

## Fingerprint-Based Criminal Background Check Requirement

In accordance with 42 CFR § 455.434 and 42 CFR § 455.450(c), provider types designated as “high-risk” are subject to the Fingerprint-based Criminal Background Check (FCBC). This includes all “high-risk” providers revalidating or newly enrolling as a Medicaid provider:

- B8 – BEHAVIORAL HEALTH RESIDENTIAL FACILITY
- CH – COMMUNITY HEALTH WORKER ORGANIZATIONS
- IC – INTEGRATED CLINICS
- 22 – NURSING HOMES
- 23 – HOME HEALTH AGENCY
- 28 – NON-EMERGENCY TRANSPORTATION PROVIDERS
- 30 – DME SUPPLIER
- 35 – HOSPICE
- 77 – BH OUTPATIENT CLINIC
- 95 – NON-MEDICARE CERTIFIED HOME HEALTH AGENCIES

Providers that meet the criteria for criminal background checks as a high-risk to the State Medicaid Program include the following:

- Individual high-risk providers (such as individual Non-Emergency Medical Transportation providers),
- A person with a 5 percent or more direct or indirect ownership interest in a high-risk provider, and
- All Directors, Executive Directors, Chief Executive Officers, and Presidents listed publicly on the Arizona Corporation Commission Entity Information page under the Principal Information Section.

Non-profit organizations may utilize the options below for further identifying individuals to be fingerprinted:

- If an existing nonprofit organization uploads their most recent IRS Form 990 Return of Organization Exempt from Income Tax, and a list of the names of their Principal Officer, Executive Director, Chief Executive Officer, and/or President, only those individuals identified shall be required to undergo the FCBC process in lieu of any directors listed publicly on the ACC Entity Information page under the Principal Information Section.
- If a newly established nonprofit organization uploads to APEP their IRS Determination Letter, only the individual addressed in the letter shall be required to go through the FCBC process, in lieu of all the directors listed on the ACC Information page under the Principal Information Section.

Employees who do not meet the criteria above are **not** required to complete the FCBC.

For information on risk levels by provider type, see the [Provider Enrollment Screening Glossary](#).

### Examples:

Person A is an individual provider categorized as “high-risk.” Person A has employees but no co-owners. Only Person A is subject to the FCBC requirement.

Person B owns a Home Health Agency. Person B has 4 employees who each have a 5% ownership interest and 2 employees who do not have any ownership interest. Person B and the 4 employees with 5% ownership interest are all subject to the FCBC requirement. The 2 employees without any ownership interest are not subject to the FCBC requirement.

Person C is the Executive Director of a non-profit integrated clinic. The non-profit clinic has a statutory agent, Executive Director, and 5 additional employees. Only the Executive Director is subject to the FCBC requirement. The statutory agent and the other 5 employees are not subject to the FCBC requirement.

**Frequent Question:**

**Is an FBI background check or Fingerprint Clearance card from another state acceptable?**

Pursuant to 42 CFR 455.434, a State Medicaid agency must require a high-risk provider, or any individual with a 5% or more ownership interest in a high-risk provider, to submit a set of fingerprints in a form and manner that is determined by the State Medicaid agency. AHCCCS has partnered with the Arizona Department of Public Safety (DPS) to ensure consistency in running fingerprint-based background checks. DPS runs a full criminal background check for every individual. AHCCCS cannot ensure consistency for all providers by accepting an FBI background check or fingerprint clearance card from another state for some individuals while requiring other individuals to undergo the FCBC process through DPS.