



Division of Provider Services and Quality Assurance

P.O. Box 1437 S427 · Little Rock, AR 72203 501-320-6287



IMPORTANT - PLEASE READ

December 20, 2019

SUBJECT: Background Checks for Self-Directed Caregivers

Dear Caregiver:

This letter is to remind you that Background Checks are required for any caregiver being paid in whole or in part with Medicaid funds. This includes Waiver programs and Home and Community-Based, self-direction programs such as Independent Choices/ARChoices.

Background Checks began on December 1, 2017 and are required on ALL self-directed caregivers, including new and current caregivers. Some of you may have already completed a background check. Background checks are required at least once every 5 years.

The following checks are required prior to employment:

- Adult Protective Services Maltreatment registry (APS)
- Child Protective Services Maltreatment registry (CPS)
- State and Federal Excluded Provider Lists for Medicare and Medicaid
- Criminal Background Check (CBC).

Pursuant to Ark. Code Ann. § 20-77-128 (c)(1)(B)(2), the cost for the CBC will be the responsibility of the caregiver/applicant. The cost of the required State CBC is \$25 (paid by money order and made out to the Arkansas State Police).

Depending upon the results of the background check, some individuals may not be able to be a caregiver in the Independent Choices, self-direction program. If you are disqualified as a caregiver, the Independent Choices client (employer) will have the following choices:

- Pay you with their own money (not Medicaid money);
- Select another person to be their caregiver; or
- Choose an agency of their choice for needed services. Please note that agencies are also required to perform these same background checks on all of their employees.

Three (3) forms will be provided by the Palco counselor as part of this background check process. You will need to complete these forms, sign the forms, and have the forms notarized. Refusal to sign the forms, omitting or providing false information, or failing to agree to the required background checks will disqualify a caregiver from the Independent Choices, self-direction program.

Sincerely,

Jerald Sharum, Division Director
Division of Provider Services and Quality Assurance
Arkansas Department of Human Services

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry to:
DHS DIVISION OF PROVIDER SERVICES AND QUALITY ASSURANCE

NOTICE: For Waiver Client Caregiver Use only

For the purpose(s) of Registry background clearance, I, the listed applicant, hereby request that the **Arkansas Child Maltreatment Central Registry**, release to the listed requestor any information permitted by Arkansas Statute their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment.

Please allow 7-10 business days for processing. Please make sure all information is legible. All forms that are illegible will be returned.

This information should be addressed to:

DHS Division of Provider Services and Quality Assurance
Attn: IC Background
P.O. Box 1437, Slot S 427
Little Rock, AR 72203-1437

Pursuant to Arkansas Statutes, I understand that the name of any confidential informants, information not permitted by Arkansas Statute, or other information which does not pertain to the applicant as alleged perpetrator, will not be released, and that any released information is confidential and may not be re-disclosed to any person, except as specifically permitted by law (See A.C.A. §12-18-909).

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race

Age

DOB

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

(Please provide information on place of residence for the last 10 years)

Present Address:

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas Acknowledges before me this _____ day of

_____, 20____. My commission expires: _____

Notary Public

Updated 01/02/2020

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION**

Print all information in ink.

Name	Date of Birth
Maiden Name and/or Any Names Formerly Used	Social Security Number
Email Address	
Current Address (Street, City, State, Zip)	
List all previous addresses for the past five years. (Attach additional pages, if needed.)	Dates (From/To)

I authorize the Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person DHS/DPSQA for DAAS Self-Directed Attn: IC Background	<input type="checkbox"/> Volunteer (no charge) <input type="checkbox"/> Non-Profit (no charge) <input type="checkbox"/> State Agency (no charge) <input checked="" type="checkbox"/> Self-Directed (no charge) <input type="checkbox"/> All Others (\$10.00 Fee)
Mailing Address (Street or PO Box, City, State, Zip) DHS Division of Provider Services & Quality Assurance Attn: IC Background P.O. Box 1437, Slot S 427 Little Rock, AR 72203-1437	

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20____.

Notary Public My Commission Expires _____ [SEAL]

For APS use only:

The above-named applicant was _____/was not _____ listed in the Adult Maltreatment Central Registry.

Verified by: _____

MAIL THE COMPLETED FORM TO:
 DHS Division of Provider Services & Quality Assurance
 Attn: IC Background
 P.O. Box 1437, Slot S 427
 Little Rock, AR 72203-1437

**REQUEST FOR CRIMINAL BACKGROUND CHECK
Self-Directed Caregiver**

Obtain forms from your PALCO counselor.

If you need this publication in a different format, such as large print, or alternate language contact your PALCO counselor.

**Make \$25.00 Cashier's Check/Money Order to:
Arkansas State Police
Return with packet**

**Mail Packet to:
Attn: IC Background
DHS Div. of Provider Services & Quality Assurance
P.O. Box 1437, Slot S 427
Little Rock, Arkansas 72203-1437**

Name of person _____
to be checked: _____
Last Name First Name Middle Name

Current address _____
Street City State ZIP Code

Maiden Name Other Names used or Aliases Date of Birth (month/day/year) Telephone

Social Security Number Race Sex (M/F) Driver's License Number State of Issuance

The person listed above has lived continuously in the state of Arkansas for the last five (5) years: Yes No

The person listed above must list all past felony or misdemeanor charges for which he/she was found guilty or to which he/she pled guilty or nolo contendere:

<u>Date of charge</u>	<u>Location</u>	<u>Description of charge</u>	<u>Sentence/Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notice to Applicant: By signing this form you give consent for the Arkansas State Police to release your criminal history report to the Division of Provider Services and Quality Assurance (DPSQA) pursuant to Arkansas Code Ann. § 20-77-128. DPSQA will issue a determination notice to PALCO stating your eligibility for Medicaid payment as a Self-Directed caregiver based on your criminal history report and maltreatment status. Prior to the receipt of the determination PALCO may choose to deny caregiver payment with Medicaid funds. You may request a copy of your criminal history report from the AR DHS/DPSQA at the address above. You must direct any challenges to the accuracy of the report to the Arkansas State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive, Little Rock, Arkansas 72209 (501) 618-8500.

Statement of Oath: I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

Signature of Applicant/Employee Date

Notarization: State of Arkansas County of _____ Subscribed and sworn to before me, a Notary Public, in and for the county and state

noted above this the _____ day of _____, 20____. _____
Notary Public

My commission expires on _____, (year)_____. (Notary Seal)

FOR ARKANSAS STATE POLICE ONLY

_____ 82005 Civil Records Check @ \$25 via postal mail

Frequently Asked Questions

- Q. Who is requiring the Background Checks?
- A. Department of Human Services pursuant to Arkansas Code Ann. Subsection 20-77-128 (c)(1)(B)(2) any caregiver who is to be paid in whole or in part by Medicaid funds must submit to the following criminal background checks (CBCs). Department of Human Services is imposing this law beginning 2/1/2018 for all new and current caregivers. This law further requires the cost of the CBC be the responsibility of the caregiver/applicant.
- Q. What are the required forms?
- A. 1. Arkansas Child Maltreatment Central Registry
2. Arkansas DHS request for Adult Maltreatment Registry
3. Request for Criminal Background Check for Self-Directed Caregiver
- Q. How long will this process take?
- A. You will need to allow at least 30 days from the day you mail the forms to DHS.
- R. What if I have not heard after 30 days?
- A. You will need to contact DHS at 501-682-2441.
- Q. Where do I send the forms?
- A. All forms can be mailed in one envelope. Forms must be notarized. **Please do not mail the forms to Palco as it will only delay the process.**

Mail the forms to:

**Arkansas Department of Human Services
Division of Provider Services & Quality Assurance
Attn: IC Background
P.O. Box 1437 Slot S 427
Little Rock, AR 72203-1437**

- Q. What does this letter mean?
- A. Anyone who wants to be a caregiver on the program and be paid with Medicaid funds, must consent to the criminal background checks as required by law. You must pass all required criminal background checks, including the Adult Maltreatment Registry check and the Child Maltreatment Central Registry check, in order to be paid in whole or in part with Medicaid funds.
- Q. How often am I required to have the background checks?
- A. At least once every 5 years.
- Q. What if I refuse to consent to the required background checks?
- A. You cannot be a worker on the program and paid by in whole or in part by Medicaid funds.

Q. How do I pay for the CBC?

A. Money order or Cashier's check for \$25 for State criminal background. The money order or cashier's check has to be made out to the Arkansas State Police.

Q. Where do I go to get the forms notarized?

A. Suggested locations: local bank, funeral home, law office