

MAKING CHANGES TO YOUR IDPH HOME HEALTH LICENSE

The Illinois Department of Public Health requires that you notify our office within 30 days of changes to your IDPH License. The table below shows the requirements for making changes to your license and what forms are needed to complete the process. These forms can be located on the Illinois Department of Public Health's website, at <http://www.dph.illinois.gov/forms-publications> or on each individual program page.

I NEED TO:	WHAT FORMS DO I USE?	ANYTHING ELSE?
Change our physical or mailing address	Complete the Facility Information Change Form	Send a copy of the new lease and a floor plan of the new location. Also provide a statement that staff and administrator(s) will continue on at new location. Go here for further information/requirements.
Change agency telephone number or fax number	Complete the Facility Information Change Form	
Change agency email address	Complete the Facility Information Change Form	
Change the name of our facility	Complete the Facility Information Change Form	Be sure to complete any necessary steps/paperwork required by the Illinois Secretary of State
Change the ownership of our facility	At least 30 days prior to the sale, complete the Home Health, Home Services, Home Nursing and Placement Agency Licensing Renewal/Change of Ownership Application	Review the Change of Ownership Information in the Frequently Asked Question Section here & Follow all instructions on the application for CHOWs
Change our Administrator	Complete Attachment A	
Change Agency Supervisor	Complete Attachment B	
Change Medical Social Worker	Complete Attachment D	
Add Service(s)	No form – send a letter containing your license or Medicare number detailing the requirements set forth in the Procedures	Review and Follow the procedures to Add or Remove Services here
Remove Service(s)	No form – send a letter containing your license or Medicare number detailing the requirements set forth in the Procedures	Review and Follow the procedures to Add or Remove Services here
Add Geographic Service Area(s)	No form – send a letter containing your license number detailing the requirements set forth in the Procedures	Review and Follow the procedures to Add Geographic Service Areas here Be sure to include: - A list of all staff employed by the agency, noting (with an asterisk) the staff that will be providing services in the areas you wish to add - A list of your current geographic service area - A narrative outlining the reason for the expansion request
Remove Geographic Service Area(s)	No form – send a letter containing your license number detailing the requirements set forth in the Procedures	Review and Follow the procedures to Remove Geographic Service Areas here
Add or Remove a Branch	Complete the Home Health Agency Branch Questionnaire	You cannot conduct business in a branch office without an approval from IDPH and Medicare.