

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 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
 - Transfer of Operations Agreement
 - Include names of the new and previous owners (might be parent companies)
 - Must be signed by both parties
 - CHOW date
 - NOTE: MUST include the entire agreement that is specific to “The Transfer of the Health Care Operations” from one owner to the other, not just the Bill of Sale
 - Bill of Sale
 - Must be signed by both parties
 - OIG-DHC will be unable to issue a license until after the sale and a copy of the Bill of Sale is received

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](#)
 - 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.