Updated: July 2025

**NURSING HOME (COMPREHENSIVE CARE FACILITY)**

**NOTICE AND REQUEST FOR DETERMINATION OF COVERAGE FOR AN ACQUISITION INVOLVING ONLY CHANGES OF EXISTING OWNERS**

Before acquiring a nursing home, a person must obtain approval from the Maryland Health Care Commission in accordance with Health-General § 19-120.2, COMAR 10.24.01.21 and COMAR 10.24.20.06, **unless the acquisition only involves changes of ownership among existing owners of the nursing home.** Please submit this form in both PDF and WORD at least thirty (30) days prior to the desired closing date of an acquisition of a nursing home that only involves changes of ownership among existing owners of the nursing home. Upon receipt of all required information, MHCC will issue a determination whether a certificate of need or acquisition approval under COMAR 10.24.01.12 is required.

Facility Name (*i.e. d/b/a name under which the facility currently operates*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Tax ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare/Medicaid Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Transfer of Ownership of a Nursing Home** | | | |
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| 1. | For all transactions, please attach a separate narrative summarizing the proposed transfer of ownership interest. |  | |
| 2. | Attach complete organizational charts for all persons holding at least a 5 percent ownership interest in the nursing home prior to and after the proposed transfer. |  | |
| 3. | Disclose any unsatisfied conditions from prior certificate of need reviews on the facility to be acquired |  | |
|  | | | |
| 4. | Provide affirmation that neither the bed capacity nor services will change as a result of the proposed transfer. |  | |
| 5. | Purchase price |  | |
| 6. | Source of funds |  | |
| 7. | Anticipated Date of Transfer |  | |
| 8. | Disclose whether any of the purchaser’s principals — i.e., any owner[[1]](#footnote-1) or former owner, member of senior management or management organization, or current of former owner or senior manager of any related or affiliated entity during the past three years has:   * been convicted of felony or crime; * pleaded guilty, nolo contendere, or 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; * or has paid a civil penalty in excess of $1 million dollars. |  | |
|  | | | |
| 9. | The name and address of the owner of the real property and improvements. | **Current** | **After transaction** |
|  |  |
| 10. | The name and address of the owner of the bed rights (i.e., the person/entity that could sell the beds to a third party). | **Current** | **After transaction** |
|  |  |
| 11. | The name and address of the operator of the facility (and the relationship of the operator to the owner). Attach a chart that completely delineates the ownership structure and any other relevant management contract or lease. Also include any relevant affiliation agreements, attestations, affirmations, or disclosable parties. | **Current** | **After transaction** |
|  |  |
| 12. | The relationship between the three entities under 9, 10, and 11 above |  | |

**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 neither the services nor the bed capacity at the facility will change as a result of this transaction.

I solemnly affirm under penalties of perjury that the information provided to the Maryland Health Care Commission regarding the proposed acquisition 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

[Name and Title]

[Company]

[Address]

[Phone]

[E-Mail]

cc: [local health officer]

Heather Reed, Office of Health Care Quality

1. The definition of owner or operator is an entity that owns at least 5% and is the owner of the real property and improvements; the owner of the bed rights; or the operator of the facility. [↑](#footnote-ref-1)