

Dear Applicant:

You have expressed an interest in becoming a licensed **Hospice** in the State of Oklahoma. The **Oklahoma Hospice Licensing Act** {63 O.S. 1991, § 1-860.1 et. Seq.} Provides provisions for facilities providing services as a “hospice” to be licensed by the Oklahoma State Department of Health (OSDH). Please complete State application form (ODH-924) and other designated forms and submit with the required non-refundable fee to this office. All **complete** applications are processed in the order that they are received. It is a violation of the Oklahoma Hospice Licensing Act to provide care prior to a successful on-site initial licensure survey.

In addition to **the Application to Operate a Hospice ODH-924** form, the law requires the submittal of the following information with your application:

1. A **narrative program summary** each Hospice shall provide a narrative program with its application which describes the functions, staffing, services available to the patient and other basic information relating to the fulfillment of the facility’s objectives. OAC 310:661-3-2 (e) and **(§63-1-860.6.B4)**. Acceptable examples may include: Copies of the last revenue and expense statement, balance sheet, annual agency public audit, and/or lending institution letters of credit may be submitted as proof of financial ability to operate.
2. A **plan for the delivery** for home and inpatient hospice services to patients and their families according to the requirement of the Oklahoma Hospice Licensing Act **(§63-1-860.6.C.)**.
3. Copy of the **Certificate of Incorporation or Limited Liability Company**
4. Copy of **Trade Name Report** (if using a Doing Business as Name)

Please review Title 63 of the Oklahoma Statutes §63-1-860 and the Oklahoma Hospice Regulations and Oklahoma Hospice Licensing Act OAC310:661. Copies may be downloaded form:

[https://www.ok.gov/health/Protective Health/Medical Facilities Service/Home Services Division/index.html](https://www.ok.gov/health/Protective%20Health/Medical%20Facilities%20Service/Home%20Services%20Division/index.html).

All licensure documents submitted to this office become part of the agency’s record. **Please DO NOT include protected information (i.e. social security numbers, bank account numbers, etc.)**. Please note the required National Background Check. 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 finger printing and determinations of employment eligibility. For more information visit:

<http://onbc.health.ok.gov>

If you plan to participate in the **Medicare program** and believe that your hospice substantially meets the program criteria, please complete and return the CMS forms listed below:

- A. **Form CMS-417** "Hospice Request for Certification" in the Medicare Program
- B. **Form CMS-1561** "Health insurance Benefit Agreement"
- C. **OCR Electronic Verification**
- D. **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 Acts 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/instructions.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-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 any questions regarding the processes of the home care agency, please contact this office at (405) 426-8470.

Sincerely,

Dawn Lovett-Whitney, RN

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