



Arkansas Department of Human Services

Division of Medical Services

Office of Long Term Care Mail Slot S405

P.O. Box 8059

Little Rock, Arkansas 72203-8059

Telephone (501) 682-6285 TDD (501) 682-6789 Fax (501) 682-8551

Web Site: <http://www.medicaid.state.ar.us/internetsolution/general/units/oltc/index.aspx>

Memorandum

LTC-A-2010-14

TO: (X) Nursing Facilities; (X) ICFs/MR 16 Bed & Over; (X) HDCs;
(X) ICFs/MR Under 16 Beds; (X) ALF Level I; (X) ALF Level II;
(X) RCFs; (X) Adult Day Care; (X) Adult Day Health Care;
(X) Post-Acute Head Injury Facility; (X) Interested Parties;
(X) DHS County Offices; (X) NATPs

FROM: Carol Shockley, Director, Office of Long Term Care

DATE: December 21, 2010

SUBJECT: Criminal Record Check Program – Revised National Record Check Determination Letter

The Office of Long Term Care (OLTC) has revised the National Record Check Determination letter, formerly known as the Federal Bureau of Investigation (FBI) Record Check Determination letter, in order to comply with the FBI rules on dissemination of criminal history record information.

The current FBI Record Check Determination letter contains arrest and conviction data from the FBI record, as well as direct confirmation that an FBI record either exists or does not exist. The release of information was in violation of Public Law 92-544 and state statutes.

The new National Record Check Determination letter will no longer contain arrest and conviction data for the individual, but will be limited to generalized language and will no longer indicate that the determination of employment eligibility was made based on records obtained from the FBI. The revised National Record Check Determination letter will go into effect on January 1, 2011.

In the attached sample National Record Check Determination letters, the checkmark box will indicate if the individual is eligible for employment. The **absence** of a checkmark indicates the applicant/employee has PASSED the national record check and is ELIGIBLE for employment in a long-term care facility. The **presence** of a checkmark indicates the applicant/employee has FAILED the national record check and is NOT ELIGIBLE for employment in a long-term care facility. Facilities may continue to contact the OLTC for additional information on disqualified individuals.

The language at the bottom of the national record check determination letter has had all references to the FBI removed.

The Office of Long Term Care has revised the Request for Criminal Record Check (Form DMS-736) to reflect the changes in verbiage. The revised DMS-736 will go into effect on January 1, 2011. The revised form is available at the OLTC website under the Forms link. The website is listed below.

<http://www.medicaid.state.ar.us/internetsolution/general/units/oltc/index.aspx>

Disqualified individuals may contact the OLTC to obtain specific information on the reason for disqualification. The individual will need to verify their identity before the OLTC can release information over the phone. If the individual wants a copy of the OLTC Determination letter, they will need to complete an authorization form provided by the OLTC. The authorization form must be signed by the individual, list the person authorized to receive the information and be notarized prior to the OLTC releasing the determination letter with the specific criminal history. Authorization forms will be accepted by mail and facsimile. Determination letters sent to the individual shall be mailed. The authorization form is available at the OLTC website under the Forms link, and is attached to this memo.

If you need this material in alternative format such as large print, please contact out Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).



Arkansas Department of Human Services Division of Medical Services

Office of Long Term Care Mail Slot S405

P.O. Box 8059

Little Rock, Arkansas 72203-8059

Telephone (501) 682-6285 TDD (501) 682-6789 Fax (501) 682-8551

Web Site: <http://www.medicaid.state.ar.us/internetsolution/general/units/oltc/index.aspx>

AUTHORIZATION FOR RELEASE OF DISQUALIFYING DETERMINATION LETTER

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime phone #: _____ Other phone #: _____

Date of Birth: _____ Social Security Number: _____

Reason for request: Employment disqualification in a Long Term Care Facility

I, _____, authorize the Department of Human
(Name of individual giving authorization)

Services, Division of Medical Services, Office of Long Term Care, to release the employment determination letter listing disqualifying convictions based on a national background check to:

Me (at address above)

Other (complete information below)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature

Date

+++++
NOTARY:

Sworn and subscribed before me on this _____ day of

_____, 2 _____

(Notary Seal)

In _____ County, in the State of _____

My commission expires on _____

Notary Signature: _____



Identification Bureau Individual Record Check Form

Procedures for State ONLY Criminal History Check:

Note: National background record checks are NOT available for Non-Mandated Employees.

Please refer to Section 502 of the Rules and Regulations for Conducting Criminal Record Checks for Employees of Long Term Care Facilities for a list of Non-Mandated Employees.

1. The ASP form 122, Individual Record Check Form, must be completed in its entirety.
2. If processing by mail, a check or money order in the amount of \$25.00, made payable to the Arkansas State Police must be included.
3. If processing online, the fee is \$22.00, but you must select the PURPOSE "Other employees not required by DHS OLTC". If you do not have this option, please contact State Police at 618-8500 to add this option to your account.
4. If the request is presented in person, the person requesting must present a photo I.D. issued by a government agency.
5. The signature on the ASP form 122 must be notarized.
6. If the request is required by a particular licensing entity as mandated by state law, such as teachers, health care or police, please contact the appropriate licensing entity to obtain the proper forms and be advised of the correct procedure to obtain a criminal history.

Send requests to:

Arkansas State Police
Identification Bureau
#1 State Police Plaza Drive
Little Rock, AR 72209

To contact the Identification Bureau, you may call 501-618-8500.

- Required:
1. This form properly completed.
 2. \$25.00 check or money order, payable to "Arkansas State Police."

SEE OTHER SIDE FOR APPLICATION

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
OFFICE OF LONG TERM CARE

**REQUEST FOR CRIMINAL RECORD CHECK
AR920160Z**

Please check one: State Check Only State and National Check

- Items Needed:
1. This form correctly completed
 2. \$25 check/money order made payable to "Arkansas State Police"
 3. If a national check is also required:
 - a. One completed fingerprint card
 - b. An additional \$19.25 check/money order made payable to "Arkansas State Police"

Please see the back of this form for instructions on routing and completion of the fingerprint card.

Facility ID Code (701) _____ Facility Type: NF ADC/ADHC ALF1/ALF2 HDC ICF/MR PAHI RCF OTHER

Name of Facility Submitting Form Facility Contact Person

Facility Address City State Zip Code Telephone Number (include area code)

(NOTE: Do not use this form for licensed nurses or other Non-mandated positions)

Applicant/Employee to be checked: _____
Last Name First Name Middle Name

Maiden Name Aliases Date of Birth (mo/day/yr) Race Sex (M/F)

Applicant/Employee's address _____
City State Zip Code

Social Security Number Driver's License Number State of Issuance

Current or last employer and address _____
City State

Note: The name, address and date of birth listed above must appear on a valid identification document issued by a government entity. Please list the document used if not the person's driver's license: _____

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty of or plead guilty or nolo contendere to:

| <u>Date of Charge</u> | <u>Location (City and State)</u> | <u>Description of charge</u> | <u>Sentence/Disposition</u> |
|-----------------------|----------------------------------|------------------------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Notice: Your current or potential employer may receive copies of the criminal records report or determination of employment eligibility. Prior to completion of a criminal record check, the employer may choose to deny an employee unsupervised access to a person to whom the employer provides care. Any challenge to the accuracy of the report should be directed to the State Identification Bureau (501) 618-8500, #1 State Police Plaza Drive, Little Rock, AR 72209.

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record checks on myself and release any results to the Department of Human Services and my current/potential employer. I further authorize a national records check. I further authorize the Department of Human Services to issue determinations of employment eligibility to my current or potential employer, including a private placement agency or contracted staffing company.

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

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

Signature of Applicant/Employee Date

State of Arkansas, County of _____

Subscribed and sworn to before a Notary Public in and for the county and state aforesaid, this the _____ day of _____, (yr) _____.

Notary Public (Notary Seal)

My commission expires on _____, (yr) _____.

PLEASE SEND THIS FORM TO:

ARKANSAS STATE POLICE
IDENTIFICATION BUREAU
1 STATE POLICE PLAZA DRIVE
LITTLE ROCK, AR 72209
(501) 618-8500

INSTRUCTIONS FOR COMPLETING THE FINGERPRINT CARD

The National Background Check requires a classifiable set of fingerprint impressions. The card will be rejected otherwise.

PLEASE TYPE OR PRINT THE INFORMATION CLEARLY AND LEGIBLY.

The fingerprint card MUST be a blue applicant card with the proper licensing entity ORI number preprinted. The proper Office of Long Term Care ORI # is AR920160Z, listed at the top of this page.

FINGERPRINT CARD: Do not leave any space blank except the YOUR NO. OCA, FBI NO. FBI, ARMED FORCES NO. MNU, MISCELLANEOUS NO. MNU or any of the sections that state Leave Blank.

EMPLOYER AND ADDRESS: This is the space to provide the Service Provider name and address.

REASON FINGERPRINTED: "A.C.A. 20-38-101" is preprinted to specify the Long Term Care regulations.

FOR SEX: Use "M" or "F".

FOR RACE: Use one of the following: A = ASIAN, B = BLACK, H = HISPANIC, I = INDIAN (AMERICAN), W = WHITE, or U = UNKNOWN.

FOR "HGT": Use feet and inches, such as 5'10".

FOR EYES AND HAIR: Use the following three character codes:

| | | | | | |
|--------------|------------|-------------|--------------|---------------|-------------|
| <u>EYES:</u> | BLU = BLUE | GRY = GRAY | MAR = MAROON | BRO = BROWN | GRN = GREEN |
| | PNK = PINK | BLK = BLACK | HAZ = HAZEL | XXX = UNKNOWN | |

| | | | | | |
|--------------|------------|-------------|-------------|---------------|------------|
| <u>HAIR:</u> | BAL = BALD | BLK = BLACK | BLN = BLOND | BRO = BROWN | GRY = GRAY |
| | RED = RED | SDY = SANDY | WHI = WHITE | XXX = UNKNOWN | |

CITIZENSHIP: If USA citizen, use "US", or if a citizen of MEXICO, use "MEXICO", etc.

DATE OF BIRTH: Use numeric characters, such as 09-17-51 (MM/DD/YY).

PLACE OF BIRTH: Use State or country, such as "ARKANSAS" or "MEXICO", etc.

CRC-1250

Employment Determination Notification

12/13/10

NATIONAL BACKGROUND CHECK

Requesting **A TEST FACILITY**
Facility: **#1 MAIL IT HERE LANE
METROVILLE AR 72201**

| | | | | | |
|--------------------|---------|------------------------------|----------|--------------|-------------|
| Last Name | DOE | Suffix | SR | SSN # | 111-11-1111 |
| First Name | JOHN | Birth Date | 01/01/61 | | |
| Middle Name | WILLIAM | Date State Requested: | 12/14/10 | | |

DETERMINATION

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Does this box have a checkmark? |
|--------------------------|---------------------------------|

If NO, the applicant/employee PASSED and is employable.

If YES, the applicant/employee FAILED and is NOT employable, in accordance with A.C.A. 20-38-101 et seq. A copy of this report should be given immediately to the applicant/employee identified above.

THIS DETERMINATION IS BASED ON THE INFORMATION RECEIVED FROM A NATIONAL BACKGROUND CHECK. THE OFFICE OF LONG TERM CARE SHALL NOT BE RESPONSIBLE FOR ALLEGATIONS REGARDING THE DISPOSITION, EXPUNGEMENT OR ACCURACY OF THE INFORMATION. ANY CHALLENGES TO THE ACCURACY OF THE RECORDS OBTAINED THROUGH THE NATIONAL BACKGROUND CHECK SHOULD BE DIRECTED TO THE ARRESTING AGENCY.

THE ACCURACY OF THE INFORMATION CONTAINED IN THE NATIONAL BACKGROUND CHECK CAN NOT BE APPEALED THROUGH THE DEPARTMENT OF HUMAN SERVICES / OFFICE OF LONG TERM CARE APPEALS PROCESS. IF YOU FEEL THAT THE DEPARTMENT OF HUMAN SERVICES / OFFICE OF LONG TERM CARE MADE THIS DISQUALIFICATION DETERMINATION IN ERROR YOU MAY APPEAL AS DESCRIBED BELOW. WE RECOMMEND THAT YOU CONTACT THE OFFICE OF LONG TERM CARE AT (501) 682-6285 TO DISCUSS YOUR RECORD PRIOR TO FILING AN APPEAL.

REQUESTS FOR APPEALS, AS DESCRIBED IN SECTION 800 OF THE RULES AND REGULATIONS FOR CONDUCTING CRIMINAL RECORDS CHECKS FOR EMPLOYEES OF LONG TERM CARE FACILITIES, MUST BE SUBMITTED WITHIN 30 CALENDAR DAYS TO: APPEALS AND HEARINGS, OFFICE OF CHIEF COUNSEL, ARKANSAS DEPARTMENT OF HUMAN SERVICES, PO BOX 1437, LITTLE ROCK, AR 72203.

**OLTC STAFF COMPLETING REPORT:
PHONE NUMBER:**

| |
|-----------------------------|
| <i>Rhonda Hetland</i> |
| (501) 682 - 6285 |
| For OLTC Use Only: E |

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES / OFFICE OF LONG TERM CARE
P.O. BOX 8059, MAIL SLOT S405 LITTLE ROCK, AR 72203-8059
<https://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx>**

CRC-1250

Employment Determination Notification

12/13/10

NATIONAL BACKGROUND CHECK

Requesting **A TEST FACILITY**
Facility: **#1 MAIL IT HERE LANE
METROVILLE AR 72201**

| | | | | | |
|--------------------|---------|---------------|----|------------------------------|-------------|
| Last Name | DOE | Suffix | SR | SSN # | 111-11-1111 |
| First Name | JOHN | | | Birth Date | 01/01/61 |
| Middle Name | WILLIAM | | | Date State Requested: | 12/14/10 |

DETERMINATION

| | |
|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Does this box have a checkmark? |
|-------------------------------------|---------------------------------|

If NO, the applicant/employee PASSED and is employable.

If YES, the applicant/employee FAILED and is NOT employable, in accordance with A.C.A. 20-38-101 et seq. A copy of this report should be given immediately to the applicant/employee identified above.

THIS DETERMINATION IS BASED ON THE INFORMATION RECEIVED FROM A NATIONAL BACKGROUND CHECK. THE OFFICE OF LONG TERM CARE SHALL NOT BE RESPONSIBLE FOR ALLEGATIONS REGARDING THE DISPOSITION, EXPUNGEMENT OR ACCURACY OF THE INFORMATION. ANY CHALLENGES TO THE ACCURACY OF THE RECORDS OBTAINED THROUGH THE NATIONAL BACKGROUND CHECK SHOULD BE DIRECTED TO THE ARRESTING AGENCY.

THE ACCURACY OF THE INFORMATION CONTAINED IN THE NATIONAL BACKGROUND CHECK CAN NOT BE APPEALED THROUGH THE DEPARTMENT OF HUMAN SERVICES / OFFICE OF LONG TERM CARE APPEALS PROCESS. IF YOU FEEL THAT THE DEPARTMENT OF HUMAN SERVICES / OFFICE OF LONG TERM CARE MADE THIS DISQUALIFICATION DETERMINATION IN ERROR YOU MAY APPEAL AS DESCRIBED BELOW. WE RECOMMEND THAT YOU CONTACT THE OFFICE OF LONG TERM CARE AT (501) 682-6285 TO DISCUSS YOUR RECORD PRIOR TO FILING AN APPEAL.

REQUESTS FOR APPEALS, AS DESCRIBED IN SECTION 800 OF THE RULES AND REGULATIONS FOR CONDUCTING CRIMINAL RECORDS CHECKS FOR EMPLOYEES OF LONG TERM CARE FACILITIES, MUST BE SUBMITTED WITHIN 30 CALENDAR DAYS TO: APPEALS AND HEARINGS, OFFICE OF CHIEF COUNSEL, ARKANSAS DEPARTMENT OF HUMAN SERVICES, PO BOX 1437, LITTLE ROCK, AR 72203.

**OLTC STAFF COMPLETING REPORT:
PHONE NUMBER:**

| | |
|--------------------|-----------------------|
| | <i>Rhonda Hetland</i> |
| (501) 682 - 6285 | |
| For OLTC Use Only: | E |