

**HOME HEALTH AGENCY
ADDITION OF BRANCH LOCATION**

FACILITY NAME: _____

CITY: _____ CCN: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Please mail or E-mail the following items to Healthcare Licensing and Surveys:

CHECK OFF	ITEM
	1. Main (parent) agency location (physical address)
	2. Physical address of requested branch location.
	3. Organizational chart delineating lines of authority, professional and administrative control for the HHA, including the branch.
	4. Defined geographic service area (counties, cities, zip codes), and any intention to cross State lines.
	5. List of services shared with the HHA parent.
	6. List of services provided directly and under arrangement.
	7. Contracts for any services provided under arrangement.
	8. Identification of any high-tech services provided (e.g., infusion therapies such as artificial nutrition and hydration, or chemotherapy, mechanical ventilation, tracheostomy care, etc.).
	9. Names of all branch staff and their job descriptions.
	10. Proof of branch staff qualifications (resume, licensure, aide training, etc.).
	11. Explanation of how supervision by the HHA parent will occur.
	12. Identification of the person who will resolve patient care issues at the branch.

	13. Explanation of how staff will coordinate care and services.
	14. Policies for addressing clinical and other emergency situations.

Parent HHA

The parent HHA is that part of the HHA that develops and maintains administrative control of all approved locations. The parent HHA is responsible for all services provided at the parent and those provided at any of its approved branch locations.

Branch Offices

A branch office is a location or site from which an HHA provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the HHA and is located sufficiently close to the parent agency so that it shares administration, supervision, and services with the parent agency on a daily basis.

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY
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Date:**Surveyor Assigned to Review:****Surveyor Recommendation Review Summary/Comments:****Date****Surveyor Signature:****State Survey Agency Director/Administrator (or designee) Comments:**
Additional Information Needed: ☐ **Approved:** ☐ **Denied:** ☐
Date:**Signature:**