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 fingerprint-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

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.


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.
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.

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
Designating an AP in the HCS - Continued

New York State
Criminal History Record Check

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 | Z Test Lhcosa (LHCSA) (8888Z988)

The following individuals have CHRC Authorized Person (AP) access at Z Test Lhcosa (LHCSA) (8888Z988):

<table>
<thead>
<tr>
<th>Name</th>
<th>HCS Account ID</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ande, Venkateswara</td>
<td>vxa06</td>
<td>Active Since 01/16/2015</td>
</tr>
<tr>
<td>Pino, Cody</td>
<td>exp19</td>
<td>Active Since 01/19/2016</td>
</tr>
<tr>
<td>Zwingo, Audra</td>
<td>amz03</td>
<td>Active Since 03/18/2016</td>
</tr>
</tbody>
</table>

Tool Bar
- Add a new AP
- View AP Permission History
Designating an AP in the HCS - Continued

New York State

Criminal History Record Check

Document Viewer  Manage APs  My Permissions  Submit  Terminate  Roster

Home --> Manage APs

Search for user to grant Authorized Person (AP) at Z Test Lhcsa (LHCSA) (8888232322)

HCS Account ID  Search  Cancel

© 2015 NYS Department of Health - Criminal History Record Check  System Information
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.
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.

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.
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.
• 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.
• 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.
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 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 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.
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/](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.
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

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.
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.
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 IdentoGO/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 (proved 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

➢ CHRC Legal Dept. PH: (518) 408-1627  
  Email: 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.
STATE OF NEW YORK
DEPARTMENT OF HEALTH

52

PATIENT CARE KEW GARDENS
NATIONAL HOME CARE INC
92-02 KEW GARDENS ROAD
CHEESE ROSE PODER ROUTE 100
KEW GARDENS, NY 11415
Provider ID: 1141102

Ref: CHS77 Authorized Persons (AP)

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
the individual should be hired for the position for which he or she has applied. As the provider of
health services you may set 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 Sections
461, 462, and the corresponding DOH regulation at 10NYCRR Part 913, 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 national
criminal history record check reveals a charge for any misdemeanor, 10NYCRR Part 913 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 submitted by DCJS for the period in which
this individual remains a "subject individual" as defined in Section 465 of the Executive Law. While
these records are retained by DCJS, DOH will be informed of any charges that may occur. You will
be provided 30 days notice of such information in the event of any such occurrence, during which time
that this individual is employed by the provider identified above. In this regard, please also notify DOH if
this person leaves your organization, or if there are any issues you are unable to resolve with them.

Employer Open Changes - You Hold in Abeyance Page 1 of 3
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.
Dear Agency Authorities:

The Department of Health (DOH) has finally determined, pursuant to Article 28-2 of the Public Health Law and/or section 840-l of the Executive Law, and an order of admission on behalf of the employee, that the provider is not required to deny the above-referenced individual’s application for employment, based on a review of national and state criminal records conducted by the Division of Criminal Justice Services (DCJS), as well as information that has 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, in full, in the Public Health Law Section 28-2(4) and the corresponding DOH regulations at 10 NYCRR Part 402, where the employee’s criminal history record, if not revised as a result of a record 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 to avoid discrimination against previously convicted of one or more criminal offenses.

The Division of Criminal Justice Services (DCJS) has reported a criminal history of the Department of Health (DOH) regarding the above-referenced individual, as shown in attached “Charge/Crime 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 application will be reviewed by DCJS for the period in which this individual can and as a “subject individual” as defined in Section 840-l of the Executive Law. While this record is maintained by DOH, 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
Dear Agency Authorized Person,

The Department of Health (DOH) has finally determined pursuant to Article 28-A of the Public Health Law under section 6204 of the Executive Law and an order of reference made on behalf of the employer, that the provider is ineligible to deny the above-referenced individual employment, based on a review of state and federal 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 include an expression or recommendation by DOH as to whether the individual should be hired for the position for which he or she has applied. As its 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(7), the corresponding DOH regulations at 10 NYCRR Part 652, where the applicant's criminal history record check reveals a conviction for a crime other than those specifically referenced in such article, DOH may not provide 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 “Conviction/Adjudication Report,” which reflects prior convictions for such or a combination of prior convictions and outstanding criminal charges.

Please be advised that this individual's fingerprint will be retained by DCJS for five years in which the 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 changes that may occur. You shall

Final DOH Non-Dental - 8 Page 1 of 1
Dear Provider Authority of Provider,

The Department of Health (DOH) has determined that the above referenced individual’s eligibility for employment by the provider must not be denied pursuant to Article 28-E of the Public Health Law and the section 245-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 is not further considered for the position sought. If the individual is currently serving as a temporary approved employee in the position in your organization, he/she must be removed from such status immediately.

The legal authority for this determination is set forth as follows: Pursuant to Executive Law Section 28-E(3) and the corresponding DOH regulations at 10 NYCRR Part 502, where the applicant’s criminal history information reveals a conviction for a crime other than those specifically referenced in such statute, DOC may direct the provider to deny employment of the applicant, consistent with Correction Law Article 23-A relating to unfair discrimination against the person 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 other prior convictions for crimes other than 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/Criminal Report".

Pursuant to Executive Law Section 285-b(3)(b), DOH has afforded the subject individual an opportunity to explain, in writing, why employment should not be denied.

Final Denial Letter to Provider
STATE OF NEW YORK  
DEPARTMENT OF HEALTH  

Richard F. D腑les, M.D.  
Commissioner

James W. Coughlin, Jr.  
Executive Deputy Commissioner

PATIENT CARE KEYGARDENS  
NATIONAL HOME CARE INC  
829 KEW GARDENS ROAD  
CROSS ROADS TOWER SUITE 600  
KEW GARDENS, NY 11415  
Provider ID: 141091  
Attn:CHRC Authorized Person (AP)

BE: SUBJECT INDIVIDUAL  
TESTER R PERSON  
DOB: 1/1/1975  
NYSID: 12345678

Dear Agency Authorized Person,

We are notifying you of this change in accordance with Article 200 of the Public Health Law and 10 NYCRR Part 403. Please be advised that these regulations require you, the provider, to take any and all appropriate action deemed 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 provide further information from the Department of Criminal Justice Services (DCJS) about the disposition of this charge, it is your responsibility to monitor the outcomes of such proceedings if the employee remains in your service. If you become aware of such disposition, please write us at once to screen in keeping with applicable statute.

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 403) to immediately, but no later than within 14 days after the event, inform DOH, and subsequently, a criminal history record check in accordance with Public Health Law Article 200-E and Executive Law Section 885-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 518-474-4800 (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
STATE OF NEW YORK
DEPARTMENT OF HEALTH

Richard F. Daines, M.D.
Commissioner

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

PATIENT CARE KEW OAKS
NATURAL HOME CARE INC
2802 KEW OAKS ROAD
CROSS ROAD TOWER SUITE 380
KEW OAKS, NY 11445

Provider ID: 11-02632

NOTE: SUBJECT INDIVIDUAL:
TESTER R PERSON
DOB: 11/07/75 NY ID: 1234567

Pursuant to Public Health Law Article 28 and Executive Law Section 650-A, the New York State Division of Criminal Justice Services (CJIS) has concluded a criminal and sex offender history search of the State of referenced individual whom you have submitted to the Department of Health (DOH) as an 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) is holding this application in suspense 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 New York State Division of Criminal Justice Services (CJIS). If you have begun and approved the appointment of the referenced employee with the result of the national history record check pending or the result of the state criminal record check pending or the result of the state fingerprint record check pending or the result of the state sex offender record check 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 285 N.Y. and the corresponding DOH regulations at 10 NYCRR Part 482, when the applicant’s criminal history record check reveals a charge for any felony DOH shall hold the application for employment in suspense until the charge is finally resolved. When the applicant’s criminal history record check reveals a charge for any misdemeanor, DOH may hold the application in suspense until the charge is finally resolved.

Please also note that pursuant to statute, only CJIS 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 make a final decision regarding employment where the employer only informs you about the status or resolution of their open charges. Again, the final suitability decision must come from CJIS.

The Division of Criminal Justice Services (CJIS) has reported a criminal history to the Department of Health (DOH) regarding the above referenced individual, as shown in attached “CJIS Criminal History 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

HUDI in Suspension - Change/Cancellation
STATE OF NEW YORK  
DEPARTMENT OF HEALTH  

PATIENT CARE NEW GARDENS  
NATIONAL HOME CARE INC  
59-02 KENWOOD ROAD  
CROSS ROADS TOWER SUITE 600  
NEW GARDENS, NY 11415  

Provider ID: 11471692  
Attn: CHRC Authorized Person (AP)

REF: SUBJECT INDIVIDUAL

TESTER R PERSOIN  
DOB: 1/1/1975  
NYSID: 1234567

Dear Agency Authorized Person,

The Department of Health (DOH) will not hold the application for employment in suspense 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 decision rendered by DOH as to whether the individual should be allowed to hold the position for which he or she has applied. As the provider of health services, you may set 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-M(b) and the accompanying DOH regulations at 10 NYCRR Part 402, where the applicant’s criminal history record check reveals a charge for which DOH shall hold the application for employment in suspense 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 suspense 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-stated individual, as shown in attached “Charge Constraint Report.”

Please be advised that this individual’s fingerprints will be returned to DCJS for the period in which this individual remains a “subject” under 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 occurrence, although this is not required. The 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.

Employee Open Charges - Not Held in Abeyance
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.
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.
• 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.
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.
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 to 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 Clearing 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. 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

Instructions for Completing the Statewide Central Register Database Check Form

- All information on the form must be clearly legible so that data entry and record checks are accurate. Data SCR Database Check submitted must be reviewed for completeness and legibility. Any information marked illegible will be returned to the agency for correction.

THE PROPERWAY TO COMPLETE THE FORM

AGENCY INFORMATION

- TOP LINE OF FORM:
  - The agency’s name must be shown in the top left-hand box, followed by the Sub-County Agency Code (SCAC). The name must be the same as the agency’s name on the letterhead.
  - The agency’s name must be shown in the top left-hand box, followed by the Sub-County Agency Code (SCAC). The name must be the same as the agency’s name on the letterhead.
  - The agency’s name must be shown in the top left-hand box, followed by the Sub-County Agency Code (SCAC). The name must be the same as the agency’s name on the letterhead.

- JURISDICTION PROFESSIONALEDGE DATA System (JPS) Number in the top left-hand box, followed by the Sub-County Agency Code (SCAC). The name must be the same as the agency’s name on the letterhead.
- Contact your licensing agency or Regional Office if you have any questions.
- Completed Category after nonsubmitted form LDSS-3370 must be placed in the red box.
- Phone number (full area code) should be entered in the top left-hand box, followed by the Sub-County Agency Code (SCAC). The name must be the same as the agency’s name on the letterhead.

- Agency Address:
  - Agency Name:
  - Agency Address:
  - Agency Address:

- Applicant Information:
- All information relating to minors, adults, and children, whether related to the applicant or not, are to be listed in this area of the form.
- Remember to mail clearly and 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 add the middle name.
- In the event an applicant is not present, there is more than one applicant listed, or there are multiple names on the list below the notice name line.
- Select the appropriate name, print the correct address, or delete by entry on the application, as has been issued.
- Use additional lines if there is more than one line required (red box to indicate that a line has been used).
- Report the names of all other individuals involved (in addition to the primary applicant).
- If there are no other household members, indicate NONE or the name below “Identified/Not Identified.”
- If there are more than one household member, indicate NONE or the name below “Identified/Not Identified.”
- If there are more than one household member, indicate NONE or the name below “Identified/Not Identified.”

- ADDRESSES AREA:
- The information required varies depending on the particular category.
- For adoption, foster care, and family and group family day care (see below for categories), provide addresses for the applicant and any households to which they belong. Include as much information as possible, such as name and address of the individual or household.
- For adoption, foster care, and family and group family day care (see below for categories), provide addresses for the applicant and any households to which they belong. Include as much information as possible, such as name and address of the individual or household.
- For adoption, foster care, and family and group family day care (see below for categories), provide addresses for the applicant and any households to which they belong. Include as much information as possible, such as name and address of the individual or household.

- ACTIVITIES AREA:
- The following information is required:
- Applicant’s name (including maiden names, if any) and address.
- A list of all other individuals involved (in addition to the primary applicant).
- If there are no other household members, indicate NONE or the name below “Identified/Not Identified.”
- If there are more than one household member, indicate NONE or the name below “Identified/Not Identified.”

- MAIL YOUR COMPLETED LDSS-3370 FORM TO:

- The Statewide Central Register
- P.O. Box 5660
- Albany, N.Y. 12204-0660
- To order a copy of the SCAC, call 518-474-3287.
- If you have questions regarding proper completion of this form, please call the SCAC at 518-474-3287.

- TO ORDER A COPY OF LDSS-3370 FORMS:
  - Please access the (CPS) website for information on obtaining a copy of this form.
  - To order a copy of this form, please call the SCAC at 518-474-3287.
LDSS-3370 Contd.
AGENCY LIASON 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. Parties eighteen years old and over residing in the home of applicants for ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE 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 ID (RID). Record your Resource ID (RID) in this field. CCPS, DOH, CMHCID, DOH, OASAS and SED licensed agencies and programs, and Local Departments of Social Services have RIDs as of 1/01. Verify your RID number with your licensing agency. If you need assistance, email cmhs.nys.woodstock.ny@oasas.ny.gov

CLEARANCE CATEGORIES - Record the appropriate category.

A. Adult Services Family Type Home for Adults
D. Prospective employee (local DDS district - all against establishments)*
E. Current employee
F. Prospective employee other than any day care employees. (If required - see below)
M. Director of a summer camp, overnight camp, day camp or training day camp
N. Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only) (see required - see below)
P. Applying to be family day care provider. (If required - see below)
Q. Applying to be group family day care provider. (If required - see below)
R. Applying to be livestock foster parents.
S. Provider of good services
U. Universal PreK Teacher (If required - see below)
W. Applying to be foster parents or family care home providers.
X. Applying to be adoptive parents pursuant to an application pending before the licensing agency.
Y. Prospective Day Care employee (If required - see below)
Z. Prospective volunteer/consultant

AGENCY LIASON - Record the name of the person to whom this 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 forms.

APPLICANT: At least one person must be so designated (USE FIRST LINE)

MAXIMUM NUMBER OF APPLICANTS: 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 MEMBER(S): describe relationship to applicant, e.g. son, daughter, father, mother, friend, etc. on remaining lines (ATTACH ADDITIONAL PAGES IF NECESSARY)

IF NO OTHER HOUSEHOLD MEMBERS, record NONE on line below member.

*Social Services Law 424a requires the collector of a $25.00 fee for certain categories. A certified check, postal or basic money order, letters 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.

*Social Service law 424a, allows local DDS 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 4440, Albany, Service Center Unit
ALBANY, NY 12241-4440

TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the (OCHRS:467) Request for Forms and Publications, from the Internet, http://ochrs.state.ny.us/forms/index.htm?SCR/Internet http://ochrs.state.ny.us/forms/index.htm?SCR/Internet and mail the completed OCHRS:467 Request for Forms and Publications. To

THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 4TH FLOOR, 1817 BROADWAY, ALBANY, NY 12208. If you have difficulty accessing a form on either site, you can call the automated forms hotline at order forms at 518-474-4877.
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Print clearly. All data must be consecutive. Be sure to associate address features with particular individuals.
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 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:

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:

➢ 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??