

Office of the Governor | Mississippi Division of Medicaid

# Obtaining Fingerprint Criminal Background Checks for Non-Licensed HCBS Waiver & EPSDT Providers



# Background

Historically, home and community based services (HCBS) providers experienced various difficulties in obtaining mandatory fingerprint based national criminal background checks as the MS Department of Health (MSDH) only processed background checks for providers they licensed.

Over the last year, DOM has been working with MSDH to identify a method for non-licensed HCBS providers to obtain necessary checks in a more streamlined and cost effective method.

In accordance with the Vulnerable Persons Act, MSDH has agreed to facilitate fingerprint based criminal history record checks for applicants interested in working for Medicaid approved HCBS providers.

# Which providers are covered?

- Non-licensed agencies, who do not otherwise have legislative authorization to perform necessary checks, providing services under the following waivers:
  - 1915 (c) Elderly and Disabled Waiver
  - 1915 (c) Independent Living Waiver
  - 1915 (c) Traumatic Brain Injury/Spinal Cord Injury Waiver
  - 1915 (c) Assisted Living Waiver
  - 1915 (c) Intellectual Disabilities/Developmental Disabilities Waiver
  - 1915 (i) Community Support Program
- Non-licensed provider agencies providing State Plan covered private duty nursing and personal care services.

# General Process Overview

Provider Agencies will need to follow a series of steps to obtain background checks. Overall, there are 5 primary steps to the process:

1. Setting the Agency Up in the System
2. Making Payment for the Background Checks
3. Submitting Fingerprints
4. Receiving Results
5. Issuing Clearance Letters to Applicants

In the following slides, we will cover each step of the process in chronological order and provide helpful tips to facilitate timely completion of checks and prevent avoidable delays.

# Important Forms

Below are links to the Forms referenced throughout these instructions.

- ❑ MS Division of Medicaid Fingerprint Submission Checklist & Fingerprint Card Codes  
<https://medicaid.ms.gov/wp-content/uploads/2020/07/Medicaid-Fingerprint-Submission-Checklist-Fingerprint-Card-Codes-2.pdf>
- ❑ Medicaid Facility or Provider Setup Form  
<https://medicaid.ms.gov/wp-content/uploads/2020/07/Medicaid-Facility-or-Provider-Setup-Form.pdf>
- ❑ Fingerprint Applicant Information Form for LiveScan  
<https://medicaid.ms.gov/wp-content/uploads/2020/06/Fingerprint-Applicant-Information-Form-for-LiveScan.pdf>
- ❑ Non-Criminal Justice Applicant's Privacy Rights Form  
<https://medicaid.ms.gov/wp-content/uploads/2020/06/Non-Criminal-Justice-Applicants-Privacy-Rights-Form.pdf>
- ❑ Sample Clearance Letter  
<https://medicaid.ms.gov/wp-content/uploads/2020/06/Sample-Clearance-Letter.pdf>

# Step 1: Setting Up the Agency

Prior to submitting background check requests to MSDH for processing, all providers must first submit an application to be set up in the Criminal Background Check system.

Your agency will complete the “Medicaid Facility or Provider Setup Form” and submit it to MSDH by mail at:

Mississippi State Department of Health  
Attention: Fingerprinting  
143B LeFleurs Square  
Jackson, MS 39211

Once received and processed, MSDH will send your agency an informational packet with instructions for how to access their online portal and check results of submitted criminal background checks under your agency’s Facility Code.

## Step 2: Making Payment for the Background Checks

Funds for payment of fees to complete fingerprint background checks will need to be added to your provider account. The cost is \$50 per applicant background check. This includes both a state and national check. Extra cards and reprints on the same applicant do not require further payment.

Payment can be made via one of the 2 methods below:

- ❖ Via debit/credit card using the online payment portal at:  
[https://www.ms.gov/msdh/background\\_check/Home/Index](https://www.ms.gov/msdh/background_check/Home/Index)
- ❖ Via money order, business check, or cashier's check. Checks should be made payable to Mississippi State Department of Health or MSDH.

**NO PERSONAL CHECKS WILL BE ACCEPTED.**

## Step 3 - Option 1: Submitting Fingerprints by Mail

1. Medicaid facility staff should check all cards for completion and correctness. All items **MUST** be filled out in order to be processed. (Note: If card is not completely filled in, it will be returned and that will cause a delay in processing).
2. Ensure your account has sufficient funds to process background checks.
3. Applicant should read, sign and date the “Non-Criminal Justice Applicant’s Privacy Rights Form”. This form should be kept in the employee/student personnel file. This is a relatively new part of the process, so please be sure to complete and keep this form in the applicant’s personnel file.
4. Mail Fingerprint Card – All cards and payments **MUST** come from the Medicaid facility, not the applicant/student.

Mail Fingerprint Card To: Mississippi State Department of Health  
Attention: Fingerprinting  
143B LeFleurs Square  
Jackson, MS 39211

**Reminder:** Be sure to maintain a copy of each fingerprint card and the “Noncriminal Justice Applicant’s Privacy Rights Form” for your records.

## Step 3 - Option 2: Submitting Fingerprints at a LiveScan Facility

1. Ensure your account has sufficient funds to process background checks.
2. Applicant should read, sign and date the “Non-Criminal Justice Applicant’s Privacy Rights Form”. This form should be kept in the employee/student personnel file. This is a relatively new part of the process, so please be sure to complete and keep this form in the applicant’s personnel file.
3. Send applicant with a completed “Fingerprint Applicant Information Form for LiveScan”, their picture ID, and proof of payment from your facility to the LiveScan facility where they will be fingerprinted.

Currently the only MSDH LiveScan facility is located at their Licensure Office at 143B LeFleur's Square, Jackson, MS 39211. Their hours are Tuesday - Thursday from 9 a.m. until noon.

MSDH is working to open additional LiveScan locations across the state and additional information will be shared when available.

Reminder: Be sure to maintain a copy of each “Fingerprint Applicant Information Form” and the “Noncriminal Justice Applicant’s Privacy Rights Form” for your records.

# Step 4: Receiving Results

## Notification to the Provider Agency

Results of the background check will be updated in the online portal and accessible by the provider agency whose Facility Code was used to submit the request. This notification will only tell you if they have no record or if they have a possible disqualifying event.

Additionally provider agencies will receive mailed notification of fingerprints rejected due to poor quality. This will notify your agency that another set of fingerprints must be submitted. During this time the portal will show that the prints are “In Process”.

## Notification to the Individual

If there is a possible disqualifying event on an individual’s record, they will be sent a letter documenting the details via mail. They should receive this letter in 7-10 days.

**NOTE:** If the results provided to the provider agency indicate anything other than a clear background check, they will need to request the detailed information from the applicant prior to hiring them to validate what events are on their record and determine whether the events are disqualifying based on the requirements outlined in the Medicaid Administrative Code.

# Step 5: Issuing Clearance Letters to Applicants

If an individual's background check revealed no disqualifying events, the Provider Agency is then **REQUIRED** to issue the applicant a Clearance Letter within two (2) weeks of receiving the results.

A link to the "Sample Clearance Letter" is included on the Important Forms slide of this presentation.

To be effective, the exact language from the "Sample Clearance Letter" must be:

- (1) placed on your agency's letterhead,
- (2) signed by the chief executive officer of the covered entity (i.e. the provider agency), or his or her authorized designee, and
- (3) notarized.

A copy of this letter must then be placed in the employee's personnel file with a copy of their results.

If your agency has a new applicant who can provide a copy of their letter from another employer that is dated within the last two (2) years, it can be placed in their personnel file and used in lieu of completing a new initial background check. However, their renewal check must be completed prior to the expiration of the letter (2 years from the Date of the MSDH Notification).

# Staying Informed

- ❖ Home and Community-Based Services Provider  
<https://medicaid.ms.gov/hcbs-waiver-providers/>
- ❖ Administrative Code, Part 200: General Provider Information  
<https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-200.pdf>
- ❖ Administrative Code, Part 208: Home and Community Based Services  
<https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-208.pdf>
- ❖ Administrative Code, Part 223: Early and Periodic Screening, Diagnosis, and Treatment  
<https://medicaid.ms.gov/wp-content/uploads/2020/07/Title-23-Part-223-EPSDT-eff.-07.01.2020.pdf>
- ❖ Sign up for our quarterly newsletter, the Provider Bulletin. Find it here:  
<https://medicaid.ms.gov/providers/provider-resources/provider-bulletins/>

## Notification of Updates on the State Plan, Administrative Code or Waivers

- ❖ If a provider or individual would like to be added to the distribution list for notification of updates to the State Plan, Administrative Code, or Waiver please notify the Division of Medicaid at [DOMPolicy@medicaid.ms.gov](mailto:DOMPolicy@medicaid.ms.gov).

# Contact Information

For more information about background check policies for HCBS Waiver Providers, contact:

## **Mississippi Division of Medicaid, Office of Long Term Care**

Email: [HCBSProviders@medicaid.ms.gov](mailto:HCBSProviders@medicaid.ms.gov)

Phone: (601) 359-6141

For more information about background check policies for EPSDT Providers, contact:

## **Mississippi Division of Medicaid, Office of Medical Services**

Email: [OMS@medicaid.ms.gov](mailto:OMS@medicaid.ms.gov)

Phone: (601) 359-6150

For more information about payment or processing of background checks, contact:

## **Mississippi State Department of Health**

Phone: (601) 364-5059 or (601) 364-1101

# Questions

