
Skilled Nursing Facility (SNF) Change of Ownership (CHOW) Process

Definition of a CHOW:

A CHOW typically occurs when there is a change in the owning party of the SNF. Changes in the owning party may include individuals, corporations, or general partnerships (e.g., a new partnership agreement would constitute a CHOW). For additional specific information on what ownership changes would constitute a CHOW, please refer to [Chapter 3](#) of the Centers for Medicare/Medicaid Services (CMS) State Operations Manual (SOM), and subsection 3210.1.



Completing a SNF CHOW packet:

In accordance with Chapter 3 of the SOM, subsection 3210, a SNF must complete and submit all necessary documents in order to complete the CHOW process. All CHOW materials are located below, or may be requested through the Bureau of Facility Standards (BFS) at (208) 334-6626.

Information in the SNF CHOW packet:

The CHOW packet includes what must be submitted and approved by the BFS prior to the CHOW being processed (items 1-6) and resource information related to SNFs (items 7-11) as follows:

1. [Application](#) for Skilled Nursing Facility License
2. Health Insurance Benefit Agreement ([CMS form1561](#)) – Two (2) originals required.
3. Fiscal Year Ending [form](#) (see form at the bottom of this document)
4. "Office of Civil Rights Clearance for Medicare Provider Certification" (OCR) packet. Copies of the current version of the OCR packet can be downloaded from:
http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html

5. CMS requires all CHOW applicants for SNFs to complete the form [CMS-855A](#), **Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries**, and forward it to the FI for approval. The form CMS-855A can be downloaded from the Internet or requested directly from your FI:

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/>

or

[CMS Provider Enrollment forms](#)

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer. Be sure to choose: ***Health Care Providers that will Bill Medicare Fiscal Intermediaries (CMS 855A)***.

The FI for Idaho is:

- Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
Phone: (888)608-8816
<http://www.noridianmedicare.com>

6. A full copy of the facility's policies and procedures. These policies and procedures may be in paper format or submitted digitally in CD/DVD format. See information below regarding timelines for submission. Should you choose to use the current policies and procedures in place at the facility involved in the CHOW, please submit your intention to do so in a written statement and return it to this office with your application forms.
7. [IDAPA 16.03.02](#), Idaho Administrative Rules for Skilled Nursing and Intermediate Care Facilities.
8. [Chapter 7](#), Survey and Enforcement Process for SNF and NF
9. [Appendix P](#), Survey Protocol for Long Term Care Facilities

10. [Appendix PP](#), Guidance to Surveyors for Long Term Care Facilities – the Federal Regulations and Interpretive Guidance
11. [Appendix Q](#), Federal Guidelines for Determining Immediate Jeopardy

Policies and procedures: You will need to develop your policies and procedures and send them to this office to be reviewed at least ninety (90) days prior to your scheduled opening. The policies and procedures may be submitted electronically on a CD or DVD. The following are guidelines for developing your policies and procedures:

- They should address, but not be limited to, all federal regulations and state rules as they apply to the provision of care for residents in the SNF.
- Use consistent style and format throughout the documents.
- If using policies established by other facilities or under a different name, ensure they reflect only the name of the facility requesting the license.
- Organized, with a table of contents and/or index, indicating page numbers and sections. Use tab dividers whenever possible (if the documents are not submitted electronically).
- Policies listed in table of contents should indicate the general areas to federal regulations and state rules to which they apply.

Completing the SNF CHOW packet:

If you intend to apply for a CHOW for a SNF, complete the identified application forms and your policies and procedures (items 1-6 above).

Please note, before an agreement is executed with a provider to participate in the Medicare program, there must be a determination of compliance with civil rights requirements (item 5 above). The form **must be completed and signed** (includes the signed questionnaire, signed HHS-690 form, and policies and procedures.) **The Department will not forward your application to CMS until the civil rights documents and forms have been completed and returned to this office.**

The *“Medicare Application for Health Care Providers That Will Bill Medicare Fiscal Intermediaries”* (CMS 855A) (item 5 above), **must be approved by your FI prior** to the Department conducting an initial survey. **The original CMS-855A is to be mailed to your fiscal intermediary.** All other forms, including a copy of the CMS-855A, need to be mailed to the Department.

In addition, please submit a **copy of the Bill of Sale** which has been signed and dated.

Ensure that all questions are answered completely, as indicated, and that all information is submitted.

Submitting the CHOW packet:

The application materials may be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS

1. If mailing the application packet, send to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0036

2. If hand delivering, bring to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise ID 83705

This office must be notified of each facility that is participating in a CHOW. Separate forms must be completed and submitted for **each** SNF for which you are seeking a CHOW.

Time frames for reviewing and processing the CHOW:

Bureau of Facility Standards staff will review the submitted materials. If the materials are incomplete, or if there are questions, Bureau staff will contact you. The time required to process the CHOW is dependent upon multiple factors including whether or not the CHOW papers are

complete, whether or not additional information needs to be submitted, current work load, and availability of resources necessary to complete the CHOW process. Therefore, it is not possible for the BFS to establish specific timeframes.

Once the CHOW materials have been approved and the Bureau of Facility Standards receives notification from the FI that the [CMS form 855A](#) has been approved, the CHOW packet will be forwarded to the CMS Region X office for final review and approval.

This office must be notified of each facility that is participating in a CHOW. Therefore, duplication of the enclosed forms for submitting multiple changes in ownership is not acceptable.

Please keep our office informed of your proposed effective date of the CHOW.

Getting paid for the provision of services related to a CHOW:

To become a Medicaid provider you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to <http://www.idmedicaid.com> (Molina Medicaid Solutions Web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application.

To begin your application, open a new browser window at <http://www.idmedicaid.com>, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0." This is a completely separate process from applying for Medicare certification and state licensure.

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Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters

[Bureau Letters](#) related specifically to SNFs.

Idaho Department of Health and Welfare Rules

Access Department of Health and Welfare Rules by going to www.adm.idaho.gov .

Choose the top tab that says "Administrative Rules". There are two links on that site that are important now and in the future. They are the "Idaho Administrative Code" link and the "Idaho Administrative Bulletin" link

- The Bulletin is where proposed and temporary rules are published.
- By choosing the link to the "Idaho Administrative Code", there are links to state agency rules.
- Select "Health and Welfare" and there are links to different sets of rules. Take some time and familiarize yourself with the list. Oftentimes one set of rules will be cross-referenced in another set. You will need to comply with any cross-referenced rules as applicable, such as the [Rules of the Idaho Board of Nursing at IDAPA 23.01](#).

Centers for Medicare & Medicaid Services

www.cms.hhs.gov.



C.L. "BUTCH" OTTER – Governor
RICHARD ARMSTRONG – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS

DEBRA RANSOM, R.N., R.H.I.T. – Chief
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

OWNER/ADMINISTRATOR

DATE