

HOSPICE

Multiple Locations

The following information is required BEFORE we can submit a request to Centers for Medicare & Medicaid Services (CMS) Regional Office (RO) for approval of a hospice multiple location. The multiple location information needs to be submitted directly to our office (State Agency). We will then forward the information along with our information/recommendation to the RO.

The Hospice agency/provider may not bill Medicare/Medicaid for services provided from a multiple location office or site until CMS has approved the location. You will receive a written approval/denial from the RO directly, with a copy sent to our office. *You must also contact the fiscal intermediary for approval of a multiple location as well.*

Please be aware there may not be a reciprocal agreement between Wyoming and a surrounding state to provide hospice services across state lines. This lack of agreement precludes the provision of hospice service across state lines.

This request is for your Hospice provider and does not include approval of the provision of home health agency services from any additional location than what was currently been approved for any related HHA parent/provider

NAME OF PARENT PROVIDER: _____

ADDRESS OF PARENT: _____

PARENT PROVIDER #: _____

CONTACT PERSON NAME & PHONE NUMBER: _____

ITEM
Address of multiple location:
Phone number of multiple location:
What is the distance from parent to multiple location?
What geographic area is served by the parent location?
What geographic area will be served by the multiple location?
Has a CMS-855C been submitted to the Fiscal Intermediary (FI or MAC)? If so, what FI and when? Submit copy of FI response if received. If not, what is your plan for CMS-855C submittal?
Provide a roster of professional staff to include name, position, qualifications with applicable license/certification for each. (nursing, medical social services, aide/homemaker services, dietary, bereavement services, volunteer coordinator, etc.)
Will each multiple location have an exclusive/unique Hospice Medical Director (HMD)? If so, which HMD will assume overall responsibility for the medical component of the hospice's services? Submit name and credentials of HMD in parent office as well as for each multiple location.

Provide documentation as to how administration/supervision of multiple location by parent will occur.
Provide copies of the organizational lines of parent to multiple location
Provide documentation how the administration will be able to adequately manage the location and assure quality of care at the location.
Provide statement of assurance that all services provided at parent will also be provided by multiple location. Provide a list of services being provided. Explain how Hospice will ensure provision of core services at multiple location will be met. Attach copies of any contracts that you may have with other parties for services provided. How will management of the contractual agreements for services at multiple location be maintained by the parent office?
Provide documentation that each service location (parent and multiple location) will assure that all hospice care and services continue to be responsive to the needs of the patient/family at all times and in all settings, <u>including weather emergencies and road closures.</u>
Provide documentation to ensure each patient will be assigned to a specific IDG responsible for ongoing assessment, planning, monitoring, coordination and provision of care.
How will you ensure hospice services will be available at multiple location to meet the varied and changing needs of its patients on a 24/7 basis if needed.
Provide statement of assurance that all Conditions of Participation will be met.
Provide documentation to ensure the hospice medical director will assume overall responsibility for the medical component of the hospice's patient care program at all locations.
Provide documentation as to how patients' clinical records will be kept and managed.
If the Hospice team determined that for palliative treatment of severe, intractable pain the patient needed a surgical procedure or radiation, how would the multiple location provide this service?
Demonstrate the multiple location's ability/plan to provide bereavement services.
Submit completed license application and appropriate fee. Ensure the multiple location information is completed in appropriate section.

SUBMIT INFORMATION TO:

**Office of Healthcare Licensing and Surveys
Attn: Tammy Schmitt
400 Qwest Bldg., 6101 Yellowstone Road
Cheyenne WY 82002**