# A background check must be completed on the contract signatory prior to contracting for Medicaid Services and again every two years.

# If a contract signatory has resided in the state less than three consecutive years before application and will have unsupervised access to individuals with developmental disabilities, and or vulnerable adults served under the contract a fingerprint –based background check is required.

**Instructions**

1. Contractors should complete their background checks online through the Background Check System **via Google Chrome.** Copy and paste the following address into your Chrome browser: [**https://fortress.wa.gov/dshs/bcs/**](https://fortress.wa.gov/dshs/bcs/)to access the online application form. See additional instructions on page 2 and 3.

Once complete, the system will display a confirmation number which must be provided to the Area Agency on Aging at the time of application. The confirmation number is valid for 90 days.

Submit this form with your other application materials.

Name of Contract Signatory:

Date of Birth:

Confirmation Number (REQUIRED):

Resided outside of WA State in the last three years: Yes [ ]  No[ ]

Will you have unsupervised access to individuals with developmental disabilities, and/or vulnerable adults served under this contract: Yes [ ]  No[ ]

**Instructions for Completing Your**

**Online Background Check**

Criminal history background checks for potential Medicaid Contractors are submitted through DSHS Background Checks Central Unit via their online Background Checks System. Information to help you enter your background check authorization form online is below.

**What you need to know:**

* You are entering your personal information on a secure website maintained by DSHS.
* Give yourself at least 15 minutes to complete your form.
* Help features are included throughout the form providing instructions and/or examples.
* You will have the ability to print and/or save the form (incomplete forms can’t be saved).
* You may use your confirmation code for up to 90-days to provide to other entities requesting a DSHS background check, such as other Area Agencies on Aging. The entity will need the confirmation code and your date of birth.
* State law does not allow you to be contracted or paid through state or federal funds if your background check shows convictions, pending charges or negative actions that are disqualifying.
* Fingerprint check is required if resided in the state less than three consecutive years before application and will have unsupervised access to individuals with developmental disabilities and or vulnerable adults. If you pass the state background check, and you are required to be fingerprinted, you will get instructions for scheduling your fingerprint appointment from the contract manager.

**You will need the following information to fill out your form:**

* Driver’s License or State-issued ID number
* Your mailing address
* If you have criminal history, charging or court papers will help you answer questions that require crime dates and official crime names.

***Please follow these instructions:***

1. You **must** access the DSHS Background Check Central Unit website by using **Google Chrome.** The website does not work using other web browsers.
2. Copy and paste the following address into your Chrome browser: [**https://fortress.wa.gov/dshs/bcs/**](https://fortress.wa.gov/dshs/bcs/)to access the online application form.
3. Complete the online form and when directed enter the email address found on the AAA Area Agency on Aging Intake Contact lists provided on the Information for Potential Medicaid Contractors website.

**Contacts:**

* If you need assistance completing the online form (or updating your internet browser), contact BCCU Monday – Friday, 8:00 am to 4:30 pm, at

(360) 902-0299 or bccuinquiry@dshs.wa.gov