

Dear Applicant:

Thank you for contacting the Medical Facilities-Home Services Division for guidance on completion of your **Hospice Change of Ownership (CHOW)**. Per Title 310:661-2-2(2) a CHOW must be filed “at least 30 days prior” to the change. Please complete state application form (ODH-924) and other designated forms, and submit with the required non-refundable fee to this office. By processing the CHOW your agency will be assigned the previous owner’s license number, provider number (if applicable) and will be subject to all rules, regulations, statutes and conditions of participation as it relates to Hospice.

Licensure:

- A. \$2000.00 fee
- B. Form 924 “Application for License to operate a Hospice” with attached responses to all questions
- C. Plan of Delivery (Hospice Act, Title 63-1-860.6.C. 1-7)
- D. Copy of Trade Name Report-Secretary of State
- E. Narrative Summary (Hospice Act 63-1-860.6.B.4)
- F. Signed Executed Sales Agreement- with effective date of CHOW
- G. Pre and Post organizational Chart

Medicare:

- A. Form CMS-417 “Hospice Request for Certification in the Medicare Program”
- B. Form CMS-1561 “Health Insurance Benefits Agreement”
- C. Bill of Sale
- D. OCR electronic Verification
- E. Approved form CMS 855A

Medicare Part A providers will be required to sign an attestation of their compliance with all applicable civil rights laws enforced by OCR (including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and Section 1557 of the Affordable Care Act). This attestation is referred to as an Assurance of Compliance and it can be found on the HHS website (Form HHS-690). New applicants for Medicare funding and current providers undergoing a CHOW will be responsible for submitting this attestation **electronically** to the OCR via OCR’s online Assurance of Compliance portal at

<https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>. The provider will receive electronic verification from OCR of successful submission of the attestation.

PLEASE NOTE: Form 855A is still required. The provider/supplier must contact the fiscal intermediary/carrier and complete the designated forms. A List of fiscal intermediaries/carriers by state and specialty can be located at https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/MedicareProviderSupEnroll/downloads/contact_list.pdf.

Once the forms have been completed the fiscal intermediary/carrier will distribute the forms to the State Agency.



OKLAHOMA
State Department
of Health

The Oklahoma Screening and Registry Employee Evaluation Network (OKSCREEN) is the Department's Web Portal created for providers for the purpose of applicant screening, obtaining authorizations for fingerprinting and determinations of employment eligibility. For more information visit <http://onbc.health.ok.gov>

If you have any questions, please call 405-426-8470.
Sincerely,

Dawn Lovett-Whitney, RN
Dawn Lovett-Whitney, RN
Administrative Programs Manager
Home Services Division
PHS- Medical Facilities Services