HOSPICE

ACHC

CALIFORNIA HOSPICE EMERGENCY LICENSING REGULATIONS

Frequently Asked Questions

General Implementation

1. **When do the emergency regulations become effective?**

   The emergency regulations become effective on June 22, 2026. Hospice providers are expected to comply with the regulations beginning on the effective date unless a specific provision states otherwise.

2. **Do the regulations apply only to newly licensed hospices?**

   No. The emergency regulations apply to both existing licensed hospices and applicants for initial licensure unless a regulation specifically limits applicability to a particular group.

3. **Is there a grandfather period for existing hospices?**

   In general, no. The regulations do not provide a general grandfather period, although certain requirements apply only to new hires or first-time hospice management personnel.

4. **If our software vendor has not updated our electronic medical record, are we exempt from the regulations?**

   No. The hospice remains responsible for compliance. Temporary workarounds or supplemental documentation may be necessary until the vendor implements required functionality.

Geographic Service Area

5. **How is the two-hour response requirement measured?**

   The hospice must establish a geographic service area that allows licensed personnel to reach patients within two hours of a reported medical need or safety concern.

6. **Can a hospice admit a patient outside its approved geographic service area?**

   No. The regulations prohibit admitting patients outside the hospice's approved geographic service area.

7. **Does the two-hour response requirement apply only to registered nurses?**

   No. The requirement applies to licensed nurses, including RNs and LVNs acting within their scope of practice.

Staffing

8. **Does the 12-patient limit apply to every licensed nurse?**

   Yes. A licensed nurse assigned primary responsibility for direct patient care may not be assigned more than 12 patients.

9. **Are contracted nurses included in the staffing calculation?**

   Yes. Contracted licensed nurses assigned primary responsibility for direct patient care may be counted.

10. **Can the hospice exceed the 12-patient assignment if patients have low acuity?**

    No. The patient acuity system may require fewer assignments based on patient needs, but it does not permit assignments exceeding the regulatory maximum.

Patient Acuity System

11. **What must be included in the patient acuity system?**

    The patient acuity system must evaluate patient needs using factors identified in the regulations, including clinical, caregiver, psychosocial, and treatment-related considerations.

12. **How often must the patient acuity system be reviewed?**

    At least annually by the required committee.

13. **Who serves on the patient acuity committee?**

    At least one-half of committee members must be Registered Nurses providing direct patient care.

Hospice Management Training

14. **Who is considered a first-time Administrator?**

    A first-time Administrator is an individual who has never previously served as a hospice Administrator or Administrator Designee in California.

15. **Does previous experience in another state satisfy the California first-time requirement?**

    No. The definition is based on prior service as a hospice Administrator or Administrator Designee in California.

16. **Who must complete the 20-hour management orientation?**

    Hospice management personnel hired after the effective date of the regulations, unless specifically exempt.

17. **May previous training completed before employment count toward orientation?**

    No. Training completed before employment cannot be credited toward the required orientation or annual training.

Information Governance

18. What is Information Governance?

Information Governance is the framework used to manage the security, integrity, availability, retention, and appropriate use of patient information.

19. Does the governing body have responsibilities related to Information Governance?

Yes. The governing body must approve the hospice's Information Governance policies and procedures.

Medical Records

20. How long must patient medical records be retained?

Generally, patient records must be retained for at least 10 years. Additional requirements apply to records for minors.

21. How quickly must records be completed after discharge or death?

Documentation must be completed and authenticated within 30 days following discharge, transfer, or death.

22. How quickly must documentation errors be corrected?

Errors should be corrected within 48 hours after discovery and documented in accordance with regulatory requirements.

23. How quickly must a hospice provide a patient with a copy of their medical record?

Within 15 days after receiving a valid request for release of information.

24. Can patient medical records be stored off site?

Yes, but only if regulatory requirements are met and Department approval has been obtained when required.

Electronic Health Records

25. How often must electronic health records be backed up?

At least every 24 hours.

26. Is an audit trail required?

Yes. The electronic health record system must track authorship, dates, times, corrections, and other record changes.

27. Must the hospice have a downtime plan?

Yes. A documented disaster recovery process for manual clinical documentation is required if the electronic health record becomes unavailable.

Office Requirements

28. May multiple hospices share office space?

No. The regulations require an established place of business with exclusive possession by the licensed hospice.

29. What signage is required?

Permanent exterior and interior signage displaying the hospice's licensed name, along with publicly posted business hours.

Personnel Records

30. How long must personnel records be retained?

At least four years after the individual's separation from employment.

31. How quickly must personnel records be available to the Department?

Within 24 hours upon request.

Report of Changes

32. Which leadership changes must be reported?

Changes involving key leadership roles, ownership information, organizational details, or Medicare/Medi-Cal certification status must be reported within the required timeframe.

33. Are the California hospice emergency regulations permanent, and will providers have another opportunity to provide feedback?

No. The regulations that became effective on June 22, 2026, were adopted as emergency regulations and are temporary.

Before the regulations can become permanent, the California Department of Public Health (CDPH) must complete the standard rulemaking process, which is expected to include a public comment period. This will provide providers and other stakeholders another opportunity to submit feedback.

Until then, hospices are expected to comply with the currently effective regulations.

Survey Expectations

34. What will surveyors be looking for?

Surveyors will evaluate both documentation and implementation to verify ongoing compliance with regulatory requirements.

35. What are the most significant new areas of focus?

Major California-specific focus areas include:

- Geographic service area and two-hour nurse response
- Patient acuity system

- Hospice management qualifications and training
- Information Governance
- Expanded medical record content requirements
- Electronic health record security and authentication
- Office space and operational requirements
- Reporting changes to the Department
- Enhanced personnel file requirements

Implementation

36. What is the best approach to implementation?

Organizations should conduct a gap analysis, update policies and systems, educate staff, and establish ongoing compliance monitoring.

Disclaimer: This FAQ is provided for general informational purposes only and is not legal advice or a substitute for consultation with qualified counsel or other appropriate professionals. Regulatory requirements may change, and providers should review the final California regulations, official CDPH guidance, and applicable federal and state laws before making compliance decisions.