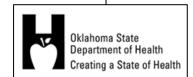
PROTECTIVE HEALTH SERVICES



Oklahoma State Department of Health

Protective Health Services Medical Facilities 1000 NE 10th Street Oklahoma City, OK 73117-1299 Telephone: (405) 271-6576

Email: PlanReview@health.ok.gov

Consultation Services Request for Long Term Care

INSTRUCTIONS

- I. Read carefully and complete all portions of the form. **Please type.**
- II. OSDH staff will work with the owner or representative to schedule a meeting as requested. Please be aware that meetings will be scheduled on a first come first serve basis and based on the availability of OSDH staff.
- III. Consultations will be held at the OSDH. If a consultation is requested at another location please contact Medical Facilities at the phone number listed at the top. Additional fees may be charged in accordance with the State Travel Reimbursement Act 74 O.S. 85.451.
- IV. Consultation Fee is \$500 for each eight staff hours or major fraction thereof.
 - (a) The OSDH will review requests to determine if a formal consultation is required. If the issue is common staff knowledge and can be resolved through email or a phone call, then a request for consultation will be denied.
 - (b) Upon a receipt of confirmation letter regarding a request for consultation an applicant shall deposit with the OSDH the sum of \$500. The OSDH will draw down on that \$500 pursuant to the requirements found in Title 310 (see below for specific sections).
 - (c) Once the \$500 has been expended the OSDH will notify the applicant if further consultation is required, upon this notification the applicant must deposit another \$500 with the OSDH. This process will continue until the final decision on the application is made.
 - (d) Any money remaining in the account, at the request of the applicant, may be applied to any past, current or future fees owed by the applicant or may be returned to the applicant*.
- V. This form may be submitted by mail, in person or by email.
 - a. SUBMITTALS BY MAIL: Submittals by mail should be sent to the following address:

Oklahoma State Department of Health Protective Health Services Medical Facilities Service ATTN: Health Facilities Plan Review Division 1000 NE 10th Street Oklahoma City, OK 73117-1299

b. **SUBMITTALS IN PERSON**: If submitting an application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1st floor lobby of OSDH before

submitting	g any application.
c. SUBMIT	TALS BY EMAIL : Submit this form to the email address at the top of the page.
submitted in p or bank drafts HEALTH, mu	ED FEES must be submitted directly to the post office box listed below or person. Please do not submit fees to the Medical Facilities. Checks, money orders must be made payable to OKLAHOMA STATE DEPARTMENT OF list clearly identify the project and the person requesting the courtesy the which the payment is associated and be mailed to:
Protective He Medical Facil PO Box 2688	ities—Plan Review Division
*If a refund is requested a	nn administrative cost will be charged to process the refund.
	TYPE OF FACILITY
\square Nursing and S	Care and Assisted Living – 310: 663-7-3(b)(5) Specialized Facilities – 310:675-5-23(b)(5) are Homes – 310:680-5-9(b)(5)
	FACILITY INFORMATION
NAME OF FACIL	ITY:
Tel. No.:	Fax No.:
Finding Address: _	
	(Number & Street)
-	(City) (State) (Zip)
Mailing Address: _	(Number) (Street) (City) (State) (Zip)
	OWNER/REPRESENTATIVE INFORMATION

Contact Name:	
Contact Title:	_
Mailing Address:	
Telephone:	
Fax:	
Email Address:	
PRIMARY CONTACT INFORMA	ΓΙΟΝ
Contact Name:	
Mailing Address:	
Telephone:	
Fax:	
Email Address:	_
CONSULTATION INFORMATI	ON
Preferred meeting dates:	
Preferred meeting times:	□ a.m. □ p.m
Project attendees representing facility**:	
**please list the names of the attendees and their job titles	
PROJECT INFORMATION	

Brief description of the project:
Specific project issue:
Considir only and an evideline section of issue.
Specific rule, code, or guidelines section at issue:
Goals for this consultation: