



DIVISION OF QUALITY ASSURANCE
1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 608-266-7376
www.dhfs.state.wi.us

Date: June 2, 2008 DQA Memo 08-015

To: Certified Mental Health and AODA Programs CMHA - 02
Community Based Residential Facilities CBRF - 07
Facilities for the Developmentally Disabled FDD - 07
Home Health Agencies HHA - 04
Hospices HSPC - 07
Hospitals HOSP - 09
Licensed Adult Family Homes AFH - 06
Nursing Homes NH - 11
Residential Care Apartment Complexes RCAC - 06

From: Shari Busse, Director Kevin Coughlin, Director
Office of Caregiver Quality Bureau of Assisted Living

Creneear Mims, Director Paul Peshek, Director
Bureau of Health Services Bureau of Nursing Home Resident Care

cc: Otis Woods, Administrator
Division of Quality Assurance

**Notice of Mandatory Requirement to Submit
Four-Year Renewal of Licensee Background Check Information**

This memo serves as official notice to entity license holders/legal representatives that the Division of Quality Assurance (DQA) is now conducting the required four-year renewal of licensee background checks.

Response Required to Complete Four-Year Renewal Process

Regardless of when you last submitted an application for licensure, certification or registration, if you wish the license approval to continue, you must submit the completed forms for the required four-year renewal process. Pursuant to 50.065(6)(am), Stats. and HFS 12.05, Wis. Admin. Code, failure to comply with any provision of background information gathering requirements subjects entities to certain sanctions, including denial, revocation, non-renewal, or suspension of regulatory approval.

As the license holder/legal representative, you must comply with the requirements of this notice by June 30, 2008. Access the DQA Regulated Entity Background Check Process web page at <http://dhfs.wisconsin.gov/caregiver/fouryear.htm> to obtain the necessary forms for the *Existing License Holder Four-Year Renewal Background Check Process*.

STEP 1

Identify the appropriate person(s) who must complete the Background Information Disclosure (BID) and BID Appendix forms:

- **License Holder or Legal Representative** – An individual, or legal representative for an organization that does not have a single owner who has regulatory approval to operate any entity regulated by DQA, whether or not the person has regular, direct contact with clients.
- **Principal officers, corporation or board members** of the business organization, if those persons have regular, direct contact with clients.
- **Nonclient residents** – Individuals who are ten years of age and older, who are not clients, but who reside at the entity if those persons have regular, direct contact with clients.

STEP 2

As the license holder or legal representative, you must ensure that you, your appropriate board members who have client contact and your nonclient residents who are ten years of age and older do the following:

1. Complete a new **Background Information Disclosure** (BID) form, HFS-64 (Rev. 02/08). Do not send copies of prior background check forms or results of earlier background checks.
2. Complete a **Background Information Disclosure Appendix** form, HFS-69 (Rev. 01/08).
 - A. If you are the license holder or legal representative for multiple facilities, you may submit one BID and one BID Appendix, if you check the box in Section 3 of the BID Appendix; and
 - B. Attach a list of all DQA-regulated facilities, including the Facility Name, Facility Address (Street, City, State, Zip Code), Facility license or certification number (if known), and facility type for each license, certification, or registration.

For a list of facilities on record for your organization, e-mail a request to DHFSCaregiverPilot@wisconsin.gov. The request must include the license holder or legal representative's name and the organization or corporation name.

STEP 3

Submit all forms with an **\$8.00 processing fee for each person**, payable by check to the "Division of Quality Assurance":

4-Year Entity Background Checks
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701-2969

The processing fee is required, unless it was paid the as part of an initial DQA program application in 2008. If you are unsure if you meet this exemption, include the fee. The fee will be returned if Department records indicate it is not necessary.

Submit to the Department only the forms and fee for the license holder or legal representative, appropriate board members, and non-client residents by June 30, 2008. Do not submit forms for employees to DQA.

Caregiver Background Check Resources

See the website at <http://dhfs.wisconsin.gov/caregiver/index.htm> for more information, including background check forms, rules and regulations, and contact information. There are a variety of useful tools on the Caregiver Program website including:

- WI Caregiver Program Manual <http://dhfs.wisconsin.gov/caregiver/publications/CgvrProgMan.htm>
- Background Check Forms <http://dhfs.wisconsin.gov/caregiver/BkgdFormsINDEX.HTM>
- DQA Regulated Entity Background Check Process
<http://dhfs.wisconsin.gov/caregiver/CBCprocess.htm>
- Wisconsin Caregiver Misconduct Registry <http://dhfs.wisconsin.gov/caregiver/misconduct.HTM>

If you have any questions, contact the Office of Caregiver Quality via e-mail at DHFSCaregiverPilot@wisconsin.gov.