**Step-by-Step Instructions for Local Education Agencies (LEAs)**

**Participating in the School-Based Medicaid Program (SBMP)**

**Completing the Federally Required Disclosures Form**

The Federally Required Disclosures Form (FRDF) can be found on MassHealth’s SBMP Website, along with other instructions and forms that may be required for LEAs, here: [[LEA Provider Revalidation Information and Resources | Mass.gov](https://www.mass.gov/info-details/lea-provider-revalidation-information-and-resources---unpublished?auHash=hgmluGBDrGj4mGGLzCYKu63sZ6I3mM8rT9MFNGvqXbc)]. There are instructions for completing the form on page 1 of the form itself. Definitions of terms are listed on page 2 of the form itself. These instructions are being provided to LEAs as a supplement to the form instructions to assist in identifying the required information that applies to LEAs more specifically. Examples of completed FRDF forms for different types of LEAs are also available on the website for reference.

Page 1, Contact Information

1. Identify the contact person name, title, phone number and email address of the individual completing the form who should be the primary point of contact at the school district who can be reached with questions about the form.

Page 3, Section 1: Disclosing Entity Service Location / DBA Name

1. The LEAs legal entity name should be listed first, followed after a slash “/” by the common/DBA name. For municipal LEAs, the legal entity would be the name of the city or town, and the DBA name would be the name of the public school district. For example, “Town of XXX / XXX Public Schools.” If the school is a regional or charter school, then there might not be a need to list a DBA name. Some examples:
	* XXX Charter Public School
	* XXX Regional School District
	* XXX County Regional Vocational School District / XXX Technical High School
2. Fill in the DBA address.
3. Fill in the NPI, PID/SL, and FEIN. The NPI and PID/SL were included in each LEA’s customized letter, sent via email to the LEA Primary Contact for SBMP by the UMass Chan School-Based Medicaid Help Desk for easy reference.

Page 3, Section 2: Ownership or Control Interest – First section, detailing the first owner/controlling interest must be completed.

1. Check the box for ownership or control interest or both (this will likely be “Control Interest”)
2. The City or Town of XXX would be the ‘owner’ of the XXX Public Schools provider or a regional or charter school district should indicate their ownership information (which is probably the school district itself). The legal entity address and FEIN are required.
3. “For individuals only:” “None” is the answer, the response cannot be left blank.
4. “For corporations only:” List any additional addresses, clearly labeled as to what they are, if applicable (this is not common). If any address is a P.O. Box, the street address should also be listed. If additional space is necessary, follow the instructions at the bottom of the form to insert additional copies of page 3, as needed. Attachments that are not put on this form cannot be accepted. If there are no additional addresses, “None” is the answer. The response cannot be left blank.
5. If there are additional owners, please enter their information in the second section provided (this is not common). If more room is needed, follow the instructions at the bottom of the form to insert additional copies of page 3, as needed.

Page 4, Sections 3, 4, and 5

1. Section 3 asks if the legal entity, such as the town, owns other entities that are also enrolled with MassHealth, i.e. town ambulance service. If this does not apply, Check the box to indicate “None” is the answer.
2. Section 4 asks if the legal entity has ownership in any subcontractor. If this does not apply, Check the box to indicate “None” is the answer.
3. Section 5 asks if anyone in Section 2 is related to anyone identified in Section 4. If this does not apply, Check the box to indicate “None” is the answer.

Page 5, Section 6: Agents and Managing Employees

1. At least one Managing Employee must be submitted, including their name, title, home address, social security number, and date of birth. The definition of a managing employee is “a general manager, business 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.” Any persons meeting that definition, whether or not they have anything to do with the school district’s participation in the Medicaid program, must be listed. Please check the relevant box for Agent, Managing employee, or Both.

Page 6, Section 7: Disclosures of Criminal Convictions

1. If any of the managing employees listed in Section 6 have ever been convicted of a criminal offense related to any program under Medicare, Medicaid or Title XX services, that information needs to be disclosed in this section. Please review each of the 5 questions and check “Yes” or “No”. This section cannot be let blank.

Page 7, Section 8: Additional Explanation

1. If any of the answers to the questions in Section 7 are “Yes,” please provide a detailed explanation and include the required information per instructions on the form.

Page 8, Section 9: Signature

1. Section 9 must be completed and signed by a managing employee listed in Section 6 or other person legally authorized to sign on behalf of the entity. Printed/typed name, title and date signed must all be completed.
	* Acceptable forms of signature:

Wet ink signature

Legal electronic signature through Adobe Sign or DocuSign e-signature software.

* + Unacceptable “signatures:”

Signature stamps, typed signatures, the signature of anyone other than a managing employee of the disclosing entity or person legally authorized to sign on behalf of the entity

1. Please DO NOT return the signed form to UMass. Return the completed form directly to MassHealth via:

Fax: (617) 988-8974

Mail: Provider Enrollment and Credentialing

 P.O. Box 278

 Quincy, MA 02171-0278

Certified Mail: Provider Enrollment and Credentialing

 1 Enterprise Drive

 Suite 310

 Quincy, MA 02169