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