

HOSPICE DAYS OF CARE REPORT

Michigan Department of Health & Human Services

CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933

Phone: (517) 241-3344 - Fax (517) 241-2962

<p>AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is Voluntary, but is required to obtain a Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued.</p>	<p>The Department of Health & Human Services is an equal opportunity employer, services and programs provider.</p>
---	--

1. Provide data for the most recent 12-month period.
2. "Private residence" means a setting other than: (i) a licensed hospital; or (ii) a nursing home including a nursing home or part of a nursing home approved pursuant to Section 3(6) of the CON Review Standards for Nursing Home and Hospital Long-Term Care Unit Beds-- Addendum for Special Population Groups.

Category of Hospice Care	Number of Hospice Days of Care
	From:
	To:
<p>HOME CARE IN PRIVATE RESIDENCE: Routine Home Care Hospice care provided in an individual's home that is not continuous.</p>	
<p>Continuous Home Care (24 hours) Short-term crisis care provided in an individual's home, predominantly nursing care, minimum of 8 hours/day.</p>	
<p>INPATIENT CARE: Inpatient Respite Care Short-term inpatient care to relieve primary care giver. Hospital or nursing home setting.</p>	
<p>General Inpatient Care Inpatient care for pain control or symptom management.</p>	
<p>ROOM AND BOARD: Room and Board (non-inpatient) Services that would otherwise be provided in a home setting if a caregiver were available.</p>	

	Total →
--	----------------