

Revised July 2014

Justice Center Guidance for Providers
for Staff Exclusion List Checks and Criminal Background Checks

Staff Exclusion List (SEL)

Who must request a check of the SEL?

Before determining whether to hire or otherwise allow any person as an employee, administrator, consultant, intern, volunteer or contractor who will have the potential for regular and substantial contact with a service recipient, the following must request the Justice Center to conduct a check of the SEL:

- 1) all facility and provider agencies, as defined in Social Services Law §488(4);
- 2) other providers of services to vulnerable persons in programs licensed, certified or funded by a State oversight agency (OMH, OPWDD, OCFS, OASAS, DOH and SED); and
- 3) those required to make an inquiry of the Statewide Central Register of Abuse and Maltreatment (SCR) as defined Social Services Law 424-a(3) and (4).

Authorized Person Designation Forms

All forms are found on the Forms tab of the Justice Center website, www.justicecenter.ny.gov.

- For only SEL checks

The DOH and SED providers who fit within 1-3 above are authorized to request only a check of the **SEL** through the Justice Center. In addition, OCFS providers who do not operate a residential program for children are also authorized the request only a check of the SEL through the Justice Center. These providers should select Authorized Person(s) who will be able to request an SEL check. Each selected person should submit an [Authorized Person Designation Statement Form Justice Center Staff Exclusion List \(SEL\) Check](#).

- For both CBC and SEL checks

The following providers are authorized to request both a **Criminal Background Check (CBC)** and a **SEL** check request through the Justice Center:

- 1) all those who previously conducted fingerprint-based background checks through OMH CHITS pursuant to Mental Hygiene Law §31.35 and Executive Law §845-b;
- 2) all those who previously conducted fingerprint-based background checks through OPWDD FP/CAPS system (including OPWDD registered and voluntary providers) pursuant to Mental Hygiene Law 16.33 and Executive Law 845-b; and
- 3) all those who operate OCFS licensed or certified residential programs for children pursuant to Social Services Law §378-a(1).

The foregoing providers should select Authorized Person(s) who will be able to request, receive and review criminal history record information as well as request a SEL check. After December 18, 2013, each selected person should submit an [Authorized Person Designation and Sworn Statement Form for CBC](#) and an [Authorized Person Designation Statement Form Justice Center Staff Exclusion List \(SEL\) Check](#).

The existing Authorized Persons in the OMH system and the Authorized Parties in the OPWDD system were carried over into the new Justice Center CBC system so as to not disrupt fingerprint response transmissions, however, each existing Authorized Person or Party was required to submit the **Authorized Person Designation and Sworn Statement Form for CBC and SEL Checks**. After December 18, 2014, each new Authorized Person should submit an [Authorized Person Designation and Sworn Statement Form for CBC](#) and an [Authorized Person Designation Statement Form Justice Center Staff Exclusion List \(SEL\) Check](#).

Conducting SEL Checks

After December 18, 2013, once the Authorized Person (AP) form(s) have been submitted, the APs should request a check of the SEL via the online webform available on the Forms tab of the Justice Center's website: [Request for Staff Exclusion List Check Webform \(Online Request\)](#)
This request should only be submitted for applicants that the Provider is seriously considering hiring.

If the AP's email address is not accepted on the webform, he or she should send an email to cbc@justicecenter.ny.gov to request assistance.

The SEL check online webform is not available if the applicant does not have a social security number or alien registration number. In these cases, the AP may request special processing by submitting the [Request for Staff Exclusion List Check Form \(Fax Request Only\)](#) via fax to the Justice Center for applicants that the Provider is seriously considering hiring. This form may not be emailed because State privacy laws prohibit the transmission of social security numbers via unencrypted email.

Please note: this form may not be used if the Applicant has a social security number or alien registration number. Authority for collecting the social security number for the purpose of conducting a SEL check is found at 14 NYCRR Part 702 and may be accessed via the following link which is found on the Resources tab of the Justice Center website:
<http://www.justicecenter.ny.gov/regulations-guidance/regulations/adopted/uossn>

The provider must await the Justice Center's response to the SEL request before proceeding with the hiring process. If an individual applicant is on the SEL, facilities and provider agencies, as defined in Social Services Law §488(4), and other providers of services in programs licensed or certified by a State Oversight Agency (i.e. OMH, OPWDD, OCFS, OASAS, DOH and SED) may **not** hire that individual. There is no need to proceed with a criminal background check.

CBC Process

The CBC process then differs depending on whether the provider is an OMH provider, OPWDD provider, or an OCFS provider operating a residential program for children.

For OMH providers:

- The CBC process remains largely unchanged.
- OMH providers' APs can enter the applicant information directly into the Justice Center's CBC system.
- The [Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check](#) will be pre-filled by the Justice Center CBC system and must be signed by the Applicant and maintained by your agency.
- Upon completion of entering the applicant's data, the **Applicant Fingerprint Authorization Form** is printed from the Justice Center's CBC system and provided to the applicants to take with them to the fingerprinting location. In addition, the [Personal Criminal History Information Review](#) form should be provided to the applicant.
- Presently, the fingerprint submission process remains largely unchanged, the same LIVESCAN locations will be used. However in the coming months, OMH will be transitioning to a new fingerprint submission process.
- OMH providers do not have to fill out the **Request for Criminal History Record Check Form or the Fingerprint Submission Authorization Form**, those forms are for OPWDD providers only.
- The Justice Center will send its determination to the provider's APs.
- When there is a change in status for an applicant/employee, the AP is responsible for notifying the Justice Center through the CBC system.

For OPWDD Providers:

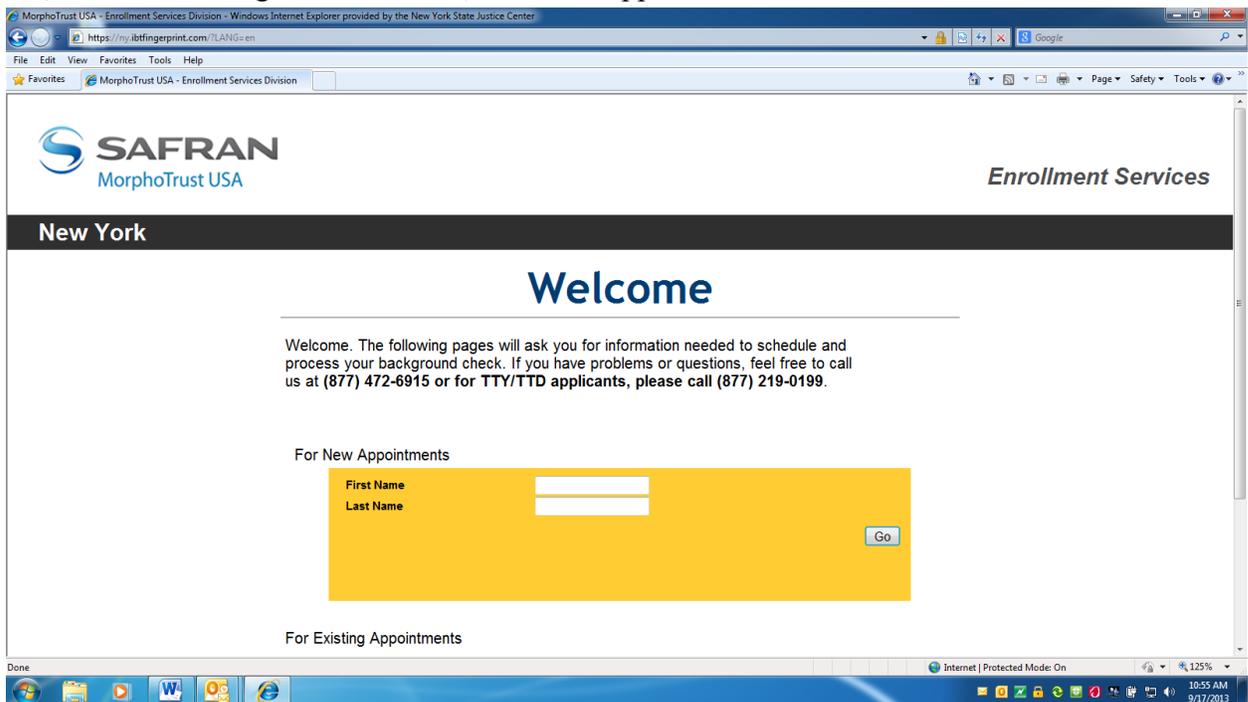
- As of July 14, 2014, OPWDD will be transitioning to a new fingerprint submission process.
- Please select the OPWDD Providers Move to MorphoTrust Info drop down menu on the Pre-Employment Check tab of the Justice Center's website (www.justicecenter.ny.gov) for guidance memo from OPWDD sent on June 6, 2014 and other information about the new submission process.

For OCFS Providers who operate residential programs for children:

- The provider must obtain the consent of the individual subject to a criminal background check before proceeding. The Applicant should complete the [Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check](#). It must be must be signed by the Applicant and maintained by the provider/agency.
- The state has contracted with MorphoTrust USA to conduct all fingerprinting related to criminal background checks for OCFS providers of residential programs for children. The MorphoTrust USA website provides information on fingerprinting locations and allows for online scheduling. To schedule an appointment for fingerprinting go to the www.identogo.com website or call the MorphoTrust toll-free call center at (877)-472-6915. Appointment scheduling via the website is available 24/7/365. Appointment scheduling via the call center is available 9am-9pm Monday through Saturday.

Instructions for Fingerprinting at a MorphoTrust USA Enrollment Services Live Scan Location

1) On the first registration screen, enter the Applicant's name:



The screenshot shows a web browser window displaying the MorphoTrust USA Enrollment Services website. The page features the SAFRAN MorphoTrust USA logo in the top left and "Enrollment Services" in the top right. Below the logo, it says "New York". The main heading is "Welcome". A message reads: "Welcome. The following pages will ask you for information needed to schedule and process your background check. If you have problems or questions, feel free to call us at (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199." Under "For New Appointments", there is a yellow form with two input fields labeled "First Name" and "Last Name", and a "Go" button. Below that, it says "For Existing Appointments". The browser's address bar shows "https://ny.idtfingerprint.com/FLANG/en". The Windows taskbar at the bottom shows the date and time as 10:55 AM on 9/27/2013.

2) On the next screen enter NY922286Z as the ORI number.

- 3) When scheduling an appointment online, after entering ORI number, you will be prompted for your Provider Id. Your provider name should appear and you will be asked if it is the correct provider.
- 4) The next screen contains Application Details. For OCFS providers:
 - from the Applicant Type drop down, please select Direct Service Provider (even if it is a volunteer);
 - from the Hiring Category, please select New Hire;
 - from the Position Category, please select Residential Care,
 - then type in a detailed description of what that applicant's job duties will be,
 - then select Go.

Do not select the Justice Center/OASAS waiver requested box unless you are a provider that operates both an OCFS residential program for children and an OASAS program and have applicants that would potentially be working at both programs.

The screenshot shows a web browser window displaying the MorphoTrust USA Enrollment Services Division website. The page title is "Application Details". Below the title, there is a section titled "Please provide answers to the following questions." which contains a form with the following fields:

- Justice Center / OASAS Waiver Requested**: A checkbox with a blue square next to it. To its right is a paragraph of text: "If the Provider is licensed by both a Justice Center-covered Agency (OMH, OPWDD, OCFS) and OASAS, the provider may request a waiver so that an applicant only needs to be fingerprinted once, either by a Justice Center-covered agency or OASAS, and the other agency agrees to waive the fingerprinting requirement. Please check this box if such a waiver is requested and the applicant will receive separate employment determinations by the Justice Center and OASAS."
- Applicant Type**: A dropdown menu.
- Hiring Category**: A dropdown menu.
- Position Category**: A dropdown menu.
- Job Duties**: A text area with a vertical scrollbar. Below it is a note: "Please enter detailed information about the job duties that indicate how the applicant will have direct and substantial unsupervised contact with persons receiving services/care and to what degree."
- Go**: A button at the bottom right of the form.

The browser's address bar shows "https://ny.itffingerprint.com/". The taskbar at the bottom indicates the system time is 11:23 AM on 8/6/2013.

- 5) Upon selecting Go, you will be taken to a screen for selecting the fingerprinting location. After selecting the location and time for appointment, an Applicant Information screen will appear where you will enter the applicant's demographic information.
- 6) Payment options include: personal or business check, government check, certified check, bank check, money order, credit card or MorphoTrust escrow account. Payment

is made to “MorphoTrust USA”. Should your office desire to enter into an account arrangement with MorphoTrust, information regarding escrow account arrangements may be found at www.identogo.com. Select “NY” and then click on “Forms and Links”.

The fingerprinting fee will be comprised of the total fingerprint search fee(s) plus the MorphoTrust USA vendor fee. The total fee is made to MorphoTrust USA.

The DCJS fingerprint search fee remains at \$75.00

The FBI fingerprint search fee is \$16.50.

The MorphoTrust vendor fee is \$10.75 as of July 1, 2013.

The MorphoTrust vendor fee relates to the software, equipment and staffing costs in connection with the services they are providing to capture and transmit the electronic fingerprint submission. The fee is assessed twice per year and can change on Jan 1st and July 1st. The highest level it can be set is \$11.75 – as more input comes through the MorphoTrust network, the fee may decrease.

- 7) The applicant will go to the fingerprinting location and must bring 2 forms of identification, at least one of which must have a photo. If payment was not done on-line when the appointment was scheduled, payment should be brought to the fingerprinting location.
- 8) At the fingerprinting location, the identification documents will be reviewed, fingerprints rolled and photo taken. Once the applicant has been fingerprinted, MorphoTrust immediately launches the fingerprint transaction and photo to the New York State Division of Criminal Justice Services (DCJS) for processing.
- 9) The applicant will be provided two receipts indicating the applicant’s name, fingerprinting site location, date and time, fee paid and reason for fingerprinting. You may choose to request that the applicant provide one of those receipts to your agency and retain the other copy for their records.
- 10) Upon completion of the fingerprint search process, the DCJS response will be delivered electronically to the Justice Center. The Justice Center will review the search results and advise your agency of its determination.