

7. Attach a completed Hospice Request for Certification in the Medicare Program-CMS-417 (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS417.pdf>) (CMS-417 must be completed for all approved locations, including proposed site and parent site and must be labeled "ATTACHMENT #7").
8. Attach a copy of an organizational chart for the entire Hospice provider number (including parent and all extension sites) listing the names and titles of responsible individuals. (Chart must be labeled "ATTACHMENT #8").
9. Please describe the proposed site's patient intake point:

10. Please explain how the organization functions with a common organizational structure and what is the reporting structure for the delegation of authority and communication between the parent and multiple site(s):

11. Attach a list of all staff working at the parent site. Give the person's name, title, function and working hours (List must be labeled "ATTACHMENT #11")
12. Attach a list of all staff working at the proposed multiple location. Be sure to include the person's name, title, function and working hours for the new location (List must be labeled "ATTACHMENT #12")

13. Where is the location of employee hiring, training and orientation?

14. Explain how the parent location exerts supervisory and administrative control over the multiple location:

15. How will patient care services be coordinated between the parent site and the multiple location?

16. Describe how the Quality Assurance Process Improvement program will monitor quality of care at the proposed site:

17. Attach and label your policy directing the activities of the Interdisciplinary Group's activities at the parent and the multi-site location(s).

18. Who supervises (name and title) the day-to-day operations of the multiple location?

19. Where will patients receive inpatient services?

20. Describe how clinical records are protected and maintained at the proposed extension location. If an electronic medical record (EMR) is used, please describe your EMR system and how it interfaces with all sites:

Administrator Signature: _____ Date: _____

Contact Person Name:

Phone Number:

Email Address: