HOSPICE REQUEST FOR CERTIFICATION IN THE MEDICARE PROGRAM
CMS-417

I. Identifying Information

Name of Hospice:		Street Address of Hospice:		
Request to Establish Eligibility in Medicare? Yes ☐ No ☐ (PH1)		City & State:		Zip Code:
County: (PH3)	Region: (PH4)	Telephone Number: (PH5)	Hospice's CCN: (PH2)	Related Facility CCN: (PH6)

II. AO Information

(Check One) (PH6.1)

Accreditation Commission for Healthcare (ACHC)	☐	The Joint Commission (TJC)	☐	Start Date of Last Survey:
Community Health Accreditation Partner (CHAP)	☐	Non Accredited	☐	End Date of Last Survey:

III. Hospice Affiliation

(Check One) (PH7)

Hospital	☐	Home Health Agency (HHA)	☐
Skilled Nursing Facility (SNF)	☐	Free Standing Hospice	☐
Intermediate Care Facility (ICF)	☐		

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IV. Type of Control

(Check One)

(PH8)

Non-Profit		For Profit/Privately Owned		Government Owned/Operated	
1. Church		4. Individual		8. State	
2. Private		5. Partnership		9. County	
3. Other		6. Corporation		10. City	
		7. Other		11. City-County	
				12. Non-profit Govt. owned and/or operated Hospice	
				13. Other type of Govt owned and/or operated Hospice	

V. How Hospice Services Are Provided

	Core Hospice Services	How Services Provided (Select all that apply)		Name & Address of Other Certified Hospice or Outside Contractor (if any)	CCN of Other Certified Hospice or Supplier Number of Outside Contractor (if any)
1. Physician Services (PH9)		1. By hospice staff			
		2. By contract with an outside party			
		3. By arrangement with another certified hospice			
		4. Not applicable			

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V. How Hospice Services Are Provided (continued)

Note: Services marked with "(PH9)" are core hospice services.

Core Hospice Services	How Services Provided (Select all that apply)		Name & Address of Other Certified Hospice or Outside Contractor (if any)	CCN of Other Certified Hospice or Supplier Number of Outside Contractor (if any)
2. Nursing Services (PH9)	1. By hospice staff			
	2. By contract with an outside party			
	3. By arrangement with another certified hospice			
	4. Not applicable			
3. Medical Social Services (PH9)	1. By hospice staff			
	2. By contract with an outside party			
	3. By arrangement with another certified hospice			
	4. Not applicable			
4. Counseling Services (PH9)	1. By hospice staff			
	2. By contract with an outside party			
	3. By arrangement with another certified hospice			
	4. Not applicable			

V. How Hospice Services Are Provided (continued)

Note: Services that are marked as "(PH10)" represent non-core hospice services.

Non-Core Hospice Services	How Services Provided (Select all that apply)	Name & Address of Other Certified Hospice or Outside Contractor (if any)	CCN of Other Certified Hospice or Supplier Number of Outside Contractor (if any)
5. Physical Therapy Services (PH10)	1. By hospice staff ☐ By contract with an outside party ☐ 2. By arrangement with another certified hospice ☐ 3. Not applicable ☐		
6. Occupational Therapy Services (PH10)	1. By hospice staff ☐ 2. By contract with an outside party ☐ 3. By arrangement with another certified hospice ☐ 4. Not applicable ☐		
7. Speech Language Pathology Services (PH10)	1. By hospice staff ☐ 2. By contract with an outside party ☐ 3. By arrangement with another certified hospice ☐ 4. Not applicable ☐		

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V. How Hospice Services Are Provided (continued)	Non-Core Hospice Service	How Services Provided (Select all that apply)		Name & Address of Other Certified Hospice or Outside Contractor (if any)	CCN of Other Certified Hospice or Supplier Number of Outside Contractor (if any)
	8. Hospice Aide Services (PH10)	1. By hospice staff			
		2. By contract with an outside party			
		3. By arrangement with another certified hospice			
		4. Not applicable			
	9. Homemaker Services (PH10)	1. By hospice staff			
		2. By contract with an outside party			
		3. By arrangement with another certified hospice			
		4. Not applicable			
	10. Medical Supplies (PH10)	1. By hospice staff			
		2. By contract with an outside party			
		3. By arrangement with another certified hospice			
		4. Not applicable			

V. How Hospice Services Are Provided (continued)	Other Hospice Service	How Services Provided (Select all that apply)	Name & Address of Other Certified Hospice or Outside Contractor (if any)	CCN of Other Certified Hospice or Supplier Number of Outside Contractor (if any)
	11. Short Term Inpatient Care (PH10) (Including respite care & general inpatient care (GIP)	1. By staff ☐ 2. By contract with an outside party ☐ 3. By arrangement with another certified hospice ☐ 4. Not applicable ☐		
	12. Other Hospice Service #1: (Specify) (PH10)	1. By hospice staff ☐ 2. By contract with an outside party ☐ 3. By arrangement with another certified hospice ☐ 4. Not applicable ☐		
	12. Other Hospice Service #2: (Specify:) (PH10)	1. By hospice staff ☐ 2. By contract with an outside party ☐ 3. By arrangement with another certified hospice ☐ 4. Not applicable ☐		

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VI. Full-Time Equivalents for Employees and Volunteers

Note #1: See the Instructions section (at the end of this form) for guidance on how to calculate the full-time equivalents (FTEs) for each job category of hospice employees and hospice volunteers.

Note #2: The FTE numbers entered in columns 3 & 4 must have 3 decimal points (Example: 3.000; 2.750; 7.500)

Job Categories		Hospice Employee Full-Time Equivalents (FTEs)	Hospice Volunteer Full-Time Equivalents (FTEs)
Physicians (M.D. or D.O.)	(PH11)		
Registered Nurses (R.N.s)	(PH12)		
Licenses Practical or Vocational Nurses (LPN or LVN)	(PH13)		
Medical Social Workers	(PH14)		
Homemakers	(PH15)		
Hospice Aides	(PH16)		
Counselors	(PH17)		
Others	(PH18)		
TOTAL FTEs	**(PH19)**	**0.000**	**0.000**

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ATTESTATION STATEMENT

Whoever knowingly or willfully makes or causes to be made a false statement or representation on this form may be prosecuted under applicable Federal or State laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of its agreement or contract with the State agency or the Secretary as appropriate.

Printed Name of Hospice Representative:	Title of Hospice Representative:
Signature of Hospice Representative:	Date Form Completed:

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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0313 (Expires XX/XX/202X)**. This is a **mandatory** information collection. The time required to complete this information collection is estimated to average **45 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure****

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QSOG_Hospice@cms.hhs.gov.

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INSTRUCTIONS

This form serves two purposes. First, it provides basic information about the Hospice which is necessary for the State to properly schedule a survey. Second, it provides a data-base necessary for responding to questions frequently asked by Congress, Federal agencies, and interested members of the public.

Submission of this form will initiate the process of obtaining a decision as to whether the Conditions are met.

Answer all questions as of the current date.

Complete and return this form to your State Agency (found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/state_agency_contacts.pdf), and retain a copy for your files.

Detailed instructions are given for questions other than those considered self-explanatory.

Item I: Identifying Information

Request to establish eligibility in:

- If the hospice is requesting ***initial*** certification for the Medicare program, select the **"Yes"**.
- If the hospice already participates in the Medicare program and is seeking ***re-certification***, select **"No".**

CMS certification number (CCN):

- Insert the hospice program's six-digit CMS Certification Number (CCN).
- Leave blank if the hospice is requesting initial certification and has not yet been assigned a CCN number.

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INSTRUCTIONS
(continued)

Region:

- Leave blank. The Centers for Medicare & Medicaid Services (CMS) Location (formerly named "CMS Regional Office") will complete.

Related Certification Number:

- If the hospice is affiliated with any other Medicare provider(s) or supplier(s), insert the related facility's six digit CMS Certification Number (CCN).

Item III: Hospice Affiliations

- The purpose of this question is to find out whether the hospice is located in, associated with, or part of another healthcare facility.
- Please select the option that best describes the type of healthcare facility in which your hospice is located, or with which your hospice is associated, or that your hospice is part of.

  Examples:

  - If you hospice is physically located in, associated with or part of a hospital or hospital system that provides hospice services, select **"Hospital"**.
  - If your hospice is physically located in, associated with, or part of a nursing home, select **"Skilled Nursing Facility"**.
  - If your hospice is physically located in, associated with, or part of an Intermediate Care Facility (ICF), select **"Intermediate Care Facility"**.
  - If you are a Home Health Agency that provides hospice services, select **"Home Health Agency"**.

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INSTRUCTIONS
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- If your hospice is not located within or part of another healthcare facility, has its own facility, and provides either inpatient hospice care, outpatient hospice care, or both, select **"Freestanding Hospice"**.

Item IV: Type of Control

- The purpose of this section is to find out what type of legal entity owns and/or operates the hospice.
- In this section, the following three (3) general categories of legal ownership/operation status categories listed:

  1. Non-Profit
  2. For Profit/Privately Owned
  3. Government Owned/Operated

- Under the three (3) general categories, more specific types of legal ownership/operation status types are listed, as shown below.

Non-Profit	For Profit/Privately Owned	Government Owned/Operated
1. Church	4. Individual	8. State
2. Private	5. Partnership	9. County
3. Other	6. Corporation	10. City
	7. Other	11. County-City
		12. Non-profit Govt. owned and/or operated Hospice
		13. Other type of Govt owned and/or operated Hospice

- Check one option under one of the three (3) categories that best describes your hospice's legal ownership/operation status.

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INSTRUCTIONS
(continued)

Item V. Type of Hospice Services Provided

Column 1: Contains a list of services that are typically provided by hospices.

NOTE: Row 11 – Short term inpatient care includes both general inpatient care (GIP) and respite care.

Column 2: How Hospice Services Are Provided:

- The available responses include:

  1. By hospice staff (or "By Hospice" as applicable)
  2. By contract with an outside party
  3. By arrangement with another certified hospice
  4. Not Applicable

- For each service listed, select ***ALL*** responses that apply to your hospice.

- **Examples:**

  - You may select ***ALL*** responses that apply to how the service is provided.

  - If the service is provided only by the hospice or hospice staff, you should select **"1. By hospice staff"** or **"1. By hospice".**

  - If the hospice contracts with an outside party to provide this service, you should select "**2. By contract with an outside party"**.

  - If the hospice has an arrangement with another certified hospice to provide this service, you should select **"3. By arrangement with another certified hospice"**.

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- If the service if provided by the hospice or hospice staff and the hospice also contracts with an outside party to provide this service, you should select both **"1. By hospice staff"** *or* **"1. By hospice"** *and* **"4. By contract with an outside party"**.

- If the service if provided by the hospice or hospice staff and the hospice also has an arrangement with another certified hospice to provide this service, you should select both **"1. By hospice staff"** *or* **"1. By hospice"** *and* **"5. By arrangement with another certified hospice"**.

- If the hospice does not provide this service and does not use any outside source to provide this service, you should select **"6. Not applicable"**.

  NOTE: Response #1 for some services will be **"1. By hospice staff"** but for other services will be **"1. By hospice"** as applicable.

Column 3: Name & Address of Other Certified Hospice of Outside Contractor

- If the service is provided by another certified hospice or an outside contractor or service supplier, provide the name and address of this hospice, or outside contractor, or service supplier.

Column 4: CCN/ Supplier Number of Other Certified Hospice, or Outside Contractor

- If service is provided by another certified hospice or an outside contractor or service supplier, provide the CCN or supplier number for that other certified hospice, outside contractor or service supplier.

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INSTRUCTIONS
(continued)

Item VI. Full Time Equivalents for Employees and Volunteers

Column 2: Contains a list of job types that employees and volunteer may perform at a hospice facility.

Column 3: Full-Time Equivalents (FTEs) For Hospice Employees (Employee FTEs)

- Conduct the FTE calculation for each job category listed.
- The number of full-time equivalents (FTEs) for all hospice ***employees*** in ***a specific job category*** is calculated using the total number of hours for ***all hospice employees in that job category*** divided by 2,080 hours per year.
- You should do the following when calculating the number of hours worked per year for full and part-time hospice employees in each job category:
    - ***For full-time employees:*** Use 2,080 hours as the number of work hours per for each full-time employee. (40 hours x 52 weeks = 2,080 hours).
    - ***For part time employees that work the entire year****:* Use the number of hours worked per week multiplied by 52 weeks per year to calculate the number of hours worked per year.
    - ***For part-time employee that only work part of the year:*** Use the number of hours worked per week multiplied by the actual number of weeks worked per year. (Example: 20 hours per week x 26 weeks per year = 520 hours per year).
- The hospice employee FTE values entered should have 3 decimal points. (Example: 3.921. 5.000, 2.250, 7.500)
- The form will automatically calculate the total number of employee FTEs.

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INSTRUCTIONS
(continued)

Example of How to Calculate Hospice Employee FTEs:

4,500 (Total number of hours worked per year by employees in the category)
÷ 2,080 hours (number of work hours in a year)
= 2.163 FTEs **Number of *Employee* Physician FTEs**

Column 4: Full-Time Equivalents (FTEs) For Hospice Volunteer (Volunteer FTEs)

- Conduct the FTE calculation for all volunteers in each job category listed.
- The full-time equivalent (FTE) for hospice ***volunteers*** in ***a specific job category*** is calculated using the total number of hours for ***all hospice volunteers in that job category*** divided by 2,080 hours per year.
- You should do the following when calculating the number of hours worked per year for full and part-time hospice volunteers in each job category:
    - ***For full-time volunteers:*** Use 2,080 hours as the number of work hours per for each full-time employee. (40 hours x 52 weeks= 2,080 hours).
    - ***For part-time volunteers that work the entire year****:* Use the number of hours worked per week multiplied by 52 weeks per year to calculate the number of hours worked per year.
    - ***For part-time volunteers that only work part of the year:*** Use the number of hours worked per week multiplied by the actual number of weeks worked per year. (Example: 20 hours per week x 26 weeks per year = 520 hours per year).
- The hospice volunteer FTE values entered should have 3 decimal points. (Example: 3.921. 5.000, 2.250, 7.500)

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INSTRUCTIONS
(continued)

Example of How to Calculate Hospice Volunteer FTEs:

2,675 (Total number of hours worked per year by volunteers in the category)
÷ 2,080 hours (number of work hours in a year)
= 1.286 FTEs **Number of *Employee* Physician FTEs**