

TRANSFER OF OWNERSHIP OF A RESIDENTIAL SERVICE IN THE NORTHERN REGION

Please refer to the Age Related Residential Care contract for the full requirements of an **Assignment and Transfer (A30)**. Where the contracted provider intends to sell, transfer or otherwise dispose of the contracted facility, they are required to give the DHB 30 days notice prior to the sale.

The vendor must also advise any proposed purchaser or transferee of the following:

- The agreement will only apply to that person if we consent to the assignment of this agreement in accordance with clause A30.
- New provider is to be certified at the time they commence service delivery, which is usually on possession date. The proposed purchaser or transferee must abide to the attached '**Fact Sheet**' from the Ministry of Health on the purchase of a Certified Health Care Service.

The attached application form is required by the NRA **prior** to development of a contract between the new owner of an Age Related Residential Care (ARRC) service and the appropriate District Health Board (DHB) in the Northern Region.

Time frame for the new contract to be processed will take approximately **one month** from the date when the NRA has received confirmation that the new ARRC provider has been issued the appropriate Certification.

During this time, the previous owner (vendor) will continue to be paid subsidies for the eligible residents via the Ministry of Health payment agency (Sector Services). Delays from all parties signing the new agreement will affect the activation and payments under the new agreement. It is important that there is a legal agreement in place between the vendor and purchaser to ensure that the purchaser receives payment of subsidies.

CONTACTS:

Northern Regional Alliance (NRA) – Contract Administrator, ph: (09)-631 1485 or email contractadmin@nra.health.nz

(NB: Northern Regional Alliance action the process for transfers (Deed of Assignments) for providers under Auckland, Waitemata, Counties Manukau and Northland DHBs ONLY.)

MoH (Health Cert.) - Phone (04)-496 2444, PO Box 5013, Wellington 6145

ATTACHED:

- Fact Sheet on the purchase of a Certified Health Care Service
- Application Form for Transfer of Ownership

**NOTE: FAILURE TO SUBMIT APPLICATION FORM AND REQUESTED INFORMATION
WILL RESULT IN DELAYS IN PROCESSING THIS DEED OF ASSIGNMENT**

**Application for Transfer of Ownership
Deed of Assignment for Health of Older People (65+)**

Please complete this form and return to the Northern Regional Alliance, PO Box 112147, Penrose, Auckland 1642 or fax to (09)-579 1433 or Email to contractadmin@nra.health.nz

Departing Provider

Full Entity Name (Compulsory):

Facility/Trading As Name:

**Physical Address of Facility
(Compulsory):**

**Postal address (If different from above,
Compulsory):**

Agreement number (If known):

Confirmation

I confirm that I am selling this facility and therefore request that my agreement is assigned.

Departing Provider Signature

Date

Incoming Provider – Legal Entity

Legal Entity Name (Compulsory): _____

Facility/Trading As Name: _____

Contact Name (For Legal Entity): _____

Physical Address of Legal Entity
(Compulsory): _____

Postal Address of Legal Entity (If
different from above): _____

Phone Number of Legal Entity: _____

Fax Number of Legal Entity: _____

Email of Legal Entity: _____

(It should be noted that all contractual documentation will be sent to the Legal Entity, unless advised otherwise)

Incoming Provider – Facility

Contact Name (For Facility): _____

Physical Address of Facility (i.e. Rest
Home/Hospital Name, Compulsory): _____

Postal Address of Facility (i.e. Rest
Home/Hospital Name, Compulsory): _____

Phone Number of Facility: _____

Fax Number of Facility: _____

Email of Facility: _____

Proposed Date of Sale

Sale Date: _____

(It is important that this proposed sale date is as accurate as possible. Any change of the sale date will delay the Deed of Assignment process).

Certification:

The DHB can only contract for any residential service if the new provider has current Certification under the Health and Disability Services (Safety) Act. The Ministry of Health (Healthcert) administer and enforce the Act and certification process.

<http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/applying-certification>

NB: Transfer of the contract can only take place after the new provider has completed the full certification process with the MOH. The Certification process for a new provider can take approximately 90 days to complete.

GST Registration (Please tick the appropriate box)

Yes, I am registered for GST. My number is:

No, I am not registered for GST.

To be Completed by the Purchaser (Intended Assignee)

I/we have had previous, or current, ownership or governance role with other Age Related Residential Care (ARRC) facilities:

YES

NO

If YES, list all ARRC facilities that you have held a ownership or governance role with:

.....
.....
.....

The proposed change of ownership/management will change staff ratios:

YES

NO

If YES, how will the ratios change?

.....
.....

The proposed change of ownership/management will change the way services are provided:

YES

NO

If YES, what will change?

.....
.....

I/we have no criminal convictions and neither of us is an undischarged bankrupt or is prohibited from being a director of a company and no other person who will have control over the operation or governance of the facility has any criminal convictions, is an undischarged bankrupt or is prohibited from being the director of a company.

Or I/we or the persons named below having control over the operation or governance of the facility have the criminal convictions noted or are undischarged bankrupts or are prohibited from being a director or a company as indicated:

.....
.....

I/we attach my/our CV and the CV's of the other person/s who will have control over the operation or governance of the facility

I/we attach a copy of the latest Annual Report and Company Brochure of the organisation/company that will have control over the operation or governance of the facility

CONFIRMATIONS BY PURCHASER

(All numbered items are to be initialled to confirm they have been read and understood)

- 1) I/we understand that payment to the new owner against the contract is subject to the DHB's agreement to its assignment.
- 2) I/we have read and understood the Agreements, including the general Service Specification and Service Description relevant to the residential service, which forms schedules to those Agreements. I have taken particular note of the requirement for registered nurse input and staff ratios. A copy of the current ARRC agreement can be downloaded from <http://www.centraitas.co.nz/health-of-older-people/national-agreements>
- 3) I/we are willing and able to meet the obligations of the provider under the applicable residential agreements.
- 4) I/we have made arrangements to replace key persons who will leave the facility as a result of the change of ownership, and enclose details (including curriculum vitae, and current annual practising certificates where relevant) with this application. (Attachment A)
- 5) I/we have obtained appropriate advice with respect to financing arrangements for the purchase of the facility and believe that the business will be financially viable having regard to the level of debt which will be required to be serviced and all other liabilities, contingent or otherwise.
- 6) I/we/my/our staff/the organisation has/have been the subject of a breach finding of the Code of Health and Disability Services Consumers' Rights or to any disciplinary process before a professional body in the last 24 months.

YES

NO

If YES, provide details.

- 7) I/we/my/our staff/the organisation has/have been the subject of an ACC medical misadventure finding of error in the last 24 months.

YES

NO

If YES, provide details.

- 8) I/we agree to execute the Deed of Assignment in respect of the assignment of the contract.

- 9) I/we understand that the provision of inaccurate or misleading information in this application or the failure to disclose information required is likely to prejudice the DHB's acceptance of this application.

DECLARATION AND EXECUTION BY PURCHASER

I/we declare that the information in this application is correct and that no information material to this application has been omitted.

Signed By:..... (Purchaser)

Name:

Title:

Contact Address:

.....

Daytime contact details:

Attachments to be included with Application

- **Direct Credit Details – Please attach a deposit slip with application** (Must match legal entity name)
- **Notification of the transfer title to and from the new/old owner**
(Letter from solicitors confirming the sale and purchase of the facility)
- **Certificate of Incorporation or evidence of company registration**
- **Annual Report of purchasing company/organisation or Curriculum Vitae of purchasing individual(s)**
- **Curriculum Vitae of new employees replacing existing Registered Nurse and/or Manager and annual practising certificates where relevant**

UPDATE CHECKLIST

(Please ensure that all of the attachments are enclosed with application as any missing documentation will create a delay in processing)

	Application signed by Departing and Incoming providers
	Solicitors letter confirming purchase / sale of facility
	Bank Deposit Slip attached

Notes

1. The Northern Regional Alliance is managing the approvals for Health of Older People Contracts.
2. Contact the Northern Regional Alliance about Health of Older People agreements on (09)-631 1485 or email contractadmin@nra.health.nz
3. Sector Services are responsible for all payments.
4. All inquiries about payments should be directed to Sector Services Dunedin by writing to Private Bag 1942, Dunedin 9054, or phoning (03)-474 8040.