

**DIRECT SUPPORT PERSON (DSP)  
ILLINOIS HEALTH CARE WORKER  
REGISTRY PACKET**

**INSTRUCTION MANUAL**

**SEPTEMBER  
2008**

**THIS BOOKLET INCLUDES STEP-BY-STEP  
INSTRUCTIONS FOR SUBMITTING DSPs TO THE  
ILLINOIS HEALTH CARE WORKER REGISTRY**



**Illinois Department of Human Services  
Division of Developmental Disabilities  
319 E. Madison Street, Suite 4J  
Springfield, IL 62701**

**DIRECT SUPPORT PERSON (DSP) ILLINOIS  
HEALTHCARE REGISTRY PACKET**

**INSTRUCTION MANUAL**

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## **WHEN TO SUBMIT THE DSP REGISTRY PACKET**

A DSP should be submitted to the Illinois Health Care Worker Registry when he/she has successfully completed **120 hours of DSP training from a training program that has been approved by the Illinois Department of Human Services.** The DSP Registry Packet must be **accurately completed and postmarked within 30 days of the program completion date.**

Any DSP Registry Packets that are postmarked beyond 30 days following the successful completion of the 120 hours of DSP training will NOT be processed and Southern Illinois University's Registration Services will return these packets to your agency.

DSP Registry Packets that are incomplete or contain errors will be returned for corrections. This will delay processing of the registrants.

## **SUBMITTING THE CRIMINAL BACKGROUND CHECK**

In the past training programs were instructed to send the hard copy of the background check to SIUC with the training verification documentation. ***Effective October 1, 2008***, DSP Training Programs have two options if a student's background check results are over a year old, the student doesn't have a background check, or the hiring facility has not initiated a background check then a new UCIA name-based background check must be conducted. **The background check report must be from the Illinois State Police and must be for the complete history not just a specified number of years.** The training program has two options.

- a) You can request a name-based background check from the Illinois State Police using the same method you use for your other employees and mail the hard copy results to the Health Care Worker Registry when received. The individual and their background check results will be entered and displayed on the registry within a few days. Remember to write the student's Social Security number on the background check results. Do not have the State Police to send the results directly to the registry because it will not have the Social Security. When SIUC receives the verification data, SIUC will process it and electronically transmit the results to IDPH. These results will be uploaded to the registry electronically and added to the individual's record that is already on the registry. The registry may be viewed by the training program or by the students at <http://www.idph.state.il.us/nar>

or

- b) Your training program may utilize the SIUC system to perform the CBC checks. The charge for this service is \$15.00 per CBC check and will include a name-based CBC result letter mailed to each individual and a training program CBC report showing results for all students submitted. SIUC will send the background check results to the Illinois Health Care Worker Registry in electronic format simultaneously with the training verification data. The individual's background check results and training information will appear on the registry the same day. SIUC will submit CBC requests to the Illinois State Police 3 - 4 times per month and typically will receive results back from ISP and mail letters to individuals and the training program with 48 hours of data submission.

The Illinois State Police Criminal Background Check must be within **ONE** year of the date that the registrant is to be placed on the Illinois Health Care Worker Registry.

The DSP's Social Security number must be noted on the Illinois State Police Criminal History Report. **If it is not preprinted on the report, it must be entered in.** This number is used as the unique identifier for the Illinois Health Care Worker Registry.

### **COMPLETING THE DIRECT SUPPORT PERSON TRAINING ROSTER**

A DSP Training Roster Form must be completed when submitting DSPs to the Illinois Health Care Worker Registry. The DSP Training Roster Form contains *agency information* along with the *Social Security numbers, dates for completion of training and names of those DSPs who have successfully completed 120 hours of DSP training*. This form must be signed and dated by the Program Coordinator/Trainer.

**ATTENTION:** A blank DSP Training Roster Form for use as your master copy is on Page 9 of this instruction manual. Packets submitted with rosters that **do not** contain all required information as shown will be returned for correction.

### **COMPLETING THE DIRECT SUPPORT PERSON REGISTRY SCAN FORM**

An Illinois Health Care Worker Scan Form must be completed for each DSP. Follow the Marking Directions located on each Illinois Health Care Worker Application Form. All information requested **MUST** be written and coded on the Application Form. The forms are read by an optical scanner and will be rejected if not marked correctly. Each scan form includes 15 sections (A-O). Each section that is completed requires information be printed one letter at a time and a corresponding circle below the letter be darkened with a No. 2 pencil.

**A. Signature**

The DSP's signature on the application certifies that the information provided is accurate and grants permission to the State of Illinois and any affiliate on behalf of the State of Illinois to place information from the form onto the Illinois Health Care Worker Registry.

**B. Race**

Fill in the circle that identifies the Race of the DSP - OPTIONAL.

**C. Sex**

Fill in the circle that identifies the Sex of the DSP - OPTIONAL.

**D. Eye Color**

Fill in the circle for the eye color of the individual - OPTIONAL.

**E. Name**

In the first section, print the last name of the DSP.  
In the second section print the first name of the DSP.  
In the third section print the middle name of the DSP.

Fill in the circles that correspond with each letter of the DSP's name.

**F. Height**

Print the height of the DSP in feet and inches - OPTIONAL.

Fill in the circles that correspond with the individual's height in feet and inches.

**G. Date of Birth**

Fill in the circle for the month the DSP was born.  
Print the number(s) for the date the DSP was born  
Print the number(s) for the year the DSP was born.

Fill in the corresponding circles for the date and year the DSP was born.

**H. Mailing Address**

Print the DSP's complete street address and (apartment number if applicable), where the DSP receives mail in the provided spaces.

**COMPLETING THE DIRECT SUPPORT PERSON REGISTRY SCAN FORM**  
**(continued)**

Skip one space between the house number and street name. Also, if applicable, skip one space between apartment (APT) and the first number or letter for the apartment. Do not enter the agency address as the mailing address.

Fill in the corresponding circles for the complete street address.

**I. City**

Print the name of the city where the DSP receives mail in the provided spaces.

Fill in the corresponding circles for the name of the city.

**J. State**

Print the abbreviation of the state where the DSP receives mail in the provided spaces.

Fill in the corresponding circles for the name of the state.

**K. Zip Code**

Write the 5- digit zip code in the provided spaces.

Fill in the corresponding circles for the zip code.

**L. Social Security Number**

Write the DSP's Social Security number in the provided spaces. This number is used as the unique identifier for the Illinois Health Care Worker Registry.

Fill in the corresponding circles for the social security number.

**M. Telephone Number**

Write the telephone number where the DSP can be reached during the day in the provided spaces.

Fill in the corresponding circles for the DSP's telephone number.

**N. 4 – Digit Program Code**

Write the agency 4–digit program code in the provided spaces. If you do not know this code, please call 217-782-9438.

Fill in the corresponding circles for the 4-digit program code.

**COMPLETING THE DIRECT SUPPORT PERSON REGISTRY SCAN FORM  
(continued)**

**O. Program Completion Date**

Fill in the circle for the month that the **DSP successfully completed the 120 hours of DSP training.** Write in the day and year the DSP completed the program in the provided spaces.

Fill in the corresponding circles for the day and year the program was completed.

The month, date and year must be the same as the date listed on the DSP Core Competency Area checklist.

**ASSEMBLING THE DSP REGISTRY PACKET**

**Do not fold or staple items to the Illinois Health Care Workers Application Scan Form.**

**The DSP Registry Packet must include the following:**

1. Completed DSP Training Roster Form
2. Completed Illinois Health Care Workers Application Scan Form

**Submit all completed materials in a 9" X 13" envelope to:**

**Please note address change:**

Illinois Nurse Assistant/Aide Training  
Competency Evaluation Program  
DSP Training Project  
Southern Illinois University  
Mail Code 4340  
Carbondale, IL 62903

**NOTE:** Southern Illinois University does not process reimbursements. DSP Training Reimbursement information may be found in the Bureau of Community Reimbursement's *"Staff Training Reimbursement and Billing Manual, April 2000."* If you have specific questions regarding reimbursement, please call 217/782-3248. Requests for reimbursement should be mailed to the following address:

Illinois Department of Human Services  
Bureau of Community Reimbursement Unit  
319 E. Madison, Suite 2K  
Springfield, IL 62701  
Attn: Diane Garbin

### **ILLINOIS HEALTH CARE WORKER REGISTRY CHECK**

After a registry submission packet has been sent to Southern Illinois University, check the Health Care Worker Registry within 90 days to ensure that the DSP's name appears on the Registry. This can be done on the Illinois Department of Public Health website at [hcwbc.idphnet.com/BgChecks.Public/Search.aspx](http://hcwbc.idphnet.com/BgChecks.Public/Search.aspx) or by calling the Illinois Department of Public Health's Nurse Aide Registry at 217-785-5133.

**NOTE:** Section 350.683 c. of the Illinois Administrative Code requires that an individual shall notify the Nurse Aide Registry **OF ANY CHANGE OF ADDRESS WITHIN 30 DAYS** and of any name change within 30 days and shall submit proof of any name change to the Department. (Section 3-206.01 of the Act)



**DIRECT SUPPORT PERSONS (DSP) TRAINING ROSTER FORM**

*(Please type or print legibly)*

Agency Name \_\_\_\_\_ 4 - Digit Program Code \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Training Coordinator \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

<b>Name</b>	<b>Social Security #</b>	<b>Program Completion Date</b>	<b>.</b>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

I attest that the above list of DSPs have successfully completed 120 hours of DSP training from a training program that has been approved by the Illinois Department of Human Services.

\_\_\_\_\_  
*Signature of Program Coordinator/Trainer*

\_\_\_\_\_  
*Date*

*(Attach additional sheets if necessary)*

**MATERIALS REQUEST FORM**  
*(please photocopy this form to order registry materials)*

<b>Materials</b>	<b># Needed</b>
<b>Illinois Health Care Workers Application Forms</b>	
<b>Direct Support Person (DSP) Health Care Worker Registry Packet Instruction Manual</b>	

Program Coordinator/Trainer \_\_\_\_\_

Agency Name \_\_\_\_\_

4 - Digit Program Code \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Office Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Fax # \_\_\_\_\_

**Please send materials request via:**

Fax to: 618/453-4300

**OR**

**Please note address change:**

Mail to: Illinois Nurse Assistant/Aide Training  
 Competency Evaluation Program  
 DSP Training Project  
 Southern Illinois University  
 Mail Code 4340  
 Carbondale, IL 62903