

**MARYLAND HEALTH CARE COMMISSION**

**Notice of Acquisition / Transfer of Ownership Interest of a Comprehensive Care Facility.**

Please complete this form in order to assure that you provide all of the information needed for the MHCC to issue a determination of CON coverage under **COMAR 10.24.01.03A** and **10.24.08.04C** when a person intends to acquire a comprehensive care facility (CCF), or when there is a 25% or greater change in ownership of a CCF. **Note that an affirmation regarding the accuracy of the information provided must be signed by an authorized individual. Supplying MHCC with a Word version of your letter and this form, if utilized, would help assure a timely response.**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide a separate narrative summarizing the proposed acquisition / transfer of ownership interest.

Information that the prospective purchaser/ acquiring entity must file with MHCC when seeking to acquire a CCF or when there is a 25% or greater change in ownership of a CCF.			
1.	a) Describe the health care services provided by the facility.  b) Will the services change as a result of the acquisition? If so, how?		
2.	Describe the corporate structure and affiliations of the purchaser. <b>Attach a chart that completely delineates the ownership structure.</b>		
3.	Purchase price		
4.	Source of funds		
5.	Bed capacity		
6.	Number of admissions for the prior calendar year.		
7.	Gross operating revenue generated during the last fiscal year.		
8.	Number and percentage of nursing home beds in the jurisdiction and planning region controlled by the purchaser (or by an entity in which a person in the ownership structure of the purchaser has an interest, specifying each person, facility, and interest) before and after the proposed purchase.	<b>Before</b>	<b>After</b>
9.	The name and address of the owner of the real property and improvements.	<b>Current</b>	<b>After transaction</b>
10.	The owner of the bed rights (i.e., the	<b>Current</b>	<b>After transaction</b>

	person/entity that could sell the beds to a third party).		
11.	The operator of the facility (and the relationship of the operator to the owner). Attach a chart that completely delineates the ownership structure.	<b>Current</b>	<b>After transaction</b>
12.	a) Does the existing CCF currently have a Medicaid MOU?  b) Will the purchaser/acquiring entity agree to continue to be bound by the MOU?		
13.	Disclose whether any of the purchaser's principals have ever pled guilty to, or been convicted of, a criminal offense in any way connected with the ownership, development, or management of a health care facility.		
14..	Disclose whether the acquiring entity will be taking automatic assignment of the existing Medicare provider number.		
15.	Anticipated date of closing or transfer.		

The Notice of Acquisition must be accompanied by an affirmation attesting to the truthfulness of the information provided by the purchaser. The form for the affirmation is below.

Affirmation of Purchaser/Acquiring Entity/Transferee

I solemnly affirm under penalties of perjury that the information provided to the Maryland Health Care Commission regarding the proposed acquisition or transfer of ownership interests of the above-named facility is true and correct to the best of my knowledge, information, and belief, and that I have been duly authorized by the purchaser/ acquiring entity/ transferee to provide this information on its behalf.

Date signed: \_\_\_\_\_

\_\_\_\_\_  
Signature  
[Name and Title]  
[Company]  
[Address]  
[Phone]  
[E-Mail]

cc: [local health officer]  
Margie Heald, Office of Health Care Quality  
Cherisa Moore, DHMH  
Marquis Finch, DHMH  
Ruby Potter, MHCC