

**HOSPICE FACILITY
ADDITION OF MULTIPLE LOCATION**

The following information is required to add a multiple location to your state license and Centers of Medicare and Medicaid Services (CMS) federal certification for review and 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 the information and our recommendation to CMS.

The Hospice facility may not bill Medicare/Medicaid for services provided from a multiple location until CMS has approved the location. You will receive a written approval/denial from the CMS directly, with a copy sent to our office. *You must also contact the Medicare Administrative Contractor (MAC) for approval of a multiple location via the CMS-855A process. If you are a deemed provider, you must also notify your accrediting organization.*

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.

PARENT FACILITY NAME: _____

PHYSICAL ADDRESS OF PARENT: _____

PARENT PROVIDER NUMBER (CCN): _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Please mail or E-mail the following items to Healthcare Licensing and Surveys:

CHECK OFF	ITEM
	1. Name and physical address of multiple location.
	2. Phone number of multiple location.
	3. What is the distance from parent location to multiple location?
	4. What geographic area is served by the parent location?

	5. What geographic area is served by the multiple location?
	6. Provide a roster of professional staff to include name, position, qualification with applicable license/certification for each (nursing, medical social services, aide/homemaker services, dietary, bereavement services, volunteer coordinator, etc.)
	7. Provide documentation reflecting how the hospice will meet the ability of the governing body to manage the location.
	8. Provide documentation reflecting how the hospice will meet any changes made to the lines of authority, and professional and administrative control.
	9. Provide documentation reflecting how the hospice will meet the ability of the Medical Director to assume responsibility for the medical component of the hospice's patient care at all locations.
	10. Provide documentation reflecting how the hospice will meet the ability to monitor and exercise control over services provided by personnel under arrangements or contract at the multiple location.
	11. Provide documentation reflecting how the hospice will meet the changes in the IDG(s) providing hospice services.
	12. Provide documentation reflecting how the hospice will meet the changes in staffing or the client population, or both.
	13. Provide documentation reflecting how the hospice will meet the changes in the way clinical records are maintained, protected and safeguarded against loss, destruction or unauthorized use.
	14. Provide documentation reflecting how the hospice will assure all services provided at parent will also be provided by multiple location. Provide a list of services being provided. Explain how the hospice will ensure provision of core services at the multiple location will be met.
	15. Explain how the hospice will ensure provision of core services will be met at the multiple location. Attach copies of any contracts the hospice 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?
	16. 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>

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY	
Date:	Surveyor Assigned to Review:
Surveyor Recommendation Review Summary/Comments:	
Date	Surveyor Signature:
State Survey Agency Director/Administrator (or designee) Comments:	
Additional Information Needed: <input type="checkbox"/> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	
Date:	Signature:

(08/14/25)