**Employer Screening Acceptance (ESA) for Self-Direction Program - CCW**

Background screening processes for the Community Choices Waiver (CCW) are conducted by the Financial Management Services (FMS) provider on behalf of the Wyoming Medicaid, Home and Community Based Services Section (HCBS State Program) to verify the employee candidate qualifies to provide personal care services and receive payment for these services through Wyoming Medicaid within the participant-directed option.

The following screenings are conducted:

* National Sex Offender (NSO) Registry
* Wyoming Central Registry of Abuse and Neglect of Children and Vulnerable Adults (DFS Central Registry)
* Office of Inspection General (OIG) Exclusion List
* National Criminal Background screening

As the designated Employer, I acknowledge the following (please initial on each line):

The person I choose to provide my services must complete and pass the background screening process during their initial enrollment and every five (5) years from that date as long as they are providing services to me.

* + I understand that if the person I choose to provide my services does not consent to the background screening process, the individual cannot provide services or receive payment for those services through the HCBS State Program participant-directed option.
  + I understand that if this person does not pass the background screening process to the satisfaction of the HCBS requirements, they will not qualify to receive payment through the HCBS participant-directed option.
  + I understand that the FMS Provider will request and/or search and view the records of law enforcement agencies, Wyoming Department of Family Services, and other federal and state records as outlined above.
  + As part of the screening process, I understand that it is my responsibility to initiate the DFS Central Registry request. Once the employee receives the email link, it is my responsibility to verify the employee personal information that is being entered into the electronic DFS Central Registry request prior to submission.

If I wish to do so, I may choose to allow my chosen employee(s) to provide services after the FMS Provider has confirmed receipt of all required enrollment information and the HCBS State Program has authorized the services to be provided, even if all of the screening results have not been received.

* + I acknowledge the risk of this choice and understand that, if the person I choose to provide my services does not pass the screenings, they will not be allowed to continue providing services or receiving payment through the HCBS participant-directed option beyond the date the screening results are communicated to the Employer by the FMS Provider.
  + I understand that if the person I choose to provide my services has a conviction or pending deferred prosecution of, or has pled “no contest” to, any of the crimes listed in Wyoming State Statute Title 6, Chapter 2: Offenses Against The Person, or State Statute Title 6, Chapter 4: Offenses Against Morals, Decency and Family, they will not qualify to receive payment through the HCBS Participant Directed Option for services provided.
  + I understand that if the person I choose to provide my services is listed in the NSO or DFS Central Registry, or within the OIG Exclusion List, they do not qualify to receive payment through the HCBS participant-directed option for services provided.

If the screening results support the employee candidate’s qualification to provide services, the results will be shared with you to support you in making an informed employment decision. It is your responsibility to share the screening results and outcome of the screenings with your employee(s) as required.

If the background screenings for the employee candidate result in the discovery of conviction or pending deferred prosecution of, “no contest” pleading to any of the crimes listed above, or they are found in the NSO or DFS Central Registry, OIG database, the FMS Provider will contact you via email to share the determination and provide information on your responsibilities to the employee candidate as the hiring employer.

Neither the FMS Provider nor the HCBS State Program have the authority to reverse a qualifying determination based on information received from the screening agencies.

If you, as the hiring employer, make a decision not to move forward with the offer of employment based on information contained in the screening results, it is your responsibility to provide the background results and contact information for the appropriate agency or agencies to allow the employee candidate to request additional information or correction of their background record(s). This contact information will be provided to you with the screening results.

Please initial the line below that identifies the action you wish to take:

As the hiring party, I wish to allow my chosen employee candidate(s) to begin providing services prior to the complete receipt of final background screening results.

As the hiring party, I wish to wait until the final background screening results have been fully received to begin receiving services from my employee candidate(s).

This document will be kept on file with ACES$ for each participant, and will be used for current and future employee enrollments. If the Employer wishes to change the screening election for hiring of new employees, a new ESA form will need to be completed and submitted to ACES$. Any new ESA form will take the place of the prior ESA form on file.

Employer Signature Date

Employer Printed Name Participant Printed Name

*\* Please submit completed form to ACES$\**