

Re: Home Care Change of Ownership Guidance

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 them with the required (nonrefundable 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.

License:

- A. \$1,000.00 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 determination of employment eligibility. For more information, visit [Oklahoma National Background Check Program](#)

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 Rehabilitation Act of 1973 of 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 online Assurance of Compliance portal. at [U.S. Department of Health & Human Services - Office for Civil Rights](#). The provider will receive electronic verification

From OCR of successful submission of the attestation.

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 [Medicare Fee-for-Service Provider Enrollment Contact List](#). Once the forms have been completed, the fiscal intermediary/carrier will distribute the forms to the State agency.

Please contact our office at (405) 426-8470 if you have questions.

Most Sincerely,



Dawn Lovett-Whitney, RN | Assistant Director

Medical Facilities Service | Home and Facility Services Division | Oklahoma State Department of Health

o. 405.426.8470 | c. 405-501-3604 | f. 405.900.7559

[Oklahoma.gov/Health](https://oklahoma.gov/Health) | [Oklahoma.gov/COVID19](https://oklahoma.gov/COVID19)

