Office of Health Care Quality

LTC CHOW Application Submission Instructions (Compressed Zipped Files)

Last Revised: July 2024

In order to submit your LTC CHOW Application using the Long Term Care (LTC) CHOW Dashboard, please complete the follow steps:
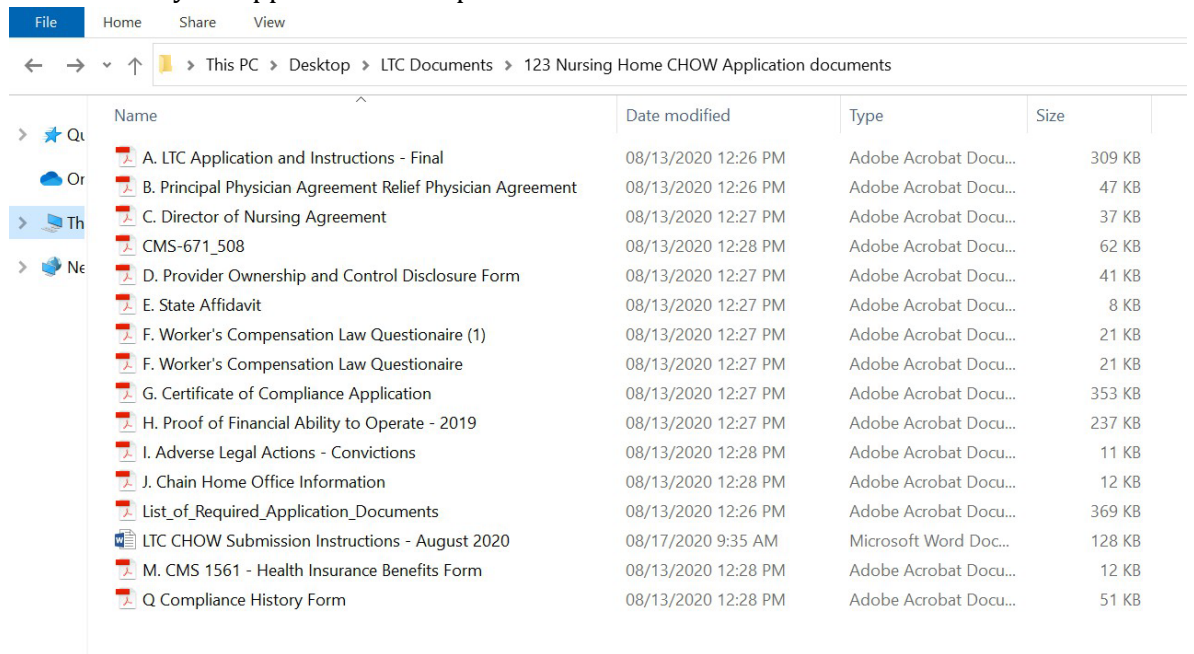
1. Click on the LTC CHOW Submission button on the LTC CHOW Dashboard:

2. Enter all the required information into the "Long Term Care Change of Ownership (CHOW) Submission Form". This includes your Facility's Current Name, Proposed Facility Name, Applicant's Contact Person, Applicant's Contact Person Email Address, and Applicant's Contact Person Phone Number.

3. Next, attach your application's completed documentation through use of a compressed zip folder. Please follow the instructions provided below:

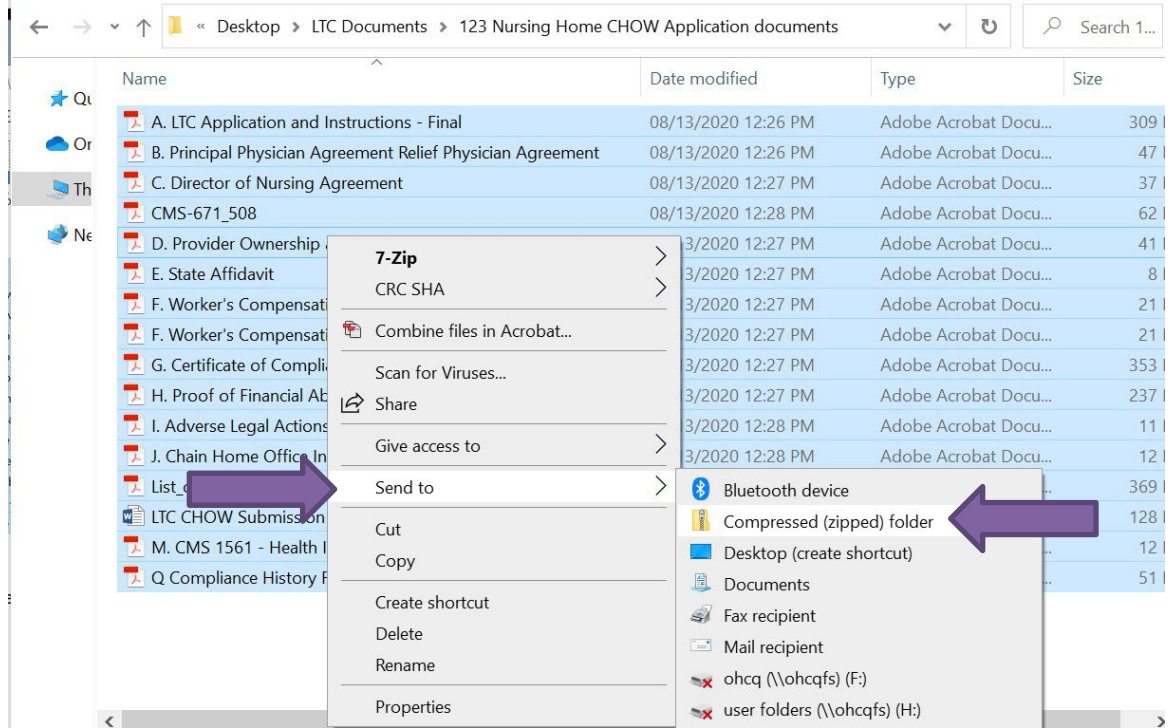   a. Be sure all of your application's completed documents are saved in the same folder.

    b. Click on the first document in the folder to highlight it. Then hold down the shift key and down arrow to highlight all of the documents in the folder.
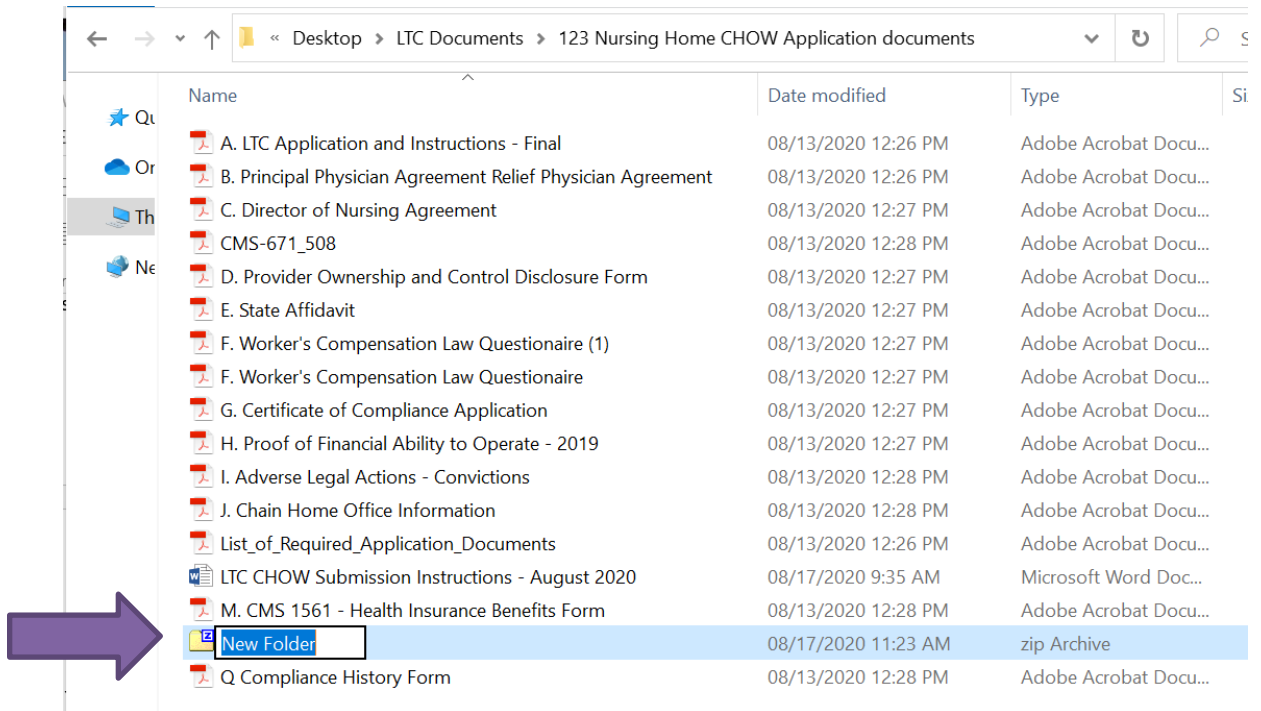
c. Then right click. Select "Send to" and then select "Compressed (zipped) folder".

d. A new folder with a "z" in the upper right corner will appear in your folder. This contains all of the documents you had highlighted in step b. Click on the file folder name to relabel the file folder.

e. Label the zipped folder with the (Nursing Home Facility's Name) CHOW Application Documents (i.e. 123 Nursing Home CHOW Application Documents – see below).

f. On the Long Term Care Change of Ownership (CHOW) Submission Form, under the File Attachments, click "browse files".

g. A new dialogue window will open. Select the compressed zipped folder with all the CHOW applications. Then click "open".

h. The upload attachments will be found under the list of required documentation.

File Attachments *

Attach the following completed documentation as individual attachments. Please ensure that each document is titled with the document name and facility name (i.e. CHOW Application - Best Care Nursing Home):

Forms:
1. 39-460F Nursing Home CHOW Application
2. 39-461F Nursing Home Ownership
3. 39-462F Ownership of Property
4. 39-463F Disclosure Form
5. 39-464F Director of Nursing Agreement
6. 39-465F Medical Director Agreement
7. CMS Form 671 Long Term Care Facility Application for Medicare and Medicaid.
8. CMS Form 1561, Health Insurance Benefit Agreement.

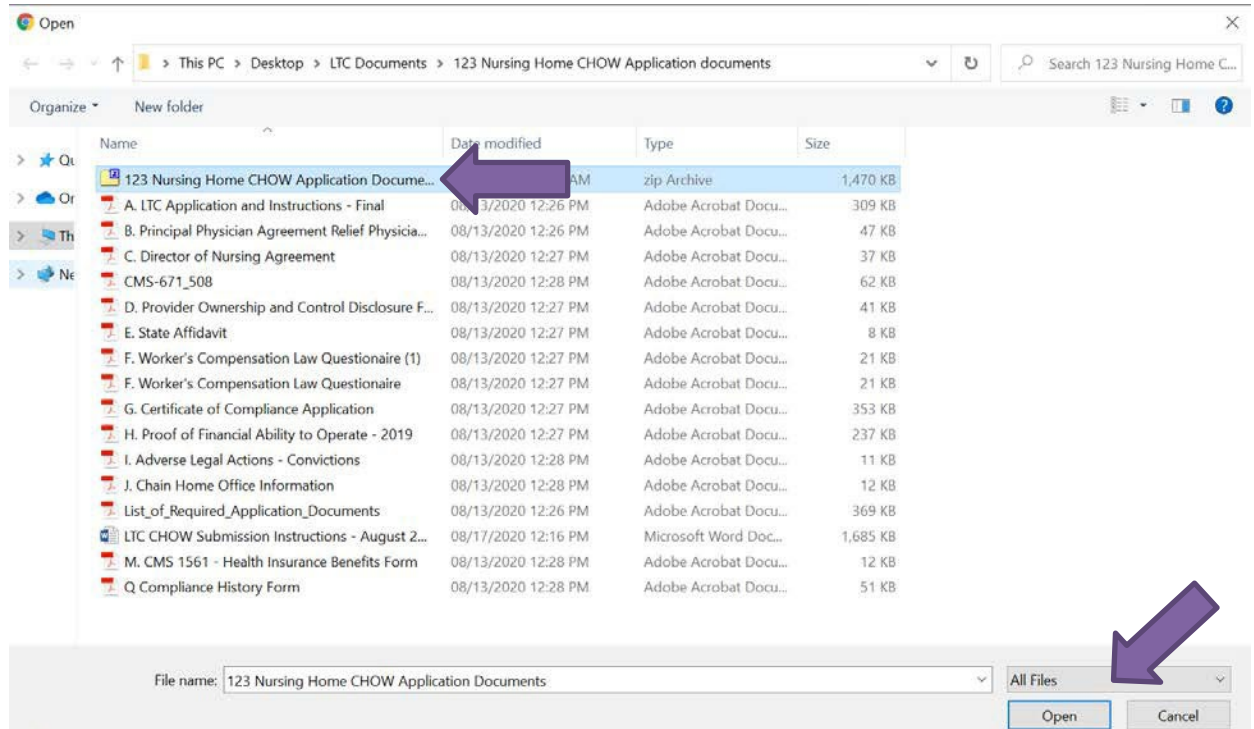**Local Permits:** if required by the local jurisdiction
1. Kitchen permit.
2. Zoning permit.
3. Use and occupancy permit.
4. Fire inspection report.

Documents: submit a copy of the following documents
1. Documentation of MHCC determination
2. Confirmation of online submission of the Assurance of Compliance to the Office for Civil Rights
3. Agreement between the Director of Nursing and the nursing home
4. Policies and procedures, COMAR 10.07.02.13 and COMAR 10.07.09.15
5. Quality assurance plan, COMAR 10.07.02.64
6. Resident agreement. A sample resident agreement is on the OHCQ website
7. Transfer agreement with a local hospital, COMAR 10.07.02.39
8. Documentation for continued operation of a special care unit, if applicable
9. Evidence of Financial Ability to Operate
10. Bill of sale documenting the date of the transaction
11. Letter of Good Standing: The applicant must obtain an official letter of good standing from the Maryland Department of Assessments and Taxation (SDAT) Business Express
12. Workers' Compensation: Attach a copy of the declaration page from your Workers' Compensation coverage

Drag and drop files here or browse files

4. Next, click the Attestation box to attest that all of the information in the application and in the uploaded documents is true and correct.

> **Attestation: By clicking the box below, I attest that all of the information in the application and in the uploaded documents is true and correct ***
>
> ☐

5. A copy of your CHOW Application Submission form can be sent to you by selecting the "Send me a copy of my responses" and enter your email address.

> ☑ Send me a copy of my responses
>
> **Email address**
>
> [   ]
>
> Submit

6. Once you have reviewed your submission form, click "Submit".

> **Attestation: By clicking the box below, I attest that all of the information in the application and in the uploaded documents is true and correct ***
>
> ☐
>
> **Comments**
>
> [   ]
>
> ☑ Send me a copy of my responses
>
> **Email address**
>
> [   ]
>
> Submit

7. Email confirmation of your LTC CHOW Application submission will be sent to you.

Thank you for your submission of your LTC CHOW Application. For questions, please contact the LTC CHOW staff by clicking here: https://app.smartsheet.com/b/form/d7c572c641fc46a3acad6c11b4105fbe or on the following icon on the Long Term Care CHOW Dashboard.

Click here to contact the LTC CHOW Team