

Initial License, Renewal License and Change of Ownership(CHOW) Application Instructions

Home Health Agencies, Home Nursing Agencies, Home Services Agencies, Home Nursing Placement Agencies, and Home Services Placement Agencies



State of Illinois
Illinois Department of Public Health
Home Health, Home Services, Home Nursing Agency
Renewal/Change of Ownership License Application

Renewal License Expiration Date: _____ License Number: _____
 Change of Ownership Medicare Number: _____ License Number: _____

IMPORTANT NOTICE - Pursuant to the Home Health Agency Licensing Act (210 ILCS 55/1 et seq.) and the rules and regulations of the Illinois Department of Public Health, titled "Home Health, Home Service and Home Nursing Agency Code" (77 Ill. Adm. Code 240), this state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the act and the attendant rules. Disclosure of this information is mandatory. This form has been approved by the Home Management Center.

GENERAL INFORMATION
Agency Name and Address

Agency Name: _____ Agency Phone: _____
 Agency Fax: _____
 Address: _____ Business Hours: _____ a.m. to _____ p.m.
 City: _____ Day of the Week: _____
 State: _____ ZIP Code: _____ E-mail Address: _____
 Facility Address (if agency's physical location is different from the mailing address above): _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Illinois County of Agency: _____ to _____
 Fiscal Period (i.e. Month/Day): _____ to _____ Month/Day: _____

AFFIDAVIT OF AGREEMENT
The data contained in this application has been reviewed by me and is accurate to the best of my knowledge. I will comply with all rules and regulations governing the licensing of this agency.

Signature Agency Administrator/Agency Manager (ORIGINAL ONLY): _____ Date Signed: _____
 Name of Agency Administrator/Agency Manager: _____ Administrator's Title: _____

Contact Person: _____
 Name of Contact Person: _____ Phone Number: _____

Form Number: (445104) (revised 3/2014) Page 3 of 28

Tips for Completing Application

Type or print all information so that it is legible.

Do not use pencil or white out correctional fluid on the application.

Complete and send **ALL** required sections of the application, as indicated on page 1.

Please ensure that you send the correct payment along with the application, as noted in Section 245.95 of the IL Administrative Code as well listed on Page 1 of the application.

If you do not complete the application online or in Adobe, be sure to make note of all Drop Down Boxes on the application and their corresponding choices and complete them properly on the application by hand.

Report additional information within the Staffing Section by photocopying that page each additional entry/additional space.

Keep a copy of your completed application, including attachments for your records.

All applications must contain **original** signatures. **Initial:** Page 3, Page 8 (Sole Proprietors Only) and any Attachments (A, B, D, E) that may pertain to your application. **Renewal:** Page 3, Page 11 (Sole Proprietors Only), Page 15 and any Attachments (A, B, D, E) that may pertain to your application.

Submit all the required documentation along with your application.

-For initial applications be sure to include the required attachments such as the ones noted on page 12 of the application.

- For renewal applications please submit a copy of your contract as noted on page 9 of application and the copies of the licenses required for the Affidavit on page 15 of the renewal application.

Questions About The Application

BEFORE you call or write this office with questions regarding completion of the application:

- Read the Illinois Department of Public Health rules and regulations, located on the [IDPH Website](#).
- Compare the personnel requirements with proposed employee resumes.

Please Verify the following information before submitting the application:

- On the bottom of Page 3, ensure that the name and telephone number of the contact person are completed so that in the event that IDPH has any questions concerning the data submitted, you can be reached. Also, be sure to sign the bottom of Page 3 on the line that states "Signature-Agency Administrator/Agency Manager (ORIGINAL ONLY)" **(Please ensure that the contact number provided is one other than the main agency number)**

Mail Application To

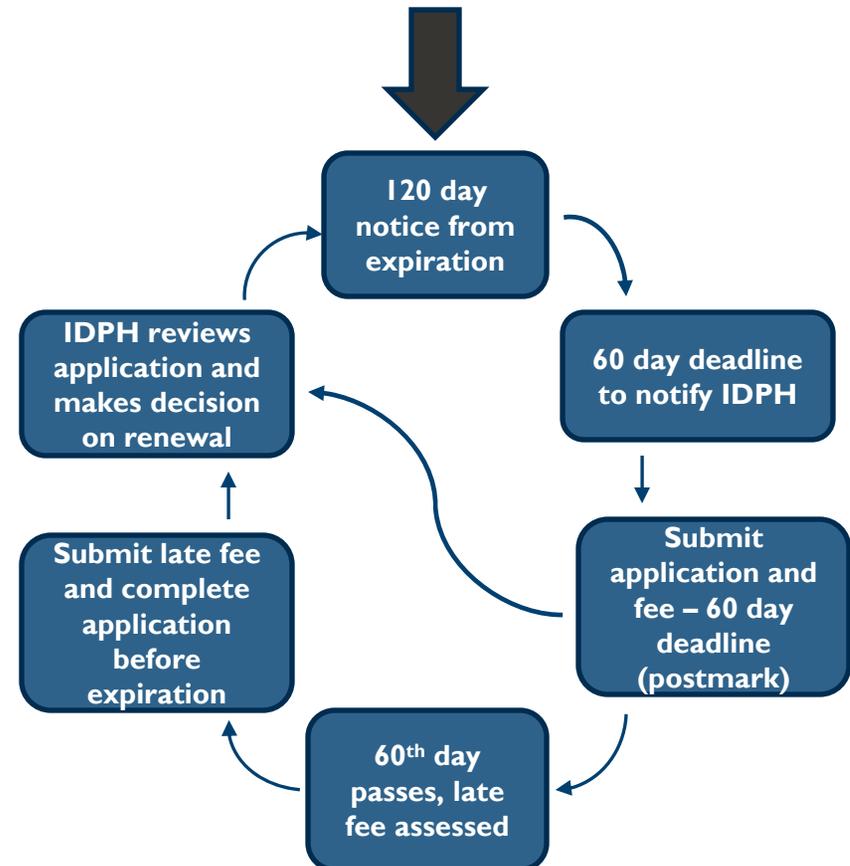
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE FACILITIES AND PROGRAMS SECTION
525 W JEFFERSON ST, FOURTH FLOOR
SPRINGFIELD, IL 62761-0001

Licensure Renewal

Renewal Licensure Process

- Renewal Applications must be submitted before the expiration date. IDPH sends a reminder at least 120 days before the license expiration date. **This reminder is a courtesy. If for whatever reason this reminder is not received, the timely submission of your application is still required to avoid the late fee.**
- An agency must submit to IDPH a complete and correct renewal application and the required license fee specified on page 1 of the Renewal/CHOW application.
- The application packet must be postmarked no later than the 60th day before the expiration date of the license., per [Sec. 245.90 \(b\)](#).
- If an agency submits a renewal application that is postmarked later than the 60th day before the expiration date of the license, IDPH will assess a \$200 late fee. This fee must be submitted before the renewal application will be processed.

IDPH sends out a courtesy reminder of expiration



Change of Ownership (CHOW)

Important factors affecting a CHOW

A current applicant should notify IDPH of a CHOW or potential CHOW at least 30 days prior to the sale of their business.

A prospective new owner must submit a postmarked, complete and correct application packet for a license and the appropriate license fee at least 30 days before the date of sale or other transfer of ownership, and before the expiration date of the license.

If an applicant submits a timely and complete application packet along with the license fee and meets all criteria for a license, IDPH issues the applicant a new license effective on the date of transfer of ownership.



*Under NEW
Ownership*

Relocation

Factors affecting a relocation

An agency should not transfer a license from one location to another without prior notice to IDPH. The agency must submit written notice to IDPH at least 30 days prior to the intended relocation.

IDPH will send the agency a Acknowledgement of Change reflecting the new location.

An agency is exempt from the requirements when reporting a temporary relocation that results from the effects of an emergency or disaster.



To obtain an exemption, an agency must notify IDPH immediately if an unexpected situation beyond the agency's control makes it impossible for the agency to submit written notice to IDPH no later than 30 days prior to the agency relocation.

Changes in Organization

A change in the management personnel requires IDPH's evaluation and approval. If a change occurs in the following management personnel, an agency must submit written notice to IDPH: administrator, agency supervisor, or agency manager.

IDPH will notify an agency if the information provided does not reflect that a person meets the necessary qualifications(per section [245.30\(e\)](#) for Home Health Agency Supervisor, [245.20](#) for Home Health Agency Administrator, and [245.30\(g\)](#) for Home Services and Home Nursing Agency Manager.)



In order to report a change in management personnel please complete the [Agency Manager Qualification Review Form](#) and mail the form to our office.

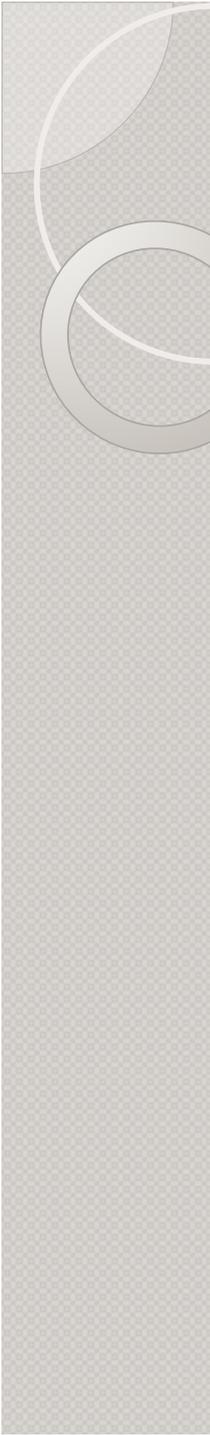
This form must be mailed and **cannot** be faxed or emailed.

Geographic Service Area

How to Add Geographic Service Area(s):

1. 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 NUMBER IN THE LETTER.**
2. 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.**
3. Include a list of your **CURRENT** geographic service area (county or counties) that you have been approved to service.
4. **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 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 the agency office from staff in the service area.

All Agencies: In order to Add Geographic Service Areas, the new service areas must be approved prior to servicing clients in these locale. **Please note that Geographic Services Areas cannot be added on a renewal application, without prior approval by IDPH.**



General Application Instructions

General Information Section (Page 3)

- A. Agency Name and Address** - This should be the address used for licensing and mailing purposes. Please note that mailing address with a P.O. Box cannot receive certified letters from the Department.
- B. Facility Address** - This address should be for the physical location where the business will be located/conducted (if different than mailing address).
- C. Illinois County of Agency** – Illinois county where agency (parent) is located.
- D. Fiscal Period (Month/Day)**- This is the start date (month/day) and end date of your business' fiscal year. The start date of the fiscal year is completely up to the applicant, but must run for a 12-month period (e.g., April 1 through March 31). ***Please provide the month and day only. Do not include the year.***
- E. Affidavit of Agreement** – The administrator and/or the agency manager's signature specifies the affidavit of agreement with date being supplied. The application is considered incomplete if the administrator has failed to sign the application. It must be an ACTUAL SIGNATURE, no signature stamps or photocopies of signature will be accepted!
- F. Contact Person** – This section must be completed with the telephone number (include area code, number and extension for the contact person).

General Application Instructions (Cont)

Ownership (Page 4)

A. Type of Organization – Identify whether the organization is a Governmental, Non-profit, or Proprietary (for profit) agency. Then, indicate the ownership from the drop down menu under the corresponding category(Chose A-J). Please select only one type. If you are filling out the application by hand, please be sure to view the ownership types and enter the correct letter and choice in the appropriate blank.

OWNERSHIP

Select one TYPE OF ORGANIZATION from the drop down list that corresponds to your agency

(CHOOSE ONE TYPE)

GOVERNMENTAL NON-PROFIT PROPRIETARY

*RA - Registered agent required, see below.

(Add appropriate response from drop down box)

Agency Information (Page 4)

A. Agency Information– Indicate the name, address (including ZIP code plus 4) and telephone number of the **legal owner** of the agency. This information is required for all agencies. ****Please note that the legal owner has to be the Corporation or Company that owns the business/agency and not individual stock holders or LLC members.****

AGENCY INFORMATION

Name of Legal Owner

Street Address

General Application Instructions (Cont)

Illinois Registered Agent (Initial Page 4, Renewal Page 5)

A. Illinois Registered Agent – If licensee/application choice under Ownership is followed by (*RA), you must complete this section. The registered agent is a person or company specializing in serving as the registered agent for **Corporation, Limited Partnerships, Limited Liability Partnerships, and/or Limited Liability Companies**; the registered agent cannot be the parent agency.

The registered agent **must** be listed and have an Illinois address. This is the same person and address that is the registered with the Illinois Secretary of State. If you do not remember the name of the registered agent, you can check the Secretary of State website <http://www.ilsos.gov/corporatellc> and locate your agency's LLC/Incorporation.

ILLINOIS REGISTERED AGENT

Name of Illinois Registered Agent

Street Address

City

State

ZIP Code

Phone Number of Registered Agent

State

General Application Instructions (Cont)

Stockholder Information (Initial Page 4, Renewal Page 5)

A. Stockholders' Information– If the organization is a corporation, list the number of shares held and the percentage of total shares held by shareholders with more than 5 percent of common stock or the top five stockholders, whichever is less.

STOCKHOLDER INFORMATION

If the organization is a corporation, list the number of shares held and the percentage of total shares held by shareholders with more than 5 percent of common stock.

NAME OF STOCKHOLDER	SHARES HELD	PERCENTAGE OF SHARES

Governing Body (Initial Page 5, Renewal Page 6)

A. Identify Governing Body– Identify the officers of the governing body of your agency. The governing body has legal authority and responsibility for the conduct of the agency. Please be sure to fill in all of the blanks. One person may serve more than one role in the governing body of the agency.

GOVERNING BODY

Identify the officers of the governing body of your agency. The governing body has legal authority and responsibility for the conduct of the agency (Section 245.30 of the Illinois Administrative Code 245).

Office	Name of Individual
President	
Vice President	
Secretary	
Treasurer	

General Application Instructions (Cont)

Personnel Contracts(Initial Page 6, Renewal Page 7)

- A. **Agency Contracts (HOME HEALTH ONLY)**– If the agency contracts for services, indicate the name, address, and type of service(s) provided. The legal address should include the name and street number, city, state, and ZIP plus four. Select the type of service(s) provided by each organization to right of the address.
- B. If the agency has more contractors than space for which the page allows for, please PHOTOCOPY this page for additional space.
- C. Please note that SKILLED NURSING may not be contracted unless to cover vacations of regular staff or for specialized skills not routinely offered. SKILLED NURSING must be directly provided by the agency plus one other recognized service in order to qualify as a home health agency pursuant to Illinois law. If you use contracted SKILLED NURSING, please provide the rationale.

AGENCY CONTRACTS (add additional copies of this form if necessary)

Please note that SKILLED NURSING may not be contracted unless it is to cover vacations of regular staff or for specialized skills not routinely offered. SKILLED NURSING must be directly provided by the agency plus ONE OTHER RECOGNIZED SERVICE in order to qualify as a home health agency pursuant to Illinois law. If you use contracted SKILLED NURSING, please provide rationale.

Legal Name and Address of Organization

Type of Service

- | | |
|---|---|
| <input type="checkbox"/> H-Skilled Nursing | <input type="checkbox"/> I-Physical Therapy |
| <input type="checkbox"/> J-Speech Therapy | <input type="checkbox"/> K-Occupational Therapy |
| <input type="checkbox"/> L-Med. Social Worker | <input type="checkbox"/> M-Home Health Aide |

General Application Instructions (Cont)

Geographic Service Area (Initial Page 7, Renewal Page 8)

- A. Geographic Service Area**– Identify the counties or portions of counties where your agency intends to serve/serves. If your agency only intends on serving a portion of a county, indicate that county with an asterisk (*). All service areas must be contiguous.
- B.** Please do not include radius miles as a description of the service area.
- C.** For multiple licenses: If counties are different for various licenses, please note which counties are for which license.

GEOGRAPHIC SERVICE AREA

Identify the counties or portions of counties where the home health, home service, home nursing agency, home services placement agency, home nurse placement agency intends to serve patients. If you are intending to serve only a portion of a county, indicate that county with an asterisk (*). **All service areas must be contiguous.** Please do not include radius miles as a description of the service area.

County

County

General Application Instructions (Cont)

Staff Pages (Initial Page 12-13, Renewal Page 9-10)

- A. **Licensed or Registered Employees**– List ALL licensed, certified, and contractual employees.
- B. Be sure to include Job Title/Name, License Number, License Expiration Date, and FT/PT/Contract for each employee.
- C. Please **DO NOT** include the Social Security Number for Home Health aides and Home Service workers.
- D. Please note that you can only choose **one** of the following options per employee (FT/PT/Contract). An employee cannot fall under more than one category.
- E. On **INITIAL APPLICATIONS ONLY** – Please remember to include a copy of the employee's current Illinois license.
- F. Renewal Applications for Home Nursing need to include a copy of the RN License for the agency's supervising nurse .

Job Title/Name	License Number	Expiration Date	F/T	P/T
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrator Name	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
Agency Supervisor Name	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

Job Title/Name	License Number	Expiration Date	Contract		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Application Instructions (Cont)

Affidavit (Renewal ONLY - Page 15)

- A. Affidavit** – Please complete each blank as it pertains to your agency.
- B. Licenses** – Please remember to include a copy of the employee's current Illinois license, if applicable.
- C. Staff Changes** – For all staff changes that have not been previously approved by IDPH, please include a qualification review form. If there has been no change, it is **NOT** necessary to complete a qualification review form.

AFFIDAVIT

Please include a copy of each of the following employee's current Illinois license, if applicable.

This is to attest that the following named staff members serve in the position indicated. Please be sure to check the change/no change box for each position.

It is NOT necessary to complete a qualification review form if there has been no change.

Home Health Administrator	<input type="text"/>	<input type="checkbox"/> Change	<input type="checkbox"/> No Change
	Name of Administrator		
Home Health Agency Supervisor	<input type="text"/>	<input type="checkbox"/> Change	<input type="checkbox"/> No Change
	Name of Agency Supervisor		
Social Worker	<input type="text"/>	<input type="checkbox"/> Change	<input type="checkbox"/> No Change
	Name of Social Worker		
Social Worker's Assistant	<input type="text"/>	<input type="checkbox"/> Change	<input type="checkbox"/> No Change
	Name of Social Worker's Assistant		

Home Services/Home Nursing Agency Manager	<input type="text"/>	<input type="checkbox"/> Change	<input type="checkbox"/> No Change
	Name of Agency Manager		

Authorized Agent Signature

Attached are the completed qualification review forms and current Illinois license(s) for the above change(s).

Please note that the "Authorized Agent Signature" is required for ALL license types!

Client Contracts (Page 1 of 2)

Client Contract for Home Services/Home Nursing per Admin. Code 245.220

The Client contract and/or client agreement is a document between the agency and the client outlining what services will be provided, at what rate the client is to pay for services, identifies who is responsible for the home service/home nursing worker and the duration, and modification process to the contract/agreement. There must be a separate client agreement/contract for each type of license the agency holds, and the agency may not combine home services and home nursing into a single contract.

Some areas of contract need to be very specific and/or individualized for the client. For example:

A statement describing the agency license status- This must identify the type of license (i.e. Home services, home nursing, etc)

The duration of the contract- This must not have blanks to fill in, we have found that this is generally left incomplete and open for interpretation. It is recommended that the agency states the agreement/contract is in effect until it is modified or terminated by either party or the agreement/contract is in effect for one year and renewed annually or until terminated by either party.

The rate to be paid by the client and a detailed description of services to be provided as a part of the rate; The contract should not list what services your agency can provide. This must be individualized for each client as to which services he/she has selected along with the frequency of the services to be provided and this must be in writing. Most agencies utilize the required Service Plan/ Plan of care document (as per 245.210 d) to outline the individualized services and rate of pay for each client and attach it to the client contract for home services. The Treatment Plan as per 245.205 d) for home nursing. This document can then be modified or amended in the future for any changes, but the title of this document must be referenced as an attachment to the agreement/contract and be signed by the client or his/her representative.

Client Contracts (Page 2 of 2)

Some areas of contract need to be very specific and or individualized for the client. For example:

- A description of the process through which the contract may be modified, amended, or terminated - **The contract must clearly identify the process through which the client can request modifications/amendments to the contract and how the agency can modify/amend the contract (i.e. "All modifications must be in writing and agreed upon by both parties," etc.) The contract must also clearly identify the process through which the contract can be terminated. If the agency is to terminate services, it must inform the client of and follow the regulations listed below. Note: Home Nursing agencies must inform the patient's healthcare professional as stated below.**

Note per regulations 245.205 c) 4) When services are to be terminated by the agency, the patient is to be notified seven working days in advance of the date of termination. The notice shall state the reason for termination. This information shall be documented in the clinical record. When indicated, a plan shall be developed or a referral made for any continuing care. Services shall not be terminated until such time as the registered nurse has provided a minimum of seven days notice to the patient's health care professional. The seven-day notice requirement is not applicable in cases in which the worker's safety is at risk. In such cases, the agency shall notify the client of the timing of the termination of services and the reason for the termination. Documentation of the risk to the worker shall be maintained in the client record.

245.210 c) 3) for Home Services- " When services are terminated by the agency, the client is to be notified at least seven working days in advance of the date of termination, with a stated reason for the termination. This information shall be maintained in the client record. The seven-day notice requirement is not applicable in cases in which the worker's safety is at risk. In such cases, the agency may notify the client of termination of services and the reason for termination. Documentation of the risk to the provider shall be maintained in the client record."

- A description of the agency complaint resolution process- **The agency must inform the client as to how a complaint may be filed, to whom, and in what timeframe the client will receive an acknowledgement from the agency of said complaint. Additionally the agency must inform the client of what timeframe the client can expect a resolution to the complaint filed.**