

How to Submit a Successful Application

This guideline is provided to assist you with meeting the expectations of our office in completing your application and avoiding any delays in the application process. If you have any questions, you may contact us at any time by calling 405.426.8470 (request the Home Services Division and state the name of your agency).

1. Include a cover letter with your contact information (**especially CHOIs**).
2. If you have had any changes in your application in the past year, mention them in your cover letter.
3. If you are submitting an Initial application (opening an agency), include in your cover letter if you are planning to become Medicare certified (this applies to Home Care and Hospices only).
4. **Never** submit applications in a binder or staple, tape, or include any binding items with documents. Pages should be loose.
5. Provide documentation to support your change(s) (address, phone, or geographical coverage changes do not require documentation).
6. Respond to every question in the application. The exception is for CHOIs. Just complete the name of the business, the license number, and the information that is changing. This does not apply to CHOIs that are submitted for stock transfers. Those are treated as CHOWs, but do not require payment, so you would place an "X" next (No Charge) on page 1 of the application but submit all documentation as if it were a CHOW.
7. The Entity and DBA names must appear on the application exactly as they are registered with the Oklahoma Secretary of State.
8. Title and number responses are requested on separate sheets of paper (i.e., Plan of Delivery, Narrative Summary, #11 Branch Offices, etc.).
9. Agency Office Hours question requires an additional response on the method of phone coverage for weekends or days you are not open, whether it is "On-call" or "Answering Service". You can put the answer in the blanks provided or put "See Attachment #7" in blanks and provide a separate 8-1/2 x 11" sheet with response if answer is longer. If the hours of operation have changed, address the change in your cover letter. We are aware you cannot type words in the Sunday and Saturday boxes in the online version of the forms, so you may write one of the responses by hand. Do NOT write or type outside the boxed area.
10. If your Geographical Area has changed, address it in your cover letter with the date(s) of the change(s).
11. Branch Offices (Home Care Agencies) or Alternate Administrative Offices (AAOs)(Hospices) are the only locations listed on Item #11 for ODH-757 or Item #10 for ODH-924. Do NOT list the primary location. Companion Sitter agencies do not have branch locations.
12. Ownership of Agency
 - a. This question is regarding the owner(s) or stockholders (individual(s) or corporation(s)) with at least 5% ownership interest in the agency. List their names, addresses and percentage of ownership interest. The total amount should equal 100%.
 - b. Provide the full name(s), title, and address of the person(s) who are responsible for the day-to-day management of the agency.
 - c. Provide the full name(s) and address of all affiliated persons not listed in a or b.
 - i. Any officer, director, or business partner of the applicant.
 - ii. Any person employed as a general or key manager who directs the operations of the agency.
 - iii. Any person owning or controlling more than five percent (5%) of the applicant's debt or equity.
13. Business Percentages Owned
 - a. Provide the full name of person or business, address, and percentage of interest of any legal entity in which the applicant(s) (a.k.a. YOUR AGENCY) holds a debtor equity interest of at least 5% or which is a parent company or subsidiary of the applicant(s). *This means they (i) own part of your company because you owe a debt to them, OR (ii) list the name and address(es) of the entity that owns your agency or you have agencies that you*

have control over, OR (iii) an entity controlling your agency has direct or indirect power to control operations. If you meet any of these criteria, provide the requested information. If not, state "Not applicable".

- b. Provide the names, locations, and dates of ownership, operation, or management for all current and prior related agencies owned, operated, or managed in this state or in any other state by each applicant(s) or by any affiliated person(s). Include the percentage of ownership. *If you have owned any other hospice, health care agency, or companion sitter service, provide the requested information. If not, state "Not applicable".*
 - c. Provide a description of any ongoing organizational relationships which may impact operations in the State of Oklahoma that are not identified in a or b.
14. If you have moved, include Relocations. Otherwise, respond as "Not applicable".
 15. Respond to Convictions. If any of your staff meet the conditions stated, provide the response needed. If not, response should be "Not applicable" or "None".
 16. We must have an authorized signature. Persons authorized to sign are the owner, members of the Board of Directors, and the Administrator, and/or a person who has been granted signatory authority by the owner/Board of Directors on their agency's letterhead. However, a newly appointed Administrator may not sign a Change of Information (CHOI) or renewal application until they are officially recognized by our office as the Administrator, which should have been within 30 days of appointment to their position. An Administrator cannot sign a request appointing themselves as Administrator (unless they are the owner of the agency). Also, a CEO, President, CFO, etc. who has been identified in that position on a previous application under Item 12(c), or similar listing, may have signatory authority when identified as a first-time signer. Otherwise, a letter authorizing signatory authority is required.

Documents Required (All Applications)

- Application
- Application fee (Non-refundable) **Attach to application when mailing** – Not required for CHOIs
- Secretary of State authority to operate (Entity name & DBA Name) – You may provide a current Trade Name Report, Certificate of Good Standing, and/or other current Secretary of State document(s)
- Administrator certification (for Home Care Agencies)
- Administrator resume (for Hospice)
- Supervisor resume (for Companion Sitter Services)
- Nurse license verification (for Supervising & Alt. Supervising Nurses, or Patient Care Coordinator)
- Medical license verification for Medical Director (for Hospice, or Home Care Agency, if appropriate)
- Narrative Summary (Hospice & Home Care Agency). This is a list of companies, organizations, or individuals for which you contract services. Provide the name of the company/organization/individual, their mailing address, and the type of service they provide (e.g., Physical Therapy Service, Occupational Service, Respiratory Therapy, etc.).
- Plan of Delivery (scope & range of services). Hospices are to provide a narrative that includes the requirements outlined in Section 310:661-3-2 and the **core services** outlined in Title 310:661-5-2.2, which professional provides the service, and if they are contracted or employed. Home Care Agencies (HCA) are to provide a narrative that includes the scope and range of services using Item #10 from ODH 757 as your guide, indicating services provided, the professional who provides it, and if they are contracted or employed. Companion Sitter Services (CSS) are to provide a narrative that includes their services (be detailed), the type of companion who provides it, and if the companion is employed or contracted.
- Responses to questions (Board of Directors or Governing Body, Ownership of Agency, Business Percentages, and Convictions)
- Liability Insurance verification (Preferably on a "Certificate of Liability Insurance" (ACORD 25) document)
- Workers' Compensation verification (Preferably on a "Certificate of Liability Insurance" (ACORD 25) document)

Additional Documents Required (Initial Applications, Change of Ownership (CHOW), Change of Information (CHOI) due to stock transfer)

- Financial Solvency (bank statements or line of credit letter from bank) *****NOTE: provided bank statements must be in the DBA/legal name of the agency. Line of credit letter must be on bank letterhead and issued for the agency by DBA/legal name.**
- Staff Availability – The type of each professional staff and if they are employed or contracted by your agency.
- Executed Sales Agreement (CHOW/CHOI) – Signing date must match effective date on page 1 of application and the cover letter.
- Pre & Post Organizational Chart (CHOW/CHOI)
- **Each time missing documentation is returned, it must be accompanied by a new signature page signed by an authorized signatory (see #13 for those authorized to sign).**