



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 #: \_\_\_\_\_

<b>Transfer of Ownership of a Nursing Home</b>		
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 <sup>1</sup> 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 three years has:	

<sup>1</sup> 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.



	<ul style="list-style-type: none"><li>• been convicted of felony or crime;</li><li>• pleaded guilty, nolo contendere, or entered a best interest plea of guilty;</li><li>• received a diversionary disposition regarding a felony or crime that relates to the ownership or management of a health care facility;</li><li>• or has paid a civil penalty in excess of \$1 million dollars.</li></ul>		
9.	The name and address of the owner of the real property and improvements.	<b>Current</b>	<b>After transaction</b>
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).	<b>Current</b>	<b>After transaction</b>
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.	<b>Current</b>	<b>After transaction</b>
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]



**MARYLAND**  
**Health Care**  
**Commission**

**Marcia Boyle, MS, Acting Chair**

cc: [local health officer]  
Heather Reed, Office of Health Care Quality