

ATTENTION!! IMMEDIATE ACTION REQUIRED!!!

FAILURE TO COMPLY WILL IMPACT YOUR JOB AS A PAS/CHORE PROVIDER

Please read ALL of the information in this packet!

This is only an *At a Glance page* for your convenience. *More information on each topic can be found on the following pages.*


PRIVACY STATEMENT: 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.

QUICK STEPS to keep your job as a PAS or CHORE provider:

- Pay the fee online at: www.ne.gov/go/nsp . Failure to select **MEDICAID PROVIDER – HIGH RISK** will result in Medicaid not receiving notice of your payment.
- Get your fingerprints taken at a Live Scan location (Preferred Method).
- Mail the completed fingerprint cards to the Nebraska State Patrol if not printed at a Live Scan location.
NEBRASKA STATE PATROL
ATTN: CID
4600 INNOVATION DR
LINCOLN NE 68521-5422

Select Transaction Item(s)
Transaction Item
Medicaid Provider- High Risk 

If you do not wish to supply fingerprints as requested, please contact Maximus **IMMEDIATELY** at nebraskamedicaidpse@maximus.com or 844-374-5022 to disenroll as a provider or to stop the enrollment process.

COVID-19 (Coronavirus) related information

To limit the spread of COVID-19 (Coronavirus), all fingerprinting locations are now requiring an appointment. **PLEASE CALL AHEAD OF TIME AND SCHEDULE YOUR APPOINTMENT. YOU MUST CALL YOUR DESIRED LOCATION – PROVIDER SCREENING AND ENROLLMENT DOES NOT SCHEDULE OR ADMINISTER FINGERPRINTING.**

Please ensure you have read through all information and reviewed all examples. If you continue to have additional questions, please contact Provider Screening & Enrollment at:

Email: DHHS.MedicaidProviderEnrollment@nebraska.gov

Phone: 402-471-9018

If you have questions or concerns, please call or email **BEFORE** taking action to ensure the procedure is completed correctly.

ADDITIONAL DOCUMENTS INCLUDED:

- ❖ FINGERPRINTING STEPS & PAYMENT INFORMATION
- ❖ EXAMPLE FINGERPRINT CARD
- ❖ FAQ

FINGERPRINT FEES AND PROCEDURE

FAILURE TO COMPLY WITH THE ENCLOSED REQUEST IN 30 DAYS WILL LEAD TO:

- Denial/termination of your Medicaid provider agreement
- No payment for services provided after your agreement is terminated
- Placement of your name on the Nebraska Medicaid Provider Excluded List *which may prevent you from obtaining employment elsewhere.*

FAILURE TO FOLLOW THESE INSTRUCTIONS CAREFULLY CAN DELAY PROCESSING.

CRIMINAL BACKGROUND CHECKS ARE NOT EXPEDITED FOR ANY REASON.

COST: *The person being fingerprinted is responsible for paying the cost of \$45.25* (subject to change).

Payment can be made:

ONLINE (Preferred method): www.ne.gov/go/nsp (You must select Medicaid Provider – High Risk)

CHECK, MONEY ORDER, OR CASHIER'S CHECK: Send to the Nebraska State Patrol (NSP) at: Nebraska State Patrol, ATTN: CID, 4600 INNOVATION DR, LINCOLN NE 68521-5422. *You must indicate the name of the person for whom the background check is requested for and that the payment is for Medicaid Provider – High Risk.* You may include your payment with your prints if applicable.

ADDITIONAL FEES: The NSP does not charge an additional fee for the service of taking your fingerprints. However, **other locations may charge an additional fee.** It is an additional fee separate from the fee for processing your prints and running the background check. *It is the responsibility of the provider to know if their fingerprint location charges an additional fee and for the payment of such fee.*

FINGERPRINTING STEPS:

- Call your preferred location to make an appointment. **LiveScan locations are the preferred method.** If it is not a NSP location, inquire if there are additional fees for having your prints taken.
- On the day of your appointment arrive on time with your ID. Acceptable forms of ID have been included in this packet.
- Review the Example Fingerprint Card (included) to ensure your card has been completed correctly. Errors can lead to delays. **DO NOT SIGN** the card until you are instructed to do so by the individual taking your prints.
- If your Fingerprint Card is not pre-filled with the ORI#, it is NB920187Z, DHHS-Medicaid Lincoln NB. Otherwise, do not write in this section of your fingerprint card if it has been preprinted with the information.
- If you are using a LiveScan location, you will NOT be given cards to submit on your own.
- If you obtain your prints from another law enforcement agency, request the person who took your fingerprints to place the cards in the pre-addressed envelope provided. *Providers are responsible for postage and must have it on the envelope prior to giving it to the law enforcement official.* If you lose your pre-addressed envelope you may provide your own and address it to NSP at: Nebraska State Patrol, ATTN: CID, 4600 INNOVATION DR, LINCOLN NE 68521-5422.
- DO NOT FOLD FINGERPRINT CARDS

After your prints and payment have been received, both correctly and in their entirety, the process takes approximately 4-6 weeks for the results of your criminal background check to be received by MLTC where they will undergo review. You will be notified in writing if the result of your criminal background check causes you to be ineligible to be enrolled as a Nebraska Medicaid provider.



State of Nebraska Public LiveScan Locations

The below Nebraska State Patrol (NSP) locations have LiveScan capability and will fingerprint citizens as a public service for no charge. Each location has specific hours of operation and require making an appointment prior to being fingerprinted. **Appointments for fingerprinting should be made at:** <https://statepatrol.nebraska.gov/services/fingerprinting>

The following NSP LiveScan locations are open from 8:00 am -4:00 pm Monday-Friday:

- Lincoln: Criminal Identification Division –4600 Innovation Dr, Lincoln, NE 68521 – (402) 479-4971
- Omaha: Troop A Headquarters – 4411 South 108th Street, Omaha, NE 68137 – (402) 331-3333
- North Platte: Troop D Headquarters – 300 W. South River Road, North Platte NE 69101 – (308) 535-6604
- Scotts Bluff: Troop E Headquarters – 4500 Avenue I, Scottsbluff, NE 69363 – (308) 632-1214

- Norfolk: Troop B Headquarters – 1401 W Eisenhower Ave, Norfolk, NE 68701 – (402) 370-3456

Monday – Friday 8:00 am – 5:00 pm

- Grand Island: Troop C Headquarters – 3431 Old Potash Highway, Grand Island NE 68803 – (308) 385-6000

Monday and Friday: 8:30 am -12:30 pm and 2:00 pm – 4:00 pm, Tuesday: 9:00 am – 4:00 pm, Wednesday: 8:30 am – 4:00 pm, and Thursday: 8:30 am – 4:30 pm.

In addition to the above locations, the following agencies have LiveScan capability and *may* provide fingerprinting service for the public. **Please call ahead to confirm if the agency provides fingerprint services for the public, their hours of operation, if an appointment is required, and if they charge a fee for the service.**

- Alliance: Box Butte County Sheriff’s Office – 512 Niobrara Avenue, Alliance, NE 69301 – (308)762-6464
- Aurora: Hamilton County Sheriff’s Office – 715 12th Street, Aurora, NE 68818 – (402) 694-6936
- Beatrice: Gage County Detention Center – 612 Lincoln Street, Beatrice, NE 68310 – (402) 223-1382
- Blair: Washington County Sheriff’s Office – 1535 Colfax Street, Blair, NE 68008 – (402) 426-6864
- Broken Bow: Custer County Sheriff’s Office – 116 South 11th Avenue, Broken Bow, NE 68822 – (308) 872-6418
- Chadron: Dawes County Sheriff – 451 Main Street, Chadron, NE 69337 – (308) 432-3025
- Columbus: Platte County Jail – 1125 E. 17th, Columbus, NE 68601 – (402) 563-4274
- Dakota City: Dakota County Sheriff - 1601 Broadway, Dakota City, NE 68731 – (402) 987-2176
- David City: Butler County Sheriff – 451 N 5th Street, David City, NE 68632 – (402) 367-7400
- Fairbury: Fairbury Police Department – 606 3rd Street, Fairbury, NE 68352 – (402) 729-2284
- Gering: Scottsbluff Corrections – 2522 7th Street, Gering, NE 69341 – (308) 436-7300
- Grand Island: Hall County Sheriff’s Office – 110 Public Safety Drive, Grand Island, NE 68802 – (308) 385-5211
- Hastings: Adams County Jail – 540 W. 4th, Hastings, NE 68901 – (402) 461-7181
- Holdrege: Phelps County Sheriff’s Office – 715 5th Avenue, Holdrege, NE 68949 – (308) 995-5692
- Kearney: Buffalo County Sheriff’s Office – 1417 1st Avenue, Kearney, NE 68847 – (308) 233-5281
- Lexington: Dawson County Sheriff’s Office – 709 N. Grant, Lexington, NE 68850 – (308) 324-2279
- Lincoln: Lincoln Police Department – 575 S. 10th Street, Lincoln, NE 68508 – (402) 441-7217
- Madison: Madison County Sheriff’s Office – 1313 N. Main Street, Madison, NE 68748 – (402) 454-3311, x163
- McCook: Red Willow County Sheriff’s Office – 516 Norris Avenue, McCook, NE 69001 – (308) 345-1850
- Nebraska City: Otoe County Jail – 1021 Central Avenue, Nebraska City, NE 68410 – (402) 873-9560
- Neligh: Antelope County Sheriff’s Office – 1102 L Street, Neligh, NE 68156 – (402) 887-4148
- North Platte: Lincoln County Sheriff’s Office – 302 N. Jeffers, North Platte, NE 69101 – (308) 535-9542
- Ogallala: Keith County Sheriff’s Office – 103 E. 5th Street, Ogallala, NE 69153 – (308) 284-4772
- Omaha: Omaha Police Department – 505 S. 15th Street, Omaha, NE 68102 – (402) 444-5600
- O’Neill: O’Neill County Courthouse – 204 North 4th Street, O’Neill, NE 68763 (402) 336-2850
- Papillion: Sarpy County Jail – 1208 Golden Gate Drive, Papillion, NE 68046 – (402) 593-2299
- Pender: Thurston County Jail – 605 2nd Street, Pender, NE 68047 – (402) 385-3018
- Plattsmouth: Cass County Jail – 303 Avenue A, Plattsmouth, NE 68048 – (402) 296-9377
- Sidney: Cheyenne County Jail – 1000 10th Avenue, Sidney, NE 69162 – (308) 254-2922
- Wilbur: Saline County Law Enforcement Center – 911 S. Main Street, Wilbur, NE 68465 – (408) 821-2111
- York: York County Sheriff’s Office – 510 Lincoln Avenue, York, NE 68467 – (402) 362-6628

NOTE: The above information is subject to change at any time and without notice. Please be sure to confirm the accuracy of the information with the specific agency that you would like to use prior to showing up at the agency.

Last updated: 06/11/2021

EXAMPLE FINGERPRINT CARD - SEE FOLLOWING PAGE FOR NUMBERED ITEMS.

APPLICANT
* See Privacy Act Notice on Back

LEAVE BLANK

DO NOT WRITE IN THIS AREA!

FD-258 (Rev. 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED **Do not sign until you are in the presence of the person doing your fingerprinting. This is your signature.**

RESIDENCE OF PERSON FINGERPRINTED

Enter your complete residential address and zip code as it appears on your identification.

DATE
Date Printed
MM/DD/YYYY

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
DO NOT SIGN - The individual who does your prints will sign here.

EMPLOYER AND ADDRESS

This is **YOUR** full legal name and address.

REASON FINGERPRINTED

This should always say:
MEDICAID PROVIDER - HIGH RISK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME **NAM** FIRST NAME MIDDLE NAME

Full legal name. Suffixes (i.e.: Jr., Sr., III, etc.) should follow the middle name.

ALIASES **AKA**
Any names used that are different than entered above. Include all married names and maiden names.

O
R
I

**NB920187Z
DHHS-MEDICAID
LINCOLN, NB**

FBI

LEAVE BLANK

DO NOT WRITE IN THIS AREA!

DATE OF BIRTH **DOB**
Month Day Year
Entered MM/DD/YYYY

CITIZENSHIP **CTZ U.S.** SEX **2.** RACE **3.** HGT. **4.** WGT. **5.** EYES **6.** HAIR **7.** PLACE OF BIRTH **POB**

1. - See below if not US Citizen

YOUR NO. **OCA**

LEAVE BLANK

DO NOT WRITE IN THIS AREA!

CLASS

DO NOT WRITE IN THIS AREA!

REF.

SOCIAL SECURITY NO. **SOC**
Enter your Social Security Number

MISCELLANEOUS NO. **MNU**

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

ADDITIONAL INFORMATION – NUMBERED ITEMS

1. Citizenship: Enter “U.S.” if the subject is a citizen of the United States; otherwise, enter the appropriate country. Use the correct abbreviation for foreign countries or correctly spell the name of the country. “YES” or “NO” responses are not acceptable.

2-SEX CODE TABLE

Acceptable Code	Description	Acceptable Code	Description
F	Female	M	Male
G	Female Print, Male Reference	N	Male Print, Female Reference

3-RACE CODE TABLE

Acceptable Code	Race	Description
A	Asian or Pacific Islander	Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or other Pacific Islander
B	Black	A person having origins in any of the black racial groups of Africa
I	American Indian or Alaskan Native	American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition
U	Unknown/Other Race	Of Indeterminable or Other Race
W	White	Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

4. Height: Height must be expressed in feet and inches. Fractions of an inch should be rounded off to the nearest inch. Inches less than ten should be preceded by a zero. For example, five feet four inches should be submitted as “504” and six feet even would be “600”.

5. Weight: Weight must be expressed in pounds. Fractions of a pound should be rounded off to the nearest pound.

6-EYE COLOR CODE TABLE

Acceptable Code	Description	Acceptable Code	Description
BLK	Black	GRN	Green
BLU	Blue	HAZ	Hazel
BRO	Brown	MAR	Maroon
GRY	Gray		

7-HAIR CODE TABLE

Acceptable Code	Description	Acceptable Code	Description
BLD	Bald	ONG	Orange
BLK	Black	PLE	Purple
BLN	Blonde (or Strawberry)	PNK	Pink
BLU	Blue	RED	Red (or auburn)
BRO	Brown	SDY	Sandy
GRN	Green	WHI	White
GRY	Gray (or partially gray)	XXX	Unknown/Other

8. Place of Birth (POB): Enter your state, territorial possession, province (Canadian), or country of birth. Use the correct abbreviation for foreign countries or correctly spell the name of the country. **Do not list a county as a POB.**

PROVIDER SCREENING & ENROLLMENT CANNOT ANSWER YOUR TAX QUESTIONS PERTAINING TO YOUR EMPLOYMENT. PLEASE EMAIL: DHHS.TaxData@nebraska.gov

FREQUENTLY ASKED QUESTIONS

As your provider type has been categorized as High Risk, State and Federal regulations require fingerprinting to be done at an initial enrollment, revalidation, reactivation, reenrollment, or when a provider ‘bumps up’. Fingerprinting is a requirement for all categorized High Risk individual providers and all individuals who own 5% or more direct or indirect interest in a High Risk provider. Please review the list below to answer some of the most common questions regarding this process.

Q: What are fingerprint-based criminal background checks (FCBC)?

A: A Fingerprint-based criminal background check is when an individual is fingerprinted by a law enforcement entity and those fingerprints are used to conduct a search of the individual’s criminal history. The FCBC conducted for Nebraska Medicaid provider enrollment will use the FBI’s Automated Fingerprint Identification System to conduct a nationwide criminal background screening. **FCBC is a different background check than the yearly Central Registry check that may also be required.**

Q: What does High Risk mean?

A: Risk levels are a determination based on the risk of that *provider type* committing fraud, waste or abuse against the Medicaid program. Each risk level requires specific screening activities. The Provider Screening Risk Levels list can be found on the Nebraska Medicaid Program Provider Screening and Enrollment webpage: <http://dhhs.ne.gov/medicaid/Documents/Risk-Levels.pdf>

Q: Do I make my fingerprint appointment with Provider Screening & Enrollment?

A: No. Provider Screening & Enrollment does not make fingerprint appointments, fingerprint individuals, or process your fingerprints. Please contact your preferred law enforcement location directly.

Q: How much does it cost and who pays for it?

A: The cost of obtaining the criminal background check is currently \$45.25. *However, that amount is always subject to change.* If fingerprints are obtained through the Nebraska State Patrol there is no additional service fee for taking your fingerprints. Other law enforcement agencies may charge an additional service fee that is in addition to the background check fee. The person being fingerprinted/background checked is responsible for paying all related costs. **FINGERPRINTS WILL NOT BE SUBMITTED TO THE FBI FOR PROCESSING UNTIL ALL FEES ARE PAID.** You are encouraged to pay online to prevent delays in the processing of your prints.

Q: What if the provider and/or owner(s) reside outside of Nebraska?

A: The provider and/or owner(s) will need to obtain fingerprints from a law enforcement office in their local area and submit their fingerprint card to the Nebraska State Patrol.

Q: How do I fill out the Fingerprint card that was mailed to me?

A: Included in your packet is an Example card. Please review it thoroughly.

Q: What happens if FCBC is not completed or if only one owner, when there are many, does not complete their portion?

A: All individual providers and/or owners must complete FCBC within the required 30 days. Any individual provider who does not complete the request will be denied or terminated. If any owner does not complete FCBC within the required 30 days the agency will be denied or terminated.

Q: What kinds of convictions will cause a provider’s enrollment to be denied or terminated?

A: Please see 471 NAC 2-001 which can be found here: <https://dhhs.ne.gov/Documents/Title-479-Complete.pdf> and Section 6401 of the Affordable Care Act - 42 CFR 455 Subpart E for more information.

Q: How will I know if I passed my FCBC?

A: Providers will be notified in writing of a denial or termination resulting from a failed FCBC. Providers will have the same right to appeal the action as they do any denial or termination.

FINGERPRINT IDENTIFICATION POLICY

Applicants must submit one current (unexpired) document from list A, OR 1 current (unexpired) document from both lists B and C. *PLEASE NOTE – The following list should not be considered all inclusive. Questions regarding acceptable identification that is not listed below should be forwarded to a Supervisor at the Criminal Identification Division at 402-479-4971.*

List A

Government issued Photo IDs

- State issued driver's license or identification card
- State issued identification card that contains date of birth or social security number
- U.S. Military Dependent's Identification card
- Alien Registration Card "Green Card" – Form I-551
- Employment Authorization Card – Form I-766 or I-688
- Re-entry Permit – Form I-327
- Certificate of U.S. Citizenship – Form N-560 or N-561
- Certificate of Naturalization – Form N-550 or N-570
- State issued concealed carry permit
- U.S. (or foreign) passport
- U.S. Military Identification card
- Native American Tribal Identification (with photo)
- U.S. Coast Guard Merchant Mariner ID Card
- Free and Secure Trade (FAST) Card
- NEXUS Card
- Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- Transportation Workers Identification Card (TWIC)

List B

Non-Government issued photo IDs

- School/student ID
- Work ID
- Organization or Association Membership ID
- Club membership ID
- Credit Card w/photo

List C

Government issued, non-photo IDs

- Social Security Card
- Certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal
- Native American Tribal document
- Certification of Birth Abroad issued by the U.S. Department of State (form FS-545 or FS-240)
- Certification of Report of Birth issued by the U.S. Department of State (form DS-1350)
- U.S. Citizen ID Card (form I-197)
- Identification card for Use of Resident Citizen in the U.S. (form I-179)
- Employment authorization document issued by the Department of Homeland Security
- U.S. civil marriage certificate
- U.S. Military discharge papers, contracts or orders
- A letter on Nebraska Department of Health and Human Services letterhead indicating the name and date of birth of a ward of the state.

NOTE: This identification policy applies only to verifying identity for the purpose of being fingerprinted and may not satisfy all application requirements. Please contact the agency with whom you are applying for additional information regarding the application requirements.