

## **Extension Site Approval Under Medicare**

(Complete for each extension site)

## Outpatient Physical Therapy/Speech Pathology/Occupational Therapy Service

Parent Medicar	re Provider Number: _				
Extension Site	Location: Name of site				
	Address				
	City	State		Zip	
	County	Phone #: _			
	FOLLOWING DOCUMENT				
AGENCY:	Note no services snam de pi	rovided at the new practice lo	ocation unt	ii GMS approves the site.	
1.	Intent was sent to IDPH to open extension site 90 days prior to opening with approved 855A.				
2.	Completed attached CMS 381 and CMS 1856				
3.	An explanation of services rendered and available from the extension location, and whether the services are provided directly by agency employees or under a written contract. (Include specific modalities available.)				
4.	A detailed explanation on how the parent OPT/SP/OT will provide proper supervision to the $\underline{\text{extension}}$ $\underline{\text{site.}}$				
5.	A list of all contracts in effect and applicable to the extension location, including but not limited to social workers, vocational counselors, physical therapists, occupational therapist, speech pathologist, linen services, pest control, and housekeeping services.				
6.		The name and address of the physician who is available to the extension site for furnishing necessary medical care in the event of an emergency.			
7.	The hours of operation, and a so hours.	ne hours of operation, and a schedule of the professional staff who will be working during the operating ours.			
8.	A certification from the agency copy of such are on-site at the e	administrator that agency policies and procedures are in effect and a tension location.			
9.	A copy of the Table of Content	s (or other list) outlining the conte	ents of the po	licies and procedures.	
10.	An explanation of the manner is extension site operation.	n which the agency's Infection Co	ch the agency's Infection Control Committee monitors the		
11.	A detailed floor plan, drawn to	scale, indicating the location of al	l rehab equip	oment and all furniture.	
12.	An inventory of patient care equipment and dated by the agency	ventory of patient care equipment that is available and on-site for use at the extension location, d and dated by the agency administrator.			
13.	Evidence of approval of the bui	ding by the local fire authority.			
14.	A signed statement from the administrator of the agency indicating that he/she will ensure that all Medicare regulations will be met at all times at the new location.				
15.	Extension site is situated within population lives. Provide map sl	n a 30 mile radius of where 90 perchowing distance.	cent of the ag	gency's primary site's	
Submitted by:	(Name & Title of Authorized O	Official)	Date:		