

HOSPICE SURVEY INFORMATION

Survey Date	Name - Administrator	License Number
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Name - Hospice

CASELOAD

Total Unduplicated Hospice Caseload 12 Months Prior to this Date (All Payment Sources)	Hospice Caseload Today (All Payment Sources)
Total T-18 HMB Inpatient Days (Previous 12 Months)	Number of T-18 HMB Today
Total T-18 HMB Days (Previous 12 Months)	Number of T-19 HB Today
Total T-18 HMB Patients Revoked in Last 12 Months	Total Number of T-18 And T-19 Inpatients Today
Total T-18 HMB Patients on Benefit Over 210 Days	Number of Respite Patients Today
Total Private Pay Caseload for the Previous 12 Months	Number of Inpatient Symptom Management Patients Today
Total Private Ins. Caseload for the Previous 12 Months	Number of Patients Residing in Nursing Homes / CBRFs Today

COST SAVINGS

CFR 418.78(d)

At the end of the year the hospice must estimate what the costs are for services provided by a volunteer if a professional or hired employee had been paid for performing the job.

Estimated Cost Savings of Services Provided by Volunteers	Estimated Percentage (Total savings by the volunteers must be 5% of care hours.)
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LEVEL OF ACTIVITY

CFR 418.78(e)

Number of Volunteer Hours In Administrative Position (Total savings by the volunteers must be 5% of total patient care hours.)

VOLUNTEER ROLES

CFR 418.78(b)

Number of Volunteer Hours In Hands-On Activities

IDENTIFY CORE TEAM STAFF

Medical Director	Medical Director
RN Coordinator	RN Coordinator
Spiritual Counselor	Spiritual Counselor
Bereavement Coordinator	Bereavement Coordinator
Dietary Counselor	Dietary Counselor
Volunteer Coordinator	Volunteer Coordinator
Social Worker (Include college attended and graduation year)	Social Worker (Include college attended and graduation year)

NOTE: If there is more than one IDG, identify primary team.

Attach listing of contracts, employees (including contractual), and volunteers.