



Branch Questionnaire

Questionnaire for determining licensure branch office status

Name of agency _____

Address _____

City _____ State _____ Zip Code _____

License number _____

The purpose of these questions is to evaluate the 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 satellite 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. Describe the reason for the new branch location. Describe what type of services will be provided at the location? (i.e. intake referrals, staff training, and or workers assignments etc.). If additional space is needed, please attach another page. List the current number of clients being served currently under your license.

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

Address _____ County _____

City _____ State _____ Zip Code _____ Phone Number _____

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

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



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

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

6. What is the staffing pattern (number and type of employees) at the **parent** agency office and **satellite** office? Also list services provided and indicate whether they are provided directly, through a contract or both.

7. Describe how administration is shared between the parent agency and the satellite office.

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

9. Where will personnel records be maintained and how will payroll be processed for the satellite office?



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10. Is the direct supervision at the satellite location the same as that at the parent office? Explain.

11. Is a designated supervisor available to the satellite location during all hours of operation?

12. What is the planned frequency of visits by the parent agency to the satellite location?

13. Does your agency provide services under contract with the Illinois Department of Aging (Community Care Program), Department of Human Services(Department of Rehabilitation Services) and or Veterans Affairs? If yes, list the number of clients currently being served under each applicable program.

14. Will patients be accepted and plans of service formulated at the satellite office or at the parent agency office? Describe the process.



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15. Where will the client records for the satellite office be maintained?

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

17. Do the records contain all necessary information to identify the clients and describe the service plan and care rendered? Are the records safe-guarded against loss and unauthorized use? Explain

18. Are the client records for satellite office reviewed by the parent agency? How often?

19. How and who will perform the every 90 day supervisory visit for the clients at the branch location?

20. How will the client billing for care provided from the branch be processed?



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

22. Are copies of policy and procedure manuals located at the satellite offices?

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

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

Submitted by _____
Signature of Administrator

Date _____