# SNF Attachment 1 workflow

As part the 855A form updates and policy changes, PECOS will collect **ADDITIONAL DISCLOSABLE PARTY (ADP) of the SNF.** The definitions for ADP and other entities are provided in Attachment 1 of the 855A paper form and on PECOS Provider Interface as shown below. Providers can navigate to the 'GUIDANCE FOR SNF ATTACHMENT ON FORM CMS-855A' by selecting the link in the Organization and Individual Control page and click on the SNF PDF provided in the page. Here is the direct link to the page:

#### **SNF Attachment Subreg Guidance**

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD

rganizations Iditional Dis	with Ownership Interest and/or Managing Control and/or closable Party (ADP)
	(*) Red asterisk indicates a required field
	on Information for Organization with Ownership Interest and/or ontrol and/or Additional Disclosable Party (ADP)
informatio	s will need to enter their (Personally Identifiable Information (PII) on if associating to this enrollment as an Owner or in a Managing Control the Skilled Nursing Facility (SNF).
the SNF a	I Disclosable Parties associating to this enrollment that are not Owners of nd do not have a managing control role with the SNF do entranged to enter more information about ADPs select here.
* Legal Busin	ess Name
Select here if	you have less than 5% ownership interest or if you are an ADP ership or managing control of the SNF
* Tax Identifi	cation Information (TIN)
	vider Identifier (NPI) (of organization with ownership paging control)

PECOS has two workflows for Organizational Control and Individual Control with and without PII information. The TIN will not be required information for an associate if the entity has less than 5% ownership interest or associating as an ADP of the SNF. However, if an Entity is associating as an Ownership or Managing Control role, then PII will be required for all Owners and ADPs. Here is a sample of entities associating with SNF without the TIN information. Providers can select the check box: 'Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF' to associate with the SNF without the TIN information.

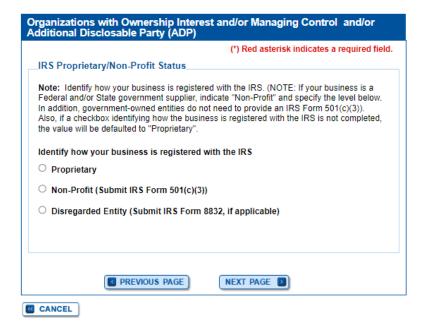
Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP) (\*) Red asterisk indicates a required field. Identification Information for Organization with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP) All entities will need to enter their (Personally Identifiable Information (PII) information if associating to this enrollment as an Owner or in a Managing Control role with the Skilled Nursing Facility (SNF). · Additional Disclosable Parties associating to this enrollment that are not Owners of the SNF and do not have a managing control role with the SNF do not have to enter all PII. For more information about ADPs select here. \* Legal Business Name "Doing Business As" Name Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF Tax Identification Information (TIN) National Provider Identifier (NPI) (of organization with ownership interest/managing control) 10 Digits NEXT PAGE **CANCEL** 

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD

All entities associating with the SNFs will need to provide additional information as part of the new 855A form changes. Hence, Providers will need to <a href="edit">edit</a> their existing information in Organization and Individual control section prior to submitting their applications. Failure to provide this information could result in delays in processing your application. Providers will need to provide information on IRS business designation, type of Business Structure, type of Organization and answer additional questions on the existing ownership roles prior to submitting their revalidation applications. Here are the new workflows for Organization control and Individual control in PECOS PI where all the information from Attachment 1 in the paper form is captured.

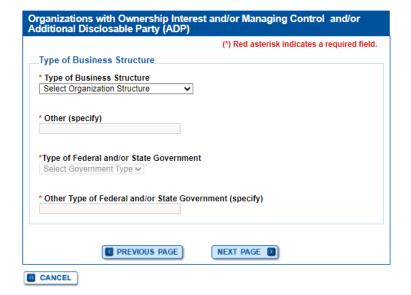
### IRS business designation:

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD



# **Type of Business Structure:**

<u>Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD</u>



### **Type of Organization:**

Note: Trust or Trustee is a new organization type.

<u>Home > My Associates > My Enrollments > Initial Enrollment > Organization Control > ADD</u> Organizations with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP) (\*) Red asterisk indicates a required field. Type of Organization\_ \* Select the type of organization (Check all that apply): ☐ Bank or other Financial Institution ☐ Chain Home Office  $\ \square$  Consulting Firm Corporation ☐ For-profit □ Holding Company  $\ \square$  Investment Firm (other than private equity company) ☐ Limited Liability Company ☐ Management Services Company ☐ Medical Provider/Supplier ☐ Medical Staffing Company ☐ Non-profit ☐ Private Equity Company ☐ Real Estate Investment Trust ☐ Trust or Trustee \* Other Organization Type (please specify)

#### Organizations associating with SNFs with PII information:

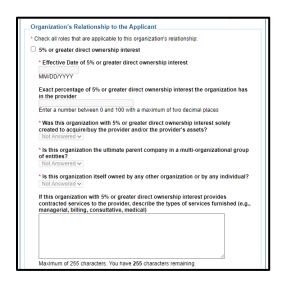
NEXT PAGE [3]

PREVIOUS PAGE

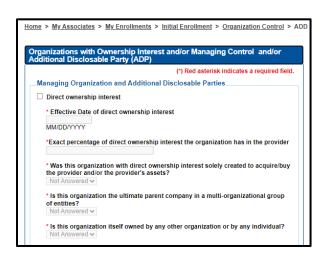
Note: All information provided in Attachment 1 of the paper form (page 55 to 63) is available in the Organization control topic in PECOS PI.

Any Entity associating with SNF in Ownership or Managing Control role will need to provide PII information as part of associating process. Once the PII information is provided a 'Full associate profile' is created for the associating entity. PECOS will navigate to the Ownership and Managing control page once the profile is created, and the address associated with the entity is validated. Here are the roles defined in Attachment 1 for associating entities with Ownership information. All questions need to be answered for the selected roles.

1) If the SNF is a corporation, organization have a 5% or greater direct ownership interest in the SNF.



2) If SNF is Limited Liability Company, organization have any direct ownership interest in the SNF regardless of the percentage?



3) If SNF is a general partnership, Organization has any direct general partnership/ownership interest in the SNF.

General Partnership interest
* Effective Date of General Partnership interest
MM/DD/YYYY
Exact percentage of General Partnership interest the organization has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places
* Was this organization with General Partnership interest solely created to acquire/buy the provider and/or the provider's assets?  Not Answered
* Is this organization the ultimate parent company in a multi-organizational group of entities?
Not Answered ✓
* Is this organization itself owned by any other organization or by any individual?  Not Answered
If this organization with General Partnership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)
Maximum of 255 characters. You have 255 characters remaining.

4) If SNF is limited partnership, Organization has any direct limited partnership/ownership interest.

Limited Partnership interest
* Effective Date of Limited Partnership interest
MM/DD/YYYY
Exact percentage of Limited Partnership interest the organization has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places
* Was this organization with Limited Partnership interest solely created to acquire/buy the provider and/or the provider's assets?  Not Answered •
* Is this organization the ultimate parent company in a multi-organizational group of entities?  Not Answered •
* Is this organization itself owned by any other organization or by any individual? Not Answered $\checkmark$
If this organization with Limited Partnership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)
Maximum of 255 characters. You have 255 characters remaining.

5) If SNF is not a Corp, LLC, GP, LP structure, organization have a 5% or greater direct ownership interest in the SNF.

5% or greater direct ownership interest	
* Effective Date of 5% or greater direct ownership interest	
MM/DD/YYYY	
Exact percentage of 5% or greater direct ownership interest the organization ha in the provider	s
Enter a number between 0 and 100 with a maximum of two decimal places	
* Was this organization with 5% or greater direct ownership interest solely created to acquire/buy the provider and/or the provider's assets?  Not Answered •	
* Is this organization the ultimate parent company in a multi-organizational ground entities?	p
Not Answered ✓	
* Is this organization itself owned by any other organization or by any individual	?
Not Answered ✓	
If this organization with 5% or greater direct ownership interest provides contracted services to the provider, describe the types of services furnished (e. managerial, billing, consultative, medical)	g.,
Maximum of 255 characters. You have 255 characters remaining.	

6) If SNF is not a LLC, GP, LP, organization have a 5% or greater indirect ownership interest in the SNF.

5% or greater indirect ownership interest
* Effective Date of 5% or greater indirect ownership interest
MM/DD/YYYY
Exact percentage of 5% or greater indirect ownership interest the organization has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places
* Was this organization with 5% or greater indirect ownership interest solely created to acquire/buy the provider and/or the provider's assets?
Not Answered ✓
* Is this organization the ultimate parent company in a multi-organizational group of entities?
Not Answered ✓
* Is this organization itself owned by any other organization or by any individual?
Not Answered ✓
If this organization with 5% or greater indirect ownership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)
Maximum of 255 characters. You have 255 characters remaining.

7) If SNF is LLC, GP, LP, organization have any indirect ownership interest in the SNF. 5% or greater indirect ownership interest \* Effective Date of 5% or greater indirect ownership interest MM/DD/YYYY Exact percentage of 5% or greater indirect ownership interest the organization has in the provider Enter a number between 0 and 100 with a maximum of two decimal places \* Was this organization with 5% or greater indirect ownership interest solely created to acquire/buy the provider and/or the provider's assets? Not Answered ✓ \* Is this organization the ultimate parent company in a multi-organizational group of entities? Not Answered ✓ \* Is this organization itself owned by any other organization or by any individual? Not Answered ✓ If this organization with 5% or greater indirect ownership interest provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical) Maximum of 255 characters. You have 255 characters remaining.

8) If Organization has mortgage interest or security interest in SNF.

☐ 5% or greater mortgage interest
* Effective Date of 5% or greater mortgage interest
MM/DD/YYYY
Exact percentage of 5% or greater mortgage interest the organization has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places
* Was this organization with 5% or greater mortgage interest solely created to acquire/buy the provider and/or the provider's assets?  Not Answered •
* Is this organization the ultimate parent company in a multi-organizational group of entities?
Not Answered ✓
* Is this organization itself owned by any other organization or by any individual?
Not Answered ✓
☐ 5% or greater security interest
* Effective Date of 5% or greater security interest
MM/DD/YYYY
Exact percentage of 5% or greater security interest the organization has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places
* Was this organization with 5% or greater security interest solely created to acquire/buy the provider and/or the provider's assets?
Not Answered ✓
* Is this organization the ultimate parent company in a multi-organizational group of entities?
Not Answered ✓
* Is this organization itself owned by any other organization or by any individual?  Not Answered •

Questions 9 to 13 determine if the Organization is a "ADP"

9) If Organization is a trustee of the SNF.

* Is this Organization a Trustee of the SNF? Not Answered 🗸	
* Effective Date of Trustee	
MM/DD/YYYY	

10) If Organization has Operational or Managerial Control on SNF - additional Control Type information is collected. (Operational, Managerial, Financial).

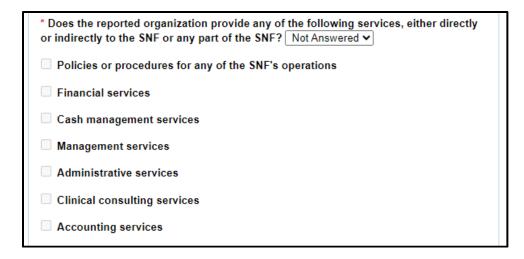
☐ Operational/Managerial Control
* Does the reported organization exercise any of the following types of control, either directly or indirectly, over the SNF or any part of the SNF? $\cite{No}$
☐ Operational
* Effective Date
MM/DD/YYYY
*Types of Control
Maximum of 255 characters. You have 255 characters remaining.
*Which part(s) of the SNF are under the said contract?
Maximum of 255 characters. You have 255 characters remaining.
*Is this control furnished under contract?
Maximum of 255 characters. You have 255 characters remaining.

* Effective D	ate
MM/DD/YYY	Υ
*Types of Co	ontrol
Maximum of	255 characters. You have <b>255</b> characters remaining.
*Which part	(s) of the SNF are under the said contract?
Maximum of	255 characters. You have <b>255</b> characters remaining.
	255 characters. You have <b>255</b> characters remaining. rol furnished under contract?

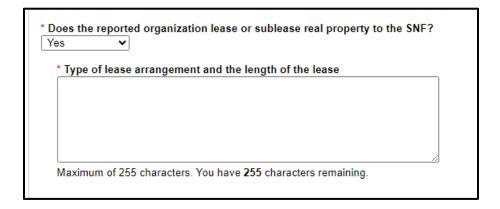
* Effective Date	•			
MM/DD/YYYY				
*Types of Conti	rol			
		055 1 .		//
Maximum of 255	characters. You have	255 characters i	emaining.	
*Which part(s)	of the SNF are under	the said contra	ct?	
				4
Maximum of 255	characters. You have	255 characters i	emaining.	<i>1</i>
Maximum of 255	characters. You have	255 characters i	emaining.	4
	characters. You have		remaining.	10
			emaining.	1.
			remaining.	h
			remaining.	<i>A</i>
*Is this control		ract?		

11) If Organization provides any of the following services to the SNF, Service Provider:

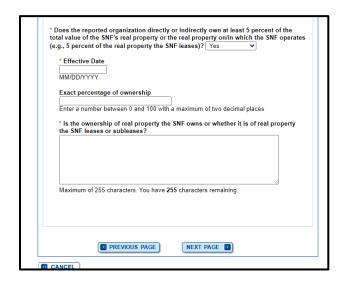
- Policies or procedures for any of the SNF's operations (Question 11)
- Financial services
- Cash management services
- Management services
- Administrative services
- Clinical consulting services
- Accounting services



12) Organization lease or sublease real property to SNF.

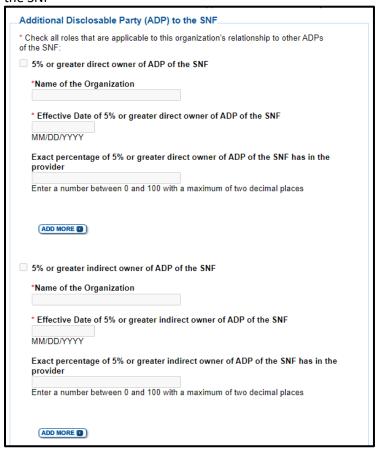


13) Does the reported organization directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates (e.g., 5 percent of the real property the SNF leases)?

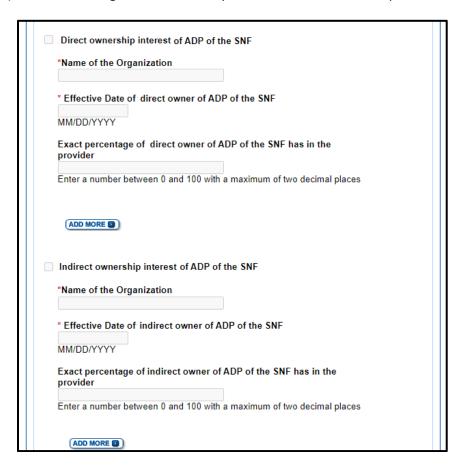


Questions 14 to 19 determines if this entity is associated with other ADPs of the SNF:

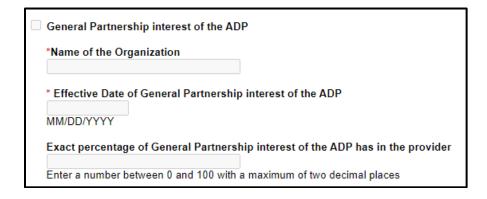
14) If ADP is corporation, organization have a 5% or greater direct or indirect owner of any ADP of the SNF



15) If ADP is LLC, organization have any direct or indirect ownership interest in any ADP of the SNF.



16) If ADP has partnership, organization have any general partnership in the ADP



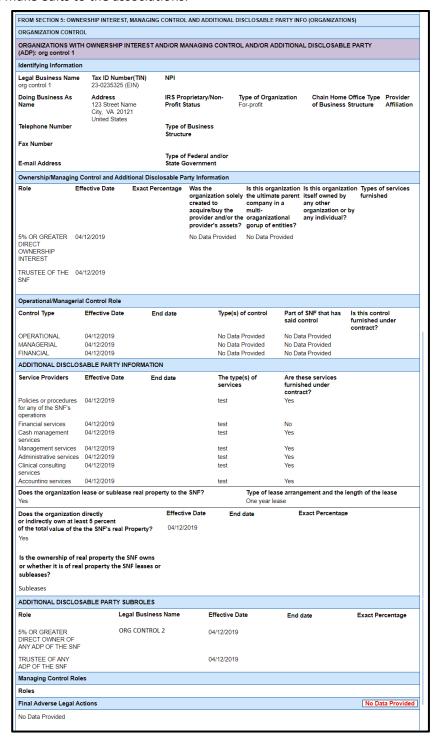
17) If ADP has limited partnership, does the Org have limited partnership in the ADP

Limited Partnership interest of the ADP	
*Name of the Organization	
* Effective Date of Limited Partnership interest of the ADP  MM/DD/YYYY	
Exact percentage of Limited Partnership interest of the ADP has in the provider	
Enter a number between 0 and 100 with a maximum of two decimal places	

18) If ADP is a trustee, is the org a Trustee in any ADP of the SNF.

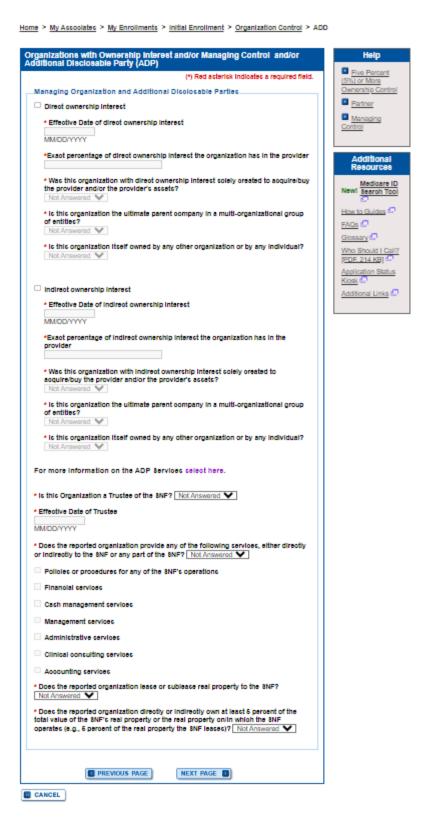
☐ Trustee of any ADP of the SNF	
*Name of the Organization	
* Effective Date of Trustee of any ADP o	f the SNF
ADD MORE	

19) If ADP owner/trustee/LLC manager (as indicated in question 14, 15, 16, 17, or 18) have any interest in the SNF itself OR in another ADP of the SNF. PECOS will summarize all the associations as shown below. The Provider can go back by clicking on the Previous page button and make edits to the associations.



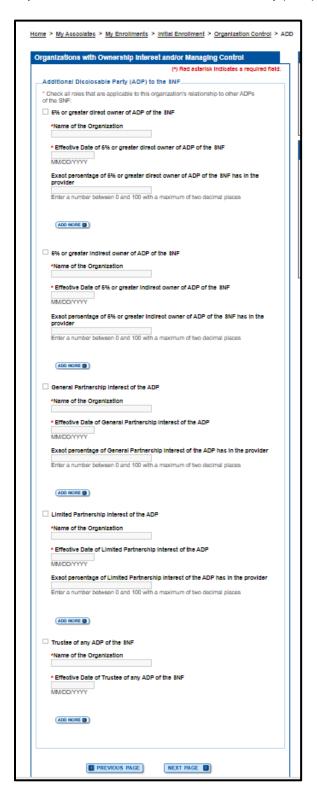
# **Organizations associating with SNFs without PII information:**

Any Entity associating with SNF as an ADP or with less than 5% ownership interest has an option not to disclose their PII information as part of associating process. PECOS will require all entities to enter the address information and the address is validated. PECOS will then navigate the user to Questions 9, 11, 12 and 13. If the entity has Operational/Managerial Control, the user will need to enter PII information for the entity. Entities associating without a TIN will be navigated to the ADP page in PECOS PI shown below. They will not have access to Ownership roles.



The above page will allow Providers to enter the services they are providing as an ADP or less than 5% ownership information. These are questions 2, 9, 11, 12, 13 in the paper form.

Questions 14 to 19 will determine this entities relationship to other ADPs of the SNF. This information is captured in the 'Additional Disclosable Party (ADP) to the SNF' page in PECOS PI.



# **Individuals associating with SNFs with PII information:**

Any individual associating with SNF in Ownership or Managing Control role will need to provide PII information as part of associating process. Once the PII information is provided a 'Full associate profile' is created for the associating individual. PECOS will navigate to the Ownership and Managing control page once the profile is created, and the address associated with the individual is validated. Here are the roles defined in Attachment 1 for associating individuals with Ownership information.

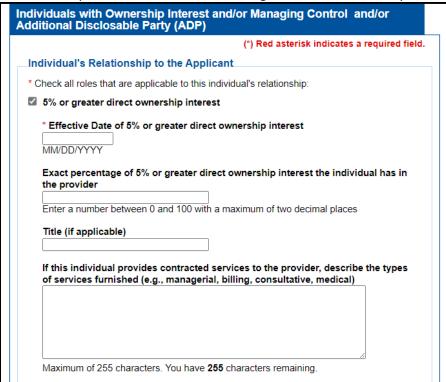
If the individual has less than 5% ownership interest or associating as an ADP of the SNF they do not have to disclose their TIN information. Here is sample of entities associating with SNF without the TIN information. Providers can select the check box:

'Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF' as shown in the screenshot below.

Individuals with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)
(*) Red asterisk indicates a required field.
Personal Information for Individual with Ownership Interest and/or Managing Control and/or Additional Disclosable Party (ADP)
<ul> <li>All entities will need to enter their (Personally Identifiable Information (PII) information if associating to this enrollment as an Owner or in a Managing Control role with the Skilled Nursing Facility (SNF)</li> </ul>
<ul> <li>Additional Disclosable Party associating to this enrollment that are not Owners of the SNF and do not have a managing control role with the SNF do not have to enter all PII. For more information about ADPs select here.</li> </ul>
Note: Please enter the individual name associated with the SSN/ITIN and Date of Birth.  Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.
* First Name
Middle Name
* Last Name
smith
Suffix
Select Suffix ▼
Select here if you have less than 5% ownership interest or if you are an ADP without ownership or managing control of the SNF  TIN Type  Select TIN Type   Select TIN Type
Tax Identification Number (TIN)
Date of Birth
MM/DD/YYYY
Telephone x Extension    7032274518
Fax
No Format Required
E-mail Address sulekha.edara@cgifederal.com
National Provider Identifier (NPI) (of individual with ownership interest/managing control)
10 Digits
NEXT PAGE

Any individual associating with SNF in Ownership or Managing Control role will need to provide PII information as part of associating process. Once the PII information is provided a 'Full associate profile' is created for the associating entity. PECOS will navigate to the Ownership and Managing control page once the profile is created, and the address associated with the entity is validated. Here are the roles defined in Attachment 1 for Individuals with Ownership information. All questions need to be answered for selected roles.

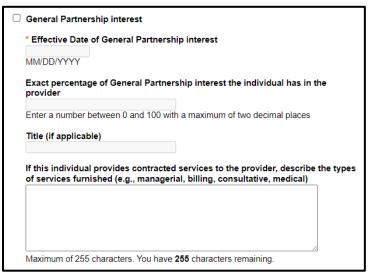
1) If SNF is a corporation, Individual has 5% or greater direct ownership interest in the SNF.



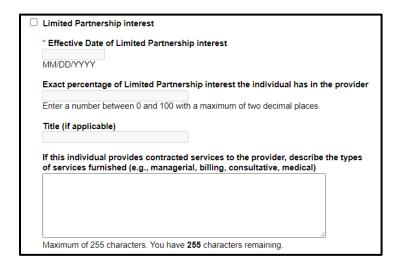
2) If SNF is Limited Liability Company, Individual has direct ownership.

☐ Direct ownership interest	
*Effective Date of Direct ownership interest	
MM/DD/YYYY	
*Exact percentage of direct ownership interest the individual has in the provide	der

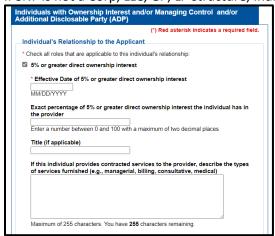
3) If SNF is a general partnership, Individual has general partnership interest.



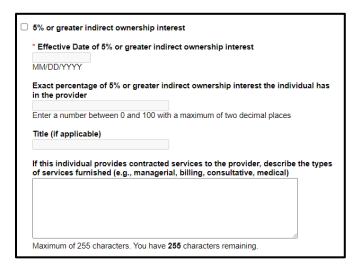
4) If SNF is a limited partnership, Individual has limited partnership interest.



5) If SNF is not a Corp, LLC, GP, LP structure, Individual has 5% direct ownership.



6) If SNF is not a LLC, GP, LP, Individual has indirect ownership.



7) If SNF is LLC, GP, LP, Individual has indirect ownership.



8) If SNF is a Corporate, Individual has an Corporate Officer or Corporate Director role.

*	Effective Date of Corporate Officer
	Effective Date of Corporate Officer
١	MM/DD/YYYY
	Exact percentage of control as an Corporate Officer this individual has in the provider
E	Enter a number between 0 and 100 with a maximum of two decimal places
7	Fitle (if applicable)
	f this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)
ľ	Maximum of 255 characters. You have 255 characters remaining.
(	Corporate Director
*	Effective Date of Corporate Director
ľ	MM/DD/YYYY
F	Exact percentage of control as a Corporate Director this individual has in the
F	provider
E	Enter a number between 0 and 100 with a maximum of two decimal places
7	Fitle (if applicable)
	f this individual provides contracted services to the provider, describe the types
(	of services furnished (e.g., managerial, billing, consultative, medical)
1	

9) If SNF has a business structure other than that of a corporation, and individual is a member of the SNF's governing body.

☐ Managing Control - Governing Body		
* Effective Date of Managing Control - Governing Body		
MM/DD/YYYY		
Title (if applicable)		
Type Of Governing Body		
Maximum of 255 characters. You have 255 characters remaining.		

Questions 10 to 16 determine if the Individual is a "ADP of the SNF" 10) If Individual has mortgage interest or security interest in SNF.

☐ 5% or greater mortgage interest
* Effective Date of 5% or greater mortgage interest
MM/DD/YYYY
Exact percentage of 5% or greater mortgage interest the individual has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places
Title (if applicable)
If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)
Maximum of 255 characters. You have 255 characters remaining.
☐ 5% or greater security interest
* Effective Date of 5% or greater security interest
MM/DD/YYYY
Exact percentage of 5% or greater security interest the individual has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places
Title (if applicable)
If this individual provides contracted services to the provider, describe the types of services furnished (e.g., managerial, billing, consultative, medical)
Maximum of 255 characters. You have 255 characters remaining.

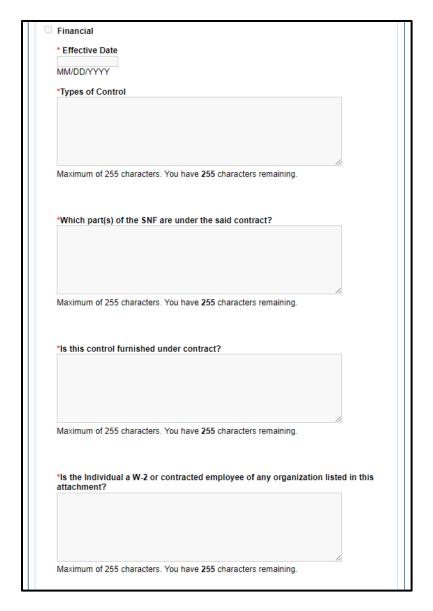
11) If Individual is a trustee of the SNF.



12) If Individual has Operational or Managerial Control on SNF, additional information on the Control Type is collected. (Operational, Managerial, Financial).

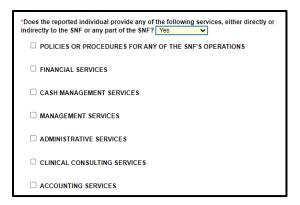
Operational/Managerial Control
* Does the reported organization exercise any of the following types of control, either directly or indirectly, over the SNF or any part of the SNF? No v
Operational
* Effective Date
MM/DD/YYYY
*Types of Control
Maximum of 255 characters. You have <b>255</b> characters remaining.
*Which part(s) of the SNF are under the said contract?
Which parties of the SW are under the said conduct.
Maximum of 255 characters. You have 255 characters remaining.
maximum of 200 characters. Tou have 200 characters remaining.
*Is this control furnished under contract?
Maximum of 255 characters. You have 255 characters remaining.

*	Effective Date
٨	MM/DD/YYYY
*	Types of Control
	,
٨	Maximum of 255 characters. You have <b>255</b> characters remaining.
*	Which part(s) of the SNF are under the said contract?
٨	Maximum of 255 characters. You have 255 characters remaining.
*	Is this control furnished under contract?
٨	Maximum of 255 characters. You have 255 characters remaining.
	Is the Individual a W-2 or contracted employee of any organization listed in this
a	ttachment?

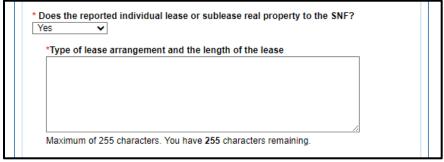


13) If Individual provides any of the following services to the SNF,

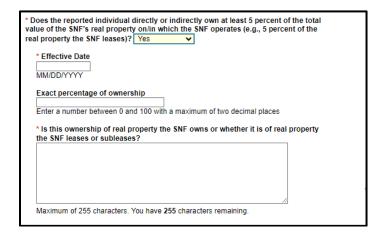
- Policies or procedures for any of the SNF's operations
- Financial services
- Cash management services
- Management services
- Administrative services
- Clinical consulting services
- Accounting services



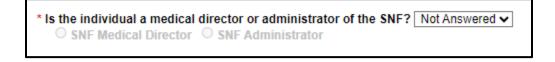
13) Leaseholder relationship to SNF



14) Does the reported individual directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates.

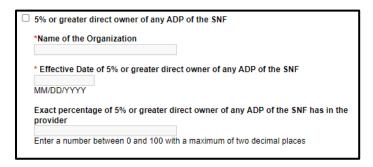


15) Is the Individual SNF Medical Director or SNF Administrator?

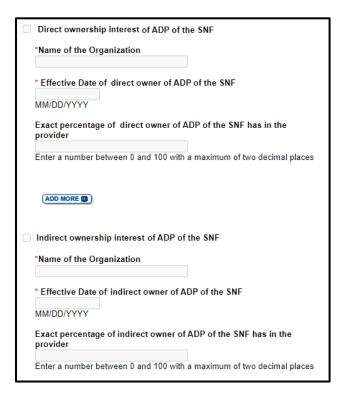


Questions 17 to 23 determine if entity is associated with other ADPs of the SNF:

17) If ADP is corporation, individual have a 5 percent or greater direct or indirect ownership interest in any ADP of the SNF.



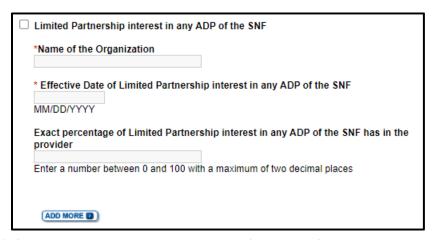
18) If ADP is LLC, individual have a direct or indirect ownership interest in any ADP of the SNF.



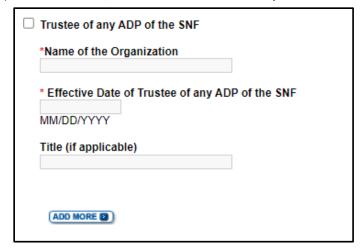
19) If ADP is partnership, individual have any general partnership/ownership interest in any ADP.

General Partnership interest in any ADP of the SNF
*Name of the Organization
* Effective Date of General Partnership interest in any ADP of the SNF MM/DD/YYYY
Exact percentage of General Partnership interest in any ADP of the SNF has in the provider
Enter a number between 0 and 100 with a maximum of two decimal places

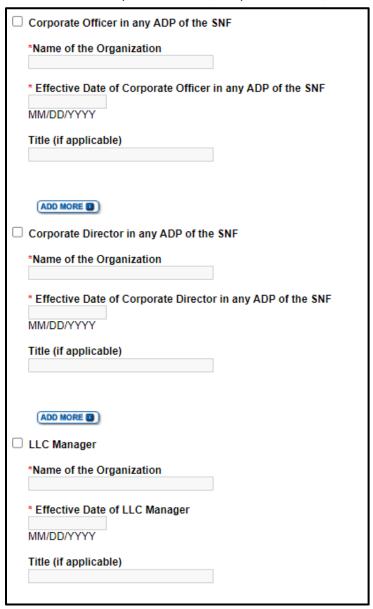
20) If ADP is limited partnership, individual have any limited partnership interest in any ADP of the SNF.



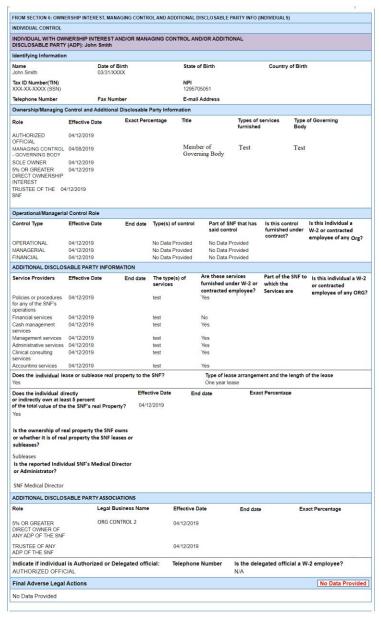
21) If ADP is a trust, is individual a trustee of any ADP of the SNF?.



22) If Individual is a Corporate Director/Corporate Officer/LLC manager of another ADP of the SNF.



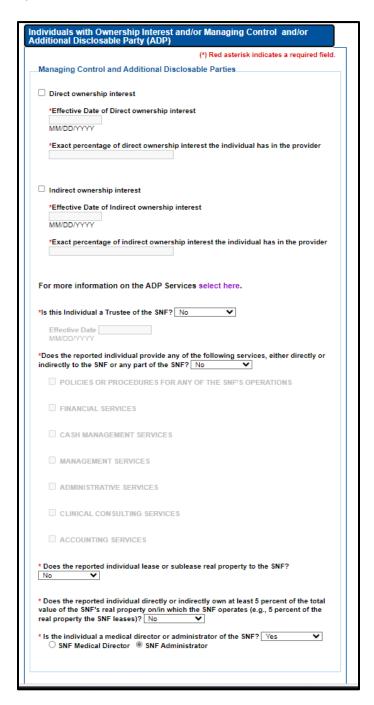
23) If ADP owner/trustee/LLC manager (as indicated in question 17, 18, 19, 20, 21, 22 or 23) have any interest in the SNF itself OR in another ADP of the SNF. This question will summarize all the associations of the individual with the SNF. If the individual needs to make any updates, they can navigate using the previous button and make the necessary updates.



#### Individuals associating with SNFs without PII information:

Any individual associating with SNF with less than 5% ownership interest or is an ADP of the SNF will not be required to disclose PII information as part of the associating process. PECOS will prompt to enter the address information which will be validated. PECOS will then navigate the user to Questions 11, 13, 14 and 15. If the individual has Operational/Managerial Control or Security/Mortgage interest, the user will need to enter PII information of the entity.

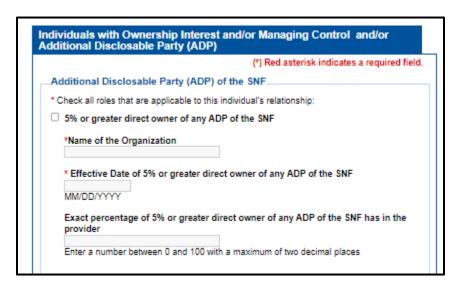
Questions 11 to 16 determine if the Individual is a "ADP of the SNF"



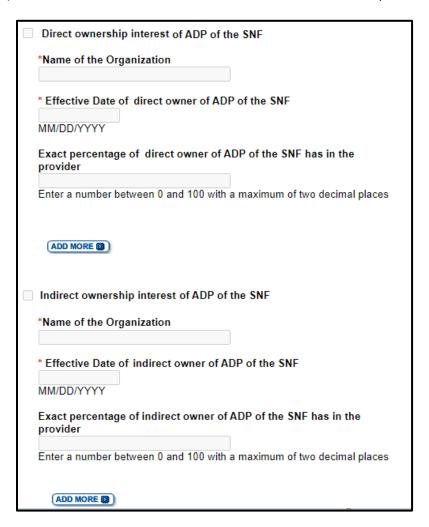
- 11) If Individual is a trustee of the SNF.
- 13) If Individual provides any of the following services to the SNF,
  - Policies or procedures for any of the SNF's operations
  - Financial services
  - Cash management services
  - Management services
  - Administrative services
  - Clinical consulting services
  - Accounting services
- 14) Does Individual lease or sublease real property to the SNF?
- 15) Does Individual directly or indirectly own at least 5 percent of the total value of the SNF's real property or the real property on/in which the SNF operates?.
- 16) Is Individual a SNF Medical Director or SNF Administrator?

Questions 17 to 23 determine if individual is associated with other ADPs of the SNF:

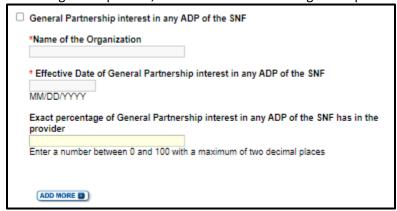
17) If ADP is corporation, does individual have a 5 percent or greater direct or indirect ownership interest in any ADP of the SNF?



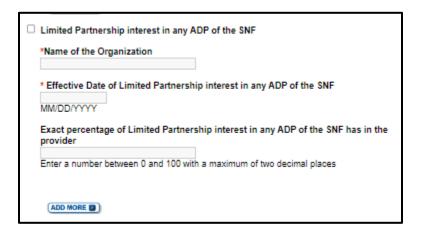
18) If ADP is LLC, does individual have direct or indirect ownership interest in any ADP of the SNF?



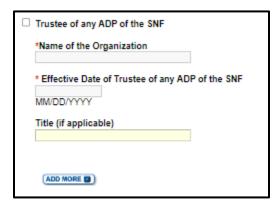
19) If ADP is general partner, does the individual have general partnership in any ADP of the SNF?



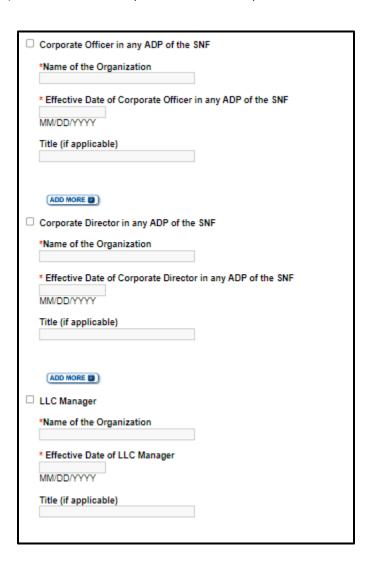
20) If ADP is limited partner, does the individual have limited partnership in any ADP of the SNF?



21) If ADP is a trustee, is the individual a trustee of any ADP of the SNF?



22) If Individual is a Corporate Director/Corporate Officer/LLC manager of another ADP of the SNF



23) If ADP owner/trustee/LLC manager (as indicated in question 17,18,19, 20, 21, 22 or 23) have any interest in the SNF itself OR in another ADP of the SNF.

