

BRANCH-RELOCATE NEW COUNTY

Dear Provider:

To relocate a branch location to a new county submit the following information and/or documentation:

A letter on your agency's letterhead to RELOCATE to a new county to include the following:

- The agency's license number. The number is located on agency's license.
- The complete address of the branch the parent agency is requesting to relocate. Include the branch name, complete address, city, county, state, zip code and telephone number.
- The new branch location. Include the branch name, complete address, city, county, state, zip code, and telephone number.
- Completed '*Branch Questionnaire for a Home Health Agency*' State Form 53209. Please make sure the questionnaire is filled out completely and is legible.
- Include the Geographic Area Served form and Counties Served form (both are included with the questionnaire)
- Effective date of the change.
- Signature of administrator on the letter (the name must be on record with the Department).

Please ensure you file an 855a with your Fiscal Intermediary if you are Medicare certified.

Submit change request to:

Kelly Hemmelgarn
Program Director, Acute Care
Indiana State Department of Health
Acute Care Division
2 N Meridian St., Section 4A 07
Indianapolis, IN 46204