



Off-Site Exception Request Form Instructions

Please use these instructions in order to complete the “Off-Site Exception Request Form.” A separate form will be used for each off-site request or renewal request made. Please reference DASA Rule 2060.203 and the attached policy for further assistance.

1. **Request** – Indicate if this is the first request for this site (initial request) or if the site has been given previous approval (renewal request).
2. **License Number** – Each off-site request must have an original license under which the site is operating. Please indicate the license number of the licensed site from which the off-site request is originating.
3. **Organization Information** – Indicate the requested information for the parent organization.
4. **Off-site Service Location** – Indicate the information for which the off-site location request is being made. Remember that each request will use a separate form.
5. **Reason for Exception Request** – Explain the rationale for the request. Special attention should be given to the items in 2060.203 (d.)
6. **Days of the Week and Hours of Operation** – Indicate the business hours for each day the off-site location will be open. Off-site locations cannot operate more than 15 hour per week.
7. **Expected Number of Individuals to be Served Per Week** – Indicate the number of individual patients expected to be treated at the off-site location per week.
8. **Names of Professional Staff Who Will Provide the Services** – List the name of each staff member who will be providing clinical services in accordance with 2060.309 at the off-site location, and the estimated number of service hours each staff will deliver. The total number of staff hours cannot exceed 15 per week.
9. **Address Where Records Will Be Maintained** – Indicate the address where clinical records will be maintained in accordance with 2060.325 for those services delivered at the off-site location.
10. **Check All That Apply** – Identify those services that will be delivered at the off-site location. The service has to be listed as licensed on the originating license. If billing Medicaid from the off-site location, the originating site must be Medicaid certified. If the off-site location meets the criteria described in the Off-site Exception Approval Policy for Medicaid enrollment, a completed enrollment packet must be submitted prior to Medicaid services being billed from this site.
11. **Signatures/E-mail** – The Authorized Organization Representative (AOR) will print their name and sign on the available lines. The date on which the form was completed will be entered by the provider. Indicate the e-mail address of the AOR.
12. **Send** – Please send the completed form along with a written request to the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse, Attn.: Licensing Staff, 401 South Clinton Street, Second Floor, Chicago, Illinois 60607
13. **DASA Response** – A letter of approval or denial signed by the DASA Director will be sent to the address listed under “Organization Information.”