Hospice License Application

Click Here For Hospice Administrative Rules

Type of Action		
New facility license*: ☐		
License renewal: **(due 30 days prior to expiration)** ☐	License #: Average outpatient daily census: Please specify timeframe:	
Change request: ☐ **(Select all that apply)**	☐Name ☐Address ☐Ownership ☐Add/remove multiple location office (MLO)** ☐Expand/reduce service area** ☐Administrator ☐Other (specify)	Effective date(s) of change(s): Additional information about the requested changes (please attach additional pages as needed):

*Fee payment required (see fee schedule on page 3). **Requires Public Health Division pre-approval

Facility Information – For change-only applications, complete the Facility Name and any changes selected above		
Hospice Legal Name:		
Hospice Doing Business As (DBA) Name (if applicable):		
Hospice physical address, city, state & zip:		
Phone:	Fax:	County:
Hospice mailing address (if different from above):		
Hospice email:		
Administrator name:	Administrator phone:	
Administrator email:		
Emergency contact name:	Emergency contact phone:	
Emergency contact email:		

800 NE Oregon Street, Suite 465, Portland, OR, 97232
Voice: (971) 673-0540 | Fax: (971) 673-0556 | All relay calls accepted
http://www.healthoregon.org/hflc | mailbox.hclc@odhsoha.oregon.gov

Describe the geographic service area for this hospice (must be within 60 miles of the parent company, or there must be an approved waiver for this requirement):

Owner/Non-Profit Entity Information		
Ownership Type (choose one): For-Profit ☐ Non-Profit ☐		Tax ID#:
Name of Owner(s)/Non-Profit Entity:		
Address, City, State, and ZIP of Owner(s)/Non-Profit Entity:		
Ownership Type: ☐ Partnership ☐ Sole proprietor ☐ Health District ☐ Corporation or LLC ☐ Other (specify):		
Phone:	Fax:	County:

Services and staffing – Indicate number of individuals for each category as applicable in columns 3, 4, and 5

Service Type	Staffing	Number of employees	Number of staff under contract or arrangement	Number of volunteers
Physician services	Medical Doctors (MD), Doctor of Osteopathy (DO)			
Nursing services	Registered Nurses (RNs)			
	Licensed Practical Nurses (LPNs)			
Medical Social Services (MMS)	Masters prepared Social Worker(s) (MSW)			
	Qualified Bachelors prepared Social Worker(s)			
	Marriage and Family Therapist(s)			
	Mental Health Counselor(s)			
Counseling services – bereavement	Qualified Bereavement Professional			
Counseling services – dietary	Qualified Registered Dietitian or Nutritionist			
Counseling services – spiritual	Clergy, Pastoral Counselors, or other(s)			
Physical Therapy (PT)	Licensed Physical Therapists (PTs)			

	Licensed Physical Therapist Assistants (PTAs)			
Occupational Therapy (OT)	Licensed Occupational Therapists (OTs)			
	Licensed Occupational Therapist Assistants (LOTAs)			
Speech Therapy (ST)	Speech Language Pathologists (SLPs)			
Hospice Aide Services	Qualified Hospice Aide(s)			
Homemaker services	Qualified Homemakers(s)			

Multiple Location Office (MLO) Operations – List required information for each MLO. List additional locations on a separate page. Indicate "A" if adding, "R" if removing, or leave blank if no change.

Enter A or R		Address	Phone	Distance from primary hospice
A	R			
A	R			
A	R			

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct, and complete. I will notify Health Care Regulation and Quality Improvement, in writing, of any changes in this information as required.

Administrator's Signature _____ **Print Name** _____

Print Title _____ **Date (mm/dd/year)** _____

The person who filled out this application form	
Name:	Email:
Title:	Phone:

Fee Schedule All application fees are non-refundable	
New	$1,140.00
Annual renewal	$1,140.00
Change of ownership	$1,140.00

Make check payable to: Oregon Health Authority
Mail payment and application to:
HFLC
PO Box 14260
Portland, OR 97293

Questions about this application? Phone: 971-673-0540 **Email:** mailbox.hclc@odhsoha.oregon.gov

HCRQI Office Use Only
Renewal Licensure/change: Approved:_____ Denied:_____ Withdrawn:_____ Initials:_____ Date:_____
CASH OFFICE: QC 617 initial / QC 618 renewal

Administrator Application Checklist

☐ Include a resume for your administrator. Please ensure that your administrator's resume meets the following requirements:

- Must be current
- Must include employer names and locations, dates of employment, including month and year, title of positions held, and duties performed;
- Must show evidence that the administrator is a hospice employee who possesses the education and experience required by the hospice governing body as required by CFR 418.00; and,
- A job description that reflects the governing body-approved education and experience qualifications must accompany the resume.
- Signed official letter or meeting minutes from the agency governing body- this must explicitly report the appointment of the new administrator.

Initial (new Hospice) Licensure Application Checklist

☐ Complete the Hospice License Application form.

☐ Include a check or money order for $1,140.00 payable to the "Oregon Health Authority"

☐ Include items from the administrator application checklist above. Develop agency-specific polices and procedures, forms, and curricula to address and ensure compliance with the hospice OAR's Division 35, 333-035-0110 through 333-035-0300. Include a sampling of those policies and procedures that demonstrate compliance with the following requirements:

- CFR 418.52 Patient's Rights
- CFR 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services
- CFR 418.100 Organization and Administration of Services