

BRANCH RELOCATION

Dear Provider:

To relocate your branch office submit the following information:

- **A letter on your agency's letterhead 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.
- Effective date of the change.
- Signature of administrator on the letter (the name must be on record with the Department).

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)

- **Please ensure you file an 855A with your Fiscal Intermediary if you are Medicare certified.**

For state-licensed only and/ or Medicaid agencies, once the above mentioned documents are submitted and approved, the Department will update our database to reflect the changes and send a confirmation letter of approval to the agency.

For Medicare agencies, upon receipt of your approved 855 from the fiscal intermediary (MAC), the Department will forward notice of the relocation to the regional office (CMS) for review and/or approval. CMS will notify the provider directly upon approval.

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