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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

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 rehabilitation agency provides services within a portion of the total geographic area serviced by the primary site. The extension location is part of the rehabilitation agency. The extension location 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 if they are specified on this application) as the parent sites and are subject to survey
1. Name, address, phone number of parent site:

 2. Medicare Provider number:

 3. OPT administrator's name:

 4. Attach a list of all existing Medicare approved extension sites or check none ("ATTACHMENT 4"):
None

 5. Application for:

new site

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

6. Address and phone number of proposed extension site:
 - a. Distance between parent and proposed site:
 - b. Hours of operation:
7. Date the extension location is/was ready to accept patients:
8. Describe where clinical records for the extension site are stored:
9. 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.
(<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1856.pdf>) (CMS-1856 must be completed for all approved locations, including proposed site and parent site and must be labeled "ATTACHMENT #9")
10. Attach a copy of an organizational chart for the entire OPT (including parent and all extension sites) listing the names and titles of responsible individuals. (Chart must be labeled "ATTACHMENT #10")
11. 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 extension site(s):
12. Attach a list of all staff working at the parent site. Give the person's name, title, function and working hours (List must be labeled "ATTACHMENT #12")

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: