Home Health Agency (HHA) – Change of Ownership (CHOW)

The licensing portion (Comprehensive Home Care) of this CHOW must be completed and state license issued before the Medicare portion of the CHOW can be processed.

Complete all the following information.

Health Facility Identification Number (HFID): _____

CMS Certification Number (CCN): _____

HHA Doing Business As (DBA) name: _____

HHA address: _____

Branch office(s), if applicable: _____

Effective date of CHOW: _____

Complete the following:

- Home Health Agency Survey Report (CMS-1572)
- Health Insurance Benefit Agreement (CMS-1561)
- U.S. Department of Health and Human Services, Office for Civil Rights, Assurance of Compliance
- Legal documentation verifying the effective date of the CHOW and identifying the parties involved.
- Organizational charts (pre-CHOW and post-CHOW) showing lines of authority.

Next Steps for HHA

- Complete this form and attach the required documents and email all items to health.hrd-fedlcr@state.mn.us.
- Submit CMS 855A to the Medicare Administrator Contractor (MAC).
- If deemed status, notify the accrediting organization.

Decision Notification

- The Minnesota Department of Health (MDH) will review all submitted documentation and provide a recommendation to the Medicare Administrative Contractor (MAC) to approve or deny the CHOW. The Centers for Medicare & Medicaid Services (CMS) retains final authority and will issue a written notification of the decision to the new owner.

Affirmation

☐ I certify that the information provided on this form is accurate and complete.

Signature of Administrator/Authorized Agent: _____

Name (print or type): _____

Title: _____

Date: _____

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900
651-201-4200
Health.HRD-FedLCR@state.mn.us

07/17/2026

If you have questions, please email Health.HRD-FedLCR@state.mn.us or call 651-201-4200.