

## **EXHIBIT I (FROM NCCMH BOILERPLATE) DISCLOSURE OF OWNERSHIP**

Disclosure of Ownership – PAYOR/PIHP shall comply with all requirements to obtain, maintain, disclose and furnish required information about ownership and control interests, business transactions, and criminal convictions. PAYOR/PIHP shall assure that all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services are also in compliance with federal and State requirements.

### **I. PAYOR/PIHP will require disclosure statements for:**

#### **A. Any Provider or subcontractor who receives \$25,000 or more per year in reimbursements.**

1. PAYOR/PIHP requires each applicable Provider to identify their “managing employee(s)” in policy or procedure. Managing Employee means 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.
2. PAYOR/PIHP defines their managing employees as: CEO and CFO, or persons in a position of authority, such as a contract signer/authorized representative, or owner. PAYOR/PIHP PAYOR Members will also be required to submit disclosure statement.
3. All applicable disclosing entities (a Medicaid Provider other than individual practitioner or group of practitioners) or a fiscal agent (a Provider that processes or pays vendor claims on behalf of the Disclosing Entity).

#### **B. Individuals and/or entities with 5% or more direct and/or indirect ownership will include the following required information:**

1. Name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity. The address for corporate entities must include primary business address, every business location and PO Box location.
2. Date of birth and social security number of each person with an ownership or control interest in the disclosing entity.
3. In the case of a corporation, other tax identification number for an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has a five percent or more interest.
4. Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with an ownership or control interest in the disclosing entity, as a spouse, parent, child, or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child, or sibling.

5. The name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.
6. The name, address, date of birth, and Social Security number of any managing employee of the disclosing entity.
7. The identity of any individual who has an ownership or control interest in the Provider, or is an agent or managing employee of the Provider and has been convicted of a criminal offense related to that person's involvement in any program under Medicaid, Medicare, or Title XX services program since the inception of those programs.

**C. Disclosure statements for entities without ownership (e.g. PIHP & CMHSPs) will include the following required information:**

1. Name and address of the disclosing entity. The address must include primary business address, every business location, and P.O. Box location.
2. Other tax identification number of the disclosing entity, if applicable.
3. The name, address, date of birth, and Social Security number of all managing employees and Board of Directors of the disclosing entity.
4. Disclosure of ownership or controlling interest in any other Provider entity, subcontractor, or wholly owned supplier.
5. Disclosure of criminal convictions, sanctions, exclusions, debarment and termination.

**II. FREQUENCY OF DISCLOSURE**

**A. PAYOR/PIHP requires disclosure information from its Provider/contractors at any of the following times:**

1. When the Provider submits a Provider application;
2. Upon execution of the Provider agreement;
3. During re-credentialing or re-contracting.
4. Within 35 days of any change in ownership of a disclosing agency.

**III. MONITORING OF AND REPORTING ON PROVIDER NETWORK**

**A. Background Checks:** PAYOR/PIHP will conduct search of all required databases at time of hire or contract and monthly thereafter for as long as the individual or entity is employed or under contract. The database searches will also be performed monthly on all disclosing entities and on any individuals with ownership or control interest identified on the disclosure form. Network Provider will communicate all database search matches to PAYOR/PIHP within 3 business days of discovery. Network Provider shall demonstrate evidence of monthly searches and findings, upon request, and at least annually as part of the annual performance and compliance review. PAYOR/PIHP ensures all Provider have a process for obtaining attestation of criminal convictions and full disclosures

(identified in 42CFR Part 455 Subpart B) from managing employees, Board of Directors, individuals with beneficial ownership, and individuals with an employment, consulting or other arrangement with the Provider or subcontractor. PAYOR/PIHP will monitor for compliance at least annually.

**B. Reporting Criminal Convictions:** PAYOR will notify PIHP within three business days when disclosures are made by subcontractors with regard to those offenses as detailed in sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. PIHP will notify the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Division of Program Development, Consultation and Contracts of any applicable disclosures within 3 business days.

**C. Contract Language:** PAYOR/PIHP requires Provider, through written agreements, to have processes for obtaining attestation of criminal convictions and full disclosure of ownership statements identified in 42 CFR Part 455 Subpart B. Provider must also have procedures to report to PAYOR/PIHP any individuals with criminal convictions described under 1128 (a) and 1128 (b)(1)(2) or (3) of the Act, or individuals that have had civil monetary penalties or assessments imposed under section 1129 A of the Act.

**D. Failure to Comply:** Failure to fully complete the disclosure form as required within 35 days of request or the submission of false or misleading information to PAYOR/PIHP will be subject to contractual sanctions up to and including immediate suspension of funding and termination of the contractual agreement.