

Dear Applicant:

Thank you for contacting the Medical Facilities- Home Services Division for guidance on completion of your Change of Ownership (CHOW). Per Title 310: 662-2-1 (F) (2) a CHOW must be filed "at least 30 days prior to the effective date of the change." Please complete state applications form (ODH-757) 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 Home Health.

Licensure:

- A. \$1000.00 fee
- B. ODH Form 757 "Application for License to operate a Home Care Agency"
- C. Certificate of Incorporation/LLC or Articles of Organization
- D. Copy of Trade Name Report (if using a D.B.A.)
- E. Insurance verification 310:662-2-1- (C) (5)
- F. Signed Executed Sales Agreement-with effective date of CHOW

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>

Medicare:

- A. Form CMS- 1572 "Home Health Agency Survey & Deficiencies Report"
- B. Form CMS 1561 "Health Insurance Benefits Agreement"
- C. Office of Civil Rights Electronic Verification Proof
- D. Signed Bill of Sale
- 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 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 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.



OKLAHOMA
State Department
of Health

PLEASE NOTE: Form CMS 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-and-Certification/MedicareProviderSupEnroll/downloads/contact_list.pdf. Once the forms have been completed the fiscal intermediary/carrier will distribute the forms to the State Agency.

If you have 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