Application Request for an Hospice Facility

This letter is to assist you in preparing a hospice facility 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 facility; or
- Change of ownership (CHOW) for a hospice facility.

A state license is required to operate a hospice facility in California, pursuant to Sections 1339.41 of the Health and Safety (H&S) Code.

A hospice facility is defined as:

Hospice facility means “a health facility licensed pursuant to this chapter, with a capacity of no more than 24 beds that provides hospice services. Hospice services include, but are not limited to, routine care, continuous care, inpatient respite care, and inpatient hospice care as defined in subdivision (d) of Section and is operated by a provider of hospice services that is licensed pursuant to Section 1751 and certified as a hospice pursuant to Part 418 of Title 42 of the Code of Federal Regulations (CFR)”.

A hospice facility must be operated in compliance with CFR Section 418 until the Department develops regulations. 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 California Hospice and Palliative website:

http://calhospice.org/

All “other” changes (besides a CHOW) must be reported to the L&C Centralized Applications Unit (CAU) in writing within 10 days of the change.

For your convenience, the attached checklist has instructions to complete the forms required for licensing and certification of a hospice facility. 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
Application Request for an Hospice Facility

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 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.

Submission of Applications.

All completed application packages must be submitted to the L&C CAU address (regular mail), listed below:

    California Department of Public Health
    Licensing and Certification Program
    Centralized Applications Unit
    P.O. Box 997377, MS 3207
    Sacramento, CA  95899-7377

The CAU will review the application package for completion. Once the application package has been given a recommendation of “approved” by the CAU, and all required surveys have been performed, the CAU will issue the license accordingly.

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 facility which is posted on the L&C Facility Fee website:

    https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LC-Health-Care-Facility-Licensing-Fees.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.
Application Request for an Hospice Facility

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.

Choice of Fiscal Intermediary.

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

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

To apply for National Provider Identifier (NPI), go to the National Plan and Provider Enumeration System website:

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 facility applications.
3. The initial licensing survey is a scheduled survey conducted by L&C district offices (DO).
4. Certification:
   Certification status will allow the hospice facility to provide services to Medicare beneficiaries (under Title 18). Once the hospice facility has become Medicare certified, they may also provide services to Medi-Cal beneficiaries (Title 19), if requested. The hospice facility is required to be licensed prior to seeking certification status.
Many applicants, including hospice facilities 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.

- The Joint Commission (TJC), 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.achc.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 more than a year before L&C will be able to perform a certification survey since “initial” certification surveys for hospice facilities 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 facility to provide data and other evidence that effectively establishes the probability of serious, adverse beneficiary health care access consequences if the hospice facility is not enrolled to participate in Medicare.

5. In addition you must be in compliance with state licensing laws and federal conditions of participation. Located on the Centers for Medicare and Medicaid Services website:

   www.cms.hhs.gov

6. If you are already a certified hospice provider, you will need to obtain an additional certification survey to provide inpatient care directly to be licensed as a hospice facility.
Application Request for an Hospice Facility

It is the applicant’s responsibility to obtain the Code of Federal Regulations and to understand the hospice facility Conditions of Participation, which are located on the US Government Publishing Office website:
http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr418_04.html

Except for the Los Angeles (LA) facilities, the DO will notify you (via letter) when the application has been approved by CAU and will schedule an “initial” licensing survey. For the LA facilities, the CAU will notify you (via letter) 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 facility to be in substantial compliance, at the time of the visit, will result in the “denial” of the application package. Any further activity regarding your request, after such denial, will require a new application and license fee.

Please note: An “initial” 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 the CAU, at (916) 552-8632 or by e-mail at CAU@cdph.ca.gov.
Application Request for an Hospice Facility

Applicant Checklist

The following is a quick reference of some of the questions found on the required forms. It includes the form number, name of form, and an explanation of specific requirements and/or attachments needed for specific forms. This is not an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.

### Licensure

**Hospice Facility**

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 200</td>
<td></td>
<td>Licensure &amp; Certification Application (H&amp;S Code, Section 1339.41) <strong>Note:</strong> Please read the instructions on the HS 200 form prior to completion of the form. The items listed below are the most common items that are not completed correctly – however, these are not all of the items listed on each form.</td>
<td></td>
</tr>
</tbody>
</table>
| A.3.   |        | Amount of Fee Enclosed.  
- A fee is also required for additional hospice sites.  
[H&S Code, Section 1748(a)] | |
| A.4.c. |        | 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. | |
| A.5.o. |        | Facility Type.  
- Enter “Hospice Facility” | |
| A.9.   |        | Age range of clients.  
- Age range needed especially for pediatric hospice. | |
| A.10.  |        | Days and hours of operation | |
| B.1.   |        | Licensee’s name.  
- The licensee’s formal organization name must be consistent throughout all documents. | |
### Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
</table>
| HS 200 (cont.) | B.3. | 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:  
- Applicant’s owners, directors, board members, corporate officers, LLC members/managers, and partners.  
- Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating – see B.6. |          |
|        | B.5.a. | Licensee’s “other” Facility Involvement.  
- Answer all aspects of the question. |          |
|        | B.5.b. | Revocation, suspension, etc. action.  
- If applicable to the licensee, submit the information requested. |          |
- If there is a “subsidiary” (parent company) submit:  
  - An organization chart with the parent company name.  
  - A listing of all owners, directors, board members, corporate officers, LLC members/managers, and partners of the parent company.  
  - A listing of all facilities the parent company is operating. |          |
|        | C.1.b. | “Interim” Management Agreement.  
**Note if CHOW:** If there is an “interim” Management Agreement, between the current and the prospective licensee, submit a signed and dated copy of Agreement. |          |
|        | C.2. | Name of “proposed” and “current” facility.  
- Enter both hospice names if this is a CHOW. The applicant may insert the corporate name if there is no hospice name. |          |
### Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
</table>
| HS 200 (cont.) | C.3. | Address of "proposed" facility, agency or clinic.  
  - List the address of the parent hospice first.  
  - The additional hospice site addresses must be listed after the parent address. They do not need a separate license.  
    [H&S Code, Section 1748(a)]  
  - A “licensed” HHA and a “licensed” freestanding hospice cannot be located at the same office.  
  - A “licensed & certified” HHA and a “certified-only” hospice program can be located in the same office. | N/A |
|        | C.6.a. | Name of Administrator and date of hire.  
  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 Quality Hospice Care (SQHC) Section 5.1, Administration] | FYI |
|        | C.6.b. | Director of Nursing and date of hire.  
  - Submit their resume.  
  [SQHC, Section 5.3, Director of Patient Care Services] | |
|        | C.7. | Ownership.  
  - List all individuals having 5% or more ownership, unless “nonprofit”. | |
|        | D.1. | 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. | |
|        | D.2. |  |
|        | 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). | |
## Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 215A</td>
<td></td>
<td>Applicant Individual Information [H&amp;S Code, Sections 1748(b), 1749(a)(1), and 1755(a)]</td>
<td></td>
</tr>
</tbody>
</table>

**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. Include any other required documents requested.

### Applicant Organization
- For each individual having a beneficial interest of 5% or more in the applicant organization (list their ownership percentages).
- For directors, board members, corporate officers, LLC Members/Managers, and partners of the applicant organization.

### Parent Company
- For each individual having a beneficial interest of 5% or more in the parent company (list their ownership percentages).
- For directors, board members, corporate officers, LLC Members/Managers, and partners of the applicant organization, and parent company.

### Management Company
- For each individual having a beneficial interest of 5% or more in the management company (list their ownership percentages).
- For directors, board members, corporate officers, LLC Members/Managers, and partners of the applicant organization, and management company.

### Administrator and Designee of the Facility
- “Resume” for the Administrator
- Copy of Governing Body signed written statement verifying their appointment.

### Director of Patient Care Services (DPCS) and Designee
- DPCS and Designee’s “Resume”.
- Copy of DPCS and Designee’s professional license.

### Employment/Business Summary.
- A resume or attachment will be acceptable in lieu of Section “D”.

### Signature
- Original “signature” is required on this form.
## Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
</table>
| HS 215A (cont.) | Fac Info Sheet | If applicable, each individual must complete and submit the “Facility Information Sheet” for each facility and/or hospice with which they have a current or past relationship within the last 3 years. The following must be completed for each facility and/or hospice:  
  - Facility name and address  
  - Type of facility  
  - Type of business entity (include EIN #)  
  - Individual’s nature and dates of involvement  
  - This sheet must also include any facilities licensed by the California Department of Social Services. |            |
| HS 309 1st page | Administrative Organization | 2. Administrator of Corporation or LLC  
  - This is usually the CEO/President. **Note:** This form is N/A for sole proprietor.  
  3. – 7. Corporations need to submit:  
    - Copy of the 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 – submit the HS 215A form for each individual listed under this item.  
  LLCs need to submit:  
    - Copy of the Filing Statement from CA Secretary of State (only required if Articles of Organization are not endorsed by the CA Secretary of State).  
    - Copy of all Articles of Organization (endorsed by CA Secretary of State).  
    - Copy of Operating Agreement.  
    - List of Members / Holders / Officers / Managers – submit the HS 215A form for each individual listed under this item.  
  9. Governing Board of Directors.  
    - Enter the number of board members or LLC members/holders  
    - Submit a list of the board of directors or the LLC members/holders. |            |
**Application Request for an Hospice Facility**

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
</table>
| HS 309 1st page (cont.) | 10. | Board Officers.  
• Enter the names of the board officers or the LLC officers/managers. | |
| HS 309 2nd page | Organizational Structure | | |
| | 1. | California Out-of-State Corporations, LLC, etc.  
• Submit a copy of the Certificate of Qualification from the California Secretary of State | |
• Submit a copy of the signed Resolution | |
| | 5. | Corporations and Partnerships need to complete. N/A for nonprofit. | |
| Bottom of page | Partnerships need to submit:  
• A copy of the Partnership Agreement  
• Copy of the CA Secretary of State filing if applicable | | |

**Hospice Services**

Must provide, or make provisions for the basic services listed below: (H&S Code, Sections 1749(b)(1) through (b)(7) and SQHC, Section 2.1. Services Provided)

All services provided by the additional hospice sites and parent hospice are the responsibility of the parent hospice. [H&S Code, Section 1746(n)]

Services for additional sites have to be the same as their parent. [H&S Code, Section 1746(k)]

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

**CMS 417**

Hospice Request for Certification in the Medicare Program

If this freestanding 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.
## Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geog. Areas</td>
<td></td>
<td>Geographic areas of hospice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit a list of geographical areas (including cities, counties &amp; zip codes) to be served. This is required because a provider of Hospice services cannot serve “all” of California.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• So we may verify, the service area documented on page 23 of the CMS-855 application must be submitted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospices must obtain prior approval of an expansion of their geographic service area from CMS, and the L&amp;C Program.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submit web-based map reflecting the distance between the parent and the additional hospice site, if this is an additional hospice site.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional hospice sites cannot establish a new additional site outside of the hospice’s approved geographic service area.</td>
<td>N/A</td>
</tr>
<tr>
<td>CHOW</td>
<td></td>
<td>Change of Ownership</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit all of the forms required for an “initial” application, listed above plus</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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, B, 3. g.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Copy of “Purchase Agreement” or “Operating Transfer Agreement”.</td>
<td></td>
</tr>
</tbody>
</table>
A “certified” Hospice has to be separately licensed as a Hospice. The following forms and information are required for Medi-Cal certification.

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.

Once the hospice has become certified for Medicare, they may provide services to Medi-Cal beneficiaries, if requested.

The hospice is required to be licensed prior to seeking certification status.

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 328</td>
<td></td>
<td>Notice – Effective Date of Provider Agreement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</td>
<td></td>
</tr>
<tr>
<td>DHCS 9098</td>
<td></td>
<td>Medi-Cal Provider Agreement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Do not leave any questions blank. Enter N/A or “same” if not applicable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The “mailing address” must be the same as reported on the HS 200 form, page 3, Item 4.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Signature page (page 9) must be notarized.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit the “Acknowledgement” page from the Notary Public, if applicable.</td>
<td></td>
</tr>
<tr>
<td>CMS 417</td>
<td></td>
<td>Hospice Request for Certification in the Medicare Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If applying for both Medi-Cal and Medicare certification, only need one copy of this form.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete this form as indicated.</td>
<td></td>
</tr>
</tbody>
</table>
A “certified” Hospice has to be separately licensed as a Hospice. The following and information are required for Medicare certification.

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description Hospice Facility</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 328</td>
<td></td>
<td>Notice – Effective Date of Provider Agreement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</td>
<td></td>
</tr>
<tr>
<td>CMS 417</td>
<td></td>
<td>Hospice Request for Certification in the Medicare Program (H&amp;S Code, Section 1749.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If applying for both Medi-Cal and Medicare certification, only need one copy of this form.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete this form as indicated.</td>
<td></td>
</tr>
<tr>
<td>CMS 643</td>
<td></td>
<td>Hospice Survey and Deficiencies Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete the top of the 1st page. The remainder will be completed during the survey.</td>
<td></td>
</tr>
<tr>
<td>CMS 855A</td>
<td></td>
<td>Medicare General Enrollment Health Care Provider/Supplier Application</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This application is from the Federal Department of Health and Human Services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This application is required for “initial” and “CHOW” applications.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The completed application should be mailed directly to the appropriate Fiscal Intermediary</td>
<td></td>
</tr>
</tbody>
</table>

Additional Hospice sites:
• This application is from the Federal Department of Health and Human Services.
• The completed application should be mailed directly to the appropriate Fiscal Intermediary.
• The addition of an additional hospice sites must have prior approval from Centers for Medicare and Medicaid Services (CMS) for certification of a hospice.
• CMS will determine if the Conditions of Participation continue to be met with the addition of the new additional hospice site.
## Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS 1561</td>
<td></td>
<td>Health Insurance Benefit Agreement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit two (2) signed copies with “original” signatures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Initial Application: Sign the top signature block entitled “Accepted for the Provider of Services By.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CHOW: Sign the bottom signature block entitled “Accepted For The Successor Provider of Services By.”</td>
<td></td>
</tr>
<tr>
<td>OMB No. 0990-0243</td>
<td></td>
<td>Civil Rights Information Request for Medicare Certification</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>These items will be reviewed and approved by OCR.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete and “sign” form (original signature).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit all of the documents required on Part 11 of this OMB form. All of these documents need to be “identified” by the corresponding number on the OMB form. The first document required is the HHS 690 form below.</td>
<td></td>
</tr>
<tr>
<td>HHS 690</td>
<td></td>
<td>Assurance of Compliance [42 CFR, Section 489.10(b)]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit 1 copy. This HHS 690 form is the first document required to be submitted on the above OMB No. 0990-0243 form.</td>
<td></td>
</tr>
</tbody>
</table>
Application Request for an Hospice Facility

Applicant Checklist

The following is a quick reference of some of the questions found on the required forms. It includes the form number, name of form, and an explanation of specific requirements and/or attachments needed for specific forms. This is not an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.

**Licensure**

**Additional Sites**

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 200</td>
<td></td>
<td>Licensure &amp; Certification Application (H&amp;S Code, Section 1339.41) <strong>Note:</strong> Please read the instructions on the HS 200 form prior to completion of the form. The items listed below are the most common items that are not completed correctly – however, these are not all of the items listed on each form.</td>
<td></td>
</tr>
</tbody>
</table>
|        | A.3.   | Amount of Fee Enclosed.  
- A fee is also required for additional hospice sites. [H&S Code, Section 1748(a)] | |
|        | A.4.c. | 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. | |
|        | A.5.o. | Facility Type.  
- Enter “Hospice Facility” | |
|        | A.9.   | Age range of clients.  
- Age range needed especially for pediatric hospice. | |
|        | A.10.  | Days and hours of operation | |
|        | B.1.   | Licensee’s name.  
- The licensee’s formal organization name must be consistent throughout all documents. | |
### Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
</table>
| HS 200 (cont.) | B.3. | 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:  
  - Applicant’s owners, directors, board members, corporate officers, LLC members/managers, and partners.  
  - Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating – see B.6. | |
| | B.5.a. | Licensee’s “other” Facility Involvement.  
- Answer all aspects of the question. | |
| | B.5.b. | Revocation, suspension, etc. action.  
- If applicable to the licensee, submit the information requested. | |
- If there is a “subsidiary” (parent company) submit:  
  - An organization chart with the parent company name.  
  - A listing of all owners, directors, board members, corporate officers, LLC members/managers, and partners of the parent company.  
  - A listing of all facilities the parent company is operating. | |
| | C.1.b. | “Interim” Management Agreement.  
- **Note if CHOW:** If there is an “interim” Management Agreement, between the current and the prospective licensee, submit a signed and dated copy of Agreement. | |
| | C.2. | Name of “proposed” and “current” facility.  
- Enter both hospice names if this is a CHOW. The applicant may insert the corporate name if there is no hospice name. | |
| | C.3. | Address of “proposed” facility, agency or clinic.  
- List the address of the parent hospice first.  
- The additional hospice site addresses must be listed after the parent address. They do not need a separate license. ([H&S Code, Section 1748(a)]  
  - A “licensed” HHA and a “licensed” freestanding hospice cannot be located at the same office.  
  - A “licensed & certified” HHA and a “certified-only” hospice program can be located in the same office. | |
<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description Hospice Facility - Additional Sites</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 200 (cont.)</td>
<td>C.6.b.</td>
<td>Director of Nursing and date of hire. • Submit their resume. SQHC, Section 5.3, Director of Patient Care Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C.7.</td>
<td>Ownership. • List all individuals having 5% or more ownership, unless “nonprofit”.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D.1. D.2.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F.1.</td>
<td>Signature. [H&amp;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).</td>
<td></td>
</tr>
</tbody>
</table>

**Hospice Services**

Must provide, or make provisions for the basic services listed below: (H&S Code, Sections 1749(b)(1) through (b)(7) and SQHC, Section 2.1. Services Provided)

All services provided by the additional hospice sites and parent hospice are the responsibility of the parent hospice. [H&S Code, Section 1746(n)]

Services for additional sites have to be the same as their parent. [H&S Code, Section 1746(k)]

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

**Geog. Areas**

Geographic areas of hospice

• Submit web-based map reflecting the distance between the parent and 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.
**Medicare Certification**  
**Hospice – Additional Sites**

A “certified” Hospice has to be separately licensed as a Hospice. The following and information are required for Medicare certification.

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description Hospital Facility - Additional Sites</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS 643</td>
<td></td>
<td>Hospice Survey and Deficiencies Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete the top of the 1st page. The remainder will be completed during the survey.</td>
<td></td>
</tr>
<tr>
<td>CMS 855A</td>
<td></td>
<td>Medicare General Enrollment Health Care Provider/Supplier Application</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This application is from the Federal Department of Health and Human Services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This application is required for “initial” and “CHOW” applications.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The completed application should be mailed directly to the appropriate Fiscal Intermediary</td>
<td></td>
</tr>
</tbody>
</table>

Additional Hospice sites:

- This application is from the Federal Department of Health and Human Services.
- The completed application should be mailed directly to the appropriate Fiscal Intermediary.
- The addition of an additional hospice sites must have prior approval from Centers for Medicare and Medicaid Services (CMS) for certification of a hospice.
- CMS will determine if the Conditions of Participation continue to be met with the addition of the new additional hospice site.
### Application Request for an Hospice Facility

<table>
<thead>
<tr>
<th>Form #</th>
<th>Item #</th>
<th>Description</th>
<th>Check List</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS 1561</td>
<td></td>
<td>Health Insurance Benefit Agreement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit two (2) signed copies with &quot;original&quot; signatures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Initial Application: Sign the top signature block entitled “Accepted for the Provider of Services By.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CHOW: Sign the bottom signature block entitled “Accepted For The Successor Provider of Services By.”</td>
<td></td>
</tr>
<tr>
<td>OMB No. 0990-0243</td>
<td></td>
<td>Civil Rights Information Request for Medicare Certification</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>These items will be reviewed and approved by OCR.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete and “sign” form (original signature).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit all of the documents required on Part 11 of this OMB form. All of these documents need to be “identified” by the corresponding number on the OMB form. The first document required is the HHS 690 form below.</td>
<td></td>
</tr>
<tr>
<td>HHS 690</td>
<td></td>
<td>Assurance of Compliance [42 CFR, Section 489.10(b)]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit 1 copy. This HHS 690 form is the first document required to be submitted on the above OMB No. 0990-0243 form.</td>
<td></td>
</tr>
</tbody>
</table>