

Survey Registration

Respondent Information

Identification #: 123456

Facility: *TEST SITE*

Survey: HPC

Survey Year: 2024 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Respondent Additional eMail:

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

Administrator Additional eMail:

2024 Instructions for Survey

Hospice

This survey is for the reporting period: January 1, 2024 through December 31, 2024.

INTRODUCTION

The Annual Survey of Hospice Providers is required to be completed and submitted via the internet.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be complete and accurate before this survey will be considered acceptable.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in the Office of the Inspector General Division of Health Care being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are questions concerning the preparation of this survey, please contact Michele Bushong at (502) 564-5798 or email consurvey@ky.gov.

The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. Surveys are due March 15, 2025. This survey is for the period January 1, 2024 through December 31, 2024. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx>.

By submitting this data you are certifying it is correct.

The following data must be reported:

1. County/counties served by your agency (report only Kentucky counties served in 2024). Include patients in their county of residence, not county of service.

1A. Patients should be counted under their county of residence.

2. Beginning census - number of patients being served by your agency on January 1, 2024.

3. Admissions - number of patients you admitted in 2024 (excluding your beginning census), include readmissions. Note that admissions are separated into two categories, Total Admissions and Unduplicated Admissions. Community based hospice facilities are to include all admissions, including those admitted to the free standing residential hospice facilities.

A change in insurance is NOT a readmission. That is a continuation of care. Do not count a change of insurance as a readmission. The survey will be rejected with an error.

a. Total Admissions – shall include re-admissions. b. Unduplicated Admissions – all patients admitted to the program for the first time in the calendar year including transfers from other hospices (do not include re-admissions).

4. Deaths - patients shall be separated into two categories (death due to cancer, death due to other causes) and total number of deaths;

5. Discharges - count of patients discharged to home, another facility, etc. (excluding deaths);

6. Ending census is determined as follows: for example - (beginning census as of midnight December 31, 2023 + admissions 2024) - (deaths during 2024) - (discharged patients excluding deaths).

7. Units of Service is broken down into two categories: Units of Service - Patients - the number of contacts a patient received from any type of hospice provider: i.e. social worker, RN or MD. It shall not include volunteer visits or phone calls; and Units of Service - Bereavement Contacts - includes visits, phone visits, memorial services, and support groups. Within a bereavement support group each person in the group counts as one visit each time they attend a support group. A bereavement home visit to a patient with additional family members present counts as only 1 visit even if additional people are there. When counting bereavement only count what you can verify. When counting memorial services count each attendee as one unit of service in the county in which the memorial service was held. Please Note: Units of Service - Other is no longer collected.

[Continue](#)

Survey Administrator Information

Michele Bushong
Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2024 Hospice Survey

Identification Information

Identification #: 123456
Facility: *TEST SITE*

Comment:
of 500

Hospice survey information.

County	Begin Census	Total Admissions	Undup Admissions	Cancer Deaths	Other Deaths	Discharged	Ending Census	Days of Care	Patients	Bereavement
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Utilization Data

County:	<input type="text"/>	▼ *
Beginning Census:	<input type="text"/>	*
Total Admissions:	<input type="text"/>	*
Unduplicated Admissions:	<input type="text"/>	*
Cancer Deaths:	<input type="text"/>	*
Other Deaths:	<input type="text"/>	*
Discharged:	<input type="text"/>	*
Days of Care:	<input type="text"/>	*

Units of Service

Patients:	<input type="text"/>	*
Bereavement:	<input type="text"/>	*

Hospice Survey for 2024

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of *TEST SITE*, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

Respondent Name: test test

Administrator Name: test test

Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

[Verify and Submit to State](#)

[Print](#)

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
2024	Ambulatory Surgery II		Print Ambulatory Surgery II
2024	Chemical Dependency		Print Chemical Dependency
2024	Home Health II		Print Home Health II
2024	Hospice		Print Hospice
2024	Hospital		Print Hospital
2024	Long Term Care		Print Long Term Care
2024	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2024	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2024	Positron Emission Tomography		Print Positron Emission Tomography
2024	Private Duty Nursing		Print Private Duty Nursing
2024	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility