

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY & HEALTH SYSTEMS
HEALTH FACILITIES DIVISION
SPECIALIZED HEALTH CARE SERVICES SECTION**

Hospice Multiple-Site Questionnaire

Use one worksheet per each proposed location. Submit attachments to support your answers as applicable:

Please complete as specified and return:

Provider #

1. **Parent Site**

Agency Name:

Address:

City, State & Zip Code:

Phone Number:

Geographic Area Served (List by county names – include map if possible):

Proposed multi-site

Name:

Address:

City, State & Zip Code:

Phone Number:

2. Specify the mileage between the main and new multiple-site hospice office:

Driving time:

3. Location of any additional office managed by the agency (attached and label additional pages if needed):

4. **ADMINISTRATIVE FUNCTION:**

a.) Agency Administrator's Name/Title:

b.) Please show how the Parent location exerts supervisory and administrative control over the multi-site location (attached and label additional pages if needed)?

c.) List activities the Administrator is involved with at the proposed location (include frequency/types of contacts- attached and label additional pages if needed):

- d.) List the range of services provided at the Parent location (attached and label additional pages if needed):

List the services provided at the multi-site:

- e.) For the new multiple-site hospice, attach and label a list of each member of the patient care and management staff (name, title, role & on-site FTE's).
- f.) Are there common policies and procedures governing all operational aspects of the organization? If not, in what areas are they different (attached and label additional pages if needed)?
- g.) Please explain and demonstrate the governing body's role in managing the hospice (attached and label additional pages if needed):
- h.) How will the quality assurance program monitor the quality of care at this new location? Who will be responsible for monitoring outcomes and assuring necessary policy changes? Specify the process by which the new location will be included in the overall Hospice agency's quality assurance program. (attached and label additional pages if needed)
- i.) Please attach and label an organizational chart with staff names, titles, and key management position descriptions to better illustrate lines of authority and administrative flow.

5. **Proposed New Location Personnel Procedures**

- a.) Where is the location of employee hiring, training, and orientation? Where will meetings for new multi-site staff be held? :

Where are the employee personnel records maintained:

- b.) Will this new multi-site utilize contractual staff? Yes No If so, what disciplines, and who is responsible for contracted service arrangements?

6. **Patient Admission/Coordination of Services:**

- a.) What is the anticipated patient census at the new office? :

- b.) Please describe the new office patient intake point (Include Name/Title of person making intake decisions)?
- c.) Who assumes responsibility for the overall medical component of the hospice's patient care program?
- d.) Please provide several examples of how and when the Administrator and/or key staff from the main office would be involved in the multi-site's patient admission/care decisions?
- e.) Please attached and label your policy directing the activities of the Interdisciplinary Group's activities at the parent and the multi-site location(s).
- f.) List the Name/Title of person who will coordinate volunteers:
- g.) List the Name/Title of the person who will provide Social Work Services:
- h.) List the Name/Title of staff who will provide Counseling Services:
- i.) List the Name/Title of the person who will provide Bereavement Services:
- j.) How will patient care services be coordinated between the main office and the multi-site?
- k.) Where will patients receive inpatient services? Please attach and label a copy of the contract.

7. **Clinical Records:**

- a.) Where will the multi-site's active clinical records be stored?
- b.) Where will closed clinical records be stored?

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8. List those factors that favor viewing the proposed new multi-site hospice location as a single entity under the parent site's provider number?

Signature: _____

Print Name:

Title:

Date:

Please submit completed questionnaire to:

Michigan Department of Licensing & Regulatory Affairs
Bureau of Community & Health Systems
Health Facilities Division
Specialized Health Care Services Section
PO Box 30664
Lansing, Michigan 48909