

**STATE OF MICHIGAN**  
Department of Licensing and Regulatory Affairs  
Bureau of Survey and Certification

**APPLICATION FOR A BRANCH SITE OF A HOME HEALTH AGENCY**

- Complete the following application if your proposed site fits the definition of a branch site.
  - Branch office is an approved location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The parent home health agency must provide supervision and administrative control of any branch site. It is unnecessary for the branch office to independently meet the conditions of participation as a home health agency (§484.2).
- All attachments must be labeled with the question number to which it pertains. If your narrative exceeds the space provided a separate page may be attached, also labeled with the question number.
- Application must be signed and dated by the current administrator.
- Previous versions of the branch site application will not be accepted.

1. Parent Site Name:

Parent Site Address:

Parent Site Phone:

2. Medicare Provider Number: 23-

3. Administrator's Name:

4. Attach a list of existing CMS approved branch sites with each locations' address and unique identifier **(ATTACHMENT #4)** or check none: None:

5. Address of proposed branch site:

Phone Number:

Distance between parent and proposed site:

Days and Hours of operation:

Mon	Tue	Wed	Thur	Fri	Sat	Sun
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6. Attach a "Home Health Agency Survey Report" form (CMS-1572) pages 1 & 2 for the parent and proposed branch site - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1572A.pdf> **(ATTACHMENT #6)**.

7. Attach a map of the geographic service area for the HHA **(ATTACHMENT #7)**.

8. Attach a copy of an organizational chart for the entire HHA (including parent and all the branch sites, including the proposed branch site) listing the names and titles of responsible individuals **(ATTACHMENT #8)**.

9. Explain how the HHA functions with common organizational and reporting structures and what the communication between the parent and branch site(s) are:
  
10. Attach a list of all staff working at the parent site. Be sure to include the person's name, title and working hours (**ATTACHMENT #10**).
  
11. Attach a list of all staff working at the proposed branch site. Be sure to include the person's name, title, and working hours (**ATTACHMENT #11**).
  
12. Where is the location of employee hiring, training and orientation conducted?
  
13. Explain how the parent site exerts supervisory and administrative control over the proposed branch site:
  
14. Describe how clinical records are protected and maintained at the proposed branch location. If an electronic medical record (EMR) is used, please describe your EMR system and how it interfaces with all sites:

Return form to: [LARA-BSCSupport@Michigan.gov](mailto:LARA-BSCSupport@Michigan.gov)

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Person:

Phone#:

Email Address: