

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services - 0505
Medical Facilities
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6576
FAX: (405) 271-1308

**APPLICATION FOR A HOSPICE
ALTERNATE ADMINISTRATIVE OFFICE (AAO)**

INSTRUCTIONS

- I. Read carefully and complete all portions of the application. **PLEASE TYPE.**
- II. Application may be made by the owner, administrative officer, managing agent, or member of the governing body who has responsibility for maintaining approved standards for the institution.
- III. There is no charge for processing an application to add a hospice AAO.
- IV. Any changes are to be reported promptly to the address above.
- V. The AAO shall be located within a geographical area with a radius of no more than 50 miles from the main hospice.
- VI. The AAO shall be operated under the same administration and governing body as an extension site for services of the main hospice.
- VII. The AAO shall operate under the same name(s) as the licensee

The undersigned hereby makes application to add a hospice sub-location subject to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the State Board of Health.

1. ENTITY: (Name of organization responsible for the operation of the agency)

Medicare Provider No. _____ State License No. _____

Name: _____

Location Address: _____
(Number & Street) (City) (County) (State) (Zip Code)

Telephone No. () _____ Fax No. () _____

Administrator: _____

Geographic Service Area of Main Office (by county):

2. ALTERNATE ADMINISTRATIVE OFFICE INFORMATION: Proposed Effective Date: _____

Name: _____ (Required to be the same as the parent)

Location Address: _____
(Number & Street) (City) (County) (State) (Zip Code)

Phone: () _____ Fax: () _____

Geographic Service Area of AAO- must be within the area serviced by the main office (by county):

Indicate available services & how services are provided:

As related to the Hospice, place a (C) Contract, (V) Volunteer, or (E) Employee in each column below

	Parent	AAO		Parent	AAO
Nursing Services			Drugs & Biological		
Physical Therapy			Occupational Therapy		
Speech Therapy			Medical Social Services		
Home Health Aide			Homemaker Services		
Dietary Counseling by Reg. Dietician			Medical Supplies		
Counseling Services (Pastoral or other)			Short-term inpatient acute care Where:		
Physician Services			Short-term inpatient respite care Where:		
Bereavement Counseling			Medical Appliances (DMEs)		

3. On separate papers, please provide a narrative explanation of how services are provided at the Hospice Alternate Administrative Office (AAO) related to the following:

1. Coordination & continuity of care
2. Supervision of services
3. Patient care planning
4. Role & function of interdisciplinary group (IDG)
5. Informed consent
6. Clinical records
7. Compliance with accepted practices
8. Patient Rights

4. SIGNATURE OF APPLICANT (S)

Signature: _____

Signature: _____

Typed Name: _____

Typed Name: _____

Title or Position: _____

Title or Position: _____

Date: ____/____/____

Date: ____/____/____

DO NOT WRITE BELOW THIS LINE

Recommendation: Approved _____ Denied _____

Reviewed by: _____ Date: _____

(Oklahoma State Department of Health Representative)