



## Branch Questionnaire - Home Services / Home Nursing

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### Questionnaire for determining licensure branch office status.

Name of agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License number \_\_\_\_\_

The purpose of these questions is to evaluate the agency's overall management ability in the areas of supervision, coordination of services, effectiveness of communication systems, organizational staffing practice and service delivery logistics to determine if a proposed branch office should be designated as a branch. Your responses to the following items will be considered for the "desk audit" review and will be confirmed at the next on-site visit.

1. Describe the reason for the new branch location. Describe what type of services will be provided at the location? (i.e. intake referrals, staff training, and or workers assignments etc.). If additional space is needed, please attach another page. List the current number of clients being served currently under your license.

2. What is the address of the proposed branch office?

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Is the proposed branch office located on the premises of another business? If so, please name.

\_\_\_\_\_

4. Is the location from which the branch provides services within a portion of the total geographic service area served by the parent agency or will service area be added?



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5. What geographic area will be served by the proposed branch? Is it limited to patients served by a health facility?

6. What is the mileage and estimated travel time between the parent agency office and the branch office? (Note any unusual road conditions or terrain variations.)

7. What is the staffing pattern (number and type of employees) at the **parent** agency office and **branch** office? Also list services provided and indicate whether they are provided directly, through a contract or both.

8. Describe how administration is shared between the parent agency and the branch office.

9. Are the staff at the branch office employees of the parent agency? If not, please explain.

10. Where will personnel records be maintained and how will payroll be processed for the branch office?



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11. Is the direct supervision at the branch location the same as that at the parent office? Explain.

12. Is a designated supervisor available to the branch location during all hours of operation?

13. What is the planned frequency of visits by the parent agency to the branch location?

14. Does your agency provide services under contract with the Illinois Department of Aging (Community Care Program), Department of Human Services( Department of Rehabilitation Services) and or Veterans Affairs? If yes, list the number of clients currently being served under each applicable program.

15. Will patients be accepted and plans of service formulated at the branch office or at the parent agency office? Describe the process.



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16. Where will the client records for the branch office be maintained?

17. At either or both locations, are client records maintained in accordance with accepted professional standards? Explain.

18. Do the records contain all necessary information to identify the clients and describe the service plan and care rendered? Are the records safe-guarded against loss and unauthorized use? Explain

19. Are the client records for branch office reviewed by the parent agency? How often?

20. How and who will perform the every 90 day supervisory visit for the clients at the branch location?

21. How will the client billing for care provided from the branch be processed?



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22. How does the parent agency provide procedural guidance, supervision and orientation/in-service training for the branch staff?

23. Are copies of policy and procedure manuals located at the branch offices?

24. Are copies of completed and signed contracts for services by arrangement or direct contract workers available in the branch office?

25. How is the communication system between the parent agency and branch office designed to provide for timely exchange of information?

Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Administrator