



**Division of Provider Services & Quality Assurance**  
P.O. Box 8059s, Slot S405, Little Rock, AR 72203-8059  
P: 501.682.2441 F: 501.682.8155

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September 1<sup>st</sup>, 2022

SUBJECT: Background Checks for Self-Directed Caregivers

Dear Caregiver:

This letter is a reminder 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 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:

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

Pursuant to Ark. Code Ann. § 20-77-128 (c)(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 cash, check or money order and made out to PALCO). A person who has not resided continuously in Arkansas during the previous five (5) years, is required to complete a state and federal criminal background check that conforms to the applicable standards and includes the taking of fingerprints. The cost for the required State and Federal CBC is \$38.25 (paid by cash, check or money order and made out to PALCO).

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 their employees.

Three (3) forms will be provided by the PALCO enrollment specialist 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,

Martina Smith, Division Director  
Division of Provider Services and Quality Assurance  
Arkansas Department of Human Services



**Arkansas Department of Human Services  
Division of Child and Family Services  
Request for Child Maltreatment Central Registry Check  
DPSQA FORM**

**Reason for Registry Check:** You are a relative caregiver for self-direction (PALCO).

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Maiden/Other Names:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**\*Email:** \_\_\_\_\_ **Email2:** \_\_\_\_\_  
**Present Address:** \_\_\_\_\_ **Years at Present Address:** \_\_\_\_\_

**Past Address 1:** \_\_\_\_\_ **Years at Past Address 1:** \_\_\_\_\_

**Past Address 2:** \_\_\_\_\_ **Years at Past Address 2:** \_\_\_\_\_

**Past Address 3:** \_\_\_\_\_ **Years at Past Address 3:** \_\_\_\_\_

**Past Address 4:** \_\_\_\_\_ **Years at Past Address 4:** \_\_\_\_\_

**Consent for Minor:** \_\_\_\_\_

**CHILD INFORMATION**

**Child 1:**  
SSN:  
DOB:  
Relationship:

**Child 2:**  
SSN:  
DOB:  
Relationship:

**Child 3:**  
SSN:  
DOB:  
Relationship:

**Child 4:**  
SSN:  
DOB:  
Relationship:

**Child 5:**  
SSN:  
DOB:  
Relationship:

**Child 6:**  
SSN:  
DOB:  
Relationship:

**Child 7:**  
SSN:  
DOB:  
Relationship:

**Child 8:**  
SSN:  
DOB:  
Relationship:

**Child 9:**  
SSN:  
DOB:  
Relationship:

**Child 10:**  
SSN:  
DOB:  
Relationship:

**Child 11:**  
SSN:  
DOB:  
Relationship:

**Child 12:**  
SSN:  
DOB:  
Relationship:

**NOTARY SECTION**

I, \_\_\_\_\_, verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Registry to release any information their files may contain concerning me as an offender or of a true report of child maltreatment to the requesting facility as well as to the Arkansas Department of Human Services Division of Provider Services and Quality Assurance. The results from the Central Registry may include the existence of any true reports, the date the investigation was completed, and the type of true report.

\_\_\_\_\_  
Applicant's Signature and Date

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_ Acknowledges before me the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES:

\_\_\_\_\_

**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

Agency type:

|  |
|--|
| <b>DHS/DPSQA</b> for DAAS Self-Directed<br>Attn: IC Background |
|--|

- Volunteer (no charge)
- Non-Profit (no charge)
- State Agency (no charge)
- Self-Directed (no charge)
- All Others (\$10.00 Fee)

Mailing Address (Street or PO Box, City, State, Zip)

|   |
|---|
| DHS Division of Provider Services & Quality Assurance<br>Attn: IC Background<br>P.O. Box 1437, Slot S 427<br>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 RECORD CHECK (DPSQA – Ind Choices)  
Self-Directed Caregiver**

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

**Criminal Record Check Only:**

1. This form completed, signed, and notarized.
2. Pay \$25.00 via cash, cashier's check, or money order made payable to "Palco Inc".
3. Mail this form & payment to:  
Palco, Inc.  
Attn: Enrollment  
P.O. Box 242930  
Little Rock, AR 72223

**Criminal Record Check & National Record Check:**

*If the applicant has not lived in Arkansas for the last 5 years.*

1. This form completed, signed, and notarized.
2. Pay \$38.25 via cash, cashier's check, or money order made payable to "Palco Inc".
3. Mail this form & payment to:  
Palco, Inc.  
Attn: Enrollment  
P.O. Box 242930  
Little Rock, AR 72223

Note: Palco will not accept any personal checks. Your payment amount must be exact. If any issues are noted with the form or payment, the entire submitted form and payment will be returned to you for resubmission.

Independent Choices Participant Name: \_\_\_\_\_ Palco # \_\_\_\_\_  
\*\*\*\*\*

|                               |           |                                |   |
|-------------------------------|-----------|--------------------------------|---|
| Name of person to be checked: | Last Name | First Name                     | Middle Name                               |
| Current address               | Street    | City                           | State ZIP Code                            |
| Maiden Name                   | 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   
If "No" the applicant will be required to submit to a national background check using fingerprinting.

I attest, I am applying for the Independent Choices Caregiver Position and this request is for employment purposes only. Initials:

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 national criminal history to the Division of Provider Services & Quality Assurance (DPSQA) for employment purposes. Pursuant to Arkansas Code Ann. § 20-38-101 et. seq. DPSQA will issue a letter of determination

to the employer and a letter to you stating your employment eligibility based on your national criminal history report. Prior to the receipt of the determination letter, the employer may choose to deny any employee unsupervised access to a person to whom the employer provides care.

**Challenge Information:** Procedures to obtain a copy of your national criminal history record or to change, correct or update your record are available on the FBI website <http://www.fbi.gov/about-us/cjis/background-checks>.

**Privacy Act Statement**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_, (year) \_\_\_\_\_.

(Notary Seal)

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FOR ARKANSAS STATE POLICE ONLY

\_\_\_\_\_ 82005 Civil Records Check \$25 \_\_\_\_\_ 80007 & 80006 National Records Check \$13.25

## **AR Background Check Frequently Asked Questions**

Q: Who is requiring the BackgroundChecks?

- 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.

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, to be paid in whole or in part with Medicaid funds.

Q: What are the required forms?

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/Palco. After 30 days, you can contact DHS at 1-866-801-3435 to check on the status of the checks.

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: Where can some get forms notarized?

- A.** Suggested locations: your local bank, funeral home, law office, notary services near you via Google.





Q. Where do I mail the forms and money?

- A. Once you have completed the form completely and had them properly **notarized** you can submit them following the instructions on each form.

|   |   |
|---|---|
| <p><b>Criminal Records Check Form</b></p> <p><b>Mail this form and payment to:</b></p> <p>Palco, Inc.<br/>P.O. Box 242930<br/>Little Rock, AR 72223</p> | <p><b>APS and CPS Maltreatment Registry Forms*</b></p> <p><b>Mail these forms to:</b></p> <p>DHS Division of Provider Services and<br/>Quality Assurance<br/>Attn: IC Background<br/>P.O. Box 1437, Slot S 427<br/>Little Rock, AR 72203-1437</p> <p><i>*Forms can be sent together in one envelope</i></p> |
|---|---|

Note: Do not mail the Adult Protective Services Maltreatment registry (APS) or Child Protective Services Maltreatment registry (CPS) forms to Palco as this will delay processing.

Q: How do I pay for the Criminal Records Check?

- A. Palco will be running the check on behalf of your employer. Please submit the payment for the check to Palco with your completed and notarized form. Palco will accept cash, money orders, or cashier checks. **Palco will not accept personal checks.** Any submissions without the proper payment will be returned immediately via mail. Please submit the exact amount for the check you need to Palco, no change can be issued.

If you have lived in the state of Arkansas for the last five (5) years, you can do the standard check which costs \$25.00

If you have not lived in the state of Arkansas for the last five (5) years, the worker must do the standard and national check which costs \$38.25

Q: Where can I obtain fingerprints for the national check if I have not lived in Arkansas for the last 5 years?

- A. The Palco enrollment specialist will provide you with a Transaction ID number upon submission of the National Record Check request.
  - i. The applicant will go online to the NIC Scheduling Tool Home - TeleGov and schedule an electronic fingerprinting appointment.
    - a) Website: <https://telegov.egov.com/dhsfingerprint>





- ii. The applicant will take a valid form of identification and the Transaction ID number to the electronic fingerprinting appointment at one of the DHS locations chosen in the Scheduling Tool.
- iii. The fingerprints will be electronically transmitted to the Arkansas State Police for processing with the National Record Check request.

**Q:** Is there a fee to be electronically fingerprinted?

- A.** There is no charge for electronic fingerprinting if the applicant is fingerprinted at DHS location selected in the NIC Scheduling Tool.