**Notice of Medicaid Bed Transfer**

**Notice shall be made in accordance with UAC R414-508.**

1. Transferor Name:

Transferor Address:

Transferor Phone:

1. Transferee Name:

Transferee Address:

Transferee Phone:

1. Transferor*,* as the owner and holder of a license granted by the Utah Department of Health (the “Department”) to provide nursing care facility services for individual residentsat the facility located at       (address where beds are currently used) (the “Facility”), pursuant to the requirements of Utah Code section 26B-3-313(2) and Utah Administrative Rule R414·508·3(2).
2. HEREBY gives notice to the Department of the intended transfer of bed(s) to Transferee.
3. HEREBY gives assurance that the bed(s) being transferred are not from a State-Owned Veteran’s nursing facility that has been approved for a Medicaid certified bed increase under Subsection 26B-3-311(5).
4. Number of beds that shall be transferred is 1.
5. The transfer date shall be the latter of 30 days following receipt of the transfer request by the Division of Medicaid and Health Financing or      .
6. After the Date of the transfer, Transferee intends to use the bed(s) at the following location:

1. Indicate the transferee’s type of county where the beds are being transferred:

| **Urban Counties (greater than or equal to 50,000)** | | **Rural Counties** | | |
| --- | --- | --- | --- | --- |
|  | BOX ELDER  CACHE  DAVIS  SALT LAKE  TOOELE  UTAH  WASHINGTON  WEBER |  | BEAVER  CARBON  DAGGETT  DUCHESNE  EMERY  GARFIELD  GRAND  IRON  JUAB  KANE  MILLARD | MORGAN  PIUTE  RICH  SAN JUAN  SANPETE  SEVIER  SUMMIT  UINTAH  WASATCH  WAYNE |

1. If the selected county type is Rural, skip to #12.
2. If the selected county type is Urban, submit the following documentation:

What is the average annual occupancy rate over the previous two years for the transferee’s urban county? (Documentation for the occupancy rate calculation is required. Census information may be obtained from the Moratorium Manger in the Bureau of Coverage and Reimbursement Policy.)      %

1. If the average annual occupancy rate over the previous two years is less than or equal to 75%, submit documentation and explanation for the following:
   1. How will the sale or transfer not result in an excessive number of Medicaid certified beds within the county or group of counties that would be impacted by the transfer or sale?

* 1. How will the sale or transfer best meets the needs of Medicaid recipients?

1. Is the Transferee program:

Same owner/successor in interest of the same owner

Different owner

Establishing a new nursing care facility program

1. If the transferred bed(s) is/are to be used in a rural county, the transfer shall comply with UCA 26B-3-313(2)(c) prior to submitting the Notice of Medicaid Bed Transfer form (attach a copy of the Director’s approval for Medicaid certification under UCA 26B-3-311(5)).

**Assurances pursuant to Utah Code subsection 26B-3-310(4)**

1. Transferor hereby represents, warrants, and gives assurance to the Department, the Division of Heath Care Financing within the Department (the "Division"), and Transferee that no third party has a legitimate claim to the certified Medicaid program or bed(s).
2. Transferor agrees to defend and indemnify the Department, Division, and Transferee against any and all claims by any third party who may assert a right to the certified program or bed(s).
3. Transferor hereby certifies to the Department, Division, and Transferee pursuant to the requirements of Utah Code section 26-18-505(2)(a)(i), that the underlying nursing care facility program transferring the bed(s) to Transferee meets all applicable regulations for Medicaid bed certification.
4. If a third party is found, by final agency action of the Department after exhaustion of all administrative and judicial appeal rights, to be entitled to the Licensed Beds subject to this Notice, Transferor shall voluntarily comply with Utah Code section 26B-3-311(4)(b), including without limitation taking all necessary action to immediately surrender the bed(s) and comply with Division rules regarding billing for Medicaid and the provision of services to Medicaid patients and to cooperate fully with the Department in the transfer of the bed(s) to the third party as directed by the final agency action regarding the bed(s) after exhaustion of all administrative and judicial appeal rights.
5. Transferor hereby requests to de-license and de-certify the Licensed Beds from Transferor effective upon the transfer of the Licensed Beds to Transferee.

**Representation and Warranty of Authority**

1. The individual(s) signing for Transferor below hereby represent and warrant (a) that they individually hold and possess all requisite corporate, partnership, or company authority to sign on behalf of each of the entities that they represent and (b) that all necessary company action has been taken to secure such signing authority. The undersigned signatories are executing this Notice for and on behalf of their respective legal entities and in their capacity as an officer or representative of such entity and not in an individual capacity. Each representation, certification, warranty, and assurance provided herein is made to the best of the undersigned's knowledge and understanding and limited thereto.

I certify under penalty of law, including but not limited to U.C.A. § 76-10-1801, § 76-6-412 and § 76-8-504, that the foregoing is true and correct and that by my signature I acknowledge and affirm that I executed this instrument in my own capacity or in an authorized capacity for the facility.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signatory Printed Name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signatory Signature) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signatory Title) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature Date) |

**Jurat**

State of Utah, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of document signer and title); I further acknowledge that the signer was personally known to me or did prove on the basis of satisfactory evidence, has made in my presence a voluntary signature and taken an oath or affirmation vouching to the truthfulness of this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Notary Public) (Notary Seal)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Commission Expires)

**Email application to: qii@utah.gov**