

# Branch/Drop-Site Questionnaire



**Purpose:** Evaluate the agency's overall management ability in supervision, coordination of services, effectiveness of communication systems, organizational staffing practice, and service delivery logistics to determine if the proposed location should be designated as a branch, drop-site, or requires a separate license. Your responses to the following items will be considered for the "desk audit" review and will be confirmed at the next on-site visit.

**License Number(s):**

**Name of the agency:**

**Address:**

**City/State/ZIP Code:**

**Requesting review for (select one):**     **BRANCH**         **DROP-SITE**

**Proposed new location:**

**Address:**

**City/State/ZIP Code:**

**Illinois County:**

## **Additional documentation required**

- Provide a travel map with the distance and time noted.
- Provide an organization chart demonstrating the reporting and supervision structure from the administration at the parent office through the direct care staff at the proposed branch/drop-site.
- Form or document to be used to document the new location's on-site supervisory visits per 77 Ill. Adm. Code 245.80(k)(1)(I).

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Using the following map, identify the parent office's location with a **red (x)** and the proposed location with a **red (\*)**.



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**Answer the following questions:**

1. What is the reason for the new proposed location?

2. Is the proposed location within the IDPH-approved geographic service area?

3. Is the proposed location located on the premises of another business?  Yes  No

a. If yes, identify the type of facility (e.g., independent living facility, assisted living facility, skilled long-term care facility)?

b. If yes, provide the documentation to demonstrate that clients can choose any agency for services.

c. Will the proposed location render services to private pay clients outside the facility it is attached to?

4. How many private pay clients currently receive services at the parent location?

5. Does the agency provide services under a contract with the Illinois Department on Aging (Community Care Program), Illinois Department of Human Services, Illinois Department of Rehabilitation Services, and/or Illinois Department of Veterans Affairs?

6. Will there be designated staff at the proposed new location? If yes, what is the staffing pattern and policy for coverage per section 245.40(a)(13) of the code?

7. Are the staff at the proposed location also employees of the parent office?

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8. How often will the parent office supervisors/administrators conduct on-site supervisory visits at the proposed location? Who will conduct these visits?

9. Describe what elements of the branch operations will be included in the agency's QA and QI reviews.

10. Where will the following records be kept?

a. Current personnel records?

b. Terminated personnel records?

c. Current client records?

d. Discharged client records?

11. How are client and personnel records safeguarded against loss and unauthorized use?

12. How are referrals for service to be handled from either location?

13. Where will the plan of care or service plan be developed? Describe the coordination of this process between the parent and the proposed branch.

14. Where will client billing occur?

15. Where will the payroll of employees occur?

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16. How will the proposed location receive support for office concerns, client care, and personnel concerns on a daily and emergency basis?

17. Where will the direct care staff receive required training?

18. How will the proposed location access the parent office's policy and procedure manual?

19. What is the projected communication system between the parent location and the proposed branch/drop-site?

I verify that the information contained in this form is true and accurate to the best of my knowledge and belief. I realize that misrepresentation of this information at any time may be cause for denial of this application and adverse licensure action.

Submitted by

Date

(Signature of Applicant/Administrator)