

Appendix E

Background Screening Clearinghouse Instructions

Introduction

- **All** Applicants who meet the Direct Service Provider definition are required to complete a Level 2 screening with an attached photograph through the Care Provider Background Screening Clearinghouse (Clearinghouse).
- **All** Direct Service Provider Applicants/Employees of any of the Department of Elder Affairs (Department/DOEA) Programs are required to have a *DOEA-Aging Network* eligibility determination in the Clearinghouse.
- **All** Providers of Department programs are required to enter all eligible participating Applicants/Employees within the *Specified Agency* “Employee/Contractor Roster” tab of the Clearinghouse.
- An Employer may hire an Applicant into a position that requires background screening before the Employee completes the screening process. This period is for training and orientation purposes, but the Employee cannot provide direct service until the screening process is finalized, and the status is “Eligible” within the *DOEA-Aging Network* Clearinghouse.
- Use of the Clearinghouse must be limited to direct service providers as defined by 430.0402(b), F.S.
 - Failure to comply with any Background Screening Requirement is a violation of Section 430.0402, F.S.

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Introduction/Requirements

Each User must access to Clearinghouse website and is required to abide by the following rules:

- **Create a unique account.** (There's no limit on the number of Users per program Provider).
- **Do not** disclose or lend your USER ID AND/OR PASSWORD to anyone. Your User ID and Password serve as your "electronic signature." This means that you are responsible for the consequences of unauthorized or illegal transactions. Copies of all User Registrations and supporting documents are required for monitoring purposes.
 - Failure to comply: Sharing a User ID and Password will result in immediate suspension of access to the Clearinghouse.
 - Providers cannot regain access to the Clearinghouse Portal until a Corrective Action Plan is in place.
 - All User Registration Violation information and the Corrective Action Plan are submitted to the Agency for Health Care Administration for further review.
- **Do not** browse or use Clearinghouse information for unauthorized or illegal purposes.
 - Per Section 435.11(1)(b), F.S., it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or to release records information to other persons for purposes other than screening for employment.
 - **Do not** make any disclosure of Clearinghouse data that is not specifically authorized.
 - **Do not** intentionally cause corruption or disruption of data files.
- Edit your user information (i.e., email address, phone number), as needed.

It is important that you maintain a current email address. Your email address will be required should you need to have your password reset.

Also, important notifications are sent to the email address on file within the Portal, such as background screening updates, Employee arrest notifications, account registration notices, and portal updates.

Passwords must be updated every 90 days. Failure to do so will result in being locked out of the system.

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Introduction/Requirements

If you have been locked out of the system or forgotten your password, please go to the “Reset Password Instructions” under the Portal Log-In, and follow all prompts.

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First Time Portal User Requirements

First-time Users are required to create a log-in and a password to access the Clearinghouse. These credentials can be established by visiting the Clearinghouse Results Website at <https://apps.ahca.myflorida.com/SingleSignOnPortal>

Once on the website:

- A. Select “**New User Registration**”
- B. Check the confirmation box and select continue.
- C. Enter all required information as indicated by the red asterisk (*) and select “**Register**” to continue.
- D. Once your user account is successfully created, select “**Return to Login**” to request access to the Clearinghouse result website.

Portal Users Requirements

The Portal Login page will provide an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) in order to view and maintain information.

- A. Enter the User ID and Password created in the previous steps. Select “**Log In.**”
- B. From the drop-down list, select “**Department of Elder Affairs**” (DOEA) under Background Screening Clearinghouse.
- C. Select “**Request Program Access**” to continue.
- D. A role is necessary to obtain proper access. Select “**Provider**” from the drop-down list.
- E. Select the “**Provider Type.**”
- F. Start typing the “**Provider Name**” associated with your DOEA account.
- G. Select your provider from the list when it appears. Select “**Add Provider.**”
 - If your Provider information is not located in the drop-down selection, please contact the Department via email for instructions using the contact information provided below:

Contact – Background Screening Unit

Email Address – doeanetwork@elderaffairs.org

Subject Line – BGS User Registration

Body of Email – Require Template for User Registration.

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First-Time Portal Users
Creating a Log-On & Password

- H. If the requested Provider is correct, select “Submit Request and Generate User Agreement.”
 - If it does not, select Delete and choose the appropriate “Provider Name.”
“Submit Request and Generate User Agreement with a copy of Drivers License.”
- I. Select the link in the upper right corner and print the document. Both, the signature of the User and the Provider are required prior to sending the agreement to the Department for approval.
- J. Email the scanned copy of the “User Registration Agreement” with a copy of Applicant’s driver’s license to doe-network@elderaffairs.org.

Note: Your request for access to the Clearinghouse Results Website will be in ‘Pending’ status until the DOEA Coordinator receives and processes your “User Registration Agreement.” Only after the approval occurs, will the User have access to the Clearinghouse.

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Clearinghouse Results Website Portal Access:

- A. Log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>. On the “Portal Landing,”
- B. Select: Program Access; Background Screening Clearinghouse – DOEA; Application Access; Background Screening Clearinghouse

Applicant Profile Page

Prior to sending any Applicant to the LiveScan Vendor (Fingerprint Provider), Clearinghouse Users are required to initiate a search to determine whether the Applicant is already within the Clearinghouse to avoid replication of Applicant information within the system.

Search for Screening Results: The “Search Page” allows you to review the eligibility status of an Applicant if the Applicant has undergone a screening or has a screening in-process with the Clearinghouse. If the Applicant does not have a screening, you must first initiate a screening. If the Applicant is found, the “Applicant’s Profile Page” will appear.

Note: If you know an Applicant does not possess a screening, you may select the, “Initiate Screening Tab” located on the navigation bar.

Initiate New Screening: To initiate a new screening for an Applicant, select “Initiate Screening,” and follow prompts.

Initiate Agency Review: If an Applicant possesses an “Eligibility Statement” from another *Specified Agency* within the Clearinghouse, a Provider may request an agency review at no cost. To initiate an agency review for an Applicant, select “Initiate Agency Review” and follow prompts.

Note: This will allow the Specified Agency to make an eligibility determination for employment purposes. Benefits of requesting an agency review include the following:

- “Agency Review” requests are FREE to the Provider and Applicant.
- The Applicant or Employee does NOT need to visit a LiveScan location to submit new fingerprints.
- The Provider will receive a copy of the public rap sheet after initiating an agency review.

Initiate Resubmission: The retention of fingerprints in the Clearinghouse provides cost savings for Applicants that have had a lapse in employment greater than 90 days.

If there lapse in employment, a new national criminal history check (including the resubmission of the retained fingerprints) is required. A new state criminal history search will also be conducted at no additional charge.

To initiate a resubmission for an Applicant, select “Initiate Resubmission,” and follow prompts.

Completing the Applicants profile:

To complete the “Applicant’s Profile Page,” the Clearinghouse User is required to:

- A. Ensure the “Clearinghouse Screening Available” indicator states “Yes”;
- B. Ensure the “Privacy Policy” has been signed and acknowledged;
- C. Ensure the “Social Security Number” is on the “LiveScan Request Form”;
- D. Complete the “Requesting Provider” field within the Clearinghouse;
- E. Provide Applicant with a “LiveScan Request Form,” **before** the fingerprinting process;
- F. Instruct the Applicant to request a photograph from the LiveScan Vendor at the time of LiveScan fingerprinting; and
- G. Return to the Clearinghouse Website upon receipt of email notification to check the Applicant’s status.

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Required Forms

All approved *DOEA-Aging Network* Employee/Volunteers and all approved SHINE Volunteers are required to sign the “Affidavit of Compliance Employee Form, Effective April 2016,” and attach the “Eligibility Statement.”

These documents remain within the personnel records; however, for SHINE Volunteers, a copy of the “Eligibility Statement” is required to be sent to the DOEA SHINE Contract Manager.

The following forms are a requirement for monitoring purposes:

- Signed and dated Privacy Policy;
- Screenshot of the OIG (Office Inspector General) Exclusions Search Results;
- Screenshot of the NNAR (National Nurse’s Aide Registry) database search results;
- “Eligibility Statement” with proof of Employment History from DOEA;
 - This **is not a screenshot** of the Profile Page. Each Provider must scroll down to the bottom of the Profile Page, and select the “View/Print Version Tab.”
 - This will give you the “Eligibility Statement” with Provider instructions and the *Specified Agency* statute for Background Screening.
- Signed and dated Affidavit of Compliance Employee Form, Effective April 2016.
 - Applicant **should not sign** the DOEA Affidavit Compliance Employee Form prior to the receipt of the Eligibility Determination Notification.

Note: The Affidavit of Compliance Employee Form, Effective April 2016 is included as [Attachment 1](#).

Employee/Contractor Roster

The employment history records are vital to receiving necessary information from the Clearinghouse, or another *Specified Agency*, and receiving updates such as follows:

- Subsequent arrest notifications; and
- Expiring retained fingerprint notifications;
 - The Florida Department of Law Enforcement removes all screenings that do not have an active link to a Provider in the Retention Data Base.

Add Employment/Contractor Record

Per Section 435.12(2) (c) F.S., an Employer of persons, subject to screening by a *Specified Agency* is required to register with the Clearinghouse and maintain the employment status of all Employees within the Clearinghouse. Initial employment status and any changes in employment status are required to be entered within 10 business days.

Add employment history:

- A. Open the “Applicant Profile Page” and select “Add Employment/Contractor Record.”
- B. Enter the required information and select “Save.” This will bring you back to the “Applicant Profile Page.”
- C. View the new employment record displayed in the “Employment/Contractor History” section.

Edit Employment Record

You may edit an Employee record from the “Employment/Contractor History” section on the “Applicant Profile Page,” or from the “Employee/Contractor Roster Tab” as follows:

- A. Select the “Edit” link under the action column for the Applicant record you wish to update and enter the required information and select “Save.”
- B. Enter an end date for the employment record by selecting the calendar icon in the “End Date” column.
- C. Enter the required information and select “Save.”

Concerns

The Agency for Health Care Administration (AHCA) requires each agency to handle its unique Clearinghouse problems and concerns appropriately.

All *DOEA- Aging Network* Clearinghouse concerns are to be addressed as follows:

Notification to the Background Screening Coordinator – Valerie Brinkley (850) 414-2093

Email Address: doeanetwork@elderaffairs.org

Subject Line: BGS Clearinghouse Concern

Body of Email; State the exact problem and include a screenshot (if possible.) When inquiring about an Applicant, the following information is required:

- Full Name
- DOB

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Clearinghouse Informational Page:

The additional resources listed below are located on the Clearinghouse informational page at the following Website:

http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/CH_Instructions_Guides.shtml.

User Registration Training:

- User Registration Training Video
- User Registration Guide

Clearinghouse Results Training Videos:

- Introduction and Tabs
- User Registration Guide
- Search and Profile Page
- Adding Employment
- Initiating an Agency Review
- Initiating a Resubmission

Clearinghouse Results Website Guide:

- Department of Elder Affairs

FORMS:

- Additional Information: (last bullet on left)

Regulations and Forms:

1. Clearinghouse Applicant Request Form
2. Privacy Policy



BACKGROUND SCREENING

Affidavit of Compliance - Employee

AUTHORITY: This form is required of all employees who are direct service providers when claiming an exception to Level 2 background screening set forth in sections 430.0402(2) and (3), Florida Statutes, or to comply with the attestation requirements set forth in section 435.05(2), Florida Statutes.

This form may be used by all employees to comply with:

- The attestation requirement of section 435.05(2), Florida Statutes, which states that "every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer;" **AND**
- The proof of screening within the previous 5 years in section 408.809(2), Florida Statutes, which requires proof of compliance with Level 2 screening standards that have been screened through the *Care Provider Background Screening Clearinghouse* created under section 435.12, Florida Statutes, or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing Care retirement community under Chapter 651, Florida Statutes, if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

This form must be maintained in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an application for a health care provider license, please attach a copy of the screening results and submit the licensure application.

The term "employee" as used herein refers collectively to *all persons* required by law to undergo background screening. This includes, but is not limited to, persons who are determined to be a direct service provider. A direct service provider is a person at least 18 years of age who, pursuant to a program to provide services to the elderly, has direct face-to-face contact with a client while providing services and has access to the client's living areas, funds, personal property, or personal identification information as defined in F.S. 817.568, Florida Statutes. A direct service provider also includes coordinators, managers, and supervisors of residential facilities and volunteers.

Personal identification information defined in F.S. 817.568(1)(f), F.S. means “any name or number that may be used, alone or in conjunction with any other information, to identify a specific individual, including any:

1. Name, postal or electronic mail address, telephone number, social security number, date of birth, mother’s maiden name, official state-issued or United States-issued driver’s license or identification number, alien registration number, government passport number, employer or taxpayer identification number, Medicaid or food assistance account number, bank account number, credit or debit card number, or personal identification number or code assigned to the holder of a debit card by the issuer to permit authorized electronic use of such card;
2. Unique biometric data, such as fingerprint, voice print, retina or iris image, or other unique physical representation;
3. Unique electronic identification number, address, or routing code;
4. Medical records;
5. Telecommunication identifying information or access device; or
6. Other number or information that can be used to access a person’s financial resources.”

EMPLOYER: IF AN EMPLOYEE IS DETERMINED TO BE A DIRECT SERVICE PROVIDER, THIS COMPLETED FORM MUST BE RETAINED IN THE EMPLOYEE’S FILE. IF AN EXCEPTION TO BACKGROUND SCREENING IS CLAIMED, A COPY OF THE REQUIRED EVIDENCE MUST BE ATTACHED TO THIS FORM.

STEP ONE: Complete identification information.

_____	_____
Employee Name	Position Applied For

Employer	

STEP TWO: The employee must review the following list of disqualifying offenses set forth in Chapters 430 and 435, Florida Statutes.

You must attest to meeting the requirements for employment and you may not have been arrested for and awaiting final disposition of, have been found guilty of, regardless of adjudication, or have entered a plea of nolo contendere (no contest) or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:

Criminal offenses listed in section 435.04, F.S.

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 782.04, relating to murder.
- (e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (f) Section 782.071, relating to vehicular homicide.
- (g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (h) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (i) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (j) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (k) Section 787.01, relating to kidnapping.
- (l) Section 787.02, relating to false imprisonment.
- (m) Section 787.025, relating to luring or enticing a child.
- (n) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (o) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (p) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (q) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (r) Section 794.011, relating to sexual battery.
- (s) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (t) Section 794.05, relating to unlawful sexual activity with certain minors.
- (u) Chapter 796, relating to prostitution.
- (v) Section 798.02, relating to lewd and lascivious behavior.
- (w) Chapter 800, relating to lewdness and indecent exposure.
- (x) Section 806.01, relating to arson.
- (y) Section 810.02, relating to burglary.
- (z) Section 810.14, relating to voyeurism, if the offense is a felony.
- (aa) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (bb) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (cc) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (dd) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(ee) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(ff) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(gg) Section 826.04, relating to incest.

(hh) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(ii) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(jj) Former s. 827.05, relating to negligent treatment of children.

(kk) Section 827.071, relating to sexual performance by a child.

(ll) Section 843.01, relating to resisting arrest with violence.

(mm) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(nn) Section 843.12, relating to aiding in an escape.

(oo) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(pp) Chapter 847, relating to obscene literature.

(qq) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.

(rr) Chapter 893, relating to drug abuse prevention and control to include the use, possession, sale, or manufacturing of illegal drugs, only if the offense was a felony or if any other person involved in the offense was a minor.

(ss) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(tt) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(uu) Section 944.40, relating to escape.

(vv) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(ww) Section 944.47, relating to introduction of contraband into a correctional facility.

(xx) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(yy) Section 985.711, relating to contraband introduced into detention facilities.

(ZZ) Section 741.28 relating to domestic violence.

Criminal offenses found in section 430.0402, F.S.

(a) Section 409.920, relating to Medicaid provider fraud.

(b) Section 409.9201, relating to Medicaid fraud.

(c) Section 741.28, relating to domestic violence.

(d) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.

(e) Section 817.234, relating to false and fraudulent insurance claims.

(f) Section 817.505, relating to patient brokering.

(g) Section 817.568, relating to criminal use of personal identification information.

(h) Section 817.60, relating to obtaining a credit card through fraudulent means.

(i) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.

(j) Section 831.01, relating to forgery.

(k) Section 831.02, relating to uttering forged instruments.

(l) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.

(m) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

Criminal offenses found in other sections.

(n) Section 775.21, sexual predator.

(o) Section 775.261, Career offender.

(p) Section 943.0435, Sexual offender; unless the requirement to register as a sexual offender has been removed pursuant to section 943.04354.

I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA)

Date of Decision: _____

I have been granted an Exemption from Disqualification through the Florida Department of Health.

Date of Decision: _____

**** A copy of the Exemption from Disqualification decision letter must be attached****

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. A copy of the prior screening results must be attached.

Purpose of Prior Screening: _____

Screening Conducted by: _____ Date of Prior Screening: _____

<input type="checkbox"/> Agency for Healthcare Administration	<input type="checkbox"/> Department of Elder Affairs
<input type="checkbox"/> Department of Health	<input type="checkbox"/> Department of Financial Services
<input type="checkbox"/> Agency for Persons with Disabilities	<input type="checkbox"/> Department of Children and Family Services

STEP THREE: The employee must complete this section if claiming an exception to level 2 background screening conducted by the Department of Elder Affairs. If not claiming an exception, then skip to Step Four.

If you are claiming that you qualify for an exception to level 2 background screening pursuant to sections 430.0402(2) or (3), Florida Statutes, and thereby, you are not required to undergo background screening through the Department of Elder Affairs, please indicate the type of exception and attach the required evidence.

EXCEPTION:

- Attorney - _____ (initials) An attorney in good standing with the Florida Bar if you are providing a service within the scope of your licensed practice.
Evidence: A copy of the screen shot of your membership in good standing with the Florida Bar.
- Relative - _____ (initials) A relative of the client.
Evidence: Circle your relationship to the client: husband, wife, father, mother, son, daughter, brother, sister, grandmother, grandfather, great-grandmother, great-grandfather, grandson, granddaughter, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.
- Volunteer - _____ (initials) A volunteer who assists for less than 20 hours per month and you are not listed on the FDLE Career Offender Search database or the Dru Sjodin National Sex Offender Public Website.
Evidence: A copy of your search results screen shot from each criminal database showing no records were found.

EMPLOYER: IT IS THE EMPLOYER'S RESPONSIBILITY TO VERIFY THE AUTHENTICITY AND ACCURACY OF ANY DOCUMENTATION REQUIRED AS EVIDENCE OF AN EMPLOYEE'S QUALIFICATION FOR AN EXCEPTION.

STEP FOUR: Each employee determined to be a direct service provider must complete the required attestation below.

Claiming an Exception: If you are claiming that you qualify for an exception to level 2 background screening, you are not required to undergo background screening through the Department, and you must sign the attestation below.

Not Claiming an Exception: If you are *not* claiming one of the exceptions to level 2 background screening listed in Step Three, you must complete level 2 background screening through the Department. Once you have been determined qualified for service by the Department, you must sign the attestation below.

ATTESTATION

Under penalty of perjury, I _____, hereby swear or affirm that I meet the requirements for qualifying for employment pursuant to the background screening standards set forth in Chapter 435 and section 430.0402, Florida Statutes. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by my employer.

Employee Signature

Date

EMPLOYER: ONCE THE ATTESTATION IS SIGNED, KEEP THIS COMPLETED FORM IN THE EMPLOYEE'S FILE.