EXHIBIT 284

MODEL DENIAL LETTER TO A HOME HEALTH AGENCY (HHA) THAT REQUESTED A BRANCH OFFICE

(Date)

HHA Administrator Name HHA Name Address City, State, ZIP Code

Dear (HHA Administrator Name):

This is to inform you of the Centers for Medicare & Medicaid Services' (CMS) decision to deny your request to establish a branch office in (City, County, State).

In order to be approved as a branch office of a parent HHA, an entity must meet the regulatory requirements for a branch. These requirements are found at 42 CFR Part 484.2. The branch must also meet applicable licensing or certification requirements for a branch in the State in which it is located and the State in which the parent is located, if different. The branch office is a location or site from which an HHA provides services within a portion of the total geographic area served by the parent agency. The regulations require that a branch be sufficiently close to the HHA parent to share administration, supervision, and services in a manner that makes it unnecessary for the branch to meet the conditions of participation on its own. To accomplish this, the HHA parent agency must assure that the sharing of administration, supervision, and services with the branch can occur on a daily basis.

After a careful review, CMS has determined that the location you propose as a branch does not meet the regulatory requirements. This is because:

- □ The HHA parent has not documented how it will be responsible for supervising and monitoring the services at the branch, and assure that the services are provided according to the HHA parent's policies and procedures.
- □ The HHA parent has been unable to demonstrate how it will monitor the quality of care provided to all its patients, including the proposed branch, to assure that the patients are receiving the needed care and services to attain and maintain the highest practicable functional capacity for each patient in terms of medical, nursing, and rehabilitative needs.

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- □ The HHA parent has not documented how it intends to provide the daily supervision necessary to assure adequate direction of staff in the delivery of patient care.
- □ The HHA parent has not documented how the HHA's governing body will be responsible for the overall operations of the HHA parent and branch.
- □ The proposed location does not meet state licensure or certification requirements for a branch.
- □ The involved state agencies were unable to come to reciprocal agreement concerning surveys of the branch office.

If you have any questions or concerns, or wish to submit additional information, please contact (**name and address of contact**).

If you wish to request that this location be considered as a subunit, please contact (**name and address of contact**).

Sincerely yours,

Associate Regional Administrator (or its equivalent)

cc: State Survey Agency