



Home Health Agency Branch Questionnaire

Questionnaire for determining licensure branch/subunit office status

Name of home health agency _____

Address _____

City _____ State _____ Zip Code _____

License number _____ Medicare number _____

The purpose of these questions is to evaluate the home health 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 satellite office should be designated as a branch or a subunit. 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. Review the delivery pattern of services rendered by parent agency personnel to establish the geographic area. Describe the services that will be offered at the branch. If additional space is needed, please attach another page.

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

Address _____ County _____

City _____ State _____ Zip Code _____ Phone Number _____

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

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

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



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

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

7. Describe how administration is shared between the parent agency and the satellite office.

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

9. Where will personnel records be maintained and how will payroll be processed for the satellite office?

10. Describe how the agency will ensure direct nursing supervision will be performed at the satellite location. Is it the same as that at the parent office?



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11. Describe how the supervisor of a specific therapeutic service accomplish substantive review of supervised tasks at the satellite location.

12. Is a designated R.N. supervisor available to the satellite location during all hours of operation? What are his/her qualifications?

13. What is the planned frequency of visits by the parent agency nursing supervisor, M.D. or other professionals to the satellite location?

14. Describe how the agency has determined that the nursing supervision is adequate given the patient load and diagnostic mix of the patients served by the satellite office.

15. Will patients be admitted and plans of treatments formulated at the satellite office or at the parent agency office?
Describe the process.

16. Where will the clinical records for the satellite office be maintained?



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17. At either or both locations, are clinical records maintained in accordance with accepted professional standards? **If yes, please explain.**

18. Do the records contain all necessary information to identify the patients and describe the treatment plan and care rendered?

19. Are the records safe-guarded against loss and unauthorized use? **If yes, please explain.**

20. Are the clinical records for satellite office reviewed by the parent agency? **How often?**

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

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



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23. Are copies of policy and procedure manuals located at the satellite offices? How will the parent review the branch office to ensure that all staff are adhering to the policies and procedures and Medicare Conditions of Participation?

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

25. How is the communication system between the parent agency and satellite office designed to provide for timely exchange of information to ensure the HHA meets 484.14(d)?

26. Attach an organizational chart delineating the line of authority, professional and administrative control of the Home Health Agency, including the branch.

Submitted by _____ Date _____
Signature of HHA Administrator