**Request for Medicaid Certification of Transferred Beds**

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

1. Transferee Name:

Transferee Address:

Transferor Phone:

1. HEREBY gives assurance that the bed(s) being requested 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).
2. Describe how many Transferors are involved and total number of beds to be transferred. (A Transferee may receive Medicaid beds from more than one Transferor. If receiving bed(s) from more than one Transferor, use a separate form for each Transferor.)
3. How many Transferors are involved? 1
4. This request is 1 of 1. (X of Y where Y is the number from 2.a.)
5. What is the total number of beds from all Transferors? 1
6. What is the total number of beds from this Transferor? 1.
7. This Transferor Name:

This Transferor Address:

Transferor Phone:

1. The transfer date from this Transferor shall be the latter of 30 days following receipt of the transfer request by the Division of Medicaid and Health Financing or      .
2. Indicate the transferee’s type of county where the beds are being transferred:

| **Urban Counties (greater than or equal to 50,000)** | **Rural Counties** |
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1. If the selected county type is Rural, in compliance with 26B-3-313(3)(d), attach a copy of the Director’s approval for Medicaid certification under UCA 26B-3-311(5).
2. If the selected county type is Urban, submit the following documentation:
3. 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.)      %
4. 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. The Transferee understands and agrees to the provisions in UCA 26B-3-313(3)(e) and (f).

**Representation and Warranty of Authority**

1. The individual(s) signing for Transferee 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**