

Home Health Agency – Add Branch Office Application Checklist

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

CHECKLIST AND INSTRUCTIONS- *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR ADDING A BRANCH OFFICE

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number of Parent • Location of Parent and proposed Branch • Facility name and ID number (if known) • Brief description of request • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Title 22 California Code of Regulation (CCR) section 74661(B)(3) Health and Safety Code (HSC) section 1728]</p> <p>Tips</p> <ul style="list-style-type: none"> • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN)

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		<ul style="list-style-type: none"> Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)
	Supporting Documents	<p>IRS - INTERNAL REVENUE SERVICE DOCUMENTATION</p> <p>Submit one of the following IRS tax documents showing entity's legal name and Tax Identification Number:</p> <ul style="list-style-type: none"> Form 941- Employer's Quarterly Federal Tax Return Form 8109-C- FTD Address Change Letter 147-C- EIN Confirmation Notification Form SS-4- Confirmation Notification
	Supporting Documents	<p>B.3 - ORGANIZATIONAL CHART – OWNER TYPE</p> <p>Submit an organizational chart if the owner is a for profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> Applicant's owners, including ownership percentages, Tax IDs/EINs and all directors, board members, corporate officers, LLC members/managers, and/or partners Parent company of applicant, if applicable, and all of the licensed agencies/facilities it is operating - see B.6
	Supporting Documents	<p>D.1 - CONTROL OF PROPERTY</p> <p>Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee</p>
	Supporting Documents	<p>FLOOR PLAN</p> <p>Submit a floor plan that coincides with your office space</p>

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	CMS 855A (Page 23 Only)	<p>GEOGRAPHIC AREAS OF HHA [CCR sections 74607, 74609, 74663, and 74664]</p> <ul style="list-style-type: none"> • Complete section F only • Submit a list of the geographical areas (including cities, counties, and zip codes) to be served • Submit a web-based map reflecting the distance between the Parent and the Branch Office • The service area of a parent HHA may not extend beyond four (4) hours surface travel time from the agency unless the agency serves a rural, scarcely populated area, under conditions • Branch offices cannot establish a new branch office outside of the HHAs approved geographic service area

MEDICARE CERTIFICATION DOCUMENTS

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	CMS 855A	<p>MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION</p> <ul style="list-style-type: none"> • The addition of a Branch Office must have prior approval from Centers for Medicare and Medicaid Services (CMS) for Certification of a HHA. Without prior approval, the provider cannot provide services to Medicare Patients • This application is from the Federal Department of Health and Human Services • The completed application should be mailed directly to the appropriate fiscal intermediary
	CMS 1572 (a)&(b)	<p>HOME HEALTH AGENCY SURVEY AND DEFICIENCY REPORT</p> <ul style="list-style-type: none"> • The CMS 1572 form is required • Complete pages (a) and (b), items 1-20, as indicated on the form

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		<p>Note: If licensed “only”, the CMS 1572 form is required to document the services requested and to assist the local district office with the survey process. If requesting certification, the CMS 1572 form is required to apply for Medicare certification.</p>