The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter was issued on April 18, 2007. This letter, which was distributed by e-mail on April 19th, is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 07-05 – Procedures for Obtaining Information for Home Health Agency Branch Office Certification Applications

If you have any questions, please contact the Licensing and Credentialing Section at (512) 438-2630.
REGIONAL SURVEY AND CERTIFICATION LETTER NO. 07-05

TO: All State Survey Agencies (Action/Information)
    All Title XIX Single State Agencies (Action/Information)

SUBJECT: Procedures for Obtaining Information for Home Health Agency Branch Office Certification Applications

The purpose of this letter is to clarify the information necessary for the Centers for Medicare & Medicaid Services’ (CMS) to review a home health agency’s (HHA) application for branch office certification. The state agency should refer to the State Operations Manual, Section 2182 when reviewing HHA branch office requests.

CMS relies on State agencies to recommend approval or denial of home health agency branch certification. In order for CMS to accurately review applications for HHA branch office certification state agencies should include the following information in their recommendations for HHA branch office certification:

1. **Location**
   - Address and phone number of the branch.
   - Geographic area and metropolitan statistical area (MSA) served by parent and branch (counties, cities, zip codes); including the date the geographic area was approved.
   - If the service area crosses state lines a reciprocal agreement is needed.

2. **Organization**
   - Patient census of parent and anticipated census of branch.
   - Attach the organizational chart delineating lines of authority, reporting, and professional and administrative control for the HHA and the branch.
     - Identify the person who will resolve patient care issues at the branch.
   - Describe how the governing body assumes responsibility for overall operations of the parent and branch.
   - Provide the policy for addressing clinical and other emergency situations.
   - Provide plans for addressing staff absenteeism.

3. **Supervision**
   - Describe how and by whom the HHA parent will provide daily supervision of the proposed branch’s operations.
Do the parent and branch share staff on a daily basis?
Who will provide daily supervision of the HHA operations for the proposed branch?
How does the agency provide supervision?
How will staff coordinate care and services?

• If recommending branch certification, assure that the agency is capable of providing adequate supervision of the quality of care for patients serviced by the branch.

4. Services

• List services provided directly and under arrangement by the parent and the branch.
• List any services shared by the branch and the HHA parent.

5. Fiscal Intermediary

• Include a copy of CMS 855A submitted to the fiscal intermediary and the letter from the fiscal intermediary stating the addition/change was accepted and updated.

6. Compliance

• Describe any past or recent compliance issues involving the HHA.

This information may be obtained in the form of a questionnaire and attachments or any method determined by the state agency. If you have any questions, please contact Jann Caldwell at 214-767-4401.

Sincerely,

Molly Crawshaw
Associate Regional Administrator
Division of Survey and Certification