

Appendix A: Methods

Qualitative inquiry and the subsequent analyses of the qualitative data collected were central to the evaluation of the pilot program. This qualitative emphasis was appropriate given the study questions that were addressed as part of the evaluation, and serves as a needed complement to the quantitative analyses. Qualitative data were collected as part of a review of written materials describing State programs, telephone interviews with program officials and representatives of stakeholder groups, and site visits that were made to each pilot State. The data that we collected from these sources are a source of well-grounded and complete descriptions and explanations of processes and outcomes from State programs.

Document Review

We began by reviewing documents describing State pilot programs, focusing on grant applications, information in the Center for Naval Analyses Corporation (CNAC) Background Check Pilot Program Annual Technical Report and the documents available on the <http://www.ltc-provider-check.org/> web site, in addition to other materials furnished to us by CMS and each participating State. This review provided us with an understanding of the each State's program, including challenges reported by pilot program States in implementing their programs. We continued to collect documents related to the operational protocols, organizational structure, costs, program effectiveness, and other topics from all pilot States throughout the study period. Finally, we reviewed State final reports to gain insights into the lessons learned and future plans of States. Not only did the document review provide us with a thorough understanding of each State's background check program, it also played an important function by informing the development of discussion guides for the telephone interviews and site visits. The document review results were entered into a meta-matrix of data from all other sources for final analysis.

Interviews

All data collected directly from stakeholder respondents employed formal semi-structured interview protocols. These protocols were developed to explore participants' ideas about the efficacy of enforcement, their experiences with the enforcement system in practice, and how their ideas and experiences affected their decision-making. The protocols were developed to be intuitive and to focus respondents on specific program dimensions/experiences (e.g., the motivation for the development of the pilot project, their initial implementation experiences, the evolution of programs over time, and the overall effectiveness of the programs). The interview protocols were compiled with input from the members of our entire team and CMS and were guided by our ongoing interaction with stakeholders and the areas of inquiry derived from the document review. Interviews conducted using the semi-structured protocols were heuristic in nature, which allowed the interviewer to maximize the collection of data about relevant areas of interest that arose during the interviews. As such, we used the interview protocol as a guide, allowing more in-depth discussion of areas particularly relevant to individual respondents and general discussions of other topics.

The interview protocols were approved by the applicable Institutional Review Boards prior to their use. Please refer to Appendix A for a copy of all the interview protocols utilized for this project.

Sampling

The first round of telephone interviews focused on making an initial contact and establishing a rapport with State agency respondents and were used to collect the information that was required, as well as to identify other key respondents from which to collect additional data (either by subsequent telephone interview[s] and/or face-to-face meetings during planned site visits to each State). A contact list was developed for each State, and initial calls were made to verify the State contact(s) for formal interviews as well as to establish the interview schedule. We also worked directly with the State agency contacts to establish the agenda and dates for our site visits as well as the list of stakeholder respondents to be interviewed during our site visits. The stakeholder respondents included representatives from other State agencies (including Medicaid, long-term care survey and certification, and law enforcement) along with representatives from provider, employee, and consumer groups. Please refer to Appendix B for a complete listing of each stakeholder/respondent (organized by State) that was interviewed during the course of the evaluation via telephone and/or on-site.

Data Collection

Telephone Interviews: We conducted an initial round of telephone interviews with key pilot program staff, representatives from the State agencies involved in State pilot programs and other stakeholders. For this first round of interviews, we focused on a number of topics related to the background check systems States had in place before the pilot began. In addition, we conducted a number of second round telephone interviews with selected State respondents, as well as with selected personnel from partner State agencies and contractors, prior to our site visits. We also conducted a final round of telephone interviews after the completion of all site visits, at the end of the pilot program. Finally the evaluation team led discussions of specific issues related to background checks as part of the monthly State grantee calls throughout the project period (convened by CMS and CNAC). We used these telephone interviews to verify information obtained as part of document review, to discuss progress and obstacles in program implementation, the effectiveness of the across-agency collaboration that pilot State programs require, and stakeholder perceptions about background checks.

Site Visits: Four members of the research team visited each pilot State for a three- or four-day site visit that allowed us to conduct in-person interviews with State agency officials, groups of providers and other stakeholders. Site visits also were used for data acquisition and verification activities.

The site visits also offered the opportunity for the evaluation team to develop detailed process maps of the background check processes implemented by the State for the Background Check Pilot Program. We collected data for the process maps through both passively observing and directly questioning State and stakeholder representatives, using our semi-structured interview guides. The process maps became the focus of a great deal of discussion, and served to clarify what States were actually doing, providing a tool for documenting various formal and informal process steps, coordination and communication activities, and interfaces with external organizations.

Organizing Findings Using a Time-Ordered Meta Matrix

The implementation and operation of background screening programs will have a chronological “life.” By taking into account the natural temporal sequences that occur in the initial life cycle of

these new programs, we created cross-case displays for organizing and analyzing data regarding the events that occur over time. These data allow us to provide CMS with a “picture” or “story” concerning the evolution and impact of the pilot programs and the underlying processes and flows.

To accommodate the life cycle of this project and to capture the data related to the evolution of the pilot program, we developed and populated a series of time-ordered matrices to document and track the progression of each State’s efforts—across major topical headings. These matrices used cross-case displays concerning project progress, milestones, and events that occurred during the course of our evaluation. To better illustrate this design, please refer to the sample matrix presented below (see Table A.1). This example illustrates how the matrix was constructed to house qualitative and descriptive data for each State, beginning with the programs in place prior to the advent of the CMS Background Check Pilot Program, and tracking the progression of the implementation and operation of the program over the period of the evaluation effort.

Table A.1
Example of Time-Ordered Matrix: Tracking of Qualitative Data on Lessons Learned

Process	Alaska		Idaho		Michigan	
	Pre-Pilot	Pilot	Pre-Pilot	Pilot	Pre-Pilot	Pilot
A.3.5 Lessons Learned						
A.3.5.1 Successes (major strengths of program)						
A.3.5.2 Problems (major limitations)						
A.3.5.3 Effectiveness (was the program effective or not and why?)						
A.3.5.4 Unintended Consequences (on workforce, labor market, volunteerism)						
A.3.5.5 Future Concerns (sustainability, program aspects to change, aspects to keep)						

In practice, our matrices were quite lengthy and specific—with tables containing over 500 pages of printed text. The tables were populated during the course of our evaluation activities according to the approved data collection schedule (a combination of telephone contacts and a site visit). Among topics included in the matrices were policymaking events associated with program origin and design, background check processes, training/communication plan, effectiveness and value, unintended consequences, innovations, lessons learned, and costs/financing.

Analysis

All qualitative interview and observational data were summarized in written form. Data collection and analysis were performed on an ongoing and sometimes concurrent basis throughout the evaluation period. Major themes were identified by the investigators and compared for consistency and also continuously explored and evaluated in subsequent interviews and in evaluation team meetings.

Telephone interview data (verbal information) were transcribed, and the initial transcripts summarized (to remove extraneous and/or repetitive verbal information) by a multi-disciplinary team made up of PhD-level investigators, professional research assistants, and administrative support personnel. These summary transcripts were then analyzed and coded by the same multi-disciplinary evaluation team using a coding structure developed specifically for this project. Site visit data were written from the notes of all members of the site visit team, and compiled into similar summary documents. Qualitative codes were developed by carefully analyzing the summary transcripts, and assigning formal codes and associated code names or tags to specific themes or sub-themes identified in the data. The coding taxonomy that was developed for this stage of the analysis allowed data to be compiled for subsequent thematic analysis.

Next, all coded data were entered into the time-ordered meta-matrix document for subsequent use in the concurrent analysis of telephone interview data and site visit data. The time-ordered meta-matrix, once populated with the coded data, was subsequently used as a source document for the identification of relevant thematic information by the multi-disciplinary evaluation team. The general outline for our meta-matrix is included as Appendix C.

Data populating the time-ordered meta-matrix were carefully reviewed and thematic categories distilled inductively from the data using a content analysis approach. Supporting or related themes were identified and organized under each of the major thematic categories. This allowed us to document State processes and enumerate options for consideration by policymakers for a national background check program.

Appendix B: Interview Protocols



Oral Consent form

Evaluation of the Background Check Pilot Program

Abt Associates Inc.

Abt Associates Inc. and University of Colorado Denver Health Sciences Center have been awarded a contract by the Centers for Medicare & Medicaid Services (CMS) to evaluate the Background Check Pilot Programs. A major focus of the evaluation is to answer research questions related to program conception and implementation, the background check procedures used by states, and the efficiency of background check processes.

We would like to ask you some questions about the background check pilot program in your state and expect that your participation will take no longer than 45 minutes. Unless you tell us otherwise, you should assume that anything you tell us is “on the record.” If you would like anything you say to be kept confidential and not reported, or reported but not attributed to you, please inform us of this; and we will protect the confidentiality of this information to the fullest extent of our abilities and to the fullest extent of the law.

Your participation is voluntary and you can end this conversation at any time, or you can refuse to answer any question. We anticipate this study will not present more than minimal risk to you as a respondent. The primary risk to participation is violation of confidentiality. We will interview 70-200 study participants (including representatives in each of the seven pilot program states.) The results of the study will be presented to CMS with no direct quotes attributable to individuals. However, with your oral consent, we will include your name and contact information in an appendix to the report.

If you have any questions about this that I cannot answer, you may want to contact our study director, Dr. Alan White, at Abt Associates Inc., in Cambridge, Massachusetts. His direct line is 617-349-2489.

Do we have your agreement to talk with us about the background check pilot program in your state?

Yes No

Date _____

Respondent's name: _____

Interviewer's name: _____

STATE TELEPHONE INTERVIEW GUIDE

STATE RESPONDENT CONTACT INFORMATION (Known Prior to Call):

1. State: _____
2. Gateway/Primary Respondent: _____
3. Telephone Number: _____
4. Fax Number: _____
5. Email Address: _____
6. Job Title: _____
7. Length of time in job: _____
8. State Agency Name: _____
9. Mailing address: _____
10. Role in Background Check Project: _____
11. Length of time in Role: _____
12. Time and Date: _____
13. Names, titles, agencies, roles in pilot project of all persons participating in call (if more than one): _____

BACKGROUND/OPENING SCRIPT

Please REFER to ORAL CONSENT FORM – on Abt Associates (prime contractor) letterhead

BACKGROUND CHECK PRE-PILOT PROGRAM HISTORY

- 1) Contextual information related to pre-pilot program:
 - a) What were the major factors that caused your state to decide to begin a background check program?
 - b) Which organizations (providers, state survey agency, DOJ) were advocates and critics of the program?
 - c) Legislative History/Gov's Office involvement
 - d) What year was the program first implemented in your state?
 - e) Which agency governed it? Who was the "owner" of the project?
- 2) Pre-pilot program inputs
 - a) Funding
 - i) What was the cost per screening?
 - ii) Able to send enabling legislation and associated fiscal note for that legislation?
 - (1) How much did the state approve initially for this pre-pilot program? Can they provide to the evaluation team a formal executive project budget for the State?
 - iii) Did providers and/or prospective employees cover some of the cost of the pre-pilot program?
 - b) Staffing
 - i) Who did the screenings?
 - ii) Describe State Agencies involved and their roles
 - (1) Able to send SOW for IGA's?
 - iii) Who else was involved in key roles in the pre-pilot program?

c) Infrastructure

- i) How were policies established and directed for the pre-pilot program (organizational chart, advisory committee, public forums, hearings, rulemaking and public input processes)?
- ii) How were the IS/IT needs for the pre-pilot program handled?
- iii) Were there other key issues related to obtaining the necessary resources for the pre-pilot program? How were they handled?
- iv) Were any phased implementations (based on geography or provider type or other criteria) needed for the pre-pilot program?

3) Pre-pilot program processes

- a) Which types of providers were included in the pre-pilot program?
- b) Were there any enforcement related issues that needed to be addressed for the pre-pilot program? How were they addressed?
- c) What details can you give us regarding the specific background check processes and procedures used in the pre-pilot program?
 - i) Fingerprinting technology utilized
 - ii) Fingerprinting collection agencies and locations
 - iii) Data transmittal - what data and to whom
 - iv) Databases checked - what databases and sequence of checks
 - v) Prescribed timeframes
 - vi) fitness determination and appeal processes
- d) Lessons learned
 - i) What were the major strengths of the pre-pilot program?
 - ii) What were its biggest limitations?

- iii) Do you think the program was effective (or not) and why?
 - iv) Any issues/problems/successes related to implementation that are noteworthy?
- 4) Products of the Pre-Pilot Program:
- a) How many prospective employees were screened under the pre-pilot program?
 - b) Do you have information regarding "hit rates" for the pre-pilot program?
 - c) Any other pre-pilot program throughput data to share with us? (costs, numbers, provider types participating, appeals, appeal outcomes, etc.)
 - d) Any evaluation performed?
 - e) Any other information about the pre-pilot program that you would like to share?
- 5) Pilot Program Contextual Information:
- a) What were the major factors that helped your state decide to participate in the pilot program?
 - b) Which organizations (providers, state survey agency, DOJ) were advocates and critics of the program?
 - c) Legislative History/Gov's Office involvement
 - d) Which agency is governing it? Who is the "owner" of the project?
- 6) Current Status of Pilot Program Implementation
- a) Current level of implementation for the pilot program (as of today)
 - b) Has the implementation gone as planned? Any unintended consequences to note? Any early successes to note?
- 7) Request Gateway Contacts for:
- a) Each LTC Provider Type (employers)
 - b) Other State Agencies
 - c) LTC ombudsmen/consumer advocacy groups

- d) labor unions /provider groups (employee groups)
 - e) Key program champions and critics?
- 8) We will be coming to visit your state for about 5 days next Spring and would like to set up a tentative timeframe for that visit. Are there weeks that are particularly good or bad for this scheduled site visit?

Questions for Fingerprinting Location Tour:

1. How many staff (total FTE's and number persons) are employed to handle the fingerprinting screenings for long-term care workers?
2. How are these positions funded? Does the same agency employ everyone, or are there inter-agency arrangements for some staff?
3. What percentage of fingerprints processed at this location are for prospective long-term care workers? (Follow up: is this percentage likely similar to other fingerprinting locations in *state*?)
4. Please describe the fingerprinting process from start to finish (Visual observation, too)
5. How has the demonstration program changed this process? What has remained the same since before the demonstration program began?
6. Will the end of the demonstration program change anything in this process or organizational structure?
7. Is there any additional information about the fingerprinting process for long-term care workers you would like to share with us at this time?

Questions for Provider Associations:

1. Please describe the significant aspects of the (*state*) program to screen long-term care workers from the perspective of your organization.
2. What percentage of workers that affiliated with this provider group have been screened under the “new” program (estimate)?
3. Do you think that having the program deters incidents of abuse, theft, and neglect against vulnerable patients in long-term care settings?
4. Is there a direct benefit to patients or employees by having the program in place?
5. Have you had m/any complaints from your constituents? If so, what have the main concerns been?
6. Please describe your perception of the main impact of the revised screening program on recruitment and retention of direct care workers in long-term care settings
7. Do you have thoughts on how to improve the program?
8. If you were charged with designing a national background check program for long-term care workers from scratch, how would it work? (Follow up: prompt for specifics regarding financing, processing, and other aspects of the program)
9. Is there any additional information about the fingerprinting process for long-term care workers in (*state*) you would like to share with us at this time?

SITE VISIT FACILITY ADMIN/HR DISCUSSION GUIDE

Date: _____/____/_____
Facility: _____
Research Staff Initials: _____

Pre-Pilot Program Experience: The first questions we would like to ask you about are about your experience with the background check program before the pilot program began (October 1, 2005).

1. Please describe your procedures for applicant background checks before the pilot program. What types of applicants did you require to have a background check? At what point in the application process did you have the applicant get a background check?

2. Who paid for the background check prior to the pilot program?

- Applicant
 Facility
 Combination of Applicant/Facility

3. What was the cost of the background check before the pilot program began?

4. Were you aware that the state was interested in participating in the pilot program?

Yes Please explain _____
No

- 4a. How did you feel about that decision?

Pilot Program Experience:

5. How were the background check pilot program requirements communicated to your facility?

6. What are your current procedures for background checks? What is the difference between the current program and before the pilot program began?

6a. In your facility, which potential employees do you require to get background checks?

6b. When an applicant applies for a position, at what point do you ask for them to get the background check?

6c. How long does it take to get the results of the background check?

6d. How do you obtain the results of the background check?

6e. When did your facility start following the pilot program requirements?

7. On average, how many applicants do you have per month? _____

7a. Have any of your applicants had a disqualifying condition?

Yes If yes, approximately how many since the pilot program began?

No .

8. Have you or applicants had any problems with the background check process? PROBE: are you aware of any applicants encountering problems accessing fingerprinting locations?

Yes Please explain _____

No .

9. Has there been any impact on the labor market or your ability to hire applicants?

9a. Has the number of applicants decreased? (PROBE: Has it affected applicant's willingness to apply?)

No

Yes If yes, please explain.

9b. Has turnover decreased (greater retention of employees)?

No

Yes If yes, please explain.

10. We understand the fingerprint-based background checks cost \$45 in (*Idaho*), are you responsible for paying any of this?

10a. If you did have to pay, how would this cost affect you?

10b. Would you pass this charge onto the applicant?

10c. Who should pay for the background check?

Impressions of Pilot Program:

11. What is your impression of the background check pilot program?

12. On a scale of 1 (not effective) to 5 (extremely effective), overall how effective do you believe the background check pilot program is? _____

12a. If 5, what makes the pilot program effective?

12b. If Not 5, what would improve the pilot program?

13. How effective do you believe the background check program is in reducing the incidence of abuse, neglect, and misappropriation of funds? Explain.

14. Are you satisfied with any interactions with the pilot program staff?

Yes

No If no, explain

15. Are you aware of the criteria used for fitness determination?

Yes

No

15a. If yes, are you satisfied with the criteria used for fitness determination?

Yes

No If no, explain

16. Do you believe there should be a national background check program? Explain

Yes

No

17. Do you have any recommendations for a national background check program? Explain.

18. Do you have any concerns about a national background check program?

No

Yes If yes, please explain.

SITE VISIT FACILITY *EMPLOYEE* DISCUSSION GUIDE

Date: _____/____/_____

Facility: _____

Research Staff Initials: _____

RESPONDENT CONTACT INFORMATION

1. State: _____

2. Job Title: _____

Work Experience and Background Checks:

1. How long have you worked in your current job? _____

2. When you applied for this position, did you have a fingerprint-based background check?

Yes

No

2a. Was this the first time you had a background check to apply for a job?

Yes

No Please explain what was involved before. Did you have to get your fingerprints taken? _____

3. Have you worked in a healthcare facility before?

Yes Please explain _____

No

4. How long have you worked as a *health care worker (INSERT JOB TITLE)*? _____

4a. If recently became a CNA, was the background check requirement discussed during your CNA training?

Yes Please explain _____

No

5. Please describe all the steps involved for applying for this current job.

5a. When did you learn you needed to get a background check? (before interview, during interview, etc.)

5b. What were you told about the background check and the process?

5c. How did you make an appointment to get fingerprints taken? _____

5d. How long did it take to get an appointment for fingerprinting? _____

5e. How far did you have to travel to the fingerprinting location? _____

5f. Where did you go to get the fingerprints taken? (police station, private vendor)

5g. How long did it take to get the results of the background check? (time from taking the fingerprints) _____

5h. Did you start working before receiving the results of the background check? _____

If not, was this a problem for you (not working for some amount of time) _____

6. How well do you think the background check process worked? Is there anything that would make the process smoother or easier for you?

Cost of Background check:

7. When you applied for this position, did you have to pay for the background check or fingerprints?

Yes Please explain _____

No

7a. If you had to pay for the background check, would you still apply for the job?

Yes

No

Please explain _____

7b. If you had to pay \$5 for the background check, would you still apply for the job?

Yes

No

Please explain _____

7c. If you had to pay \$25 for the background check, would you still apply for the job?

Yes

No

Please explain _____

7d. At what point would the cost of the background check be too much?

8. If the background check cost \$X each time people applied for a new job, do you think people would think twice about moving to a different facility? _____

Overall:

9. Have you heard of anyone having a problem with the background check process or not being able to apply for a job? _____

10. What do you think about requiring background checks for healthcare workers?

11. Anything else you'd like to tell us? _____

Interview Guide for Follow-up Telephone Interview

Respondents:

State:

Time:

Date:

Participants from Abt/Colorado:

SEND TAILORED INTERVIEW GUIDE TO RESPONDENT PRIOR TO CALL

1. It has been a while since our site visit and the state grantee's conference. We are calling to find out how things worked out for the last few months of your program. What's new?
2. Here are some of the challenges you mentioned during our site visit (list them prior to call). How did you deal with them? (IT, staffing, legislation, FBI, etc.)
3. Sustainability of your pilot program features – beyond challenges mentioned before – Are you seeking new funding, etc.
4. Any innovations/lessons to share with us?
5. Cost question: Can you send us your final expenditures? Did you spend it all, send some back, or re-allocate funds?
6. What does it really cost to do a background check? (not just fees charged, but total costs of resources to do a background check for a prospective worker in long-term care settings)
7. Going forward, why do you think your states model would be a good guide for a national program? Which aspects would you change and keep?
8. Any specific recommendations for CMS as they consider options for a national program and make their report to Congress?

Appendix C: List of Interview Participants

CNA Corporation (Data Support Contractor)

Dr. Joyce McMahon, Project Director
Ernesto Baumann
Linda Clark-Helms

Alaska

Alaska State Hospital and Nursing Home Association

Rod Betit, President

Caridad Home Care, Inc.

Lous Martinez

Denali Home Health and Hospice

Linde Davis

Department of Health & Social Services

Bernadean Anselm, Program Manager, Certification & Licensing

Jay C. Butler, MD, Director, Division of Public Health

Karen Darby, Deputy, Certification & Licensing

Jana Goff, Criminal Justice Technician, Background Check Unit

Mark A. Jarvey, Records & Licensing Supervisor, Background Check Unit

Curtis Nelson, Analyst/Programmer, Information Technology

Melvin Richardson, Program Coordinator, Background Check Unit

Jon Sherwood, Office of Program Review

Jane Urbanovsky, Chief, Certification & Licensing

Department of Public Safety

Kathryn Monfreda, Chief

Marlow Manor Assisted Living

Theresa Panchort

Providence Extended Care Center

Carl Garber, Director of Human Resources

Providence Valdez Medical Center

Mo Radotich

University of Alaska, Anchorage, School of Social Work,

Abuse Prevention Training Program

Julie E. Holden, MS, Project Coordinator

Susan Pope, PhD, Program Manager

Jason R. Williams, MS, Research Assistant

Office of Long Term Care Ombudsman

Bob Dreyer

Idaho

Boise Good Samaritan Nursing Home

Peter Wolfe, Human Resources

Idaho Assisted Living Association

Kris Ellis, Executive Director

Idaho Department of Health & Welfare

Sue Altman, Program Supervisor, Criminal History Unit

Eileen A. Balcer, State Information Technology Services Office

Carrie Connell, Criminal History Unit

Charlie Kilpatrick, Criminal History Unit

Paul Leary, Deputy Administrator, Division of Medicaid

Erin Maine, Criminal History Unit

Deb Ransom, RN, Bureau Chief, Bureau of Facility Standards & Licensing

Mond Warren, Bureau Chief, Bureau of Audits & Investigations

Idaho Health Care Association

Lisa Bowen

Marinda Halloway, Belmont Management

Kelly Head, Westcare Management, Inc., Belmont Care Center, Pocatello

Rene Nailer, Manager, Westcare Management, Inc.

Robert Vande Mewre, Executive Director

Idaho Home Health Association

Shane Loar, President

Idaho Hospital Association

Wendy Anderes, Eastern Idaho Regional Medical Center

Kim Hayes, St. Luke's Medical Center

Deanna O'Toole, Vice President, Human Resources

Darlene Schmidt, Idaho Elks Rehabilitation Hospital

Sandy Ward, Intermountain Hospital, Boise

Jane Zimmerman, Gooding, ID

Idaho State Police, Bureau of Criminal Identification

Dawn A. Peck, Bureau Manager

Kindred Healthcare

Kathy Gast, Payroll Benefit Coordinator

Owyhee Health & Rehab Center, Homedale, ID

Rick Holloway, Owner and Administrator; also President, Western Health Care Corp

Nevada

Eagle Valley Children's Home

Pamela Smith, Executive Director

Gaylene Craecraft, Director of Human Services

Highland Manor at Fallon

James Gann, Administrator

Home Care Plus

Carol Wickizer, RN

Life Care Center of Reno

Machelle Harris, Administrator

Nevada Department of Health & Human Services, Division of Aging Services

Wanda Aquinaldo, Ombudsman

Teresa L. Stickler, Ombudsman

Nevada Department of Health & Human Services,

Division of Health Care Financing & Policy

Dawn Palucha

Nova Peek, Chief of Enrollment Program (Medicaid)

Nevada Department of Health & Human Services, State Health Division

Jennifer Dunaway, Health Facility Surveyor IV

Pamela S. Graham, Chief, Bureau of Licensure & Certification

Alex Haartz, Administrator

Kerry K. McKinney, Program Director, Bureau of Licensure & Certification

Nevada Department of Public Safety, Records & Technology Division

Catherine Krause, Administrative Services Manager

Capt. Phillip K. O'Neill, Division Chief

Gillette Regis, Unit Supervisor

Nevada Healthcare Association

Charles Perry, Executive Director

Nevada State Veterans' Home

Michael Nobles, Human Resources

Park Place Assisted Living

Wendy Simons, Owner, Administrator

Inga Smith, Business Manager

South Lyon Medical Center

Kris Beck, Director of Employee Services

New Mexico

Maroland, LLC

David Foster, President and CEO

New Mexico Association for Home and Hospice Care

Joie Glenn, Executive Director

New Mexico Department of Health, Division of Health Improvement

Scott Good, Lead Surveyor, Quality Management Bureau

Katrina Hotrum, Deputy Secretary for Facilities

Edna Ortiz, Deputy Director

David Rodriguez, Division Director

Brian Royer, Legal Consultant, CCHSP/PACT, Administrative Services Bureau

Santiago Sandoval, Project Manager, CCHSP/PACT, Administrative Services Bureau

Anita Westbrook, Bureau Chief, Incident Management Bureau
Various CCHSP Staff

New Mexico Department of Public Safety
Paul Herrera, Chief, Records Bureau

New Mexico Health Care Association
Linda Sechovec, Executive Director

New Mexico Hospital Association
Dan Weaks, Government Relations

The Meadows, Las Vegas Medical Center
Richard Vigil, Human Resource Specialist

Presbyterian Medical Services
Diane Kramer, Human Resource Manager

Princeton Place Nursing Home
Alice Gandara-Diaz, Human Resource Director

Illinois

Franklin Grove Nursing Center (SNF/NF)
Susan Ketter

Illinois Department of Healthcare and Family Services
Kelly Cunningham
Sharon Woodes

Illinois Department of Human Services
Dawna Weyant, Bureau of Recruitment and Selection
Rich Behl, Public Service Administrator
Constance Sims, Division of Developmental Disabilities

Illinois Department of Public Health
Jonna Furlich, Division chief, Division of Administrative Rules and Procedures
Terry Berriman, IDPH Training and Education (NA Training Programs)
Mark Danner, IDPH Budget and Fiscal
Mary Reis, IDPH Complaint Investigations
Jason Boltz, IDPH Legal Department
Bill Bell, Hospital Division Chief
Enrique Unanue, Deputy Director
Christi Dees, IT

Illinois State Police
Marcel Reid, Executive Officer for the Registry Bureau
Tammi Kestel, Assistant Bureau Chief

Lifecare Services Association
Kirk Reva

Milestone-Elmwood Heights (ICF/MR)

Rachel Freeman

Peak Professional Inc., Home Health Agency

Linda Gossett

Other Staff

River Bluff Nursing Home, Winnebago County (SNF/NF)

Jill Rucker, Human Resources Coordinator

Rochelle Community Hospital (LTC Hospital with Swing Beds)

Stacy Sibley, Human Resources manager

St. Ann's Provena Center (SNF/NF)

Janet Cowan, Human Resources Coordinator

Wesley Willows Health Center (SNF/NF)

Michele Luther, HR Coordinator

Michigan

AANP Training Program

Lauren Swanson, Program Specialist Office of Services to the Aging, DCH

Catherine Macomber, BEAM Quality Assurance Manager

Heather Picotte, BEAM Senior Manager

Birch Hill-Wilson III Adult Foster Care

Burcham Hills Retirement Community

March Bouchard, Human Resources Coordinator

Health Care Association of MI

Susan Oginsky, VP of Government Relations

Ingham Regional Assisted Living

Laurie Shepard, ED

Michigan Assisted Living Association

Bob Stein

Michigan Association of Homes and Services for the Aging

Dave Herbal

Michigan Department of Community Health

Orlene Christie, Statutory and Legislative Section

Toni Dennis, Statutory and Legislative Section
Analyst
Jan Christensen, Previous Pilot Lead

Michigan Department of Human Services

Deborah Wood, Division Director
Tom McWhorter, Program Specialist
2 Analysts
Mary Jane Russell, Director, Bureau of Budget & Audit

Michigan Hospice and Palliative Care Org

Jeff Towns, President and CEO

Michigan State Police

Time Bolles, Criminal History Section Manager

Michigan State University

Ellen Hayse, Project Manager
Lori Post, Principal Investigator
Sarah Swierenga, Principal Investigator
Clare Luz, Research Director
Robert Fulk, Lead programmer

Paraprofessional Healthcare Institute

Hollis Turnham, Director

Wisconsin

Abuse and Neglect Prevention Program

Donna Cochems, Consultant
Jeff Burkhart, Abuse Prevention Training Coordinator

Department of Health and Family Services

Shari Busse, Office of Caregiver Quality Supervisor
Rebecca Swartz, Project Coordinator
Mary Kinnaird, Fingerprint Policy Analyst
Otis Woods, Director Quality Assurance Manager
Jane Walters, Deputy Director
Cremear Mims, Quality Assurance Manager

Department of Justice

Kevin Sime, Supervisor
Phil Collins, Deputy Director
Gerald Coleman, Director

Background Check Pilot Program Planning Committee

Tim Size, Rural Wisconsin Health Cooperative

Sandra Hardt, Brookside care Center

Wisconsin Hospital Association

Shawano Medical Center

Jody Hammond, Human Resources

Mark Gubavics, Director of HR

Maehnowesekiyah Treatment Center

Annette Peters, Human Resources

Ben Kaquatosh, Human Resources Manager

Promissor, Green Bay

Jo Anne Cahill, Senior Program Manager

City View Nursing Home

Cheryl Freimann, Assistant Administrator

Wisconsin Health Care Association

Brian Purtell, Director of Legal Services

Shawano County Human Services

Kim Wolfmeyer, Long-term Support Supervisor

Background Check Pilot Program Implementation Committee Meeting

Laura Slavik, Badger Prairie Health Care Center

Alison Maly, Tellurian CBRF

Dane PCW Providers

Sarah Olson, Elder Care of Wisconsin

Jyll Johnson, Creative Community Living Services Inc.

Cindy Garret, Community Living Alliance

Angela Nash, Community Living Alliance

Doug Hunt, Dane County Department of Human Services

Appendix D: General Outline for Meta Matrix

Background Check Pilot Project Code Book

- 1) Accounting of Pre-Pilot Activities: A large domain to include descriptions of pre-pilot activities for use in comparison of pre-pilot to pilot project, and determining the evolution of projects at the state level to see what may be learned here that would inform a national implementation.
 - a) Pre-pilot legislative authority (**PP-LA**): Information related to legislation for the pre-pilot program.
 - b) Pre-pilot chronology (official version) (**PPC-Off**): The official statement from the state regarding the development and evolution of the pre-pilot program. This code is inclusive of not only the timeline, but specific steps that were undertaken.
 - i) Pre-pilot goals (**PP-G**): The goals associated with the pre-pilot program.
 - c) Pre-pilot chronology (subterranean) (**PPC-Sub**): This is similar to PPC-Off, but includes the “stories” of what “really” happened (from an “insider’s” view) within the context of pre-pilot program roll-out and implementation.
 - d) Pre-pilot champions/critics (**PP-CC**): Which people, agencies, or other groups were particularly supportive of or critical of the pre-pilot program.
 - e) Pre-pilot project innovations (**PP-Innov**): What was developed in terms of methods, policies, and mechanisms that program participants determined to be creative and particularly effective – enough so that it was considered for or carried over to the pilot program.
 - f) Pre-pilot lessons addressed in the pilot (**PP-Less**): What lessons were learned through the pre-pilot program that were helpful in informing the design and effective implementation of the pilot program.
 - i) Pre-pilot successes (**PP-Suc**): What aspects of the pre-pilot program were particularly successful and contributed to the effectiveness of the pre-pilot effort.
 - ii) Pre-pilot problems (**PP-Probs**): What difficulties were encountered within the pre-pilot program that needed to be addressed to facilitate the maximum effectiveness of the pilot program.
 - iii) Pre-pilot program effectiveness (**PP-Eff**): Information related to the effectiveness of the pre-pilot program.
- 2) Inputs/Structure of Pre-Pilot Program: A large domain to include the listing of resources (financial, human, other) – and how these were organized to achieve program goals.
 - a) Pre-pilot provider types (**PP-Prov**): Which specific provider types were included (or excluded) from the pre-pilot program.
 - b) Pre-pilot processes (**PP-Proc**): Processes associated with the implementation of the pre-pilot program.
 - i) Provisional employment (**PP-PE**): Information related to provisional employment during the pre-pilot.
 - ii) Fitness determination (**PP-Fit**): Pre-pilot fitness determination.
 - (1) Disqualifying conditions (**PP-Dis**): Pre-pilot disqualifying conditions.
 - iii) Appeals processes (**PP-AP**): Information related to the appeals process within the pre-pilot program.

- iv) Enforcement (**PP-Enf**): Information related to enforcement of requirements of the pre-pilot program.
- c) Pre-pilot organization/agencies (**PP-OA**): A listing of involved state agencies – and the hierarchal and functional structure.
 - i) Pre-pilot staffing (**PP-Staff**): Information related to staffing for the pre-pilot project.
 - ii) Pre-pilot information technology (**PP-IT**): Information related to the technology involved in implementing the pre-pilot program.
- d) Pre-pilot costs (**PP-C**): What were the financial costs associated with the pre-pilot program
 - i) Who paid? (**PPC-WP**): Who paid for the costs associated with the pre-pilot program?
- e) Pre-pilot Products (**PP-Prod**): Information regarding products of the pre-pilot program for comparison to the pilot program, such as hit rates, numbers of screened applicants or patients protected, evaluation of the pre-pilot program, appeals rates and outcomes (vs. process of appeals).
 - i) Pre-pilot throughput (**PP-T**): Numbers associated with the volume of job applicants that were screened through the pre-pilot program
 - ii) Pre-pilot hit rate (**PP-HR**): Numbers associated with the volume of potentially disqualifying events identified through the pre-pilot program
- 3) Accounting of Pilot Program: A large domain to include descriptive information and preliminary data concerning the pilot program activity to date.
 - a) Pilot factors for participation (**P-FP**): Factors that contributed to the state’s decision to participate in the pilot program.
 - i) Pilot program goals (**P-G**): Goals of the pilot program.
 - b) Pilot program legislative authority (**P-LA**): Information related to legislation associated with the implementation of the pilot program.
 - c) Pilot program chronology (official version) (**PC-Off**): The official statement from the state regarding the development and evolution of the pilot program. This code is inclusive of not only the timeline, but specific steps that were undertaken.
 - d) Pilot program chronology (subterranean version) (**PC-Sub**): This is similar to PC-Off, but includes the “stories” of what “really” happened (from an “insider’s” view) within the context of pilot program roll-out and implementation.
 - e) Pilot champions/critics (**P-CC**): Which people, agencies, or other groups were particularly supportive of or critical of the pilot program.
 - f) Pilot program innovations (**P-Innov**): What was developed in terms of pilot program methods, policies, and mechanisms that program participants determined to be creative and particularly effective.
 - g) Pilot program lessons learned (**P-Less**): What lessons have been learned through the implementation of the pilot program that may be important to consider in the future implementation of background check programs.
 - i) Pilot successes (**P-Suc**): What aspects of the pilot program have been particularly successful to date.
 - ii) Pilot program problems (**P-Probs**): Information regarding problems associated with the pilot program.

- iii) Pilot program effectiveness (**P-Eff**): Information related to the effectiveness of the pilot program.
 - iv) Pilot unintended consequences (**P-UC**): Information regarding any unanticipated outcomes or consequences of the pilot program to date.
 - v) Pilot, future concerns (**P-FC**): Future concerns that have arisen in relation to the background check program.
 - h) Current level of implementation (**P-CLI**): Any information related to the current level of implementation of the pilot program, including timeframes associated with any phased implementation efforts.
 - i) Revision to original pilot program protocol (**P-Rev**): Any information describing a revision to the original pilot program protocol.
- 4) Inputs/Structure of Pilot Program: A large domain to include the listing of resources (financial, human, other) – and how these were organized to achieve pilot program goals.
- a) Pilot provider types (**P-Prov**): Which specific provider types were included (or excluded) from the pilot program.
 - b) Pilot processes (**P-Proc**): Processes associated with the implementation of the pilot program.
 - i) Pilot provisional employment (**P-PE**): Information related to provisional employment within the pilot program
 - ii) Pilot fitness determination (**P-Fit**): Pilot fitness determination
 - (1) Pilot disqualifying conditions (**P-Dis**): Pilot disqualifying conditions
 - iii) Pilot appeals processes (**P-AP**): Information related to the appeals process within the pilot program.
 - iv) Pilot Enforcement (**P-Enf**): Information related to enforcement of requirements of the pilot program.
 - c) Pilot organization/agencies (**P-OA**): A list of involved state agencies and the hierarchal and functional structure
 - i) Pilot staffing (**P-Staff**): Information related to staffing for the pilot project.
 - ii) Pilot information technology (**P-IT**): Information related to the technology involved in implementing the pilot program.
 - d) Pilot costs (**P-C**)
 - i) Who paid? (**PC-WP**): Who paid for the costs associated with the pilot program?
 - e) Pilot Products (**P-Prod**): Information regarding products of the pilot program, such as hit rates, numbers of screened applicants or patients protected, evaluation of the pilot program, appeals rates and outcomes (vs. process of appeals).
 - i) Pilot throughput (**P-T**): Numbers associated with the volume of job applicants that were screened through the pilot program.
 - ii) Pilot hit rate (**P-HR**): Numbers associated with the volume of potentially disqualifying events identified through the pilot program.

Alphabetic Listing of Codes

P-AP	Pilot appeals processes
P-C	Pilot costs
P-CC	Pilot champions/critics
P-CLI	Pilot current level of implementation
PC-Off	Pilot program chronology (official version)
PC-Sub	Pilot program chronology (subterranean version)
PC-WP	Pilot costs - Who paid?
P-Dis	Pilot disqualifying conditions
P-Eff	Pilot program effectiveness
P-Enf	Pilot program enforcement
P-FC	Pilot, future concerns
P-Fit	Pilot fitness determination
P-FP	Pilot factors for participation
P-G	Pilot program goals
P-HR	Pilot hit rate
P-Innov	Pilot program innovations
P-IT	Pilot information technology
P-LA	Pilot program legislative authority
P-Less	Pilot program lessons learned
P-OA	Pilot organization/agencies
PP-AP	Pre-pilot appeals processes
PP-C	Pre-pilot costs
PP-CC	Pre-pilot champions/critics
PPC-Off	Pre-pilot chronology (official version)
PPC-Sub	Pre-pilot chronology (subterranean)
PPC-WP	Pre-pilot costs - Who paid?
PP-Dis	Pre-pilot disqualifying conditions
P-PE	Pilot provisional employment
PP-Eff	Pre-pilot program effectiveness
PP-Enf	Pre-pilot program enforcement
PP-Fit	Pre-pilot fitness determination
PP-G	Pre-pilot goals
PP-HR	Pre-pilot hit rate
PP-Innov	Pre-pilot project innovations
PP-IT	Pre-pilot information technology
PP-LA	Pre-pilot program legislative authority
PP-Less	Pre-pilot lessons addressed in the pilot
PP-OA	Pre-pilot organization/agencies
PP-PE	Pre-pilot provisional employment
PP-Probs	Pre-pilot problems
PP-Proc	Pre-pilot processes
PP-Prod	Pre-pilot products
PP-Prov	Pre-pilot provider types
P-Probs	Pilot problems
P-Proc	Pilot processes
P-Prod	Pilot products
P-Prov	Pilot provider types
PP-Staff	Pre-pilot staffing
PP-Suc	Pre-pilot successes
PP-T	Pre-pilot throughput
P-Rev	Revision to original pilot program protocol
P-Staff	Pilot staffing
P-Suc	Pilot successes
P-T	Pilot throughput
P-UC	Pilot unintended consequences

Alphabetic Listing of Codes - Pre-Pilot and Pilot

Pre-Pilot Codes

PP-AP	Pre-pilot appeals processes
PP-C	Pre-pilot costs
PP-CC	Pre-pilot champions/critics
PPC-Off	Pre-pilot chronology (official version)
PPC-Sub	Pre-pilot chronology (subterranean)
PPC-WP	Pre-pilot costs - Who paid?
PP-Dis	Pre-pilot disqualifying conditions
PP-Eff	Pre-pilot program effectiveness
PP-Enf	Pre-pilot program enforcement
PP-Fit	Pre-pilot fitness determination
PP-G	Pre-pilot goals
PP-HR	Pre-pilot hit rate
PP-Innov	Pre-pilot project innovations
PP-IT	Pre-pilot information technology
PP-LA	Pre-pilot program legislative authority
PP-Less	Pre-pilot lessons addressed in the pilot
PP-OA	Pre-pilot organization/agencies
PP-PE	Pre-pilot provisional employment
PP-Probs	Pre-pilot problems
PP-Proc	Pre-pilot processes
PP-Prod	Pre-pilot products
PP-Prov	Pre-pilot provider types
PP-Staff	Pre-pilot staffing
PP-Suc	Pre-pilot successes
PP-T	Pre-pilot throughput

Pilot Codes

P-AP	Pilot appeals processes
P-C	Pilot costs
P-CC	Pilot champions/critics
P-CLI	Pilot current level of implementation
PC-Off	Pilot program chronology (official version)
PC-Sub	Pilot program chronology (subterranean version)
PC-WP	Pilot costs - Who paid?
P-Dis	Pilot disqualifying conditions
P-Eff	Pilot program effectiveness
P-Enf	Pilot program enforcement
P-FC	Pilot, future concerns
P-Fit	Pilot fitness determination
P-FP	Pilot factors for participation
P-G	Pilot program goals
P-HR	Pilot hit rate
P-Innov	Pilot program innovations
P-IT	Pilot information technology
P-LA	Pilot program legislative authority
P-Less	Pilot program lessons learned
P-OA	Pilot organization/agencies
P-PE	Pilot provisional employment
P-Probs	Pilot problems
P-Proc	Pilot processes
P-Prod	Pilot products
P-Prov	Pilot provider types
P-Rev	Revision to original pilot program protocol
P-Staff	Pilot staffing
P-Suc	Pilot successes
P-T	Pilot throughput
P-UC	Pilot unintended consequences

Hierarchal Listing of Codes

Accounting of Pre-Pilot Activities

- Pre-pilot program legislative authority (PP-LA)
- Pre-pilot chronology (official version) (PPC-Off)
 - Pre-pilot goals (PP-G)
- Pre-pilot chronology (subterranean) (PPC-Sub)
- Pre-pilot champions/critics (PP-CC)
- Pre-pilot project innovations (PP-Innov)
- Pre-pilot lessons addressed in the pilot (PP-Less)
 - Pre-pilot successes (PP-Suc)
 - Pre-pilot problems (PP-Probs)
 - Pre-pilot program effectiveness (PP-Eff)

Inputs/Structure of Pre-Pilot Program

- Pre-pilot provider types (PP-Prov)
- Pre-pilot processes (PP-Proc)
 - Provisional employment (PP-PE)
 - Fitness determination (PP-Fit)
 - Disqualifying conditions (PP-Dis)
 - Appeals processes (PP-AP)
 - Enforcement (PP-Enf)
- Pre-pilot organization/agencies (PP-OA)
 - Pre-pilot staffing (PP-Staff)
 - Pre-pilot information technology (PP-IT)
- Pre-pilot costs (PP-C)
 - Who paid? (PPC-WP)
- Pre-pilot products (PP-Prod)
 - Pre-pilot throughput (PP-T)
 - Pre-pilot hit rate (PP-HR)

Accounting of Pilot Program Activities

- Pilot factors for participation (P-FP)
 - Pilot program goals (P-G)
- Pilot program legislative authority (P-LA)
- Pilot program chronology (official version) (PC-Off)
- Pilot program chronology (subterranean version) (PC-Sub)
- Pilot advocates/critics (P-CC)
- Pilot program innovations (P-Innov)
- Pilot program lessons learned (P-Less)
 - Pilot successes (P-Suc)
 - Pilot program problems (P-Probs)
 - Pilot program effectiveness (P-Eff)
 - Pilot unintended consequences (P-UC)
 - Pilot future concerns (P-FC)
- Current level of implementation (P-CLI)
- Revision to original pilot program protocol (P-Rev)

Inputs/Structure of Pilot Program

- Pilot provider types (P-Prov)
- Pilot processes (P-Proc)
 - Pilot provisional employment (P-PE)
 - Pilot fitness determination (P-Fit)
 - Pilot disqualifying conditions (P-Dis)
 - Pilot appeals processes (P-AP)
 - Pilot program enforcement (P-Enf)
- Pilot organization/agencies (P-OA)
 - Pilot staffing (P-Staff)
 - Pilot information technology (P-IT)
- Pilot costs (P-C)
 - Who paid? (PC-WP)
- Pilot products (P-Prod)
 - Pilot throughput (P-T)
 - Pilot hit rate (P-HR)

Appendix E: State Definitions of Direct Access Employees

**Table D.1
Definition of Direct Care Workers**

State	Description
Alaska	The provisions of AS 47.05.310 - 47.05.390 apply to any individual or entity that is required by statute or regulation to be licensed or certified by the department or that is eligible to receive payments, in whole or in part, from the department to provide for the health, safety, and welfare of persons who are served by the programs administered by the department. Specifically in 47.05.310, individual type of service employers are further defined, to include owner, officer, director, partner, member, principal, employee, independent contractor or volunteer of an entity.
Idaho	The definition of a direct patient access employee will be determined by each employer agency, but must include any employee, contractor, or agent who provides a direct care service to a patient. Because of the variety of other employee types at any given employer agency, i.e. Kitchen staff, janitorial staff, administrative staff, maintenance staff, who may or may not have direct patient access in some fashion, each employer agency will make the determination of who they will request the criminal history background check for other than direct care employer staff.
Illinois	<p>A direct access worker is defined as any individual in a position with duties that involve or may involve residents or access to the living quarters, financial, medical, or personal records of residents. This includes:</p> <ul style="list-style-type: none"> • Direct care workers which includes individuals providing nursing care or assistance with feeding, dressing, movement, bathing, toileting, or other personal needs; • Individuals licensed by the Department of Financial and Professional Regulation, such as nurses, social workers, physical therapists, occupational therapists, and pharmacists; • Individuals who provide services on site, through contract; and • Non-direct care workers, such as those who work in environmental services, food service, and administration. <p>Individuals who have direct access" does not include physicians or volunteers.</p>
Michigan	Direct access means access to the individual or the property of a patient, resident, or consumer of a long-term care facility or agency through employment or through a contract with such a facility or employer.
Nevada	NRS 449. 179 requires that all employees and independent contractors to have a background check. This excludes volunteers, or individuals who are hired by residents independent of a facility. AB 337 describes a Personal Care Attendant as an employee who provides assistance with activities of daily living, including the elimination of wastes from the body; dressing, bathing, grooming, preparation and eating of meals, laundry, shopping, cleaning, transportation and any other minor needs related to the maintenance of personal hygiene. Employees working with residents in hospitals with swing beds and skilled nursing facility beds would include any individual who provides direct nursing care, or regularly provides laboratory services, grooming with hair, activities, therapy, social services, maintenance, religious and/or nutritional services.
New Mexico	The Caregivers Criminal History Screening Act currently defines a caregiver as a person whose employment or contractual service with a care employer includes direct care or routine and unsupervised physical or financial access to any care recipient served by that employer.
Wisconsin	A caregiver is defined as a person who meets all of the following: 1) Employed by or under contract with an entity; 2) Has regular, direct contact with the entity's clients or the personal property of the clients; and 3) Is under the entity's control. This definition includes all employees providing direct care and may include housekeeping, maintenance, dietary, administrative staff, and contractors, if those persons are under the entity's control and have regular, direct contact with clients or the client's property.

Source: State Operational Protocols

Appendix F: Applicant Self-Disclosure Forms

Attachment One: Background Check Authorization Release Form

INSTRUCTIONS FOR COMPLETING THE RELEASE OF INFORMATION AUTHORIZATION

INSTRUCTIONS:

This form is a required document to the application.

If you have been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under AS 47.10, AS 47.24, or AS 47.62 or a substantially similar provision in another jurisdiction, or have committed medical assistance fraud under AS 47.05.210 or a substantially similar provision in another jurisdiction; or appeared on the centralized registry established under AS 47.05.330 or a similar registry of this state or another jurisdiction, please list this information in the Crime, Disposition and Date section.

This form must be signed and notarized. If the individual is 16-17 years of age, a parent signature must also be included on this form and notarized.

The optional section on Race/Ethnicity information is not mandatory information. This information is used for statistical purposes only and will not have any barring effect in regards to your background check.

Mail this completed form to:

**State of Alaska/Dept of H&SS
Division of Public Health
Background Check Unit
619 E. Ship Creek Ave., Ste. 232
Anchorage, AK 99501**

RELEASE OF INFORMATION AUTHORIZATION

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or fascimile copy) of this Authorization to Release Information by the department's authorized representative to release and disclose any and all information or records regarding me, including, but not limited to, juvenile justice information for juveniles age 16 to 20, my employment records, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for association with the agency.

I certify I have not been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a crime not listed below, been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under AS 47.10, AS 47.24, or AS 47.62 or a substantially similar provision in another jurisdiction, or to have committed medical assistance fraud under AS 47.05.210 or a substantially similar provision in another jurisdiction; or appeared on the centralized registry established under AS 47.05.330 or a similar registry of this state or another jurisdiction.

Please list crime(s) (if any) below (if more space is needed, please attach an additional page):

Crime _____ Disposition _____ Date _____
Crime _____ Disposition _____ Date _____
Crime _____ Disposition _____ Date _____

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with department guidelines.

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand that a willful misrepresentation of the information provided is cause for immediate denial or later revocation of authorization under AS 47.05.310.

Applications will not be processed for background check until the department has received the following documentation:

- Release of Information Authorization (sent by mail)
- Two Sets of Fingerprint Cards (sent by mail); Certification of Positive Identification for Fingerprinting, signed by the individual taking the fingerprints (sent by mail)
- Fingerprint processing Fees (sent by mail)

Applicant Signature _____ Date _____ Parent Signature (if applicable; see note below) _____ Date _____
Applicant Printed Name _____ Applicant SSN _____ Parent Printed Name _____

Note: A Parent permission signature and date is required for 16 and 17-year-old individuals; in addition to the 16/17-year-old individual's signature and date.

SUBSCRIBED and SWORN to before me this _____ day of _____ 20_____

Notary Public Signature _____

My Commission expires _____

Optional: State of Alaska Equal Employment Opportunity Questionnaire Before submitting this form, please complete these additional questions.
THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Note: These records are confidential and available only to federal and state personnel legally charged with administering civil rights laws and regulations. However, statistical information compiled from records on age, sex, and race shall be made available to the general public.

Race/Ethnicity Information: Alaska Native American Indian/Native American African American
 Hispanic Asian or Pacific Islander White

Idaho Written Disclosure

Policies include IDAPA 16.05.06.016 describing the requirement for disclosure and will be included in temp rule being developed. The CHU brochure “What You Should Know About the Criminal History Background Checks and the Application/Self-Declaration Form and Supplemental Form” is provided to each applicant. These documents are in draft form and included in attachments. A supply of Brochures and CHU business cards will be distributed to each provider agency.

Applicant completes Application/Self-declaration form on the CHU web site. The form includes statements

- I authorize the Department of Health & Welfare to obtain background and criminal history information from all sources deemed necessary and release it as required without liability and
- I understand if I have been convicted of any crime I may be contacted by the Department and asked to provide court documents and/or dispositions.
- I certify the information on this form and the attachments (if applicable) are true and correct to the best of my knowledge: I understand I am signing this document under penalty of perjury. I also understand that any fraud, misrepresentations or omissions in my answers may serve as the basis for my denial or dismissal.
- The applicant’s signature is required on the application/self-declaration form.
- The application has required fields and optional fields to collect demographic information, i.e. name, address, telephone; dob; ssn: birth state; sex, race, height, weight, eye-color; hair-color, Aliases; reason for application; provider agency name; address; telephone; fax; e-mail address; name of supervisor, signature and signature date.
- Disclosure questions are: (1) Have you ever been arrested or received a citation for any misdemeanor or felony offense? Answer yes even if the action resulted in dismissal, withheld judgment or the conviction was sealed. (2) Have you ever plead guilty or been convicted of a crime as an adult or juvenile? Answer YES even if you received a withheld judgment or the conviction was sealed. Include traffic violations such as DUI, Driving without Privileges, Reckless Driving, Inattentive Driving or Negligent Driving. (3) Do you have criminal charges pending or any warrants against you currently? (4) Have you ever been on probation in this or any other state? Answer YES even if the probation was unsupervised. (5) Have you or anyone in your home ever been involved in a child protection action with the Department of Health & Welfare? (6) Have you or anyone in your home ever been involved in an Adult Protection Action? (7) Have you ever had a Medicaid/Medicare provider exclusion from Health & Human Services office of Inspector General? (8) Has your driver’s license ever been suspended or revoked?
- The Web is designed to allow the applicant to list as many offenses as they have.
- Any YES answer to questions 1 through 8, automatically forwards the applicant to a supplemental page on the Web where details about the incident are completed by the applicant.
- The Supplemental Sheet includes space to enter:
 - What was the date of your arrest or citation?
 - Was this action while you were a adult or a juvenile?
 - What was the specific charge or offense at the time of arrest or citation?
 - Where did you appear in court? Fill in the city, and state and county.
 - What was the final charge determined by the court? Felony or Misdemeanor
 - _____
 - What was the final result of the court decision? Convicted Withheld judgment;
 - Dismissal; Other
 - What was your sentence? Please be specific and include:
 - The amount of jail time whether served or suspended.
 - The amount of any fines.
 - The amount of any restitution
 - Probation: Supervised Unsupervised
 - Time of probation: Date started to date ended
 - Who was your Probation Officer
 - City, county and state where probation was served.

- Did you have any probation violations? Yes No. If yes, what was the violation and when did it occur?
- Other requirements of the court (include community service, evaluations, counseling requirements, etc.
- What have you done to change your behavior since this incident?
- The Web is designed to forward to a supplemental sheet for each offense.

As per 4.1 above, the Application/Self-declaration form includes a statement:

- I authorize the Department of Health & Welfare to obtain background and criminal history information from all sources deemed necessary and release it as required without liability
- The applicant's signature is required on the application.



Illinois Department of Public Health

Attachment 2

Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: (217) 785-5133

Health Care Worker Background Check

Disclosure and Authorization for Criminal History Records Check

I hereby authorize the Illinois Department of Public Health (IDPH), IDPH's designee that tests nurse aides, or the health care employer to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non existence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH. I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my social security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name ___ Full Middle Name _____ Last Name _____

Mailing Address _____

Physical Address if different _____

Other Names Used: _____ Telephone _____

States Where You Have Lived? _____

Male Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - _____ - _____

- Race: **A** se, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander
- B** on having origins in any of the black racial groups of Africa
- I** can Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition
- U** eterminable race
- W** asian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

Have you ever had an administrative finding of Abuse, Neglect, or Theft? Yes No If "Yes", give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged or a juvenile conviction)? Yes No If "Yes", give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct: _____
(Signature)



LONG TERM CARE WORKFORCE BACKGROUND CHECK APPLICATION FORM

- Part 1 – Consent
- Part 2 – Disclosure
- Part 3 – Conditional Employment
- Part 4 – Applicant Rights
- Part 5 – Disclaimer

Michigan Public Acts 27, 28 and 29 of 2006 requires that a health facility or agency that is a:

- psychiatric facility
- ICF/MR
- nursing home
- county medical care facility
- hospice
- hospital that provides swing bed services
- home for the aged
- home health agency
- adult foster care facility

Shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health or adult foster care facility/agency until the health facility or agency conducts a criminal history check. *Hereafter, note that "clinical privileges" does not apply to adult foster care facility (AFC).*

An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health or adult foster care facility/agency and has received a good faith offer of employment, an independent contract, or clinical privileges shall give written consent at the time of application for the health or adult foster care facility/agency to conduct a criminal history check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

Health Facility or Agency

Date: _____

Name: _____

License Number: _____

The health or AFC facility/agency:

- a. May not knowingly employ a worker, having direct access to patients or residents, who has been convicted of a relevant crime or has been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property. "Direct access" means regular access to a patient or resident, or to a patient's or resident's property, financial information, medical records, treatment information, or any other identifying information.
- b. May terminate the background check or may determine not to hire the individual at any stage of the process.
- c. May, after completion of all relevant registry and database checks, determine that it is necessary to conditionally employ or conditionally grant clinical privileges pending the results of the state and federal fingerprint criminal history record check.
- d. Must ensure that any background check information provided will only be used for the purpose of determining an individual's suitability of employment in a long-term care setting.
- e. Must retain verification of compliance with background check requirements.
- f. Will make the final employment decision, and will notify the applicant.

Part 1 – Consent

Name of Applicant: _____

Application for:

	Check One	Name of Position Type
	Employment	
	Independent Contractor	
	Clinical Privileges <i>(does not apply to AFC)</i>	

As a condition of being considered for employment or hiring:

- a. I hereby consent to and authorize the health or AFC facility/agency to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a search of state and federal criminal history records that include a

fingerprint-based check. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Community Health, Human Services, Corrections, and State Police.

- b. I hereby authorize the release of any relevant information to the health or AFC facility/agency to be used to conduct the background check as required under Michigan Public Acts 27, 28 and 29 of 2006.
- c. I hereby provide the following information necessary to conduct a criminal background check:

Drivers License or State/Canadian ID Number		Place of Birth		Date of Birth	
Race	Height	Weight	Eye Color	Hair Color	

- d. I understand that the health or AFC facility/agency will make the final employment determination. I also understand that the health or AFC facility/agency may terminate the background check or determine not to hire at any stage of the process.
- e. I understand that the health or AFC facility/agency, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an applicant due to the employment decision.

Signature of Applicant

Date

Part 2 – Disclosure

- a. I hereby certify that I have not been convicted of a crime or offense that prohibits my employment, hire, or granting of clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006, within the applicable time period prescribed by each crime. (Request health or AFC facility/agency to provide the “legal guide” for review purposes.)

Signature of Applicant

Date

- b. I hereby certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of “not guilty by reason of insanity” for any crime.

Signature of Applicant

Date

- c. I hereby certify that I have not been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Signature of Applicant

Date

- d. I hereby disclose, by listing below, all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation therefore, and/or any substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

- e. I hereby certify that I have read the “legal guide” that lists the prohibited offenses as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse, or misappropriation of property (if any) is true, correct, and complete to the best of my knowledge.

Signature of Applicant

Date

Part 3 – Conditional Employment

If the health or AFC facility/agency determines it necessary to employ or grant clinical privileges pending the results of the state and federal criminal history background check, I understand the following:

- a. If the background check does not confirm my disclosure statement made above, my employment or clinical privileges will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged or set aside.
- b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of patient or resident neglect, abuse, or misappropriation of property; I may be guilty of a misdemeanor punishable by imprisonment for not more than 93 days and/or a fine of not more than \$500.00.
- c. Further, I understand that pursuant to Michigan Public Acts 27, 28 and 29 of 2006, I agree that as a condition of continued employment, either as an employee, independent contractor, or as an individual granted clinical privileges, I shall report in writing to the health or AFC facility/agency immediately upon being arraigned or convicted of one or more of the criminal offenses as described in the "legal guide", or upon becoming the subject of an order or dispositional finding of "Not Guilty by Reason of Insanity", or upon being the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property. Reporting of an arraignment is not cause for termination or denial of employment.

Signature of Applicant

Date

Part 4 – Applicant Rights

- a. I understand that upon my request, the health or AFC facility/agency must provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. I understand that if I believe the results of any disqualifying record information found on any relevant registry or database is inaccurate, that it is my responsibility to correct the record information by directly contacting the appropriate registry/database owner.
- c. I understand that if I believe the results of the criminal history fingerprint record is inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file an appeal to the appropriate state licensing or regulatory department.

Signature of Applicant

Date

Part 5 – Disclaimer

The State of Michigan is not responsible for any additional information, requirements, or use of any substitute forms that the above named health or AFC facility/agency provides to the applicant.

Nevada Revised Statutes 449.176 through 449.188 require that applicants complete this type of statement to be employed at an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups.

These statutes are available online at: <http://leg.state.nv.us/NRS/NRS-449.html>.

CRIMINAL HISTORY STATEMENT

Statements 1-10 below refer to any criminal conviction which may be either a felony or a misdemeanor.

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime.
4. I have never been convicted of abuse or neglect of a child or contributory delinquency.
5. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS.
6. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, or any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
7. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
8. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
9. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.
10. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
11. Within the past seven years, I have not been convicted of any felony involving the use of a firearm or other deadly weapon.

I affirm that the statements 1-11 above are true and correct. I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

Signature

Date

PRINT NAME

All documents submitted to the Department of Health become the sole property of the Department and are not returnable.

Applicant's Signature

____/____/____
Date

ATTENTION: Authorized Representative: Ensure this document is signed in your presence and Name, Social Security Number and Date of Birth information is verified with a valid ID.

Authorized Representative Signature

Title

____/____/____
Date

For Office Use ONLY	
Date Last Clearance	
Status Last Clearance	
PACT	

BACKGROUND INFORMATION DISCLOSURE INSTRUCTIONS

The Background Information Disclosure form (HFS64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) may not license, certify or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link. '

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS "ENTITIES")

Programs Regulated Under Chapter 48 of Wisconsin Statute	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated Under Chapters 50, 51, and 146 of Wisconsin Statute	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION: This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary, however your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health and Family Services' Caregiver Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. Failure to comply may result in a denial or revocation of your license, certification or registration; or denial or termination of your employment or contract. Refer to the attached instructions (HFS-64 A) for additional information. Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches.

Please print your answers.

Check the box that applies to you.

- Employee / Contractor (Including new applicant) Household member / lives on premises - but not a client
- Applicant for a license or certification or registration
(including continuation or renewal) Other - specify:

NOTE: If you are an owner, operator, board member, or nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any other names by which you have been known (including maiden name)		Birthdate	Gender (M / F)	Race
Address			Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)				

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? • If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) • If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) • If Yes , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? • If Yes , explain, including when and where it happened.		

Section A - Continued	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? <ul style="list-style-type: none"> • If Yes, explain, including when and where it happened. 		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? <ul style="list-style-type: none"> • If Yes, explain, including when and where it happened. 		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? <ul style="list-style-type: none"> • If Yes, explain, including credential name, limitations or restrictions, and time period. 		
Section B - OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied or revoked your license, certification or registration to provide care, treatment or educational services? <ul style="list-style-type: none"> • If Yes, explain, including when and where it happened. 		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? <ul style="list-style-type: none"> • If Yes, explain, including when and where it happened and the reason. 		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? <ul style="list-style-type: none"> • If Yes, attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. 		
4. Have you resided outside of Wisconsin in the last 3 years? <ul style="list-style-type: none"> • If Yes, list each state and the dates you lived there. 		
5. Have you had a caregiver background check done within the last 4 years? <ul style="list-style-type: none"> • If Yes, list the date of each check, and the name, address and phone number of the person, facility or government agency that conducted each check. 		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? <ul style="list-style-type: none"> • If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision. 		

A "NO" answer to all questions does not guarantee employment, residency, a contract or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions and as provided in HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
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Appendix G: Alaska Barrier Crimes

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10.905

January 5, 2007

The crimes listed in this document bar an individual from being associated in any manner described in 7 AAC 10.900(b) with any entity or individual service provider that is subject to the requirements of 7 AAC 10.900 – 7 AAC 10.990.

DISCLAIMER: this matrix is provided as an information tool only. The department does not warrant that the information in this document is accurate, nor should anyone rely upon this document as controlling legal authority regarding the time associated with any barrier crime. The regulations are the legal authority that should be relied upon and if there are any questions, individuals should refer to the regulations which will control if there are any discrepancies.

BARRIER CRIME <i>[See notes at end of table for conditions that increase some barrier times]</i>	A Barrier Within the Following Time Periods				See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	
AS 11.41.260 (stalking in the first degree) <i>Class C Felony</i>		X			(c)(1)
AS 11.41.270 (stalking in the second degree) <i>Class A Misdemeanor</i>			X		(d)(1)(C)
AS 11.41.300 (kidnapping)					
<i>Unclassified Felony</i>	X				(b)(1)
<i>Class A Felony</i> (victim released without serious injury . . .)	X				(b)(1)
AS 11.41.320 (custodial interference in the first degree) <i>Class C Felony</i> (“crime involving domestic violence”)	X				(b)(2)
AS 11.41.330 (custodial interference in the second degree) <i>Class A Misdemeanor</i>			X		(b)(1)(D)
AS 11.41.410 (sexual assault in the first degree) <i>Unclassified Felony</i> (“sex offense”)	X				(b)(1)
AS 11.41.420 (sexual assault in the second degree) <i>Class B Felony</i> (“sex offense”)	X				(b)(1)
AS 11.41.425 (sexual assault in the third degree) <i>Class C Felony</i> (“sex offense”)	X				(b)(11)
AS 11.41.427 (sexual assault in the fourth degree) <i>Class A Misdemeanor</i> (“sex offense”)	X				(b)(11)
AS 11.41.434 (sexual abuse of a minor in the first degree) <i>Unclassified Felony</i> (“sex offense”)	X				(b)(1)
AS 11.41.436 (sexual abuse of a minor in the second degree) <i>Class B Felony</i> (“sex offense”)	X				(b)(1)
AS 11.41.438 (sexual abuse of a minor in the third degree) <i>Class C Felony</i> (“sex offense”)	X				(b)(11)
AS 11.41.440 (sexual abuse of a minor in the fourth degree) <i>Class A Misdemeanor</i> (“sex offense”)	X				(b)(11)
AS 11.41.450 (incest) <i>Class C Felony</i> (“sex offense”)	X				(b)(11)
AS 11.41.452 (online enticement of a minor)					
<i>Class B Felony</i> if the defendant was required to register as a sex offender or child kidnapper (“sex offense”)	X				(b)(1) and (b)(3)
<i>Class C Felony</i> if not required to register as a sex offender or child kidnapper	X				(b)(3)
AS 11.41.455 (unlawful exploitation of a minor) <i>Class B Felony</i> (“sex offense”)	X				(b)(1)
AS 11.41.458 (indecent exposure in the first degree) <i>Class C Felony</i> (“sex offense”)	X				(b)(11)
AS 11.41.460 (indecent exposure in the second degree) (“sex offense”)					(b)(11)
<i>Class A misdemeanor</i> if before a person under 16 years of age;	X				(b)(5)
<i>Class B misdemeanor</i> if before a person 16 years of age or older	X				(b)(5)
AS 11.41.500 (robbery in the first degree) <i>Class A Felony</i>	X				(b)(1)
AS 11.41.510 (robbery in the second degree) <i>Class B Felony</i>	X				(b)(1)
AS 11.41.520 (extortion) <i>Class B Felony</i>	X				(b)(1)
AS 11.41.530 (coercion) <i>Class C Felony</i>			X		(d)(1)(E)

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10,905

January 5, 2007

The crimes listed in this document bar an individual from being associated in any manner described in 7 AAC 10.900(b) with any entity or individual service provider that is subject to the requirements of 7 AAC 10.900 – 7 AAC 10.990.

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BARRIER CRIME <i>[See notes at end of table for conditions that increase some barrier times]</i>	A Barrier Within the Following Time Periods				See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	
OFFENSES AGAINST PROPERTY					
AS 11.46.120 (theft in the first degree) <i>Class B Felony</i>		X			(c)(2)(A)
AS 11.46.130 (theft in the second degree) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.140 (theft in the third degree) <i>Class A Misdemeanor</i>				X	(e)(1)(A)
AS 11.46.220 (concealment of merchandise) if a <i>Class C Felony</i>			X		(d)(2)
AS 11.46.260 (removal of identification marks) if a <i>Class C Felony</i>			X		(d)(2)
AS 11.46.270 (unlawful possession) if a <i>Class C Felony</i>			X		(d)(2)
AS 11.46.280 (issuing a bad check)					
If <i>Class B Felony</i>		X			(c)(2)(B)
If <i>Class C Felony</i>			X		(d)(2)
AS 11.46.285 (fraudulent use of an access device)					
If <i>Class B Felony</i>		X			(c)(2)(C)
If <i>Class C Felony</i>			X		(d)(2)
AS 11.46.290 (obtaining an access device or identification document by fraudulent means) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.300 (burglary in the first degree) <i>Class B Felony</i>		X			(e)(2)(D)
AS 11.46.310 (burglary in the second degree) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.320 (criminal trespass in the first degree) <i>Class A Misdemeanor [if domestic violence crime]</i>				X	(e)(1)(B)
AS 11.46.360 (vehicle theft in the first degree) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.400 (arson in the first degree) <i>Class A Felony</i>	X				(b)(6)
AS 11.46.410 (arson in the second degree) <i>Class B Felony</i>	X				(b)(6)
AS 11.46.430 (criminally negligent burning) <i>Class A Misdemeanor [if domestic violence crime]</i>				X	(e)(1)(C)
AS 11.46.475 (criminal mischief in the first degree) <i>Class A Felony</i>		X			(c)(2)(E)
AS 11.46.480 (criminal mischief in the second degree) <i>Class B Felony</i>		X			(c)(2)(F)
AS 11.46.482 (criminal mischief in the third degree) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.484 (criminal mischief in the fourth degree) <i>Class A Misdemeanor [if domestic violence crime]</i>				X	(e)(1)(D)
AS 11.46.486 (criminal mischief in the fifth degree) <i>Class B Misdemeanor [if domestic violence crime]</i>				X	(f)(1)
AS 11.46.500 (forgery in the first degree) <i>Class B Felony</i>		X			(c)(2)(G)
AS 11.46.505 (forgery in the second degree) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.510 (forgery in the second degree) <i>Class A Misdemeanor</i>				X	(e)(1)(E)
AS 11.46.520 (criminal possession of a forgery device) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.530 (criminal simulation) <i>if a Class C Felony</i>			X		(d)(2)

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10,905

January 5, 2007

The crimes listed in this document bar an individual from being associated in any manner described in 7 AAC 10.900(b) with any entity or individual service provider that is subject to the requirements of 7 AAC 10.900 – 7 AAC 10.990.

DISCLAIMER: this matrix is provided as an information tool only. The department does not warrant that the information in this document is accurate, nor should anyone rely upon this document as controlling legal authority regarding the time associated with any barrier crime. The regulations are the legal authority that should be relied upon and if there are any questions, individuals should refer to the regulations which will control if there are any discrepancies.

BARRIER CRIME <i>[See notes at end of table for conditions that increase some barrier times]</i>	A Barrier Within the Following Time Periods				See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	
AS 11.46.550 (offering a false instrument for recording in the first degree) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.565 (criminal impersonation in the first degree) <i>Class B Felony</i>		X			(c)(2)(H)
AS 11.46.600 (scheme to defraud) <i>Class B Felony</i>		X			(c)(2)(I)
AS 11.46.620 (misapplication of property) if a <i>Class C Felony</i>			X		(d)(2)
AS 11.46.630 (falsifying business records) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.660 (commercial bribe receiving) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.670 (commercial bribery) <i>Class C Felony</i>			X		(d)(2)
AS 11.46.710 (deceptive business practices)					
<i>Class C Felony</i>			X		(d)(2)
<i>Class A Misdemeanor</i>				X	(e)(1)(F)
AS 11.46.730 (defrauding creditors)					
If <i>Class B Felony</i>		X			(c)(2)(J)
If <i>Class C Felony</i>			X		(d)(2)
AS 11.46.740 (criminal use of computer) <i>Class C Felony</i>			X		(d)(2)
OFFENSES AGAINST THE FAMILY AND VULNERABLE ADULTS					
AS 11.51.100 (endangering the welfare of a child in the first degree)					
If <i>Class B Felony</i> (if child dies)	X				(b)(7)(A)
If <i>Class C Felony</i> (if the child suffers sexual contact, sexual penetration, or serious physical injury)	X				(b)(7)(A)
If <i>Class A Misdemeanor</i> (if the child suffers physical injury)	X				(b)(7)(A)
AS 11.51.110 (endangering the welfare of a child in the second degree) <i>Violation</i>			X		(d)(3)(A)
AS 11.51.120 (criminal nonsupport)					
<i>Class C Felony</i>			X		(d)(3)(B)
<i>Class A Misdemeanor</i>				X	(e)(2)
AS 11.51.121 (aiding the nonpayment of child support in the first degree) <i>Class C Felony</i>			X		(d)(3)(C)
AS 11.51.130 (contributing to the delinquency of a minor) <i>Class A Misdemeanor</i>			X		(d)(3)(D)
AS 11.51.200 (endangering the welfare of a vulnerable adult in the first degree) <i>Class C Felony</i>	X				(b)(7)(B)
AS 11.51.210 (endangering the welfare of a vulnerable adult in the second degree) <i>Class A Misdemeanor</i>	X				(b)(7)(C)

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10,905

January 5, 2007

The crimes listed in this document bar an individual from being associated in any manner described in 7 AAC 10.900(b) with any entity or individual service provider that is subject to the requirements of 7 AAC 10.900 – 7 AAC 10.990.

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BARRIER CRIME <i>[See notes at end of table for conditions that increase some barrier times]</i>	A Barrier Within the Following Time Periods				See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	
OFFENSES AGAINST PUBLIC ADMINISTRATION					
AS 11.56.740 (violating a protective order) <i>Class A Misdemeanor [if domestic violence crime]</i>				X	(e)(3)(A)
AS 11.56.745 (interfering with a report of a crime involving domestic violence) <i>Class A Misdemeanor</i>				X	(e)(3)(B)
AS 11.56.750 (unlawful contact in the first degree) <i>Class A Misdemeanor</i>					(f)(2)
AS 11.56.755 (unlawful contact in the second degree) <i>Class B Misdemeanor or Violation</i>					(f)(2)
AS 11.56.765 (failure to report a violent crime committed against a child) <i>Class A Misdemeanor</i>			X		(d)(4)(A)
AS 11.56.807 (terroristic threatening in the first degree) <i>Class B Felony [if domestic violence crime]</i>		X			(c)(3)
AS 11.56.810 (terroristic threatening in the second degree) <i>Class C Felony [if domestic violence crime]</i>			X		(d)(4)(B)
AS 11.56.815 (tampering with public records in the first degree) <i>Class C Felony</i>			X		(d)(4)(C)
AS 11.56.835 (failure to register as a sex offender or child kidnapper in the first degree) <i>Class C Felony</i>	X				(b)(8)(A)
AS 11.56.840 (failure to register as a sex offender or child kidnapper in the second degree) <i>Class A Misdemeanor</i>	X				(b)(8)(B)
OFFENSES AGAINST PUBLIC ORDER					
AS 11.61.120 (harassment) <i>Class B Misdemeanor [if domestic violence crime]</i>					(f)(3)
AS 11.61.123 (indecent viewing or photography)					
<i>Class C Felony</i>	X				(b)(9)(A)
<i>Class A Misdemeanor</i>	X				(b)(9)(A)
AS 11.61.125 (distribution of child pornography) (“sex offense”)					
<i>Class A Felony</i>	X				(b)(9)(B)
<i>Class B Felony</i>	X				(b)(9)(B)
AS 11.61.127 (possession of child pornography) <i>Class C Felony (“sex offense”)</i>	X				(b)(9)(B)
AS 11.61.128 (electronic distribution of indecent material to a minor)					
<i>Class B Felony if the defendant was required to register as a sex offender or child kidnapper</i>	X				(b)(3)
<i>Class C Felony if not required to register as a sex offender or child kidnapper</i>	X				(b)(3)
AS 11.61.130 (misconduct involving a corpse) <i>Class A Misdemeanor</i>			X		(d)(5)(A)
AS 11.61.140 (cruelty to animals) <i>Class A Misdemeanor</i>			X		(d)(5)(B)
AS 11.61.145 (promoting an exhibition of fighting animals, if a <i>Class C Felony</i>)			X		(d)(5)(C)
AS 11.61.190 (misconduct involving weapons in the first degree) <i>Class A Felony</i>		X			(c)(4)(A)
AS 11.61.195 (misconduct involving weapons in the second degree) <i>Class B Felony</i>		X			(c)(4)(B)
AS 11.61.200 (misconduct involving weapons in the third degree) <i>Class C Felony</i>			X		(d)(5)(D)

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10.905

January 5, 2007

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BARRIER CRIME <i>[See notes at end of table for conditions that increase some barrier times]</i>	A Barrier Within the Following Time Periods				See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	
AS 11.61.240 (criminal possession of explosives)					
Class A Felony		X			(c)(4)(C)
Class B Felony		X			(c)(4)(C)
Class C Felony			X		(d)(5)(E)
Class A Misdemeanor				X	(e)(4)
AS 11.61.250 (unlawful furnishing of explosives) <i>Class C Felony</i>			X		(d)(5)(F)
OFFENSES AGAINST PUBLIC HEALTH AND DECENCY					
AS 11.66.110 (promoting prostitution in the first degree)					
Class A Felony – If the person who was induced or caused to engage in prostitution was under 16 years of age	X				(b)(10)(A)
Class B Felony					
If the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense (“sex offense”)	X				(b)(10)(A)
If the person who was induced or caused to engage in prostitution was 18 years of age at the time of the offense		X			(c)(5)
AS 11.66.120 (promoting prostitution in the second degree) <i>Class C Felony</i>					
If the person who was induced or caused to engage in prostitution was under 16 years of age	X				(b)(10)(B)
If the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense (“sex offense”)	X				(b)(10)(B)
If the person who was induced or caused to engage in prostitution was 18 years of age at the time of the offense			X		(d)(6)
AS 11.66.130 (promoting prostitution in the third degree) <i>Class A Misdemeanor</i>					
If the person who was induced or caused to engage in prostitution was under 16 years of age	X				(b)(10)(C)
If the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense (“sex offense”)	X				(b)(10)(C)
CONTROLLED SUBSTANCES					
AS 11.71.010 (misconduct involving a controlled substance in the first degree) <i>Unclassified Felony</i>		X			(c)(6)
AS 11.71.020 (misconduct involving a controlled substance in the second degree) <i>Class A Felony</i>		X			(c)(6)
AS 11.71.030 (misconduct involving a controlled substance in the third degree) <i>Class B Felony</i>		X			(c)(6)
AS 11.71.040(a)(1), (a)(2), (a)(5), (a)(6), (a)(7), (a)(8), (a)(10) (misconduct involving a controlled substance in the fourth degree) <i>Class C Felony</i>			X		(d)(7)

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10.905

January 5, 2007

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BARRIER CRIME <i>[See notes at end of table for conditions that increase some barrier times]</i>	A Barrier Within the Following Time Periods				See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	
IMITATION CONTROLLED SUBSTANCES					
AS 11.73.010 (manufacture or delivery of an imitation controlled substance) <i>Class C Felony</i>			X		(d)(8)
AS 11.73.020 (possession of substance with intent to manufacture) <i>Class C Felony</i>			X		(d)(8)
AS 11.73.030 (delivery of an imitation controlled substance to a minor) <i>Class B Felony</i>	X				(c)(7)
AS 11.73.040 (advertisement to promote the delivery of an imitation controlled substance) <i>Class C Felony</i>			X		(d)(8)
OTHER CRIMES					
AS 21.36.360 (fraudulent or criminal insurance acts)					
<i>Class B Felony</i>		X			(c)(8)
<i>Class C Felony</i>			X		(d)(10)
AS 28.35.030 (operating a vehicle, aircraft or watercraft while intoxicated)					
(n) – A <i>Class C Felony</i> (if the person convicted has been previously convicted two or more times since January 1, 1996, and within 10 years preceding the date of the present offense)		X			(c)(9)
AS 28.35.032 (refusal to submit to chemical test)					
(p) – A <i>Class C Felony</i> (if the person is convicted under this section and either has been previously convicted two or more times since January 1, 1996, and within the 10 years preceding the date of the present offense, or punishment under this subsection or under AS 28.35.030(n) was previously imposed within the last 10 years)		X			(c)(10)
AS 47.30.815 (limitation of liability; bad faith application a felony [willful initiation of an involuntary civil commitment procedure without good cause] <i>Felony</i>)			X		(d)(11)

**BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10.905
January 5, 2007**

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BARRIER CRIME <i>[See notes at end of table for conditions that increase some barrier times]</i>	A Barrier Within the Following Time Periods				See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	
IMPORTANT NOTES					
(1) Under AS 12.62.900(23) “serious offense” means a conviction for a violation or for an attempt, solicitation, or conspiracy to commit a violation of any of the following laws, or of the laws of another jurisdiction with substantially similar elements: (A) a felony offense; (B) a crime involving domestic violence; (C) AS 11.41.410–11.41.470; (D) AS 11.51.130 or 11.51.200–11.56.210-; (E) AS 11.61.110(a)(7) or 11.61.125; (F) As 11.66.100–11.66.130; (G) former AS 11.15.120, former 11.15.134, or assault with the intent to commit rape under former AS 11.15.160; or (H) former AS 11.40.080, 11.40.110, 11.40.130, or 11.40.200–11.40.420, if committed before January 1, 1980.					
(2) Under AS 12.63.100(6) “sex offense” means (A) a crime under AS 11.41.100(a)(3) [murder in the first degree], or a similar law of another jurisdiction, in which the person committed or attempted to commit a sexual offense, or a similar offense under the laws of the other jurisdiction; in the subparagraph, “sexual offense” has the meaning given in AS 11.41.100(a)(3); (B) a crime under AS 11.41.110(a)(3), or a similar law of another jurisdiction, in which the person committed or attempted to commit one of the following crimes, or a similar law of another jurisdiction: (i) sexual assault in the first degree; (ii) sexual assault in the second degree; (iii) sexual abuse of a minor in the first degree; or (iv) sexual abuse of a minor in the second degree; (C) a crime, or an attempt, solicitation, or conspiracy to commit a crime, under the following statutes or a similar law of another jurisdiction: (i) AS 11.41.410–11.41.438; (ii) AS 11.41.440(a)(2); (iii) AS 11.41.450–11.41.458; (iv) AS 11.41.460 if the indecent exposure is before a person under 16 years of age and the offender has a previous conviction for that offense; (v) AS 11.61.125 or 11.61.127; (vi) AS 11.66.110 or 11.66.130(a)(2) if the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense, or (vii) former AS 11.15.120, former 11.15.134, or assault with the intent to commit rape under former AS 11.15.160, former AS 11.40.110, or former 11.40.200.					
(3) Under AS 18.66.990(3) “domestic violence” and “crime involving domestic violence” mean one or more of the following offenses or an offense under a law or ordinance of another jurisdiction having elements similar to these offenses, or an attempt to commit the offense, by a household member against another household member: (A) a crime against the person under AS 11.41; (B) burglary under AS 11.46.300–11.46.310; (C) criminal trespass under AS 11.46.320–11.46.330; (D) arson or criminally negligent burning under AS 11.46.400–11.46.430; (E) criminal mischief under AS 11.46.475–11.46.486; (F) terrorist threatening under AS 11.56.807 or 11.56.810; (G) violating a protective order under AS 11.56.740(a)(1); or (H) harassment under AS 11.61.120(a)(2)-(4).					
(4) Regardless of the barrier crimes listed above – or the barrier times shown above – the following is a permanent barrier under 7 AAC 10.905(b)(3): a crime that is a felony and involves a victim who was a child under 18 years of age at the time of the conduct, including a crime where the perpetrator was a person responsible for the child’s welfare; in this paragraph, “person responsible for the child’s welfare” has the meaning given in AS 47.17.290					
(5) Even though some class B felonies are not classified as permanent barriers, if there is a conviction for two or more those felonies, that constitutes a permanent barrier under 7 AAC 10.905(b)(12).					
(6) AS 47.05.310(c) provides: The department may not issue or renew a license or certification for an entity if an individual is applying for a license, license renewal, certification, or certification renewal for the entity and that (1) individual has been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under AS 47.10, AS 47.24, or AS 47.62 or a substantially similar provision in another jurisdiction, or to have committed medical assistance fraud under AS 47.05.210 or a substantially similar provision in another jurisdiction; or (2) individual’s name appears on the centralized registry established under AS 47.05.330 or a similar registry of this state or another jurisdiction.					

Appendix H: Illinois Disqualifying Offenses

TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER: MISCELLANEOUS PROGRAMS AND SERVICES
PART 955 HEALTH CARE WORKER BACKGROUND CHECK CODE
SECTION 955.160 DISQUALIFYING OFFENSES

Section 955.160 Disqualifying Offenses

The following offenses are disqualifying under the Act and this Part. Offenses marked with an asterisk (*) were added to the Act effective January 1, 2004:

a) Violations under the Criminal Code of 1961:

- 1) Solicitation of murder, solicitation of murder for hire [720 ILCS 5/8-1.1 and 8-1.2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 8-1.1 and 8-1.2);
- 2) Murder, homicide, manslaughter or concealment of a homicidal death [720 ILCS 5/9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3; Ill. Rev. Stat. 1985, ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 3, 236, 358, 360, 361, 362, 363, 364, 364a, 365, 370, 373, 373a, 417, and 474);
- 3) Kidnapping or child abduction [720 ILCS 5/10-1, 10-2, 10-5, and 10-7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-1, 10-2, 10-5, and 10-7; Ill. Rev. Stat. 1985, ch. 38, par. 10-6; Ill. Rev. Stat. 1961, ch. 38, pars. 384 to 386);
- 4) Unlawful restraint or forcible detention [720 ILCS 5/10-3, 10-3.1, and 10-4] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-3, 10-3.1, and 10-4; Ill. Rev. Stat. 1961, ch. 38, pars. 252, 252.1, and 252.4);
- 5) Indecent solicitation of a child, sexual exploitation of a child, exploitation of a child, child pornography [720 ILCS 5/11-6, 11-9.1, 11-19.2, and 11-20.1] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-6, 11-19.2, and 11-20.1; Ill. Rev. Stat. 1983, ch. 38, par. 11-20a; Ill. Rev. Stat. 1961, ch. 38, pars. 103 and 104);
- 6) Assault; aggravated assault; battery; battery of an unborn child; domestic battery; aggravated domestic battery*; aggravated battery; heinous battery; aggravated battery with a firearm; aggravated battery with a machine gun or a firearm equipped with a silencer*; aggravated battery of a child; aggravated battery of an unborn child; aggravated battery of a senior citizen; or drug-induced infliction of great bodily harm [720 ILCS 5/12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-3.3*, 12-4, 12-4.1, 12-4.2, 12-4.2-5*, 12-4.3, 12-4.4, 12-4.6, and 12-4.7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7; Ill. Rev. Stat. 1985, ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 55, 56, and 56a to 60b);
- 7) Tampering with food, drugs, or cosmetics [720 ILCS 5/12-4.5] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-4.5).

- 8) Aggravated stalking [720 ILCS 5/12-7.4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-7.4);
- 9) Home invasion [720 ILCS 5/12-11] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-11);
- 10) Criminal sexual assault; aggravated criminal sexual assault; predatory criminal sexual assault of a child; criminal sexual abuse; aggravated criminal sexual abuse [720 ILCS 5/12-13, 12-14, 12-14.1, 12-15, and 12-16] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-1, 11-2, 11-3, 11-4, 11-5, 12-13, 12-14, 12-15, and 12-16; Ill. Rev. Stat. 1985, ch. 38, pars. 11-1, 11-4, and 11-4.1; Ill. Rev. Stat. 1961, ch. 38, pars. 109, 141, 142, 490, and 491);
- 11) Abuse and gross neglect of a long-term care facility resident [720 ILCS 5/12-19] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-19);
- 12) Criminal abuse or neglect of an elderly or disabled person [720 ILCS 5/12-21] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-21);
- 13) Endangering the life or health of a child [720 ILCS 5/12-21.6] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354; Ill. Rev. Stat. 1961, ch. 38, par. 95);
- 14) Ritual mutilation, ritualized abuse of a child [720 ILCS 5/12-32 and 12-33] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-32 and 12-33);
- 15) Theft; theft of lost or mislaid property*; retail theft; financial identity theft*; aggravated financial identity theft* [720 ILCS 5/16-1, 16-2*, 16A-3, 16G-15*, and 16G-20*] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 16-1, 16-2, and 16A-3; Ill. Rev. Stat. 1961, ch. 38, pars. 62, 207 to 218, 240 to 244, 246, 253, 254.1, 258, 262, 262a, 273, 290, 291, 301a, 354, 387 to 388b, 389, 393 to 400, 404a to 404c, 438, 492 to 496);
- 16) Financial exploitation of an elderly person or a person with a disability [720 ILCS 5/16-1.3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 16-1.3);
- 17) Forgery [720 ILCS 5/17-3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 17-3; Ill. Rev. Stat. 1961, ch. 38, pars. 151 and 277 to 286);
- 18) Robbery, armed robbery, aggravated robbery [720 ILCS 5/18-1, 18-2, and 18-5] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 18-1 and 18-2);
- 19) Vehicular hijacking, aggravated vehicular hijacking [720 ILCS 5/18-3 and 18-4];
- 20) Burglary, residential burglary [720 ILCS 5/19-1 and 19-3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 19-1 and 19-3; Ill. Rev. Stat. 1961, ch. 38, pars. 84 to 86, 88, and 501);
- 21) Criminal trespass to a residence [720 ILCS 5/19-4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 19-4);
- 22) Arson, aggravated arson, residential arson* [720 ILCS 5/20-1, 20-1.1, and 20-1.2*] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 20-1 and 20-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 48 to 53 and 236 to 238);

23) Unlawful use of weapons, unlawful use or possession of weapons by felons or persons in the custody of Department of Corrections facilities*; aggravated discharge of a firearm; aggravated discharge of a machine gun or a firearm equipped with a silencer; reckless discharge of a firearm; aggravated unlawful use of a weapon*; unlawful discharge of firearm projectiles*; unlawful sale or delivery of firearms on the premises of any school* [720 ILCS 5/24-1, 24-1.1*, 24-1.2, 24-1.2-5*, 24-1.5, 24-1.6*, 24-3.2*, and 24-3.3*] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.5, 24-1.6, 24-3.2, and 24-3.3; Ill. Rev. Stat. 1961, ch. 38, pars. 152, 152a, 155, 155a to 158b, 414a to 414c, 414e, and 414g);

24) Armed violence [720 ILCS 5/33A-2] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 33A-2).

b) Violations under the Wrongs to Children Act:

1) Endangering life or health of a child [720 ILCS 150/4] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354);

2) Permitting sexual abuse of a child* [720 ILCS 150/5.1*] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2355.1).

c) Violations under the Illinois Credit Card and Debit Card Act:

1) Receiving a stolen credit or debit card* [720 ILCS 250/4*] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5917);

2) Receiving a lost or mislaid card* [720 ILCS 250/5*] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5918);

3) Sale or purchase of card without user's consent* [720 ILCS 250/6] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5919);

4) Prohibited use of a credit card* [720 ILCS 250/8*] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5921);

5) Fraudulent use of electronic transmission* [720 ILCS 250/17.02*] (formerly Ill. Rev. Stat. 1991, ch. 17, par. 5930.2).

d) Violation under the Criminal Jurisprudence Act: Cruelty to children (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2368).

e) Violations under the Cannabis Control Act: Manufacture, delivery, or trafficking of cannabis; delivery of cannabis on school grounds or delivery to person under 18; violation by person under 18; calculated criminal cannabis conspiracy [720 ILCS 550/5, 5.1, 5.2, 7, and 9] (formerly Ill. Rev. Stat. 1991, ch. 56½, pars. 705, 705.1, 705.2, 707, and 709).

f) Violations under the Illinois Controlled Substances Act: manufacture, delivery or trafficking of controlled substances, calculated criminal drug conspiracy [720 ILCS 570/401, 401.1, 404,

405, 405.1, 407, and 407.1] (formerly Ill. Rev. Stat. 1991, ch. 56½, pars. 1401, 1401.1, 1404, 1405, 1405.1, 1407, and 1407.1).

g) Violation under the Nursing and Advanced Practice Nursing Act: practice of nursing without a license* [225 ILCS 65/10-5*] (formerly Ill. Rev. Stat. 1991, ch. 111, par. 3506).

Source: Illinois State Administrative Code

<http://www.ilga.gov/commission/jcar/admincode/077/077009550001600R.html>

Appendix I: Michigan Disqualifying Offenses

This is an excerpt from Act No. 28 Public Acts of 2006, Enrolled Senate Bill 621:

Except as otherwise provided in subsection (2), a health facility or agency that is a nursing home, county medical care facility, hospice, hospital that provides swing bed services, home for the aged, or home health agency shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility or agency after the effective date of this section if the individual satisfies 1 or more of the following:

(a) Has been convicted of a relevant crime described under 42 USC 1320a-7.

(b) Has been convicted of any of the following felonies, an attempt or conspiracy to commit any of those felonies, or any other State or Federal crime that is similar to the felonies described in this subdivision, other than a felony for a relevant crime described under 42 USC 1320a-7, unless 15 years have lapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction prior to the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat of the use of force or violence.

(ii) A felony involving cruelty or torture.

(iii) A felony under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r.

(iv) A felony involving criminal sexual conduct.

(v) A felony involving abuse or neglect.

(vi) A felony involving the use of a firearm or dangerous weapon.

(vii) A felony involving the diversion or adulteration of a prescription drug or other medications.

(c) Has been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime described under 42 USC 1320a-7 or a felony described under subdivision (b), unless 10 years have lapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction prior to the date of application for employment or clinical privileges or the date of the execution of the independent contract.

(d) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a State or Federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 10 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

(ii) A misdemeanor under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r.

(iii) A misdemeanor involving criminal sexual conduct.

(iv) A misdemeanor involving cruelty or torture unless otherwise provided under subdivision (e).

(v) A misdemeanor involving abuse or neglect.

(e) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a State or Federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 5 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age.

(ii) A misdemeanor involving home invasion.

(iii) A misdemeanor involving embezzlement.

(iv) A misdemeanor involving negligent homicide.

(v) A misdemeanor involving larceny unless otherwise provided under subdivision (g).

(vi) A misdemeanor of retail fraud in the second degree unless otherwise provided under subdivision (g).

(vii) Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under subdivision (d), (f), or (g).

(f) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a State or Federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 3 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.

(ii) A misdemeanor of retail fraud in the third degree unless otherwise provided under subdivision (g).

(iii) A misdemeanor under part 74 unless otherwise provided under subdivision (g).

(g) Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a State or Federal crime that is substantially similar to the misdemeanors described in this subdivision, within the year immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

(i) A misdemeanor under part 74 if the individual, at the time of conviction, is under the age of 18.

(ii) A misdemeanor for larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.

(h) Is the subject of an order or disposition under section 16b of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.16b.

(i) Has been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a State or Federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3 or 1396r.

Appendix J: Medicaid Match Rates

Federal Medical Assistance Percentages, Effective October 1, 2006 - September 30, 2007 (Fiscal Year 2007)

State	Federal Medical Assistance Percentages
Alaska	51.07 %
Idaho	70.36 %
Illinois	50.00 %
Michigan	56.38 %
Nevada	53.93 %
New Mexico	71.93 %
Wisconsin	57.47 %

The "Federal Medical Assistance Percentages" are for Medicaid. Section 1905(b) of the Social Security Act specifies the formula for calculating Federal Medical Assistance Percentages as follows:

"Federal medical assistance percentage" for any State shall be 100 per centum less the State percentage; and the State percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such State bears to the square of the per capita income of the continental United States (including Alaska and Hawaii); except that the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum.

Source: *Federal Register*/Volume 70, No. 229/Wednesday, November 30, 2005/Notices

Appendix K: Section 307 of the MMA

SEC. 307. PILOT PROGRAM FOR NATIONAL AND STATE BACKGROUND CHECKS ON DIRECT PATIENT ACCESS EMPLOYEES OF LONG-TERM CARE FACILITIES OR PROVIDERS.

(a) **AUTHORITY TO CONDUCT PROGRAM.**—The Secretary, in consultation with the Attorney General, shall establish a pilot program to identify efficient, effective, and economical procedures for long term care facilities or providers to conduct background checks on prospective direct patient access employees.

(b) **REQUIREMENTS.**—

(1) **IN GENERAL.**—Under the pilot program, a long-term care facility or provider in a participating State, prior to employing a direct patient access employee that is first hired on or after the commencement date of the pilot program in the State, shall conduct a background check on the employee in accordance with such procedures as the participating State shall establish.

(2) **PROCEDURES.**—

(A) **IN GENERAL.**—The procedures established by a participating State under paragraph (1) should be designed to—

(i) give a prospective direct access patient employee notice that the long-term care facility or provider is required to perform background checks with respect to new employees;

(ii) require, as a condition of employment, that the employee—

(I) provide a written statement disclosing any disqualifying information;

(II) provide a statement signed by the employee authorizing the facility to request national and State criminal history background checks;

(III) provide the facility with a rolled set of the employee's fingerprints; and

(IV) provide any other identification information the participating State may require;

(iii) require the facility or provider to check any available registries that would be likely to contain disqualifying information about a prospective employee of a long-term care facility or provider; and

(iv) permit the facility or provider to obtain State and national criminal history background checks on the prospective employee through a 10- fingerprint check that utilizes State criminal records and the Integrated Automated Fingerprint Identification System of the Federal Bureau of Investigation.

(B) **ELIMINATION OF UNNECESSARY CHECKS.**— The procedures established by a participating State under paragraph (1) shall permit a long-term care facility or provider to terminate the background check at any stage at which the facility or provider obtains disqualifying information regarding a prospective direct patient access employee.

(3) **PROHIBITION ON HIRING OF ABUSIVE WORKERS.**—

(A) **IN GENERAL.**—A long-term care facility or provider may not knowingly employ any direct patient access employee who has any disqualifying information.

(B) **PROVISIONAL EMPLOYMENT.**—

(i) **IN GENERAL.**—Under the pilot program, a participating State may permit a long-term care facility or provider to provide for a provisional period of employment for a direct patient access employee pending completion of a

background check, subject to such supervision during the employee's provisional period of employment as the participating State determines appropriate.

(ii) SPECIAL CONSIDERATION FOR CERTAIN FACILITIES AND PROVIDERS.—In determining what constitutes appropriate supervision of a provisional employee, a participating State shall take into account cost or other burdens that would be imposed on small rural long-term care facilities or providers, as well as the nature of care delivered by such facilities or providers that are home health agencies or providers of hospice care.

(4) USE OF INFORMATION; IMMUNITY FROM LIABILITY.—

(A) USE OF INFORMATION.—A participating State shall ensure that a long-term care facility or provider that obtains information about a direct patient access employee pursuant to a background check uses such information only for the purpose of determining the suitability of the employee for employment.

(B) IMMUNITY FROM LIABILITY.—A participating State shall ensure that a long-term care facility or provider that, in denying employment for an individual selected for hire as a direct patient access employee (including during any period of provisional employment), reasonably relies upon information obtained through a background check of the individual, shall not be liable in any action brought by the individual based on the employment determination resulting from the information.

(5) AGREEMENTS WITH EMPLOYMENT AGENCIES.—A participating State may establish procedures for facilitating the conduct of background checks on prospective direct patient access employees that are hired by a long-term care facility or provider through an employment agency (including a temporary employment agency).

(6) PENALTIES.—A participating State may impose such penalties as the State determines appropriate to enforce the requirements of the pilot program conducted in that State.

(c) PARTICIPATING STATES.—

(1) IN GENERAL.—The Secretary shall enter into agreements with not more than 10 States to conduct the pilot program under this section in such States.

(2) REQUIREMENTS FOR STATES.—An agreement entered into under paragraph (1) shall require that a participating State—

(A) be responsible for monitoring compliance with the requirements of the pilot program;

(B) have procedures by which a provisional employee or an employee may appeal or dispute the accuracy of the information obtained in a background check performed under the pilot program; and

(C) agree to—

(i) review the results of any State or national criminal history background checks conducted regarding a prospective direct patient access employee to determine whether the employee has any conviction for a relevant crime;

(ii) immediately report to the entity that requested the criminal history background checks the results of such review; and

(iii) in the case of an employee with a conviction for a relevant crime that is subject to reporting under section 11 28E of the Social Security Act 11 (42 U.S.C. 1320a–7e), report the existence of such conviction to the database established under that section.

(3) APPLICATION AND SELECTION CRITERIA.—

(A) APPLICATION.—A State seeking to participate in the pilot program established under this section, shall submit an application to the Secretary containing such information and at such time as the Secretary may specify.

(B) SELECTION CRITERIA.—

(i) IN GENERAL.—In selecting States to participate in the pilot program, the Secretary shall establish criteria to ensure—

- (I) geographic diversity;
- (II) the inclusion of a variety of long-term care facilities or providers;
- (III) the evaluation of a variety of payment mechanisms for covering the costs of conducting the background checks required under the pilot program; and
- (IV) the evaluation of a variety of penalties (monetary and otherwise) used by participating States to enforce the requirements of the pilot program in such States.

(ii) ADDITIONAL CRITERIA.—The Secretary shall, to the greatest extent practicable, select States to participate in the pilot program in accordance with the following:

(I) At least one participating State should permit long-term care facilities or providers to provide for a provisional period of employment pending completion of a background check and at least one such State should not permit such a period of employment.

(II) At least one participating State should establish procedures under which employment agencies (including temporary employment agencies) may contact the State directly to conduct background checks on prospective direct patient access employees.

(III) At least one participating State should include patient abuse prevention training (including behavior training and interventions) for managers and employees of long-term care facilities and providers as part of the pilot program conducted in that State.

(iii) INCLUSION OF STATES WITH EXISTING PROGRAMS.— Nothing in this section shall be construed as prohibiting any State which, as of the date of the enactment of this Act, has for conducting background checks on behalf of any entity described in subsection (g)(5) from being selected to participate in the pilot program conducted under this section.

(d) PAYMENTS.—Of the amounts made available under subsection (f) to conduct the pilot program under this section, the Secretary shall—

(1) make payments to participating States for the costs of conducting the pilot program in such States; and

(2) reserve up to 4 percent of such amounts to conduct the evaluation required under subsection (e).

(e) EVALUATION.—The Secretary, in consultation with the Attorney General, shall conduct by grant, contract, or inter-agency agreement an evaluation of the pilot program conducted under this section. Such evaluation shall—

(1) review the various procedures implemented by participating States for long-term care facilities or providers to conduct background checks of direct patient access employees and identify the most efficient, effective, and economical procedures for conducting such background checks;

(2) assess the costs of conducting such background checks (including start-up and administrative costs);

(3) consider the benefits and problems associated with requiring employees or facilities or providers to pay the costs of conducting such background checks;

(4) consider whether the costs of conducting such background checks should be allocated between the medicare and medicaid programs and if so, identify an equitable methodology for doing so;

(5) determine the extent to which conducting such background checks leads to any unintended consequences, including a reduction in the available workforce for such facilities or providers;

(6) review forms used by participating States in order to develop, in consultation with the Attorney General, a model form for such background checks;

(7) determine the effectiveness of background checks conducted by employment agencies; and

(8) recommend appropriate procedures and payment mechanisms for implementing a national criminal background check program for such facilities and providers.

(f) FUNDING.—Out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary to carry out the pilot program under this section for the period of fiscal years 2004 through 2007, \$25,000,000.

(g) DEFINITIONS.—In this section:

(1) CONVICTION FOR A RELEVANT CRIME.—The term “conviction for a relevant crime” means any Federal or State criminal conviction for—

(A) any offense described in section 1128(a) of the Social Security Act (42 U.S.C. 1320a–7); and

(B) such other types of offenses as a participating State may specify for purposes of conducting the pilot program in such State.

(2) DISQUALIFYING INFORMATION.—The term “disqualifying information” means a conviction for a relevant crime or a finding of patient or resident abuse.

(3) FINDING OF PATIENT OR RESIDENT ABUSE.—The term “finding of patient or resident abuse” means any substantiated finding by a State agency under section 1819(g)(1)(C) or 1919(g)(1)(C) of the Social Security Act (42 U.S.C. 1395i–3(g)(1)(C), 1396r(g)(1)(C)) or a Federal agency that a direct patient access employee has committed—

(A) an act of patient or resident abuse or neglect or a misappropriation of patient or resident property; or

(B) such other types of acts as a participating State may specify for purposes of conducting the pilot program in such State.

(4) DIRECT PATIENT ACCESS EMPLOYEE.—The term “direct patient access employee” means any individual (other than a volunteer) that has access to a patient or resident of a long-term care facility or provider through employment or through a contract with such facility or provider, as determined by a participating State for purposes of conducting the pilot program in such State.

(5) LONG-TERM CARE FACILITY OR PROVIDER.—

(A) IN GENERAL.—The term “long-term care facility or provider” means the following facilities or providers which receive payment for services under title XVIII or XIX of the Social Security Act:

(i) A skilled nursing facility (as defined in section 1819(a) of the Social Security Act) (42 U.S.C. 1395i–3(a)).

(ii) A nursing facility (as defined in section 1919(a) in such Act) (42 U.S.C. 1396r(a)).

- (iii) A home health agency.
- (iv) A provider of hospice care (as defined in section 1861 (dd)(1) of such Act) (42 U.S.C. 1395x(dd)(1)).
- (v) A long-term care hospital (as described in section 1886(d)(1)(B)(iv) of such Act) (42 U.S.C. 1395ww(d)(1)(B)(iv)).
- (vi) A provider of personal care services.
- (vii) A residential care provider that arranges for, or directly provides, long-term care services.
- (viii) An intermediate care facility for the mentally retarded (as defined in section 1905(d) of such Act) (42 U.S.C. 1396d(d)).

(B) ADDITIONAL FACILITIES OR PROVIDERS.—

During the first year in which a pilot program under this section is conducted in a participating State, the State may expand the list of facilities or providers under subparagraph (A) (on a phased-in basis or otherwise) to include such other facilities or providers of long-term care services under such titles as the participating State determines appropriate.

(C) EXCEPTIONS.—Such term does not include—

- (i) any facility or entity that provides, or is a provider of, services described in subparagraph (A) that are exclusively provided to an individual pursuant to a self-directed arrangement that meets such requirements as the participating State may establish in accordance with guidance from the Secretary; or
- (ii) any such arrangement that is obtained by a patient or resident functioning as an employer.

(6) PARTICIPATING STATE.—The term “participating State” means a State with an agreement under subsection (c)(1).