

**AGENCY FOR HEALTH CARE ADMINISTRATION  
Semi-Annual Report of Hospice Utilization**

Hospice: \_\_\_\_\_ Service Area(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Number of patients admitted to your program (unduplicated) for the following categories:

Diagnosis	New Patients Admitted		TOTALS
	7/1/11 to 12/31/11		
	Under 65	65 or More	
Cancer			
All Other			
TOTALS			

2. Total patient census (caseload) on these dates:

7/1/11 \_\_\_\_\_  
 8/1/11 \_\_\_\_\_  
 9/1/11 \_\_\_\_\_  
 10/1/11 \_\_\_\_\_  
 11/1/11 \_\_\_\_\_  
 12/1/11 \_\_\_\_\_

3. For the caseload on 7/1/11: Number of patients in:

Private Home \_\_\_\_\_  
 ALF \_\_\_\_\_  
 Hospice Residential Unit \_\_\_\_\_  
 Freestanding Inpatient Hospice Facility \_\_\_\_\_  
 Nursing Home \_\_\_\_\_  
 Hospital \_\_\_\_\_

4. Total patient days of care 7/1/11 through 12/31/11: \_\_\_\_\_

5. Hospice with a SINGLE designated service area:

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jul 11 \_\_\_\_\_  
 Aug 11 \_\_\_\_\_  
 Sep 11 \_\_\_\_\_  
 Oct 11 \_\_\_\_\_  
 Nov 11 \_\_\_\_\_  
 Dec 11 \_\_\_\_\_

6. Hospice with TWO or THREE designated service areas:

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jul 11 \_\_\_\_\_  
 Aug 11 \_\_\_\_\_  
 Sep 11 \_\_\_\_\_  
 Oct 11 \_\_\_\_\_  
 Nov 11 \_\_\_\_\_  
 Dec 11 \_\_\_\_\_

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jul 11 \_\_\_\_\_  
 Aug 11 \_\_\_\_\_  
 Sep 11 \_\_\_\_\_  
 Oct 11 \_\_\_\_\_  
 Nov 11 \_\_\_\_\_  
 Dec 11 \_\_\_\_\_

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jul 11 \_\_\_\_\_  
 Aug 11 \_\_\_\_\_  
 Sep 11 \_\_\_\_\_  
 Oct 11 \_\_\_\_\_  
 Nov 11 \_\_\_\_\_  
 Dec 11 \_\_\_\_\_

TOTALS: \_\_\_\_\_

Please return this survey by January 20, 2012 to:  
 Calvin J. Vice, Sr., Ph.D.  
 Agency for Health Care Administration  
 Certificate of Need  
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 Tallahassee, FL 32308  
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REVIEWED/APPROVED BY:

\_\_\_\_\_  
 (Administrator's Signature)