OKLAHOMA State Department of Health

Oklahoma State Department of Health
Health Facility Systems
123 Robert S. Kerr, Suite 1702
Oklahoma City, OK 73102-6406
p. (405) 426-8175
HealthResources@health.ok.gov

NOTICE OF CHANGE

FOR ALL FACILITY TYPES

http://hfs.health.ok.gov

Requirement for Notice of Change An ODH Form 958, Notice of Change, must be submitted *if, after issuance of a license and before a renewal application is due, changes occur so that information previously submitted in a facility's license application is no longer correct.* [OAC 310:675-3-8]

Deadlines for filing Notice of Change The Notice of Change form must be filed with the Department on or before the effective date of change, with the following exceptions: 1) When a change is unexpected or beyond the control of the facility, the facility shall provide notice to the Department within five (5) working days after the change; 2) For an increase in licensed bed capacity, the facility shall file the notice of change prior to the requested license amendment date. [OAC 310:675-3-8(b)]

Facility (dba) Name _____ **License No.** _____

Check all applicable boxes and complete the 'Previous' and 'New' sections for the change(s) being reported.

Item	Previous	New
☐ **Facility Name** Refer to Instructions, Item 1	*Facility Name*	*Facility Name and Effective Date*
☐ **Facility Physical Address** Refer to Instructions, Item 1	*Number, Street, City, Zip*	*Number, Street, City, Zip*
☐ **Facility Mailing Address** Refer to Instructions, Item 1	*Number, Street, City, Zip*	*Number, Street, City, Zip*
☐ **Facility Telephone Number**		
☐ **Facility Fax Number**		
☐ **Facility Email Address**		
☐ **Facility Beds** Refer to Instructions, Items 1 & 2	*Number and Type*	*Number, Type, and Effective Date*
☐ **Facility Administration Change** ☐**Administrator** ☐**DON** Refer to Instructions, Item 3	*Name and Effective Date of Departure*	*Name and Effective Date of Hire*
☐ **Facility Admin Email Address** ☐**Administrator** ☐**DON**		

Item	Previous	New
☐ **Owner/Lessor** Refer to Instructions, Item 1 & 4	*Name and Effective Date*	*Name and Effective Date*
☐ **Owner Address**		
☐ **Owner Phone Number**		
☐ **Owner Email Address**		
☐ **Lessee/SubLessee** Refer to Instructions, Items 1 & 4	*Name and Effective Date*	*Name and Effective Date*
☐ **Lessee Address**		
☐ **Lessee Phone Number**		
☐ **Manager** Refer to Instructions, Items 1 & 4	*Name and Effective Date*	*Name and Effective Date*
☐ **Manager Address**		
☐ **Manager Phone Number**		
☐ **Manager Email Address**		
☐ **Person(s) or entity with the legal duties of filing employment tax returns and paying employment taxes for facility staff.** Refer to Instructions, Item 5	*Name and Effective Date*	*Name and Effective Date*

The Notice of Change is not considered valid until the Department receives an original, notarized form.

Submit the original, notarized form and all applicable attachments to:

Health Resources Development Service
Oklahoma State Department of Health
123 Robert S. Kerr, Suite 1702
Oklahoma City, OK 73102-6406

I certify that the foregoing is true and complete to the best of my knowledge and belief.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____ County of _____

Signed and sworn to (or affirmed) before me on this_____day of_____, 20_____.

_____

Name(s) of Person(s) Making Statement

_____

Notary Public Signature

Notary Commission Number _____

Commission Expires _____

NOTICE OF CHANGE, ODH FORM 958 INSTRUCTIONS

1. Medicare facilities must submit a CMS-855A to the fiscal intermediary for initial certification, change of ownership and information changes (i.e., name or address change). The "Legal Name" on your CMS-855A and the operating entity name on your license must match *exactly*. The "dba" (doing business as) name on your CMS-855A and the facility name on your license must match *exactly*. Failure to complete the CMS-855A process may affect Medicare payments.

2. All requests to change licensed bed information should be filed prior to the requested license amendment date.

For changes to licensed beds designated for Alzheimer's or related dementia: Complete and attach ODH Form 613, *Alzheimer's Disclosure Form*.

For increases in licensed bed capacity: Attach the ten dollar ($10) per bed fee as required by 63 O.S. 1-1905(A) with the amended application. This fee may be prorated by the number of beds added and amount of time remaining on the license until expiration.

Note: The application is *not* a license to provide services or add beds *nor* does it provide approval as to the filing date of the application and fee.

3. To report a change in Administrator: Attach a legible copy of the new Administrator's current license.

4. To report a change or proposed change in owner, lessee, manager, or detail information that does not otherwise necessitate an initial license: Complete and attach ODH Forms 953-B Disclosure Statement, 953-C Detail Attachment, and 953-D Affirmation Attachment.

Note: If the change or proposed change will effect the person(s) or entity previously responsible for filing employment tax returns and paying employment taxes for the facility, follow the additional instructions in item 5.

5. To report a change or proposed change in the person(s) or entity with the legal duties of filing employment tax returns and paying employment taxes for facility staff or to advise the Department of a change in compliance status with the tax certification requirements detailed in OAC 310:675-3-1.1(g) [This is the person or entity and FEI # listed on IRS Forms 940 and 941.]: Complete and attach ODH Form 953-A, *License Application for a Nursing or Specialized Facility*.

6. Per Federal CLIA requirements 493.39(b) facilities must notify the CLIA Department directly whenever there is a change in facility information. If you have a change in ownership, a reorganization, or demographic information changes, or if the facility administrator is listed as the CLIA Director, and there is a change in administrators, then notify the CLIA Department at: (405) 426-7559 or email medicalfacilities@health.ok.gov.

ODH Forms for Health Facility Systems are listed on the Department Web site under Protective Health Services, Health Facility Systems located at **http://hfs.health.ok.gov**.

Submit fees, forms and attachments to:

HRDS/Health Facility Systems P.O. Box
268823
Oklahoma City, OK 73126-8821

Submit forms and attachments *only* to: (Do NOT submit fees to this address.)

Health Resources Development Service Attn:
Health Facility Systems Oklahoma State
123 Robert S. Kerr, Suite 1702
Oklahoma City, OK 73102-6406