

April 10, 2023

SUBJECT: Background Check Renewal for Self-Directed Caregivers

This letter is a reminder that Background Checks are required for all self-direction caregivers, including new and current caregivers. This includes waiver programs and home and community-based, self-direction programs such as Independent Choices / ARChoices. **Background Checks must be renewed every five (5) years. Failure to submit your background check paperwork will result in a suspension of payments.**

The following checks are required for continued employment:

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

PALCO handles the state and federal excluded provider check as well as the criminal background check. We will also review the maltreatment registry forms to ensure proper completion before sending those to DHS for processing. You must submit the **criminal background check form (with payment) as well as the CPS and APS maltreatment registry forms to PALCO within sixty (60) days of the date of this letter.**

**Pursuant to Ark. Code Ann. § 20-77-128 (c)(2), the cost for the background check will be the responsibility of the caregiver.**

- ✓ The cost of the required **State background check is \$22** (paid by cash, money order, or cashier's check and made out to PALCO).
- ✓ A person who has not resided in the state of Arkansas continuously for the previous five (5) years is required to complete a state and federal background check that includes fingerprints. The cost for both a **State and Federal background check is \$36.25** (paid by cash, money order, or cashier's check and made out to PALCO).

Depending upon the results of the background check, some individuals may be disqualified and unable to continue as a caregiver in the Independent Choices, self-direction program.





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:  
\_\_\_\_\_

**Mail Completed form to:**

Palco, Inc.  
Attn: AR Background Checks  
P.O. Box 242930  
Little Rock, AR 72223



**REQUEST FOR CRIMINAL RECORD CHECK (DPSQA – Ind Choices)  
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**

**Criminal Record Check Only:**

1. This form completed, signed, and notarized.
2. \$22.00 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:**

1. This form completed, signed, and notarized.
2. \$36.25 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

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

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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., the Applicant will receive a letter if they were disqualified advising them of their rights and the process to challenge the results. 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

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FOR ARKANSAS STATE POLICE ONLY

\_\_\_\_\_ 82005 Civil Records Check \$25

\_\_\_\_\_ 80007 & 80006 National Records Check\$13.25

DPSQA- Ind Choices- Criminal/National Record Check Form 12/28/21

### **AR Background Check 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.

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 (pages 2-3)
2. Arkansas DHS request for Adult Maltreatment Registry (page 4)
3. Request for Criminal Background Check for Self-Directed Caregiver (pages 5-6)

**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 Palco. After 30 days, you can contact Palco at 1-866-710-0456 for an update on the status of the background check.

**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 I get the maltreatment 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 filled out the forms completely and had the **maltreatment registry forms properly notarized** you can submit all of the forms to Palco.

Mail the APS and CPS Maltreatment Registry forms and the Criminal Records Check form with payment to:

Palco, Inc.  
P.O. Box 242930  
Little Rock, AR 72223

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

- A.** Palco will be running the check on behalf of your employer. Please submit payment for the Criminal Records Check to Palco with your completed form. Palco will accept cash, money order, or a cashier's check. **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 \$22.00
- 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 \$36.25

**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. The applicant will go online to the NIC Scheduling Tool (<https://telegov.egov.com/dhsfingerprint>) to schedule an electronic fingerprinting appointment.
- The applicant will need to take a valid form of identification and the Transaction ID number to the electronic fingerprinting appointment at the DHS location chosen from the online scheduling tool.
  - The fingerprints will be electronically transmitted to the Arkansas State Police for processing with the National Record Check request.

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

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

