Stakeholder Engagement Questions
July 8, 2026

- **Geographic Service Area and Unmet Need**

  Part of the calculation to determine unmet need in a geographic service area is based on the number of patients a hospice can provide services for. The CA Hospice Audit identified the average daily capacity for hospice agencies to be 56 patients per day (excluding LA County due to the prevalent fraudulent activity).

  A stakeholder comment received states "the calculated daily capacity of 56 tells us nothing about whether there is hospice service capacity over a course of year to care for the likely hospice-eligible patients in the county."

  Question #1: What alternative data source or publication should the Department use to more accurately capture the average hospice agency patient count per year? Please provide details on your suggested approach to determining a hospice's service capacity.

  Question #2: Do you have additional comments or suggestions related to Geographic Service are or unmet need that you would like to provide?

- **Medical Director**

  Pursuant to Title 22 CCR section 74856(b)(2), the hospice Medical Director must have a minimum of two years of **full-time** supervisory or managerial experience in a hospice, home health agency, or providing palliative care to patients within the last five years. The Department has received comments suggesting that full-time supervisory experience is unrealistic because many Medical Directors only work part-time.

  Question #3: Should the regulations be updated to allow part-time or full-time experience for hospice Medical Directors? Is there an alternative measure that the Department should consider instead?

  The regulations currently prohibit a Medical Director from having concurrent employment with more than one hospice; with the exception that they may be employed by up to three hospices in the same rural area. The Department has received requests to increase the agency limit for Medical Directors to a maximum of 3 hospice agencies in all areas, not just rural areas.

  Question #4: Should the Department consider increasing the limit to allow Medical Directors (and their designees) to concurrently work at 3 hospice

agencies? Please share any studies or information that supports making this change.

- **Administrator**

  The regulations require all hospice Administrators and Administrator Designees to hold a baccalaureate degree or higher in a health-related field.

  Question #5: Should eligibility as a hospice Administrator or Administrator Designee be limited to applicants with health-related baccalaureate degrees? If not, what other types of degrees should be permitted?

  Question #6 Should the Department consider experience in lieu of the baccalaureate degree as an alternative pathway to establishing eligibility to serve as the Administrator or Administrator Designee?

  Question #7: Do you have additional comments or suggestions related to hospice leadership positions and qualifications that you would like to provide?

- **Change of Locations (CHOL)**

  Current emergency regulations under section 74828(a)(2) require hospice agencies to submit an application to the Department at least 60 days prior to an anticipated change in location. Some commenters indicate that this timeframe is unrealistic as landlords are unlikely to hold space.

  Question #8: Should the Department consider an alternative timeframe for reporting changes of location? What timeframe would you recommend?

- **OTHER**

  The authority to develop emergency regulations specified the scope of what could be included as part of the emergency rulemaking. As the Department moves into regular rulemaking, we have the opportunity to address additional content areas.

  Question #9: Are there other topics that CDPH should consider in establishing permanent regulations for hospice agencies?

Question #10: Please provide any comments you have regarding the hospice regulations in general.