

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

APPLICATION FOR EXTENSION LOCATION OF AN OUTPATIENT PHYSICAL THERAPY (OPT) PROVIDER

- Complete the following application if your proposed site fits the extension location definition below-
Extension Location/Site definition-A location or site from which the rehabilitation agency provides services within a portion of the total geographic area serviced by the parent site. The extension location is a part of the rehabilitation agency and should be sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the extension location to independently meet the conditions of participation as a rehabilitation agency (485.703).
- All attachments **must** be labeled with the question number to which it pertains.
- Application must be signed and dated by the current administrator.
- A contact person must be identified.
- Previous versions of the extension site application will **not** be accepted.
- All extension locations/sites are held to the same Conditions of Participation (CoPs) (regardless of whether they are specified on this application) as the parent site and are subject to survey.

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 extension sites with each locations' address and unique identifier (ATTACHMENT #4) or check none: None:

5. Address of proposed extension site:

Phone Number:

Distance between parent and proposed site:

6. Days and Hours of Operation:

Mon Tue Wed Thur Fri Sat Sun

7. Attach a completed "Request for Certification in the Medicare and/or Medicare Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services" - CMS-1856 form for the parent site AND proposed extension location. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1856.pdf> (ATTACHMENT #7).

8. Attach a copy of an organizational chart for the entire OPT (including parent and ALL extension sites, including the proposed extension site) listing the names and titles of responsible individuals. **(ATTACHMENT #8).**
9. Explain how the OPT functions with a common organizational structure and what is the reporting structure of authority and communication between the parent and extension location(s):
10. Attach a list of all staff working at the parent site. Be sure to include person's name, title and working hours **(ATTACHMENT #10).**
11. Attach a list of all staff working at the proposed extension site. Be sure to include the person's name, title, and working hours for the new location **(ATTACHMENT #11).**
12. Where is the location of employee hiring, training and orientation conducted?
13. Describe the extension site's procedures and the process for establishing a Care Plan, including who is responsible for conducting evaluations and/or re-evaluations:
14. Explain how the OPT's Infection Control Committee monitors the extension sites' operation:
15. Attach a list of all therapeutic equipment within the proposed extension site **(ATTACHMENT #15).**
16. Describe how equipment is maintained at the proposed extension site:
17. Is the proposed extension site located at the site of another Medicare certified provider?
No: Yes:

If yes, list the Provider's Name and Medicare Number
Provider Name:
Medicare Number: 23-
18. Attach a floor plan of the proposed extension site **(ATTACHMENT #18)**

19. Attach a photo or illustration of the passageway from the entry and exit to the building (**ATTACHMENT #19**).

Does this passageway provide adequate width for movement including non-ambulatory patients? Yes: No:

Is the passageway free from obstruction at all times? Yes: No:

Are the stairwells equipped with firmly attached handrails? Yes: No:

20. Is the proposed extension site part of your Emergency Preparedness Program? Yes: No:

21. Describe how clinical records are protected and maintained at the proposed extension site. If an electronic medical record (EMR) is used, please describe your EMR system and how it interfaces with all sites:

PHYSICAL THERAPY SERVICES

(Only complete questions 21-23 if you indicated you provide PT services for the proposed extension site on the attached CMS-1856)

22. Specify which physical therapy modalities are available at the proposed extension site:

23. Explain how Physical Therapy services furnished at the extension location will be supervised by a Physical Therapist during all operating hours:

24. Explain how supportive personnel will be instructed by a qualified Physical Therapist who will retain responsibility for the prescribed treatment plan:

OCCUPATIONAL THERAPY SERVICES

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

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

26. Explain how you will ensure that a qualified Occupational Therapist is on the premises or readily available during operating hours:

27. Explain how supportive personnel will be supervised by a qualified Occupational Therapist who will retain responsibility for the prescribed plan of treatment:

SPEECH PATHOLOGY SERVICES

(Only complete question 27 if you indicated you provide Speech Pathology services for the proposed extension site on the attached CMS-1856)

28. Explain how you will ensure that there is always at least one qualified Speech Pathologist present at all times when speech pathology services are being furnished:

Return form to: LARA-BSCSupport@Michigan.gov

Administrator Signature _____

Date _____

Contact Person:

Phone #:

Email Address: