



STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 15th FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243

MEMORANDUM

TO: DIDD Contract Agencies
FROM: DIDD Special Services
RE: Background Checks and Fingerprinting Services
DATE: Sept 15, 2011

This notice reminds old providers and outlines for new providers the procedures for submitting reimbursement requests for background and fingerprints.

Please refer to chapter 6 section 3 in the Provider Manual which gives additional requirements pertaining to job applicants/employees and volunteers. The manual can be found on the DIDD web site at:

http://tn.gov/didd/provider_agencies/index.html

A minimum statewide criminal background check must be performed for each employee. If a person has lived in TN for one (1) year or less, a nationwide check is required.

Please use the attached reimbursement form. The form has form number DIDD-0470 (revised 9/12) in the lower left hand corner. Please do not make changes to this form. If additional space is needed, please make copies.

As a reminder, the timeframe for receiving reimbursement forms is the first of the month, prior to the opening of Provider Claim Processing (PCP). If a request is not received within three (3) months from the date that the background or fingerprint check was done, there will be no reimbursement.

The internet address containing names of all licensed private investigation companies in the state of Tennessee is:

<http://verify.tn.gov/>

If you have any questions, please feel free to email:

DIDD_Special.Services@tn.gov

Attachments:

INSTRUCTION SHEET FOR BACKGROUND & FINGERPRINT REIMBURSEMENT

AGENCY NAME – Fill in agency that is requesting the reimbursement.

AGENCY # - This is the 5 digit number found on the PRA, in the upper left corner.

REGION – E = East, M = Middle, or W = West (If submitting reimbursement requests for more than one region, please use a separate reimbursement form for each region).

MONTH/YR – This should be the date that the checks were completed (needs to correspond to attached documentation).

DESCRIPTION – List the type of check performed – C = Criminal **OR** F = Fingerprint.

EMPLOYEE INITIALS – Include **all three** initials of the employee on whom the check was performed.

PRIVATE INVESTIGATOR/TBI - This is the agency that performed the check, i.e. private background agency. Fingerprint checks will still be done by the TBI, but you will have to submit documentation for reimbursement.

INVESTIGATOR TENNESSEE LICENSE # - The private investigator or investigator agency must be licensed in the state of Tennessee for the claim to qualify for reimbursement. The valid license number can be found at <http://verify.tn.gov/>.

PI AGENCY RATE CHARGED – This is the amount that you were charged per background check. DIDD will only reimburse up to \$50 for criminal background **or** \$48 for fingerprint.

TOTAL REIMBURSEABLE AMOUNT DUE – This should be the total amount requested for each employee to be reimbursed by DIDD.

AUTHORIZED BY – This must be the **printed** name of the preparer.

TOTAL REIMBURSEMENT REQUEST – Enter the total for the entire form.

PHONE NUMBER – This is the number at which DIDD may contact the preparer of the form.

DATE – This is the date that the form was prepared.

You can submit your billing electronically @

DIDD_Special.Services@tn.gov

Or

You can mail your billing to the address below

DIDD
Special Services
Andrew Jackson Bldg. Ste. 1379
500 Deaderick St.
Nashville, TN 37243