

Adding an Extension Site



To add an extension site to a certified Outpatient Physical Therapy and /or Outpatient Speech Pathology Services Program:

- A. Notify the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) 90 days prior to the intent to open an extension location and copy the Indiana State Department of Health of the notification
- B. Complete forms, provide information and send them to the Indiana State Department of Health and CMS RO
- C. Complete an 855 application and submit to your Medicare Administrative Contractor (MAC).

A. Notify CMS RO 90 days prior to the intended move and copy Indiana State Department of Health of notification.

Per the State Operation Manual in section 2298B Extension Location Approval Process, you **must notify the Centers for Medicare and Medicaid Services (CMS) 90 days prior** to the expected move and seek approval from the Regional Office (RO) before you can bill Medicare for covered services for the new address.

Send a letter to ISDH and Lauren Anderson at the Chicago Region Office:

Non-Long Term Care Certification & Enforcement Branch
Department of Health and Human Services
Attn: Lauren Anderson
233 N Michigan Avenue, Ste 600
Chicago, IL 60601-5519

Indiana Department of Health
Division of Acute & Continuing Care
Attn: Lorraine Switzer
2 North Meridian Street, 4A
Indianapolis, IN 46204

B. Complete the following forms, provide required information listed below and send them to the Indiana State Department of Health (ISDH) and CMS RO

1. Application form ([CMS-1856](#))
2. Declaration of Extension Sites form ([CMS-381](#))
3. Extension Site Questionnaire ([Form 55642](#))
4. Include the following information with the change of address application forms:
 - a. **A detailed floor plan** of each new location, drawn to scale, indicating the location of:

- equipment
 - furniture
 - pull fire alarm with local alarm capacity
 - portable fire extinguisher(s) (Extinguishers must be located on each floor of the premises and readily accessible; preferably located along normal paths of travel to exits)
 - areas designated for privacy and/or separate rooms
 - exits
 - bathrooms
- b. The lease agreement for each extension site
 - c. A copy of the latest fire inspection report
 - d. Documentation to verify the safety of the equipment, i.e. latest preventative maintenance, cleaning and inspection logs
 - e. Documentation of maintenance, servicing, and recharging of portable fire extinguishers performed by specially trained personnel
 - f. Policy for monthly portable fire extinguisher inspections and who the inspections will be completed by and training for that individual
 - g. A copy of your written plan for protection of all rehabilitation agency occupants and their evacuation in the event of fire. This plan must be in effect and readily available to all personnel at each site and must include:
 - The use of alarms
 - Notification of the fire department
 - Response to alarms
 - Isolation of fire
 - Evacuation
 - Extinguishment of fire
 - All employees should be periodically instructed regarding their duties under the plan
 - h. A statement indicating where the medical records for each new extension site are kept
 - i. A statement, signed by the Administrator, ensuring that Medicare/Medicaid regulations will be met at all times at the new location(s). The signed statement must also indicate that, by **not** following these regulations, the re-certification at the **MAIN SITE** could be jeopardized

Please return forms to both IDOH and CMS RO located at:

Non-Long Term Care Certification & Enforcement Branch
 Department of Health and Human Services
 Attn: Lauren Anderson
 233 N Michigan Avenue, Ste 600
 Chicago, IL 60601-5519



Indiana Department of Health
Division of Acute & Continuing Care
Attn: Lorraine Switzer
2 North Meridian Street, 4A
Indianapolis, IN 46204

If you need assistance with this application, contact Lorraine Switzer at (317) 233-7502.

C. Complete an 855 application and submit this to your MAC:

Please visit the CMS website for [Medicare Provider/Supplier Enrollment forms](#).

These forms include the CMS **855A, CMS 855B, CMS 855I, CMS 855R** and **CMSS**. A comprehensive user guide, providing detailed instructions on how to download these applications, is also available on the web site. Providers/suppliers can complete a form on their computer, save it as a file, and print the completed form for final signature and submission. If you have questions on completion or approval of the CMA 855 form please contact your MAC:

WPS Medicare Part A
Provider Enrollment
P.O. Box 2430
Omaha, NE 68103-2430
<http://www.wpsmedicare.com/j8macparta/>

The CMS 855 application must be approved by your MAC before your request can be processed.

Note: YOU MAY NOT BILL FOR SERVICES PROVIDED AT THE NEW EXTENSION SITE UNTIL IT HAS BEEN APPROVED BY CMS. You will be notified regarding your request for approval at the earliest date possible.

