

SECTION 4: Part A Ownership Information (Use additional sheets, if necessary)

Owner Name:

Mailing Address:

City: State: Zip: County:

Telephone No.: () ID# (Owner SSN or EIN#):

Type of Entity:

- Sole Proprietorship
- Partnership (complete section B)
- Other: _____ (Please attach any additional information)
- Corporation (complete section C)
- Not-for-Profit (complete section D)

B. Partnership

List the names and addresses of partners or organizations having direct or indirect ownership interests, separately or in combination, amounting to an ownership interest of 5% or more in the disclosing entity. Indirect ownership interest is ownership interest in an entity that has an ownership in any entity higher in a pyramid than the disclosing entity.

Name	Address
_____	_____
_____	_____
_____	_____

C. Corporation

List the names, address and titles of the Officers and Directors.

Officer's Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Director Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Shareholder's Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Not-for-Profit

List the name and address of the Board of Directors President or the appropriate Municipal Government Representative.

Name	Address
_____	_____
_____	_____

SECTION 5: For New Application Only

Water Supply: Public Private

Sewage Disposal: _____

Description of All Structures and Facilities forming any part of this institution:

New Applications must include the following (Please check box(s) to indicate included):

Certificate of Need Approval Letter Copy of Building Lease (If applicable):

Copy of Facility Floor Plans Statement from CDC Drinking Water Program

State Fire Marshall Office Certificate of Occupancy

SECTION 6: Declaration

- I, the below signed, being duly authorized to assume responsibility for the conduct of the institution herein described, do hereby apply for a license to operate the facility and do agree to assume responsibility that the facility will comply with all current regulations of the Department of Health and Human Services.
- I have read and understand the notice of successor liability included with this application.

Print name of Administrator

Signature of Administrator

Date

Print name of Owner [if different]

Signature of Owner

Date

Notice of Successor Liability

As required by 22 M.R.S.A. § 1714-A(4), the Division hereby provides written notice of successor liability regarding debts owed the Department.

Successor Liability

When a nursing home, boarding home, hospital or other provider of health care services is transferred, the transferee is liable for debts owed to the Department by the former provider unless by the time of sale:

- (1) All debts owed by the former provider to the Department have been paid, except as stated in subparagraph (2);*
- (2) If the indebtedness is the subject of an administrative appeal, an escrow account has been created and funded in an amount sufficient to cover the debt as claimed by the Department; or*
- (3) An interim cost report has:
 - (a) Been filed and an escrow account has been created and funded in an amount sufficient to cover any overpayment identified in the report; or*
 - (b) Not been filed and an escrow account has been created and funded in an amount sufficient to cover 5% of Medicaid reimbursement or cost reimbursement for the last fiscal year or \$50,000, whichever is less.**

Any transferee may request that the Department identify the amount of any debt owed by a nursing home, boarding home, hospital or other provider of health care services. When the Department receives such a request, it shall identify the debt within 30 days. Failure to identify the amount of a debt when a request is made in writing at least 30 days prior to the transfer precludes the Department from recovering that debt from the transferee.

If a transferee becomes liable for a debt, the transferee shall succeed to any defenses to the debt that could have been exercised by the former provider.

Liability of a transferee does not limit the liability of the former provider to the department for any debts whether or not they are identified at the time of sale. In addition, a transferee has a cause of action against a former provider to the extent that debts of the former provider are paid by the transferee, unless the transferee has waived the right to sue the former provider for those debts.

The Commissioner may waive all or part of a transferee's liability under this subsection if the Commissioner finds that a waiver of liability is in the public interest.

Questions about this notice or a request to identify the amount of any debt owed by a nursing home, boarding home, hospital or other provider of health care services should be directed to the following person:

Jonah Howard, Manager
MaineCare & Social Service Recovery
SHS#11
DHHS Financial Service Center
Augusta ME 04333-0011