

The MARYLAND
HEALTH CARE COMMISSION
Maryland Department of Health and Mental Hygiene

MARYLAND HOSPICE SURVEY

Martin O'Malley, Governor

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SECTION A - IDENTIFICATION AND CONTACT INFORMATION

Agency Name:

Street:

City:

County:

Select County

Zip:

Name of Administrator:

Agency Telephone #

Contact Person:

Contact Email:

Contact Telephone Number:

Did your agency change name(s) during this reporting period? Yes

If yes, provide the former name of the agency and the effective date of change.

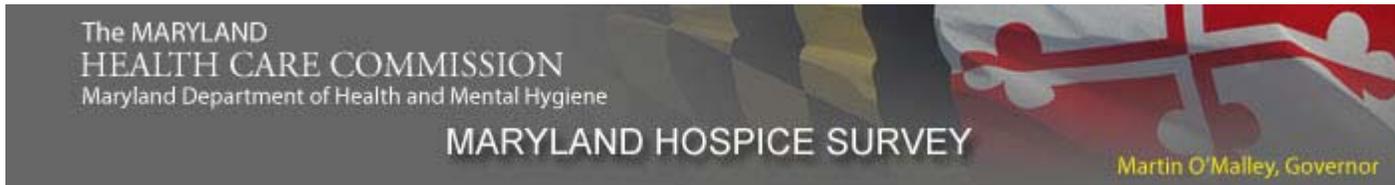
Former Name:

Effective Date of Change: Month Select Month Day Select Day

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SECTION B - PROGRAM DEMOGRAPHICS

B1. LICENSE TYPE

Choose one

B2. AGENCY TYPE

Choose one

B3. OWNERSHIP

Choose one

B4. TAX STATUS

Choose one

Did your agency change ownership during FY2010? Yes

If yes, name of the former and current owners and the effective date of change:

Former Owner:

Current Owner:

Month Select Month Day Select Day

B5. GEOGRAPHIC AREA SERVED

Choose one

B6. MULTIPLE LOCATIONS

Does your agency have multiple locations? (this includes agencies outside of MD) Yes

If yes, please indicate the address where each is located

	Address	City	County	State	Zip
Headquarters	<input type="text"/>	<input type="text"/>	Select	Select	<input type="text"/>
Location 1	<input type="text"/>	<input type="text"/>	Select	Select	<input type="text"/>
Location 2	<input type="text"/>	<input type="text"/>	Select	Select	<input type="text"/>
Location 3	<input type="text"/>	<input type="text"/>	Select	Select	<input type="text"/>

Does your agency have multiple Maryland locations? Yes

If yes, please indicate which locations are reported together in this survey (including headquarters)

	and	

B7. MEDICARE CERTIFIED FOR HOSPICE

Is your agency Medicare certified for hospice? Yes

If yes, please enter your agency's Medicare provider number:

If yes, please enter your National Provider Identifier(s) (NPI):

B8. MEDICAID CERTIFIED FOR HOSPICE

Is your agency Medicaid certified for hospice? Yes

If yes, please enter your agency's Medicaid provider number:

B9. ACCREDITATION STATUS

Accredited by:

- ACHC
- CHAP
- JCAHO
- If other, please list:
- Not accredited

B10. FISCAL YEAR FOR DATA

a. Please indicate the last day of your agency's 2010 fiscal year:

Month Select Month Day Select Day 2010

b. Does the date reported in this survey represent a full 12-month fiscal year period? Yes

c. If the data submitted in this survey does not represent a full 12-month fiscal year, indicate the number of months represented:

B11. INPATIENT AND RESIDENTIAL FACILITIES

To qualify as an inpatient unit or residential facility, a facility must meet ALL of the following criteria:

- 1) consist of one or more beds that are owned or leased by the hospice
- 2) be staffed by hospice staff, and
- 3) have major policies and procedures set by the hospice

a. Does your hospice operate an inpatient facility that provides inpatient, respite and/or residential care?
 No

- b. Does your hospice operate a residential facility that provides only residential care?

No

For the remainder of survey, include all patients in inpatient or residential facilities in totals, **unless the question clearly requests separate information for home care and inpatient/residential programs.**

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SECTION C - PATIENT VOLUME

C1a. PATIENT VOLUME BY COUNTY 2010 .

Please complete the following, including totals, for each county you serve in FY
Columns, C, D, E, F, and G are admissions by point of hospice entry. Please read the descriptions below.

Number of Home-based Hospice Admissions (Column C): Include only unduplicated, first time hospice admissions of a patient residing in a private home (excluding residential or nursing home setting).

Number of Inpatient Hospice Admissions (Column D): Include only unduplicated, first time hospice admissions of a patient to a facility providing general or respite inpatient care (including an IP unit, facility or hospital contract).

Number of Residential Hospice Admissions (Column E): Include only unduplicated, first time hospice admissions of a patient to a hospice-owned residence providing routine/continuous home care (excluding a nursing home or assisted living facility).

Number of Nursing Home Hospice Admissions (Column F): Include only unduplicated, first time hospice admissions of a patient residing in a skilled nursing facility.

Number of Assisted Living Hospice Admissions (Column G): Include only unduplicated, first time hospice admissions of a patient residing in an assisted living facility.

Note: Please remove zero in front of any number to get correct calculation.

A	B	C	D	E	F	G	H	I	J
County of Residence	# of Carry Over Patients	Point of Hospice Entry # of unduplicated, first time admissions of a patient residing in a private home	Point of Hospice Entry # of unduplicated, first time admissions of a patient to a facility providing general or respite inpatient care	Point of Hospice Entry # of unduplicated, first time admissions of a patient to a hospice-owned residence providing routine/continuous home care	Point of Hospice Entry # of unduplicated, first time admissions of a patient residing in a skilled nursing facility	Point of Hospice Entry # of unduplicated, first time admissions of a patient residing in an assisted living facility	Total # of Patients Served (Columns B through G)	# of Deaths (all settings)	# of Non-death discharges (all settings)
01 Allegany	3	0	0	0	0	0	3	0	0
02 Anne Arundel	0	4	0	0	0	0	4	0	0
30 Baltimore City	0	0	0	0	0	0	0	0	0
03 Baltimore County	0	0	0	0	0	0	0	0	0
04 Calvert	0	0	0	0	0	0	0	0	0
05 Caroline	0	0	0	0	0	0	0	0	0

06 Carroll	0	0	0	0	0	0	0	0	0
07 Cecil	0	0	0	0	0	0	0	0	0
08 Charles	0	0	0	0	0	0	0	0	0
09 Dorchester	0	0	0	0	0	0	0	0	0
10 Frederick	0	0	0	0	0	0	0	0	0
11 Garrett	0	0	0	0	0	0	0	0	0
12 Harford	0	0	0	0	0	0	0	0	0
13 Howard	0	0	0	0	0	0	0	0	0
14 Kent	0	0	0	0	0	0	0	0	0
15 Montgomery	0	0	0	0	0	0	0	0	0
16 Prince George's	0	0	0	0	0	0	0	0	0
17 Queen Anne's	0	0	0	0	0	0	0	0	0
18 St. Mary's	0	0	0	0	0	0	0	0	0
19 Somerset	0	0	0	0	0	0	0	0	0
20 Talbot	0	0	0	0	0	0	0	0	0
21 Washington	0	0	0	0	0	0	0	0	0
22 Wicomico	0	0	0	0	0	0	0	0	0
23 Worcester	0	0	0	0	0	0	0	0	0
Other States									
40 Delaware	0	0	0	0	0	0	0	0	0
79 District of Columbia	0	0	0	0	0	0	0	0	0
44 Pennsylvania	0	0	0	0	0	0	0	0	0
66 Virginia	0	0	0	0	0	0	0	0	0
56 West Virginia	0	0	0	0	0	0	0	0	0
88 All Other States/Foreign Countries	0	0	0	0	0	0	0	0	0
Total	3	4	0	0	0	0	7	0	0

Click to Compute Totals for each Column

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SECTION C - PATIENT VOLUME (Continued)

Note: Please remove zero in front of any number to get correct calculation.

C1b. PATIENT VOLUME BY COUNTY

County of Residence	Re-Admissions during 2010	Re-Admissions from years prior to 2010	Prognosis Extended	Non-Death discharges					Other
				Patient desired curative treatment	Patient refused service	Patient moved out of area	Transferred to another local hospice	Discharges by hospice for cause	
01 Allegany	0	0	0	0	0	0	0	0	0
02 Anne Arundel	0	0	0	0	0	0	0	0	0
30 Baltimore City	0	0	0	0	0	0	0	0	0
03 Baltimore County	0	0	0	0	0	0	0	0	0
04 Calvert	0	0	0	0	0	0	0	0	0
05 Caroline	0	0	0	0	0	0	0	0	0
06 Carroll	0	0	0	0	0	0	0	0	0
07 Cecil	0	0	0	0	0	0	0	0	0
08 Charles	0	0	0	0	0	0	0	0	0
09 Dorchester	0	0	0	0	0	0	0	0	0
10 Frederick	0	0	0	0	0	0	0	0	0
11 Garrett	0	0	0	0	0	0	0	0	0
12 Harford	0	0	0	0	0	0	0	0	0
13 Howard	0	0	0	0	0	0	0	0	0
14 Kent	0	0	0	0	0	0	0	0	0
15 Montgomery	0	0	0	0	0	0	0	0	0
16 Prince George's	0	0	0	0	0	0	0	0	0
17 Queen Anne's	0	0	0	0	0	0	0	0	0
18 St. Mary's	0	0	0	0	0	0	0	0	0
19 Somerset	0	0	0	0	0	0	0	0	0
20 Talbot	0	0	0	0	0	0	0	0	0
21 Washington	0	0	0	0	0	0	0	0	0
22 Wicomico	0	0	0	0	0	0	0	0	0
23 Worcester	0	0	0	0	0	0	0	0	0
Other States									
40 Delaware	0	0	0	0	0	0	0	0	0

79 District of Columbia	0	0	0	0	0	0	0	0	0
44 Pennsylvania	0	0	0	0	0	0	0	0	0
66 Virginia	0	0	0	0	0	0	0	0	0
56 West Virginia	0	0	0	0	0	0	0	0	0
88 All Other States/Foreign Countries	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

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SECTION C - PATIENT VOLUME (Continue)

C2. REFERRALS

A referral is defined by one or more of the following:

1. A request for assessment for possible admission to hospice from a physician, case manager, discharge planner, health care organization, or equivalent;
2. Contact by a patient, or family or friend of a patient, that identifies a specific patient who may need hospice care.

NOTE: The definition here is intentionally broader and is intended to capture all calls and contacts that identify a potential hospice patient.

Note: For various reasons, hospices usually do not admit all patients who are referred for care. Therefore, the number of referrals is rarely the same as the number of admissions. A value entered for number of referrals that is the same as the value entered for new admissions will be excluded from the data analysis.

Total number of referrals received in FY 2010:

REFERRAL SOURCES

Provide the number of referrals from the following sources:

Physician	<input type="text" value="0"/>
Hospital (includes discharge planners)	<input type="text" value="0"/>
Skilled Nursing Facility	<input type="text" value="0"/>
Assisted Living Facility	<input type="text" value="0"/>
Home Health Agency	<input type="text" value="0"/>
Self/Family/Friend	<input type="text" value="0"/>
Other	<input type="text" value="0"/>

C3. AVERAGE DAILY CENSUS

Please review the definitions and calculation examples carefully before completing the following data for FY 2010.

A. Average Daily Census (ADC) Patients per Day:

- Divide the total patient days by 365
- Example: You provided a total of 12,775 patient days for all levels of care. 12,775 divided by 365 days equals an ADC of 35 patients per day.

B. Average Length of Stay (ALOS) Days:

- Divide the total days of care provided to discharged patients by the total number of patients discharged.
- Example: 100 patients died or were discharged. Their total patient days from admission to discharge were

4200. ALOS = $4200/100 = 42$ days.

C. Median Length of Stay (MLOS) Days:

- The midpoint for all discharged patients (same population as for ALOS). Half of the patients have a LOS longer than the median and half of the patients have an LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3...). Find the score that falls in the exact middle of the list. This is the median length of stay.
- Example 1: Even number of patients: You have six patients that stayed the following number of days: 11, 2, 9, 5, 8, 4. Arrange the LOS scores from lowest to highest: 2, 4, 5, 8, 9, 11. The median will fall between the third and fourth number. In this case, 5 and 8. Add 5+8 and divide by 2. $(5+8)/2 = 6.5$. Therefore 6.5 is your median.
- Example 2: Odd number of patients: You have five patients with the following number of days: 8, 22, 3, 10, 22. Arrange the LOS scores from lowest to highest (3, 7, 8, 10, 22). The median length of stay is in the middle – 8 days.

D. Number of Patients Who Died or were Discharged in less than or equal to 7 days:

- Include the number of deaths for all patients who died with stays of 7 days or fewer

E. Number of Patients Who Died or were Discharged in greater than or equal to 180 days:

- Include the number of deaths for all patients who died with stays of 180 days or more.

C4. OTHER SERVICES OFFERED BY YOUR HOSPICE

In the table below, please check the type of program(s) you operated or were planning in FY 2010.

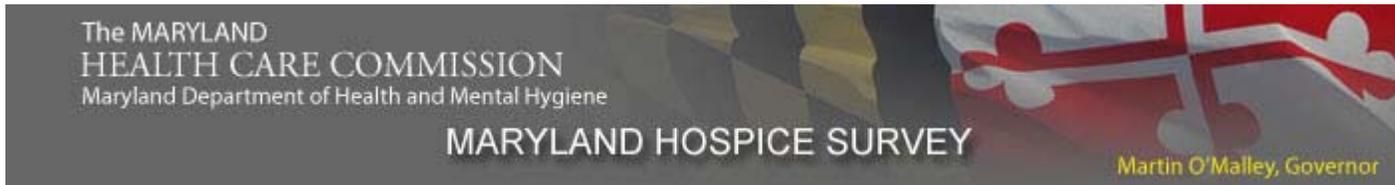
Do you have a hospice service delivery program outside the model of the Medicare Hospice Benefit?

No (If no, skip the remaining questions in this section)

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SECTION D - PATIENT DEMOGRAPHICS

Report the number (NOT %) of unduplicated, new admissions during FY2010 for each category in this section. Count each patient only one time. This means patients with multiple admissions in 2010 are included only once. Do not include carryovers or re-admissions. The total admissions in this section should equal total admissions in Section C (Column H minus B)

If your hospice did not admit patients in one or more of the age categories, enter 0 in the appropriate space.

D1.AGE

Use patient's age on the first day of admission.

a.	0-34	<input type="text"/>
	Less than 1 year	<input type="text"/>
	1-4 Years	<input type="text"/>
	5-14 Years	<input type="text"/>
	15-24 Years	<input type="text"/>
	25-34 Years	<input type="text"/>
b.	35-64 Years	<input type="text"/>
c.	65-74 Years	<input type="text"/>
d.	75-84 Years	<input type="text"/>
e.	85+ Years	<input type="text"/>
	Total	<input type="text"/>

D2.GENDER

Female	<input type="text"/>
Male	<input type="text"/>
Total	<input type="text"/>

D3.ETHNICITY

All patients served in 2010 should be categorized as Hispanic or non-Hispanic, and further categorized by Race below.

Hispanic, Latino, or Spanish Origin (as defined by U.S Census Bureau)	<input type="text"/>
Non-Hispanic	<input type="text"/>

Total

D4.RACE

American Indian or Alaskan Native

Black or African American

Asian

Hawaiian or Other Pacific Islander

White

Multiracial

Some other race or races

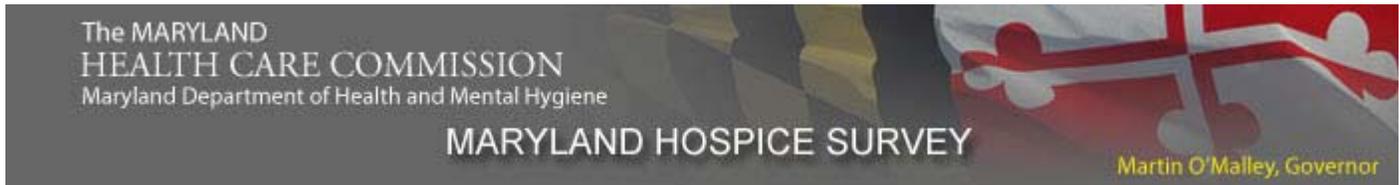
Unknown

Total

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SECTION D - PATIENT DEMOGRAPHICS (Continue)

If your hospice did not admit patients with disabilities or veterans, enter 0 in the appropriate space.

D5.SPECIAL POPULATIONS

a. Developmental Disabilities

Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. The developmentally disabled have problems with major life activities such as language, mobility, learning, self-help, and independent living. Developmental disabilities begin anytime up to 22 years of age and usually last throughout a person's lifetime.

Patients admitted in 2010 with developmental disabilities

b. Veterans

A Veteran is a male or female hospice patient who served in the U.S. armed forces. It is not necessary for a patient to receive hospice services through Veterans benefits to be counted as a veteran.

Patients admitted in 2010 who were Veterans

D6.NUMBER OF ADMISSIONS AND DEATHS BY LOCATION OF CARE

Report the number of unduplicated, new admissions, non-death discharges and deaths in each location during FY2010.

Admissions: Count each patient only one time. This means patients with multiple admissions in 2010 are included only once. **Do not include carryovers or re-admissions.**

The total admissions in this section should equal total admissions in Section C (Column H minus B).

Deaths: Total deaths in this section should equal total deaths in Section C (column I).

Non-Death Discharges:Total non-death discharges should equal total non-death discharges in Section C (column J)

Location	# of New Admissions	# of Non-Death Discharges	# of Deaths
Home-based Services			
Home Private residence of either the patient or caregiver	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Care Setting A residential care facility that is not run by the hospice (may be assisted living, boarding home, rest home, shelter, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Facility A licensed facility providing nursing and supportive services (may be the equivalent of either a skilled nursing facility or intermediate care facility)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Free-standing Hospice Residence A hospice residence and/or residence operated entirely by the hospice	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospital or Inpatient Services			

Hospice Unit An inpatient unit (one or more beds) operated by the hospice, and located in a facility operated by another entity (includes hospital, nursing home, and other)			
Hospital An acute care facility not operated by the hospice (may be a floating or scattered bed contract)			
Free-standing Hospice Inpatient Facility An inpatient facility operated entirely by a hospice			
Totals			

D7.NUMBER OF PATIENTS BY PRIMARY DIAGNOSIS

Please provide data for FY2010 regardless of pay source. Data provided should be based only on patient's primary diagnosis.

Admissions: Report the number of unduplicated new admissions in FY2010. Count each patient only one time. This means patients with multiple admissions in 2010 are included only once. **Do not include carryovers or re-admissions.** The total admissions in this section should equal total admissions in Section C (Column H minus B).

Deaths: Total deaths in this section should equal total deaths in Section C (column I).

Non-Death Discharges: Total non-death discharges should equal total non-death discharges in Section C (column J)

Patient Days: Include the total number of days services were provided for all patients who died or were discharged in 2010. Count ALL days for each patient, including days in years other than 2010.

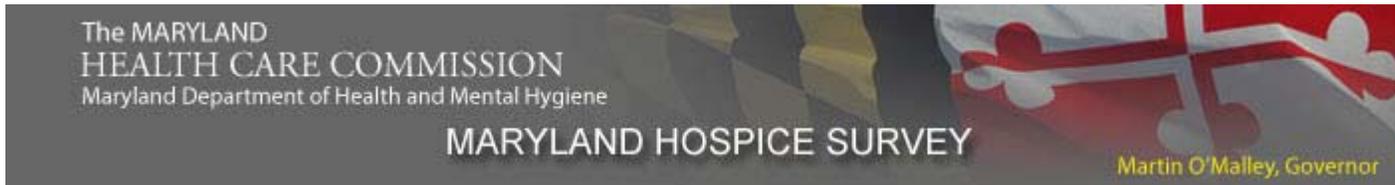
Primary Diagnosis	Comments	# of 2010 Admissions (unduplicated)	# of Deaths (regardless of admission year)	# of Non-Death Discharges (regardless of admission year)	Patient Days for patients who died or were discharged (regardless of admission year)
Cancer	Include all cancers				
Heart	All heart disease including CHF and primary sclerotic heart disease				
Dementia	Include Alzheimer's, vascular dementia, etc.				
Lung	COPD (emphysema) and other non-cancer lung diseases				
Kidney	End stage renal disease				
Liver	Cirrhosis advanced hepatitis, and other non-cancer liver disease				
HIV	All AIDS and HIV related conditions				
Stroke/Coma					
ALS					
Other Motorneuron	Include Parkinson's, Huntington's , MS				

Debility Unspecified/Adult Failure to Thrive	Include terminal debility, failure to thrive				
Other					
Totals					

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SECTION E - PROCESSES OF CARE

E1.VOLUNTEERS

Please provide the following information for FY2010.

The number of volunteers should be an unduplicated count, with no individuals included in more than one category, even if they engage in more than one type of volunteer service.

Sometimes volunteers participate in multiple types of activities, such as spending time with patients and assisting with fundraising mailings. If any of the activities performed by a volunteer involve direct contact with patients or families, the volunteer should be counted in the direct care category for the purposes of the survey, regardless of the proportion of time spend providing direct care.

Volunteer Hours: For those volunteers, who contributed hours in more than one volunteer service category, provide the number of hours for each category.

Do not include volunteer medical director hours when entering responses in this section. Medical director's volunteer hours should be entered in Section F: Productivity and Cost of Care. The table for Question F1 includes a category specifically for volunteer physicians.

Volunteers	Number	Hours	Visits
Direct Patient Care Volunteers* Direct patient care volunteers are defined as volunteers who spend time with patients and families			
Clinical Support Volunteers Clinical support volunteers are defined as volunteers who provide services, such as clerical duties, answering phones, or organizing supplies, that support patient care and clinical services Note: Direct Patient Care Volunteer hours and Clinical Support Volunteer hours combined meet the Medicare Condition of Participation (COP) requirement for volunteer time equal to 5% of patient care hours			NA
General Support Volunteers General support volunteers provide services, such as help with fundraising and serving as members of the board of directors, which make an overall contribution to the hospice. <i>General Support Volunteer hours do not contribute to the 5% Medicare requirement</i>			NA
All Hospice Volunteers* This includes all volunteers, including those not allowed under the Medicare Conditions of Participation (General Support Volunteers) above.			

*Direct Patient Care, Clinical Support, and General Support are separate categories of volunteers. The number and hours in the three categories should total to All Hospice Volunteers.

E2.BEREAVEMENT SERVICES

Please provide the following information for FY2010.

Information entered under Community Members should include bereavement services provided to individuals in the community who were NOT associated with a family member or friend admitted to hospice.

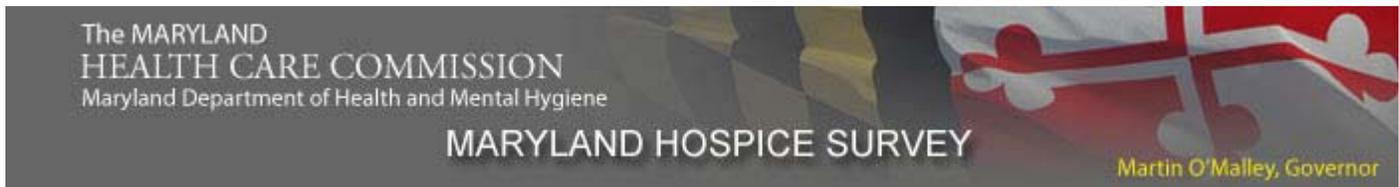
	Hospice Family Members	Community Members	Total
a. Total Number of Contacts by Visit Include any face-to-face one-to-one contact with individuals, regardless of setting. Do NOT include support group or camp services.			
b. Total Number of Contacts by Phone Call			
c. Total Number of Mailings to the Bereaved			
d. Total Number of Individuals who Received Bereavement Services* Include all individuals enrolled for bereavement, including those served through support groups and camps.			

* Total number of Individuals who received bereavement services (d) is not the sum of a through c

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SECTION F - PRODUCTIVITY AND COST OF CARE

Please complete the following for FY2010. **(Note: Section F1 must be completed by both general and limited license hospices)**

Complete Tables F1a. and F1b. using the following definitions and calculation instructions:

Definitions

Direct Care: Includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care, as distinct from supervision of other staff or program activities.

PRN Employees: also called “per diem” employees, are called upon to work when necessary without a commitment to work a specific number of hours for your agency. They may be available all of the time or they may be only available for certain days or times. However, they are not the same as part-time employees, even though they may routinely work on the same day or number of hours each week. A part-time employee is expected to work a certain number of hours each week, but there is no expectation for number of hours for a PRN employee.

Separation: a voluntary or involuntary termination of employment.

FTE: One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

Calculations

Total FTEs: Divide paid hours by 2080. Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried, and contract staff. Include On-Call in direct clinical nursing.

Separations: Do not include PRN employees in the calculation of total separations.

Note: Do not include inpatient staff when completing Section F, with the exception of Question F4. Data for inpatient staff should be entered in Section H.

F1a. STAFFING BY DISCIPLINE (Do not include inpatient staff)

	Total Home Hospice FTEs	Total Employees (on last day of FY2010, no PRN)	Total PRN Employees	Total Separations (all causes)
Nursing – Direct Clinical Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.				

Nursing – Indirect Clinical Include intake staff, educators, quality improvement, managers, and liaison nurses with clinical background, but who do not provide direct care.				
Social Services Include medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains or bereavement staff.</i>				
Hospice Aides Include both aides and homemakers				
Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. <i>Exclude volunteer physicians.</i>				
Physicians – Volunteer				
Chaplains				
Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists, and dietitians. <i>Do not include volunteers.</i>				
Bereavement Include all paid staff providing bereavement services, including pre-death grief support. Do not include volunteers.				

F1b.GENERAL STAFFING (Do not include time inpatient staff)

	Total Home Hospice FTEs	Total Employees (on last day of FY, no PRN)	Total PRN Employees	Total Separations (all causes)
Clinical Includes all direct care time.* This is the total of Direct Nursing, Social Services, Hospice Aides, Physicians, Chaplains, and Other Clinical. <i>Do not include bereavement services</i>				
Non-Clinical Include all administrative and general staff or contracted staff. <i>Indirect Nursing is NOT entered here.</i>				
Total Include all staff time. <i>This is the total of Clinical plus Non-Clinical plus Indirect Nursing plus Bereavement.</i>				

*Direct care includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel necessary for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care, as distinct from supervision of other staff or program direction activities

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SECTION F - PRODUCTIVITY AND COST OF CARE

F1c. VISITS BY DISCIPLINE (Do not include inpatient staff)

Please provide the following information for FY2010.

Count ALL visits, regardless of setting (hospital, nursing home, residential facility, etc.) *Do not count phone calls.*

	Total Visits
Nursing Include visits made by RNs and LPNs. Include call and after hours visits.	<input type="text"/>
Social Services Include visits made by medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains or bereavement staff.</i>	<input type="text"/>
Hospice Aides	<input type="text"/>
Physicians – Paid Include visits made by medical directors and other physicians providing direct care to patient. Exclude volunteer physicians.	<input type="text"/>
Physicians – Volunteer	<input type="text"/>
Chaplains	<input type="text"/>
Other Clinical Include any paid staff in addition to those captured above who make visits as part of direct care to patients or families. Include therapists, and dietitians. <i>Do not include volunteers or bereavement staff.</i>	<input type="text"/>

F2. CASELOADS (Do not include time inpatient staff)

(Note: This question must be completed by both general and limited license hospices).

Please provide average caseloads (NOT RANGE) for the following positions.

*Caseload is the number of patients for which a staff member has responsibility or to which she/he is assigned at a time.

	Caseload*
Primary Nurse, Nurse Case Manager	<input type="text"/>
Social Worker	<input type="text"/>
Hospice Aide	<input type="text"/>
Chaplain	<input type="text"/>

Note: Some disciplines, such as chaplains and social workers, may be responsible for contacting all patients and families, but visit only a proportion of them. In this situation, include **ONLY** those patients who receive visits in determining caseloads.

F3. ADMISSION MODEL

Does your agency utilize dedicated admission staff for a majority of the initial admission visits? **Yes**

F4. PHYSICIAN INVOLVEMENT (Include time on inpatient units)

Complete the table based on FY2010 using the following definition and calculation instructions:

Definition: Direct care includes all activities involved in care deliver, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care.

Calculation: Calculate the percentages based only on physician time devoted to hospice. If your hospice has more than one physician, consider all of their time combined as the base for the calculation. Percentage of Time column should add up to 100%.

Area	Percentage of Time
Hospice Clinical Direct patient care provided to patients enrolled in hospice.	<input type="text"/>
Palliative Clinical Direct patient care provided to patients NOT enrolled in hospice, but as part of services provided by hospice.	<input type="text"/>
Non-Clinical Administrative tasks, education, quality improvement, research, committee work, etc.	<input type="text"/>
Total	<input type="text"/>

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SECTION F - PRODUCTIVITY AND COST OF CARE

F5.COSTS (PART II)

Please provide a summary of cost data you submitted in your FY2010 Medicare Cost Report. Enter the data for each line number (at left) from your Medicare Cost Report Worksheet and Column noted at the top of each column below. Freestanding, hospital-based and home health-based hospice cost reports request the same information, but have different worksheet, column and line references. This survey contains references for the Free-standing Hospice Cost Report. If your costs are submitted to CMS on a hospital or home health cost report and you are having difficulty identifying the appropriate spaces for your responses, please call Linda Cole at 410-764-3337 with any questions concerning the Maryland Hospice survey. If she is unavailable, you may leave a message for her or email lcole@mhcc.state.md.us.

	Total Costs by Item Worksheet A, Column 10	Total Fully Loaded Costs Worksheet B, Column 7
General Service Cost Centers		
1. Capital Related Costs-Bldg and Fixtures		In this column, general service costs have been allocated, according to the method you selected, to the direct cost service centers below.) Do not include the values entered in rows 6.01, 6.02, and 6.03 when computing the sum of Totals Costs by Item
2. Capital Related Costs – Movable Equipment		
3. Plan Operation and Maintenance		
4. Transportation – Staff		
5. Volunteer Service Coordination		
6. Administrative and General		
----6.01 A and G Shared Costs		
----6.02 A and G Reimbursable Costs		
----6.03 A and G Non-reimbursable Costs		
Inpatient Care Service Costs Centers		
10. Inpatient – General Care		
11. Inpatient – Respite Care		
Visiting Services		
15. Physician Services		
16. Nursing Care		
17. Physician Therapy		
18. Occupational Therapy		
19. Speech/Language Pathology		
20. Medical Social Services – Direct		
21. Spiritual Counseling		

22. Dietary Counseling		
23. Counseling – Other		
24. Home Health Aides and Homemakers		
25. Other		
Other Hospice Service Cost Centers		
30. Drugs, Biologicals and Infusion		
31. Durable Medical Equipment/Oxygen		
32. Patient Transportation		
33. Imaging Services		
34. Labs and Diagnostics		
35. Medical Supplies		
36. Outpatient Services (incl. ER Dept)		
37. Radiation Therapy		
38. Chemotherapy		
39. Other		
Hospice Non-reimbursable Service		
50. Bereavement Program Costs		
51. Volunteer Program Costs		
52. Fundraising		
53. Other Program Costs		
100. Total Costs		

APPORTIONMENT STATISTICS

Worksheet S-1 Column 6

Please enter the numbers as submitted on your Medicare Cost Report Worksheet S-1, Column 6 on the lines noted

Line 11 – General Inpatient Days

Line 10 – Inpatient Respite Days

Line 12 – Total Patient Days

Cost Report Worksheet S-1 Column 1, on the lines noted.

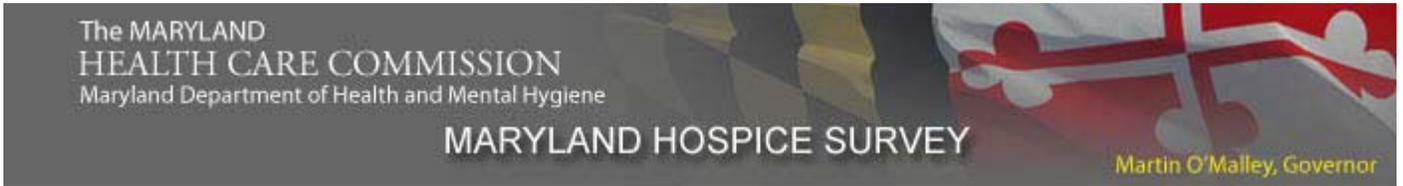
Line 14 – Continuous Care Hours

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SECTION G - REVENUE AND PAYER MIX

Please complete the following for FY2010.

G1.LEVEL OF CARE AND PAY SOURCE (PART II)

Number of Patients Served: Do not count re-admissions within the same payment source.

Please provide patient days for all patients served, including those in nursing facilities, during FY2009. Patients who changed primary pay source during FY2010 should be reported with the number of days of care recorded for each pay source (count each day only once even if there is more than one pay source on any given day).

Hospice Payment Source	Number of Patients Served	Days of Routine Home Care	Days of Inpatient Care	Days of Respite Care	Days of Continuous Care	Total Patient Care Days
a. Hospice Medicare						
b. Hospice General Medicaid						
c. Hospice Medicaid MCO						
d. Total Managed Care or Private Insurance (do not include Blue Cross)						
d1. Commercial Non-Managed Care Organization						
d2. Commercial Managed Care Organization						
e. Total Blue Cross						
e1. Blue Cross Non-Managed Care Organization						
e2. Blue Cross Managed Care Organization						
f. Self Pay						
g. Uncompensated/Charity Care						
h. Other*						
Totals						

*Other Payer Source may include but is not limited to Workers Comp, donations, etc.

G2 REVENUE (PART II)

This question does not correspond to cost centers in the Cost Report, therefore base responses on your accounting records, not your Cost Report submission. Responses should reflect gross revenue for FY2010.

Hospice Service

Revenue: Payment for services. Include all Medicare per diem payments for all levels of care, Medicaid, private insurance and private pay.

Expenses: Related to service delivery. Include reimbursable and non-reimbursable (bereavement and volunteer) program services.

Total Agency Fundraising

Revenue: Include grants, fundraising including capital campaign funds, bequests, memorial donations, United Way and other community support, as well as transfers from your hospice foundation, if any.

Expenses: Include any expenses related to fundraising.

Other

Revenue: Include revenue from palliative care, non-hospice patient care and other community services, nursing home room and board and pass-through costs, as well as interest or investment income.

Expenses: Related to palliative care, non-hospice patient care, and other community services.

Revenue Source	Revenue	Expenses
Hospice Service		
Total Agency Fundraising		
Other		
Overhead Expenses (administrative and general)	NA	

Total Revenue (include earned revenues, fundraising allocation from endowment, and other fundraising)	
Total Expenses	

G3 RECEIVABLES MANAGEMENT

Please provide the number of days your revenue is outstanding in accounts receivable. Multiply the total accounts receivable on the last day of your fiscal year by 365 and divide by your total Hospice Service Revenue.

Average Days Revenue Outstanding (A/R Days):

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The MARYLAND
HEALTH CARE COMMISSION
Maryland Department of Health and Mental Hygiene

MARYLAND HOSPICE SURVEY

Martin O'Malley, Governor

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COMMENTS

Please enter any additional information you would like us to have regarding your data.

If you have any comments or suggestions for future state surveys, please call us or note them here.

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