



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

June 7, 2022

«Admin\_Name»«FacAdminLast», «Admin\_Title»  
«Name»  
«Address»  
«Address\_2»  
«City», «State» «Zip»«Zip4»

License #«License\_»

Dear «Admin\_Name»:

**RE: Geographic Service Area Expansion**

Your Home Nursing Agency has been identified that your agency is also approved and registered with Division of Specialized Care for Children (DSCC). The Department in coordination with DSCC, will be granting your agency access to all counties in Illinois, to serve DSCC's Home Care participants only. **The Department request a letter to be sent with your agency's license renewal application each year, identifying the counties in which the agency provided services to DSCC clients.**

Your agency can only accept and provide services to other clients (non-DSCC) from the following counties () in which your agency has been approved for by the Department. If your agency seeks to increase the agency's geographic service area for non-DSCC clients, you must seek IDPH approval prior to accepting clients in the new counties. See the attached documents required for Departmental approval to increase geographic service area.

It is your responsibility to advise the Illinois Department of Healthcare and Family Services (Medicaid) and any other reimbursement organization, of the approval change in your service area.

If you have any questions about this process, please address your concerns to the Illinois Department of Public Health, Division of Health Care Facilities and Programs, Central Office Operations Section, 525 W. Jefferson Street, 4<sup>th</sup> Floor, Springfield, Illinois, 62761-0001, or feel free to call 217-782-7412. The Illinois Department of Public Health's TTY number, for the hearing impaired only, is 800-547-0466. The Division's fax number is 217-782-0382.

Respectfully,

Rani Harms MSN, RN, NPD-BC  
Home Services & Home Nursing Licensing Supervisor  
IDPH, Division of Health Care Facilities & Programs  
525 West Jefferson St., 4<sup>th</sup> Floor  
Springfield, IL. 62761

Attachment



## Geographic Service Area Request for Home Nursing Add/Remove Counties or Relocation of Office

### Add Service Area(s):

- Send a letter to the Department requesting the addition of the county/counties that the agency would like to add to its service area.  
**Requests must include the following:**
  - License Number
  - Agency Name
  - All the staff you employ with an asterisk (\*) to identify the staff you have allocated to service the requested area upon approval. If the agency uses contracted workers, a statement is needed to verify the contracted agency will be able to provide sufficient workers to fulfill demands of the additional area(s).
  - List your **CURRENT** geographic services you are approved to service.
- **Narrative identifying the following:**
  - The reason for the expansion request (i.e., currently receiving requests for service in that county).
  - How administration will manage the added service area for staff assignment and supervision.
  - The process for client onsite home supervisory visits per regulations going to be met.
  - How the client medical records will be sent to the agency office from the staff in the proposed area.

### Remove Service Area(s):

- Send a letter (**your license number and agency name must be provided**) indicating your intention to discontinue providing services in a county/counties with an effective date and a statement as to when the last patient was serviced in that county.

### Relocation of Office:

- Submit a copy of the lease for the new location and a floor plan of the office to ensure adequate space and ensure confidentiality.
- Send a statement that the administrative staff and other employees are continuing employment with the relocation.

**\*\*All requested documentation must be submitted for your request to be considered.**



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Requests can be submitted via email ([Theodore.Scott@illinois.gov](mailto:Theodore.Scott@illinois.gov) & [Rani.Harms@illinois.gov](mailto:Rani.Harms@illinois.gov)), fax(217-524-0488) or postal mail (Illinois Department of Public Health, Division of Health Care Facilities and Programs, Attn: Rani Harms, 525 W. Jefferson Street, 4th Floor, Springfield, IL 62761-0001).