

**INDEPENDENT CARE HEALTH PLAN
POLICY/PROCEDURE**

Department: Quality Improvement	Policy: Caregiver Background Checks
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POLICY:

In the interest of the safety and welfare of Independent Care Health Plan’s (*iCare*) members, *iCare* requires its contracted organizational providers (hereinafter referred to as “provider”) to perform Caregiver Background Checks (CBC) as required by Wis. Admin. Codes §§ DHS 12 and 13. The *iCare* Credentialing Department (CD) staff verifies that this requirement is being met through the process below and in accordance with *QI-008 IDP Caregiver Background Check Validation Process*. The target for completion of the CBC validation for providers that are not regulated by the Division of Quality Assurance (DQA) is 45 business days from the date the staff list is received by Network Development (ND) from the provider.

Independent Care maintains the ability to discontinue the contracting process or terminate existing Service Agreements based on the outcome of the validation process per *QI-008 IDP Caregiver Background Check Validation Process*.

DEFINITIONS/Acronyms:

- **Caregiver: (Definition from The Wisconsin Caregiver Program Manual 4/2015)**
 - A caregiver is a person who is all of the following:
 - Employed by or under contract with an entity;
 - Has regular, direct contact with the entity’s clients or the personal property of the clients; and
 - Is under the entity’s control.
 - A caregiver is also a person who is one of the following:
 - The owner or administrator of an entity, whether or not they have regular, direct contact with the clients; or
 - A board member or corporate officer who has regular, direct contact with the clients served
- **CS:** Credentialing Specialist
- **DHS:** Department of Health Services
- **DQA:** Division of Quality Assurance
- **DQA Regulated Entities:** Providers that are regulated by the DQA, see Table 1 below:

Table 1 DQA Regulated Entities

<ul style="list-style-type: none"> • Adult Day Care • Adult Family Homes (3-4 bed homes) • Alcohol and Other Drug Abuse Treatment Programs • Ambulatory Surgical Centers • Clinical Laboratories • Community Based Residential Facilities • Corporate Guardianships • End Stage Renal Dialysis 	<ul style="list-style-type: none"> • Hospices • Hospitals • Mental Health Treatment Programs • Nursing Homes • Outpatient Rehabilitation • Personal Care Agencies • Residential Care Apartment Complexes • Rural Health Clinics
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<ul style="list-style-type: none"> • Facilities Serving People with Developmental Disabilities (FDDs) (also known as Intermediate Care Facilities for Individuals with Intellectual Disabilities ICF/IID) • Home Health Agencies 	<ul style="list-style-type: none"> • Traumatic Brain Injury Units • Ventilator Units
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- LTC: Long term care
- Non-DQA Regulated Entities: The DQA does not regulate the following long term care providers, see Table 2 below:

Table 2 Non-DQA LTC Service Provider Regulated Entities

<ul style="list-style-type: none"> • Adaptive aids • Adult Family Homes (1-2 bed homes) • Assistive technology/communication aids • Care/case management • Consultative clinical and therapeutic services for caregivers • Consumer education and training services • Counseling and therapeutic services • Environmental accessibility adaptations • Financial management services • Habilitation services • Home delivered meals • Housing counseling 	<ul style="list-style-type: none"> • Personal emergency response system • Prevocational services • Relocation services • Self-directed personal care services • Specialized medical equipment and supplies • Supported employment • Training services for unpaid caregivers • Transportation (specialized transportation)-community transportation • Transportation (specialized transportation) – other transportation • Vocational futures planning and support <p>*this is not an all-inclusive list for those providers that require a CBC but are not regulated by the DQA.</p>
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- Nonclient Resident: A nonclient resident is a person who is 10 years of age or older who is not a client of the entity but who resides at the entity and is expected to have regular, direct contact with entity clients (e.g., owner’s family member).
- PCS: Provider Contract Specialist
- Regular, Direct Contact: “Regular” means contact that is planned, scheduled, expected, or periodic. “Direct contact” when used in reference to a person’s contact with clients, means face-to-face physical proximity to a client that affords the opportunity to commit abuse or neglect of a client or misappropriation of a client’s property. NOTE: “Staff” in the context of this policy includes the provider’s employees, volunteers, and nonclient residents.

PROCESS:

- 1) Initial contracting
 - a) Prospective providers are required to conduct CBCs on all staff who meets the Department of Health Services (DHS) definition (see definitions above) of caregiver as

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- required by Wis. Admin. Codes §§ DHS 12 and 13. Providers must attest to and provide documentation related to their CBC process prior to contracting with *iCare*. For provider types who are not regulated by DQA, the CS must verify and validate the provider’s CBC compliance prior to the execution of a provider contract.
- b) Within five days of receipt, the PCS sends the signed CBC attestation to the CS and the CS files the attestation electronically in the provider’s organizational credentialing file. This completes the process for DQA Regulated Entities.
 - c) For Non-DQA Regulated Entities, steps d) through i) below are followed.
 - d) Within five days of receipt, the PCS sends the staff list to orgcbc@icare-wi.org. (Process is further defined in QI-008 IDP).
 - e) The CS randomly selects 10% of the staff on the list for review. A minimum of 10 and maximum of 30 names are selected. If the staff list is comprised of 10 or fewer individuals, all are selected.
 - f) The CS notifies the provider to submit the following documents as part of the initial CBC validation and verification. (Alternate sources of information may be acceptable according to industry standards):
 - i) DHS Background Information Disclosure (BID) Statement: dated and signed by the employee (DHS Form F-82064A);
 - ii) Copy of the Department of Justice (DOJ) Criminal History Request (DOJ Form DJ-LE-250 for single name requests or DJ-LE-250A to search multiple names);
 - iii) Copy of the response to CBC (DHS Form F-82065); and/or
 - iv) Copy of the Wisconsin Nurse Aide Registry Query.
 - g) Using the CBC audit tool, the CS verifies that the CBC was performed in compliance with Wis. Adm. Codes §§ DHS 12 and 13 (See also *QI-008 IDP Caregiver Background Check Validation Process*) for each staff person selected for review. The CS also verifies that if applicable based on hire date, the four year reverification documentation has been supplied.
 - h) When all elements are met, according to the CBC audit tool, the CS notifies the PCS that the provider has passed the CBC validation.
 - i) If the provider is unable to produce the CBC documentation for the identified staff sample within 21 business days of the request, the CS notifies the PCS, and the PCS does not proceed with the contracting process unless alternate arrangements are made to meet the documentation submission requirements.
- 2) Ongoing CBC Monitoring for Organizational Providers:
- a) As part of the ongoing quality monitoring process for CBC validation, the CS performs annual verification audits for up to 10% of the contracted providers quarterly.
 - b) The CS requests an updated staff list from the provider and selects a 10% sample from their staff list. A minimum of 10 and maximum of 30 names are selected. If the staff list is comprised of 10 or fewer individuals, all are selected.
 - c) The CBC validation process repeats beginning with the steps in section 1) f) above.

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3) Non-compliance

- a) Providers fail the CBC validation process if either of the following occurs:
 - i) Provider fails to respond to the request for documentation; and/or
 - ii) Provider's documentation does not meet CBC criteria outlined in Wis. Adm. Codes §§ DHS 12 and 13.
- b) Following the determination of a failed CBC validation review, the CS immediately notifies the PCS of the results.
- c) The CS notifies the provider in writing of the CBC validation results. For providers that are servicing existing *iCare* members, the CS expedites the provider notification process.
- d) If applicable, the PCS consults with Network Development, Care Management, Family Care Partnership, and/or other appropriate *iCare* staff for developing a transition plan for affected members.

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Responsible Party: Credentialing, Quality Improvement, Network Development
References: Wisconsin Administrative Codes §§DHS 12 and 13, Wis. Stats. §50.065, The Wisconsin Caregiver Program Manual, Wisconsin Department of Health Services, Division of Long Term Care Family Care Partnership Contract
Recommended Distribution: All staff via iCare intranet site

Approval:



Thomas Lutzow, President/CEO

12-29-15

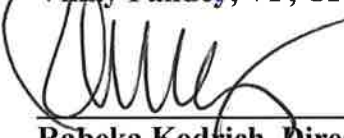
Date



Vinay Pandey, VP, CIO/CQO

12/23/15


Date



Rabeka Kodrich, Director of QI

12/21/15

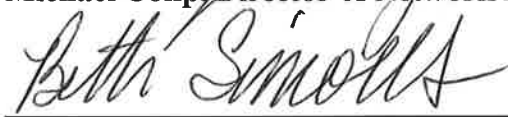
Date



Michael Colip, Director of Network Development

12/21/15

Date



Beth Simons, Credentialing Manger

12/21/2015

Date

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