

Approval Process for Medicare Branch HHA Offices

Requirements:

- (1) Branch office must be in a county on the parent agency's license.
- (2) Branch office must be in the same AHCA geographic area as the parent.
- (3) Branch must be separately licensed unless it is in the same county as the parent. The process for getting a home health agency license is the same for all home health agencies that are licensed.
- (4) A Medicare Enrollment Application (CMS Form 855A) must have the branch sections completed according to the instructions on the form and submitted to the regional home health intermediary, Palmetto GBA. The form can be printed from the CMS web site at <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp> (at this site, click on "CMS Forms" on the left side of the screen, then pick the 855A form from the list of forms that will appear). If you have questions about completing the form, please contact Palmetto GBA at 803-382-6167. The completed CMS Form 855A must be mailed to the following address:

Palmetto GBA
Part A Provider Enrollment (AG-331)
P.O. Box 100144
Columbia, S.C. 29202-3144

- (5) Branch must meet the federal requirements below. **This includes submitting all information listed in section 2182.4A on page 3 to Cynthia Ibrahim, AHCA Home Care Unit, 2727 Mahan Drive – Mail Stop 34, Tallahassee, FL 32308.**
- (6) The administrator of the parent HHA may also be the administrator of the branch, if the requirements in 400.462(1), Florida Statutes, are met.

Federal Requirements:

From CMS State Operations Manual, Section 2182.2 & the Federal Home Health Agency Regulations

The following guidelines should be used when making a determination as to whether a proposed HHA unit is a branch as defined at 42 CFR Part 484.2:

"Branch office means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency."

“Parent home health agency means the agency that develops and maintains administrative controls of subunits and/or branch offices.”

A. Supervision

Supervision of the branch staff is critical to the provision of quality care for patients. The regulations require the branch to be within the parent’s geographical service area and close enough to the parent to share supervision, administration, and services on a daily basis.

Supervision means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity. Supervision at the branch must be adequate to support the care needs of the patients.

Supervision of services requires that a qualified person be physically present to directly supervise the provision of services by any individual who does not meet the qualifications specified at 42 CFR Part 484.4. For individuals that do meet the qualifications specified at 42 CFR Part 484.4, the supervisor does not have to be physically present during the provision of all services. The use of telephones, pagers, facsimile machines, or other electronic devices does not eliminate the requirement for the physical presence of the supervisor. The parent may appoint an effective full time branch supervisor or manager as long as this individual is and remains under the supervision of the parent. (The branch manager is considered the administrator per Florida licensing law 400.462(1), F.S.)

B. Distance

Mileage and travel times from the parent to the branch are significant factors to consider because they are implicitly referenced in the regulations. However, each alone would not be the single issue in determining appropriateness. The regulations require that a branch be “sufficiently close” to share administration, supervision, and services in a manner that makes it unnecessary for the branch to meet the CoPs on its own. To accomplish this, the parent agency must be physically located so that sharing of administration, supervision, and services with the branch can occur on a daily basis. If the parent is not capable of sharing such functions with the branch on a daily basis, then the non-parent office or location must independently meet the CoPs.

C. Geographic Area

“Geographic area” generally means the location, i.e., address of the clients served by the parent and non-parent. If the non-parent office is located within a portion of the total geographic area served by the parent, but serves patients outside the geographic area, then the non-parent should not be a branch and would be classified as a subunit. This is consistent with the subunit definition that applies to a non-parent office that serves patients in a geographic location different from the parent.

D. Sharing Administration, Supervision, and Services

In addition, consider that the sharing of HHA administration, supervision, and services may occur at any time and could flow in either direction, i.e., parent to branch or branch to parent.

If an entity within the HHA's organizational structure reports directly to the home or corporate office or some other office other than the alleged parent HHA, it is more likely a subunit rather than a branch. As a subunit it would need to independently meet the CoPs.

If the parent HHA and the non-parent use totally different staffs, it is less likely they are sharing functions on a daily basis, and it is therefore less likely that a parent/branch relationship exists.

The fact that the non-parent office is located in a different metropolitan statistical area (MSA) from that of the parent is a consideration in making determinations about geographic areas. Commuting patterns are one consideration in the establishment of MSAs. If the parent and non-parent are in different MSAs, it may reflect that the non-parent is not within sufficient proximity to the parent to share functions on a daily basis. This is especially true if the parent and non-parent are in non-contiguous MSAs. If the parent and non-parent are incapable of sharing emergency functions, including services, on a daily basis, the non-parent is probably not a branch.

It is the definitions in the Federal regulations (42 CFR Part 484.2) that must be satisfied in making parent, branch, or subunit determinations.

The fact that the Joint Commission on the Accreditation of Healthcare Organizations or the Community Health Accreditation Program has awarded branch status to a location will not affect CMS' parent/non-parent decision. CMS' determination will be based on its independent application of its regulations to the facts in the case."

2182.4 - CMS Approval Necessary for Non-Parent Locations

As part of the provider certification process, an existing Medicare-approved HHA must provide notification to CMS through the state agency [AHCA] of its proposal to add a branch.

2182.4A - Notification by HHA to Add Non-Parent Location

The notification should include the following information:

- Address and phone number of the branch/subunit;
- Organizational lines under the parent;
- How supervision will occur;
- Services provided directly and under arrangement; and
- Geographic area (counties, cities, zip codes).

The parent HHA should:

- Identify all branch staff and their job descriptions;
- Provide proof of staff qualifications (resume, licensure, aide training, etc.);
- Provide contracts for any services provided under arrangement;
- List any services shared with the HHA parent;
- Define service area and any intention to cross State lines (need a reciprocal agreement between

- States and RO approval at that time);
- Provide policy for addressing clinical and other emergency situations;
 - Provide plans for addressing staff absenteeism;
 - Identify any high-tech services provided;
 - Identify how staff will coordinate care and services;
 - Identify the person who will resolve patient care issues at the branch, and explain how supervision by the HHA parent will occur;
 - Attach organizational chart delineating lines of authority, professional and administrative control for the HHA and the branch; and

2182.4B – State Agency Considerations in Reviewing a Request for Branch Determination

“The state agency { AHCA } should review the HHA’s proposal for:

1. HHA’s ability to supervise the branch to assure the provision of quality care for the patients served by the branch. The following information should be considered:

- The HHA’s supervising nurse or physician, as required by 42 CFR 484.14(d) must be available by phone or other means of communication during operating hours. The presence of an effective branch supervisor or manager, who is formally appointed by and under the direct supervision of the HHA parent, is permissible;
- The HHA’s governing body is responsible for the overall operations of the parent and branch;
- The HHA parent may use technological means for supervision in conjunction with periodic onsite visits. The HHA parent should be aware of the staffing, patient census and any issues/matters affecting the operation of the branch. The lines of authority and professional and administrative control should be clearly delineated in the HHA’s organizational structure and in practice and should be traced to the HHA parent agency;
- The administrator of the HHA must be able to maintain an ongoing liaison with the branch to ensure that staff is competent and able to provide appropriate, adequate, effective and efficient patient care so as to ensure that any clinical and/or other emergencies are immediately addressed and resolved;
- The HHA must be able to maintain a system of communication and integration of services throughout the agency, whether provided directly or under arrangement, that ensures the identification of patient needs, an ongoing liaison between all disciplines providing care, and physician availability when necessary for relevant medical issues;
- The HHA parent should have a system in place to review patient records and care at the branch to ensure that the branch is implementing all policies and procedures and complying with the CoPs for all patients;
- The HHA parent must be able to monitor branch activities (clinical and administrative) and the management of services, as well as personnel and administrative issues;
- Depending on the organization, the HHA’s administrator, quality improvement personnel, supervisory personnel etc., should conduct periodic onsite visits to the branch to ensure the delivery of quality care;

- The HHA parent provides ongoing in-service training to ensure that all staff is competent to provide care and services;
- The HHA parent is responsible for any contracted arrangements with any individuals or organizations, even when the contracted services are used exclusively by the branch; and
- Whether the required group of professional personnel, which reviews the agency's policies, is directed to service delivery throughout the entire agency, including the HHA parent and any branches.

2. The HHA's past compliance history;

3. Relevant State issues and recommendations

- HHA must meet the state requirements above.

4. A review of the ability of the branch office to meet the regulatory definition of a branch as defined in 42 CFR 484. The regulations require the branch to be within the HHA's geographical service area and close enough to the HHA to share supervision, administration and services on a daily basis. While mileage and travel times are significant factors to consider because they are implicitly referenced in the regulations, each alone should not be the single issue in determining approval or denial of the branch. The following information should be considered:

- Services offered by the HHA parent are also offered by the branch;
- The branch and its service area must be located within the HHA parent's geographic service area. If the branch is extending the current geographic service area, the new geographic area must be contiguous.

While all of the above factors should be considered when reviewing branch office applications, the focus should be on the ability of the HHA to demonstrate how it can monitor all services provided in its entire service area, including any branch offices, to ensure compliance with the conditions of participation found at 42 CFR 484. The decision to approve a branch should be based on the HHA's ability to adequately supervise the branch to assure that the quality and scope of items and services provided to all patients is of the highest practicable functional capacity for each patient so as to meet their medical, nursing, and rehabilitative needs. If a review of an HHA's branch office application is determined to be insufficient, the disapproval letter should include some discussion of these criteria."