



Department  
of Health

Office of Children  
and Family Services

# **New Background Checks and Other Requirements for Health Home Care Managers and Children's 1115 Waiver HCBS Providers**

April 25, 2018

# Overview of New Statutory Requirements

- The 2018-19 Enacted Budget includes new statutory requirements (Chapter 57 Laws of 2018) related to criminal history record checks, mandated reporter requirements and Statewide Central Register Database checks for certain Health Home care managers and children's HCBS providers
- The purposes of today's Webinar is to provide important information to affected Health Homes and HCBS providers about the new requirements and the process and procedures for complying with background checks, mandated reporter requirements and Statewide Central Register Database checks
- The Webinar is divided into three sections:
  - ***Criminal History Record Checks (CHRC)***
  - ***Statewide Central Register (SCR) Database Checks***
  - ***Mandated Reporter Requirements***
- CCO/HH, HHSC and HCBS providers (as of Jan 1, 2019) will obtain email correspondence requesting agency information and a primary contact person for those agencies and organizations that will be conducting background checks and SCR clearances



# Overview of New Statutory Requirements

Effective April 1, 2018, the new statute requires:

- Health Homes and those that subcontract with Health Homes (e.g., care management agencies) that provide Health Home care management to:
  - Health Home enrollees under age 21 – includes members enrolled in Health Homes designated to serve children and adults
  - Individuals enrolled in Health Homes that have a diagnosis of developmental disability as defined in Section 1.03(22) of the New York State Mental Hygiene law, i.e., all members enrolled in designated CCO/HHs that will begin operations on July 1, 2018

To conduct:

- Criminal History Record Checks (CHRC), including finger printing, on prospective employees and
- Statewide Central Register (SCR) Database Checks on prospective employees.

# Overview of New Statutory Requirements

The new statute requires:

- Providers of Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children's 1115 Waiver amendment

To conduct:

- Criminal History Record Checks (CHRC), including finger printing, on prospective employees and
  - Statewide Central Register (SCR) Database Checks on prospective employees.
- ✓ *This provision will not take effect until the 1115 Waiver (requires Federal and State approvals) to provide Children's HCBS is approved and is implemented ("the Children's 1115 Waiver")*
- ✓ *The current anticipated date of implementation of the Children's HCBS is January 1, 2019.*



# Overview of New Statutory Requirements

The new statute requires the employees of the following entities to be Mandated Reporters of child abuse or maltreatment:

- Employees that have the potential for regular and substantial contact who are employed by Health Homes, or Health Home care management agencies contracting with a Health Home, designated and authorized under Section 365-l of the Social Services Law
  - Mandated reporter requirements apply to all Health Homes
    - ✓ Health Homes designated to serve adults
    - ✓ Health Homes designated to serve children
    - ✓ Health Homes designated to individuals with intellectual and developmental disabilities – CCO/HHs
- All employees who provide Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children’s 1115 Waiver amendment (anticipated date of implementation January 1, 2019)

# Criminal History Record Checks (CHRC)

## What is a Criminal History Record Check (CHRC)?

- Criminal History Record Checks are finger print-based, national Federal Bureau of Investigation (FBI) criminal history record checks

## Who Responsible for Requesting and Processing CHRC?

- Employers of covered persons are responsible for requesting and processing the checks
  - ✓ Example: Care Manager X is employed Care Management Agency (CMA) A, that subcontracts with Health Home (HH), the CMA is responsible for submitting and processing the CHRC for Care Manager X
  - ✓ Example: Health Home (HH) directly employs Care Manager X, the Health Home is responsible for submitting and processing the CHRC for Care Manager X
- ***Health Homes are responsible for ensuring the CMAs they subcontract meet CHRC requirements, as well as the Statewide Central Register checks and that mandated reporter requirements are satisfied***

## What employees are subject to CHRC?

Any unlicensed person employed by or used by the provider who provides direct care or supervision or has access to a resident's/client's property and belongings

## What entities are excluded from CHRC?

- The following entities are NOT subject to CHRC:
  - Professionals licensed under Title 8 of the NYS Education Law (i.e., nurses, physicians, physical and occupational therapists, licensed clinical and/or master social workers, mental health practitioners, etc.)
  - Licensed nursing home administrators, security guards, volunteers and students enrolled in a program leading to a professional license under Article 8 are not subject to the CHRCs. However, aides to such licensed professionals are included
    - ✓ *These exclusions do not apply to aides of licensed professional*
    - ✓ *These exclusions do not apply to the requirements for Statewide Central Register Database Checks.*
  
- Employees without patient contact – for example, and administrator of a Health Home program



## If an Employee Previously Received a Background Check will it transfer?

No, it will not transfer. A new CHRC will be required.

## Why are previously conducted background checks not transferable?

Criminal background check results obtained pursuant to one statutory authority, may not be used to satisfy the background check of another program pursuant to a different statutory authority. DCJS and FBI require that programs only seek criminal history record information with respect to individuals covered by that program's statutory authority.

# Effective Date of CHRC and Employee Status Definitions

- The following employee status definitions are for CHRC purposes only and relates to the application process for meeting CHRC requirements
  - Employee
    - Any individual hired on or after April 1, 2018
  - Prospective Employee
    - Any individual, on or after April 1, 2018, that files an application for employment as an employee with a provider; and the provider has a reasonable expectation to hire such individual as an employee.
  - Temporary Employee
    - Any employee who has been temporarily approved for employment pending a CHRC determination by the Department.



## Effective Date of CHRC and Employee Status Definitions

- Example: On May 5, 2018, an individual applies for employment at a Care Management Agency to provide Health Home care management to individuals under age 21. This individual is a prospective employee prior to fingerprinting. After fingerprinting, the individual is a temporary employee\* during the time CHRC determination is pending.
- Example: an individual was hired on April 1, 2018 at Care Management Agency to provide Health Home care management to individuals under age 21. That employee would be a temporary employee\* during the time the CHRC determination is pending.
- A CCO/HH hires/expects to hire an individual on June 15, 2018 in anticipation of beginning operations on July 1, 2018. The CCO/HH applies for CHRC for the individual and the individual is fingerprinted on June 20, 2018. Prior to June 20, 2018, the employee is a prospective employee\*. On and after July 1, 2018, the individual begins providing Health Home care management and is a temporary employee\* during the time the CHRC determination is pending
- \*the terms prospective and temporary employees for CHRC purposes only and relates to the application process for meeting CHRC requirements



# Supervision Requirements and Effective Date

- Supervision requirements for HH, CCO/HH, and HCBS will be in effect on 4/1/2019.
  - Will require appropriate direct observation and evaluation of the *temporary employees*, effective April 1, 2019
    - Temporary employees are those whose CHR checks are pending
    - Effective April 1, 2019 these temporary employees will not be able to provide direct care without supervision by an employee whose check has been successfully completed
  - Regulations will be developed with stakeholder feedback, and guidance will be issued closer to implementation.

# Procedures for Obtaining CHRC for Employees

# Systems Used to Process Criminal History Record Checks

- Most CHRC functions are housed in the CHRC application within the **Health Commerce System (HCS)**
  - The Health Commerce System is a secure, web-based, integrated infrastructure for the exchange of Health Information. The CHRC application is used for:
    - Completing and submitting CHRC electronic forms
      - ✓ Application for CHRC
      - ✓ Termination based on findings
        - Processed by Authorized Person (AP)
    - Receiving results and other CHRC communications
    - Paper Forms (102 – Consent Form)
    - Accessing alerts and policies
  
- Fingerprints are collected and processed by the Live Scan vendor IdentoGo/Morpho Trust, including:
  - Entity to make appointments for submitting fingerprints
  - Entity that receives payments for fingerprints - payment made by credit card



# Step by Step Directions to Access CHRC Processing Systems

## 1. Verify or attain access to the Health Commerce System (HCS)

- If the organization does not have an HCS Coordinator, they would contact the Commerce Accounts Management Unit (CAMU), which manages access to HCS, to be triaged to the appropriate Program Commerce Coordinator (PCC) who will generate the account request forms for both the HCS Director and HCS Coordinator at the organization.
- For CCOs, after the MMISID has been processed, DOH will contact the CCO to finish the onboarding process.
- If you have any questions on HCS access, please send an email through the link below:  
[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)

## 2. Enter or verify administrator role (AR) on HCS; the AR appoints the Authorized Person (AP)

- Authorized persons will be responsible for submitting and receiving requests for CHRCs.
- APs can be appointed after entities are entered into the CHRC database. Electronic notices will be sent when this step has been completed.

## 3. Setup an account with Live Scan fingerprint vendor, Identogo/Morpho Trust

- Contact the fingerprint vendor at <http://www.identogo.com/> or
- Call 877-512-6962, then option 2, then 3 on the next menu.



## Steps to Establish Authorized Person (AP) in the HCS

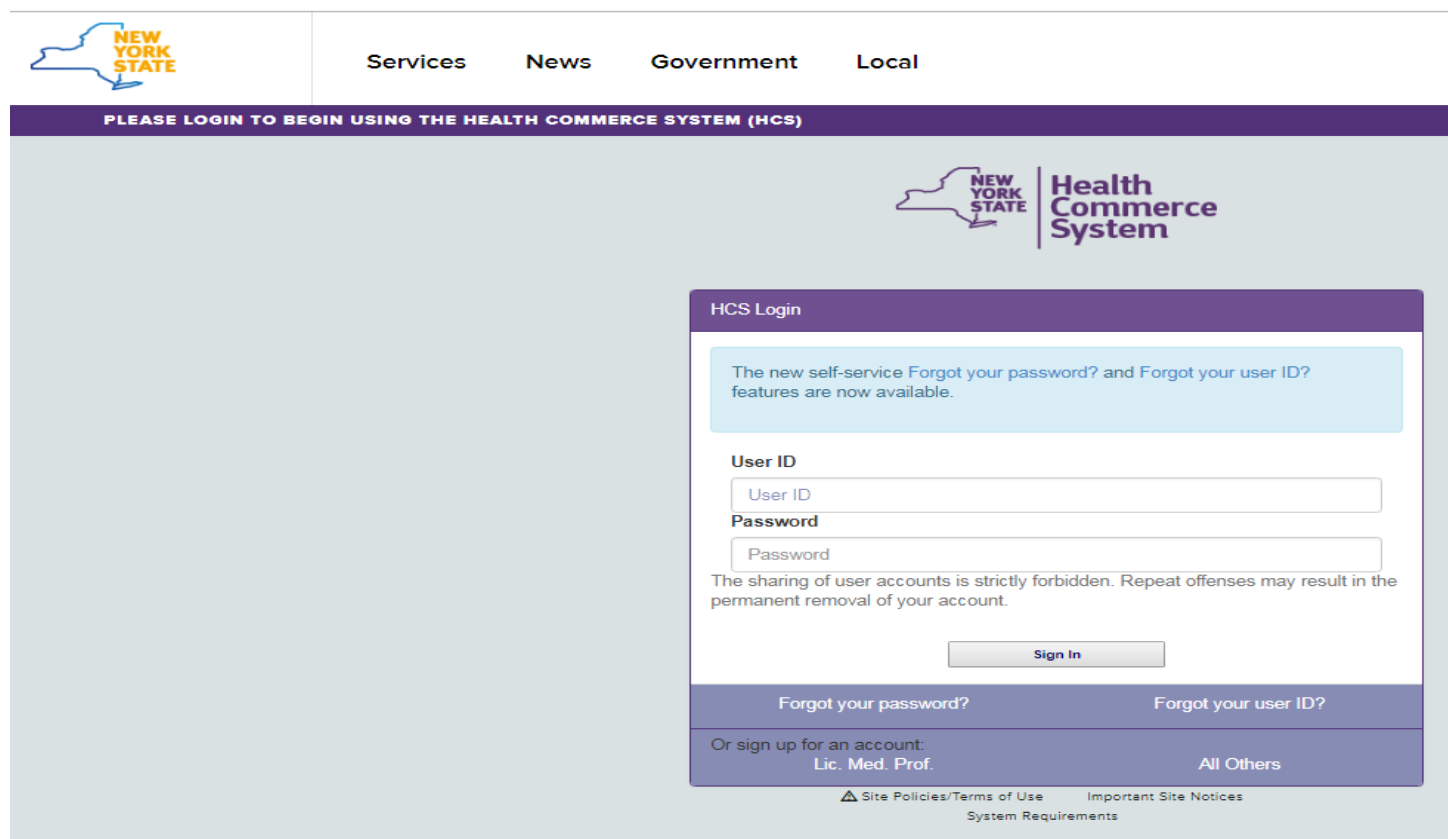
1. The provider's HCS Coordinator should place associated individual into the HCS role for "Administrator" (Coordinator's Update Tool). The administrator is the Authorized Representative (AR) who appoints an AP.
2. Administrator proceeds to the HCS, CHRC application (see accessing the HCS slide below), and clicks on "Manage Authorized Persons".
3. Administrator selects facility if associated with more than one.
4. Administrator clicks on "Add a new AP" in the Tool Bar.
5. Administrator puts in the HCS user ID for the person they're trying to add as an Authorized Person.
6. AP attests to the requirements of becoming an AP the first time accessing the CHRC application.





# Designating an AP - Accessing the CHRC Menu in the HCS

- Type [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html) to access the Health Commerce System (HCS). Enter your HCS user ID and password to sign in.



The screenshot shows the HCS Login page. At the top left is the New York State logo. To its right are navigation links: Services, News, Government, and Local. Below these is a purple banner with the text "PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)". The main content area features the "Health Commerce System" logo. A central "HCS Login" box contains a light blue notification: "The new self-service Forgot your password? and Forgot your user ID? features are now available." Below this are input fields for "User ID" and "Password". A "Sign In" button is positioned below the password field. A warning message states: "The sharing of user accounts is strictly forbidden. Repeat offenses may result in the permanent removal of your account." At the bottom of the login box are links for "Forgot your password?" and "Forgot your user ID?". Below the login box, there are links for "Or sign up for an account: Lic. Med. Prof." and "All Others". At the very bottom, there are links for "Site Policies/Terms of Use", "Important Site Notices", and "System Requirements".

# Designating an AP in the HCS - Continued

Click on the CHRC link in the My Applications tab at the left of the HCS home screen. *Note: If the CHRC link is not listed in the My Applications window, Go to My Content, All Applications, click the letter C, and then click add (+) CHRC to My Applications. The CHRC application will be added to My Applications list.*



Welcome Richard E Rees

My Applications

Acronyms & Abbreviations	
Application Access	<input type="button" value="i"/>
CART	
CHRC	<input type="button" value="i"/>
ComDir Bulk Messaging Tool	<input type="button" value="i"/>
ComDir Person Update Tool	<input type="button" value="i"/>
ComDir Role Lookup Tool	<input type="button" value="i"/>
Coord Account Tools - HCS	<input type="button" value="i"/>
Coordinator's Update Tool	<input type="button" value="i"/>
County Survey	<input type="button" value="i"/>
Electronic Plan Of Correction	<input type="button" value="i"/>

The first time signing into the CHRC application you will have to disable the Pop Up Blocker to allow popups.

# Designating an AP in the HCS - Continued

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[Document Viewer](#) [Manage APs](#) [My Permissions](#) [Submit](#) [Terminate](#) [Roster](#)

### Welcome to The Criminal History Record Check

The Criminal History Record Check (CHRC) web application is dedicated to help processing all Criminal History Record Check applications for unlicensed nursing home and home care workers.

#### Use These Quick Links To Get Started:

- ➔ [Submit an Employee](#)
- ➔ [Terminate an Employee](#)
- ➔ [View Documents](#)
- ➔ [View Employees Roster](#)
- ➔ [Manage Authorized Persons](#)
- ➔ [Manage Your Permissions](#)



#### Other Links:

- ➔ [Background Check Consent Form](#)
- ➔ [Schedule Finger Print Appointment](#)
- ➔ [Fingerprint Vendor Main Site](#)



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# Designating an AP in the HCS - Continued

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### View / Manage CHRC Authorized Person Assignment

To remove an Authorized Person (AP), use the "Remove" button. To add a new Authorized Person (AP), use the "Add a New AP" tool bar. DOH recommends that each facility has at least two persons granted Authorized Person (AP) access.


Employer

The following individuals have CHRC Authorized Person (AP) access at Z Test Lhcsa (LHCSA) (8888Z888)

Name	HCS Account ID	Status	
Ande, Venkateswara	vxa06	Active Since 01/16/2015	<input type="button" value="Remove"/>
Pine, Cody	cxp19	Active Since 01/19/2016	<input type="button" value="Remove"/>
Zwinge, Audra	amz03	Active Since 03/18/2016	<input type="button" value="Remove"/>

**Tool Bar**

- 
- 



# Designating an AP in the HCS - Continued

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[Home](#) --> [Manage APs](#)

Search for user to grant Authorized Person (AP) at Z Test Lhcsa (LHC SA) (8888Z888)

HCS Account ID

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# LiveScan Overview and Account Setup

- LiveScan provides digital scanning of fingerprints
- Statewide system of LiveScan stations
  - Fixed sites and mobile sites
- Operated by IdentoGO by MorphoTrust USA under contract with DCJS
- Contact IdentoGO by MorphoTrust USA at (877) 472-6915 to set up your account and discuss payment options, including electronic payment at time of appointment through use of pre-paid coupon codes or other means
- Your LiveScan account can be created prior to designation and so can also be completed by CCO/HHs and MSCs prior to 7/1/18.



# CHRC Application Submission Process via the HCS

# Steps to Submit and Process a CHRC Request

1. Prospective employee completes a CHRC 102 Employee Consent Form in HCS
2. AP must enter and submit an electronic Application Form via HCS
3. AP receives an Appointment Letter for finger printing via the Document Viewer in HCS
4. AP makes an appointment and arranges payment for prospective employee through fingerprint vendor website
5. AP provides copy of Request for Scan Services from HCS to prospective employee, which should be taken to finger printing appointment
6. Prospective employee proceeds to finger printing appointment with proper identification, provider payment, and a copy of the Request for Scan Services
7. Payment will be made by the employer at the time of finger printing
8. AP receives legal determination letter through Document Viewer in HCS





# Accessing the Application Form from the CHRC Menu in HCS

- Click the “Submit an Employee” link on the left menu in the “Use These Quick Links to Get Started” section. Only Authorized Persons have access to this link.

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Document Viewer | Manage APs | My Permissions | **Submit** | Terminate | Roster

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Other Links:

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- [Fingerprint Vendor Main Site](#)

## CHRC Application in HCS - Continued

- If you are an AP for more than one provider, please select the provider associated with this task from the PFI/License # drop-down list. *Note: If you are an AP for only one facility the PFI/License # will be auto-populated.*
- Enter all information for the employee to be submitted for a CHRC.


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Home

Employer:  

### CHRC Submission Form

*First Name : <input type="text"/>	*Birth Country/Place : <input type="text" value="-- Select Country--"/>
Middle Initial : <input type="text"/>	*Gender : <input type="text" value="-- Select Gender--"/>
*Last Name : <input type="text"/>	*Race : <input type="text" value="-- Select Race--"/>
*DOB : <input type="text" value="(mm/dd/yyyy)"/>	*Height : <input type="text" value="-- Select Height--"/>
Last 4 of SSN : <input type="text"/>	*Weight (Lbs) : <input type="text" value="-- Select Weight--"/>
Maiden Name : <input type="text"/>	*Eyes : <input type="text" value="-- Select Eye Color--"/>
Alias (AKA) : <input type="text"/>	*Hair : <input type="text" value="-- Select Hair Color--"/>
*Address Type : <input checked="" type="radio"/> Physical <input type="radio"/> P.O.Box	*City : <input type="text"/>
*Street Number : <input type="text"/>	*State : <input type="text" value="-- Select State--"/>
*Street Name : <input type="text"/>	*Zip Code : <input type="text"/>
Apartment : <input type="text"/>	Home Phone : <input type="text"/>
P.O.Box : <input type="text"/>	Cell Phone : <input type="text"/>

\* Fields marked with an asterisk (\*) are required.

I, Cody Pine, agree and it is my intent, to sign this record/document and affirmation by electronically submitting this application form for the subject individual. I understand submitting this application form in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I am thereby affirming to the truth of the information contained therein. I will use the result of the criminal history record check solely for purposes authorized under Article 28-E of the Public Health Law and Section 845-b of the Executive Law, and I will abide by the requirements set forth in law. Informed consent (DOH CHRC Consent Form 102) has been given by the subject individual and is on file.

The subject individual, whose identification I have confirmed, will provide direct care or supervision to individuals receiving care and/or services and is a subject individual concerning whom a criminal history record check is required by law (Article 28-E of the Public Health Law and Section 845-b of the Executive Law). Further, the subject individual is not licensed under Title 8 of the Education Law, or is licensed under such Title but will not be hired in the capacity of a licensed professional.

Some fields are listed as optional but should be completed if the individual has information for that field. Ex. not everyone has a middle name, if the person has one the initial should be submitted. This applies to the last four of the SSN field, Alias, Cell and Home phone.



## CHRC Application in HCS - Continued

- Click the “Verify” button at the bottom of the page, following the attestation.
- If there are errors after submitting you will have a screen displaying the errors which can be corrected.
- You should print the receipt once the application is submitted to DOH.

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Document Viewer | Manage APs | My Permissions | **Submit** | Terminate | Roster

Home -> [Submit](#)

### CHRC Submission Data Verification

REVIEW THE HIGHLIGHTED FIELDS.

The highlighted fields are key fields, please verify that the information entered is correct. This will help speed up the process.

Employer:


The information provided to CHRC is as follows:

*First Name : <input type="text" value="JOE"/>	*Birth Country/Place : <input type="text" value="United States of America"/>
Middle Initial : <input type="text" value="M"/>	*Gender : <input type="text" value="Male"/>
*Last Name : <input type="text" value="SMITH"/>	*Race : <input type="text" value="White or Hispanic"/>
*DOB : <input type="text" value="01/01/1980"/> (mm/dd/yyyy)	*Height : <input type="text" value="5' 10"/>
Last 4 of SSN : <input type="text" value="1234"/>	*Weight (Lbs) : <input type="text" value="178"/>
Maiden Name : <input type="text"/>	*Eyes : <input type="text" value="Brown"/>
Alias (AKA) : <input type="text"/>	*Hair : <input type="text" value="Brown"/>
*Address Type : <input checked="" type="radio"/> Physical <input type="radio"/> P.O.Box	*City : <input type="text" value="ALBANY"/>
*Street Number : <input type="text" value="125"/>	*State : <input type="text" value="New York"/>
*Street Name : <input type="text" value="WASHINGTON AVENUE"/>	*Zip Code : <input type="text" value="12208"/>
Apartment : <input type="text" value="1"/>	Home Phone : <input type="text"/>
P.O.Box : <input type="text"/>	Cell Phone : <input type="text"/>

\* Fields marked with an asterisk (\*) are required.

I, Cody Pine, agree and it is my intent, to sign this record/document and affirmation by electronically submitting this application form for the subject individual. I understand submitting this application form in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I am thereby affirming to the truth of the information contained therein. I will use the result of the criminal history record check solely for purposes authorized under Article 28-E of the Public Health Law and Section 845-b of the Executive Law, and I will abide by the requirements set forth in law. Informed consent (DOH CHRC Consent Form 102) has been given by the subject individual and is on file.

The subject individual, whose identification I have confirmed, will provide direct care or supervision to individuals receiving care and/or services and is a subject individual concerning whom a criminal history record check is required by law (Article 28-E of the Public Health Law and Section 845-b of the Executive Law). Further, the subject individual is not licensed under Title 8 of the Education Law, or is licensed under such Title but will not be hired in the capacity of a licensed professional.



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# HCS Document Viewer

- Click the “View Documents” link on the left menu in the “Use These Quick Links to Get Started” section. Only Authorized Persons have access to this link.

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Use These Quick Links To Get Started:

- ➔ [Submit an Employee](#)
- ➔ [Terminate an Employee](#)
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- ➔ [View Employees Roster](#)
- ➔ [Manage Authorized Persons](#)
- ➔ [Manage Your Permissions](#)

Other Links:

- ➔ [Background Check Consent Form](#)
- ➔ [Schedule Finger Print Appointment](#)
- ➔ [Fingerprint Vendor Main Site](#)

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System Information



- The default setting on the Document Viewer will show new letters not yet opened by your facility.
- You can search for any letter ever sent to your facility by changing the search type from show “Unread” letters to show “All” letters.


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 Home Page | Help | FAQs | Contact CHRC

Document Viewer | Manage APs | My Permissions | Submit | Terminate | Roster

Home -> Document Viewer

Main | Document History | Employee History

Employer: Z Test Lhcsa (LHCSA) (8888Z888) 















Show  Unread  All 

[Advanced Search](#)

Search Clear

Display 25

49 documents found, displaying 1 to 25. [First/Prev] 1, 2 [Next/Last]

Document Type	Employee Name	Date Received	Document History	Employee History	View Document
LiveScan Request Form	Smith, Bill	03/30/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/22/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/18/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/16/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/15/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/11/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/09/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/08/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/05/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/04/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/03/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/02/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	01/01/2018		<a href="#">View</a>	
LiveScan Request Form	Smith, Bill	12/29/2017		<a href="#">View</a>	

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- There's also an Advanced Search option that will let you search the document viewer by Name, Document Type, and by Date the Document was sent.

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Document Viewer | Manage APs | My Permissions | Submit | Terminate | Roster

Home --> Document Viewer

Main | Document History | Employee History

Employer: Z Test Lhcsa (LHCSA) (8888Z888)

Show:  Unread  All

Employee Last Name: Contains [ ] 

Employee First Name: Contains [ ]

Date Range: From [ ] (mm/dd/yyyy) To [ ] (mm/dd/yyyy)

Document Category: -- All Categories --

Basic Search  
Search Clear

Display 25

49 documents found, displaying 1 to 25. [First/Prev] 1, 2 [Next/Last]

Document Type	Employee Name	Date Received	Document History	Employee History	View Document
LiveScan Request Form	Smith, Bill	03/30/2018		View	
LiveScan Request Form	Smith, Bill	01/22/2018		View	
LiveScan Request Form	Smith, Bill	01/18/2018		View	
LiveScan Request Form	Smith, Bill	01/16/2018		View	
LiveScan Request Form	Smith, Bill	01/15/2018		View	
LiveScan Request Form	Smith, Bill	01/11/2018		View	
LiveScan Request Form	Smith, Bill	01/09/2018		View	
LiveScan Request Form	Smith, Bill	01/08/2018		View	
LiveScan Request Form	Smith, Bill	01/05/2018		View	
LiveScan Request Form	Smith, Bill	01/04/2018		View	
LiveScan Request Form	Smith, Bill	01/03/2018		View	
LiveScan Request Form	Smith, Bill	01/02/2018		View	
LiveScan Request Form	Smith, Bill	01/01/2018		View	
LiveScan Request Form	Smith, Bill	12/29/2017		View	

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# Using Reports from the CHRC Menu

- Select the report you wish to run from the “CHRC REPORTS” section in the main menu. You may lookup submitted employees, terminated employees or run a roster report of all employees.

CHRC Welcome Screen

https://evalcommerce.health.state.ny.us/chrc/

New York State  
Department of Health

Criminal History  
Record Check Program

Thursday, December 04  
[Go to Homepage](#)

**WHAT DO YOU WANT TO DO?**

- [Submit employee](#)
- [Terminate employees](#)
- [Open CHRC Document Viewer](#)
- [Schedule fingerprint appointment](#)
- [Fingerprint vendor main site](#)
- [Manage AP assignments](#)
- [View my account access](#)
- [Background check consent form](#)
- [Contact CHRC](#)

**CHRC REPORTS**

- [View recent submissions](#)
- [View recent terminations](#)
- [View full employee roster](#)

**CHRC HELP**

- [Tutorial Videos](#)
- [FAQs](#)

**Welcome Richard E Rees - QA Enviroment**

Welcome to the Criminal History Record Check (CHRC) Application. Please use the links on the left to:

- Submit background check requests. (Authorized Persons Only)
- Terminate employees (Authorized Persons Only)
- Open the CHRC Document Viewer (Authorized Persons Only)
- Schedule a fingerprint appointment
- Manage Authorized Person (AP) assignments (Facility Administrators Only)
- View your HCS account's CHRC permissions
- Print a blank background check consent form
- Contact CHRC
- View reports to verify CHRC activities (Authorized Persons Only)
- View video tutorials on this website's usage
- Read CHRC FAQ's

11:17 AM  
12/04/2014



# CHRC Employee Roster

- Click the “View Employees Roster” link on the left menu in the “Use These Quick Links to Get Started” section. Only Authorized Persons have access to this link.

The screenshot displays the New York State Criminal History Record Check (CHRC) web application. At the top left, it says "New York State" and "Criminal History Record Check". On the top right, there is a navigation bar with "Welcome Cody Pine" and links for "Home Page", "Help", "FAQs", and "Contact CHRC". Below this is a dark blue navigation menu with options: "Document Viewer", "Manage APs", "My Permissions", "Submit", "Terminate", and "Roster". The main content area starts with a "Welcome to The Criminal History Record Check" message, followed by a brief description of the application. Under the heading "Use These Quick Links To Get Started:", there is a list of links: "Submit an Employee", "Terminate an Employee", "View Documents", "View Employees Roster", "Manage Authorized Persons", and "Manage Your Permissions". A red arrow points to the "View Employees Roster" link. Below this is an "Other Links:" section with links for "Background Check Consent Form", "Schedule Finger Print Appointment", and "Fingerprint Vendor Main Site". At the bottom, there is a footer with "© 2015 NYS Department of Health - Criminal History Record Check" and "System Information".





- The Employee Roster will show the current status for all employees ever submitted by your facility.
- The roster can be exported to an Excel spreadsheet by clicking the “Export” button in the Tool Bar.

New York State Welcome Cody Pine

## Criminal History Record Check

Home Page | Help | FAQs | Contact CHRC

Document Viewer | Manage APs | My Permissions | Submit | Terminate | **Roster**


[Home](#)



### CHRC Employee Roster

Employer:  [Advanced Search](#)

Roster Type:  Search Clear

**Tool Bar**

 Print

 Export 

62 records found, displaying all records.

Employee Name	DOB	Start Date	Status	Status Date
Adams, Sam	01/23/1945	07/26/2012	Terminated	09/11/2012
Agyemang, Fred	07/04/1950	07/12/2013	Terminated	07/12/2013
Allrecords, Moving	01/01/1945	12/05/2012	Terminated	01/23/2013
Anumber, Icanenter	01/01/1945	11/19/2012	Terminated	01/03/2013
Barbagallo, Tara	01/23/1978	01/17/2012	Terminated	03/12/2012
Bell, Taco	01/01/1925	11/27/2012	Terminated	01/23/2013
Billangersindfgm, Test Double	01/01/1925	11/05/2012	Terminated	01/23/2013
Brothers, Fredd	02/03/1969	08/28/2013	Terminated	08/29/2013
Brown, David	01/12/1981	03/18/2011	Terminated	07/26/2011
Bunny, Buggs	12/25/1980	09/03/2010	Terminated	07/26/2011
Catalano, Tony	01/01/1945	11/14/2012	Terminated	01/23/2013



# CHRC LiveScan Finger Printing

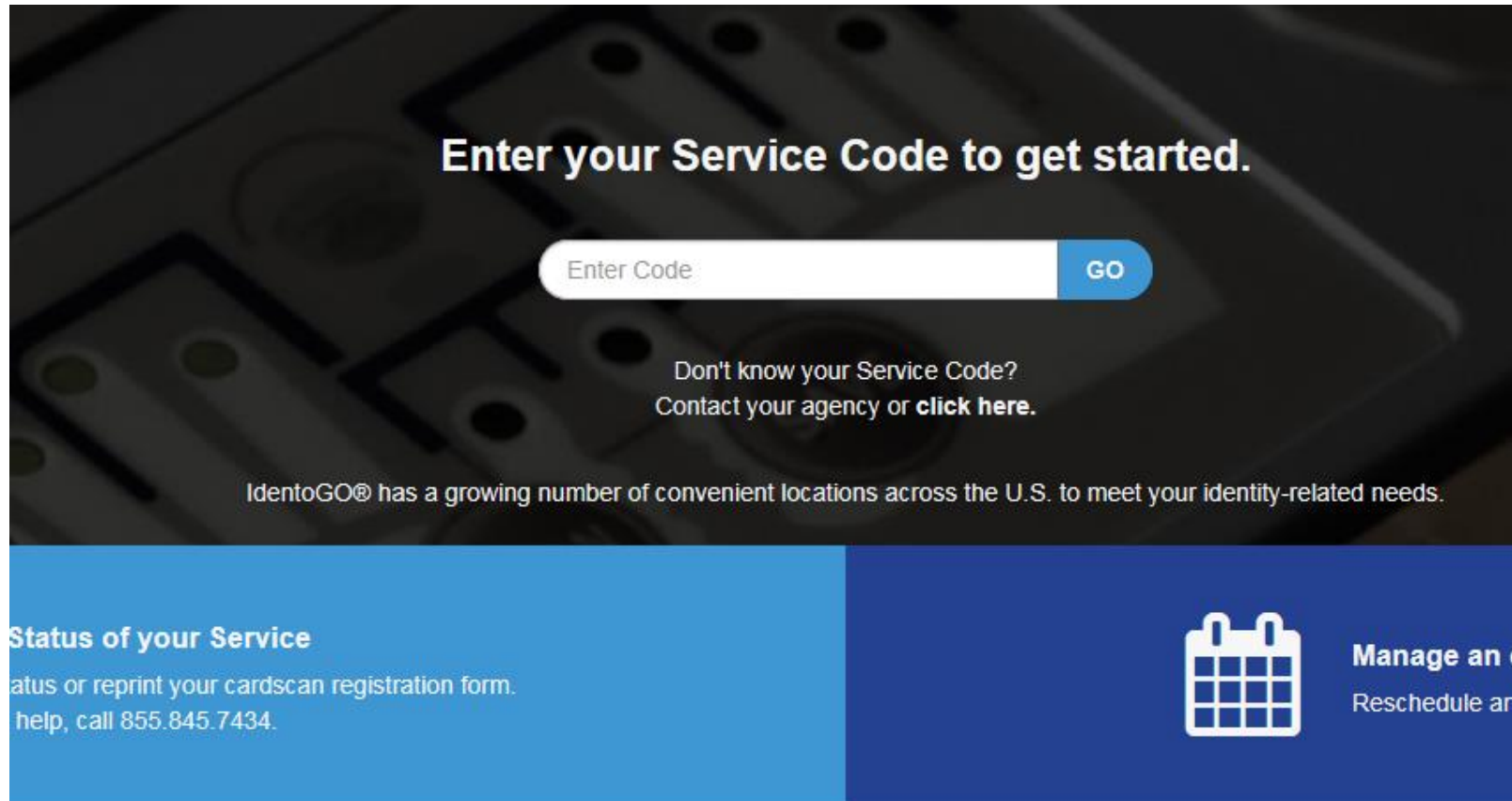
# How to Schedule Finger Printing Appointments?

1. Electronic CHRC application submitted via HCS by AP
2. Detailed information from electronic application also sent to Identogo by MorphoTrust USA
3. DOH CHRC “Request for Live Scan” with employee submission key letter arrives in the CHRC application in HCS the next business day (after Identogo by MorphoTrust USA receives information.) if they have not been previously finger printed.
4. After provider receives “Request for Live Scan” in the CHRC Application, the appointment for Finger Printing may be scheduled by the provider at <https://uenroll.identogo.com/> or telephone at (877) 472-6915
  - Select most convenient site, date and time in consultation with the employee
  - Should be scheduled jointly by provider and employee within 7 days



## Scheduling a Finger Printing Appointment - Continued

- Authorized Person can click on the Schedule Fingerprint Appointment link <https://uenroll.identogo.com/> displayed on the CHRC application. They will be sent to the screen shown below and asked to put in the Service Code. The service code for CHRC is 154552.



The screenshot shows a dark-themed web interface for IdentoGO. At the top, it says "Enter your Service Code to get started." Below this is a white input field with the placeholder text "Enter Code" and a blue "GO" button. Underneath the input field, there is a link: "Don't know your Service Code? Contact your agency or [click here.](#)" At the bottom of the main content area, there is a line of text: "IdentoGO® has a growing number of convenient locations across the U.S. to meet your identity-related needs." The bottom of the page is divided into two colored sections: a light blue section on the left and a dark blue section on the right. The light blue section has the heading "Status of your Service" and some partially visible text. The dark blue section has a calendar icon and the heading "Manage an ex" with "Reschedule an e" below it.



## Scheduling a Finger Printing Appointment - Continued

- After entering the service code, you'll be brought to the page shown below.
- If scheduling a new appointment, click on the “Schedule or Manage Appointment” option.



### 154552 - New York DOH—Nursing Home/Home Health/Adult Facility/Hospice Worker

[← Back to Home](#)

#### **Schedule or Manage Appointment**

Schedule an in-person appointment or change an existing appointment.



#### **What do I need to bring to enrollment?**

Find out which documents you need to bring to the enrollment center to facilitate processing.

#### **Locate an Enrollment Center**

Locate and get directions to an enrollment center near you.

#### **Submit A Fingerprint Card by Mail**

Complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail.



**Department  
of Health**

**Office of Children  
and Family Services**

## Scheduling a Finger Printing Appointment - Continued

- Next click on the “Agency ID/Date of Birth”
- Insert the Submission Key from the LiveScan into the Agency ID section along with the applicants DOB.
- After entering this information you will be able to select a time and location for the applicants fingerprint appointment.

**IdentoGO**

E

**154552 - New York DOH–Nursing Home/Home Health/Adult Facility/Hospice Worker**

Essential Info > Eligibility > Citizenship > Personal Que

\* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to check the status of your service or 'Cancel' to exit.

Name / Method of Contact    UE ID / Date of Birth    Agency ID / Date of Birth

Agency ID / Date of Birth

\* Agency Id   \* Date of Birth



Department  
of Health

Office of Children  
and Family Services

# Where are the LiveScan Finger Printing Stations?

- Contract requires sites located within
  - 20 miles
  - 30 minutes
- Appointments must be available within 7 days
- Large metro areas will have multiple stations

# What Does Live Scan Finger Printing Cost?

## ➤ Total Cost is \$99

- \$87 pass through fees for checking DCJS and FBI
- Administrative fee \$12

## ➤ Who Pays?

- For CCO/HHs, HHSCs, MSCs, CMAs, and HCBS providers, the employers of the prospective employee must pay.
- These costs are statutorily prohibited from being passed on to the employee.





# How Can Providers Pay for Finger Printing?

- The main payment option for fingerprinting is a credit card backed payment option called No Charge Authorization Code (NCAC).
  - Providers purchase these paid codes in advance that are provided to the prospective employee to present at the time of fingerprinting.
  - All payments such are processed through Identigo/Morphotrust. To facilitate NCAC via credit card, call (877) 472-6915.
- In addition, providers may also pay using the following payment options:
  - Credit card (cardholder must be present at the time of enrollment with proper identification)
  - Money order/Cashier's Check in the exact amount of service
  - Business Check in the exact amount of service



# Completing the LiveScan Finger Printing Appointment

To complete the appointment, prospective employees must:

- Attend the LiveScan appointment at the agreed date, time, and location;
- Bring:
  - Appropriate photo identification per IdentoGO/Morphotrust ;
  - The NCAC or other form of payment provided by the employer/provider; and
  - Copy of Request for Scan Services (provided to employee from CHRC Application within HCS)
- The CHRC Application in HCS will be updated once the fingerprint scan is complete.
- Generally, if there is no criminal history record, within a few business days a clearance letter will be sent to the requesting entity via HCS clearing the individual for employment.



# Employee Finger Print Appointment Cancellations?

- Contact IdentoGO by MorphoTrust USA of cancellations as soon as possible.
- For payments made via credit card or billing account, contact IdentoGO by MorphoTrust USA Business Office @ (877) 512-6962 for refund.
- Reschedule the appointment as soon as possible.

# CHRC Contacts

- CHRC Program PH: (518) 402-5549  
Email: [chrc@health.ny.gov](mailto:chrc@health.ny.gov)
- CHRC Legal Dept. PH: (518) 408-1627  
Email: [chrclegal@health.ny.gov](mailto:chrclegal@health.ny.gov)

# Criminal History Record Check Legal Review

Daryl M. Barra  
Associate Attorney  
NYS Department of Health  
Unit Leader, CHRC Legal Unit  
518-408-1627

# Legal Review

- 1.983 million individuals processed by CHRC as of 1/17/2018 (Initial & Expedited)
- Individuals with a “Hit” represent 17% of the overall population, of these approximately 20%-30% are denied employment eligibility

# Summary – CHRC Legal Review Process

- Begins with perfection of criminal history record;
- Reviews criminal history following the statutory framework;
- Provides employer with determination about suitability for employment;
- Provides subject individual with opportunity to provide rehabilitation evidence;
- Balances the safety of vulnerable people against the need to reduce criminal behavior through gainful employment

# Confidentiality of CHRC Results

- Access to results must be restricted only to:
  - Subject individual
  - Provider's Authorized Person(s)
  - Others involved in the hiring decision and
  - The Department of Labor
  
- Criminal history information must remain strictly confidential and be kept in a separate area that only the Authorized Persons have access to.



# Definition

## Criminal Conviction

- Means a judgment or sentence for a charge of a felony or misdemeanor under NYS law or a comparable crime under any other jurisdiction.

# CHRC Legal Determination Letters

- Based on Legal review of NYS and FBI criminal histories
- Examples include:
  - Hold in Abeyance (open charges but not convicted)
  - Not Held in Abeyance (open charge but not convicted, but even if convicted will be cleared to work)
  - Pending Denial (30 days to submit rehabilitation evidence)
  - Final Denial (Employee must be removed from direct patient care & electronic termination form submitted)
  - Final Non-Denial (Employee is approved for employment eligibility)
  - Subsequent arrest information (NYS only)



# Criminal History Record Disclosure

- Pursuant to the FY 2019 Enacted Budget, DOH CHRC will be providing NYS and FBI Criminal History Records (i.e. rap sheets) to all prospective employees wherein the Department is proposing a denial of employment eligibility.
- The following will also be provided:
  - Copy of Correction Law Article 23-A
  - Contact information for DCJS and the FBI for the purpose of correcting the Criminal History Record, if the Record is inaccurate.



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DEPARTMENT OF HEALTH

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Richard F. Daines, M.D.  
Commissioner

James W. Clyne, Jr.  
Executive Deputy Commissioner  
9/25/2008

PATIENT CARE KEWGARDENS  
NATIONAL HOME CARE INC  
80-02 KEWGARDENS ROAD  
CROSS ROADS TOWER SUITE 600  
KEWGARDENS, NY 11415

Provider ID#: 1147L002

Attn: CHRC Authorized Person (AP):

**RE: SUBJECT INDIVIDUAL**

**TESTER PERSON DOB: 1/1/1975 NY SID: 123TEST**

*Pursuant to Public Health Law Article 28-E and Executive Law Section 845-b, the New York State Division of Criminal Justice Services (DCJS) has conducted a national and state criminal history record check of the above referenced individual whom you have identified to the Department of Health (DOH) as a prospective employee who will provide direct care or supervision to patients, residents or clients of the provider identified*

Dear Agency Authorized Person,

The Department of Health (DOH) will not hold the application for employment in abeyance and the provider is not required to deny the above referenced individual's application for employment, based on a review of national and state information provided by the Division of Criminal Justice Services (DCJS). This determination does not constitute an opinion or recommendation by DOH as to whether this individual should be hired for the position for which he or she has applied. As the provider of health services, you may act on the application at your own discretion, consistent with all applicable laws and regulations.

The legal authority for this determination is set forth as follows: Pursuant to Executive Law Section 845-b(3) and the corresponding DOH regulations at 10 NYCRR Part 402, where the applicant's criminal history record check reveals a charge for any felony, DOH shall hold the application for employment in abeyance until the charge is finally resolved. Where the applicant's criminal history record check reveals a charge for any misdemeanor, DOH may hold the application in abeyance until the charge is finally resolved.

The Division of Criminal Justice Services (DCJS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in attached "Charge/Conviction Report".

Please be advised that this individual's fingerprints will be retained by DCJS for the period in which this individual remains a "subject individual" as defined in Section 845-b of the Executive Law. While this record is retained by DCJS, DOH will be informed of any charges that may occur. You will be provided a summary of such information in the event of any such occurrences, during the time that this individual is employed by the provider identified above. In this regard, please also notify DOH if this person leaves your organization so that we may ensure you are no longer provided with these



# Suitability of Employment Determination

## 10 NYCRR §402.7

### ➤ Disqualifying Crimes

- Pursuant to Executive Law 845-b(5)(a), these crimes are considered statutorily disqualified for employment.

### ➤ Discretionary Crimes

- Pursuant to Executive Law 845-b(5)(b), these crimes are considered discretionary and may be disqualifying for employment, depending on the Correction Law Article 23-A analysis.



# Corrections Law

## Article 23-A

- Direct relationship between the position and one or more convictions
- Employment would cause an unreasonable risk to:
  - Property
  - Safety
  - Welfare of  
Residents, patients or clients
- Charges after hire –The provider is responsible for determining according to Article 23-A of the Correction Law whether the employee is a danger as outlined above.





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Dear Agency Authorized Person,

The Department of Health (DOH) has finally determined, pursuant to Article 28-E of the Public Health Law and/or section 845-b of the Executive Law and an review of submissions on behalf of the employee, that the provider is not required to deny the above referenced individual's eligibility for employment, based on a review of national and state information provided by the Division of Criminal Justice Services (DCJS), as well as information that may have been submitted by the individual. This determination does not constitute an opinion or recommendation by DOH as to whether this individual should be hired for the position for which he or she has applied. As the provider of health services, you may act on the application for employment at your own discretion, consistent with all applicable laws and regulations.

The legal authority for this determination is set forth as follows: Pursuant to Executive Law Section 845-b(5) and the corresponding DOH regulations at 10 NYCRR Part 402, where the applicant's criminal history record check reveals a conviction for a crime other than those specifically referenced in such statute, DOH may direct the provider to deny employment of the applicant, consistent with Corrections Law Article 23-A relating to unfair discrimination against persons previously convicted of one or more criminal offenses.

The Division of Criminal Justice Services (DCJS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in attached "Charge/Conviction Report," which reflects either prior convictions for crimes or a combination of prior convictions and outstanding criminal charges.

Please be further advised that this individual's fingerprints will be retained by DCJS for the period in which this individual remains a "subject individual" as defined in Section 845-b of the Executive Law. While this record is retained by DCJS, DOH will be informed of any charges that may occur. You will



## 23-A Factors

1. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct
2. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
3. Specific duties and responsibilities necessarily related to the employment sought
4. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties
5. The time which has elapsed since the occurrence of the criminal offense or offenses
6. The age of the person at the time of the occurrence of the criminal offense or offenses
7. The seriousness of the offense or offenses
8. The public policy of the state to encourage the employment of persons convicted of one or more criminal offenses





# Reversals

- Rehabilitation Evidence
- DCJS correction of information (juvenile sealed records)
- Correct the rap sheet through DCJS and/or FBI

Individuals provided new and/or additional information

- Encourage employees to provide rehabilitation evidence as soon as possible
- References from employer

# Rehabilitation Evidence

- Opportunity for written explanation as to why employment should not be denied after pending denial letter
  - 30 days to submit written evidence
  - Employee removed from direct care
  - Information reviewed and a final employment eligibility determination is made.
  
- During this period, a temporary employee may not provide direct care.

# Evidence

- Certificate of Relief from Disabilities
- Letter of recommendation/ prospective employer
- Letter of recommendation/other
- Participation in Ex-offender program
- Education/training achievements
- Professional Achievements
- Community Service Achievements
- Drug/alcohol rehabilitation (completion)
- Completion of Anger Management or similar programs
- Certificate of good conduct
- Work Experience
- Other





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Dear Agency Authorized Person,

The Department of Health (DOH) has finally determined, pursuant to Article 28-E of the Public Health Law and/or section 845-b of the Executive Law and an review of submissions on behalf of the employee, that the provider is not required to deny the above referenced individual's eligibility for employment, based on a review of national and state information provided by the Division of Criminal Justice Services (DCJS), as well as information that may have been submitted by the individual. This determination does not constitute an opinion or recommendation by DOH as to whether this individual should be hired for the position for which he or she has applied. As the provider of health services, you may act on the application for employment at your own discretion, consistent with all applicable laws and regulations.

The legal authority for this determination is set forth as follows: Pursuant to Executive Law Section 845-b(5) and the corresponding DOH regulations at 10 NYCRR Part 402, where the applicant's criminal history record check reveals a conviction for a crime other than those specifically referenced in such statute, DOH may direct the provider to deny employment of the applicant, consistent with Corrections Law Article 23-A relating to unfair discrimination against persons previously convicted of one or more criminal offenses.

The Division of Criminal Justice Services (DCJS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in attached "Charge/Conviction Report," which reflects either prior convictions for crimes or a combination of prior convictions and outstanding criminal charges.

Please be further advised that this individual's fingerprints will be retained by DCJS for the period in which this individual remains a "subject individual" as defined in Section 845-b of the Executive Law. While this record is retained by DCJS, DOH will be informed of any charges that may occur. You will





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Dear Agency Authorized Person,

The Department of Health (DOH) has determined that the above referenced individual's eligibility for employment by the provider must be denied, pursuant to Article 28-E of the Public Health Law and/or section 845-b of the Executive Law, based on a review of national and state information provided by the Division of Criminal Justice Services (DCJS), as well as information that may have been submitted by the individual. The individual may not be further considered for the position sought. If the individual is currently serving as a temporarily approved employee in the position in your organization, he or she must be removed from such status immediately.

The legal authority for this determination is set forth as follows: Pursuant to Executive Law Section 845-b(5) and the corresponding DOH regulations at 10 NYCRR Part 402, where the applicant's criminal history information reveals a conviction for a crime other than those specifically referenced in such statute, DOH may direct the provider to deny employment of the applicant, consistent with Corrections Law Article 23-A relating to unfair discrimination against the persons previously convicted of one or more criminal offenses.

This decision is based upon a review of the criminal history records of the above noted person which shows either prior convictions for crimes or a combination of prior convictions and outstanding criminal charges.

The Division of Criminal Justice Services (DCJS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in attached "Charge/Conviction Report".

Pursuant to Executive Law Section 845-b(5)(d), DOH has afforded the subject individual an opportunity to explain, in writing, why employment should not be denied.




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KEWGARDENS, NY 11415

Provider ID#: 1147L002

Attn: CHRC Authorized Person (AP):

**RE: SUBJECT INDIVIDUAL**

**TESTER R PERSON      DOB: 1/1/1975      NY SID: 123TE ST**

Dear Agency Authorized Person,

We are notifying you of this charge in accordance with Article 28E of the Public Health Law and 10 NYCRR Part 402. Please be advised that these regulations require you, the provider, to take any and all appropriate action you deem necessary to ensure that the health, safety, and welfare of your patients, residents or clients are protected. Please be further advised that, because the Department of Health (DOH) will not receive further information from the Department of Criminal Justice Services (DCJS) about the disposition of this charge, it is your responsibility to monitor the outcome of such proceedings if the employee remains in your service. If you become aware of such disposition, please advise us of same to assist us in keeping our records current.

The Division of Criminal Justice Services (DCJS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in the attached "Charge/Conviction Report".

Please also be reminded that you are required by our regulations (10 NYCRR Part 402) to immediately, but no later than within 14 days after the event, inform DOH, and document that such notification occurred, when any employee who was subject to, and underwent, a criminal history record check in accordance with Public Health Law Article 28-E and Executive Law Section 845-b and the above referenced regulations, is no longer employed by the provider.

If you have any questions, please contact the CHRC Legal Review Unit at 518-408-1627 (phone) or 518-473-4896 (fax).

Sincerely,  
CHRC Legal Review Unit

# Abeyance v. Charges After Hire

- Abeyance Letter
  - Hiring decision – DOH requires disposition information
  - Article 23-A Analysis
- Charges after Hire – Requires Employer follow-up



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Dear Agency Authorized Person,

The Department of Health (DOH) is holding this application in abeyance and advises you that you may not act on this individual's application until the charges have been fully resolved, based on a review of national and state information provided by the Division of Criminal Justice Services (DCJS). If you have temporarily approved this prospective employee while the results of the criminal history record check are pending, he or she must be removed immediately from any position that involves direct care or supervision to patients, residents, or clients of the provider.

The legal authority for this determination is set forth as follows: Pursuant to Executive Law Section 845-b(5) and the corresponding DOH regulations at 10 NYCRR Part 402, where the applicant's criminal history record check reveals a charge for any felony DOH shall hold the application for employment in abeyance until the charge is finally resolved. Where the applicant's criminal history record check reveals a charge for any misdemeanor, DOH may hold the application in abeyance until the charge is finally resolved.

Please also note that pursuant to statute, only CHRC may make a final decision regarding the applicant's suitability for employment during the period of open charges or after the disposition of them. The employer may not make its own decision regarding employment where the employee only informs you about the status or resolution of their open charges. Again, the final suitability decision must come from CHRC.

The Division of Criminal Justice Services (DCJS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in attached "Charge/Conviction Report".

Please advise DOH within 14 days of receipt of this letter whether the prospective employee has withdrawn his/her application and is no longer being considered for the position for which the person

**Hold in Abeyance - Charges/Convictions**

Page 1 of 5



Department  
of Health

Office of Children  
and Family Services





STATE OF NEW YORK  
DEPARTMENT OF HEALTH

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Richard F. Daines, M.D.  
Commissioner

James W. Clynne, Jr.  
Executive Deputy Commissioner

9/25/2008

PATIENT CARE KEWGARDENS  
NATIONAL HOME CARE INC  
80-02 KEWGARDENS ROAD  
CROSS ROADS TOWER SUITE 600  
KEWGARDENS, NY 11415

Provider ID#: 1147L002

Attn: CHRC Authorized Person (AP):

**RE: SUBJECT INDIVIDUAL**

**TESTER R PERSON DOB: 1/1/1975 NY SID: 123TEST**

*Pursuant to Public Health Law Article 28-E and Executive Law Section 845-b, the New York State Division of Criminal Justice Services (DCJS) has conducted a national and state criminal history record check of the above referenced individual whom you have identified to the Department of Health (DOH) as a prospective employee who will provide direct care or supervision to patients, residents or clients of the provider identified*

Dear Agency Authorized Person,

The Department of Health (DOH) will not hold the application for employment in abeyance and the provider is not required to deny the above referenced individual's application for employment, based on a review of national and state information provided by the Division of Criminal Justice Services (DCJS). This determination does not constitute an opinion or recommendation by DOH as to whether this individual should be hired for the position for which he or she has applied. As the provider of health services, you may act on the application at your own discretion, consistent with all applicable laws and regulations.

The legal authority for this determination is set forth as follows: Pursuant to Executive Law Section 845-b(5) and the corresponding DOH regulations at 10 NYCRR Part 402, where the applicant's criminal history record check reveals a charge for any felony, DOH shall hold the application for employment in abeyance until the charge is finally resolved. Where the applicant's criminal history record check reveals a charge for any misdemeanor, DOH may hold the application in abeyance until the charge is finally resolved.

The Division of Criminal Justice Services (DCJS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in attached "Charge/Conviction Report".

Please be advised that this individual's fingerprints will be retained by DCJS for the period in which this individual remains a "subject individual" as defined in Section 845-b of the Executive Law. While this record is retained by DCJS, DOH will be informed of any charges that may occur. You will be provided a summary of such information in the event of any such occurrences, during the time that this individual is employed by the provider identified above. In this regard, please also notify DOH if this person leaves your organization so that we may ensure you are no longer provided with these



# Accessing the Termination Form from the CHRC Menu

- Click the “Terminate an Employee” link on the left menu in the “Use These Quick Links To Get Started” section.
- Termination must occur when directed by the Department due to a denial of employment eligibility or when the employee is no longer employed by the Agency.

New York State  
**Criminal History Record Check**

Welcome Cody Pine

Home Page | Help | FAQs | Contact CHRC

Document Viewer | Manage APs | My Permissions | Submit | Terminate | Roster

**Welcome to The Criminal History Record Check**

The Criminal History Record Check (CHRC) web application is dedicated to help processing all Criminal History Record Check applications for unlicensed nursing home and home care workers.

Use These Quick Links To Get Started:

- ➔ [Submit an Employee](#)
- ➔ [Terminate an Employee](#)
- ➔ [View Documents](#)
- ➔ [View Employees Roster](#)
- ➔ [Manage Authorized Persons](#)
- ➔ [Manage Your Permissions](#)

Other Links:

- ➔ [Background Check Consent Form](#)
- ➔ [Schedule Finger Print Appointment](#)
- ➔ [Fingerprint Vendor Main Site](#)

© 2015 NYS Department of Health - Criminal History Record Check

System Information



# Processing a Termination Form from the CHRC Menu

- If you are an AP for more than one provider, please select the provider associated with this task from the PFI/License # drop-down list. *Note: If you are an AP for only one facility the PFI/License # will be auto-populated.*
- Click each checkbox associated with an employee(s) to be terminated.
- Then click the Terminate button.

New York State  
**Criminal History Record Check**

Welcome Cody Pine

Home Page | Help | FAQs | Contact CHRC

Document Viewer | Manage APs | My Permissions | Submit | **Terminate** | Roster

[Home](#)

To terminate individuals from employment, use the drop-down box to select the provider. Then, check each individual that requires termination from employment, press the termination button to submit terminations to DOH.

Employer

Terminate	Name	DOB
<input checked="" type="checkbox"/>	Smith, Bill	01/01/1980

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## Processing a Termination Form from the CHRC Menu - Continued

- A confirmation page will appear listing the selected employee(s) for termination. You may remove employee(s) from the list of employee(s) selected for termination by clicking on the “Remove” button next to an associated employee.
- To process the termination(s), click the “Terminate” button on the bottom of the confirmation screen. If you press the “Cancel” button, then you will return to the original CHRC 105 Termination Form screen without any changes or selections.

New York State

Welcome Cody Pine

### Criminal History Record Check

Home Page | Help | FAQs | Contact CHRC

Document Viewer Manage APs My Permissions Submit **Terminate** Roster

[Home](#) -> [Terminate](#)

**Please confirm that listed employees should be terminated**


I, Cody Pine, certify that the named individual(s) is either not employed/used by this agency or is not in a position subject to a criminal history record check (CHRC). The named individual is therefore not subject to a CHRC unless the individual's employment status changes to one requiring such check, at which time a new application request will be submitted.

Do you want to terminate the following individuals from Z Test Lhcsa (LHCSA) (8888Z888)? If a termination is done in error a new application form will need to be submitted.

Name	DOB	
Smith, Bill	01/01/1980	<a href="#">Cancel Termination</a>

[Terminate](#) [Cancel](#)

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# Processing a Termination Form from the CHRC Menu - Continued

- After successful termination, click the “Print” button on the next screen to print a separate page for each employee terminated to be retained in your files for a minimum of six years. *CHRC 102 (Fingerprint Consent Form) and 103 (Submission Receipt) forms must also be retained even if the individual was not utilized by your provider.*

New York State

## Criminal History Record Check

Welcome Cody Pine

[Home Page](#) | [Help](#) | [FAQs](#) | [Contact CHRC](#)

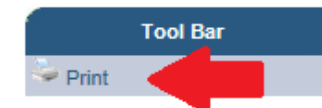
[Document Viewer](#) [Manage APs](#) [My Permissions](#) [Submit](#) [Terminate](#) [Roster](#)

[Home](#) --> [Terminate](#)

### CHRC Termination(s) Successfully Completed

The employee Bill Smith was successfully terminated from CHRC for Z Test Lhcsa (LHCSA) (8888Z888) on 04/02/2018 10:12:11 AM by Cody Pine (cxp19). The information regarding the employee is as follows:

Employee ID : 940677  
 First Name : Bill  
 Last Name : Smith  
 DOB (mm/dd/yyyy) : 01/01/1980  
 PFI : 51/8888Z888  
 Terminated By : cxp19  
 Terminated On : 04/02/2018 10:12:11 AM



Department  
of Health

Office of Children  
and Family Services

# Statewide Central Register (SCR) of Child Abuse and Maltreatment Database Checks and Mandated Reporting of Child Abuse and Maltreatment



# Statewide Central Register Database Checks

The Statewide Central Register maintains a database with records of reports of child abuse or maltreatment. The purpose of a database check is find out if a prospective employee is a confirmed subject of an indicated report of child abuse or maltreatment. SCR Database checks will be required for Prospective Employees hired on or after April 1 ,2018 that will have the potential for regular and substantial contact with persons served by the following: Health Homes and those that subcontract with Health Homes (e.g., care management agencies) that provide Health Home care management to:

- Health Home enrollees under age 21 – includes members enrolled in Health Homes designated to serve children and adults
  - Individuals enrolled in Health Homes that have a diagnosis of developmental disability as defined in Section 1.03(22) of the New York State Mental Hygiene law, i.e., all members enrolled in designated CCO/HHs that will begin operations on July 1, 2018
- Providers of Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children's 1115 Waiver amendment
- Please note that SCR database checks are not transferable and are prohibited from being re-disclosed.

# Who is required to undergo a SCR database check?

## ➤ Who is subject to SCR?

- Employees that have the potential regular and substantial contact with enrollees.
  - The agency/program should determine whether someone has the potential for "regular and substantial" contact with children; this requires an individual evaluation of the position and potential type and frequency of interactions by the person in the qualifying role. Consider the potential duration of the contact, and the role of the individual having contact with children, including whether children ever have contact with these type of individuals outside of the presence of the children's parent or guardian.
  - Example: Care Managers

## ➤ Who isn't subject to SCR?

- Volunteers (unless they are in a role where they have the potential for regular and substantial contact with enrollees, the role is the determining factor, not whether they are paid or unpaid)
- Those who are not expected to have regular and substantial contact with enrollees
  - Example: Administrative staff





# How to Request an SCR Database Check

- The New York State Office of Children and Family Services (OCFS) has a web-based application, the “Online Clearance System” (OCS), that allows authorized users to inquire of the SCR as to the existence of any reports of child abuse or maltreatment indicated against an applicant prior to employment.
- The OCS format guides the agency/program worker and/or applicant step-by-step through the electronic entry process. All notifications or response letters from the SCR will be received electronically by the agency/program as well. The OCS will maintain a record of all database check requests submitted by your agency/program and the SCR’s response for six months. This does not eliminate the need for your agency/program to track and maintain SCR database check submissions and the SCR response letters as required by licensing or regulatory standards.
- The OCS can only be used in accordance with Section 424-a of the Social Services Law. The results of SCR database checks are not transferable and are not to be redisclosed.



# How to Perform an SCR Database Check

1. The first step is for your agency/program to obtain a valid resource identification number (RID) in order to register to use the OCS. Agencies will receive an email from the State requesting the following information:
  - the name, address and telephone number of your organization
  - the name of a contact person within your organization, along with their email address
2. The second step is to obtain an OCS registration packet. To receive a OCS registration packet, please call the SCR at 518-474-1567 or submit a request to [OCFS.SM.ocs.user.assistance@ocfs.ny.gov](mailto:OCFS.SM.ocs.user.assistance@ocfs.ny.gov). The packet will also be available online.
3. Upon completion of the registration process, OCFS will create an account for the agency/program liaison designated on the Agency Information Registration Sheet. After the registration packet has been processed, the liaison will receive an email with their user name and password.
4. The OCS can be accessed at <https://ws04.nyenet.state.ny.us/> . This will take you to the OCS log-in page where you will enter your user name and password. From there, follow the data entry instructions.



# Obtaining Required Information to Request an SCR Database Check

- In order to submit an SCR database check request, the agency/program will need to gather required information from the Prospective Employee.
- The LDSS-3370 form can be used for your convenience in obtaining the required information from the Prospective Employee. Please do not mail this form to the SCR. The entire database check process occurs electronically in the OCS.
- Once you have data entered the required information into the OCS, you must click “Submit” for the information to be sent to the SCR. You will receive an immediate electronic acknowledgement of that submission.

# LDSS-3370

LDSS-3370 (Rev. 09/2014)

## Instructions for Completing the Statewide Central Register Database Check Form

### LDSS-3370

- ALL information on the form must be easily read so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

#### THE PROPER WAY TO COMPLETE THE FORM:

#### AGENCY INFORMATION

##### TOP LINE OF FORM:

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Daycare providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID number. (Contact your licensing agency/Regional Office if you have any questions.)
- Clearance Category letter code (see back of Form LDSS-3370) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

##### AGENCY ADDRESS AREA:

- Agency Name: Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (\*The SCR response will be addressed to the liaison.) The liaison cannot be the applicant or a relative of the applicant.
- Agency Address: Must include street, city

#### APPLICANT INFORMATION

##### APPLICANT/HOUSEHOLD MEMBER AREA:

- **ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.**

- Remember to **write clearly** or **type** all information in order to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.

- First line: Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.

- Second line: Any maiden names, previous married names, or aliases by which the applicant is or has been known.

Use additional lines if there is more than one maiden/married/alias name to be listed.

- Remaining lines: Names of all other household members. (Attach an additional page if needed.)

**If there are no other household members, indicate NONE** on the line below "Maiden/Alias".

- First column: indicate the relationship to the applicant of each person listed. (*Spouse, son, daughter, mother, father, friend, etc.*)

- Sex M/F column: fill in either M (Male) or F (Female) for **every** person listed.

- Date of Birth column: fill in complete date of birth (mm/dd/yy) for everyone listed on the form.

##### ADDRESS AREA:

The information required varies depending on the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for categories), provide addresses for the applicant and any household member who is 18 and older. **We need this information for the last 28 years.** Attach supplemental pages if necessary, but **do not use** another LDSS-3370 form to list this additional information. Be sure to associate address histories with particular individuals (*i.e., indicate which addresses are for which household members*).

- For all other categories, **only** the applicant's address history is required – for the last 28 years.

- Complete addresses are required. Include street name and city/town/village. Also include street number and apartment number. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates of residence. If the applicant has spent time in the military, list base names and locations along with dates. **Be sure that there are no periods of time unaccounted for.**

- The top line is for the current address. The previous address should be listed on the second line downward, and so on to the back of the form for the last 28 years. Staple the attached supplemental page to the form if more space is needed, but do not use another copy of the LDSS-3370 for this additional information.

##### SIGNATURE AREA:

Signatures required depend upon the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for category), signatures are needed from the applicant and any household member who is 18 or older.

- For all other categories, **only** the applicant's signature is required.

- All signatures must correspond to the names recorded in the Applicant/Household Member Area-for example; Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.

- Applicants must sign in the boxes marked "Applicant's Signature", household members over 18 who are not applicants must sign in the boxes at the extreme bottom of the page marked "Signature".

- All signatures must be dated (mm/dd/yy). **The SCR will not accept a form with a signature date more than 6 months old.**

If you have questions regarding proper completion of this form, **please call the SCR at 518-474-5297.**

#### MAIL YOUR COMPLETED LDSS-3370 FORM TO:

STATEWIDE CENTRAL REGISTER  
P.O. BOX 4480  
ALBANY, N.Y. 12204-0480

#### TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the (OCFS-4627) Request for Forms and Publications, from the Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/>  
Internet: <http://ocfs.ny.gov/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to:  
THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144.



Department  
of Health

Office of Children  
and Family Services

# LDSS-3370 Contd.

LDSS-3370 (Rev. 09/2014) FRONT

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATEWIDE CENTRAL REGISTER DATABASE CHECK**  
*Agency Use Only*

	<b>SCR USE ONLY</b>
	REQUEST I.D.:

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code):
				( ) -

**PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:**

AGENCY NAME: AGENCY LIAISON: STREET ADDRESS: CITY:                      STATE:    ZIP CODE:	The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form.  <b>FOR ALL CATEGORIES:</b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</b>  (see reverse side for instructions) Attach additional page if necessary.
--	--

The purpose of collecting the demographic data on other persons in your household who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**APPLICANT/HOUSEHOLD MEMBER AREA    \*PLEASE TYPE OR PRINT CLEARLY**

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
MAIDEN/ALIAS				

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE

**EIGHTEEN YEARS OLD OR OVER:**  
I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE

# LDSS-3370 Contd.

LDSS-3370 (Rev. 09/2014) REVERSE

## AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY AND GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons eighteen years old and over residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

**AGENCY CODE** - Record your 3-digit agency code. NOTE: Day Care, Family and Group Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha or Alpha/Numeric 3 digit code with your licensing agency.

**DAYCARE PROVIDERS** - Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID (RID) number. (Contact your licensing agency/Regional Office if you have any questions).

**RESOURCE I.D. (RID)** - Record your RESOURCE I.D. (RID) in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs, and Local Departments of Social Services, have RID'S as of 9/01. Verify your RID number with your licensing agency. If you need assistance, email: [ocfs.sm.conn\\_app@ocfs.ny.gov](mailto:ocfs.sm.conn_app@ocfs.ny.gov)

**CLEARANCE CATEGORIES** - Record the appropriate category.

<p><b>A</b> - Adult Services/Family Type Home for Adults</p> <p><b>D</b> - Prospective employee (Local DSS district - bill against reimbursement)**</p> <p><b>E</b> - Current employee.</p> <p><b>F</b> - Prospective/new employee other than day care employees. (fee required - see below)*</p> <p><b>M</b> - Director of a summer camp, overnight camp, day camp or traveling day camp.</p> <p><b>N</b> - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below)*</p> <p><b>P</b> - Applying to be family day care provider. (fee required - see below)*</p> <p><b>Q</b> - Applying to be group family day care provider. (fee required - see below)*</p>	<p><b>R</b> - Applying to be kinship foster parents.</p> <p><b>S</b> - Provider of goods/services</p> <p><b>U</b> - Universal Pre-K Teacher (fee required - see below)*</p> <p><b>W</b> - Applying to be foster parents or family care home providers.</p> <p><b>X</b> - Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</p> <p><b>Y</b> - Prospective Day Care employee (fee required - see below)*</p> <p><b>Z</b> - Prospective volunteer/consultant.</p>
--	--

**AGENCY LIAISON** - Record the name of the person to whom the response should be sent (cannot be the same as applicant or related to the applicant).

**APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS** - This information is to be provided by the applicant/employee/provider. See front of form.

**APPLICANT(S)** (at least one person must be so designated)-USE FIRST LINE

**MAIDEN NAME/ALTERNATIVE/AKA:** must be completed for every applicant. Record ALL previous names used. Start with second line. Use as many lines as needed (One last name per line)

**OTHER HOUSEHOLD MEMBERS:** describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (ATTACH ADDITIONAL PAGE IF NECESSARY)

**IF NO OTHER HOUSEHOLD MEMBERS, record NONE on line below MAIDEN/ALIAS.**

\*Social Service Law 424a requires the collection of a \$25.00 fee for certain categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of twenty-five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code.

**N.B.:** a separate check must accompany each form.

\*\*Social Service Law 424a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

If you have questions, please call the SCR at 518-474-5297.

**MAIL YOUR COMPLETED LDSS-3370 FORM TO:**

STATEWIDE CENTRAL REGISTER  
P.O. BOX 4480, Attention: Service Center Unit  
ALBANY, N.Y. 12204-0480

**TO ORDER A SUPPLY OF LDSS-3370 FORMS:**

Please access the (OCFS-4627) Request for Forms and Publications, from the Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/>  
Internet: <http://ocfs.ny.gov/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to:

THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144. If you have difficulty accessing a form on either site, you can call the automated forms hotline to order forms at 518-473-0971.



Department  
of Health

Office of Children  
and Family Services

# LDSS 3370 Contd.

LDSS-3370 (Rev. 09/2014)

STAPLE TO LDSS-3370 (IF NEEDED)

### STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

(Use only if the space on the LDSS-3370 form is not sufficient)

APPLICANT NAME: \_\_\_\_\_

Print clearly. All dates must be consecutive. Be sure to associate address histories with particular individuals

Previous Street Address	City	State	Zip	From	To

# LDSS 3370

## Contd.

LDSS-3370 (Rev. 09/2014)

STAPLE TO LDSS-3370 (IF NEEDED)

### STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM

#### ADDITIONAL PAGE

(Use only if the space on the LDSS-3370 form is not sufficient)

APPLICANT NAME: 

Other Household Members are (please print clearly):

SCR Use Only	Relationship To Applicant	Last Name	First Name	Sex MF	Date of Birth		
					M	D	Y
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NEW YORK  
STATE OF  
OPPORTUNITY.Department  
of HealthOffice of Children  
and Family Services



# OCS Technical Problems and Password Resets

- For any technical problems such as system errors, login problems, or for programmatic assistance regarding SCR database check requests in the OCS, please contact the SCR at: [ocfs.sm.OCS.user.assistance@ocfs.ny.gov](mailto:ocfs.sm.OCS.user.assistance@ocfs.ny.gov) or call 518-474-1567
- For password resets, please contact the Help Desk at: 1-800-697-1323
- Before saving and submitting an SCR database check request, please review the entire request for accuracy. Once the request has been submitted to the SCR, the request is frozen and can't be changed by the agency/program or the SCR. If a data entry error is made and the request is unable to be processed by the SCR, the request will be removed from the system and you will need to re-enter the request and pay an additional fee.



# SCR Database Check Costs

- How much does the SCR Database Check cost?
  - The SCR Database check costs \$25.
  
- Who pays for the SCR fee?
  - Under the Law, either the employer or the employee may pay the \$25 fee.
  
- The payment must be submitted when the Database Check Request is submitted.

# How to Pay

➤ There are 5 payment methods:

1. Certified check
2. Postal or bank money order
3. Teller's check
4. Cashier's check
5. Credit card (MasterCard, Visa, and Discover)

➤ How to Pay by Credit Card

- Credit Card Payments are submitted through the OCS when submitting the Database Check request.

➤ How to Pay by Check

- Checks must be made out to NYS OCFS.
- Mail checks to:
  - NYS OCFS Capital View Office Park  
52 Washington St. South Building Rm. 204  
Bureau of Financial Operations\Accounting and Revenue Collections  
Rensselaer, NY 12144
- Please write the Request ID and Applicant Name on the check and include a copy of the Database Check Request with the check or money order.
- Please note that personal checks will not be accepted.



## Database Check Results

- If the prospective employee is not found to be a confirmed subject of an indicated report, the agency/program will receive notification that the SCR has no record of the applicant being an indicated subject of a report of child abuse or maltreatment.
- If the prospective employee is found to be the subject of an indicated report, the SCR is required to send a letter informing the applicant of their due process rights. The applicant is given ninety days to respond back to the SCR in writing that he or she wants to exercise their due process rights through the administrative review and fair hearing process. If the SCR does not hear back from the applicant within the timeframe, the SCR will then notify the agency/program that the SCR has a record of the individual being an indicated subject of a report.

# Database Check Request Results – Administrative Review/Fair Hearing Process

- If the prospective employee is found to be the subject of an indicated report and the SCR receives a written request from the individual, the SCR will commence the Administrative Review/Fair Hearing process.
- If the results of the Administrative Review/Fair Hearing process reverse the findings, and the applicant is found to be a non-confirmed subject, the agency/program will be notified that the SCR has no record of the applicant being an indicated subject of a report of child abuse or maltreatment.
- If the results of the Administrative Review/Fair Hearing process uphold the findings, the agency/program will be notified that the SCR has a record of the individual being an indicated subject of a report.
- Please note: If a prospective employee is found to be the subject of an indicated report, and the individual avails themselves of their due process rights, the agency/program will not receive any notification from the SCR until the Administrative Review/Fair Hearing process is complete. This may take several months. During this time, the applicant may not have unsupervised contact with persons served by the agency/program.



# Database Check Request Results – Administrative Review/Fair Hearing Process continued

- If an agency/program is notified that the SCR has a record of an applicant being an indicated subject of a report, the notification will not contain any details related to the report of abuse or maltreatment.
- An indicated SCR report is not an automatic exclusion from employment.
- The agency/program can request that the applicant sign an authorization for release of information allowing the agency/program to make a request of the SCR to obtain a copy of the indicated SCR report. After reviewing the records, it is the employer's discretion as to whether they hire or do not hire the prospective employee.

# Additional Information Regarding SCR Database Checks

- Is available on the website for the New York State Office of Children and Family Services:

<https://ocfs.ny.gov/main/cps/Online%20Statewide%20Central%20Register%20Clearance%20System.asp>

# Mandated Reporting

The new statute requires the employees of the following entities to be Mandated Reporters of child abuse or maltreatment:

- All employees expected to have the potential for regular and substantial contact with children who are employed by Health Homes, or Health Home care management agencies contracting with a Health Home, designated and authorized under Section 365-l of the Social Services Law
  - Mandated reporter requirements apply to all Health Homes
    - ✓ Health Homes designated to serve adults
    - ✓ Health Homes designated to serve children
    - ✓ Health Homes designated to individuals with intellectual and developmental disabilities – CCO/HHs\
  - Example: Care Managers
- All employees who provide Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children's 1115 Waiver amendment (anticipated date of implementation January 1, 2019)
- There are no costs associated with this requirement





# Mandated Reporters

There are no costs associated with the mandated reporter requirement. OCFS offers free training for mandated reporters that is provided on-line 24 hours a day 7 days a week. Participants will receive a certificate of attendance electronically once the training is completed.

- Free training for mandated reporters on the OCFS website:

[https://ocfs.ny.gov/main/cps/Mandated\\_Reporter\\_Training.asp](https://ocfs.ny.gov/main/cps/Mandated_Reporter_Training.asp)

- Register for Mandated Reporter Training at the following link:

<https://www.nysmandatedreporter.org/RegistrationInstructions.aspx>

Reports of suspected child abuse or maltreatment must be made immediately by telephone, at any time of the day and on any day of the week, to the SCR mandated reporter line at **1-800-635-1522**. Please do not provide this number to the public; all others can report child abuse or maltreatment by calling 1-800-342-3720.

- Within 48 hours after making a report to the SCR, the mandated reporter must complete a written report (form LDSS 2221A) and submit that written report to **the local child protective services where the child resides**.



# Health Home Oversight of Requirements

- ***Health Homes are responsible for ensuring their employees (as applicable) and CMAs they subcontract meet CHRC requirements, Statewide Central Register Database check requirements, and that the mandated reporter requirements are satisfied***
  
- Health Home Policies and Procedures must be updated to include:
  - Criminal History Record Check requirements
  - Statewide Central Register Database Check requirements
  - Mandated Reporter requirements
  - Related trainings
  - Monitoring and oversight to ensure compliance
  - Documentation and record retention, as necessary



Questions??