**Utah Medicaid Nursing Facility Moratorium Exception Application**

**Request shall be made in accordance with UCA § 26B-3-311(5) or (7).**

1. Owner Name:

Owner Address:

Owner Phone:

Owner Contact Name:

1. List the name of the affected/proposed nursing facility:

1. List the address of the affected/proposed nursing facility location:

1. What type of long-term care facility is being requested? [ ]  NF/SNF

 [ ]  ICF/ID

1. What is the number of Medicaid certified beds requested for the facility?
2. What is the statutory basis for the request? [ ] UCA § 26B-3-311(5)

[ ] UCA § 26B-3-311(5)(e)

 If(5)(e), then skip to question 12.

 [ ]  UCA § 26B-3-311(7)

 If (7), then skip to question 10.

1. List the county or group of counties impacted by the requested additional Medicaid certification:
2. Provide documentation that may support the proposition that current bed capacity is insufficient under applicable statutory language in UCA 26B-3-313(5)(d)(i). (Supporting documentation shall be attached as exhibit A.)
3. Select the applicable reason for the requested exception to the moratorium as stated in UCA 26B-3-311(5)(i)(A)(B) and (C). (Supporting documentation shall be attached as exhibit B.)

[ ]  Nursing care facility occupancy levels for all existing and proposed facilities will be

 at least 90% for the next 3 years.

[ ]  Current nursing care facility occupancy is 90% or more. (Documentation for the

occupancy rate calculation is required. Census information may be obtained from the Medicaid Website at: https://health.utah.gov/stplan/longtermcarenftmb.htm)

[ ]  There is no other nursing care facility within a 35-mile radius of the nursing care facility requesting the additional certification.

[ ]  None of the above (See reasoning noted in #10 below)

1. Mark all applicable additional considerations that you would like the director to consider when making a determination whether to issue additional Medicaid certification as identified under statutory language in UCA 26B-3-311(5)(d) or (7). Provide evidence for each marked reason. (Supporting documentation shall be attached as exhibit C.)

[ ]  Bed capacity provided by certified programs within the county or group of counties impacted by the requested additional Medicaid certification is insufficient.

[ ]  The county or group of counties impacted by the requested additional Medicaid certification is underserved by specialized or unique services that would be provided by the nursing care facility.

[ ]  Additional bed capacity should be added to the long-term care delivery system to best meet the needs of Medicaid recipients.

[ ]  Recent facility renovation meets the requirements of UCA 26B-3-311(7).

1. Provide *an independent analysis demonstrating that at projected occupancy rates the nursing care facility's after-tax net income is sufficient for the facility to be financially viable*. (See UCA 26B-3-313(5)(b)(ii)). (Supporting documentation shall be attached as exhibit D.)

**Representation and Warranty of Authority**

1. The individual(s) signing for Moratorium request 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 request 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**