

# MEMORANDUM

## Texas Department of Aging and Disability Services

**TO:** Regulatory Services Division  
Regional Directors and State Office Managers

**FROM:** Michelle Dionne-Vahalik, Manager  
Policy, Rules, & Curriculum Development  
State Office MC E-370

**SUBJECT:** Regional Survey and Certification (RS&C) Letter No. 07-05

**DATE:** April 25, 2007

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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.

Attachment



## **Division of Survey and Certification, Region VI**

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April 12, 2007

### **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