



**ANNEX LICENSE APPLICATION  
 FOR A NURSING OR SPECIALIZED FACILITY**

Facility License Number (assigned by OSDH): \_\_\_\_\_

Facility CCN: \_\_\_\_\_

Applicant/Licensee Name: \_\_\_\_\_

Facility name (d.b.a. name): \_\_\_\_\_

Location of Annex:

Street City State Zip

County Fax Number Telephone Number

Total number of beds to be operated in the annex: \_\_\_\_\_

Will a new management entity operate the annex:  YES  NO

If YES, fill out the following applications: Exemption of a Management Agreement ([ODH Form 812](#)), Disclosure Statement ([ODH Form 614](#)), Detail Attachment ([ODH Form 953-C](#)), and Affirmation Attachment ([ODH 953-D](#)), and provide an executed copy of the Management Agreement.

**NOTICE TO APPLICANT AND OATH STATEMENT**

The Nursing Home Care Act requires the applicant to provide, under oath, true and complete information regarding the facility and the applicant. Willfully filing false, incomplete or misleading information is a misdemeanor subject to prosecution by the District Attorney or the Attorney General. In addition, any person willfully providing false, incomplete or misleading information is subject to an administrative penalty of up to \$3,000 per day and suspension, non-renewal or revocation of the facility's license.

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) or person(s) making statement

\_\_\_\_\_  
 Signature of Notary Public

Seal or Stamp:

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

My Commission Number is: \_\_\_\_\_

**Increased bed capacity certification for an annex to an existing Medicare/Medicaid participating facility requires MAC Hotline and LTC Site Visit approval.**

**Medicare/Medicaid Participating LTC Provider  
Instructions for Certification of Annex  
Bed Capacity Increase for COVID-19 Public Health Emergency**

If the Department of Health approves a location as one that sufficiently addresses safety and comfort for patients and staff, the Centers for Medicare and Medicaid Services, the Oklahoma Health Care Authority, and the Department of Health are waiving certain physical plant and licensure review requirements. One requirement waived allows a building to be temporarily certified and available for use in the event there are needs for isolation processes for COVID-19 positive residents, while protecting other vulnerable adults. See CMS' [Coronavirus Waivers & Flexibilities](#).

**Instructions for providers:**

1. Complete the Annex License Application, ODH Form 953-A-COVID-19 and submit to Protective Health Services - Health Resource Development Services (HRDS), [HFS@health.ok.gov](mailto:HFS@health.ok.gov).
2. Contact the Oklahoma MAC COVID Hotline for Medicare Provider Enrollment Relief and Frequently Asked Questions (FAQs), Novitas Solutions, Inc., at 1-855-247-8428 to initiate a change in enrollment for bed capacity increase at an annex location under the CMS 1135 Blanket Waiver. A Novitas Hotline Agent will expedite processing of bed increase and annex location additions. Hours of Operation Monday - Friday: 8:30 AM – 4:00 PM EST.
3. Contact Emily Lindsey, OHCA Medicaid Contract Analyst, at 405-522-7639, to advise the OHCA of your plans and intentions.
4. Concurrent with submission of your Annex License Application, request a site visit to approve the annex. Email [LTC@health.ok.gov](mailto:LTC@health.ok.gov) or contact Mike Cook at [MikeC@health.ok.gov](mailto:MikeC@health.ok.gov). Long Term Care staff will contact the licensee using the telephone information on the Application to schedule a site visit.
5. The effective date for increased bed capacity will be no sooner than the Annex License effective date. Bed capacity increase certifications during the COVID-19 Emergency are temporary.

**Notification of temporary certification for Annex locations and/or bed capacity increase will be provided by the Department of Health to the Administrator of the existing certified facility and other contacts designated on the Annex License Application. A copy of the temporary notification will be forwarded to CMS and the OHCA (the State Medicaid Agency). With this notification, billing for COVID care under the existing Medicare and Medicaid certification can occur.**

If you have questions about the certification process for an Annex location or increased bed capacity during the COVID-19 Emergency, contact [LTC@health.ok.gov](mailto:LTC@health.ok.gov), Patty Scott, LTC Enforcement Manager at 405-820-9922 or via email at [Pattys@health.ok.gov](mailto:Pattys@health.ok.gov).

If you have questions about the licensure amendment application contact Espa Bowen at 405-271-9444, ext. 57273, or [EspaB@health.ok.gov](mailto:EspaB@health.ok.gov).