

INDIANA STATE DEPARTMENT OF HEALTH

CHANGE OF OWNERSHIP APPLICATION RESIDENTIAL CARE FACILITY

This letter is to inform applicants of the required documentation for a change of ownership application for state licensed Residential Care facilities. For additional information on the rules and regulations involving this action please refer to: <http://www.in.gov/isdh/20511.htm>

A cover letter, that includes a contact name, phone number, email and address, should be submitted with items 1-5 and 7 listed below for the Change of Ownership (CHOW) application **at least 30 days prior** to **the effective date of the CHOW**. Item 6 should be submitted to the Department of Health (Department) within one (1) working day of the effective date. Submission of the application form and supporting documents within the time frames set out above will avoid expiration of the license and/or unnecessary delays in assuming control of an existing facility. Items 1-7 must be received and approved **prior** to the Department issuing a license. Applications will be reviewed in the order received at the Department.

An application should include a cover letter and the following forms and/or documentation:

1. State Form 8200, Application for License to Operate a Health Facility, with required attachments. This form is available at <https://forms.in.gov/Download.aspx?id=4691>;
2. State Form 19733, Implementing Indiana Code 16-28-2-6. This form is available at <https://forms.in.gov/Download.aspx?id=9627>;
3. Documentation of the applicant entity's registration with the Indiana Secretary of State, with d/b/a if applicable;
4. State Form 51996, Independent Verification of Assets and Liabilities, **to include required attachments**. This form is available at <https://forms.in.gov/Download.aspx?id=6250>;
5. Licensure Fee, payable by check or money order to the Indiana State Department of Health, in the amount of two hundred dollars (\$200.00) for the first fifty (50) beds; ten dollars (\$10.00) for each additional bed.
6. **Fully executed copy(ies)** of the Bill of Sale, Lease, Asset Purchase Agreement, or other legal documents for the change of ownership, which indicates the effective date for the change of ownership transaction. The documents provided must establish a clear and unbroken chain between the current licensee and the CHOW applicant.
7. Internal Revenue Services (IRS) documentation – Submit a document from the IRS that reflects the legal entity's name and EIN. The document must be **from the IRS sent to the provider** not a form/document the provider completed and sent to the IRS;
8. Completed State Form 4332, Bed Inventory. This form is available at <https://forms.in.gov/Download.aspx?id=4659>;
9. Facility floor plan on 8 ½" x 11" paper to show room numbers and number of beds per room;
10. SF 55283 Contract and Service Agreement Checklist and copy(ies) of **new** Services Agreements/Contracts between the applicant entity and third parties. This form is available at <https://forms.in.gov/Download.aspx?id=11172>;
11. SF 55282 Proposed Staffing Structure. This form is available at <https://forms.in.gov/Download.aspx?id=11170>; and
12. Copy of the facility's disaster plan.

The application packet should be submitted to the following address.
Indiana State Department of Health
Long Term Care Division, Provider Services
2 N. Meridian St., Section 4-B
Indianapolis, IN 46204

The following is a general outline of the application process:

1. Upon receipt of the above items 1-7, and upon the Division Director's satisfaction that the applicant entity meets the requirements of Indiana Code 16-28-2-1 *et seq.*, the Director may grant authorization for the applicant entity to operate the facility;
2. If the authorization is granted, the remainder of the application items are due **no later** than twenty-one (21) days from the date of the authorization to operate letter;

Under normal circumstances, a licensure survey for a change of ownership is not required.

If you have any questions regarding the application process please call Provider Services at 317/233-7794 or 317/233-7613 or by email at ltpviderservices@isdh.IN.gov .