

# HOSPICE Multiple Locations

(Rev. 08/01/18)

The following information is required BEFORE we can add to your state license or submit a request to Centers of Medicare and 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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Checklist:

- \_\_\_\_\_ 1. Address of multiple location.
- \_\_\_\_\_ 2. Phone number of multiple location.

- \_\_\_\_\_ 3. What is the distance from parent to multiple location?
- \_\_\_\_\_ 4. What geographic area is served by the parent location?
- \_\_\_\_\_ 5. Has a CMS-855C been submitted to the MAC? If so, when? (The MAC must send their recommendation to us.)
- \_\_\_\_\_ 6. 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.)
- \_\_\_\_\_ 7. Provide documentation as to how administration/supervision of multiple location by parent will occur.
- \_\_\_\_\_ 8. Provide copies of the organizational lines of parent to multiple location
- \_\_\_\_\_ 9. Provide documentation how the administration will be able to adequately manage the location and assure quality of care at the location.
- \_\_\_\_\_ 10. 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.
- \_\_\_\_\_ 11. 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?
- \_\_\_\_\_ 12. 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, including weather emergencies and road closures.
- \_\_\_\_\_ 13. Provide documentation to ensure each patient will be assigned to a specific IDG responsible for ongoing assessment, planning, monitoring, coordination and provision of care.
- \_\_\_\_\_ 14. Provide statement of assurance that all Conditions of Participation will be met.
- \_\_\_\_\_ 15. 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. Include name and credentials.
- \_\_\_\_\_ 16. Provide documentation as to how patients' clinical records will be maintained, managed, protected and safeguarded against loss, destruction or unauthorized use.
- \_\_\_\_\_ 17. Contact Healthcare Licensing and Surveys via email (tammy.schmitt@wyo.gov) in regarding to any possible licensure application requirements.

**SUBMIT INFORMATION TO:** *Healthcare Licensing and Surveys; Attn: Tammy Schmitt;  
Hathaway Building, Suite 510, 2300 Capitol Avenue;  
Cheyenne WY 82002*