



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

APPLICATION FOR A HOME HEALTH AGENCY BRANCH

- Complete the following application if your proposed site fits the definition of a branch site-
 - *Branch office means 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 office. It is unnecessary for the branch office to independently meet the conditions of participation as a home health agency (§484.2).*
- Complete the following application if you are relocating an already approved branch office
- All attachments **must** be labeled with the question number to which it pertains
- Application must be signed and dated by the current administrator
- Previous versions of the branch site application will **not** be accepted

1. Name, address, phone number and hours operation of the parent site:

2. Medicare Provider number:

3. Administrator's Name:

4. Attach a list of all existing Medicare approved branch sites including Medicare branch identifier ("ATTACHMENT 4") or check none:

None

5. Application is for:

New Branch

Relocation of existing Branch Site

If relocation list name, address and Medicare identifier of current site:

6. Address and phone number of proposed branch site:

a. Distance between parent and proposed branch site:

b. Hours of operation:

7. Date the proposed branch location is/was ready to accept patients:

8. List the services provided by the **parent**, indicating whether each- service is provided directly, through a contract, or both. Directly Contract Both

Skilled Nursing

Physical Therapy

Occupational Therapy

Speech Therapy

Home Health Aide

Other, specify:

9. List the services provided by the **proposed branch site**, indicating whether each- service is provided directly, through a contract or both. Directly Contract Both

Skilled Nursing

Physical Therapy

Occupational Therapy

Speech Therapy

Home Health Aide

Other, specify:

10. Attach a map of the geographic service area for the HHA (Label “ATTACHMENT 10”).
11. Attach a copy of an organizational chart for the entire HHA (including parent and all branch sites) listing the names and titles of responsible individuals. (Chart must be labeled “ATTACHMENT 11”).
12. Please explain how the organization functions with a common organizational structure and what is the reporting structure for the delegation of authority and communication between the parent and branch site(s):
13. Attach a list of all staff working at parent site. Give the person’s name, title, function and working hours (list must be labeled “ATTACHMENT 13”).
14. Attach a list of all the staff working at the proposed branch site. Give the person’s name, title, function and working hours (list must be labeled “ATTACHMENT 14”).
15. Explain how the parent site exerts supervisory and administrative control over the proposed branch site:
16. Explain how patient care services will be coordinated between the parent site and the proposed branch site:

17. 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:

Administrator Signature: _____

Date: _____

Contact Person Name:

Phone Number:

Email Address: