



APPLICATION REQUEST FOR A HOSPICE



This letter is to assist you in preparing a hospice licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application for a hospice; or
- Initial application for adding an “ADDITIONAL” hospice site; or
- Change of ownership (CHOW) package for a hospice.
- Los Angeles (LA) district office (DO) “only”: All “other” changes (besides a CHOW).

A state license is required to operate a hospice in California, pursuant to Sections 1745(a) and 1747(a) of the Health and Safety (H&S) Code, **UNLESS**:

1. It was established as a hospice before January 1, 1991, pursuant to Section 1747(a) of the H&S Code; or
2. It is a “volunteer hospice”, pursuant to Section 1747(c) of the H&S Code; or
3. It is a small and rural hospice which is exempt from licensure, pursuant to Section 1745(c) and 1747(d) of the H&S Code; or
4. It is a hospice program certified in accordance with federal Medicare hospice conditions of participation covered under the licensed home health agency (HHA), pursuant to section 1747.1 of the H&S Code.

A hospice is defined as:

Hospice means “a specialized form of multidisciplinary health care which is designated to provide palliative care, alleviate the physical, emotional, social and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and to provide supportive care for the primary care giver and the family of the hospice patient”, pursuant to Section 1746(b) of the H&S Code.

Hospice services required to be provided, pursuant to Section 1749(b) of the H&S Code, shall be provided in compliance with the “**Standards for Quality Hospice Care (SQHC)**,” as available from the **2005 California Hospice and Palliative Care Association (CHAPCA)**, until the state department adopts regulations establishing alternative standards, pursuant to Section 1749(c) of the H&S Code, which is located at the following website:

<http://calhospice.org/>



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An application is required for: (1) a new (initial) hospice (whether it is a parent or an ADDITIONAL hospice site of a parent), and (2) whenever a CHOW occurs. A CHOW is the only “change” requiring a new application to be submitted to L&C.

All “other” changes (besides a CHOW) must be reported to the L&C DO in writing within **10 days** of the change. However, effective July 1, 2011, the CAU will begin processing “ALL” HHA applications for the areas served by the LA DO, including all “other” changes (besides a CHOW).

These “other” changes do **NOT** require submittal of a new application package but will require specific forms depending on the type of change being made, i.e., change of name, mailing address, location, administrator, etc.

- **All DOs (except LA):** The DO will assist you on which forms on the checklist that must be submitted for the specific change to the license.
- **LA DO “only”:** The CAU will assist you on which forms on the checklist that must be submitted for the specific change to the license.

NOTE for change of address: If a hospice is relocating (change of location), it must receive written approval from Centers for Medicare & Medicaid Services (CMS) **PRIOR** to relocating. Medicare certification is site-specific; therefore if a hospice relocates without prior approval from CMS, the hospice may have the Medicare certification terminated. You must contact the local DO for information on obtaining approval from CMS. **Also note, a hospice will NOT receive an amended license reflecting the new address until the DO has evidence CMS has approved the relocation.**

For your convenience, the **attached checklist** has instructions to complete the forms required for licensing and certification of a hospice. The **checklist** provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant’s formal name must be consistently the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form. **All forms are required to be signed by the “licensee”, owners or officers, unless otherwise stated.**

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK. NOTE:** If a question does not apply, please respond with “Not Applicable” or “N.A.”. **Do not make changes to these forms. USE “BLUE” INK TO SIGN ALL FORMS.** Do not use white out/correction fluid to make corrections. To correct an error, place a single



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line through the entry and enter the correct information. The individual responsible for making the correction must **initial and date** the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.

In addition, a check or money order, made payable to the “**California Department of Public Health**”, for the licensing fee, determined pursuant to Section 1266 of the H&S Code, must accompany the required forms before your application will be processed. The licensing fees change annually; therefore please check the current licensing fee for a hospice which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>

The application fee will NOT be returned if the application is withdrawn or denied.

The application package review process will consider the applicant’s and associates’ (i.e., board members, LLC members, managers, etc.) past compliance history. This will be based on a review of all facilities and agencies operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate, pursuant to Section 1755 of the H&S Code.

Failure to demonstrate substantial compliance history may result in the denial of your application package. You will be notified in writing of L&C’s intent to deny the application.

NOTE: All completed **hospice** application packages **must be submitted** to the local L&C DO. The DO will review the application package for completion. A list of DOs and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

Choice of Fiscal Intermediary.

The fiscal intermediaries are available from the Federal Department of Health and Human Services at the following website:

www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

To apply for National Provider Identifier (NPI), go to the following website:



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<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

Please **NOTE** the following:

1. There are some differences between documents required for a CHOW, and “initial” applications that are noted on the attached **checklist**.
2. An initial **licensing survey** is part of the application process for “new” hospice applications.
3. The initial **licensing survey** is a scheduled survey conducted by L&C DOs.
4. **Certification:**
Certification status will allow the hospice to provide services to **Medicare beneficiaries** (under Title 18). Once the hospice has become **Medicare certified**, they may also provide services to **Medi-Cal beneficiaries** (Title 19), if requested. The hospice is **required** to be licensed prior to seeking **certification status**.

Many applicants, including hospice, have the option of becoming **certified** on the basis of accreditation by the Centers for Medicare & Medicaid Services’ (CMS) approved accreditation organizations (listed below) instead of a survey by L&C.

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 630-792-5000, (www.jointcommission.org)
- Community Health Accreditation Programs (CHAP) 800-656-9656, (www.chapinc.org)
- Accreditation Commission for Health Care, Inc. (ACHC) 919-785-1214 (www.arch.org)

Once approved by the accreditation organization, submit the approval letter from the accreditation organization to the appropriate DO. Since the Medicare certification forms listed on the attached **checklist** are submitted with your “initial” application package, if there are any changes to the forms, the DO will request amended forms after they receive the approval letter from the accreditation organization.

If you **DO NOT** choose to go through one of these accreditation organizations it will be several **YEARS** before L&C will be able to perform a certification survey since “initial” certification surveys for hospices have been categorized as a **LOW priority**. However, if you still want the L&C DO to consider conducting the “initial” certification survey, you will need to submit justification to the DO for CMS approval. The burden will be on the hospice to provide data and other evidence that effectively establishes the probability of serious,



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adverse beneficiary health care access consequences if the hospice is **NOT** enrolled to participate in Medicare.

5. In addition you must be in compliance with state licensing laws and federal conditions of participation. CMS is located on the following website:

www.cms.hhs.gov

It is the applicant's responsibility to obtain the Code of Federal Regulations and to understand the hospice Conditions of Participation, which are located on the following website:

http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr418_04.html

The DO will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY UPON NOTIFICATION. It is L&C's policy that, except for very unusual circumstances, only one inspection visit will be made. Failure of the hospice to be in substantial compliance, at the time of the visit, will result in the "denial" of the application. Any further activity regarding your request, after such denial, will require a new application, and license fee.

PLEASE NOTE: A license will not be issued until the application is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact your local DO administrator located on the L&C website listed above.



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		<p>The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>	
<p><u>LICENSURE</u> HOSPICE</p> <p>Includes the forms and information required to be “licensed”</p>			
HS 200	<p>Licensing & Certification Application [H&S Code, Section 1748(b) & 1749(a)(3)]</p> <p>NOTE: Please read the instructions on the <u>HS 200</u> form prior to completion of the form. Also, pay close attention to the following:</p>		
	A.3.	<p>Amount of Fee Enclosed. A fee is also required for ADDITIONAL hospice sites. [H&S Code, Section 1748(a)]</p>	
	A.4.c.	<p>Change of Location. A licensed hospice and a separately licensed HHA cannot share the same space but CAN be in the same building with a different address, phone number, staff, etc.</p>	Handled by the DO
	A.8.	<p>Bed capacity. Bed capacity does NOT apply to hospices.</p>	N/A
	A.9.	<p>Age range of clients. Age range needed especially for pediatric hospice.</p>	
	A.10.	<p>Days and hours of operation.</p>	
	A.11.	<p>Construction. This does NOT apply to hospices since there are no patients in the building.</p>	N/A
	B.1.	<p>Licensee’s name. The licensee’s formal organization name must be consistent throughout all documents.</p>	
	B.3.	<p>Owner type. SUBMIT an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following:</p> <ul style="list-style-type: none"> • Applicant’s owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners. • SUBMIT the <u>HS 215A</u> form for each of these individuals. • Parent company of applicant, if applicable, and all the licensed agencies/facilities they are operating – See B.6. below. 	
	B.5.a.	<p>Licensee’s “other” Facility Involvement. Answer all aspects of the question.</p>	
	B.5.b.	<p>Revocation, suspension, etc. action. If applicable to the licensee, SUBMIT the information requested.</p>	



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	B.6.	<p>Subsidiary (parent company) information. If there is a “subsidiary” (parent company) SUBMIT:</p> <ul style="list-style-type: none"> • An organization chart with the parent company name. • A listing of all owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners of the parent company. • A listing of all facilities the parent company is operating. • SUBMIT the HS 215A form for each of these individuals. 	
	C.1.a.	<p>Management Company. This question does not apply to hospices.</p>	N/A
	C.1.b.	<p>“Interim” Management Company Agreement. NOTE if Change of Ownership: If there is an “interim” Management Company Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of Agreement.</p>	
	C.2.	<p>Name of “proposed” and “current” agency. Enter both hospices names if this is a CHOW. The applicant may insert the corporate name if there is NO hospice name.</p>	
	C.3.	<p>Address of “proposed” facility, agency or clinic.</p> <ul style="list-style-type: none"> • List the address of the PARENT hospice first. • The ADDITIONAL hospice site addresses must be listed after the parent address. • A “licensed” HHA and a “licensed” hospice CANNOT be at located at the same office. • A “licensed & certified” HHA and a “certified-only” hospice CAN be located in the same office. 	
	C.6.a.	<p>Name of Administrator and date of hire.</p> <ul style="list-style-type: none"> • An administrator shall have supervisory or administrative experience in hospice or related health care fields or education in healthcare or administration that meet the requirements of the position. [Standards for Qualify Hospice Care (SQHC) Section 5.1, Administration] • SUBMIT the HS 215A form for the Administrator. • SUBMIT their RESUME. Compare with qualifications contained in the SQHC. • SUBMIT proof of their appointment signed by the Governing Body. (SQHC, Page 1, Definitions) 	<p>N/A for ADDITIONAL Sites</p> <p>N/A for ADDITIONAL Sites</p> <p>N/A for ADDITIONAL Sites</p> <p>N/A for ADDITIONAL Sites</p>
	C.6.b.	<p>Name of Director of Nursing and date of hire.</p> <ul style="list-style-type: none"> • SUBMIT their RESUME. (SQHC, Section 5.3, Director of Patient Care Services) 	N/A for ADDITIONAL Sites



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		<ul style="list-style-type: none"> • SUBMIT a copy of their professional license. (SQHC, Section 5.3, Director of Patient Care Services) 	N/A for ADDITIONAL Sites
	C.7.	Ownership. <ul style="list-style-type: none"> • List all individuals having 5% or more ownership, unless “nonprofit”. • SUBMIT the HS 215A form for each of these individuals. 	
	C.8.	Item C.8. Financial Resources. The “specific” question on the HS 200 form does NOT apply to hospices (only skilled nursing and intermediate care facilities).	N/A
	C.9. & 10.	Over-concentration and Program Plan. These do NOT apply to hospices.	N/A
	D.1. & 2.	Property ownership. SUBMIT a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.	
	E.1. & Attach E-1	Management Company Information. Attachment E-1 does not apply to a hospice.	N/A
	F.1.	Signature. [H&S Code, Section 1749(a)(3)] Original “signature” is required and MUST be signed by the APPLICANT (not the Administrator unless the owner is the Administrator).	
HS 215A		Applicant Individual Information [H&S Code, Sections 1748(b), 1749(a)(1), and 1755(a)] NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following individuals with ORIGINAL signatures	
		<ul style="list-style-type: none"> • HS 215A form for Administrator. • Proof of the Administrator’s appointment signed by the Governing Body (mentioned above under the HS 200 form, Item C.6.a.). • Copy of professional licenses for the Director of Nursing plus their RESUME (mentioned above under the HS 200 form, Item C.6.b.). • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization and/or parent organization. • Each individual having a beneficial interest of 5% or more in the applicant organization and/or parent organization. 	
	Signature	Signature. Original “signature” is required.	



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	Facility Information Sheet	<p>Facility Information Sheet.</p> <p>If applicable, each individual must complete and SUBMIT the “Facility Information Sheet” for each facility and/or hospice with which they have a <u>current</u> or <u>past</u> relationship within the last 3 years. The following <u>MUST</u> be completed for each facility and/or hospice:</p> <ul style="list-style-type: none"> • Facility name • Address of facility • Type of facility • Type of business entity and EIN # • Individual’s <u>nature</u> of involvement • Individual’s dates of involvement • This Sheet must also include any facilities licensed by the California Department of Social Services. 		
HS 309 1 st page	Administrative Organization			
	2.	Administrator of Corporation or LLC – this name is usually the CEO/President.		
	3. thru 7.	<p>Corporations need to SUBMIT:</p> <ul style="list-style-type: none"> • Copy of Filing Statement from CA Secretary of State (only required if Articles of Incorporation are NOT endorsed by the CA Secretary of State). • Copy of “all” Articles of Incorporation (endorsed by CA Secretary of State). • Copy of By-Laws. • List of board of directors. <p>SUBMIT the <u>HS 215A</u> form for each individual listed under this item.</p>	<p>Limited Liability Companies (LLC) need to SUBMIT:</p> <ul style="list-style-type: none"> • Copy of Filing Statement from CA Secretary of State (only required if Articles of Organization are NOT endorsed by the CA Secretary of State). • Copy of Articles of Organization (endorsed by CA Secretary of State). • Copy of Operating Agreement. • List of Members / Holders / Officers / Managers. <p>SUBMIT the <u>HS 215A</u> form for each individual listed under this item.</p>	
	9.	<p>Governing Board of Directors.</p> <p>Enter the number of Members/Managers, etc.</p> <p>SUBMIT the <u>HS 215A</u> form for each individual listed under this item.</p>		
	10.	<p>Board Officers and/or LLC Members/Managers</p> <p>SUBMIT the <u>HS 215A</u> form for each individual listed under this item.</p>		
	HS 309 2 nd page	Organizational Structure		
1.		<p>California Out-of-State Corporations, LLC, etc.</p> <p>SUBMIT a copy of the Certificate of Qualification from the CA Secretary of State.</p>		
3. & 4.		<p>Public Agency.</p> <p>SUBMIT a copy of the “signed” Resolution.</p>		



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	5.	<p>Item 5 Corporations, LLCs and Partnerships need to complete Item 5. N/A for nonprofit.</p>	
	Bottom of page	<p>Partnerships need to SUBMIT:</p> <ul style="list-style-type: none"> • A copy of the Partnership Agreement. • Copy of the California Secretary of State filing, if applicable. • HS 215A form for each partner. 	
HOSPICE SERVICES		<p>Hospice SERVICES</p> <p>Must provide, or make provisions for, the following basis services: (H&S Code, Sections 1749(b)(1) through (b)(7) and SQHC, Section 2.1. Services Provided)</p> <p>(1) Skilled nursing services. (2) Social services/counseling services. (3) Medical direction. (4) Bereavement services. (5) Volunteer services. (6) Inpatient care arrangements. (7) Home health aide services.</p>	
CMS-417		<p>Hospice Request for Certification in the Medicare Program</p> <ul style="list-style-type: none"> • If this HOSPICE is LICENSED “only”, the only reason this form is being requested is for the listing of the types of services. • Complete this form as indicated. 	
Geographic Areas		<p>Geographic Areas of HOSPICE</p> <ul style="list-style-type: none"> • SUBMIT a list of geographical areas (including cities, counties & zip codes) to be served. This is required because a provider of Hospice services cannot serve “ALL” of California. • So we may verify, the service area documented on the CMS-855 application must be SUBMITTED. • Hospices MUST obtain prior approval of an expansion of their geographic service area from CMS, and the L&C Program. 	
CHOW		<p>Change of Ownership (CHOW)</p> <p>SUBMIT all of the forms required for an “initial” application, listed above plus a letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee. (SQHC, Section 6.3, A, 3. g.)</p>	



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<p><u>MEDI-CAL CERTIFICATION</u> HOSPICE</p> <p>A “certified” HOSPICE has to be separately <u>licensed</u> as a HOSPICE. The following forms and information are required for MEDI-CAL certification:</p>			
HOSPICE MEDI-CAL CERTIFICATION	MEDI-CAL Certification of a Hospice		
		<p>If you answered “YES” on Item A.7. of the HS 200 form (Do You Wish to Apply for the Medi-Cal Program?) and your hospice wants to provide services to MEDI-CAL beneficiaries (under Title 19) SUBMIT the following forms with your “initial” application package.</p> <p>Once the hospice has become certified for MEDICARE, they may provide services to MEDI-CAL beneficiaries, if requested.</p> <p>NOTE: The hospice is required to be <u>licensed</u> prior to seeking certification status.</p>	
HS 328	Notice – Effective Date of Provider Agreement		
		If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.	
DHCS 9098	Medi-Cal Provider Agreement		
		<ul style="list-style-type: none"> • Do not leave any questions blank. Enter N/A or “same” if not applicable. • The “mailing address” must be the same as reported on the HS 200 form, page 3, Item 4. • Signature page (page 9) must be “notarized”. • SUBMIT the “Acknowledgement” page from the Notary Public, if applicable. 	
CMS-417	Hospice Request for Certification in the Medicare Program		
		<ul style="list-style-type: none"> • If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form. • If this HOSPICE is being certified for MEDI-CAL “only”, the only reason this form is being requested is for the listing of the types of services. • Complete this form as indicated. 	



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<u>MEDICARE CERTIFICATION</u> HOSPICE			
A “certified” HOSPICE has to be separately <u>licensed</u> as a HOSPICE. The following and information are required for <u>MEDICARE</u> certification:			
HS 328	Notice – Effective Date of Provider Agreement		
		If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.	
CMS-417	Hospice Request for Certification in the Medicare Program (H&S Code, Section 1749.5)		
		<ul style="list-style-type: none"> • If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form. • Complete this form as indicated. 	
CMS-643	Hospice Survey and Deficiencies Report		
		Complete the 1 st page. The 2 nd page will be completed during the survey.	
CMS 855A	Medicare General Enrollment Health Care Provider/Supplier Application		
		<ul style="list-style-type: none"> • This application is from the Federal Department of Health and Human Services. • This application is required for “initial” and “CHOW” applications. • The completed application should be mailed directly to the appropriate FISCAL INTERMEDIARY. 	
CMS 1561	Health Insurance Benefit Agreement		
		<ul style="list-style-type: none"> • SUBMIT two (2) signed copies with “original” signatures. • Initial Application: Sign the top signature block entitled “Accepted for the Provider of Services By.” • Change of Ownership: Sign the bottom signature block entitled “Accepted For The Successor Provider of Services By.” 	
OMB No. 0990-0243	Civil Rights Information Request for Medicare Certification		
		<ul style="list-style-type: none"> • Complete and “sign” form (original signature). • SUBMIT copy of all items required on the form. All 9 items must be “identified” and accounted for and. However, if less than 15 employees, Item #6 does not apply. 	
HHS 690	Assurance of Compliance [42 CFR, Section 489.10(b)]		
		SUBMIT one copy with “original” signatures. Actually, this form is Item #1 of the OMB No. 0990-0234 form (above).	



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Adding ADDITIONAL Hospice SITES (Multiple Locations) to the HOSPICE LICENSE:

- (1) Means a location or **ADDITIONAL** hospice site from which a hospice makes available basic hospice services within the service area of the PARENT hospice. [H&S Code, Section 1746(k)]
- (2) **ADDITIONAL** hospice sites shares administration, supervision, policies and procedures, and **SERVICES** with the PARENT hospice in a manner that renders it unnecessary for the site to independently meet the licensing requirements. [H&S Code, Section 1746(k)]
- (3) **ADDITIONAL** hospice sites must offer the same services as the PARENT hospice. [H&S Code, Section 1746(k)]
- (4) All services provided by the **ADDITIONAL** hospice sites and PARENT hospice are the responsibility of the PARENT hospice. [H&S Code, Section 1746(n)]
- (5) **ADDITIONAL** hospice sites shall be listed on the license of the PARENT hospice. They do **NOT** need a separate license. [H&S Code, Section 1748(a)]
- (6) **ADDITIONAL** hospice sites are **required to SUBMIT** separate application packages consisting of the forms listed BELOW.
- (7) **ADDITIONAL** hospice sites **CANNOT** be licensed without CMS's approval to add the **ADDITIONAL** site.
- (8) **ADDITIONAL** hospice sites **CANNOT** establish a new **ADDITIONAL** site outside of the hospice's approved geographic service area.
- (9) The **CMS 417 form** (Hospice Request for Certification in the Medicare Program) should list the hospice services of the PARENT.

HS 200	Licensure & Certification Application		
For ADDITIONAL HOSPICE Sites		<p>ADDITIONAL HOSPICE Sites:</p> <ul style="list-style-type: none"> The instructions for completion of the HS 200 form are found on the prior pages of this letter. EVERYTHING required on the HS 200 form also applies to ADDITIONAL HOSPICE Sites, such as the licensing fee, property ownership, and etc., unless otherwise noted. [H&S Code, Section 1748(a)] 	
CMS-643	Hospice Survey and Deficiencies Report		
For ADDITIONAL HOSPICE Sites		<ul style="list-style-type: none"> Complete the 1st page. The 2nd page will be completed during the survey. 	
CMS 855A	Medicare General Enrollment Health Care Provider/Supplier Application		
For ADDITIONAL HOSPICE Sites		<p>ADDITIONAL HOSPICE Sites:</p> <ul style="list-style-type: none"> The addition of an ADDITIONAL HOSPICE Sites must have prior approval from Centers for Medicare and Medicaid Services (CMS) for Certification of a hospice. This is required for "ADDITIONAL hospice site" applications. 	



APPLICATION REQUEST FOR A HOSPICE



Form Number	Item Number on Form	PROVIDER CHECKLIST For a HOSPICE	Check List
		<p>The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>	
		<ul style="list-style-type: none"> • This application is from the Federal Department of Health and Human Services. • The completed application should be mailed directly to the appropriate Fiscal Intermediary. • CMS will determine if the Conditions of Participation continue to be met with the addition of the new ADDITIONAL HOSPICE Site. 	
Geographic Areas	Geographic Areas of HOSPICE		
		<ul style="list-style-type: none"> • SUBMIT web-based map reflecting the distance between the PARENT ant the ADDITIONAL hospice site, if this is an ADDITIONAL hospice site. • ADDITIONAL hospice sites CANNOT establish a new ADDITIONAL site outside of the hospice's approved geographic service area. 	