

CHANGE OF OWNERSHIP CHECKLIST

The following is a list of forms and other documentation required for the approval process of a change of ownership of a nursing home. For details of the documents requested, please refer to the website.

Receipt of all of the following completed documents constitutes a “complete application”. **Once this documentation is received and the application is complete, the 60 day time period for review will begin.**

FORMS REQUIRED TO BE SUBMITTED FOR THE CHANGE OF OWNERSHIP

- Cover letter
- Application
- Fee
- Resident Rights Report
- Authorization to Accept Personal Services and to Receive Registered and Certified Mail
- Projected Cash Flow Statement and Projected Balance Sheet
- Background Information Disclosure
- Background Information Disclosure Appendix
- Written notification of transfer from the transferor
- If a Corporation - Copy of Articles of Incorporation and bylaws; If a Limited Liability Company – Articles of Organization and the Operating Agreement
- If the applicant is a foreign corporation – Provide a Certificate of Authority; If the applicant is a domestic corporation or a foreign or domestic limited liability company – Provide a Certificate of Status
- Copy of the current organizational chart identifying the parent company and its subsidiaries (if applicable)
- Provide a copy of the management agreement/contract and a list of all the other facilities the management company has owned, operated or managed within the previous 5 year period.(if applicable)

**FORMS TO BE SUBMITTED IF THE FACILITY HAS
MEDICARE CERTIFICATION OR
MEDICARE/MEDICAID CERTIFICATION**

- Skilled Nursing Facility and Intermediate Care Facility Application (CMS-671)
- Resident Census and conditions of Residents (CMS-672)
- Health Insurance Benefit Agreement - two copies with original signatures (CMS-1561)
- Hospital Transfer Agreement(s) - two copies
- Civil Rights Information Request
- Assurance of Compliance (HHS 690) - two copies

**FORMS TO BE SUBMITTED IF THE FACILITY IS
MEDICAID CERTIFIED ONLY**

- Skilled Nursing Facility and Intermediate Care Facility Application (CMS-671)