

Kentucky - Long Term Care Change of Ownership (CHOW) Process

The instructions below outline the process for change of ownership for long term care licensed and certified facilities.

Steps 1-4 and 6 are required for all CHOWs. Step 5 is only required for certified facilities.

- ☐ STEP 1 – File a Notice of Intent to Acquire with [Division of Certificate of Need](#) at least thirty (30) days prior to entering into a contract to acquire said facility/service.
 - Once you receive an acquisition letter from the Division of Certificate of Need, you may proceed to the next step. NOTE: OIG Division of Health Care must receive notification of the CHOW no more than 10 days after the sale.
- ☐ STEP 2 – Complete and submit a [Secretary of State New Owner Check](#)
 - Print a copy of the web page that confirms active status for the new owner.
- ☐ STEP 3 – Complete and submit an [Application for License to Operate a Long Term Care Facility](#)
 - Check the box marked Change of Ownership
 - Ensure all fields are completed
- ☐ STEP 4 – Provide the following documentation:
 - Cover letter
 - Must be on company letterhead
 - Include license number
 - Include the new and previous name of the facility (if changing)
 - Include names of the new and previous owners
 - Include effective date of CHOW
 - Copy of Acquisition Letter from the Division of Certificate of Need
 - Current facility bed list
 - Bill of Sale
 - Must be signed by both parties
 - NOTE: If the Bill of Sale does not clearly delineate the change of ownership, a Transfer of Operations Agreement may be required.
 - Transfer of Operations Agreement
 - A Transfer of Operations Agreement may be submitted in lieu of the Bill of Sale when the existing operator relinquishes to the successor operator all authority and responsibility for the provider organization and relinquishes all authority over decisions.

NOTE: If the facility is licensed only, skip to STEP 6. If the facility is certified, complete STEPS 5 and 6.

- STEP 5 – Provide the following documentation:
 - [CMS-1561](#) (Health Insurance Benefit Agreement)
 - [CMS-671](#) (LTC facility application for Medicare/Medicaid)
 - [Fiscal Intermediary Choice Form](#)
 - Patient Transfer Agreement that shows the buyer as a party to the agreement and outlines procedures for a hospital to admit the nursing home residents when they need acute care
 - 855 Approval Memo and entire application packet
 - This is mailed to our office from the Fiscal Intermediary (FI)
 - Assurance of Compliance
 - Visit <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf> to submit
 - Provide online printout showing confirmation of 690 being submitted.
- STEP 6 – Submit all required documents via mail to:

The Division of Health
Care 275 East Main
Street 5EA Frankfort, KY
40621

Please call (502) 564-7963 for questions or concerns related to your change of ownership.