

# NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY

## Disclosure of Ownership, Controlling Interest and Management Statement

### SUB-CONTRACTOR

Prepaid Inpatient Health Plans (PIHPs) must comply with federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 CFR §455.104-106. As a PIHP, Northern Michigan Regional Entity (NMRE) is required to collect disclosure of ownership, controlling interest and management information from contractors who receive an aggregate amount in excess of \$25,000 in a 12-month period as per federal regulations set forth in 42 CFR Part §455. Required information includes: 1) the identity of all owners and others with an ownership or controlling interest; 2) the identity of managers and others in a position of influence or authority; and 3) criminal conviction information for the contractor, owners, and managers. The information required includes, but is not limited to, name, address, date of birth, social security number (SSN) and tax identification (TIN).

Completion and submission of this Statement is a contractual obligation with North Country Community Mental Health Authority (NCCMH). Failure to submit the requested information may result in denial of a claim, a refusal to enter into a contract, or termination of existing contracts.

This Statement should be submitted with the initial contract and updated every three (3) years or at the renewal of the contract and at any time there is a revision to the information, change in ownership, or upon a request for updated information. A Statement must be provided within 35 days of a request for this information.

\*NCCMH maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its associates in the course of its regular business functions. NCCMH is committed to protecting information about its associates, especially the confidential nature of their personal information.

*Detailed instructions and a glossary for capitalized terms can be found at the end of this form. If attachments are included, please indicate to which section those attachments refer.*

**Please fill out the entire section. Every field must be complete. If fields are left blank, the form will be returned for corrections/completeness. If the form is unreadable, the form will not be processed. \*These fields cannot be left blank; 'N/A' or "applied for" are acceptable responses.**

#### I. Contractor Information

<b>Type of entity (choose appropriate category):</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Government/Public Entity <input type="checkbox"/> Other: _____	<b>Name of Person Completing the Form</b>  Title  Phone Number	
Fax	Email	
Legal Name ( <b>Contractor</b> ): _____ DBA Name (if different from Contractor Legal Name): _____		
Complete Address (must include at least one street address; corporations must include the primary business and every business location and P.O Box address): STREET _____ CITY _____ STATE _____ ZIP _____		
Additional Addresses (list <b>all</b> locations – attach a separate sheet if necessary):   		
**Federal Tax ID/SSN #:	*Medicaid ID #:	*National Provider ID (NPI) #:

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### II. Ownership Information

Are there any persons (individual or corporation) with an Ownership or Control Interest in the Contractor? Yes \_\_\_ No \_\_\_  
**If Yes**, list the name, title, date of birth (DOB), home address, social security number (SSN), and % interest for any person (individual or corporation) with an Ownership or Control Interest in the Contractor. **For corporations**, list the name, Tax Identification Number (TIN), primary business address (and **every business location, and P.O. Box address**), and % interest (42 CFR §455.104)  
*Attach additional sheets as necessary.*

Name of Owner	Title	DOB (mm/dd/yyyy)	Complete Address (Street/City/State/Zip)	** SSN (individual) and/or TIN (organization) <i>List both as applicable</i>	% Interest

**\*\* SSN and TIN required under §455.104; see Sect 4313 of Balanced Budget Act of 1997 amended Sect 1124 and Federal Register Vol. 76 No. 22**

### III. Criminal Convictions

Has the Contractor, or any person who has an Ownership or Controlling Interest in the Contractor, or who is an Agent or Managing Employee of the Contractor, ever been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or had civil money penalties or assessments imposed under section 1128A of the Act? (See 42 CFR §1001.1001(a))  
Yes \_\_\_ No \_\_\_  
**If Yes**, list those persons and the required information below. *Attach additional sheets as necessary.*

<b>Name</b>		
<b>DOB</b> (mm/dd/yyyy)	<b>SSN (individual) or TIN (entity)</b>	<b>State of Conviction</b>
<b>Complete Address</b> (Street/City/State/Zip)		
<b>Matter of the Offense</b>		
<b>Date of Conviction</b> (mm/dd/yyyy)	<b>Date of Reinstatement</b> (mm/dd/yyyy)	

***\*At any time during the Contract period, it is the responsibility of the Contractor to promptly provide notice upon learning of convictions, sanctions, exclusions, debarments and terminations (See Fed. Register, Vol. 44, No. 138)***

## Disclosure of Ownership, Controlling Interest and Management Statement

### IV. Management & Control

**1. Managing Employees:** Does the Contractor have any Managing Employees?    Yes \_\_\_\_ No \_\_\_\_ **If Yes, list all Managing Employees that exercise operational or managerial control over, or who directly or indirectly conduct the day- to-day operations of Contractor (general manager, business manager, administrator, director, or other individual), including the name, date of birth (DOB), address, Social Security Number (SSN), and title (42 CFR §455.104) *Attach additional sheets as necessary. AT LEAST ONE PERSON MUST BE LISTED IN MANAGEMENT & CONTROL, I.E. DOCUMENT SIGNER.***

Name	DOB (mm/dd/yyyy)	Complete Address (Street/City/State/Zip)	SSN	Title

**2. Agents:** Does the Contractor have any Agents?    Yes \_\_\_\_ No \_\_\_\_  
**If Yes, list all Agents that have been delegated the authority to obligate or act on behalf of Contractor, including the name, date of birth (DOB), address, and Social Security Number (SSN) (42 CFR §455.104) *Attach additional sheets as necessary.***

Name	DOB (mm/dd/yyyy)	Complete Address (Street/City/State/Zip)	SSN

Through signature below, I hereby certify that the information provided herein, is true, accurate and complete. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of participation and denial of claims.

**Owner must sign the form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## **Instructions for Disclosure of Ownership/Controlling Interest and Management Statement**

*If additional space is needed, please note on the form that the answer is being continued, and attach a sheet referencing the section number that is being continued. (For example: Section II Ownership Information, continued). Please see Glossary for definitions of capitalized terms.*

### **Section II: Ownership Information:**

Please list the required information for each individual or organization that has an Ownership or Controlling Interest in your entity. If the Owner is a corporation: the primary business address must be listed and every business location and P.O. Box address.

Providing the SSN and TIN (as applicable) is required under 42 CFR 455.104; please see Section 4313 of the Balanced Budget Act of 1997, amended Section 1124, and the Federal Register Vol. 76 No. 22. **Any form without the required SSN and TIN (as applicable) is incomplete and will not be processed.**

### **Section III: Criminal Convictions:**

List your own criminal convictions, along with any person (individual or corporation) who has an ownership or controlling interest, or is an agent or managing employee of your entity. List all offenses as described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, and any civil money penalties or assessments imposed under section 1128A of the Act. Review all of the databases necessary to verify this information:

1. Exclusion status may be verified through the HHS-OIG List of Excluded Individuals/Entities (LEIE) at <https://oig.hhs.gov/exclusions/index.asp>
2. Sanction information is available in the GSA's SAM (System for Award Management) database <https://www.sam.gov>
3. State specific exclusion/sanction databases may be accessed through the State Agency's website

### **Section IV: Management & Control:**

1. List the required information for all employees that hold a position of Managing Employee within your entity.
2. List the required information for all Agents that have the authority to obligate or act on behalf of your entity.

## **Glossary**

**Agent:** any person who has been delegated the authority to obligate or act on behalf of a Contractor.

**Determination of ownership or control percentages:** (a) *Indirect ownership interest.* The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation which owns 5 percent of the stock of the disclosing entity, B's interest equates to a 4 percent indirect ownership interest in the disclosing entity and need not be reported.

(b) *Person with an ownership or control interest.* In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the contractor's assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the contractor's assets, B's interest in the contractor's assets equates to 4 percent and need not be reported.

**Direct Ownership Interest:** the possession of equity in the capital, the stock, or the profits of the disclosing entity.

**Indirect Ownership Interest:** an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

**Managing Employee:** a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

**Ownership or Control Interest:** an individual or corporation that—

- (a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
- (b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- (c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- (d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- (e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- (f) Is a partner in a disclosing entity that is organized as a partnership.