

Name of Agency:

License No.:

9. Geographic Service Area: Place an X in the box by each county served by the parent agency.

REGION 1 – LUBBOCK										
	County			County			County		County	
<input type="checkbox"/>	Armstrong		<input type="checkbox"/>	Dickens		<input type="checkbox"/>	Hutchinson		<input type="checkbox"/>	Potter
<input type="checkbox"/>	Bailey		<input type="checkbox"/>	Donley		<input type="checkbox"/>	King		<input type="checkbox"/>	Randall
<input type="checkbox"/>	Briscoe		<input type="checkbox"/>	Floyd		<input type="checkbox"/>	Lamb		<input type="checkbox"/>	Roberts
<input type="checkbox"/>	Carson		<input type="checkbox"/>	Garza		<input type="checkbox"/>	Lipscomb		<input type="checkbox"/>	Sherman
<input type="checkbox"/>	Castro		<input type="checkbox"/>	Gray		<input type="checkbox"/>	Lubbock		<input type="checkbox"/>	Swisher
<input type="checkbox"/>	Childress		<input type="checkbox"/>	Hale		<input type="checkbox"/>	Lynn		<input type="checkbox"/>	Terry
<input type="checkbox"/>	Cochran		<input type="checkbox"/>	Hall		<input type="checkbox"/>	Moore		<input type="checkbox"/>	Wheeler
<input type="checkbox"/>	Collingsworth		<input type="checkbox"/>	Hansford		<input type="checkbox"/>	Motley		<input type="checkbox"/>	Yoakum
<input type="checkbox"/>	Crosby		<input type="checkbox"/>	Hartley		<input type="checkbox"/>	Ochiltree			
<input type="checkbox"/>	Dallam		<input type="checkbox"/>	Hemphill		<input type="checkbox"/>	Oldham			
<input type="checkbox"/>	Deaf Smith		<input type="checkbox"/>	Hockley		<input type="checkbox"/>	Parmer			

REGION 2 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Archer		<input type="checkbox"/>	Eastland		<input type="checkbox"/>	Knox		<input type="checkbox"/>	Stonewall
<input type="checkbox"/>	Baylor		<input type="checkbox"/>	Fisher		<input type="checkbox"/>	Mitchell		<input type="checkbox"/>	Taylor
<input type="checkbox"/>	Brown		<input type="checkbox"/>	Foard		<input type="checkbox"/>	Montague		<input type="checkbox"/>	Throckmorton
<input type="checkbox"/>	Callahan		<input type="checkbox"/>	Hardeman		<input type="checkbox"/>	Nolan		<input type="checkbox"/>	Wichita
<input type="checkbox"/>	Clay		<input type="checkbox"/>	Haskell		<input type="checkbox"/>	Runnels		<input type="checkbox"/>	Wilbarger
<input type="checkbox"/>	Coleman		<input type="checkbox"/>	Jack		<input type="checkbox"/>	Scurry		<input type="checkbox"/>	Young
<input type="checkbox"/>	Comanche		<input type="checkbox"/>	Jones		<input type="checkbox"/>	Shackelford			
<input type="checkbox"/>	Cottle		<input type="checkbox"/>	Kent		<input type="checkbox"/>	Stephens			

REGION 3 – METROPLEX										
	County			County			County		County	
<input type="checkbox"/>	Collin		<input type="checkbox"/>	Erath		<input type="checkbox"/>	Johnson		<input type="checkbox"/>	Rockwall
<input type="checkbox"/>	Cooke		<input type="checkbox"/>	Fannin		<input type="checkbox"/>	Kaufman		<input type="checkbox"/>	Somervell
<input type="checkbox"/>	Dallas		<input type="checkbox"/>	Grayson		<input type="checkbox"/>	Navarro		<input type="checkbox"/>	Tarrant
<input type="checkbox"/>	Denton		<input type="checkbox"/>	Hood		<input type="checkbox"/>	Palo Pinto		<input type="checkbox"/>	Wise
<input type="checkbox"/>	Ellis		<input type="checkbox"/>	Hunt		<input type="checkbox"/>	Parker			

REGION 4 – TYLER										
	County			County			County		County	
<input type="checkbox"/>	Anderson		<input type="checkbox"/>	Franklin		<input type="checkbox"/>	Marion		<input type="checkbox"/>	Smith
<input type="checkbox"/>	Bowie		<input type="checkbox"/>	Gregg		<input type="checkbox"/>	Morris		<input type="checkbox"/>	Titus
<input type="checkbox"/>	Camp		<input type="checkbox"/>	Harrison		<input type="checkbox"/>	Panola		<input type="checkbox"/>	Upshur
<input type="checkbox"/>	Cass		<input type="checkbox"/>	Henderson		<input type="checkbox"/>	Rains		<input type="checkbox"/>	Van Zandt
<input type="checkbox"/>	Cherokee		<input type="checkbox"/>	Hopkins		<input type="checkbox"/>	Red River		<input type="checkbox"/>	Wood
<input type="checkbox"/>	Delta		<input type="checkbox"/>	Lamar		<input type="checkbox"/>	Rusk			

REGION 5 – BEAUMONT										
	County			County			County		County	
<input type="checkbox"/>	Angelina		<input type="checkbox"/>	Jefferson		<input type="checkbox"/>	Polk		<input type="checkbox"/>	Shelby
<input type="checkbox"/>	Hardin		<input type="checkbox"/>	Nacogdoches		<input type="checkbox"/>	Sabine		<input type="checkbox"/>	Trinity
<input type="checkbox"/>	Houston		<input type="checkbox"/>	Newton		<input type="checkbox"/>	San Augustine		<input type="checkbox"/>	Tyler
<input type="checkbox"/>	Jasper		<input type="checkbox"/>	Orange		<input type="checkbox"/>	San Jacinto		<input type="checkbox"/>	

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9. Geographic Service Area (continued): Place an X in the box by each county served by the parent agency.

REGION 6 – HOUSTON										
	County			County			County		County	
<input type="checkbox"/>	Austin		<input type="checkbox"/>	Fort Bend		<input type="checkbox"/>	Matagorda		<input type="checkbox"/>	Wharton
<input type="checkbox"/>	Brazoria		<input type="checkbox"/>	Galveston		<input type="checkbox"/>	Montgomery			
<input type="checkbox"/>	Chambers		<input type="checkbox"/>	Harris		<input type="checkbox"/>	Walker			
<input type="checkbox"/>	Colorado		<input type="checkbox"/>	Liberty		<input type="checkbox"/>	Waller			

REGION 7 – AUSTIN										
	County			County			County		County	
<input type="checkbox"/>	Bastrop		<input type="checkbox"/>	Coryell		<input type="checkbox"/>	Lampasas		<input type="checkbox"/>	Mills
<input type="checkbox"/>	Bell		<input type="checkbox"/>	Falls		<input type="checkbox"/>	Lee		<input type="checkbox"/>	Robertson
<input type="checkbox"/>	Blanco		<input type="checkbox"/>	Fayette		<input type="checkbox"/>	Leon		<input type="checkbox"/>	San Saba
<input type="checkbox"/>	Bosque		<input type="checkbox"/>	Freestone		<input type="checkbox"/>	Limestone		<input type="checkbox"/>	Travis
<input type="checkbox"/>	Brazos		<input type="checkbox"/>	Grimes		<input type="checkbox"/>	Llano		<input type="checkbox"/>	Washington
<input type="checkbox"/>	Burleson		<input type="checkbox"/>	Hamilton		<input type="checkbox"/>	Madison		<input type="checkbox"/>	Williamson
<input type="checkbox"/>	Burnet		<input type="checkbox"/>	Hays		<input type="checkbox"/>	McLennan		<input type="checkbox"/>	
<input type="checkbox"/>	Caldwell		<input type="checkbox"/>	Hill		<input type="checkbox"/>	Milam		<input type="checkbox"/>	

REGION 8 – SAN ANTONIO										
	County			County			County		County	
<input type="checkbox"/>	Atascosa		<input type="checkbox"/>	Edwards		<input type="checkbox"/>	Karnes		<input type="checkbox"/>	Medina
<input type="checkbox"/>	Bandera		<input type="checkbox"/>	Frio		<input type="checkbox"/>	Kendall		<input type="checkbox"/>	Real
<input type="checkbox"/>	Bexar		<input type="checkbox"/>	Gillespie		<input type="checkbox"/>	Kerr		<input type="checkbox"/>	Uvalde
<input type="checkbox"/>	Calhoun		<input type="checkbox"/>	Goliad		<input type="checkbox"/>	Kinney		<input type="checkbox"/>	Val Verde
<input type="checkbox"/>	Comal		<input type="checkbox"/>	Gonzales		<input type="checkbox"/>	La Salle		<input type="checkbox"/>	Victoria
<input type="checkbox"/>	DeWitt		<input type="checkbox"/>	Guadalupe		<input type="checkbox"/>	Lavaca		<input type="checkbox"/>	Wilson
<input type="checkbox"/>	Dimmit		<input type="checkbox"/>	Jackson		<input type="checkbox"/>	Maverick		<input type="checkbox"/>	Zavala

REGION 9 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Andrews		<input type="checkbox"/>	Gaines		<input type="checkbox"/>	McCulloch		<input type="checkbox"/>	Sutton
<input type="checkbox"/>	Borden		<input type="checkbox"/>	Glasscock		<input type="checkbox"/>	Menard		<input type="checkbox"/>	Terrell
<input type="checkbox"/>	Coke		<input type="checkbox"/>	Howard		<input type="checkbox"/>	Midland		<input type="checkbox"/>	Tom Green
<input type="checkbox"/>	Concho		<input type="checkbox"/>	Irion		<input type="checkbox"/>	Pecos		<input type="checkbox"/>	Upton
<input type="checkbox"/>	Crane		<input type="checkbox"/>	Kimble		<input type="checkbox"/>	Reagan		<input type="checkbox"/>	Ward
<input type="checkbox"/>	Crockett		<input type="checkbox"/>	Loving		<input type="checkbox"/>	Reeves		<input type="checkbox"/>	Winkler
<input type="checkbox"/>	Dawson		<input type="checkbox"/>	Martin		<input type="checkbox"/>	Schleicher			
<input type="checkbox"/>	Ector		<input type="checkbox"/>	Mason		<input type="checkbox"/>	Sterling			

REGION 10 – EL PASO										
	County			County			County		County	
<input type="checkbox"/>	Brewster		<input type="checkbox"/>	El Paso		<input type="checkbox"/>	Jeff Davis		<input type="checkbox"/>	
<input type="checkbox"/>	Culberson		<input type="checkbox"/>	Hudspeth		<input type="checkbox"/>	Presidio		<input type="checkbox"/>	

REGION 11 – CORPUS CHRISTI										
	County			County			County		County	
<input type="checkbox"/>	Aransas		<input type="checkbox"/>	Hidalgo		<input type="checkbox"/>	Live Oak		<input type="checkbox"/>	Starr
<input type="checkbox"/>	Bee		<input type="checkbox"/>	Jim Hogg		<input type="checkbox"/>	McMullen		<input type="checkbox"/>	Webb
<input type="checkbox"/>	Brooks		<input type="checkbox"/>	Jim Wells		<input type="checkbox"/>	Nueces		<input type="checkbox"/>	Willacy
<input type="checkbox"/>	Cameron		<input type="checkbox"/>	Kenedy		<input type="checkbox"/>	Refugio		<input type="checkbox"/>	Zapata
<input type="checkbox"/>	Duval		<input type="checkbox"/>	Kleberg		<input type="checkbox"/>	San Patricio			

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PROVIDE THE FOLLOWING INFORMATION FOR PROPOSED BRANCH (use additional pages, if necessary):

The information requested in this form is based on guidelines from the Centers for Medicare and Medicaid Services (CMS) State Operations Manual (SOM), Chapter 2, Sections 2182 – 2182.4D. The SOM guidelines may be accessed online at: <http://www.cms.hhs.gov/>.

Organization: SOM §2182 (The parent home health agency (HHA) is that part of the HHA that develops and maintains administrative control of branch offices.)

10. Branch Office Address:

Street	County	
City	State	ZIP Code

11. Telephone No.: _____

Fax No.: _____

Operating Days	Operating Hours
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12. Categories of Services: Check the categories of services to be included on the license for this branch location. **Note:** A branch office may offer fewer categories of services than the parent office but may not offer categories of services that are not offered by the parent agency.

- Licensed and Certified Home Health Services
- Licensed Home Health Services
- Licensed and Certified Home Health Services with Home Dialysis Designation
- Licensed Home Health Services with Home Dialysis Designation
- Personal Assistance Services

13. Specify Disciplines to be Provided:

- Nursing Care
- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Medical Social Worker
- Home Health Aide

14. Branch Geographic Service Area: Place an X in the box by each county served by the branch agency.

REGION 1 – LUBBOCK										
	County			County			County		County	
<input type="checkbox"/>	Armstrong		<input type="checkbox"/>	Dickens		<input type="checkbox"/>	Hutchinson		<input type="checkbox"/>	Potter
<input type="checkbox"/>	Bailey		<input type="checkbox"/>	Donley		<input type="checkbox"/>	King		<input type="checkbox"/>	Randall
<input type="checkbox"/>	Briscoe		<input type="checkbox"/>	Floyd		<input type="checkbox"/>	Lamb		<input type="checkbox"/>	Roberts
<input type="checkbox"/>	Carson		<input type="checkbox"/>	Garza		<input type="checkbox"/>	Lipscomb		<input type="checkbox"/>	Sherman
<input type="checkbox"/>	Castro		<input type="checkbox"/>	Gray		<input type="checkbox"/>	Lubbock		<input type="checkbox"/>	Swisher
<input type="checkbox"/>	Childress		<input type="checkbox"/>	Hale		<input type="checkbox"/>	Lynn		<input type="checkbox"/>	Terry
<input type="checkbox"/>	Cochran		<input type="checkbox"/>	Hall		<input type="checkbox"/>	Moore		<input type="checkbox"/>	Wheeler
<input type="checkbox"/>	Collingsworth		<input type="checkbox"/>	Hansford		<input type="checkbox"/>	Motley		<input type="checkbox"/>	Yoakum
<input type="checkbox"/>	Crosby		<input type="checkbox"/>	Hartley		<input type="checkbox"/>	Ochiltree			
<input type="checkbox"/>	Dallam		<input type="checkbox"/>	Hemphill		<input type="checkbox"/>	Oldham			
<input type="checkbox"/>	Deaf Smith		<input type="checkbox"/>	Hockley		<input type="checkbox"/>	Parmer			

REGION 2 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Archer		<input type="checkbox"/>	Eastland		<input type="checkbox"/>	Knox		<input type="checkbox"/>	Stonewall
<input type="checkbox"/>	Baylor		<input type="checkbox"/>	Fisher		<input type="checkbox"/>	Mitchell		<input type="checkbox"/>	Taylor
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<input type="checkbox"/>	Callahan		<input type="checkbox"/>	Hardeman		<input type="checkbox"/>	Nolan		<input type="checkbox"/>	Wichita
<input type="checkbox"/>	Clay		<input type="checkbox"/>	Haskell		<input type="checkbox"/>	Runnels		<input type="checkbox"/>	Wilbarger
<input type="checkbox"/>	Coleman		<input type="checkbox"/>	Jack		<input type="checkbox"/>	Scurry		<input type="checkbox"/>	Young
<input type="checkbox"/>	Comanche		<input type="checkbox"/>	Jones		<input type="checkbox"/>	Shackelford			
<input type="checkbox"/>	Cottle		<input type="checkbox"/>	Kent		<input type="checkbox"/>	Stephens			

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14. Branch Geographic Service Area (continued): Place an X in the box by each county served by the branch agency.

REGION 3 – METROPLEX										
	County			County			County		County	
<input type="checkbox"/>	Collin		<input type="checkbox"/>	Erath		<input type="checkbox"/>	Johnson		<input type="checkbox"/>	Rockwall
<input type="checkbox"/>	Cooke		<input type="checkbox"/>	Fannin		<input type="checkbox"/>	Kaufman		<input type="checkbox"/>	Somervell
<input type="checkbox"/>	Dallas		<input type="checkbox"/>	Grayson		<input type="checkbox"/>	Navarro		<input type="checkbox"/>	Tarrant
<input type="checkbox"/>	Denton		<input type="checkbox"/>	Hood		<input type="checkbox"/>	Palo Pinto		<input type="checkbox"/>	Wise
<input type="checkbox"/>	Ellis		<input type="checkbox"/>	Hunt		<input type="checkbox"/>	Parker			

REGION 4 – TYLER										
	County			County			County		County	
<input type="checkbox"/>	Anderson		<input type="checkbox"/>	Franklin		<input type="checkbox"/>	Marion		<input type="checkbox"/>	Smith
<input type="checkbox"/>	Bowie		<input type="checkbox"/>	Gregg		<input type="checkbox"/>	Morris		<input type="checkbox"/>	Titus
<input type="checkbox"/>	Camp		<input type="checkbox"/>	Harrison		<input type="checkbox"/>	Panola		<input type="checkbox"/>	Upshur
<input type="checkbox"/>	Cass		<input type="checkbox"/>	Henderson		<input type="checkbox"/>	Rains		<input type="checkbox"/>	Van Zandt
<input type="checkbox"/>	Cherokee		<input type="checkbox"/>	Hopkins		<input type="checkbox"/>	Red River		<input type="checkbox"/>	Wood
<input type="checkbox"/>	Delta		<input type="checkbox"/>	Lamar		<input type="checkbox"/>	Rusk			

REGION 5 – BEAUMONT										
	County			County			County		County	
<input type="checkbox"/>	Angelina		<input type="checkbox"/>	Jefferson		<input type="checkbox"/>	Polk		<input type="checkbox"/>	Shelby
<input type="checkbox"/>	Hardin		<input type="checkbox"/>	Nacogdoches		<input type="checkbox"/>	Sabine		<input type="checkbox"/>	Trinity
<input type="checkbox"/>	Houston		<input type="checkbox"/>	Newton		<input type="checkbox"/>	San Augustine		<input type="checkbox"/>	Tyler
<input type="checkbox"/>	Jasper		<input type="checkbox"/>	Orange		<input type="checkbox"/>	San Jacinto		<input type="checkbox"/>	

REGION 6 – HOUSTON										
	County			County			County		County	
<input type="checkbox"/>	Austin		<input type="checkbox"/>	Fort Bend		<input type="checkbox"/>	Matagorda		<input type="checkbox"/>	Wharton
<input type="checkbox"/>	Brazoria		<input type="checkbox"/>	Galveston		<input type="checkbox"/>	Montgomery			
<input type="checkbox"/>	Chambers		<input type="checkbox"/>	Harris		<input type="checkbox"/>	Walker			
<input type="checkbox"/>	Colorado		<input type="checkbox"/>	Liberty		<input type="checkbox"/>	Waller			

REGION 7 – AUSTIN										
	County			County			County		County	
<input type="checkbox"/>	Bastrop		<input type="checkbox"/>	Coryell		<input type="checkbox"/>	Lampasas		<input type="checkbox"/>	Mills
<input type="checkbox"/>	Bell		<input type="checkbox"/>	Falls		<input type="checkbox"/>	Lee		<input type="checkbox"/>	Robertson
<input type="checkbox"/>	Blanco		<input type="checkbox"/>	Fayette		<input type="checkbox"/>	Leon		<input type="checkbox"/>	San Saba
<input type="checkbox"/>	Bosque		<input type="checkbox"/>	Freestone		<input type="checkbox"/>	Limestone		<input type="checkbox"/>	Travis
<input type="checkbox"/>	Brazos		<input type="checkbox"/>	Grimes		<input type="checkbox"/>	Llano		<input type="checkbox"/>	Washington
<input type="checkbox"/>	Burleson		<input type="checkbox"/>	Hamilton		<input type="checkbox"/>	Madison		<input type="checkbox"/>	Williamson
<input type="checkbox"/>	Burnet		<input type="checkbox"/>	Hays		<input type="checkbox"/>	McLennan		<input type="checkbox"/>	
<input type="checkbox"/>	Caldwell		<input type="checkbox"/>	Hill		<input type="checkbox"/>	Milam		<input type="checkbox"/>	

REGION 8 – SAN ANTONIO										
	County			County			County		County	
<input type="checkbox"/>	Atascosa		<input type="checkbox"/>	Edwards		<input type="checkbox"/>	Karnes		<input type="checkbox"/>	Medina
<input type="checkbox"/>	Bandera		<input type="checkbox"/>	Frio		<input type="checkbox"/>	Kendall		<input type="checkbox"/>	Real
<input type="checkbox"/>	Bexar		<input type="checkbox"/>	Gillespie		<input type="checkbox"/>	Kerr		<input type="checkbox"/>	Uvalde
<input type="checkbox"/>	Calhoun		<input type="checkbox"/>	Goliad		<input type="checkbox"/>	Kinney		<input type="checkbox"/>	Val Verde
<input type="checkbox"/>	Comal		<input type="checkbox"/>	Gonzales		<input type="checkbox"/>	La Salle		<input type="checkbox"/>	Victoria
<input type="checkbox"/>	DeWitt		<input type="checkbox"/>	Guadalupe		<input type="checkbox"/>	Lavaca		<input type="checkbox"/>	Wilson
<input type="checkbox"/>	Dimmit		<input type="checkbox"/>	Jackson		<input type="checkbox"/>	Maverick		<input type="checkbox"/>	Zavala

Name of Agency:

License No.:

14. Branch Geographic Service Area (continued): Place an X in the box by each county served by the branch agency.

REGION 9 – ABILENE										
	County			County			County		County	
<input type="checkbox"/>	Andrews		<input type="checkbox"/>	Gaines		<input type="checkbox"/>	McCulloch		<input type="checkbox"/>	Sutton
<input type="checkbox"/>	Borden		<input type="checkbox"/>	Glasscock		<input type="checkbox"/>	Menard		<input type="checkbox"/>	Terrell
<input type="checkbox"/>	Coke		<input type="checkbox"/>	Howard		<input type="checkbox"/>	Midland		<input type="checkbox"/>	Tom Green
<input type="checkbox"/>	Concho		<input type="checkbox"/>	Irion		<input type="checkbox"/>	Pecos		<input type="checkbox"/>	Upton
<input type="checkbox"/>	Crane		<input type="checkbox"/>	Kimble		<input type="checkbox"/>	Reagan		<input type="checkbox"/>	Ward
<input type="checkbox"/>	Crockett		<input type="checkbox"/>	Loving		<input type="checkbox"/>	Reeves		<input type="checkbox"/>	Winkler
<input type="checkbox"/>	Dawson		<input type="checkbox"/>	Martin		<input type="checkbox"/>	Schleicher			
<input type="checkbox"/>	Ector		<input type="checkbox"/>	Mason		<input type="checkbox"/>	Sterling			

REGION 10 – EL PASO										
	County			County			County		County	
<input type="checkbox"/>	Brewster		<input type="checkbox"/>	El Paso		<input type="checkbox"/>	Jeff Davis		<input type="checkbox"/>	
<input type="checkbox"/>	Culberson		<input type="checkbox"/>	Hudspeth		<input type="checkbox"/>	Presidio		<input type="checkbox"/>	

REGION 11 – CORPUS CHRISTI										
	County			County			County		County	
<input type="checkbox"/>	Aransas		<input type="checkbox"/>	Hidalgo		<input type="checkbox"/>	Live Oak		<input type="checkbox"/>	Starr
<input type="checkbox"/>	Bee		<input type="checkbox"/>	Jim Hogg		<input type="checkbox"/>	McMullen		<input type="checkbox"/>	Webb
<input type="checkbox"/>	Brooks		<input type="checkbox"/>	Jim Wells		<input type="checkbox"/>	Nueces		<input type="checkbox"/>	Willacy
<input type="checkbox"/>	Cameron		<input type="checkbox"/>	Kenedy		<input type="checkbox"/>	Refugio		<input type="checkbox"/>	Zapata
<input type="checkbox"/>	Duval		<input type="checkbox"/>	Kleberg		<input type="checkbox"/>	San Patricio			

15. Is the branch and its service area located within the parent's geographic service area? Yes No
16. If the branch is extending the current geographic service area, is the new geographic area contiguous? Yes No

Administrative Functions: SOM §2182.1 (A branch is a part of the HHA that shares administration, supervision and services with the parent agency on a daily basis.)

17. How will the parent supervise the patient census of the proposed branch office?

18. How will the parent agency ensure patient care issues affecting the operation of the proposed branch are resolved?

19. How will staff effectively be shared between the parent agency and the branch?

20. How will services and staff be shared in the event of a clinical or other emergency? (Provide a brief summary or attach your policy.)

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21. What methods will the proposed branch office use to report to the parent agency? (e.g., fax, telephone, in-person, e-mail, other)

Compliance with Conditions of Participation: SOM §2182.4(B) (The parent HHA ensures the branch office complies with the Medicare Conditions of Participation, including requirements for coordination of patient services {42 CFR Part 484.14(g)}, services under arrangements {42 CFR 484.14(h)}, administrator {42 CFR Part 484.14(c)}, and clinical records {42 CFR Part 484.48}.)

22. How will the administrator maintain an ongoing liaison with the branch to ensure that staff is competent and able to provide appropriate, adequate, effective, and efficient patient care so as to ensure any clinical or other emergencies are immediately addressed and resolved?

23. Will contract services be utilized by the proposed branch office? Yes No

If yes, explain:

24. How will the parent agency monitor services provided under contract, if those services are used exclusively by the branch?

25. How will the administrator be apprised of and resolve issues affecting branch office patients and/or the entire service area of the branch?

26(a). How will the agency accomplish the required clinical record review in the proposed branch office?

26(b). How often will records be reviewed?

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26(c). Who will perform the review?

Organizational Structure: SOM §2182.1 (The lines of authority and professional and administrative control are clearly delineated in both organizational structure and in practice and can be traced to the parent agency.)

27. Attach an organizational chart that clearly delineates the lines of authority, including professional and administrative control, for the parent agency and the proposed branch.

28. Complete the attached staff roster (see item 45) listing the names and disciplines of all parent and branch staff who will work in the proposed branch office. Indicate whether each staff member is an employee of the agency or a contract employee.

29. Specify the services that would be shared by the branch with the parent office. (Examples: administration, financial, billing, quality improvement, nursing, home health aides, physical therapy, etc.)

30. To whom within the parent will the proposed branch office report?

Personnel Policies: SOM §2182.1 (The parent office maintains current personnel records on all staff. A statement of personnel policies is maintained in each branch for staff usage.)

31. Where would proposed branch office personnel policies be maintained?

32. How will the parent supervise and maintain awareness of the proposed branch office's staffing levels?

Supervision: SOM §2182.1 (Supervision is shared between the parent agency and the branch.)

33. Who will control any issues/matters affecting the operation of the proposed branch?

34. Who will be responsible for scheduling at the proposed branch office?

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35. What methods will be employed to ensure that effective supervision will be accomplished?

36. Who will provide daily supervision of the home health operations for the proposed branch?

37. How will the agency document supervision of the proposed branch?

38. Will the direct nursing supervision at the branch location be the same as that at the parent office? Explain.

39. How will the supervisor for each specific discipline accomplish adequate supervision at the branch office?

40. How will the parent agency provide orientation and in-service training for the branch staff?

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Group of Professional Personnel: SOM §2182.1 (The annual review of the agency's policies is conducted by a group of professional personnel. Their focus is directed on service delivery throughout the entire agency, including the parent agency and branch(es).)

41. How will the parent agency administrator maintain an ongoing liaison with branch staff and the group of professional personnel?

42. How will the proposed branch office be represented within the group of professional personnel?

43. Explain how the proposed branch services and functions will be included in the agency's annual evaluation.

44. How will the branch office be represented on the professional advisory committee?

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46. Affidavit for Application

Before me, the undersigned authority, on this day personally appeared _____, who being by me duly sworn, deposes as follows:

My name is _____. I am over the age of 18, legally competent and in all respects qualified and authorized to make this affidavit. The facts set forth in the foregoing application **are true and correct.**

Signature—Authorized Representative

Date Signed

Printed Name and Title

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____ in the year of _____.

Signature of Notary Public

**Place Notary Seal
or Stamp Here**

Notary Public in the State of _____

With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect. (Government Code Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Home and Community Support Services Agencies (HCSSA) Licensing Unit at (512) 438-2630.