

## MARYLAND HEALTH CARE COMMISSION

### Notice of Acquisition / Transfer of Ownership Interest of a Comprehensive Care Facility (i.e., *nursing home*).

Please submit this form to MHCC at least thirty (30) days prior to desired closing date in order to assure that you provide all of the information MHCC needs in order to issue a determination of CON coverage under **COMAR 10.24.01.03A** and **10.24.20.04D** 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 (i.e., trade name under which the facility currently operates):

\_\_\_\_\_

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. Include: the identity of each person with an ownership interest in the acquiring entity or a related or affiliated entity; the percent ownership interest of each person; and the history of each person's experience in ownership or operation of health care facilities.</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	<table><thead><tr><th>Before</th><th>After</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	Before	After		
Before	After					

	of the purchaser has an interest, specifying each person, facility, and interest) before and after the proposed purchase.		
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 person/entity that could sell the beds to a third party).	<b>Current</b>	<b>After transaction</b>
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? If so, what is the required Medicaid percentage?  b) Will the purchaser/acquiring entity agree to continue to be bound by the MOU?		
13.	Disclose: whether any of the purchaser's principals — i.e., any owner or former owner, member of senior management or management organization, or current or former owner or senior manager of any related or affiliated entity during the past ten years has been convicted of felony or crime, or pleaded guilty, nolo contendere, entered a best interest plea of guilty, received a diversionary disposition regarding a felony or crime that relates to the ownership or management of a health care facility; and whether the applicant has paid a civil penalty in excess of \$10 million dollars .		
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 within the last ten years no owner or former owner, or member of senior management or management organization, or a current or former owner, senior manager of any related or affiliated entity has been convicted of felony or crime, or pleaded guilty, nolo contendere, entered a best interest plea of guilty, received a diversionary disposition

regarding a felony or crime, and that the applicant or a related or affiliated entity has not paid a civil penalty in excess of \$10 million dollars that relates to the ownership or management of a health care facility.

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