Maryland Health Care Commission
HOSPICE SURVEY PART 1
20YY
(Print version)

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 ▾]

SECTION B - PROGRAM DEMOGRAPHICS

B1. **LICENSE TYPE**
[Choose one ▾]

B2. **AGENCY TYPE**
[Choose one ▾]

B3. **OWNERSHIP**
[Choose one ▾]

Did your agency change ownership during FY 20YY? [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 ▾]

B4. **TAX STATUS**
[Choose one ▾]

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			Select ▾	Select ▾	
Location 1			Select ▾	Select ▾	
Location 2			Select ▾	Select ▾	
Location 3			Select ▾	Select ▾	

Does your agency have multiple Maryland locations? Yes ▾

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

	and	
	and	
	and	
	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
☐ Joint Commission
☐ If other, please list: _____
☐ Not accredited

B10. FISCAL YEAR FOR DATA
a. Please indicate the last day of your agency's 20YY fiscal year 20YY:
Month
Select Month ▾
Day Select Day ▾

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

a. Do you provide hospice care in a facility licensed and certified by Medicare as inpatient?
No ▾
b. Do you provide hospice care in a facility licensed by OHCQ as a Hospice House?
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.**

SECTION C - PATIENT VOLUME

C1a.   PATIENT VOLUME BY COUNTY 20YY .

Please complete the following, including totals, for each county you serve in FY20YY
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 a GIP 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 House 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.

		No. Counties:							
		Point of Hospice Entry # of unduplicated, first time hospice admissions of a patient:							
A	B	C	D	E	F	G	H	I	J
County of MD Residence, or other State, or or foreign countries	Carry Over Patients	Residing in a private home	To a facility providing general or respite inpatient care	To a hospice-owned residence providing routine/ continuous home care	Residing in a skilled nursing facility	Residing in an assisted living facility	Total # of Patients Served (Columns B through G)	# of Deaths (all settings)	# of Non-death discharges (all settings)
Select Jurisdiction ⌄									
			Add						

SECTION C - PATIENT VOLUME (Continued)

C1b.PATIENT VOLUME BY COUNTY

		No. Counties:				
			Non-Death discharges			
A	B	C	D	E	F	G
County of MD Residence, or other State, or or foreign countries	Re-Admissions during	Re-Admissions from years prior to	Patients discharged by hospice	Patient who withdrew from hospice	Patients transferred to another hospice	Other
Select Jurisdiction ⌄						
		Add				

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 20YY : [   ]

REFERRAL SOURCES

Provide the number of referrals from the following sources:

Physician	[ ]
Hospital (includes discharge planners)	[ ]
Skilled Nursing Facility	[ ]
Assisted Living Facility	[ ]
Home Health Agency	[ ]
Self/Family/Friend	[ ]
Other	[ ]

C3. AVERAGE DAILY CENSUS

Please review the definitions and calculation examples carefully before completing the following data for FY 20YY .

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.

SECTION D - PATIENT DEMOGRAPHICS

Report the number (NOT %) of unduplicated, new admissions during FY 20YY for each category in this section. Count each patient only one time. This means patients with multiple admissions in 2 include carryovers or re-admissions. The total admissions in this section should equal total admissions in Section C (Column H minus B), or

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

D1.   AGE and D2. GENDER
Use patient's age on the first day of admission.

D1. AGE

A County of MD Residence, or other State, or or foreign countries	<1 Year	1-12 Yrs	13-18 Yrs	19-20 Yrs	Total ≤20 Yrs	21-34 Yrs	35-64 Yrs	65-74 Yrs	75-84 Yrs	85+ Yrs	Total	Female
Select Jurisdiction ▼												

D3.   ETHNICITY and D4. RACE
All patients served in 20YY should be categorized as Hispanic or non-Hispanic, and further categorized by Race below.
All patients served in   should be categorized as Hispanic or non-Hispanic, and further categorized by Race below.

A County of MD Residence, or other State, or or foreign countries	D3. ETHNICITY			D4. RACE						
	Hispanic, Latino, or Spanish Origin (as defined by U.S Census Bureau)	Non-Hispanic	Total	American Indian or Alaskan Native	Black or African American	Asian	Hawaiian or Other Pacific Islander	White	Multiracial	Other
Select Jurisdiction ▼										

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 20YY 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 20YY who were Veterans [   ]

D6.NUMBER OF ADMISSIONS AND DEATHS BY LOCATION OF CARE BY LEVEL OF CARE
Report the number of unduplicated, new admissions, deaths, non-death discharges and patient days in each location and level during FY 20YY .

Admissions: Count each patient only one time. This means patients with multiple admissions in 20YY 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), or ( )

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

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

Total Patient Days should be reported by location and level of care for all patients who died or were discharged during FY 20YY . Patient Days should equal total patient days reported in Question D7

Location of Care and Level of Care	# of New Admissions	# of Deaths	# of Non-Death Discharges	Patient Days
Home Care				
Private Residence of either the patient or caregiver				
Assisted Living Facility				
Hospice House				
Nursing Home				
Other (Specify)				
Respite Care				
Nursing Home- with contractual relationship with general hospice				
Hospital with contractual relationship with general hospice				
Freestanding Inpatient Hospice Facility owned and operated by a general hospice*				
Other (specify)				
General Inpatient Care				
Hospital with contractual relationship with general hospice				
Nursing Home-with contractual relationship with general hospice				
Freestanding Inpatient Hospice facility owned and operated by a general hospice*				
Other (specify)				
Continuous Care				
Private Residence of either the patient or caregiver				
Assisted Living Facility				
Hospice House				
Nursing Home				
Other (Specify)				

*This includes facilities operating in building space leased by the general hospice if the space is located within a licensed health care facility, such as a hospital, nursing home, or assisted living facility.

D7. NUMBER OF PATIENTS BY PRIMARY DIAGNOSIS

Please provide data for FY 20YY regardless of pay source. Data provided should be based only on patient's primary diagnosis.

Admissions: Report the number of unduplicated new admissions in FY 20YY . Count each patient only one time. This means patients with multiple admissions in 20YY 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 20YY . Count ALL days for each patient, including days in years other than 20YY .

Total Patient Days should be reported by location and level of care for all patients who died or were discharged during FY 20YY . Patient Days should equal total patient days reported in Question D6

Primary Diagnosis ICD-10 Codes	Comments	# of 20YY 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)
Infectious or Parasitic Diseases (A00-899)	Include all sepsis				
Neoplasms (C00-D49)	Includes all cancers				
Diseases of the blood, blood forming organs and some disorders of the immune system (D50-089)	Includes anemia, HIV.				
Endocrine, nutriotional and metabolic diseases (E00-E89)	Includes protein/calorie malnutrition				
Mental, behavioral, and neurodevelopmental disorders (F01-F99)					
Disease of the nervous system (G00-G99)	Includes Dementia, Parkinson's, ALS				
Diseases of the Circulatory system (I00-I99)	Includes heart disease and stroke				
Diseases of the respiratory System (J00-I99)	Includes lung disorders				
Diseas of the digestive system (K00-K95)	Includes liver disorders				
Diseases of skin and subcutaneous tissue (L00-L99)					
Diseases of the musculoskeletal system and connective tissue					
Disease of the genitourinary system (N00-N99)	Includes kidney disorders				
Injury, poisoning, and certain other consequences of external causes (S00-T88)					
Other					
Totals					

SECTION E - PROCESSES OF CARE

E1.VOLUNTEERS

Please provide the following information for FY 20YY .

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. *General Support Volunteer hours do not contribute to the 5% Medicare requirement*			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 FY 20YY .

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

SECTION F - PRODUCTIVITY AND COST OF CARE

Please complete the following for FY 20YY . **(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 FY 20YY , 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.				
Nurse Practitioner Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.				
Social Services Include medical social services staff as defined by CMS for the cost report. *Do not include chaplains or bereavement staff.*				
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. *Exclude volunteer physicians.*				
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. *Do not include volunteers.*				
Bereavement Include all paid staff providing bereavement services, including pre-death grief support. Do not include volunteers.				

F1b.GENERAL STAFFING (Do not include Inpatient Staff Time)

	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. *Do not include bereavement services*				
Non-Clinical Include all administrative and general staff or contracted staff. *Indirect Nursing is NOT entered here.*				
Total Include all staff time. *This is the total of Clinical plus Non-Clinical plus Indirect Nursing plus Bereavement.*				

*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

F1c. VISITS BY DISCIPLINE (Do _not_ include inpatient staff)

Please provide the following information for FY 20YY .

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.	
Nurse Practitioner Include visits made by Nurses Practitioners whey they are serving as attending physician or performing a visit in compliance with the face-to-face encounter regulation	
Social Services Include visits made by medical social services staff as defined by CMS for the cost report. *Do not include chaplains or bereavement staff.*	
Hospice Aides	
Physicians – Paid Include visits made by medical directors and other physicians providing direct care to patient. Exclude volunteer physicians.	
Physicians – Volunteer	
Chaplains	
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. *Do not include volunteers or bereavement staff.*	

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	
Social Worker	
Hospice Aide	
Chaplain	

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. PHYSICIAN INVOLVEMENT (_Include_ time on inpatient units)

Complete the table based on FY 20YY 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.	
Palliative Clinical Direct patient care provided to patients NOT enrolled in hospice, but as part of services provided by hospice.	
Non-Clinical Administrative tasks, education, quality improvement, research, committee work, etc.	
Total	

SECTION H - INPATIENT FACILITY

NOTE: After entering a inpatient, please click on the SAVE button before adding another inpatient.
To add another inpatient, click on the ADD inpatient button on the bottom.
If you cannot get back to a inpatient using the drop-down, go back out to the MENU and enter Section H again and you will be able to select it.

H1. INPATIENT FACILITY INFORMATION

Facility Name [   ]

County [Select County ▾]

H2. Where is the inpatient facility sited?

[Select Inpatient Facility ▾]   If Other please specify: [   ]

H3. What level of care does the inpatient facility predominantly provide?

○ Routine Home Care

○ Continuous Care

○ Respite

○ General Inpatient Care

H4. How many beds is your facility licensed for?

Licensed Beds	[ ]	

H5. Patient Care Services

Please provide the following numbers of patients cared for in your facility

Level of Care	FY Total Admissions/ Transfers In	FY Deaths	FY All Live Discharges and Transfers Out from your facility	Patients Served	Patient Days for patients who died or were discharged in FY
General Inpatient					
Respite					
Routine					

H6. Did your program open during FY [Yes ▾]

If yes, please note first month of operation [Select Month ▾]

H7. Facility Staffing by Discipline

Complete the table using the following definition and calculation instructions:

Definition:
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.

Calculation:
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.

	Total Inpatient Facility FTEs
Nursing Include RNs and LPNs *Do **not** include supervisors or other clinical administrators unless a portion of their time is spent in direct care.*	[ ]
Nursing Practitioner Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner	[ ]
Social Services Include medical social services staff as defined by CMS for the cost report. *Do **not** include chaplains or bereavement staff*	[ ]
Hospice Aides	[ ]
Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. *Exclude volunteer physicians*	[ ]
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. *Do **not** include volunteers or bereavement staff.*	[ ]
Non-Clinical Include all administrative and general staff or contracted staff.	[ ]

SECTION I - HOSPICE HOUSE
NOTE: After entering a residence, please click on the SAVE button before adding another residence.
To add another residence, click on the ADD residence button on the bottom.
If you cannot get back to a residence using the drop-down, go back out to the MENU and enter Section I again and you will be able to select it.

[▾]

I1. Residential Facility Information

Facility Name [   ]

County [Select County ▾]

I2. Where is the residential facility sited?

[Select Residential Facility ▾]   If Other, please specify [   ]

I3. How many beds does the residential facility have? [   ]

I4. Patient Care Services

Total Admissions	
Deaths	
All Live Discharges	
Patients Served	
Patient Days for Patients who died or were discharged in FY 20YY	

I5. Did your program open during FY [Yes ▾]

If yes, please note first month of operation [Select Month ▾]

I6. Facility Staffing by Discipline

Complete the table using the following definition and calculation instructions:

Definition:
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.
Calculation:
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.

	Total Hospice House FTEs
Nursing Include RNs and LPNs *Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.*	
Nurse Practitioner Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.	
Social Services Include medical social services staff as defined by CMS for the cost report. *Do not include chaplains or bereavement staff*	
Hospice Aides	
Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. *Exclude volunteer physicians*	
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. *Do not include volunteers or bereavement staff.*	
Non-Clinical Include all administrative and general staff or contracted staff.	

Continue to Part 2

-
-
-
-

Part 1 Date Certified and Submitted: