



Home Health Agency Branch Questionnaire

Questionnaire for determining licensure branch office status

Name of Home Health Agency _____

Address _____

City _____ State _____ Zip Code _____

License number _____ Medicare number _____

The purpose of these questions is to evaluate the home health agency's overall management ability in the areas of supervision, coordination of services, effectiveness of communication systems, organizational staffing practice and service delivery logistics to determine if a proposed branch office should be designated as a branch. Your responses to the following items will be considered for the "desk audit" review and will be confirmed at the next on-site visit.

1. Review the delivery pattern of services rendered by parent agency personnel to establish the geographic area. If additional space is needed, please attach another page.

2. What is the address of the proposed branch office?

Address _____ County _____

City _____ State _____ Zip Code _____ Phone Number _____

3. Is the proposed branch office located on the premises of another business? If so, please name.

4. Is the location from which the branch provides services within a portion of the total geographic service area served by the parent agency or will service area be added?

5. What geographic area will be served by the proposed branch? Is it limited to patients served by a health facility?



Home Health Agency Branch Questionnaire

6. What is the mileage and estimated travel time between the parent agency office and the branch office? (Note any unusual road conditions or terrain variations.)

7. What is the staffing pattern (number and type of employees, job description and names of people holding the positions) at the **parent** agency office and **branch** office? Also list services provided and indicate whether they are provided directly, through a contract or both.

8. Describe how administration is shared between the parent agency and the branch office.

9. Are the staff at the branch office employees of the parent agency? If not, please explain.

10. Where will personnel records be maintained and how will payroll be processed for the branch office? Also, please give details on the hiring practices and the involvement of the parent with hiring.

11. Is the direct nursing supervision at the branch location the same as that at the parent office? Explain.



Home Health Agency Branch Questionnaire

12. Does the supervisor of a specific therapeutic service accomplish substantive review of supervised tasks at the branch?

13. Is a designated R.N. supervisor available to the branch location during all hours of operation?

14. What is the planned frequency of visits by the parent agency nursing supervisor, M.D. or other professionals to the branch location?

15. Is the nursing supervision adequate given the patient load and diagnostic mix of the patients served by the branch office?

16. Will patients be admitted and plans of treatments formulated at the branch office or at the parent agency office? Describe the process.



Home Health Agency Branch Questionnaire

17. Where will the clinical records for the branch office be maintained?

18. At either or both locations, are clinical records maintained in accordance with accepted professional standards? Explain.

19. Do the records contain all necessary information to identify the patients and describe the treatment plan and care rendered?

20. Are the records safe-guarded against loss and unauthorized use? Explain.

21. Are the clinical records for branch office reviewed by the parent agency? How often?



Home Health Agency Branch Questionnaire

22. How will the patient billing for care provided from the branch office be processed?

23. How does the parent agency provide procedural guidance, supervision, and orientation / in-service training for the branch staff?

24. Are copies of policy and procedure manuals located at the branch offices?

25. Are copies of completed and signed contracts for services by arrangement or direct contract workers available in the branch office?

26. How is the communication system between the parent agency and branch office designed to provide for timely exchange of information?

Submitted by _____ Date _____
Signature of HHA Administrator