



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVE • HARTFORD, CONNECTICUT 06105

Current Date

Owner Name
Owner Address 1
Owner Address 2
Owner City, State, Zip Code

RE: Fingerprints Required for Enrollment

ATN #
AVRS#

Dear (Owner Name):

This letter is to inform you that you are required to submit to a fingerprint-based criminal background check (FCBC) as a condition of enrollment or re-enrollment in the Connecticut Medical Assistance Program (CMAP). The Affordable Care Act (ACA), as defined in 42 CFR 455.434, requires fingerprint-based criminal background checks of individuals who have indicated 5 percent or greater direct or indirect ownership in a provider or supplier identified as “high” risk.

“High” risk providers (as defined in 42 CFR 424.518(c) and 42 CFR 455.450(e)) include the following: 1) newly enrolling home health agencies; 2) newly enrolling durable medical equipment, prosthetics, orthotics, and supplies providers (including hearing aid dealers); and 3) providers and suppliers who have been elevated to the high risk category in accordance with enhanced screening requirements.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE. You must submit your fingerprints to DSS within 30 days of the date of this letter. If you do not submit your fingerprints, your CMAP application will be denied, or in the case of a re-enrolling provider, your CMAP enrollment will be terminated and you will no longer be eligible to receive reimbursement for services rendered to CMAP clients.

Attached below are the following documents:

- FCBC instructions;
- Form DPS 125C-Fingerprint Card;
- Self-addressed envelope;
- “Agency Privacy Requirements for Noncriminal Justice Applicants,” “Noncriminal Justice Applicant’s Privacy Rights,” and “FBI Privacy Act Statement.”

You may be exempt from the FCBC, if you have already successfully completed a FCBC for another state within the past two (2) years. In order to be considered for this exemption, you must provide all of the following information to DSS within 30 days of the date of this letter:

- The name of the state where the FCBC was processed;
- The date of the fingerprint submission
- A contact number of the State Medicaid Agency that processed your provider enrollment/re-enrollment application.

Please fax this information, including your current Connecticut enrollment/re-enrollment ATN, to Nicole Sinisgalli at 860-424-4945.

For additional information, please contact Mike Flynn at (860) 424-5265, DSS Provider Relations.

Sincerely,

Provider Enrollment Unit
Department of Social Services



STATE OF CONNECTICUT
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Fingerprint Criminal Background Check Instructions

1) Fingerprint Card:

- The enclosed DPS-125C fingerprint card provided must be used. No other fingerprint card, or photocopy of a fingerprint card, may be used.
- Please complete the front of the card and sign it at the time that your fingerprints are taken. The form fields are detailed on page 3 of these instructions. A valid government issued photo identification card (e.g., driver's license, state ID, military ID, passport) must be presented at the time of your fingerprinting. The information contained on your ID must match the information provided.

It is extremely important that all information on the fingerprint card is printed neatly and legibly. Cards will be returned and the entire process delayed if anything is deemed illegible.

- **Do not fold the fingerprint card**; folding will damage the fingerprint card.

2) Where to obtain your fingerprints:

- For locations to obtain your fingerprints, please contact your local police department. Please note, some law enforcement agencies offer fingerprinting to the public on certain days and times or by appointment.
- In addition, law enforcement agencies charge a fee to take fingerprints; you are required to cover this cost.

3) Submission:

- All individuals with a 5 percent or more direct or indirect ownership or controlling interest in an enrolling or re-enrolling "high risk" provider or supplier must submit to a national fingerprint based background check (FCBC). Fingerprints must be submitted to the Department of Social Services **within 30 days of this letter**. Failure to do so will result in the termination of the provider's current Connecticut Medical Assistance Program enrollment.
- In the enclosed self-addressed envelope, please include the following documents and mail back to the Department of Social Services:
 - ◇ Completed fingerprint card;
 - ◇ Copy of your valid government issued photo identification card.
- Your fingerprints will be used to conduct criminal history checks with the Federal Bureau of Investigations and the Department of Emergency Services and Public Protection.

The following blocks on the fingerprint card must be completed: (type or print all information in black ink):

- **NAME** (*Last, First, Middle; include complete middle name*)
- **SIGNED (Person fingerprinted)** (*sign at the time that your fingerprints are taken*)
- **MAIDEN OR OTHER NAME** (*including maiden names or previous names*)
- **SOCIAL SECURITY #** (*self-explanatory*)
- **RESIDENCE** (*Applicants street address including city and state*) **NO P.O. BOX**
- **PLACE OF BIRTH** (*place of birth; State, if within U.S., otherwise Country*)
- **SEX** (*Single letter, M for male, F for female*)
- **RACE** (*W for White or Hispanic, B for Black, A for Asian, I for American Indian*)
- **HGT** (*Use inches or feet/inch designation, 5 feet 6 inches, is either 5'6" or 66"*)
- **WGT** (*Use three numbers; 210 pounds is 210; 145 pounds is 145*)
- **HAIR** (*BLK for Black, BLN for Blond, BRO for Brown, GRY for Gray, RED for Red, WHT for White, XXX for Bald*)
- **EYES** (*Use three letters; BLU for Blue; BRO for Brown; HAZ for Hazel; GRN for Green; GRY for Gray; BLK for Black*)
- **DATE OF BIRTH** (*MM/DD/YYYY; January 4, 1980 would be 01/04/1980*)
- **SIGNATURE OF PERSON TAKING PRINTS** (*Do not complete*)
- **DATE** (*MM/DD/YYYY; April 14, 2016 would be 04/14/2016*)
- **CITIZENSHIP** (*country of which you are a citizen, for example U.S. for United States*)

Agency Privacy Requirements for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must provide to the applicant written notification¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials must ensure that an applicant receives, and acknowledges receipt of, an adequate Privacy Act Statement when the applicant submits his/her fingerprints and associated personal information.²
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the employment, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34.
- Officials should not deny the employment, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.³

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

If you need additional information or assistance, contact:

<p>Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification ⁴ by _____ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. ⁵
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. ⁶

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. ⁷

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If you need additional information or assistance, please contact:

<p>Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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Applicant Signature: _____ **Date:** _____

⁴ Written notification includes electronic notification, but excludes oral notification.

⁵ <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

⁶ See 28 CFR 50.12(b).

⁷ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

FBI Privacy Act Statement

*This privacy act statement is located on the back of the **FD-258 fingerprint card**.*

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

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

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

As of 03/30/2018

Applicant Signature: _____ **Date:** _____