



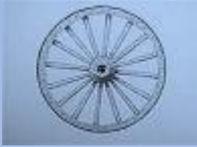
Delaware Health and Social Services
Division of Long Term Care Residents Protection



Background Check Center

Post Go-Live Provider Webinar

June 4 & 5, 2013



BCC—1000



In order to reduce background noise, please mute your phones

- *6 to mute

Thank you!!!



BCC—1000



NOTICE TO ALL PROVIDERS !

The fingerprinting of all Applicants and Employees is now completed using the Fingerprinting Form created in the BCC. The use of the old form, “Criminal History Record Request Form” has been **discontinued**! SBI will not fingerprint any applicant who has the old form. You must process the applicant/employee in the BCC and print the fingerprint form for the applicant/employee to take with them for fingerprinting. You should destroy all old fingerprinting forms.



BCC—1000



Today's content includes...

1. IAS Registration
2. Adding new users
3. Missing SBI#'s
4. GFE Fingerprinting details and deadlines for completion
5. Consent Form checkbox for Existing Employees
6. Update on LabCorp
7. Getting the Eligible or Non-Eligible letters and CBC results
8. Errors in Name, SSN, and DOB
9. Employees disqualified prior to the BCC
10. Review of Categories and Positions



BCC—1000



IAS Registration

- Is required of all users of the BCC
- Explicitly follow the instructions you received-(if you have not received the instructions contact the BCC Helpdesk)
 - Background Check Center-PROD
 - Corporate User
 - Profile- select Other
 - Your information (name, email address, company name, phone, fax)
 - Verify your information
- If you register properly you get an acknowledgement email from IAS
- After DLTCRP approval, you will receive a secure email with your username and initial password.
- Create your own password following the IAS rules
- Same username and password used in the BCC
- Using “Forgot my Password” feature. Some people have had problems and we recommend going to the IAS Website and selecting the Forgot my Password link and follow the instructions. <https://ias.dhss.delaware.gov>

Integrated Authorization System

Provided by Delaware Health & Social Services



Operations

Homepage

Need Help?
Contact the DHSS
HelpDesk
at (302) 255-9150

System: IAS -
Production
Database: PROD
Version: 01/06/2013

New External User Authorization Request

Welcome to the authorization request process. Please provide information for all items below and click Next to begin the request process.

Request Info

Item Requesting: Background Check Center - Prod

Role Requesting: Provider - Corporate Level

Requester Email Address: jkm42@gmail.com

Requester Confirm Email Address: jkm42@gmail.com

4RAX7

Enter the code shown:

4RAX7



BCC—1000



Adding new users to the BCC

- NOTE: All users must be IAS registered before they can be activated
- The initial Corporate User completes this function
- Select Manage Users Tab
- Select Add New User
- Complete the new user profile
- Assign access levels
- Click submit



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Add New User Profile

* Required Fields

Enter New User information to give them access to your facility. ([Add Existing User](#))[All Users](#) | **[Add New User](#)**

New User Profile

First Name: *

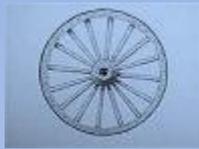
Last Name: *

Phone:

E-mail: *

Access Level: *

- Administrator
- Drug Test
- Human Resources
- Quick Check



BCC—1000

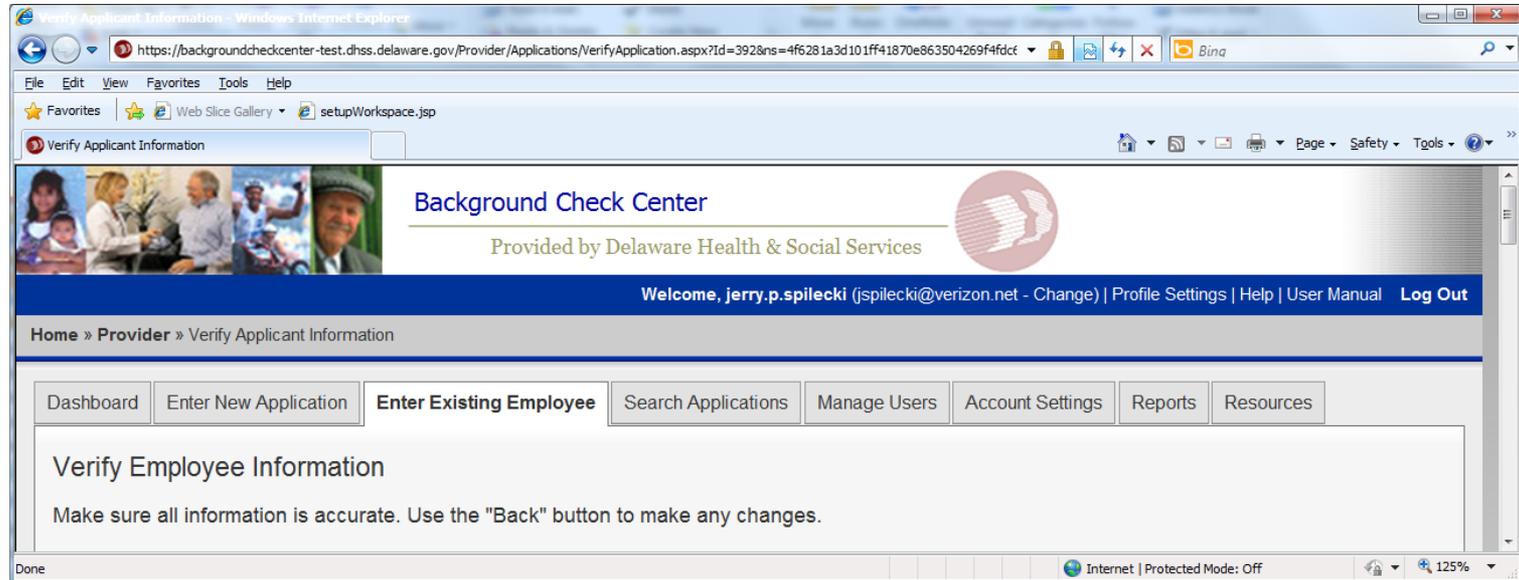


Missing SBI#'s

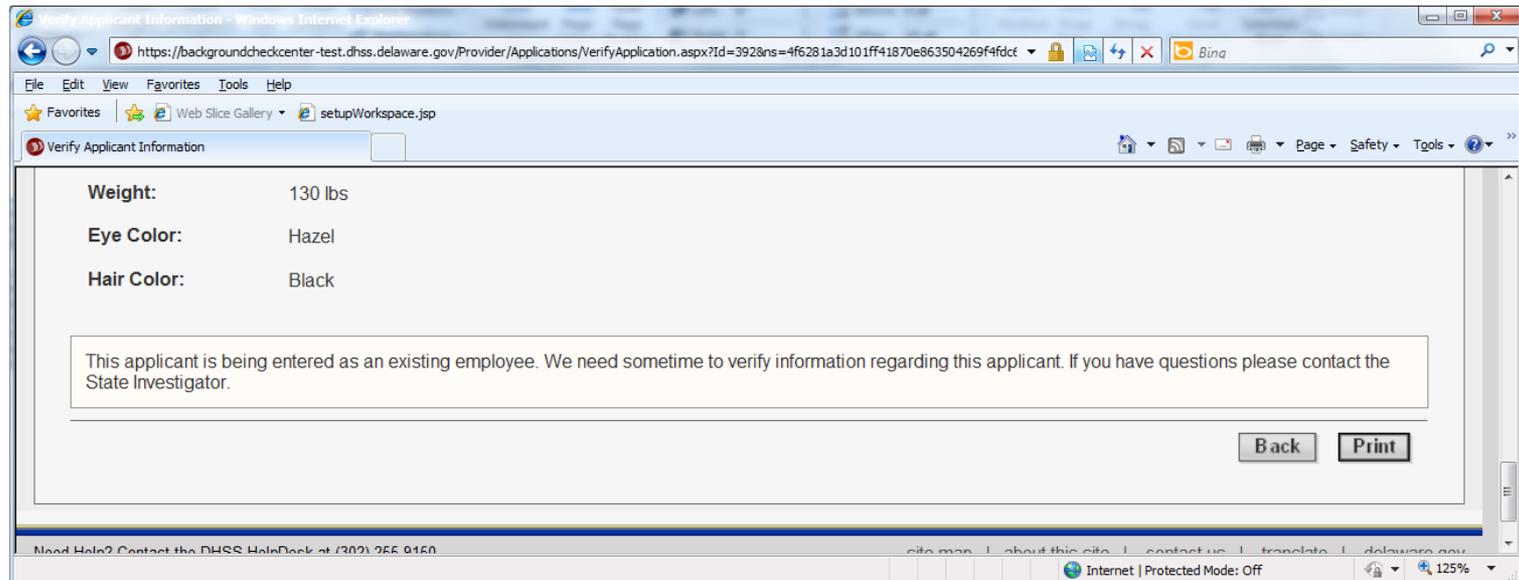
- SBI# and most recent fingerprint date are necessary to complete the criminal background check process
- Also necessary for the BCC to determine if fingerprinting is needed (w/in 3 yrs.) or they were fingerprinted for an entity other than long term care.
- Seen in all applicants who were processed using the old method after Go-Live
- Causes applicant/employee to get “stuck” in Pending status
- Resolved by Provider contacting DLTCRP staff, who find and update the information
- DLTCRP staff changes status to FORMS
- Provider clicks on PRINT FORMS – go to Forms page
- Look for message indicating the applicant has fingerprints on file and within 3 years.
- Click CLOSE
- Go to CHECK STATUS, view results, continue with hiring process to make decision

Entering of Employee who needs SBI research done on their SBI number by DLTCRP staff

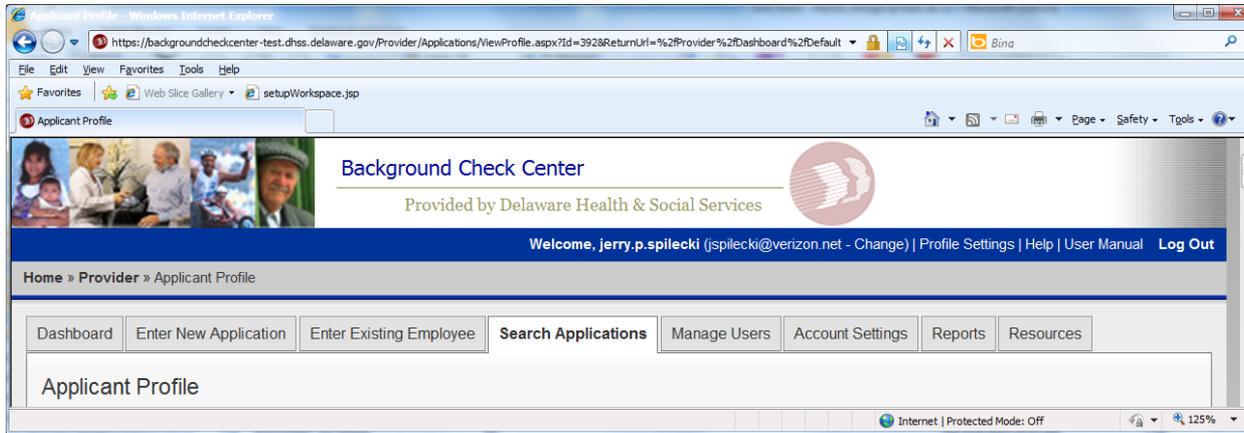
Upper Portion of Verify Employee Information Screen (after basic employee information has been entered and "Next" button clicked)



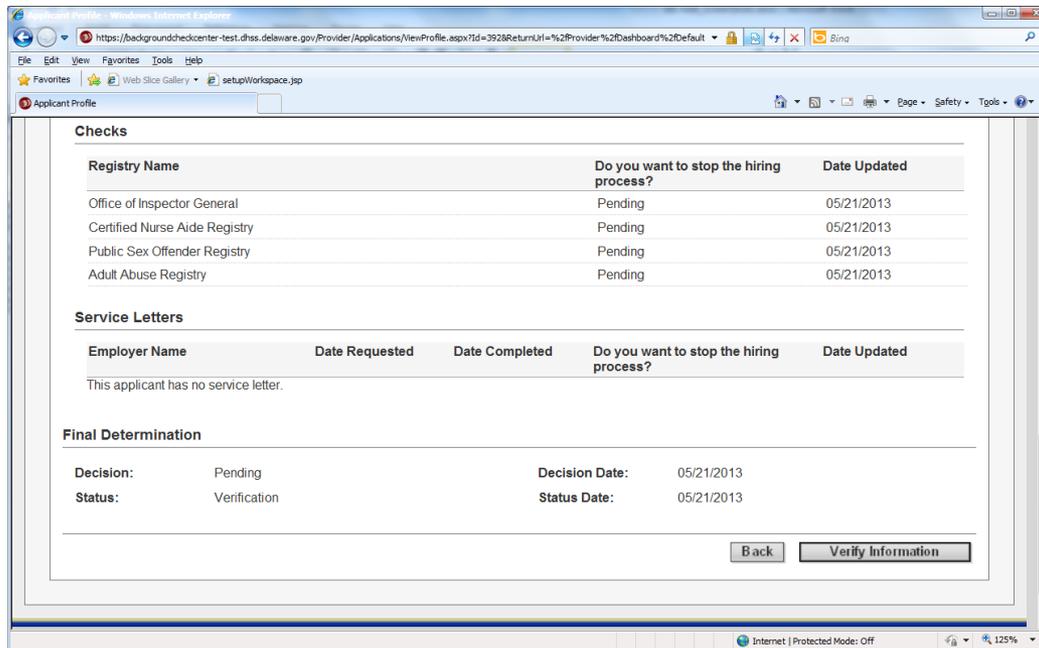
Lower Portion of Verify Employee Information Screen



Top of Applicant Profile screen that will display when Existing Employee's Application is accessed again after waiting at least one business day.

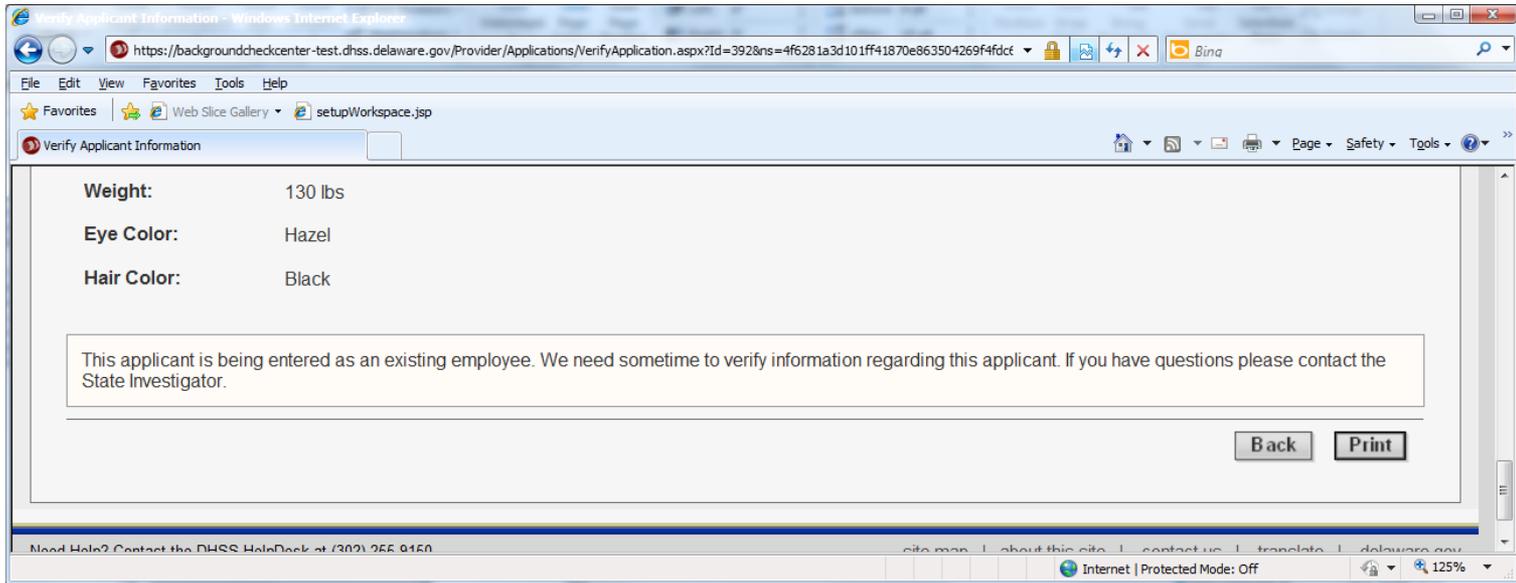


Bottom of Applicant Profile screen that will display when Existing Employee's Application is accessed again after waiting at least one business day.

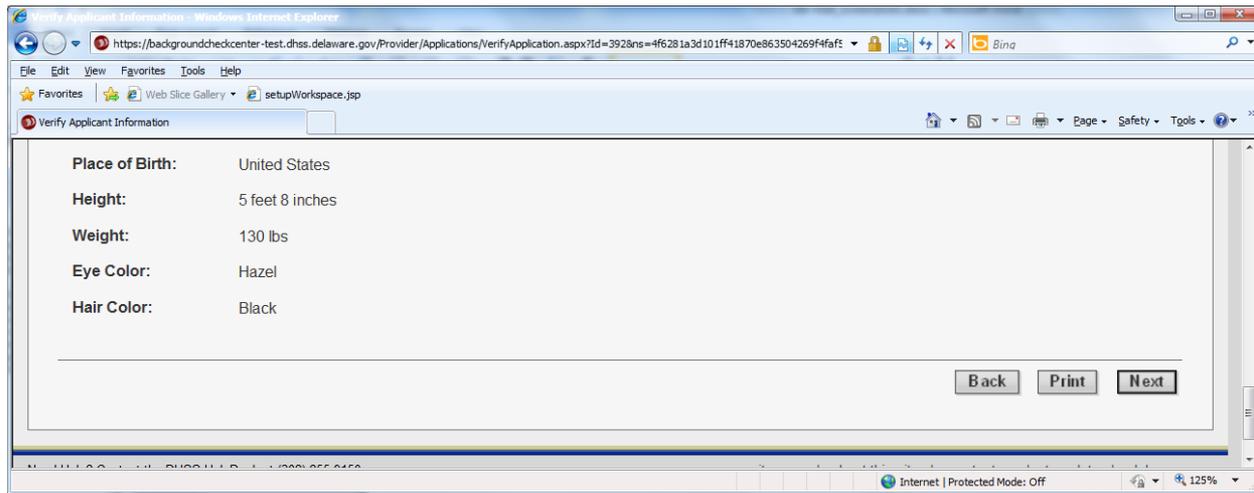


Note: No mention of time needed for DLTCRP to verify information.

However, after clicking on the "Verify Information" button, then the "Verify Employee Information" screen re-appears. If DLTCRP has not yet verified the information, then the notice about time needed will again be visible at the bottom of that screen.



After DLTCRP has verified SBI information and updated it on the Applicant, the “wait” notice will no longer appear.





BCC—1000

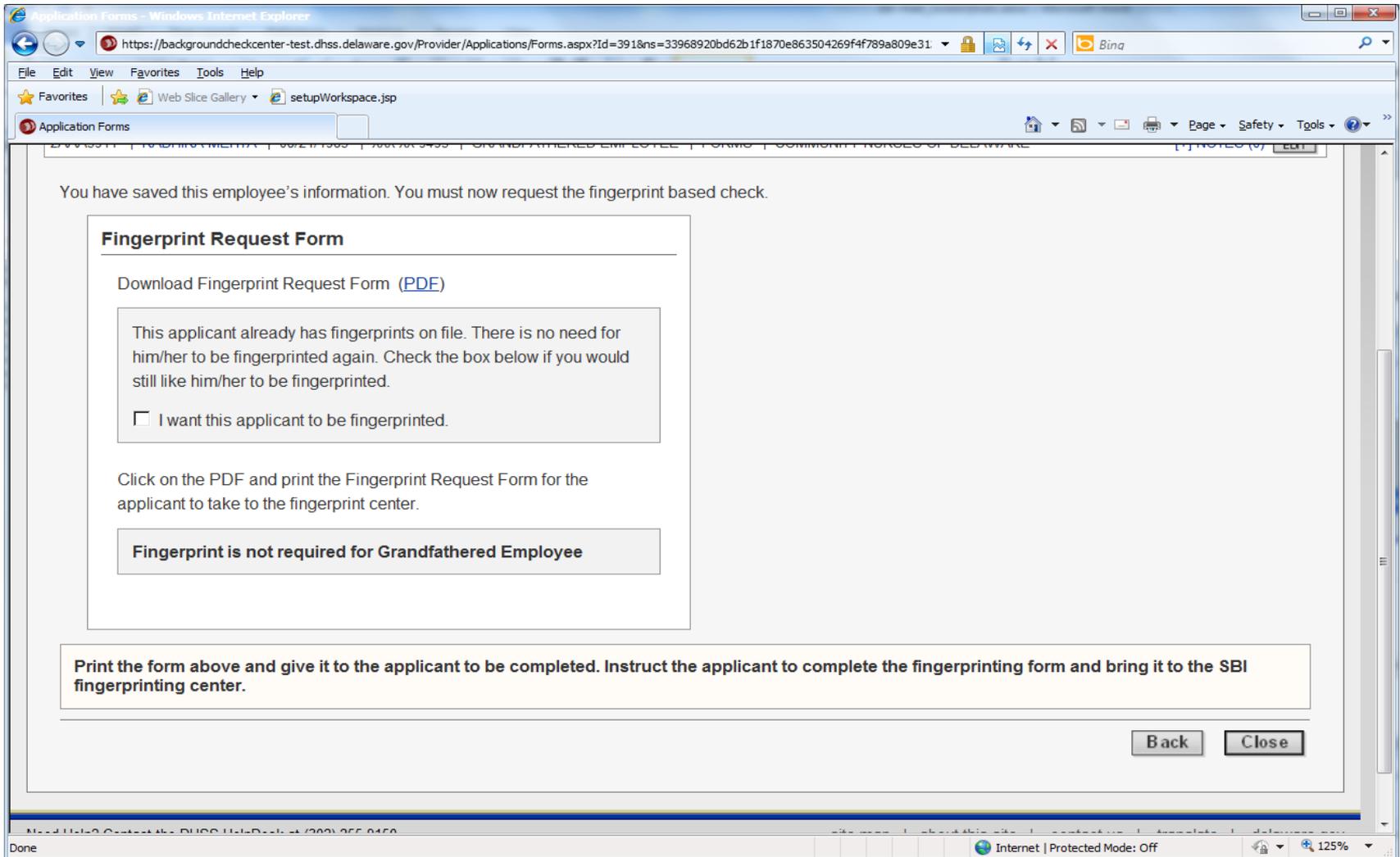
GFE Fingerprinting



- When you enter the SSN and DOB into the BCC and click NEXT:
 - If the Name appears they are in the system and do not need to be fingerprinted-as in an Existing employee.
 - If no name is appears, the individual is not recognized in the system and will need to be fingerprinted.
 - If the individual claims that they have been fingerprinted, obtain documentation if possible and contact DLTCRP. It will be treated as a missing SBI#.
 - 120-day deadline for all GFE's to be Fingerprinted
 - Group 1- First group, Go-Live 3/21 – Deadline = 7/9/13
 - Group 1- Remaining, Go-Live 4/5 – Deadline = 8/3/13
 - Group 2- Go-Live 4/1 – Deadline = 7/30/13
 - Group 3 – Go-Live 4/15 – Deadline = 8/13/13

Entering of Grandfathered Employee who has been fingerprinted previously through DLTCRP

For Grandfathered employees fingerprinted previously through DLTCRP AND linked through the BCC to an SBI number, a notice is displayed providing the option to print a Fingerprint Request Form, but with a note that “This applicant already has fingerprints on file. There is no need for him/her to be fingerprinted again.”



Application Forms - Windows Internet Explorer

https://backgroundcheckcenter-test.dhss.delaware.gov/Provider/Applications/Forms.aspx?Id=391&ns=33968920bd62b1f1870e863504269f4f789a809e31

File Edit View Favorites Tools Help

Application Forms

You have saved this employee's information. You must now request the fingerprint based check.

Fingerprint Request Form

Download Fingerprint Request Form ([PDF](#))

This applicant already has fingerprints on file. There is no need for him/her to be fingerprinted again. Check the box below if you would still like him/her to be fingerprinted.

I want this applicant to be fingerprinted.

Click on the PDF and print the Fingerprint Request Form for the applicant to take to the fingerprint center.

Fingerprint is not required for Grandfathered Employee

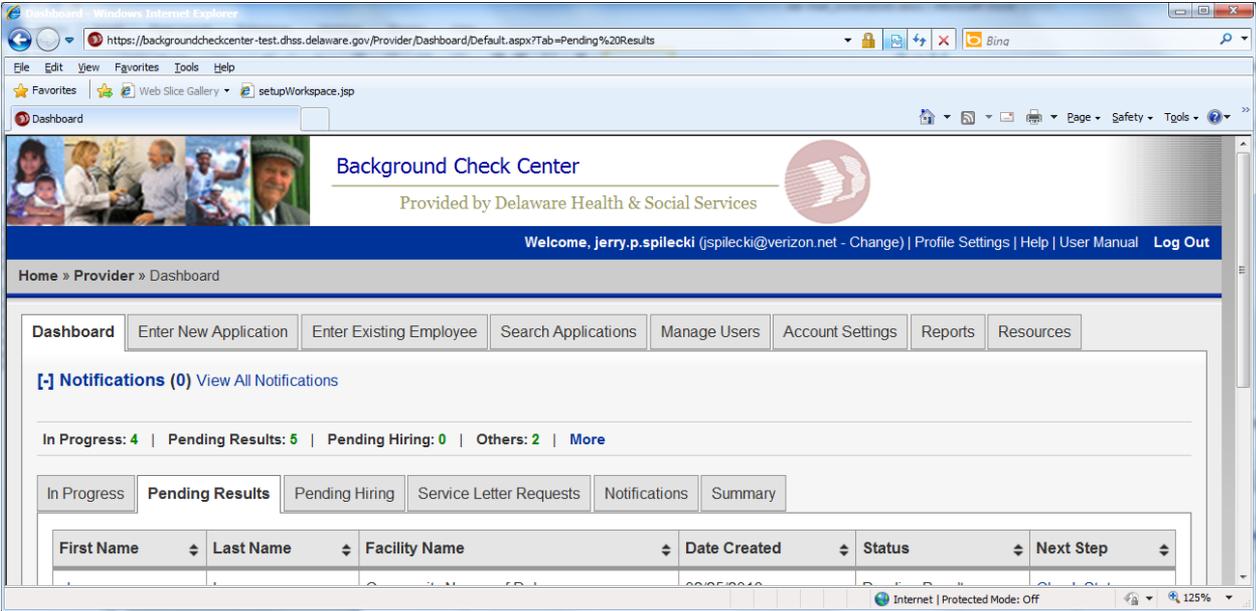
Print the form above and give it to the applicant to be completed. Instruct the applicant to complete the fingerprinting form and bring it to the SBI fingerprinting center.

Back Close

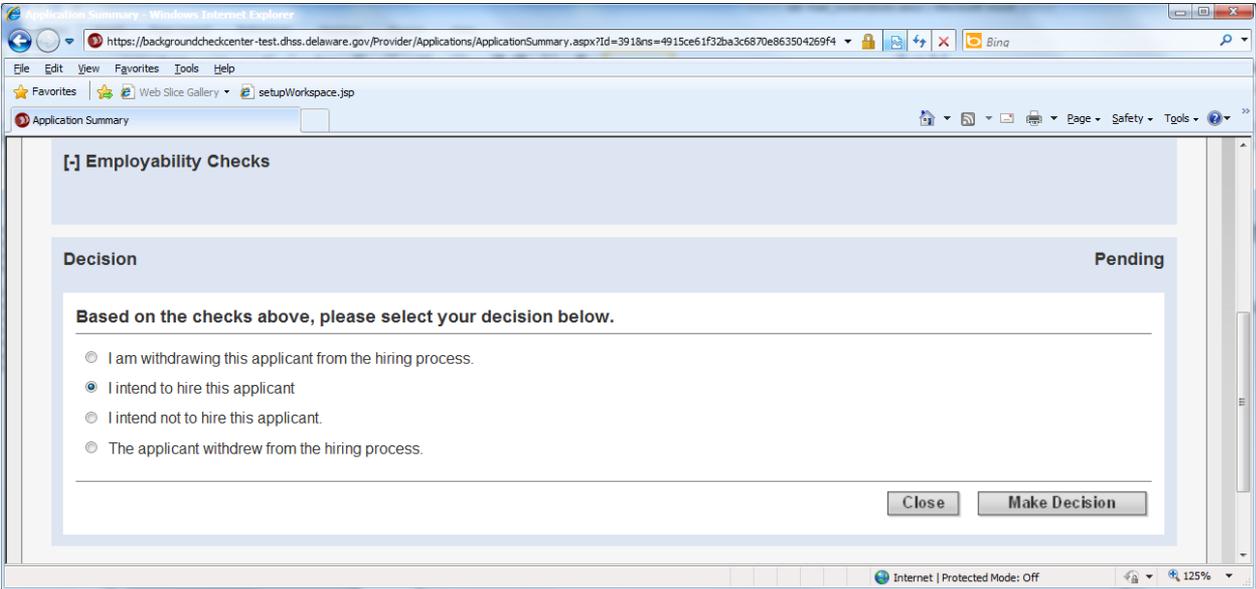
Done Internet | Protected Mode: Off 125%

Clicking the Close button from this screen will move the Grandfathered Employee to a “Pending Results” status.

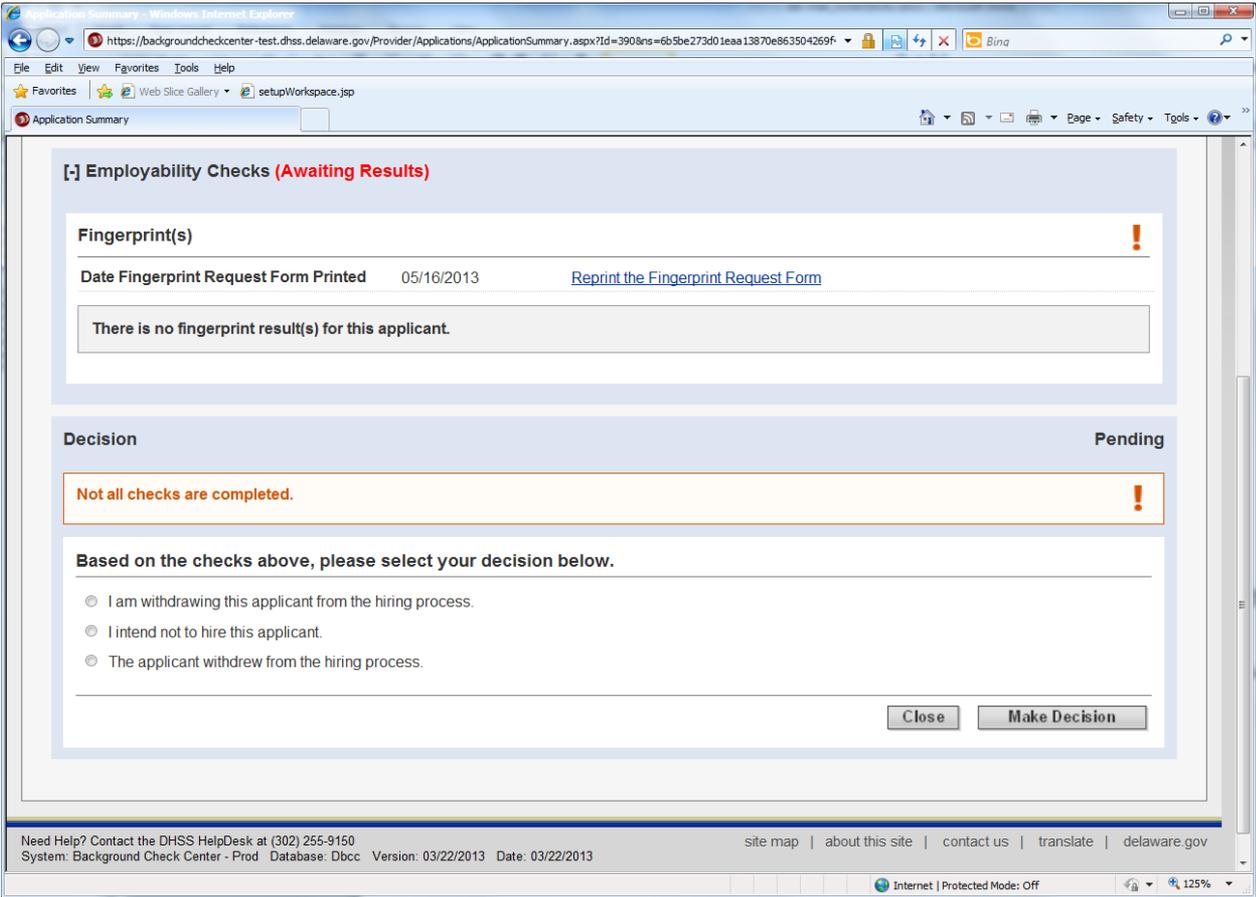
From the Dashboard screen, on the “Pending Results” tab, a Grandfathered Employee who has their SBI number properly linked in the BCC, can then be “Hired” (registered for RapBack and placed on the “Master List”) by clicking the “Check Status” link in the “Next Step” column...



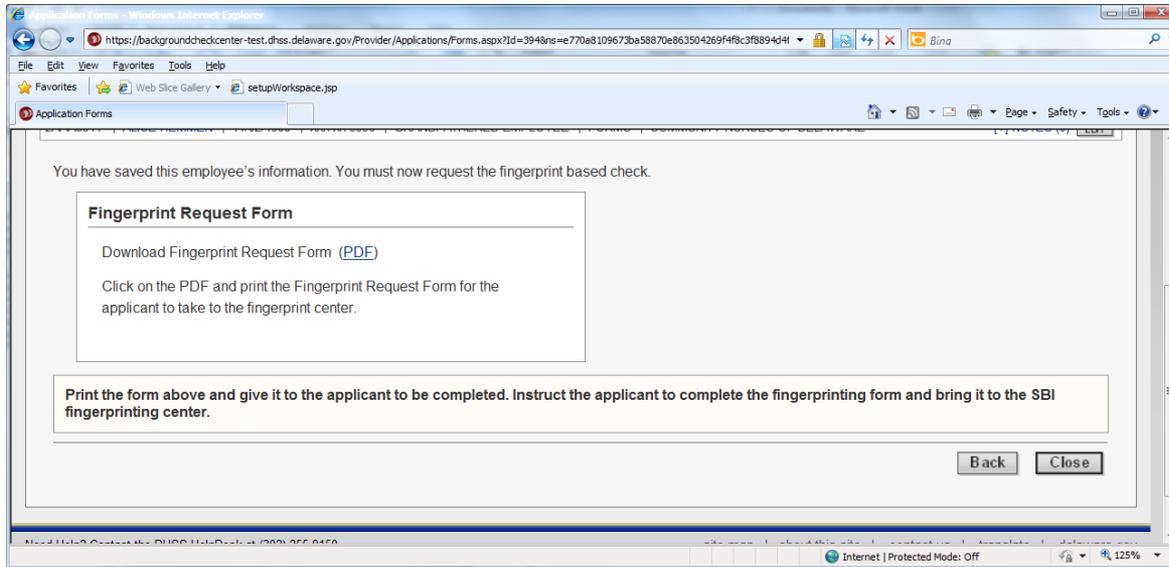
and selecting “I intend to hire this applicant”, then clicking the “Make Decision” button.



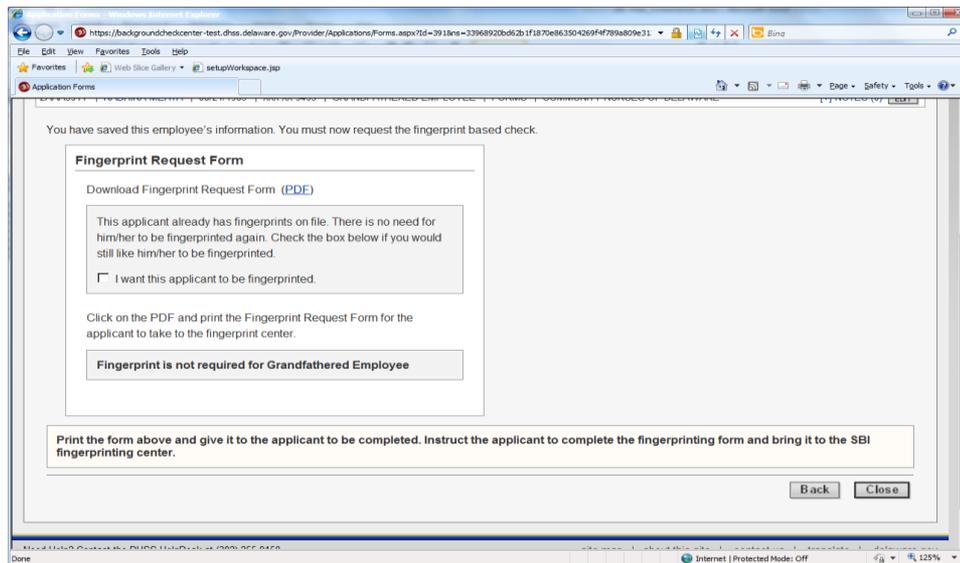
For Grandfathered Employees who are not properly linked to an SBI number in the BCC, clicking the “Check Status” link in the “Next Step” column on the “Pending Results” tab of the Dashboard screen, will show an Application Summary with an “Awaiting Results” message. There will not be a choice shown for “I intend to hire this applicant”. The fingerprinting confirmation needs to first come through electronically from SBI (after employer has printed a fingerprinting form and employee has been fingerprinted at SBI). CLICK CLOSE



A Grandfathered employee without an SBI number properly linked in the BCC (either because they have not been fingerprinted through DLTCRP, or because the number was not able to be matched with a prior DLTCRP CBC record) comes up with a screen for printing a Fingerprint Request Form.



But if DLTCRP can link the BCC to an existing SBI number, then after the linking, the screen will display the “optional fingerprinting” screen on the next access.



Applicant Profile

2AAA388P | LAZWRENCE GLOVER | 06/17/1962 | XXX-XX-6600 | GRANDFATHERED EMPLOYEE | HIRED | COMMUNITY NURSES OF DELAWARE [+][NOTES \(0\)](#) [EDIT](#)

Basic Information [Print](#)

Name:	Lazwrence Earl Glover (2AAA388P)	Type:	Grandfathered Employee
Facility Name:	Community Nurses of Delaware (3AAA070R)	Status:	Hired
Date Entered:	05/14/2013	Date Updated:	05/14/2013

Personal Information

Alias(es):		Address:	423 Homestead Road, Apt. A Wilmington, DE 19805
Date of Birth:	06/17/1962	County:	Sussex
Social Security #:	XXX-XX-6600	Phone:	(302) 543-5902
Gender:	Male	E-mail:	
Race:	Black		

Driver's License or State ID

License #:		State Issued:	Delaware
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Position

Position: Food and Dietary Services - Food Service Aide



BCC—1000



Consent Form Checkbox

- Written consent is required of **all** persons in the BCC.
- Existing employees have given prior consent but... not for the Rap back and for Service Letters. These are new in the BCC regulations.
- New employees must give written consent for all four areas (4 signatures)
 - Criminal background including Rap back
 - Drug testing
 - Child Protection Registry
 - Service Letters
- GFE's give consent to be fingerprinted to obtain an SBI# - no CBC – but will be included going forward in the Rap back.



Background Check Center

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Enter Applicant Information

* Required Fields

Enter the applicant's information. Click "Next" to complete the application.

| 02/14/1962 | 122-33-4444 | NEW EMPLOYEE | DATA ENTRY | COMMUNITY NURSES OF DELAWARE

Consent

 I have obtained written consent from the applicant. * ([Consent Form](#))

Name

First Name: * Middle Name: Last Name: * Suffix: [Add an Alias](#)

Address



BCC—1000



Update on LabCorp

- Current problem of Providers not receiving drug test results in the BCC is being resolved but in the meantime enter the drug test results in the BCC at the Employability Checks section as you would for a Non-LabCorp lab .
- All Providers using LabCorp and wishing to receive results electronically need to contact LabCorp and register their accounts as being BCC participants. DLTCRP will provide instructions via email on how to do this.
- Paperwork –The BCC Form contains the BCC Application ID that is essential in processing the results electronically. The LabCorp form is the chain-of-custody form.

Office of Inspector General	No	02/26/2013
Certified Nurse Aide Registry	No	02/26/2013
Public Sex Offender Registry	No	02/26/2013
Adult Abuse Registry	No	02/26/2013

Service Letters

Employer Name	Date Requested	Date Completed	Do you want to stop the hiring process?	Date Updated
---------------	----------------	----------------	---	--------------

This applicant has no service letter.

Employability Checks

Child Protection Registry

Request Form	Date Requested	Date Collected
No forms required	02/26/2013	

Drug Test

Request Form	Date Requested	Date Collected
PDF	2/26/2013	2/27/2013

Letter	Date Received	Do you want to stop the hiring process?	Date Updated
Drug Test Result	02/27/2013	Pending	

Fingerprints

Request Form	Date Requested	Date Collected
PDF	02/26/2013	03/04/2013

https://backgroundcheckcenter-test.dhss.delaware.gov/Provider/Applications/ViewProfile.aspx?Id=371&ReturnUrl=%2fProvider%2fApplications%2fSearch.aspx

File Edit View Favorites Tools Help

★ Favorites | Web Slice Gallery

Applicant Profile

- Office of Inspector General
- Certified Nurse Aide Register
- Public Sex Offender Register
- Adult Abuse Registry

Service Letters

Employer Name

This applicant has no service letters.

Employability Checks

Child Protection Registry

Request Form

No forms required

Drug Test

Request Form

[PDF](#)

Letter

[Drug Test Result](#)

Fingerprints

Request Form

[PDF](#)

https://backgroundcheckcenter-test.dhss.delaware.gov/Provider/Tools/DrugTestResult.aspx?Id=371 - Windows Internet Explorer

https://backgroundcheckcenter-test.dhss.delaware.gov/Provider/Tools/DrugTestResult.aspx?Id=371

File Download

Do you want to open or save this file?

 Name: drugtestresult_1.pdf
Type: Adobe Acrobat Document, 48.8KB
From: backgroundcheckcenter-test.dhss.delaware.gov

 While files from the Internet can be useful, some files can potentially ham your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

State of Delaware



Delaware Health and Social Services

*Division of Long Term Care
Residents Protection*

Background Check Center

DRUG TEST RESULT FORM

Applicant

ID: 2AAA371N
Name: william Brown
Address: 99 main st
dover, DE 19800
Speciment ID: 05799680530

Employer

Name: Community Nurses
Address: P.O. Box 182
Georgetown, DE 19840
Contact: Joe Schmoe
Phone: (302) 227-2222

Review Service Letter(s)

This applicant has no service letters.

[-] Employability Checks (Awaiting Results)

Child Protection Registry

Date Requested 02/26/2013

There is no Child Protection Registry result for this applicant.

Drug Test

Date Drug Test Request Form Printed 02/26/2013 [Reprint the Drug Test Request Form](#)

Letter	Date Received	Do you want to stop the hiring process?	Date Updated	Update
Drug Test Result	02/27/2013	No	06/03/2013	Edit

Fingerprint(s)

Date Fingerprint Request Form Printed 02/26/2013 [Reprint the Fingerprint Request Form](#) [View State Criminal History Report](#)

There is no fingerprint result(s) for this applicant.



BCC—1000



Editing Errors in the Name, SSN, and DOB

- For security reasons, Providers cannot edit name data after verifying and registering the applicant/employee. DLTCRP will correct name data already entered and verified.
- Use care when inputting.
- Always ask for aliases (Maiden name is an alias) Add by clicking ADD ALIAS
- Add suffixes (Jr., Sr., II, etc.) by using the drop down box after last name
- The BCC does not accept apostrophes (‘), numbers, or any other special characters but does allow spaces and the hyphen (-).
- If you receive a message after entering the DOB and SSN that they do not match, contact the BCC Helpline to get that resolved.
- As you have probably found, if any of the above errors exist, the BCC will not allow you to proceed so they must be corrected before you can.



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[Dashboard](#) | [Enter New Application](#) | [Enter Existing Employee](#) | [Search Applications](#) | [Manage Users](#) | [Account Settings](#) | [Reports](#) | [Resources](#)

Enter Applicant Information

* Required Fields

Enter the applicant's information. Click "Next" to complete the application.

| 01/01/1972 | 989-89-9889 | NEW EMPLOYEE | DATA ENTRY | COMMUNITY NURSES OF DELAWARE

Consent

I have obtained written consent from the applicant. * ([Consent Form](#))

Name

First Name: * format.firstname

Middle Name:

Last Name: * format.lastname

Suffix:

[Add an Alias](#)

Address



Background Check Center

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Welcome, [jerry.p.spilecki](#) ([jspilecki@verizon.net](#) - [Change](#)) | [Profile Settings](#) | [Help](#) | [User Manual](#) | [Log Out](#)

Home » [Provider](#) » [Applicant Information](#)

- Dashboard
- Enter New Application**
- Enter Existing Employee
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources

Enter Applicant Information

* Required Fields

Enter the applicant's information. Click "Next" to complete the application.

| 01/01/1972 | 989-89-9889 | NEW EMPLOYEE | DATA ENTRY | COMMUNITY NURSES OF DELAWARE

Consent

I have obtained written consent from the applicant. * ([Consent Form](#))

Name

First Name: *

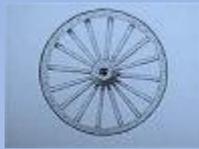
Middle Name:

Last Name: *

Suffix:

[Add an Alias](#)

Address



BCC—1000



Employees who were disqualified from service prior to the BCC

Because of the recent EEOC Guidance, DLTCRP will no longer uphold prior disqualifications unless the applicant has been convicted of abuse, neglect, exploitation or mistreatment of a resident in a facility or of a vulnerable person in the community. Should a Provider receive notice in the BCC that an applicant is listed as “Currently Disqualified,” the Provider should call DLTCRP and ask for the assigned Investigator. Depending on the information in the criminal record, the applicant may need to be re-fingerprinted.



BCC—1000

Review of Categories and Positions

- Select the Category first
- Each Category has a corresponding list of Positions
- For students, select “any other direct access employee”
- On the next slides you will see some examples of Category menus and the corresponding Position menus.



I have obtained written consent from the applicant. * [\(Consent Form\)](#)

Name

First Name: *
Middle Name:
Last Name: *
Suffix:
[Add an Alias](#)

Address

Address 1: *
Address 2:
City: *
State: *
Zip Code: *
County: *
Phone: *
E-mail:

Position

Category: *
Position: *
Professional License(s)

Phone: * (302) 987-6543

E-mail: bennyB@jams.net

Position

Category: * Professional / Licensed Health Care

Position: * Select a Position Position is required

- Select a Position
- Dentist
- Dietitian
- Licensed Practical / Licensed Vocational Nurse
- Medical Director
- Nurse Practitioner
- Occupational / Vocational Therapist
- Pharmacist
- Physical Therapist
- Physician (Medical, Psychiatric)
- Physician Assistant
- Podiatrist
- Registered Nurse
- Social Worker
- Speech / Language Pathologist
- Other

Professional License(s)

Photo ID Information

Driver's License: *

State Issued: *

Gender: *

Race: *

Place of Birth: * United States

Height: * 5 feet Select Inches

Weight: * lbs.

Eye Color: * Select Eye Color

Hair Color: * Select Hair Color

Cancel Next

I have obtained written consent from the applicant. * [\(Consent Form\)](#)

Name

First Name: *

Middle Name:

Last Name: *

Suffix:

[Add an Alias](#)

Address

Address 1: *

Address 2:

City: *

State: *

Zip Code: *

County: *

Phone: *

E-mail:

Position

I have obtained written consent from the applicant. * [\(Consent Form\)](#)**Name**

First Name: *

Middle Name:

Last Name: *

Suffix: ▾

[Add an Alias](#)**Address**

Address 1: *

Address 2:

City: *

State: *

Zip Code: *

County: *

Phone: *

E-mail:

Position

- Feeding Assistant
- Medication Aide / Technician
- Mental Health Counselor
- Nurse Aide
- Nurse Aide in Training
- Occupational / Vocational Therapy Aide
- Occupational / Vocational Therapy Assistant
- Orderly, attendant
- Other Activities Staff
- Other Social Services Staff
- Personal Care Worker
- Physical Therapy Aide
- Physical Therapy Assistant
- Psychiatric Technician



BCC—1000



QUESTIONS



BCC—1000



THANK YOU!



BCC—1000

