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HOSPICE LICENSURE EXEMPTION APPENDIX

Michigan Department of Licensing and Regulatory Affairs (LARA)
Bureau of Community and Health Systems
Health Facilities Division
611 W. Ottawa Street, P. O. Box 30664
Lansing, MI 48909

This form is to assist providers in determining if they are eligible to be exempt from licensure.

MCL 333.21411 states a hospice or hospice residence shall be licensed as required under this article. Rule 325.13201 also states, “A person shall not establish, maintain, or operate a hospice and its hospice residence, if applicable, unless licensed by the department in accordance with section 21411 of the code and these rules.”

MCL 333.20106(4) defines a “Hospice” as a health care program that provides a coordinated set of services rendered at home or in outpatient or institutional settings for individuals suffering from a disease or condition with a terminal prognosis.

MCL 333.21401(1)(b) defines a “Hospice residence” as a facility that meets all of the following:

- (i) Provides 24-hour hospice care to 2 or more patients at a single location.
- (ii) Either provides inpatient care directly in compliance with this article and with the standards set forth in 42 C.F.R. 418.100 or provides home care as described in this article.
- (iii) Is owned, operated, and governed by a hospice program that is licensed under this article and provides aggregate days of patient care on a biennial basis to not less than 51% of its hospice patients in their own homes.
 - (a) “Home care” means a level of care provided to a patient that is consistent with the categories “routine home care” or “continuous home care” described in 42 C.F.R. 418.302(b)(1) and (2).
 - (c) “Inpatient care” means a level of care provided to a patient that is consistent with the categories “inpatient respite care day” and “general inpatient care day” described in 42 C.F.R. 418.302(b)(3) and (4).

Please complete and return this form to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems, Health Facilities Division
611 W. Ottawa Street
P. O. Box 30664
Lansing, Michigan 48909

If you have further questions, contact our office at (517) 241-1970. Your office should retain a copy of this completed form for your own records.

Hospice

Provider Information

Name: _____

Address: _____

_____ MI
(city) (state) (ZIP Code)

Telephone Number: () Ext.

Administrator Name: _____

Person Completing Questionnaire: _____

1. The above agency/facility is:

Hospice Program Hospice Residence

Not a Hospice program or residence as defined on page 1.
If yes, questions 2, 3 and 4 not applicable

If not a Hospice program or residence, please note the following.

MCL 333.21411(2) states, "The term "hospice" shall not be used to describe or refer to a health program or agency unless that program or agency is licensed as a hospice by the department as required under this article or is exempted from licensure as provided in subsection (5).

MCL 333.21411(3) states, "A person shall not represent itself as a hospice residence unless that person is licensed as a hospice residence by the department as required under this article."

2. According to MCL 333.21411(5), a Hospice is exempt from licensure if the program/residence meets the following requirements:

(a) Provides services to not more than 7 patients per month on a yearly average.

I certify this Hospice serves 7 or less patients per month on a yearly average.

(b) Does not charge or receive fees for goods or services provided.

I certify this Hospice does not charge or receive fees for goods or services provided.

(c) Does not receive third party reimbursement for goods or services provided.

I certify this Hospice does not receive third party reimbursement for goods/services.

Hospice

3. If a Hospice residence, identify the hospice program that owns, operates, and governs the residence (if different from the Provider Information on page 2):

Hospice Agency: _____

Address: _____

_____ MI
(city) (state) (ZIP Code)

Telephone Number: () Ext. _____

4. The above-referenced Hospice program or residence provides the following general services directly or through contract (R 325.13108):

Services	Means of Providing Services		Name of Licensed Contractual Provider
	Directly	Contractually	
Medical care	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nursing care	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spiritual care	<input type="checkbox"/>	<input type="checkbox"/>	_____

I attest to the accuracy and validity of the above information.

Signature

Date

Type Name

Title