

MARYLAND HEALTH CARE COMMISSION

Transfer of Ownership Interest of a Nursing Home (i.e., comprehensive care facility). A 5% or greater change (but less than 25%¹) in ownership of a nursing home requires notice to the Commission. Please submit this form to MHCC in both PDF and WORD at least thirty (30) days prior to the desired closing date for a transfer of ownership that does not require approval in accordance with COMAR 10.24.20.06. Upon receipt of all required information, MHCC will issue a determination in accordance with the State Health Plan for Comprehensive Care Facility (Nursing Home) Services at COMAR 10.24.20.06A(3) and Health-General §19-120.2.

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

Address: _____

Tax ID#: _____

Medicare/Medicaid Certification #: _____

Transfer of Ownership of a Nursing Home						
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.	Sign the Attestation below that the change does not require approval under 10.24.01.21.					
6.	Provide affirmation that the services will not change as a result of the proposed transfer.					
8.	Purchase price					
9.	Source of funds					
10.	Anticipated Date of Transfer					
11.	<p>Disclose whether any of the purchaser’s principals — i.e., any owner² 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:</p> <ul style="list-style-type: none"> • 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. 					
12.		<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Current</th> <th style="width: 50%;">After transaction</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Current	After transaction		
Current	After transaction					

¹ For acquisitions involving a 25% or more change in ownership, use the acquisition application in lieu of this notice.

² 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.

	The name and address of the owner of the real property and improvements.		
13.	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
14.	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
15.	The relationship between the three entities under 12., 13., and 14. above.		

Attestation:

I affirm on behalf of _____ (Acquiring Entity) that the above Transfer of Ownership does not require approval under 10.24.01.21 or 10.24.20.06. I solemnly affirm under the penalties of perjury that the above information is true and correct to the best of my knowledge, and information. I have been duly authorized by the Acquiring Entity to provide this information on its behalf.

Date:

Signature [Name and Title]

[Company] [Address] [Phone] [E-mail]

