



County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 13-01

Date: March 18, 2013

To: DBH Contract Agencies
DBH Deputy Directors, Administrative Contract Manager and Supervisor,
Program Managers and Contract Monitors

From: CaSonya Thomas, MPA, CHC, DBH Director

Subject: Contractual Requirements regarding Disclosure of Ownership, Control, and Relationship Information

Introduction Standard DBH contract language requires Medicaid agencies and providers comply with applicable federal laws pertaining to the disclosure of ownership, control and relationship information of the contract agency.

Who Must Comply DBH contract agencies must comply with the federal disclosure requirements if Medi-Cal funding is received.

Disclosure Requirements In accordance with federal law, the following information must be disclosed by DBH contract agencies to the appropriate DBH Program Manager or designee overseeing its applicable contract:

- Name and address of any person(s) whether it be an individual or corporation with an ownership or controlling interest in the disclosing entity or managed care entity
 - Address must include the primary business address, every business location and P.O. Box address(es)
 - Date of birth and Social Security Number for individuals
 - Tax identification number for other corporations or entities with ownership or controlling interest in the disclosing entity
 - Any subcontractor(s) in which the disclosing entity has five (5) percent or more interest
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Disclosure Requirements
(continued)

- Whether the person(s) with an ownership or controlling interest of the disclosing entity is related to another person having ownership or controlling interest as a parent, spouse, sibling or child
 - Including whether the person(s) with ownership or controlling interest of the disclosing entity is related to a person (parent, spouse, sibling or child) with ownership or has five (5) percent or more interest in any of its subcontractors
- Name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest

Notification to DBH

The table below indicates when providers and disclosing entities shall notify DBH and to whom when there is a change in ownership, control interest or relationship:

Event	DBH Party to Notify
Submission of the State Medi-Cal certification application (page 3)	Quality Management
Execution of the contract	Contracts
Within 35 days after any change of ownership, control interest or relationship	Assigned Program Manager (or designee)

The Program Manager shall confer with the appropriate personnel such as but not limited to the Administrative Supervisor of Contracts regarding contractual changes and appropriate Deputy Director regarding operational changes.

Contract Monitors

Effective immediately, DBH Contract Monitors reviewing Medi-Cal providers or contract agencies shall include a section of the audit tool to verify the contract agency or provider is meeting its contractual requirements as indicated in the Single Audit Requirement section B of the contract by notifying DBH of ownership, control interest and relationship changes. Monitoring shall include confirmation whether changes have taken place.

References

Title 42 of the Code of Federal Regulations (CFR), Sections 455.100 through 455.106

DBH Standard Practice Manual, QM6003: [Short Doyle and Short-Doyle/Medi-Cal Clinic Change of Ownership or Location](#)