INSTRUCTIONS FOR COMPLETING DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT (HCFA-1513)

Completion and submission of this form is a condition of participation, certification, or recertification under any of the programs established by titles V, XVIII, XIX, and XX, or as a condition of approval or renewal of a contractor agreement between the disclosing entity and the secretary of appropriate state agency under any of the above titled programs, a full and accurate disclosure of ownership and financial interest is required. Failure to submit requested information may result in a refusal by the Secretary or appropriate State agency to enter into an agreement or contract with any such institution or in termination of existing agreements.

SPECIAL INSTRUCTIONS FOR TITLE XX PROVIDERS
All Title XX providers must complete Part II(a) and (b) of this form. Only those Title XX providers rendering medical, remedial, or health-related homemaker services must complete Parts II and III. Title V providers must complete Parts II and III.

GENERAL INSTRUCTIONS

For definitions, procedures and requirements, refer to the appropriate Regulations:

Title V 42CFR 51a.144
Title XVIII 42CFR 420.200-206
Title XIX 42CFR 455.100-106
Title XX 45CFR 228.72-73

Please answer all questions as of the current date. If the yes block for any item is checked, list requested additional information under Remarks on Page 2, referencing the item. If additional space is needed use an attached sheet.

Return the original to the State agency; retain a copy for your files.

This form is to be completed annually. Any substantial delay in completing the form should be reported to the State survey agency.

DETAILED INSTRUCTION

These instructions are designed to clarify certain questions on the form. Instructions are listed in question order for easy reference. No instructions have been given for questions considered self-explanatory.

IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.

Item I (a) Under identifying information specify in what capacity the entity is doing business as (DBA), example, name of trade or corporation.

Item I (b) For Regional Office Use Only. If the yes box is checked for Item VII the Regional Office will enter the 5-digit number assigned by HCFA to chain organizations.

Item II Self-explanatory.

Item III List the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination, amounting to an ownership interest of 5% or more in the disclosing entity.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health
program, or health related services under the social service program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5% or more in the disclosing entity. Example: If A owns 10% of the stock in a corporation that owns 80% of the stock of the disclosing entity, A's interest equates to an 8% indirect ownership and must be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e. joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

**Items IV-VII** Changes in Provider Status
Change in provider status is defined as any change in management control. Examples of such changes would include: a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the owning partnership which under applicable State law is not considered a change in ownership, or the hiring or dismissing of any employees with 5% or more financial interest in the facility or in an owning corporation, or any change of ownership.

**Items IV-VII** If the yes box is checked, list additional information requested under Remarks. Clearly identify which item is being continued.
DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

1. IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>(a) Name of Entity</th>
<th>Provider No.</th>
<th>Vendor No.</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

(b) (To be completed by HCFA Regional Office) Chain Affiliate No.

II. Answer the following questions by marking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under Remarks on Page 2. Identify each item number to be continued.

(a) Are there any individuals or organizations having a direct or indirect ownership or control interest of 5% or more in the institution, organization, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX? Yes No

(b) Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Title XVIII, XIX, or XX? Yes No

(c) Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only.) Yes No

III. (a) List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under Remarks on Page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks on Page 2.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>EIN</th>
</tr>
</thead>
</table>

(b) Type of Entity:

- Sole Proprietorship
- Partnership
- Unincorporated Associations
- Corporation
- Other (specify)

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINS for corporations under Remarks on Page 2.

Mark appropriate answer for each of the following questions:

(d) Are any owners of the disclosing entity also owners of Medicare/Medicaid facilities? (Example, sole proprietor, partnership or members of Board of Directors.) Yes No If yes, list names, addresses of individuals and provider numbers.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PROVIDER NUMBER</th>
</tr>
</thead>
</table>
IV. (a) Has there been a change in ownership or control within the last year?  
Yes  No  If yes, give date.

(b) Do you anticipate any change of ownership or control within the year?  
Yes  No  If yes, when?

(c) Do you anticipate filing for bankruptcy within the year?  
Yes  No  If yes, when?

V. Is this facility operated by a management company, or leased in whole or part by another organization?  
Yes  No  
If yes, give date of change in operation.

VI. Has there been a change in Administrator, Director of Nursing or Medical Director within the last year?  
Yes  No

VII. (a) Is this facility chain affiliated? If yes, list name, address of Corporation, and EIN.

<table>
<thead>
<tr>
<th>Name</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

(b) If the answer to question VII (a) is No, was the facility ever affiliated with a chain? If Yes, list name, address of Corporation, and EIN.

<table>
<thead>
<tr>
<th>Name</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

VIII. Have you increased your bed capacity by 10% or more or by 10 beds, whichever is greater, within the last 2 years?  
Yes  No  
If yes, give year of change:  
Current bed space:  
Prior bed space:

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the state agency or the secretary, as appropriate.

<table>
<thead>
<tr>
<th>Name of Authorized Representative (Typed)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Remarks: