



CHANGE OF OWNERSHIP OR CHANGE OF INFORMATION CHECKLIST

 HOME HEALTH  HOSPICE

The Accreditation Commission for Health Care (ACHC) requires organizations to provide written notification for any change of ownership or ownership information change of 5% or greater. Failure to notify ACHC within 30 days of the change may result in a gap in accreditation.

The following items must be submitted to the organization's ACHC Account Advisor by the proposed new owner:

Letter of Attestation, including:

- Type of change (e.g., acquisition, merger, consolidation, change of ownership (CHOW))
- Statement that the new owner has accepted the transfer of the seller's Medicare provider agreement.
- Actual or anticipated date of change.
- Statement that policies and procedures will not change, or statement that policies and procedures are changing and include copies of P&Ps for key standards.
- Statement that the "36 Month Rule" does not apply to the provider — Home Health agencies and Hospices as of January 1, 2024.
- List old and new Federal Tax ID numbers and National Provider Identifier (NPI) numbers (if applicable).
- Detail of all changes, including new management and/or owners with contact information:
 - » Owner, leader, and liaison
 - » Names, phone numbers, and email addresses

Documentation, including:

- Completed Site Information form.
- Proof that new owners/managers/agency is not on the Office of Inspector General's (OIG) exclusion list (web site: <http://exclusions.oig.hhs.gov/>).
- Pre-transaction and post-transaction ownership organizational charts.
- Resume of new administrator and/or owner/DON and/or management personnel.
- Business/State License (if applicable).

The organization should:

- Submit an updated 855A form to the Centers for Medicare & Medicaid Services (CMS).
- Upon receipt of the CMS acknowledgment letter, submit a copy to ACHC.

ACHC will review the documentation and will determine if accreditation may continue without interruption. The decision will be pending until the Medicare Administrative Contractor (MAC) issues a final decision on the transaction.

If ACHC or CMS determines a survey is necessary, the customary unannounced scheduling process and fee schedule will apply. If a survey is not required, the organization will be charged

ACCREDITATION COMMISSION *for* HEALTH CARE

based upon the signed Accreditation Agreement. All fees must be paid before approval documents will be released.

If the organization is found to have substantial deficiencies during the on-site survey, a Plan of Correction will be required and/or a follow up Focus Survey may be required.

Contact Name: _____

Contact Phone/Email: _____

SITE INFORMATION



HOME HEALTH



HOSPICE

Location Information

(check only one) Branch Location Satellite Location Parent Location

Name to display on Accreditation Certificate: (check only one)

Legal Name DBA Name Both Legal and DBA Name

Legal Name: _____

DBA Name: _____

Location Phone #: _____ Location Fax #: _____

Physical Address

Address: _____

City: _____

State: _____ Zip: _____

Location Contact Information

Name: _____

Title: _____

Email: _____

Profile Information

Federal Tax ID #: _____

Medicare Provider Number/PTAN:

PTAN for this location: _____

National Provider Identifier/NPI:

NPI for this location: _____

Miscellaneous Information

Days/Hours of Operation: _____

Date Location Established: _____ Number of Employees: _____

Services Provided at This Location

Please select the services that are being provided from this location:



HOME HEALTH

- Home Health Aide (HHA)
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Skilled Nursing (SN)
- Social Work (SW)
- Speech Therapy (ST)
- Distinction in Age-Friendly Care (HHAF)
- Distinction in Behavioral Health (BHHH)
- Distinction in Home Health Outcomes (HHO)
- Distinction in Palliative Care (PCHH)
- Distinction in Telehealth (HHTH)



HOSPICE

- Hospice Inpatient Care (HIC)
- Hospice Residential Care (HRC)
- Distinction in Age-Friendly Care (HSPAF)
- Distinction in Palliative Care (PCHSP)
- Distinction in Telehealth (HSPTH)