CHRC PROGRAM
NYS DEPARTMENT OF HEALTH
CRIMINAL HISTORY RECORD CHECK

Implementation
- Effective January 1, 2015 new prospective employees for ACFs will require to be fingerprinted (SSL Section 461 subsection t)
- Dear Administrator Letters – October (Announces CHRC and Basic Steps) and December (Step-by-Step to perform a background check)
- Training – 2 live sessions planned for December 9 and 10 in NYC; additional training also forthcoming
Initial Steps

- Ensure administrator role is entered correctly on HCS; this person appoints the Authorized Person (ACFs should contact their HCS Coordinator).

- Setup an escrow account with fingerprint vendor before January 1, 2015 (contact the fingerprint vendor at [http://www.identogo.com/](http://www.identogo.com/) or call 877-512-6962, then option 2, then 3 on the next menu).

- Send in a substitute W-9 form for provider reimbursement (ACFs who are not on the State Financial System (SFS) must complete a Substitute W9 form (AC-3237-S), and fax the form to: 518-474-7477.)

CHRC OVERVIEW
Common Terms in CHRC

- HCS - Health Commerce System
- AP - Authorized Person
- AR – Agency Representative
- Temporary/Provisional employee
- Initial vs expedited submission
- DCJS (Division of Criminal Justice Services)
- Rejections/resubmissions
- Non-Idents/Idents
- LiveScan and IdentoGO by MorphoTrust USA

CHRC on the HCS

- Accessing alerts and policies
- Completing and submitting CHRC electronic forms (AP, Application & Termination)
- Receiving results and other CHRC communications
- Paper Forms (102 – Consent Form)
CHRC “Policies and Procedures”
Must Include:

- Determining who is subject
- Retaining Consent forms (CHRC 102)
- Supervising employees while awaiting results
- Reporting employee terminations and separations
- Timeliness of scheduling fingerprint appointments and rescheduling when needed.
- Charging costs to employees is not permitted

Who is Subject to CHRC?
All non-licensed employees providing direct care to residents/clients pursuant to a plan of care, including those who have access to living quarters.

Examples:
- CNAs
- HHAs
- Dietary Aides
- Hairdressers & barbers
- Housekeepers
- Maintenance workers
Who is Not Subject to CHRC

- Licensed health care employees
  - Article 8 of the Education Law
- Nursing home administrators
  - Article 28-D of the Public Health Law
- Employees without patient contact
  - Groundskeepers, kitchen workers, etc.
- Volunteers

CHRC Legal Determination Letters

- Based on Legal review of criminal histories
- Examples include:
  - Hold in Abeyance (charged but not tried)
  - Not Held in Abeyance (charged but not tried, but even if convicted will be cleared to work)
  - Pending Denial (30 days rehab evidence)
  - Final Denial (Employee must be removed from direct patient care & termination submitted)
  - Final Non-Denial (Employee is approved for employment)
  - Subsequent arrest information
Supervision Requirements

- **Nursing homes**
  - Performed by NH employee on the same nursing unit as employee
  - Documented in writing at least weekly

- **Home Health Care Agencies**
  - Direct on-site observation is required for the first week by a licensed health care professional, senior aide or other paraprofessional with one year experience
    - As of January 2009
  - After first week, alternate weeks of on-site and off-site evaluation and documented in writing
  - Supervisor must have one year experience in certified or licensed facility

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.
CHRC Forms Retention

Documentation must be retained for six years after the Authorized person submits a Termination. This includes individuals that never began to work if an Application was submitted.

CHRC Application and Termination Process via the HCS
Accessing the CHRC Menu

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

- 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, click on the Applications Tab at the top of the HCS home page. Then, Click the letter “C”, to go to “Criminal History Record check Program”, and then add by clicking on the “+” option. All current APs will already have this application displayed.

The first time signing into the CHRC application you will have to disable the Pop Up Blocker to allow popups.
Accessing the Application Form from the CHRC Menu

- Click the “Submit Employees” link on the left menu in the “WHAT DO YOU WANT TO DO?” section. Only Authorized Persons have access to this link.

- 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.
Click the “Submit” 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.

Accessing the Termination Form from the CHRC Menu

Click the “Terminate Employees” link on the left menu in the “WHAT DO YOU WANT TO DO?” section.
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 at the top of 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 and 103 forms must also be retained even if the individual was not utilized by your provider.*
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.

Using CHRC Help from the CHRC Menu

You may run video “Tutorials” from the “CHRC HELP” section in the main menu to learn more on how to submit applications, terminations, and how to sort and export the roster.
CHRC LiveScan

What is LiveScan?

- Digital scanning of fingerprints
- Statewide system of LiveScan stations
  - Fixed sites and mobile sites
- Operated by IdentoGO by MorphoTrust USA under contract with DCJS
- Electronic payment at time of appointment
Where are the LiveScan Stations?

- Contract requires sites located within
  - 20 miles
  - 30 minutes

- Appointments must be available within 7 days

- Large metro areas will have multiple stations

How to Schedule Appointments?

- Electronic application via HCS by AP
- Detailed information from electronic application also sent to IdentoGO by MorphoTrust USA
- DOH CHRC “Request for Live Scan” with employee submission key letter sent next business day (after IdentoGO by MorphoTrust USA receives information.)
Contact **IdentoGO by MorphoTrust USA** to Make Appointment

- Website or telephone

- Select most convenient site, date and time

- Should be scheduled jointly by provider and employee within 7 days

- Select payment method

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**How Can Providers Pay?**

- Multiple methods, for example:
  - Escrow account (information can be found on the website: http://www.identogo.com/ Click on the New York State logo, then click on the link for Forms and Links.

  - Preferred method-Provider is charged at the time of scheduling. Will have to request a refund if the applicant is not fingerprinted. (Application form included as handout)

  - Credit/debit card-(is charged at the time of scheduling)

  - Business check-(cashed only when the applicant appears and is fingerprinted)
What Does Live Scan Cost?

- Same $94.25 pass through fees for checking DCJS and FBI
- Administrative fee $7.20
- Total $101.45

Employee 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.
How to Make an Appointment?

- Telephone (877) 472-6915
- Website • [www.identogo.com](http://www.identogo.com)

Authorized Person can click on the View L1 Site link displayed on the CHRC portal. The will be sent to the screen shown below. Then click onto the image of New York State.
Scroll to the bottom of the page and click on the Online Scheduling Link

Let's get started! Please select one of the following links:

- **Online Scheduling**
  - Starts the appointment process in New York.
- **Locations**
  - Provides a list of locations in New York for you to browse before starting the appointment process.
- **Forms and Links**
  - Provides access to forms relating to the fingerprint background check process and links for information on this process.

If you have any questions, please call us at (877) 472-9915

Your Authorized Person will be allowed to pick one of the following languages to continue in.

- Follow this link to continue in English
- Oprima aquí para continuar en español
- Следуйте за этой ссылкой, чтобы продолжить на русском языке
- Làm theo liên kết này để tiếp tục tại Việt Nam

For New Appointments type applicants First and Last Name, then hit Go

Click onto the For Existing Appointments link to change a scheduled appointment.

If you need to change the appointment click on the link *I have an existing appointment I would like to change.*

Click onto the for Fingerprint Rejection Notices if you received notification that an applicants fingerprints were rejected and need to be rescheduled again at no cost.
Load ORI Number for DOH CHRC

Application Details

Please enter your ORI number in the box below.

ORI Number

Go

Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

Enter a zip code to determine the closest fingerprinting location:

Next Step

or

Please choose the region you will be in for your enrollment appointment.

New York metro

Eastern NY

Upstate NY

Western NY

Next Step

Small Map

If you have any questions with the website, please contact L-1 Enrollment Services at (877) 472-6915.
Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

Showing locations in the New York Metro of NY in alphabetical order
(Visit another Region or Zip Code)

<table>
<thead>
<tr>
<th>March 17 - March 23</th>
<th>Next Week &gt;&gt;</th>
</tr>
</thead>
</table>

**Pick time**

**YOUR APPOINTMENT IS NOT YET COMPLETE**

Please review all of the following information. If any of this information is incorrect, please click the change button at the bottom of each section to make any needed changes to that section.

**If All Information Appears Correct >>>>**

Next Step

**Application Details (1)**

- ORI Number: NY0231002Z - NYS Department of Health Criminal History Record C
- Fingerprint Reason: 99 - Nursing Home/Health Care

**To change any information in this section >>>>**

Change Application Details

**Appointment Details**

- Location: Albany PSI
  1 Columbia Circle
  Albany, NY 12203
  United States
- Appointment Date: 03/17/2009
- Appointment Time: 09:20 AM

**To change any information in this section >>>>**

Change Appointment Details

**Applicant Details**

Verify appointment data
ID Types

The state of New York requires you to present two forms of identification at your appointment. Please select an item from the column A drop down below. After selecting from column A, the options valid for column B will appear.

Column A - Valid Photo Identification
- Drivers License or Photo ID Card (issued by U.S. State or Territory)

Select ID types

Column B - Valid Supplementary Identification
- Original or certified copy of a Birth Certificate
- Alien Registration Record Card
- Certification of Enemy Alien Enlistment by U.S. Dpara
- Original or certified copy of a Birth Certificate
- Canadian Drivers License
- U.S. Citizen ID Card (Form L)
- Coast Guard Merchant Mariner Card
- Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)
- Unexpired Foreign Passport
- U.S. Military card or draft record

If you have any questions, contact Services at (877) 472-6915

Payment Collection

Your total is $105.75. Please choose a payment method below.

1) Method of Payment
- eCheck (pay now)
- Debit Card (pay now)
- Credit Card (Visa/Mastercard/American Express/Discover (pay now)
- Money Order (pay onsite)
- Certified Bank Check (pay onsite)
- Business Check (pay onsite)
- Personal Check (pay onsite)
- Billing Account

Select payment type
CHRC Contacts

- CHRC Program       PH: (518) 402-5549
  Email: chrc@health.ny.gov

- Richard Rees      PH: (518) 408-1278
  Email: Richard.Rees@health.ny.gov

- CHRC Legal Dept.   PH: (518) 408-1627
  Email: chrclegal@health.ny.gov