

Disclosure Statement for Applicants wishing to Change, Correct, or Update their Criminal History

In accordance with Section 6401 of the Affordable Care Act, regulations enacted under 42 CFR §455.450 and 455.434 require state Medicaid agencies, as a condition of enrollment, to conduct provider risk based screening and criminal background checks including fingerprinting. Any provider designated as a high categorical risk based on the screening level for their provider type or has their categorical risk level elevated to high under the criteria in 455.450(e) must submit fingerprints for processing.

The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Medicaid Agency, to obtain any and all criminal history information on said applicant from the ALEA and/or FBI. As set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Records & Identification Division within ALEA at (334) 353-4340.

Signature of Applicant

Date