

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, 10.24.20.04D, and SB 509** 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.**

Commented [JMG1]: Change to 60?
 Commented [JMG2]: Change to 45, 60?

Facility Name (i.e., trade name under which the facility currently operates):

Address: _____

Tax ID#: _____

Medicare/Medicaid Certification #: _____

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.		
Information Required Under COMAR 10.24.01.03A: Acquisition of an Existing Health Care Facility		
1.	Describe the health care services provided by the facility.	
2.	Bed capacity	
3.	Number of admissions for the prior calendar year.	
4.	Gross operating revenue generated during the last fiscal year.	
Information Required Under COMAR 10.24.20.04D: Acquisition of a Comprehensive Care Facility and other relevant information.		
5.	Identify each person with an ownership interest ¹ in the acquiring entity or a related or affiliated entity; percentage of ownership interest of each such person; and the history of each such person's	COMPLETE ATTACHMENT A TO FULFILL THIS REQUIREMENT

¹ "Ownership interest" is defined as an owner, 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.

	experience in ownership or operation of health care facilities.		
6.	Provide affirmation that the services provided will not change as a result of the proposed acquisition.		
7.	Provide affirmation that the commitment to Medicaid participation will not change as a result of the proposed acquisition.		
	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?		
8.	Purchase price		
9.	Source of funds		
10	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.	<u>In Jurisdiction Before</u>	<u>In Jurisdiction After</u>
		<u>In Planning Region Before</u>	<u>In Planning Region After</u>
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 or former owner or senior manager of any related or affiliated entity during the past ten 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 \$10 million dollars. 	<p>(NOTE: this disclosure refers to each person identified in Question 5 above.)</p>	
Additional Information Requested by MHCC/SB 509			
12.	The name and address of the owner of the real property and improvements.	Current	After transaction
13.	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 operator of the facility (and the relationship of the operator to the owner). Attach a chart that completely delineates the ownership structure.	Current	After transaction
15.	Will the acquiring entity be taking automatic assignment of the existing Medicare provider number?		
16.	Anticipated date of closing or transfer.		

Commented [JMG3]: Currently look at OIG exclusions, PACER website

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.

17.	Is the prospective purchaser/acquiring entity in compliance with the minimum standards of medical care, nursing care, and financial condition of any facilities owned or operated?	
18.	Please affirm that the prospective purchaser/acquiring entity is in compliance with the minimum monthly requirements of a quality assurance program/quarterly quality assurance plan set forth in COMAR 10.07.02.65.	

Commented [JMG4]: How to substantiate

Commented [JMG5]: As evidenced by?

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]
 Ruby Potter MHCC
 OHCQ
 Secretary of Health

Commented [JMG6]: Can approve, deny or revoke licensure

Commented [JMG7R6]: Define parameters for recommending a denial or a revocation?

