



P R O V I D E R   B U L L E T I N

B T 2 0 0 4 2 3

O C T O B E R   1 ,   2 0 0 4

**To: All Providers**

**Subject: Ownership and Control Disclosures For All Providers and Change of Ownership Rules For Long Term Care Providers**

## Overview

Effective May 17, 2003, *LSA 02-184* was implemented. The rule adds the following Indiana Administrative Codes (IAC):

- *405 IAC 1-19 (Rule 19)* affecting **all billing providers** due to **additional notification and disclosure requirements**.
- *405 IAC 1-20 (Rule 20)* affecting **long-term care providers** that are contemplating or in the midst of a **change of ownership**. Rule 20 also defines how funds will be allocated (paid and recouped) to long-term care providers when a change of ownership occurs.

**All billing providers** may need to update ownership and control information currently on file with the Office of Medicaid Policy and Planning (OMPP). Attached to this bulletin is a new Schedule B and C that must be completed in accordance with the information provided in this bulletin and in Schedule B and C. Billing providers must complete all pages of the form disclosing all managing employee's or agent's names, business address, and Social Security Number (SSN), along with any other ownership information requested. These requirements may not apply to sole proprietors or certain franchises. The information in this bulletin is to help clarify providers' obligations.

If applicable, mail the completed Schedule B and C within 60 days from the date of this bulletin to the following address:

**EDS Provider Enrollment  
P.O. Box 7263  
Indianapolis, IN 46207-7263**

## Ownership and Control Disclosures Applicable to Billing Providers (Rule 19)

Rule 19 supplements federal regulations for provider disclosures and notification by requiring that all providers disclose to the OMPP the following information:

- The name, business address, and SSN of any agent, that is any person delegated the authority to obligate or act on behalf of a provider, or managing employee such as a general manager, business

BT200423

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. For purposes of this rule, a managing employee does not include those employees managing franchise locations for pharmacies and hospitals unless he or she is in responsible charge of the corporation or legal entity. If the information on file is current, sole proprietors who operate or manage the provider business do not have to update this information. Direct questions about provider obligations to the Customer Assistance Unit at 1-877-707-5750.

- Any document or agreement **stipulating ownership interests or rights** required to be filed with the secretary of state.
- If the provider entity is a partnership, a copy of the partnership agreement and any amendments, if ownership interests have changed. In lieu of providing the OMPP a copy of the partnership agreement, the partnership can submit a document signed by all partners containing the following information:
  - Each partner’s name, address and SSN
  - Each partner’s ownership interest (percent of ownership)
  - Stipulate if the partner is a silent partner (no managerial control)

The OMPP may suspend payment to an existing provider or reject a prospective provider’s application if the provider fails to disclose this information. Providers have 60 days from the date of this bulletin to comply unless the provider is making a good faith effort to comply and receives written approval from the OMPP or its agent for a 30-day extension.

## Changes Applicable to Long Term Care Providers (Rule 20)

Rule 20 requires long term care providers to notify the OMPP no less than 45 days **before** the effective date of sale or lease agreement that a change of ownership may take place. Notification should be in writing and should include the following information:

- A copy of the agreement of sale or transfer.
- The expected date of the sale or transfer.
- If applicable, the name of any individual who has an ownership or control interest, is a managing employee, or an agent of the transferor (selling provider) who will also hold an ownership or control interest, be a managing employee, or be an agent of the transferee (purchasing provider).
- The transferee must complete an enrollment application for amendment to the transferor’s provider agreement no less than 45 days before the effective date of the transfer or receive a waiver from the OMPP if the transferee is able to demonstrate that it was not able to provide 45 days notice.

Written notification regarding change of ownership should be directed to the following person:

**MS 07**  
**Office of Medicaid Policy and Planning**  
**c/o: Karen Smith Filler**  
**Supervisor, LOC/LTC Reimbursement**  
**402 W. Washington Street, Room W382**  
**Indianapolis, Indiana 46204**

**If notification requirements from both the transferor and the transferee have not been met on or before the 45th day before the effective date of the change of ownership, as determined by the Indiana State Department of Health (ISDH), all Indiana Health Coverage Programs (IHCP) payments due to the transferor will be held until such time as the information is received, reviewed, and approved for completeness.**

BT200423

Examples of change of ownership types are defined in 405 IAC 1-20-3.

## Important Information

The following information also describes the effect of a change of ownership on the transferor and the transferee as stated in Rule 20:

- The OMPP will **transfer the provider agreement to the transferee** subject to the terms and conditions under which it was originally issued, **subject to any existing plan of correction**, and pending audit findings. For example, if the transferor owes the OMPP money due to an overpayment, this account will become the responsibility (joint and several) of the transferee on the effective date of the change of ownership, unless the transferor has paid the account in full before the effective date.
- The transferor and transferee should reach an agreement concerning IHCP reimbursements, underpayments, overpayments, and civil monetary penalties because **from the effective date of the change of ownership**, and if all requirements are met, **all reimbursements will be made to the transferee**. The transferee will assume liability for repayment to the IHCP of any amount due by a previous provider and, therefore, at the sole discretion of the OMPP, **repayment obligations of the transferor may be deducted from any reimbursement due the transferee**.
- Liability of transferors and transferees shall be joint and several. This means the OMPP could collect liability from the transferor or the transferee or both up to the amount of the liability.

A transferor or transferee can request a list of all known outstanding liabilities due the IHCP by the facility and any known or pending IHCP actions against the facility that could result in further liability.

The transferee must take possession of the IHCP records of the transferor and safeguard them for no less than three years.

## Provider Enrollment Considerations

### Provider Enrollment and Updates

There were changes to the provider enrollment process upon implementation of the rule. The billing provider enrollment application and update forms were changed to give providers a format to report the required disclosure information on managing employees, agents, or individuals with ownership and control interest as specified in 405 IAC 1-19-1.

Effective November 1, 2004, all billing provider enrollment applications and billing provider updates must be submitted on the new forms. Any enrollment or update request submitted on the old forms will be returned to the provider for completion on the new forms. The new forms will be available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com). This is not a one-time update requirement. It is the provider's responsibility under federal and State law to update this information as appropriate. Providers can refer to the rule for further information.

### Changes of Ownership

In addition to the form changes, there will be changes to the processing of changes of ownership for all billing providers. A non-long term care (non-LTC) provider must be issued a new provider number when purchasing an existing IHCP-enrolled entity, and a long term care (LTC) facility will retain its former owner's provider number, including service location, if change of ownership occurs. A name

BT200423

change or an otherwise continuation of the former provider is not a change of ownership. Additionally, all LTC providers involved in a change of ownership **must submit the following documentation to the Provider Enrollment Unit at least 45 days before the contemplated date for transfer of ownership:**

- Written notification by the transferor (seller) that a change of ownership is contemplated or is taking place.
- Submission of a billing provider enrollment application completed by the transferee (buyer).
- Submission of an amended provider agreement fully executed by the transferee or new owner.
- Submission of a copy of the applicable purchase agreement, bill of sale, or transfer of ownership papers.
- A copy of any document or agreement, stipulating ownership interests or rights, duties, and liabilities of the entity or its members, which is required to be filed with the secretary of state.
- In the event a contemplated sale or transfer does not take place and paperwork has already been submitted to the OMPP, it is the responsibility of the transferee to notify the OMPP that it is withdrawing its enrollment application and provider agreement.

*Note: When there is a change of ownership of a long term care facility, the OMPP will transfer the provider agreement to the transferee subject to the terms and conditions under which it was originally issued and subject to any existing plan of correction and pending audit findings. Refer to the rule for further information about the effect of a change of ownership.*

*CDT-4 and CDT-3/2000 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.*

*CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.*

**Document:** Final Rule, **Register Page Number:** 26 IR 2865

**Source:** June 1, 2003, Indiana Register, Volume 26, Number 9

**Disclaimer:** This document was created from the files used to produce the official CD-ROM Indiana Register. However, this document is unofficial.

**TITLE 405 OFFICE OF THE SECRETARY OF  
FAMILY AND SOCIAL SERVICES**

LSA Document #02-184(F)

**DIGEST**

Adds 405 IAC 1-19 and 405 IAC 1-20 concerning provisions affecting notification requirements and change of ownership for all providers in the Medicaid program and defines how funds will be allocated (paid and recouped) to long term care providers when a change of ownership occurs. Effective 30 days after filing with the secretary of state.

**405 IAC 1-19**

**405 IAC 1-20**

SECTION 1. 405 IAC 1-19 IS ADDED TO READ AS FOLLOWS:

**Rule 19. Ownership and Control Disclosures**

**405 IAC 1-19-1 Information to be disclosed**

**Authority:** IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

**Affected:** IC 12-13-7-3; IC 12-15

**Sec. 1. (a) In accordance with and in addition to 42 CFR 455, Subpart B, and 42 CFR 1002, Subpart A, as amended, the following disclosure requirements apply to all providers of Medicaid services and shall be disclosed in accordance with this rule:**

**(1) The name and address of each person with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of five percent (5%) or more.**

**(2) Whether any of the persons named, in compliance with subdivision (1), is related to another as spouse, parent, child, or sibling.**

**(3) The name of any other disclosing entity in which a person with an ownership or control interest in the disclosing entity also has an ownership or control interest. This requirement applies to the extent that the disclosing entity can obtain this information by requesting it in writing from the person. The disclosing entity must:**

**(A) keep copies of all these requests and the responses to them;**

**(B) make them available to the office upon request; and**

(C) advise the office when there is no response to a request.

(4) The name, address, and Social Security number of any agent or managing employee.

(b) Any document or agreement, stipulating ownership interests or rights, duties, and liabilities of the entity or its members, required to be filed with the secretary of state, whether it be a single filing or a periodic filing, shall also be filed with the office or its fiscal agent. In the case of a partnership, the partnership agreement, if any, and any amendments thereto, shall be filed with the office immediately upon creation or alteration of the partnership.

(c) A long term care facility provider shall comply with notification requirements set forth in 405 IAC 1-20 for change of ownership.

(d) The office may suspend payment to an existing provider or reject a prospective provider's application for participation if the provider fails to disclose ownership or control information as required by this rule and 405 IAC 1-14.6-5. (*Office of the Secretary of Family and Social Services; 405 IAC 1-19-1; filed Apr 17, 2003, 5:15 p.m.: 26 IR 2865*)

#### 405 IAC 1-19-2 Time and manner of disclosure

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 2. (a) Any disclosing entity that is a long term care facility must supply the information specified in this rule to the Indiana state department of health at the time it is surveyed.

(b) Any disclosing entity that is not a long term care facility must supply the information specified in this rule to the office or its fiscal agent at any time there is a change in ownership or control.

(c) Any new provider must supply the information specified in this rule at the time of filing a complete application.

(d) Providers are required to notify the office upon such time as the information specified in this rule changes within forty-five (45) days of the effective date of change in such form as the office shall prescribe. Long term care providers involved in a change of ownership shall provide notification in accordance with 405 IAC 1-20. New nursing facility providers are required to notify the office in accordance with this rule and 405 IAC 1-14.6-5. (*Office of the Secretary of Family and Social Services; 405 IAC 1-19-2; filed Apr 17, 2003, 5:15 p.m.: 26 IR 2865*)

SECTION 2. 405 IAC 1-20 IS ADDED TO READ AS FOLLOWS:

#### Rule 20. Change of Ownership for a Long Term Care Facility

##### 405 IAC 1-20-1 General

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 1. (a) As used in 405 IAC 1-19 and this rule, "long term care facility" means any of the following:

(1) A nursing facility.

(2) A community residential facility for the developmentally disabled.

**(3) An intermediate care facility for the mentally retarded.**

(b) For Medicaid provider agreement purposes, the provider is the party directly or ultimately responsible for operating the business enterprise. This party is legally responsible for decisions and liabilities in a business management sense. The same party also bears the final responsibility for operational decisions made in the capacity of a governing body and for the consequences of those decisions.

(c) Whether the owner of the provider enterprise (provider) owns the premises or rents or leases the premises from a landlord or lessor is immaterial. However, if the provider enters into an agreement, which allows the landlord to make or participate in decisions about the ongoing operation of the provider enterprise, this indicates that the provider has entered into either a partnership agreement or a management agency agreement instead of a property lease. A new partnership agreement constitutes a change of ownership. (*Office of the Secretary of Family and Social Services; 405 IAC 1-20-1; filed Apr 17, 2003, 5:15 p.m.: 26 IR 2866*)

**405 IAC 1-20-2 Notification requirements**

**Authority:** IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

**Affected:** IC 12-13-7-3; IC 12-15

**Sec. 2. (a)** When a change of ownership in a long term care facility is contemplated, the transferor provider shall notify the office, or its fiscal agent, no less than forty-five (45) days prior to the effective date of sale or lease agreement that a change of ownership may take place.

**(b)** Notification shall be in writing and include the following:

**(1)** A copy of the agreement of sale or transfer.

**(2)** The expected date of transfer.

**(3)** If applicable, the name of any individual who has an ownership or control interest, is a managing employee, or an agent of the transferor, who will also hold an ownership or control interest, be a managing employee, or be an agent of the transferee.

**(c)** The transferee shall make application to the office for an amendment to the transferor's provider agreement no less than forty-five (45) days prior to the expected date of transfer in accordance with this rule and 405 IAC 1-14.6-5(c).

**(d)** If notification requirements from both the transferor and the transferee have not been met on or before the forty-fifth day before the effective date of the change of ownership, all Medicaid payments due to the transferor will be held until such time as the information is received, reviewed, and approved for completeness. Payments will be held until such time as the transferee has fulfilled enrollment requirements in the Medicaid program as set forth in the provider manual and provider enrollment packet.

**(e)** The effective date of the change of ownership will be determined by the Indiana state department of health's certification and transmittal and amended by the Indiana state department of health, if necessary, to correspond with the transferor/transferee agreement of sale or transfer. (*Office of the Secretary of Family and Social Services; 405 IAC 1-20-2; filed Apr 17, 2003, 5:15 p.m.: 26 IR 2866*)

**405 IAC 1-20-3 Change of ownership types**

**Authority:** IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

**Affected: IC 12-13-7-3; IC 12-15**

**Sec. 3. A change of ownership in an existing long term care facility occurs under, but is not limited to, any of the following circumstances:**

**(1) For a sole proprietorship, if a provider of services is an entity owned by a single individual, a transfer of title and property to the enterprise to another person or firm, whether or not including a transfer of title to the real estate or if the former sole proprietor becomes one (1) of the members of a business entity succeeding him or her as the new owner.**

**(2) For a partnership, a new partnership, or the removal, addition, or substitution of an individual partner in an existing partnership, in the absence of an express statement to the contrary in the partnership agreement, that dissolves the old partnership and creates a new partnership.**

**(3) For a corporation, a new corporation, the merger of the applicant or provider corporation into another corporation, or the consolidation of two (2) or more corporations, or any other change resulting in the creation of a new corporation. In an incorporated provider entity, the corporation is the owner. The governing body of the corporation is the group having direct legal responsibility under state law for operation of the corporation's entity, whether that body is:**

**(A) a board of trustees;**

**(B) a board of directors;**

**(C) the entire membership of the corporation; or**

**(D) known by some other name.**

*(Office of the Secretary of Family and Social Services; 405 IAC 1-20-3; filed Apr 17, 2003, 5:15 p.m.: 26 IR 2866)*

#### **405 IAC 1-20-4 Change of ownership effect**

**Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3**

**Affected: IC 12-13-7-3; IC 12-15**

**Sec. 4. When there is a change of ownership of a long term care facility, the office will transfer the provider agreement to the transferee subject to the terms and conditions under which it was originally issued and subject to any existing plan of correction and pending audit findings as follows:**

**(1) The transferor and transferee shall reach an agreement between themselves concerning Medicaid reimbursements, underpayments, overpayments, and civil monetary penalties.**

**(2) From the effective date of change of ownership and if all requirements are met, all reimbursements will be made to the transferee, regardless of whether the reimbursement was incurred by a current owner or previous owner.**

**(3) From the effective date of change of ownership, the transferee shall assume liability for repayment to the office of any amount due the office, regardless of whether liability was incurred by a current owner or operator or by a previous owner or operator.**

**(4) Liability of current and previous providers to the office shall be joint and several.**



**(5) A current or previous owner or lessee may request from the office a list of all known outstanding liabilities due the office by the facility and of any known pending office actions against a facility that may result in further liability.**

**(6) For purposes of this section, examples of reimbursements, overpayments, and penalties shall include, but not be limited to, the following:**

**(A) Outstanding claims.**

**(B) Any retro rate adjustment that results in an underpayment or overpayment based upon the transferor's cost report.**

**(C) Amounts identified during past, present, or future audits that pertain to an audit period prior to a change in ownership.**

**(D) Pending or completed surveillance utilization review (SUR) audit.**

**(E) Imposition of penalties due to failure of the provider to be in substantial compliance with applicable federal requirements for nursing facilities participation in the Medicare or Medicaid program.**

**(F) Civil monetary penalties.**

**(G) Amounts established by final administrative decisions.**

*(Office of the Secretary of Family and Social Services; 405 IAC 1-20-4; filed Apr 17, 2003, 5:15 p.m.: 26 IR 2867)*

#### **405 IAC 1-20-5 Record retention**

**Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3**

**Affected: IC 12-13-7-3; IC 12-15**

**Sec. 5. The transferee shall take possession of the Medicaid records of the transferor and safeguard them for no less than three (3) years from the date of the last claim reimbursed by the office or until any pending administrative or judicial appeal is closed, whichever is longer.** *(Office of the Secretary of Family and Social Services; 405 IAC 1-20-5; filed Apr 17, 2003, 5:15 p.m.: 26 IR 2867)*

**SECTION 3. Upon the effective date of 405 IAC 1-19-2, all disclosing entities have sixty (60) days to comply.**

*LSA Document #02-184(F)*

*Notice of Intent Published: 25 IR 3209*

*Proposed Rule Published: November 1, 2002; 26 IR 511*

*Hearing Held: November 27, 2002*

*Approved by Attorney General: April 10, 2003*

*Approved by Governor: April 17, 2003*

*Filed with Secretary of State: April 17, 2003, 5:15 p.m.*

*Incorporated Documents Filed with Secretary of State: None*

**CHOW Bulletin Special Project – Provider Enrollment Update Form**

Provider Name \_\_\_\_\_

IHCP Provider # \_\_\_\_\_

List all Service Locations this Schedule B and C apply to \_\_\_\_\_

**Use a separate form for each service location where Schedule B and Schedule C information is not identical.**

Federal Tax Identification # \_\_\_\_\_

**Authorized Signature****The owner or an authorized officer of the business entity, directly or ultimately responsible for operating the business enterprise, must complete this section.**

I certify, under penalty of law, that the information stated in Schedule B and Schedule C is correct and complete to the best of my knowledge. I am aware that, should an investigation at any time indicate that the information has been falsified, I may be considered for suspension from the program and/or prosecution for Medicaid Fraud. I hereby authorize the Indiana Family and Social Services Administration to make any necessary verifications of the information provided herein, and further authorize and request each education institution, medical/license board or organization to provide all information that may be required in connection with my participation in the Indiana Health Coverage Programs and the Indiana Children's Health Insurance Programs.

Provider Name \_\_\_\_\_

Tax ID \_\_\_\_\_

Officer Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

**Provider Instructions:**

1. If you are unsure whether your information is correct or current, please complete and submit this update form.
2. Please complete all pages (Cover page, Schedule B, Organization Structure and Schedule C, Disclosure Information).
3. Sign and date the Signature Box.
4. Mail completed forms to:

**EDS – Provider Enrollment  
P.O. Box 7263  
Indianapolis, IN 46207-7263**

**Schedule B – Organizational Structure****1. How is this provider entity legally organized and structured?**

Check the entity type that best describes the structure of the enrolling provider entity. Please check **only one** box.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> For Profit Corp            | <input type="checkbox"/> Partnership                  | <input type="checkbox"/> Sole Proprietorship (Individual)    |
| <input type="checkbox"/> Not-for-Profit Corp        | <input type="checkbox"/> Government Owned             | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Limited Liability Co (LLC) | <input type="checkbox"/> Other (Please Specify) _____ |  |

**2. Is the provider entity registered with the Secretary of State?**

- Yes    No

If yes, please submit a copy of the state registration papers (*405 IAC 1-19.1b*). If no, please submit a copy of the Assumed Business Name form on file with the county recorder's office.

**3. Date Business Started:** \_\_\_\_\_**4. Is this entity incorporated?**

- Yes    No      If yes, enter the Incorporation Date: \_\_\_\_\_

**5. Is this entity chain affiliated?**

If yes, the information about the company or organization must be included in the disclosure information.

- Yes    No

**6. Is the provider entity operated by a management company, or leased in whole or in part by another organization?**

If yes, the information about the company or organization must be included in the disclosure information.

- Yes    No

**Schedule C.1 – Disclosure Information**

**Disclosure of Ownership and Control – List below the Name, Title, Federal Employer Identification Number (FEIN), and Business Address of any PERSON OR ENTITY that has an ownership or controlling interest in the prospective provider entity.**

**This includes any person or entity that has a direct or indirect ownership interest equal to five percent or more of the value of the provider entity; or owns an interest of five percent or more in any mortgage, deed of trust, note or other obligation secured by the provider entity if that interest equals five percent of the value of the property of assets of the provider entity. Copy this page to list additional names.**

Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	

**Disclosure of Ownership and Control – List below the Name, Title, FEIN, and Business Address of any PERSON OR ENTITY that has an ownership or controlling interest in any subcontractor in which the provider entity has direct or indirect ownership of five percent or more. Copy this page to list additional names.**

Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	

Schedule C.2 – Disclosure Information Continued		
<p><b>Managing Individuals – List below the Name, Title, FEIN, and Business Address of ALL agents, officers, directors, and managing employees who have expressed or implied authority to obligate or act on behalf of the provider entity. Any individual who has operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of the provider entity should be included. This may include such individuals as a general manager, business manager, administrator, or director. Copy this page to list additional names.</b></p>		
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	
Legal Name	FEIN	Business Address
Title	Social Security #	

## Schedule C.3 -Disclosure Information Continued

1. Indicate below if any of the individuals listed in *Schedule C* above, are related through blood or marriage, either as spouse, parent, child, or sibling. List their names and degree of relationship. Copy this page if additional space is required.

Name	Name	Degree of Relationship

2. Indicate below if any of the PERSONS OR ENTITIES listed in *Schedule C* above, or any secured creditor(s) of the provider entity, have ever been sanctioned either through criminal conviction, or exclusion from participation in any program under Medicare, Medicaid, or the Title XX services since the inception of the programs.

Name	Type of Sanction	Date of Sanction

3. Indicate below if any of the PERSONS OR ENTITIES listed in *Schedule C* above, or any secured creditor(s) of the provider entity, have ever been placed on prepayment review.

Name	Provider Number

4. Indicate below if any of the PERSONS or ENTITIES listed in *Schedule C* above, has an ownership or controlling interest in any other current or prospective provider.

Name	Provider Number

5. Indicate below any former agent, officer, director, partner, or managing employee from the lists in this schedule, who has transferred ownership to a family member related through blood or marriage, either as spouse, parent, child, or sibling, in anticipation of or following a conviction, or imposition of an exclusion.

Name	Name	Degree of Relationship