**STOCK PURCHASE/TRANSFER**

When a stock purchase/transfer occurs at the agency, submit the following information to the Department for review:

* A letter on your agency’s letterhead to include the following:
	+ A letter of explanation of events;
	+ Agency’s license number (*located on license*);
	+ Narrative of stock transfer events;
	+ Who purchased stock;
	+ Who sold stock;
	+ Percentage of stock purchased/sold on each individual;
	+ Effective date of stock transfer;
	+ Make sure the agency includes in the explanation that this is a stock transfer and NOT a change of ownership;
* Ensure a CMS 855 for a Change of Information (Medicare facilities) has been filed in accordance with 42 C.F.R. 424.516(e) for changes that occur related to the stock purchase/transfer; (*please indicate whether or not you have filed your 855 yet)*
* Submit a current expanded or national criminal history check if there are new owners. The criminal history check must be a search from 18 years to current.
* If using an entity other than the Indiana State Police to conduct the criminal history search, make sure that entity has the timeframe for the search indicated on the document.
* Articles of Incorporation and/or documents reflecting the new name, if the agency’s name changed as a result of the stock transfer.
* Document from the Internal Revenue Service (IRS) that reflects legal name and EIN number.
* Organization Charts (*see examples of before/after charts*). Include all of the information in the organizational chart examples
* Submit a copy of the purchase of stock agreement and include the following information in the agreement
	+ Signature and date of buyer and seller of stock
	+ Identify the name of the legal entity of stock purchasing/selling
	+ Percentage of stock purchase/sold
	+ Effective date of sale
	+ The seller must be on record with the department

**STOCK PURCHASE/TRANSFER ORGANIZATION CHART**

**BEFORE 01/01/2018**

**Legal Name**

Legal Entity *(i.e. corporation, LLC)*

ABC 123 Home Health Corporation

EIN Number: 35-1234567

**Agency Name**

Name of Agency (DBA name)

ABC123 Home Health

License Number: 18-123456-1

**Officer(s)**

Name

Title

Complete Address

City, State, Zip Code

Percentage of Ownership:

**Example of Officer(s)/Owner Information**

John Doe, President

100 ABC Street

Indianapolis IN 46204

Percentage Ownership: 10%

Jane Day, Treasurer

100 DEF Street

Indianapolis IN 46204

Percentage Ownership: 50%

*Rev. 06/2019 lmc*

**AFTER 01/01/2018**

**Legal Name**

Legal Entity *(i.e. corporation, LLC)*

ABC 123 Home Health Corporation

EIN Number: 35-1234567

**Agency Name**

Name of Agency (DBA name)

ABC123 Home Health

License Number: 18-123456-1

**Officer(s)**

Name

Title

Complete Address

City, State, Zip Code

Percentage of Ownership:

**Example of Officer(s)/Owner Information**

John Doe, President

100 ABC Street

Indianapolis IN 46204

Percentage Ownership: 30%

Jane Day, Treasurer

100 DEF Street

Indianapolis IN 46204

Percentage Ownership: 70%

Submit the stock transfer information to:

**John Lee, Deputy Director**

**Indiana State Department of Health**

**Acute Care Division**

**2 N Meridian St., Section 4A 07**

**Indianapolis IN 46204**