



To: All Medi-Cal Contract Providers

From: Chris Marlow, DHS-BHD Quality Assessment & Performance Improvement (QAPI)
Section Manager

Date: July 15, 2024

RE: Disclosures - Conviction of Crimes/Ownership Interest of Greater than 5%

According to your contract with Sonoma County, 42 CFR 455.104, and 42 CFR 455.106, you must submit disclosures regarding ownership and control and convictions of crimes within 35 calendar days of any change of ownership or conviction of a crime by an employee to Provider Relations at SCBHProviderRelation@sonoma-county.org

For disclosure of 5 percent or more ownership interest, provide in writing the following:

1. The name and address of any person (individual or corporation) with an ownership or control interest in the contractor/network provider. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
2. Date of birth and Social Security Number (in the case of an individual);
3. Other tax identification number, in the case of a corporation or other entity that uses a tax identification number for tax purposes;
4. Whether the person (individual or corporation) with an ownership or control interest in the contractor/network provider is related to another person with ownership or control interest in the same or any other network provider of the Health Agency 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 managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
5. The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
6. The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

For disclosure of Conviction of Crime(s), provide in writing the following:

1. The identity of any person who is a managing employee of the Contractor who has been convicted of a crime related to federal health care programs;
2. The identity of any person who is an agent of the Contractor who has been convicted of a crime related to federal health care programs;

If you have any questions about this requirement, please reach out to SCBHProviderRelation@sonoma-county.org