





13. Attach a list of all staff working at the proposed extension location. Be sure to include the person's name, title, function and working hours for the new location (List must be labeled "ATTACHMENT #13")
14. Provide copies of the extension site's procedures or describe process for establishing a care plan including who is responsible for conducting the evaluations/re-evaluations (label "ATTACHMENT #14")
15. Describe how clinical records are protected and maintained at the proposed extension location:

16. Explain the manner by which the OPT's Infection Control Committee monitors the extension site operation:

17. Attach a list of all equipment within the proposed extension site (label "ATTACHMENT 17")

18. Describe how equipment is maintained at the proposed extension site:

19. Check the type of building which you occupy:

Free-standing

Part of a larger building

Part of another Medicare provider number

If, so please specify Medicare provider name, number and complete address:

20. Attach a floor plan of proposed extension site (label "ATTACHEMENT #20")
21. Attach a photo or illustration of the passageway from the entry and exit to the building (labeled "ATTACHMENT #21")
- a. Does this passageway provide adequate width for movement including non-ambulatory patients?
  - b. Is the passageway free from obstruction at all times?
  - c. Are the stairwells equipped with firmly attached handrails?
22. Attach (label "ATTACHMENT #22") a copy of the disaster plan for the proposed extension location:

**PHYSICAL THERAPY SERVICES**

(Only complete questions 24-26 if you indicated you provide PT services for the proposed extension site on the attached CMS-1856)

23. Specify which physical therapy modalities are available at the proposed extension site:
24. Explain how physical therapy services furnished at the extension location will be supervised by a physical therapist during all operating hours:
25. Explain how supportive personnel will be instructed by a qualified physical therapist who will retain the responsibility for the treatment plan prescribed:

**OCCUPATIONAL THERAPY SERVICES**

(Only complete questions 27-29 if you indicated you provide OT services for the proposed extension site on the attached CMS-1856)

26. Specify which occupational therapy modalities are available at the proposed extension site:

27. Explain how you will ensure that a qualified occupational therapist is on the premises or readily available during operating hours:

28. Explain how supportive personnel will be supervised by a qualified occupational therapist who will retain the responsibility for the prescribed plan of treatment:

**SPEECH PATHOLOGY SERVICES**

(Only complete questions 29 if you indicated you provide SP services for the proposed extension site on the attached CMS-1856)

29. Explain how you will ensure that there is at least one qualified speech pathologist present at all times when speech pathology services are furnished:

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person Name:

Phone Number:

Email Address: