

HHA- To Add or Remove Geographic Service Areas and Relocation of Office

Remove Service Area(s)

- Send a letter stating your intention to discontinue providing services in a county or counties with an effective date and a statement as to when the last patient was serviced in that county – **BE SURE TO INCLUDE YOUR LICENSE/PROVIDER # IN THE LETTER**

Add Service Area(s)

- Send a letter requesting the addition of the county/counties that you would like to provide services in - **BE SURE TO INCLUDE YOUR LICENSE/PROVIDER # IN THE LETTER**
- Attach a **CURRENT** list of **ALL** of the staff that you employ –**put an asterisk (*) next to the name of anyone who will be providing service in the county (ies) that you are requesting to add.** If your agency uses contracted services, then a statement is needed to verify that the contracting agency will be able to provide their services in the new geographic area.
- Include a list of your **CURRENT** geographic service area (county or counties) that you have been approved to service.
- **Send a narrative outlining the reason for the expansion request** and include in the narrative at least a response to the following items: are referrals are being requested from the new service area; how will administration manage the added service area for staff assignment and supervision; what is the process for client onsite home supervisory visits per regulations going to be met and how will client medical record information be sent to agency office from staff in the service area.

Relocation of office

- Send a copy of the lease for the new location and a floor plan of the office to ensure adequate space and ensure confidentiality.
- A statement that the administrative staff and other employees are continuing employment with the relocation.

PLEASE NOTE: In order for your request to be considered, all of the information requested must be submitted.

The information may be faxed to the Department of Public Health at 217-782-0382, Attention Karen Senger. If you wish to mail the information please submit it to:

Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 W. Jefferson Street, 4th Floor
Springfield, IL 62761-0001
Attn: Karen Senger

If you have any questions, you may contact staff at 217-782-0386