



Maryland
DEPARTMENT OF HEALTH

Office of Health Care Quality Nursing Home Change of Ownership

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July 14, 2023



Disclaimer

- The views expressed during this webinar do not constitute legal advice and should not be relied on as such
- Participants must consult the applicable statutes and regulations and seek legal advice from their counsel who can provide assurances about whether the information in this webinar is applicable or appropriate for the participant's particular circumstances



Office of Health Care Quality

- Office of Health Care Quality (OHCQ) is the agency within the Maryland Department of Health (MDH) charged with monitoring the quality of care in health care facilities and community-based programs
 - Nursing homes are one of 47 industries overseen by OHCQ
- Mission: To protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems

OHCQ is Maryland's designated state survey agency

OHCQ's Federal Authority

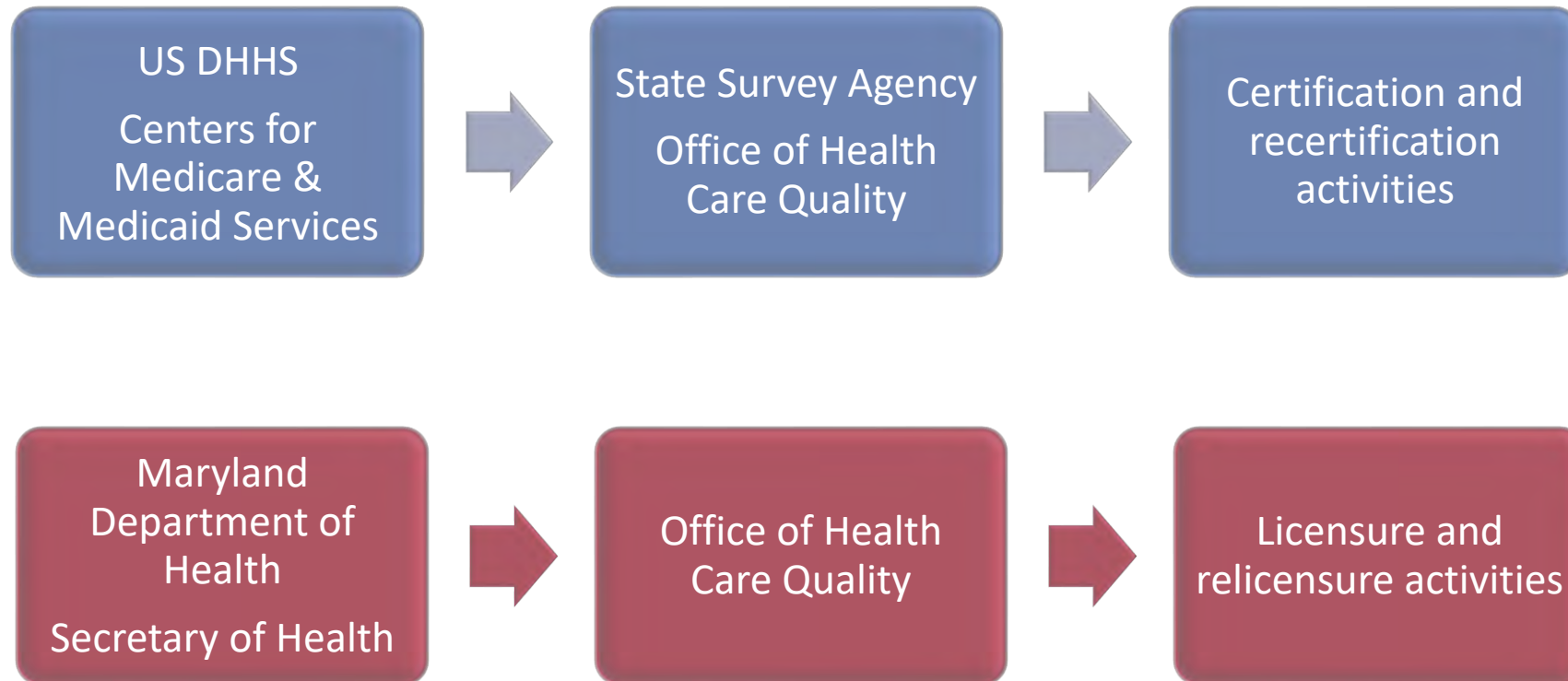
- Pursuant to Maryland's 1864 Agreement with the U.S. Department of Health and Human Services, the Maryland Department of Health has designated OHCQ as the state survey agency
 - Social Security Act mandates the establishment of federal minimum health and safety and CLIA standards that must be met by providers and suppliers in order to participate in the Medicare and Medicaid programs
 - In this context, providers are patient care institutions, such as hospitals, hospices, nursing homes, and home health agencies
 - Suppliers are agencies for diagnosis and therapy rather than sustained patient care, such as laboratories and ambulatory surgery centers

Why is initial and on-going certification crucial to a provider?

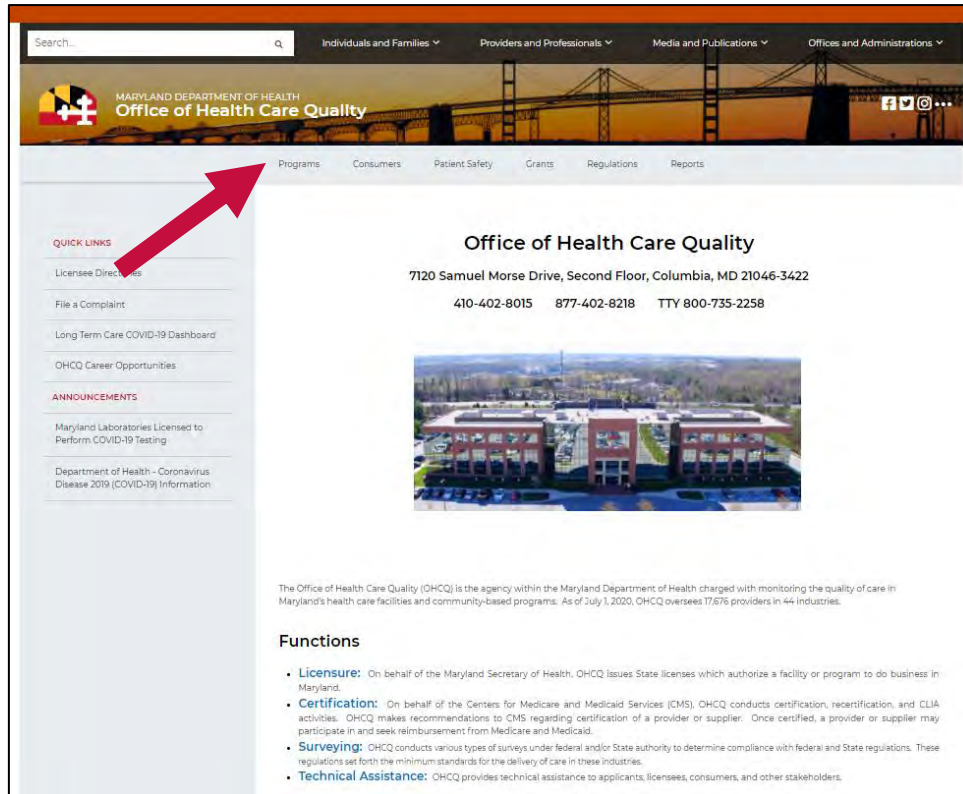
Certification

- OHCQ makes recommendations to Centers of Medicare & Medicaid Services (CMS) regarding a provider's certification
- A certified provider is authorized to participate in and seek reimbursement from Medicare and Medicaid for services rendered
- The applicant for a CHOW must contact CMS Provider Enrollment and follow their instructions to become certified

Dual Roles of OHCQ in Nursing Home Oversight



OHCQ Website



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Programs Consumers Patient Safety Grants Regulations Reports


QUICK LINKS

- Licensee Directories
- File a Complaint
- Long Term Care COVID-19 Dashboard
- OHCQ Career Opportunities

ANNOUNCEMENTS

- Maryland Laboratories Licensed to Perform COVID-19 Testing
- Department of Health - Coronavirus Disease 2019 (COVID-19) Information

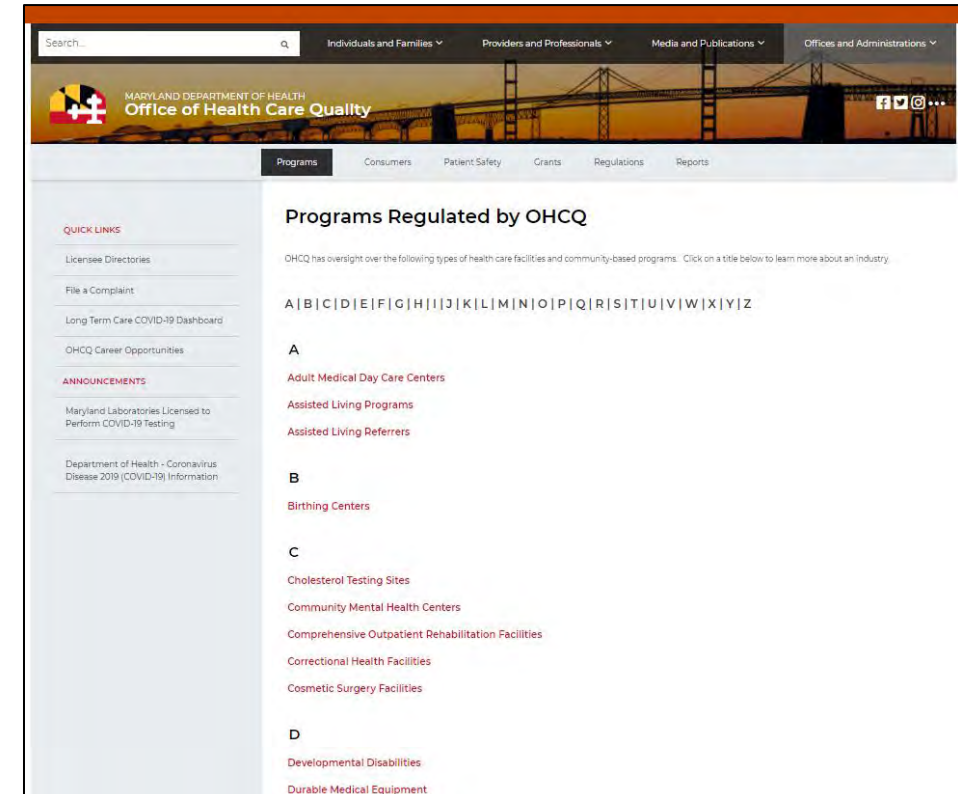
Office of Health Care Quality
7120 Samuel Morse Drive, Second Floor, Columbia, MD 21046-3422
410-402-8015 877-402-8218 TTY 800-735-2258



The Office of Health Care Quality (OHCQ) is the agency within the Maryland Department of Health charged with monitoring the quality of care in Maryland's health care facilities and community-based programs. As of July 1, 2020, OHCQ oversees 17,676 providers in 44 industries.

Functions

- Licensure:** On behalf of the Maryland Secretary of Health, OHCQ issues State licenses which authorize a facility or program to do business in Maryland.
- Certification:** On behalf of the Centers for Medicare and Medicaid Services (CMS), OHCQ conducts certification, recertification, and CLIA activities. OHCQ makes recommendations to CMS regarding certification of a provider or supplier. Once certified, a provider or supplier may participate in and seek reimbursement from Medicare and Medicaid.
- Surveying:** OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations. These regulations set forth the minimum standards for the delivery of care in these industries.
- Technical Assistance:** OHCQ provides technical assistance to applicants, licensees, consumers, and other stakeholders.



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- Department of Health - Coronavirus Disease 2019 (COVID-19) Information

Programs Regulated by OHCQ

OHCQ has oversight over the following types of health care facilities and community-based programs. Click on a title below to learn more about an industry.

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

A

- Adult Medical Day Care Centers
- Assisted Living Programs
- Assisted Living Referrers

B

- Birthing Centers

C

- Cholesterol Testing Sites
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Correctional Health Facilities
- Cosmetic Surgery Facilities

D

- Developmental Disabilities
- Durable Medical Equipment

Long Term Care Webpage

MARYLAND DEPARTMENT OF HEALTH
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OHCQ *Protecting the health and safety of Marylanders across the health care continuum* **Long Term Care**

Description

A nursing home is a comprehensive care facility or extended care facility which offers nonacute inpatient care to residents who have a disease, chronic illness, condition, disability of advanced age, or terminal disease requiring maximal nursing care without continuous hospital services; and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent, restorative, or rehabilitative services. An extended care facility is a nursing home that offers sub-acute care and provides medical treatment services for residents who require inpatient care but who do not currently require continuous hospital services. A comprehensive care facility is a nursing home that admits residents requiring medical services and nursing services rendered by or under the supervision of a registered nurse, who are advanced in age or have a disease or a disability.

OHCQ is responsible for the oversight of nursing homes, including licensure, certification, and investigation of complaints.

Maryland Regulations

Regulations related to nursing homes are found in [COMAR 10.07.02](#) and [COMAR 10.07.09](#). To order copies of COMAR regulations, contact Liz Ramsey at the Maryland Division of State Documents at 410-260-3876 or Elizabeth.Ramsey@maryland.gov. Regulations are also available at public libraries - [Find your nearest public library](#).

Nursing Home Resources

[Nursing Home Compare](#) Consumers can find and compare Medicare-certified nursing homes based on a location and compare their staffing and the quality of care they give. The tool also lets you search for short-term care such as rehabilitation from surgery, and other forms of specialized care.

Licensee Directory

The contact information for licensed nursing homes is at [Licensee Directory](#). The files can be viewed or downloaded with Adobe Acrobat® or Microsoft® Word.

Licensure

To apply for a license for a new nursing home, complete and submit the [Initial NH Application Packet](#).

Certification

The Centers for Medicare & Medicaid Services (CMS) certifies nursing homes. Visit [CMS.gov](#) for more information about certification.

Certificate of Need

Nursing homes are required to obtain a certificate of need from the [Maryland Health Care Commission](#).

Change of Ownership (CHOW)

Where do I find information about changes in nursing home ownership?

Long Term Care CHOW Dashboard



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Office of Health Care Quality

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Reports

OHCQ *Protecting the health and safety of Marylanders across the health care continuum*
Long Term Care CHOW Dashboard

CHOW Application Requirements

Required Forms

- [39-462P CHOW Application and Instructions](#)
- [39-463P Nursing Home Ownership](#)
- [39-463P Ownership of Property](#)
- [39-463P Disclosure Form](#)
- [39-464P Director of Nursing Agreement](#)
- [39-465P Medical Director Agreement](#)
- [CMS 1561 - Health Insurance Benefits Form](#)
- [CMS 671 Application - Medicare and Medicaid](#)

Local Permits, if required by the local jurisdiction

1. Kitchen permit
2. Zoning permit
3. Use and occupancy permit
4. Fire inspection report

Documents

1. Documentation of MHOC determination
2. Confirmation of online submission of the Assurance of Compliance to the Office for Civil Rights
3. Agreement between the Director of Nursing and the nursing home
4. Policies and procedures, COMAR 10.07.02.13 and COMAR 10.07.03.13
5. Quality assurance plan, COMAR 10.07.02.04
6. Resident agreement. A sample resident agreement is on the CHOC website
7. Transfer agreement with a local hospital, COMAR 10.07.02.39
8. Documentation required to continue operating an existing special care unit, if applicable
9. Evidence of financing (AFF) to OHCQ
10. Bill of sale, [documenting the sale of the transaction](#)
11. Letter of Good Standing: The applicant must obtain an official letter of good standing from the Maryland Department of Assessments and Taxation (SDAT) Business Express
12. Workers' Compensation: Attach a copy of the recordation page from your Workers' Compensation coverage

Long Term Care Ownership

Office of Health Care Quality's Long Term Care Unit determines a nursing home's compliance with State licensure and federal certification standards.

Per COMAR 10.07.02.04B(4), if the sale, transfer, assignment, or lease of a nursing home causes a change in the person or persons who control or operate the nursing home, the nursing home shall be considered a "new nursing home" and the licensee must conform to all regulations applicable at the time of transfer of operations.

The transfer of any stock which results in a change of the person or persons who control the nursing home, or a 25 percent or greater change in any form of ownership interest, constitutes a sale.

Maryland Health Care Commission

The [Maryland Health Care Commission](#) is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing healthcare environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public. To access the Consumer Guide to Long Term Care, please visit their website.

Transmittals

- [DHCO](#)
- [Medicaid](#)

Links to Resources

- [Medicaid Support Planning](#)
- [Maryland Labor Board](#)
- [Maryland Access Point](#)
- [Maryland Health Care Commission](#)
- [Civil Rights Compliance](#)
- [CMS Form 671](#)

Links to Websites

- [Worker's Compensation](#)
- [Nurse Practice Act](#)
- [Maryland Board of Nursing](#)
- [MD Department of Transportation](#)
- [Medicaid Fraud Control Unit](#)
- [CMS State Operations Manual \(SOM\)](#)
- [Center for Medicare and Medicaid Services](#)

Long Term Care CHOWs Approved

Facility's Name Before CHOW	Facility's New Name	Date New Licensure Issued
Charlottesville Veterans Home	Charlottesville Veterans Home	06/01/23
Manor Care of Silver Spring MD LLC, dba Promedica Skilled Nursing & Rehab (Silver Spring)	2501 Munro Road Opco LLC, dba Autumn Lake Healthcare at Silver Spring	06/01/23
Manor Care-Ruxton MD LLC, dba Promedica Skilled Nursing & Rehab (Ruxton)	7001 Charles Street Opco LLC, dba Autumn Lake Healthcare at Towson	06/01/23
Manor Care of Chevy Chase MD LLC, dba Promedica Skilled Nursing & Rehab (Chevy Chase)	8730 Jones Mill Road Opco LLC, dba Autumn Lake Healthcare at Chevy Chase	06/01/23
Promedica Senior Care of Brightwood MD LLC, dba Promedica Skilled Nursing & Rehab (Brightwood)	515 Brightfield Road Opco LLC, dba Advanced Rehab at Autumn Lake Healthcare	06/01/23
SUV I Truckerman Lane Opco LLC dba Brighton Gardens of Truckerman Lane	Truckerman Operator LLC dba Truckerman Rehabilitation and Healthcare Center	06/01/23
Peak Healthcare at The Pines	Peak Nursing and Rehab	04/01/23
Peak Healthcare at Harford	Harford Nursing and Rehab	04/01/23
Peak Healthcare at Denton	Denton Nursing and Rehab	04/01/23

Deputy Director - Heather Reed 410-402-6201 877-402-8219 TTY 800-735-2258 Contact the [Long Term Care Team](#)

Program Manager - Dawn Zubuloff Fax 410-402-8234 File a [Long Term Care Complaint](#)

Long Term Care CHOW Dashboard



Long Term Care CHOWs Approved		
Facility's Name Before CHOW	Facility's New Name	Date New Licensed Issued
Charlotte Hall Veterans Home	Charlotte Hall Veterans Home	06/06/23
Manor Care of Silver Spring MD LLC, dba Promedica Skilled Nursing & Rehab (Silver Spring)	2501 Musgrove Road Opco LLC, dba Autumn Lake Healthcare at Silver Spring	06/01/23
Manor Care-Ruxton MD LLC, dba Promedica Skilled Nursing & Rehab (Ruxton)	7001 Charles Street Opco LLC, dba Autumn Lake Healthcare at Towson	06/01/23
Manor Care of Chevy Chase MD LLC, dba Promedica Skilled Nursing & Rehab (Chevy Chase)	8700 Jones Mill Road Opco LLC, dba Autumn Lake Healthcare at Chevy Chase	06/01/23
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SJV 1 Tuckerman Lane Opco LLC dba Brighton Gardens of Tuckerman Lane	Tuckerman Operator LLC dba Tuckerman Rehabilitation and Healthcare Center	05/01/23
Peak Healthcare at The Pines	Pines Nursing and Rehab	04/01/23
Peak Healthcare at Hartley	Hartley Nursing and Rehab	04/01/23
Peak Healthcare at Denton	Denton Nursing and Rehab	04/01/23

Deputy Director - Heather Reed 410-402-8201 877-402-8219 TTY 800-735-2258 Contact the [Long Term Care Team](#)

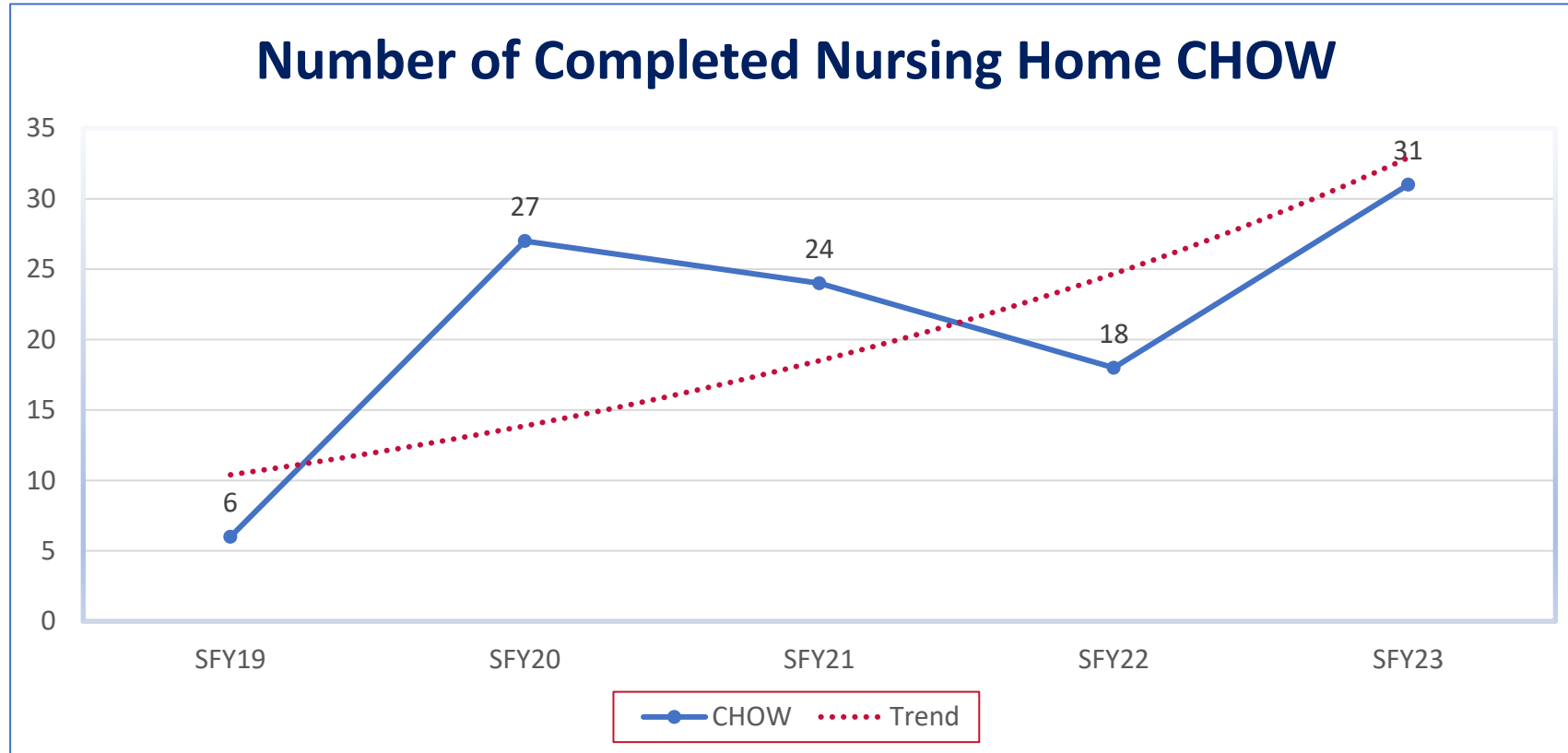
Program Manager - Dawn Zulauf Fax 410-402-8234 File a [Long Term Care Complaint](#)

Trend in the Number of Nursing Home CHOWs

- Completed CHOWs per State fiscal year (SFY):
 - FY19 – 6
 - FY20 – 27
 - FY21 – 24
 - FY22 – 18
 - FY23 – 31
- 11 CHOWs are pending

What is the trend in the number of nursing home CHOWs?

Completed CHOWS per State Fiscal Year



Where are the instructions?

39-460F Nursing Home CHOW Application



Office of Health Care Quality
Nursing Home Change of Ownership (CHOW) Application

Instructions
Applying for a Change in Ownership of a Nursing Home A nursing home is defined under Maryland law as a comprehensive care or extended care facility that offers nonacute inpatient care to patients suffering from a disease, chronic illness, condition, disability of advanced age, or terminal disease requiring maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent, restorative, or rehabilitative services. A person may not establish, operate, or continue the operation of an existing comprehensive care facility or extended care facility without first obtaining a license from the Office of Health Care Quality (OHCQ). See COMAR 10.07.02.03A . Complete this form to initiate the license application process. The application must be typed. Handwritten applications are not accepted and will be returned to the applicant. Submit this completed application and all of the required attachments electronically through the Long Term Care Ownership Dashboard . There is no fee to apply for a license.
Required Attachments
Forms: <ol style="list-style-type: none">39-460F Nursing Home CHOW Application39-461F Nursing Home Ownership39-462F Ownership of Property39-463F Disclosure Form39-464F Director of Nursing Agreement39-465F Medical Director AgreementCMS Form 671 Long Term Care Facility Application for Medicare and MedicaidCMS Form 1561, Health Insurance Benefit Agreement.
Local Permits: submit a copy if the permit is required by the local jurisdiction <ol style="list-style-type: none">Kitchen permit.Zoning permit.Use and occupancy permit.Fire inspection report.
Documents: submit a copy of the following documents <ol style="list-style-type: none">Documentation from the Maryland Health Care Commission (MHCC) of a determination that the applicant has either received a certificate of need or is exempt from the certificate of need requirement.Confirmation of online submission of the Assurance of Compliance to the Office for Civil Rights.

Requirement for a License

- A person may not establish, operate, or continue the operation of an existing comprehensive care facility or extended care facility without first obtaining a license from OHCQ, [COMAR 10.07.02.03A](#)

Submission of an Application for a License

- The application must be typed
 - Handwritten applications will be returned to the applicant
- Submit the completed application and all required attachments electronically through the Long Term Care Ownership Dashboard

Sale, Transfer, Assignment, or Lease of a Nursing Home

- Per [COMAR 10.07.02.04B\(4\)](#), if the sale, transfer, assignment, or lease of a nursing home causes a change in the person or persons who control or operate the nursing home, the nursing home shall be considered a “new nursing home” and the licensee shall conform to all regulations applicable at the time of transfer of operations
- The transfer of any stock which results in a change of the person or persons who control the nursing home, or a 25 percent or greater change in any form of ownership interest, constitutes a sale

Life Safety Code - Waiver of Provisions

- For purposes of Life Safety Code enforcement, the nursing home is considered to be an existing nursing home if it has been in continuous use as a nursing home
- Waivers may be granted under [COMAR 10.07.02.03G](#)

Required Forms

1. [39-460F CHOW Application and Instructions](#)
2. [39-461F Nursing Home Ownership](#)
3. [39-462F Ownership of Property](#)
4. [39-463F Disclosure Form](#)
5. [39-464F Director of Nursing Agreement](#)
6. [39-465F Medical Director Agreement](#)
7. [CMS Form 671 Long Term Care Facility Application for Medicare and Medicaid](#)
8. [CMS Form 1561, Health Insurance Benefit Agreement](#)

What form do I start with for a CHOW?

39-460F Nursing Home CHOW Application

- Instructions
- Sections on the CHOW Application
 - Section A – General Information
 - Section B – Administrator
 - Section C – Leasing Arrangement
 - Section D – Services
 - Section E – Attestation

Section D - Services

D. Services				
Total number of licensed beds requested:				
Are you applying for a respiratory special care unit? Yes _____ No _____ If yes, how many beds will be in the unit?				
Are you applying for a dementia special care unit? Yes _____ No _____ If yes, how many beds will be in the unit?				
Room and Bed Breakdown: See the example below for this information.				
2	2 North	Duplex	201A, 201B, 203A, 203B, 205A, 205B, 207A, 207B, 209A, 209B, 211A, 211B	12
2	2 North	Single	213, 215, 217, 219	4
Floor	Unit Name	Room Type	Bed Numbers	Total Beds

Section E - Attestation

E. Attestation	
<p>I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing application are true. I understand that the falsification of an application for a license may subject me to criminal prosecution, civil money penalties, and/or the revocation of any license issued to me by the Maryland Department of Health. In addition, knowingly and willfully failing to fully and accurately disclose the requested information may result in the denial of a request to become licensed or, where the entity already is licensed, a revocation of that license.</p>	
<p>I certify that the administrative and procedural requirements contained in COMAR 10.07.02 (Regulations governing Comprehensive Care Facilities and Extended Care Facilities) in the areas of written administrative and resident care policies, by-laws and other organizational documentation, written agreements with outside resources/consultants, committee meetings, staff qualifications and written development program such as in-services, equipment maintenance and disaster preparedness have not been substantively altered, revised, or modified, since the previous survey, or if they have, I have notified the Office of Health Care Quality, in writing, before the effective date of the change.</p>	
<p>I further certify that I will notify the Office of Health Care Quality if there are any future "substantive changes in facility management and operation," as defined in the instructions for completion of the Federal affidavit, that significantly affect policies and procedures and that notice will be given in writing before the effective date of the change.</p>	
<p>I certify that the agency hereby attests that it is in compliance with the federal Civil Rights Act of 1964; the Rehabilitation Act of 1973; the American with Disabilities Act of 1990; and the Drug Free Workplace Act of 1988.</p>	
<p>I certify that this agency is in compliance with all applicable federal, State, and local laws and regulations, including the administrative and procedural requirements in COMAR 10.07.02.</p>	
<p>Whoever knowingly and willfully makes or causes to be made a false statement or representation on this statement may be prosecuted under applicable State laws. In addition, knowing and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become licensed or, where the entity is already licensed, a revocation of that license.</p>	
<p>Applications on behalf of a legal entity shall be made by the senior officer or other senior official and a second official, if any.</p>	
Full Name of Applicant 1	Title of Applicant 1
Signature of Applicant 1	Date
Full Name of Applicant 2	Title of Applicant 2
Signature of Applicant 2	Date

- Applications on behalf of a legal entity must be made by the senior officer or other senior official and a second official, if any

39-461F Nursing Home Ownership

Office of Health Care Quality
Nursing Home Change of Ownership (CHOW) Application
Nursing Home Ownership

A. Demographic Information			
Legal Name of Business			
Doing Business As or Trade Name		FEIN Number	
Street Address			
City	State (Select)	Zip Code	County (Select One)
B. Type of Control			
<input type="checkbox"/> City Government	<input type="checkbox"/> Proprietary		
<input type="checkbox"/> County Government	<input type="checkbox"/> Voluntary Non-profit, Church		
<input type="checkbox"/> State Government	<input type="checkbox"/> Voluntary Non-profit, other		
If you checked "voluntary non-profit, other," explain the type of control:			

Types of Ownership

1. Sole Proprietorship
2. Limited Liability Company
3. Partnership
4. Corporation

Required Information

- Resident Agent's name and contact information
- Full name, address, business phone number, and percent owned for each member, owner, or investor directly or indirectly owning any part of the applicant
- Every owner, regardless of the percent owned, must be included

Corporations

- Type: Stock, Non-stock, or Close
- For-profit or Non-profit
- List the full name and business address of every member of the Board of Directors
- If the Governing Body is not the Board of Directors, list the full name and business address of every member of the Governing Body

39-462F Ownership of Property, Real Estate, Equipment

**Office of Health Care Quality
Nursing Home Change of Ownership (CHOW) Application
Ownership of Property, Real Estate, and Equipment Form**

A. Demographic Information	
Legal Name of Business	
Doing Business As or Trade Name	FEIN Number
B. Ownership of Property, Real Estate, and Equipment	
Per COMAR 10.07.02.04A(5) , the applicant must complete all disclosure required by the Secretary, including ownership of real property; the identity of any management company that will operate or contract with the applicant to operate the nursing home; and ownership of equipment. Enter the information below. Attach additional sheets, as needed.	

Mandatory Disclosures

- Ownership of real property
- Identity of any management company that will operate or contract with the applicant to operate the nursing home
- Ownership of equipment

30-463F Disclosure Form

Office of Health Care Quality
Nursing Home Change of Ownership (CHOW) Application
Disclosure Form

A. Demographic Information	
Legal Name of Business	
Doing Business As or Trade Name	FEIN Number
B. Disclosures	
<p>1. Has any health care facility or provider currently or previously owned, operated, or managed by the applicant or an affiliate been the subject of any enforcement action during the past five calendar years, such as denial, suspension, or revocation of license, actual or proposed Medicare or Medicaid decertification, ban on admissions, civil money penalty, fine, restriction or limitation of license, or placement under a monitor or receivership by a federal or state agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please provide the name and address of the facility or provider, the date and nature of the enforcement action, a summary of the reasons for such action, and the final or current disposition of the action in Section C.</p> <p>2. Does the parent company, owner, or officer currently own or operate a health related facility or agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please list the name and address of the facility, the nature of the health services provided, and the dates you owned or operated the facility in Section C.</p> <p>3. Has the parent company, owner, agent, officer, previously owned or operated a health related facility or agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please list the name and address of the facility, the nature of the health services provided, and the dates in Section C.</p> <p>4. Has the parent company, owner, or officer had a license to provide care to third parties revoked, suspended, or denied? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please list the name and type of license in Section C.</p> <p>5. Has the parent company, owner, or officer been convicted of a criminal offense involving any program under Title 18, 19, or 20 of the Social Security Act? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please include details of the conviction in Section C.</p> <p>6. Has the applicant or anyone with direct or indirect ownership interest in the agency been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please include the details of the conviction in Section C.</p>	

Mandatory Disclosure Questions

1. Has any health care facility or provider currently or previously owned, operated, or managed by the applicant or an affiliate been the subject of any enforcement action during the past five calendar years, such as denial, suspension, or revocation of license, actual or proposed Medicare or Medicaid decertification, ban on admissions, civil money penalty, fine, restriction or limitation of license, or placement under a monitor or receivership by a federal or state agency?
2. Does the parent company, owner, or officer currently own or operate a health related facility or agency?

Mandatory Disclosure Questions

3. Has the parent company, owner, agent, officer, previously owned or operated a health related facility or agency?
4. Has the parent company, owner, or officer had a license to provide care to third parties revoked, suspended, or denied?
5. Has the parent company, owner, or officer been convicted of a criminal offense involving any program under Title 18, 19, or 20 of the Social Security Act?
6. Has the applicant or anyone with direct or indirect ownership interest in the agency been convicted of a felony?

39-464F Director of Nursing Agreement

Office of Health Care Quality
Nursing Home Change of Ownership (CHOW) Application
Director of Nursing Agreement

Director of Nursing		
Responsibilities of the Director of Nursing		
COMAR 10.07.02.20 describes the responsibilities of the director of nursing. A copy of the written agreement between the nursing home and director of nursing must be submitted to OHCQ upon initial licensure or when a change of ownership occurs.		
Information About the Director of Nursing		
Full Name of Director of Nursing	Title	
State of Licensure (Select One)	License Number	Expiration Date
Name of Nursing Home		
Business Email	Business Phone	Business Fax
Signature: By signing below, the individual certifies they are a licensed registered nurse who is currently employed fulltime as the director of nursing at the above named nursing home.		
Signature of Director of Nursing		Date
Signature: By signing below, the administrator certifies that the director of nursing is a licensed registered nurse who is currently employed fulltime as the director of nursing at the above named nursing home.		
Full Name of Administrator	Signature of Administrator	Date

39-465F Medical Director Agreement

**Office of Health Care Quality
Nursing Home Change of Ownership (CHOW) Application
Medical Director and Alternate Medical Director Agreement**

Requirements
<p>The nursing home's medical director is responsible for the overall coordination, execution, and monitoring of physician services; monitoring and evaluating the health care services and outcomes, including clinical and physician services provided to the nursing home's residents; and designating an alternate medical director with sufficient training and experience to perform the responsibilities of the medical director as described in COMAR 10.07.02.16.</p> <p>The medical director's duties include, but are not limited to, general responsibilities; practitioner oversight; defining the scope of medical services; ensuring physician accountability; quality assurance; employee health oversight; other related duties; and medical director oversight plan.</p> <p>Per COMAR 10.07.02.15, the nursing home must designate a medical director who has at least the following qualifications:</p> <ul style="list-style-type: none"> • A current license as a physician in Maryland; • At least 2 years of experience or specialized training in the medical care of geriatric or chronically ill and impaired residents; and • Successful completion of a curriculum in physician management or administration from AMDA (The Society for Post-Acute and Long-Term Care Medicine) or a curriculum approved by OHCQ. <ul style="list-style-type: none"> ○ If not completed prior to employment, the medical director must begin the educational process in physician management or administration within the first year from the date of employment as a medical director. <p>The nursing home must have a written agreement with a medical director that specifies the medical director's duties and roles and the authority to adequately discharge those responsibilities.</p> <p>Upon a change in the medical director, the nursing home must submit a copy of the medical director's credentials to OHCQ.</p>

Medical Director		
Full Name of Medical Director	Maryland License Number	Expiration Date
Street Address		
City	State (Select One)	Zip Code
Business Email	Business Phone	Business Fax
Name of Curriculum in Physician Management or Administration		
Date Curriculum Completed	Date of Medical Director Agreement	
Alternate Medical Director: Must have sufficient training and experience to perform the responsibilities of the medical director as described in COMAR 10.07.02.16		
Full Name of Alternate Medical Director	Maryland License Number	Expiration Date
Street Address		
City	State (Select One)	Zip Code
Business Email	Business Phone	Business Fax
Name of Curriculum in Physician Management or Administration		
Date Curriculum Completed	Date of Alternate Medical Director Agreement	
Signatures: By signing below, the medical director and alternate medical director acknowledge their responsibilities under COMAR 10.07.02.16 .		
Signature of Medical Director		Date
Signature of Alternate Medical Director		Date
Signatures: By signing below, the administrator acknowledges their responsibilities under COMAR 10.07.02.15 , including having fully executed written agreements with the medical director and the alternate medical director on file.		
Full Name of Administrator	Signature of Administrator	Date

Health Insurance Benefit Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED OMB No. 0938-0832
HEALTH INSURANCE BENEFIT AGREEMENT (Agreement with Provider Pursuant to Section 1866 of the Social Security Act, as Amended and Title 42 Code of Federal Regulations (CFR) Chapter IV, Part 489)	
AGREEMENT between THE SECRETARY OF HEALTH AND HUMAN SERVICES and _____ doing business as (D/B/A) _____	
In order to receive payment under title XVIII of the Social Security Act, _____	
D/B/A _____ as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.	
This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.	
In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.	
ATTENTION: Read the following provision of Federal law carefully before signing.	
Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).	
Name _____	Title _____
Date _____	
ACCEPTED FOR THE PROVIDER OF SERVICES BY: _____	
NAME (signature)	

Long-term Care Facility Application

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB Exempt	
LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID			
Standard Survey: From: F1 (mm/dd/yyyy)		Extended Survey: From: F3 (mm/dd/yyyy)	
To: F2 (mm/dd/yyyy)		To: F4 (mm/dd/yyyy)	
Name of Facility		Provider Number	Fiscal Year Ending: F5 (mm/dd/yyyy)
Street Address			
City			
County		State	Zip Code
Telephone Number: F6		State/County Code: F7	State/Region Code: F8
F9 <input type="checkbox"/> 01 Skilled Nursing Facility (SNF) - Medicare Participation <input type="checkbox"/> 02 Nursing Facility (NF) - Medicaid Participation <input type="checkbox"/> 03 SNF/NF - Medicare/Medicaid		Is this facility hospital based? F10 <input type="radio"/> Yes <input type="radio"/> No If yes, indicate Hospital Provider Number: F11 <input type="text"/>	
Ownership: F12 <input type="checkbox"/>	For-Profit 01 Individual 02 Partnership 03 Corporation 13 Limited Liability Corporation	Non-Profit 04 Church Related 05 Nonprofit Corporation 06 Other Nonprofit	Government 07 State 08 County 09 City 10 City/County 11 Hospital District 12 Federal
Owned or leased by Multi-Facility Organization: F13 <input type="radio"/> Yes <input type="radio"/> No			
Name of Multi-Facility Organization: F14			
Dedicated Special Care Units: (show number of beds for all that apply)			
F15 AIDS <input type="text"/>	F16 Alzheimer's Disease <input type="text"/>	F17 Dialysis <input type="text"/>	
F18 Disabled Children/Young Adults <input type="text"/>	F19 Head Trauma <input type="text"/>	F20 Hospice <input type="text"/>	
F21 Huntington's Disease <input type="text"/>	F22 Ventilator/Respiratory Care <input type="text"/>	F23 Other Specialized Rehabilitation <input type="text"/>	

Local Permits

- If the local jurisdiction requires the following permits, a copy of the permit must be submitted with the application
 1. Kitchen permit
 2. Zoning permit
 3. Use and occupancy permit
 4. Fire inspection report

Required Documents

1. Documentation from the Maryland Health Care Commission (MHCC) of a determination that the applicant has either received a certificate of need or is exempt from the certificate of need requirement

Required Documents

2. Confirmation of online submission of the Assurance of Compliance to the Office for Civil Rights
3. Agreement between Director of Nursing and nursing home
4. Policies and procedures, [COMAR 10.07.02.13](#) and [10.07.09.15](#)
5. Quality assurance plan, [COMAR 10.07.02.64](#)
6. Resident Agreement
7. Transfer agreement with a local hospital, [COMAR 10.07.02.39](#)

Required Documents

8. Documentation for continued operation of a SCU, if applicable
9. [Evidence of Financial Ability to Operate](#): Financial and administrative ability to maintain a nursing home in compliance with these regulations; audited financial statement
10. Bill of sale documenting the date of the transaction
11. Letter of Good Standing: [SDAT Business Express](#)
12. Workers' Compensation: Declaration page

Do you intend to continue operating an existing and approved special care unit?

Continued Operation of an Existing and Approved SCU

- If the applicant intends to continue the operation of an existing and approved special care unit, the applicant must submit the documentation to OHCQ as required in [COMAR 10.07.02.23](#) and either [COMAR 10.07.02.24](#) for respiratory care units or [10.07.02.25](#) for dementia care units
- If the applicant intends to establish a new respiratory care unit or dementia care unit, see OHCQ's website for more information

Electronic submission is required

Long Term Care CHOW Submission Form

Office of Health Care Quality

Long Term Care Change of Ownership (CHOW) Submission Form

Use this form to submit your packet for a long term care change of ownership (CHOW). Completed packets that are submitted electronically will be processed in the order that they are received. Please visit the Long Term Care CHOW Dashboard for further information and resources. Incomplete packets will not be processed until all required documentation is received.

Facility's Name Before CHOW *

Proposed Facility Name *

Applicant's Contact Person *

Applicant's Contact Person Email Address *

Applicant's Contact Person Phone Number *

Enter the proposed date of the CHOW *

File Attachments *

Attach the following completed documentation as individual attachments. Please ensure that each document is titled with the document name and facility name (i.e. CHOW Application - Best Care Nursing Home):

Forms:

- 39-460F Nursing Home CHOW Application
- 39-461F Nursing Home Ownership
- 39-462F Ownership of Property
- 39-463F Disclosure Form
- 39-464F Director of Nursing Agreement
- 39-465F Medical Director Agreement
- CMS Form 671 Long Term Care Facility Application for Medicare and Medicaid
- CMS Form 1561, Health Insurance Benefit Agreement.

Local Permits: if required by the local jurisdiction

- Kitchen permit.
- Zoning permit.
- Use and occupancy permit.
- Fire inspection report.

Documents: submit a copy of the following documents

- Documentation of MHOC determination
- Confirmation of online submission of the Assurance of Compliance to the Office for Civil Rights
- Agreement between the Director of Nursing and the nursing home
- Policies and procedures, COMAR 10.07.02.13 and COMAR 10.07.09.15
- Quality assurance plan, COMAR 10.07.02.04
- Resident agreement. A sample resident agreement is on the OHCO website
- Transfer agreement with a local hospital, COMAR 10.07.02.39
- Documentation for continued operation of a special care unit, if applicable
- Evidence of Financial Ability to Operate
- Bill of sale documenting the date of the transaction
- Letter of Good Standing: The applicant must obtain an official letter of good standing from the Maryland Department of Assessments and Taxation (SDAT) Business Express
- Workers' Compensation: Attach a copy of the declaration page from your Workers' Compensation coverage

Drag and drop files here or [browse files](#)

Attestation: By clicking the box below, I attest that all of the information in the application and in the uploaded documents is true and correct *

Send me a copy of my responses

OHCQ Determination of License Application

- License Approval
- License Approval with Conditions
 - Examples of conditions include requiring the applicant to use the services of a management firm, requiring a staffing pattern, or limiting admissions to the nursing home
- License Denial
 - If the applicant is unable to comply with all of the licensure requirements, then the application will be denied
 - Cover letter includes instructions for an appeal

Contact Information

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