

# MEMORANDUM

Texas Department of Human Services \* Long Term Care/Policy

**TO:** Long Term Care -Regulatory  
Regional Directors, State Office Section Managers and  
HCSSA Program Administrators

**FROM:** Marc Gold, Director  
Long Term Care Policy  
State Office MC: W-519

**SUBJECT:** Regional Survey & Certification Letter #01-18

**DATE:** January 2, 2002

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The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 01-18 -- State Agency Annual Report to Regional Office on Location of Extension Units. Please direct inquiries to Nance Stearman, Director, Health Facility Licensing and Compliance Division, Texas Department of Health at (512) 834-6648.

~Original Signature on File~

Marc Gold

Attachment



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Centers for Medicare & Medicaid Services**  
**Division of Medicaid and State Operations, Region VI**

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1301 Young Street, Room 827  
Dallas, Texas 75202  
Phone (214) 767-6301  
Fax (214) 767-0270

November 26, 2001

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 01-18

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

Subject: State Agency Annual Report to Regional Office on Location of Extension Units.

**Effective January 1, 2002**, State agencies (SAs) must forward a copy of the Identification of Extension Units of OPT/OSP Providers (Form HCFA 381) to all outpatient physical therapy (OPT) and Outpatient Speech Pathology (OSP) facilities annually. After receiving and reviewing this information, the SA will forward a summary annual report of the information to the Regional Office (RO) noting the number of extension locations **for each certified OPT/OSP provider**. The SA may refer to SOM 2300 for instructions.

If you have any questions, please contact Connie Jones (214) 767-6213 or at our main number (214) 767-6301.

Sincerely,

~Signature on File~

Connie M. Jones  
Health Insurance Specialist  
Survey and Certification Operations Branch