



Extension Site Approval Under Medicare

(Complete for each extension site)

Outpatient Physical Therapy/Speech Pathology/Occupational Therapy Service

Parent Medicare Provider Number: _____

Extension Site Location: Name of site _____

Address _____

City _____ State _____ Zip _____

County _____ Phone #: _____

ATTACH THE FOLLOWING DOCUMENTS TO THIS CHECKLIST AND SUBMIT TO THE STATE SURVEY

AGENCY: Note no services shall be provided at the new practice location until CMS approves the site.

- _____ 1. Intent was sent to IDPH to open extension site 90 days prior to opening with approved 855A.
- _____ 2. Completed attached CMS 381 and CMS 1856
- _____ 3. An explanation of services rendered and available from the extension location, and whether the services are provided directly by agency employees or under a written contract. (Include specific modalities available.)
- _____ 4. A detailed explanation on how the parent OPT/SP/OT will provide proper supervision to the extension site.
- _____ 5. A list of all contracts in effect and applicable to the extension location, including but not limited to social workers, vocational counselors, physical therapists, occupational therapist, speech pathologist, linen services, pest control, and housekeeping services.
- _____ 6. The name and address of the physician who is available to the extension site for furnishing necessary medical care in the event of an emergency.
- _____ 7. The hours of operation, and a schedule of the professional staff who will be working during the operating hours.
- _____ 8. A certification from the agency's administrator that agency policies and procedures are in effect and a copy of such are on-site at the extension location.
- _____ 9. A copy of the Table of Contents (or other list) outlining the contents of the policies and procedures.
- _____ 10. An explanation of the manner in which the agency's Infection Control Committee monitors the extension site operation.
- _____ 11. A detailed floor plan, drawn to scale, indicating the location of all rehab equipment and all furniture.
- _____ 12. An inventory of patient care equipment that is available and on-site for use at the extension location, signed and dated by the agency administrator.
- _____ 13. Evidence of approval of the building by the local fire authority.
- _____ 14. A signed statement from the administrator of the agency indicating that he/she will ensure that all Medicare regulations will be met at all times at the new location.
- _____ 15. Extension site is situated within a 30 mile radius of where 90 percent of the agency's primary site's population lives. Provide map showing distance.

Submitted by: _____ Date: _____
(Name & Title of Authorized Official)