancing and entertainment by American English, the "Best Beatles Band on the Planet," according to Newsweek.

A sold out crowd in the Crystal Ballroom at the Lerner in Elkhart paid forward a lot of healthcare services for those in our area who could not otherwise afford them. Over $76,000 was raised for The HOPE Project (Healthcare Opportunities Provided for Everyone). Because of the ongoing generosity of so many, all programs and projects presented were funded. ***Thank you Generous Hearts!***

The HOPE Project seeks to relieve the financial burden of healthcare for uninsured families by targeting high priority needs for the men, women and children of the greater Goshen communities and across Elkhart County.

American English, a Beatles Tribute band, was featured as the evening's entertainment.

Laurie Hardie, former Executive Director of the Foundation was honored by the Foundation with the 2013 Lifetime Healthcare Leadership Award. This year's Lifetime Physician Service Award was presented to Neil R. Harris, M.D.

Please watch our video, "A Simple Promise" at youtube.com/watch?v=Ezwpg0vCqOQ

July 7 - $11,000 Awarded to Center for Hospice Care

As sad and difficult as it is to accept, little children do need relief from pain and suffering that a life-limiting illness can bring. Palliative care can improve the quality of living, but unfortunately, not all families can afford this type of treatment.

l.-r., Lynette Mischel, Executive Director and Terry Hoogenboom, Board President from the Foundation, Mike Wargo, COO, Center for Hospice Foundation and Mark Murray, President/CEO, Center for Hospice Care.

The Center for Hospice Care provides comprehensive physical, emotional and spiritual support for all persons, including children facing life-limiting illnesses regardless of ability to pay.

The grant awarded by Goshen Hospital & Health Care Foundation from the HOPE Project fund and 2013 Gala proceeds will help provide palliative care services for Elkhart County pediatric patients through Center for Hospice Care (1-800-HOSPICE).

August 13 - Supporting the Children of Cancer Patients

Loretta Salchert, Executive Director for Ribbon of Hope, visits with two girls that have participated in the program.

At any given time, hundreds of children in Elkhart county are struggling with anticipatory grief and anxiety associated with a parent having cancer. These children are often ignored inadvertently because of the focus on their ill parent. A structured program of support through the Ribbon of Hope benefits not only the children but their parents as well.

To assist with the costs associated for materials, support groups, staff support and companioning the grieving child, Goshen Hospital and Health Care Foundation awarded a $9,000 grant from the HOPE Project fund and 2013 Gala proceeds to the Ribbon of Hope.

Make your wishes known on National Healthcare Decisions Day

By AMY TRIBBETT
Center For Hospice Care

On April 16, Center for Hospice Care is joining a national effort to highlight the importance of advance healthcare decision-making-an effort that has culminated in the formal designation of April 16, as National Healthcare Decisions Day.

The goal of this nationwide initiative is to ensure all adults with decision-making capacity have both the information and the opportunity to communicate and document their future healthcare decisions. In honor of National Healthcare Decisions Day, all Americans are encouraged to ensure their future healthcare choices are known and protected.

An advance directive is a legal document that tells healthcare providers who it is you wish to make medical decisions for you and what treatments you would want or not want, if you are ever not able to tell us what you want for yourself.

National Healthcare Decisions Day exists to remind all people, regardless of age or current health of the importance of making these decisions known.

CHC will join healthcare organizations across the country in providing free information to the public to assist in executing written advance directives (healthcare power of attorney and living wills) and to help people talk with their family members and friends about their healthcare wishes.

National Healthcare Decisions Day strives to provide information to the public, reduce the number of tragedies when a person's wishes are unknown, and improve the ability of healthcare facilities and providers to offer informed and thoughtful guidance about advance healthcare planning to their patients.

There are no wrong answers. Use April 16 to decide, discus and document your wishes, whatever they may be, and also encourage all your loved ones to do the same.

Advance directives packets may be downloaded by logging onto centerforhospice.org and clicking on the patients and families tab, or by calling (800) 467-7423 and requesting an advance directive packet be mailed to you.

Center for Hospice Care has locations at 111 Sunnybrook, South Bend, 112 S. Center St., Plymouth and 22579 Old US 20 E, Elkhart.

Center for Hospice Care
Compliance Committee Meeting Minutes
March 19, 2014

Members Present:	Amy Tribbett, Dave Haley, Donna Tieman, Gail Wind, Jon Kubley, Karl Holderman, Mark Murray, Vicki Gnoth, Becky Kizer
Absent:	Ann Cowe

Topic	Discussion	Action
1. Call to Order: 3:00 p.m.		
2. LCDs	• No new updates from Palmetto.	
3. Health Literacy	• Reviewed information from Health Resources and Services Administration (HRSA). The average adult reads at an 8th grade level, 21% cannot read a newspaper, and 47% cannot read a bus schedule. Health care is generally written at the college level. The concern is that low health literacy may lead to increased hospitalizations, because people don't pursue medical care because they can't fill out the paperwork. From a compliance standpoint, this would be tied to informed consent. • It was suggested that staff be trained on how to look for clues and work with patients that may have literacy issues, such as using visual tools and teach back—tell me how you would take this pill after I explained it to you. The social workers may have some information on looking for clues and recognizing what people do to hide their illiteracy. • We also need to be mindful of the language we use. For example: Give or supply instead of provide; explain that respite means to give a rest; grief after death instead of bereavement; condition getting worse instead of progression, high blood pressure instead of hypertension. A lot of the terms we use like "actively dying" mean something different to a lay person. There is a free tool at Readability Formulas where you can type in a phrase or form and it will show the reading grade level. We tried it with our BreatheEasy brochure and it was a grade level 6; however the Introduction page from the Family Handbook was grade level 13. It is different if the document is geared towards a doctor's office, but if it is for the general public we may want to put it through this exercise.	

Topic	Discussion	Action
	• This could be a future compliance in-service or just presented at a staff meeting. A volunteer could take the documents we leave with families and go through this process. We had talked about having some volunteers review our admission packet for readability, but that has not happened yet. Some language in our forms and information is mandated by federal or state regulations, so we cannot change it. Amy will work with the volunteer coordinators and report back at the next compliance meeting.	Amy will work with the VC and report back.
4. Decision Trees	• Krieg DeVault reviewed and updated the decision trees. They are on the staff website in a folder under Files. This could also be a good topic for the annual in-service. Karl did a presentation on it when it first came out a few years ago. Managers need to utilize it more often. Becky will update the decision trees on the staff website.	
5. OIG Looking at ALF	• The OIG is looking at hospice in assisted living facilities (ALF) and also at the use of general inpatient care. ALFs have the longest lengths of stay. We don't think our ALF patients live any longer than those in the home setting. Families frequently don't want to take the patient out of the ALF when they should be in a skilled nursing facility or back at home. Families tend to think CHC should be providing more for them than we should. We use the same admission and recert criteria no matter where the patient resides. We are not even up to the minimum LOS problem areas. Karl looked at it when he was working on the cost report. From 2012 to 2013 the percentage of patients in an ECF dropped from 33.9% in 2012 to 26.3% in 2013. Those in an ALF increased from 5.6% in 2012 to 10.4% in 2013. He didn't look at the ALOS.	
6. Annual In-service	• Last year we focused on GIP. Every day we try the best we can to be compliant. We also have several different random internal audits in place that helps us with this. We feel good we have compliance plans based on the OIG suggested plans, and we do quarterly education and have minutes that reflect it. Possibilities for the 2014 compliance in-service could include the revised decision tree and health literacy which both support informed consent.	
Adjournment	• The meeting adjourned at 3:50 p.m. Meet again in three months.	Next meeting TBA

Center for Hospice Care
Professional Advisory Group Meeting Minutes
April 8, 2014

Members Present:	Dave Haley, Donna Bailey, Donna Tieman, Greg Gifford, Judy Jourdan, Mark Murray, Sue Morgan, Vicki Gnoth, Becky Kizer
Absent:	Amber Burger, Amy Knapp, Anna Wasierski, Jon Kubley, Julie Englert

Topic	Discussion	Action
1. Call to Order: 8:00 a.m.		
2. Minutes	• The minutes of the 04/09/13 meeting were approved unanimously by consensus.	
3. Introductions	• New member Sue Morgan from Kindred Hospital was introduced.	
4. OASIS Report	• Results of the OASIS Report for the period of 10/2012 – 09/2013 were reviewed for the categories of Pain and Hospitalization. OASIS questions are asked of all Medicare and Medicaid Home Health patients. We focus on two main areas—pain and hospitalizations. • Pain – How often the home health team checked patient for pain: CHC 96%, Indiana 98%, National 99%. How often the home health team treated the patient's pain: CHC 94%, Indiana 98%, National 98%. How often patient had less pain when moving around: CHC 47%, Indiana 67%, National 68%. We are looking at the question to see how it is phrased and how staff is interpreting it. The majority of our home health patients transition into hospice for pain and when their condition deteriorates. • Hospitalizations – How often patient had to be admitted to the hospital: CHC 6%, Indiana 17%, National 16%. How often patient needed any urgent, unplanned care in the hospital emergency room without being admitted to the hospital: CHC 17%, Indiana 12%, National 12%. • OASIS has been updated to version C-1, and the biggest change incorporates the new ICD-10 diagnosis codes. The ICD-10 was originally scheduled to be implemented 10/01/14, but that has been pushed back to 2015; however, OASIS C-1 will still begin October 1st.	
5. Clinical Record Review	• Two areas of concern for 2013 were care plans: (1) Care plan revised as indicated was 50%, and (2) DME reflected in the in care plan was 43%. Donna Tieman has met with nursing staff to educate them on updating and maintaining their care plans.	
6. Policy Review	• The following revised policies were reviewed: • Standards of Care – Deleted first paragraph under Procedures, because it reflects	

Topic	Discussion	Action
	hospice instead of home health. • Bereavement Services – In the fourth paragraph, changed "one year" to "13 months." • Clinical Records – Under #7, change to read "The clinical record contains a discharge summary, and clinical records of discharged patients are completed *upon discharge from the agency.*" Under #8, change last sentence to read "An addendum to the electronic medical record may be made, but never changed, using the date of the addendum *in a memo attached to the date of the contact being addended.*" • The changes were approved unanimously by consensus.	
7. New Business	• The administrative team will be looking at the Conditions of Participation for 484.16 "Group of professional personnel," the single paragraph requiring this meeting be held for home health only once per year to make sure we are meeting the regulation and not doing too much or too little.	
Adjournment	• The meeting adjourned at 8:20 a.m.	Next meeting April 2015 TBA

Center for Hospice Care
choices to make the most of life

CHAPTER FOUR

POLICIES

Center for Hospice Care

BEREAVEMENT PLAN OF CARE

REGULATION: 42 CFR Part 418.64(d)(1) – Core Services, Bereavement Counseling

POLICY: A bereavement plan of care is developed for identified family members and other involved individuals after the patient's death.

PROCEDURE:

1. During the initial bereavement assessment, the Interdisciplinary Team (IDT) identifies family members, caregivers, or significant others who may be significantly impacted by the patient's death. The initial bereavement assessment is updated during IDT meetings throughout the course of the patient's care.

2. The Bereavement Department/Coordinator is notified of all deaths and the plan of care is initiated following the patient's death. Information from the initial bereavement assessment is considered in the bereavement plan of care.

3. The bereavement plan of care reflects the assessed needs of the bereaved and notes the kind of bereavement services to be offered.

4. The Bereavement Coordinator ensures that the bereavement plan of care is followed for thirteen (13) months following the patient's death, appropriate to the level of need assessed.

5. Bereavement services listed in a patient's bereavement plan of care may include, but are not limited to: bereavement groups and individual counseling, mailings and/or telephone contact.

6. Support groups, community education, and/or additional bereavement services are provided on an as needed basis.

7. Memorial Services at office locations are offered ~~bi-~~annually.

Effective Date: 11/08	Revised Date: 02/14	Board Approved: 11/05/08
Reviewed Date: 08/11		Signature Date: 11/05/08

REGULATION: 42 CFR Part 418.64(d)(1) – Core Services, Bereavement Counseling

POLICY: CHC patients and significant family members and caregivers are assessed for bereavement needs.

PROCEDURE:

1. During the comprehensive assessment of the patient, information is obtained related to anticipated bereavement needs of the patient's family, caregivers and significant others.

2. Throughout the course of the patient's care, members of the interdisciplinary team reassess, document, and address the anticipatory mourning needs of the patient's family, caregivers and significant others.

3. Bereavement risk factors and needs of family members, caregivers, and significant others are identified during contact following the death of the patient and documented. The Bereavement Coordinator in collaboration with other team members ensures this process.

4. Each person designated to receive bereavement services is categorized according to level of risk for complicated grief reactions, and is offered appropriate interventions according to identified need.

5. The interventions offered all hospice bereaved are:
   - Condolence~~Sympathy~~ card acknowledging the death.
   - Initial phone call within 3 to 4 weeks of the patient's death, unless interdisciplinary team requests earlier contact, with the offer of continued periodic supportive phone calls for up to 13 months.
   - Invitations for individual counseling, bereavement groups, and memorial services.
   - Bereavement related mailings at 1, 3, 5~~6~~, 7, 10~~-9,~~ and 13 months following the death of the patient, along with a holiday mailing.
   - Additional information regarding community resources, bereavement literature and, if necessary, referral to professional assistance if needed.

6. If the needs of the bereaved are beyond the scope of the service provided by CHC, referrals are made to appropriate community resources or practitioners.

Effective Date: 11/08	Revised Date: 02/14	Board Approved: 11/05/08
Reviewed Date: 08/11		Signature Date: 11/05/08

Center for Hospice Care

BEREAVEMENT SERVICES

Section: Patient Care Policies Category: Hospice

REGULATION: 42 CFR Part 418.64(d)(1) – Core Services, Bereavement Counseling

PURPOSE: To provide Bereavement Services before and after the death of hospice patients, as well as to members of the local community who were not associated with the Agency.

POLICY:

1. The Agency's Bereavement Program is a natural component of the hospice program, a program which supports patient and family before, during and after the death of a patient.

2. The assessment of patient and family bereavement needs are incorporated into the patient's comprehensive assessment and plan of care.

3. Members of the hospice team and volunteers addressing bereavement concerns will support patients and families during the phase of anticipatory grief focusing on issues related to grief, loss, and adjustment.

4. Bereavement services are available to the family and other individuals in the bereavement plan of care for a period up to 13 months ~~one year (12 months)~~ following the death of the patient.

5. Bereavement counselors are available to individuals of the local community who are in need of bereavement services.

6. Service to bereaved will include individual counseling and support groups offered at regular intervals for adults and children.

7. Services to bereaved are provided by or under supervision of a qualified individual with experience in grief and loss counseling.

Effective Date: 02/94	Revised Date: 02/14 ~~12/08~~	Board Approved: 12/02/08
Reviewed Date: 08/11		Signature Date: 12/02/08

PURPOSE: To ensure a timely, accurate written record of the patient/family encounter, care, and coordination of contacts and services provided by the Agency.

POLICY: A clinical record is established and maintained for every patient receiving care and services from the Agency. The record is complete, promptly and accurately documented, readily accessible, and systematically organized to facilitate retrieval.

PROCEDURE:

1. Entries are made in the clinical record for all services provided. Services provided directly and through contracted providers will be entered in a standardized format and are legible, clear and complete, and signed and dated by the person providing the services.

2. Only authorized individuals are allowed to make entries in patient clinical records and all signatures are authenticated to ensure the author is who he/she claims to be.

3. Each patient's clinical record includes, at a minimum, the following:
   - identification data
   - referral information and pertinent medical history
   - the initial plan of care, updated plans of care, initial assessment, clinical notes
   - signed copies of the General Consent form
   - documentation of the patient's responses to medications, symptom management, treatment and services
   - signed physician orders
   - copies of advance directives (if applicable),

4. Access to patient clinical records is restricted to members of the Interdisciplinary Team (IDT) and employees who require such access to perform their jobs effectively.

5. A patient's entire clinical record may only be used or disclosed in accordance with the Agency's policies and procedures related to uses and disclosures of protected health information.

6. The Agency has a zero tolerance policy for falsification of clinical records.

7. The clinical record contains a discharge summary, and clinical records of discharged patients are completed upon discharge from the Agency. ~~within two weeks of the patient's discharge from Agency care.~~

8. When an error is made in the clinical record, it may only be corrected by drawing a single line through the error with the initials of the individual making the correction. Correction liquid or tape, erasure, or obliteration of the error by multiple cross-outs and/or write-over's is not allowed. An addendum to the electronic medical record may be made, but never changed, using the date of the addendum in a memo attached to the date of the contact being addended. ~~on the same page of the documentation being corrected.~~

9. Electronic clinical records are safeguarded against loss or destruction by a backup process of the Agency's computer server each day.

10. Clinical records are retained and protected for seven (7) years after the death or discharge of a patient.

11. Records of any patient who is a minor will be maintained for three (3) years after the person's 18th birthday or until the age of 21 years.

12. Records in the satellite offices will be maintained after discharge for a period of one year and/or up to the time of the next survey. Following this time period, the clinical record will be sent to the South Bend office for incorporation into the Agency's official record and/or transfer to permanent storage.

13. If the record is not on site in the records room, it will be stored at Michiana Moving and Storage, 903 S. Main Street, South Bend.

14. Documents that no longer serve a purpose will be placed in a certified document destruction bin for shredding, or shredded.

15. In the event the Center for Hospice Care closes, clinical records will continue to be stored at Michiana Moving and Storage.