Florida's Care Provider Background Screening Clearinghouse



Clearinghouse Results Website

Advanced User Registration Guide

Agency for Persons with Disabilities and Medicaid Provider Enrollment Screenings



Agency for Persons with Disabilities & Medicaid Enrollment Screenings

TABLE OF CONTENTS

The purpose of this document is to familiarize users <u>that need to conduct Agency for Persons with Disabilities</u> and <u>Medicaid Provider Enrollment and Renewal screenings</u> with how to use the Clearinghouse Results Website.

Slide	Slide #
Acronyms	3
Introductory Content	4
APD/Medicaid Screening Requirements	5
Adding Medicaid Program Access To An APD-Registered Account	6
Screening Under The Correct Program	16
Technical Assistance	21



APD/Medicaid Screenings

Acronyms

This guide contains terminology with frequently used acronyms. The table below lists the terms and acronyms in this guide.

Acronym	Term
APD	Agency for Persons with Disabilities
CLH	Clearinghouse
CRW	Clearinghouse Results Website
DCF	Department of Children and Families
HCBS	Home and Community Based Services
MDCD	Medicaid Provider Enrollment and Renewal*
MW	Medicaid Waiver

*This guide refers to Medicaid frequently for APD provider background screening purposes. Most APD providers will only need to request Medicaid Provider Enrollment and Renewal screenings. However, if they need to conduct other types of Medicaid screenings (general employment, etc.), they will need to add AHCA program access, as well. If they are not sure, they should contact Medicaid to clarify if they need other types of Medicaid screenings. To comply with Medicaid and APD requirements as an APD MW provider, they only need to have APD and Medicaid access.



APD/Medicaid Screenings - Introduction



Do you have an existing user account in the CLH Results Website?

NO – If you do not have an existing APD account in CRW, do not proceed with this user guide. The basic CRW user registration manual is posted at the following link: <u>http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml</u>. The DCF/APD guide is in the section titled 'Instruction Guides' under the subsection titled 'SSO Portal User Registration Guide.'

Yes – Proceed through this advanced registration guide to add Medicaid program access and learn to request screenings and view results for APD and Medicaid screening types.

For assistance, contact the Background Screening Helpdesk at background.screening@myflfamilies.com



APD/Medicaid Screening Requirements

APD MW Provider Screening Requirements

APD HCBS MW providers are required to conduct employment screenings by APD. Since they are also Medicaid-enrolled, they are also required to do Medicaid Provider Enrollment screenings by Medicaid. APD providers that are not MW providers do not need to conduct Medicaid Provider Enrollment screenings unless they are Medicaid providers for another purpose. For example, some providers may bill Medicaid for services that are not related to APD.

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Screening Requirements of Each Program (APD / Medicaid)

- 1. APD-Required Screenings APD regulations require providers to request APD background screenings for all owners, directors, employees, volunteers, and contractors before the individual has contact with clients/consumers. Individuals are re-screened at their 5-year employment anniversary date or when they experience a lapse in employment for more than 90 days.
- 2. Florida Medicaid-Required Screenings- Medicaid regulations require owners (individuals with 5% or more controlling interest) and managing employees (executive level) to be screened at Medicaid provider enrollment (application) and every 5 years at the provider's Medicaid enrollment renewal date (rather than on the individual's 5 year screening anniversary date as with APD-required employment screenings defined above).



APD/Medicaid Screenings – Adding Medicaid Program Access

Log In Window

- To use this guide, users should already have an APD-registered CLH account; see slide #4 for instructions to register an initial APD CLH account
- To get started adding Medicaid program access to request Medicaid required screenings, users should first open the Internet Explorer or Firefox browser (and enter this URL: https://apps.ahca.myflorida.com/SingleSignOnPortal
- Enter the User ID and password
- Click 'Log In' button and the system will direct the user to the AHCA Portal Landing Page

AHCA Portal - Log	in
Thi Agi info	s Portal Login page will allow an authorized user access to external systems maintained by the ency for Health Care Administration (AHCA) for the purpose of viewing and maintaining ormation.
	AHCA Portal Login
	User ID: Password:
	Log In
	Forgot Your Password ?
	Reset Password Instructions
	New User Registration

• See the <u>Clearinghouse Portal User Registration Guide at the link on slide #4</u> for information on requesting a user name and password, or resetting your password.

Since AHCA is the parent agency of the CLH, users register for the AHCA web portal to access the CLH Results Website.



APD/Medicaid Screenings – Adding Medicaid Program Access

Portal Landing

- Since this is an existing user account, the landing page shows a link to access the 'Department of Children and Families Background Screening Clearinghouse' agency view; APD providers use the DCF agency view to request APDrequired screenings because DCF conducts their screenings.
- Each agency has a slightly different 'view' of the Clearinghouse, based on it's provider groups, as subsequent slides • will show; as previously referenced, use the link on slide #4 to learn how to register an initial account in the CLH.

rogram Access		
Select the appropriate link below to be directed to the Program	n's access page.	
Background Screening Clearinghouse - De	epartment of Children and Families	
Department of Children and Families		
equest Program Access	et Program Access"	
Select Program Background Screening Clearinghouse Agency For Health Care Administration	Request Program Access	 To add Medicaid access to account, use the 'Select
Vocational Renabilitation Department of Elder Affairs Department of Juvenile Justice Florida Medicaid		Program' drop down field
Florida Hospital Uniform Reporting System Florida Hospital Uniform Reporting System Home Health Agency Home Health Quarterly Report		 Select 'Florida Medicaid' an click the 'Request Program
Low Income Pool Low Income Pool System Online Licensure Online Licensure	Logou	Access' button
External SharePoint External SharePoint Beta Application		



APD/Medicaid Screenings – Adding Medicaid Program Access

Select Role/Provider Information





APD/Medicaid Screenings – Adding Medicaid Program Access

Select Reason For Screening

- Select the 'reason for screening'
 - Users with an existing Medicaid Provider ID should select 'I am an enrolled provider in Florida Medicaid'
 - Users applying for a new Medicaid Provider ID should select 'I am a new applicant to Florida Medicaid'

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

am a new applicant to Florida Medicaid

I am an enrolled provider in Florida Medicaid

Medicaid Provider - I have controlling interest in, or am a managing employee of, a provider seeking enrollment in Florida Medicaid.

 \sim

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide Type.

* Role: Medicaid Provider

Select Reason -

- * Provider Type: HOME & COMMUNITY-BASED SERVICES WAIVER
- * Reason for Screening:
- * Medicaid Provider ID/ATN:

Search Provider

V

Return to Previous Page



APD/Medicaid Screenings – Adding Medicaid Program Access

Enter Medicaid Provider ID/ATN

- Enrolled Medicaid providers should enter their Medicaid Provider ID
- New applicants to Florida Medicaid should enter the Application Tracking Number (ATN) received from the online Medicaid provider application wizard^{*}

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Medicaid Provider - I have controlling interest in, or am a managing employee of, a provider seeking enrollment in Florida Medicaid.

Select the most appropriate role from the drop down list below	After you have made	your role selection	you will need to select a	Provide Type
belett the most appropriate role norm the drop down list below.	Aller you have made	your role selection,	you will need to select a	i i i ovide i ype.

* Role: Medicaid Provider

* Provider Type: HOME & COMMUNITY-BASED SERVICES WAIVER

* Reason for Screening: I am a new applicant to Florida Medicaid

* Medicaid Provider ID/ATN: 123456

Search Provider

×

Return to Previous Page

^{*}New Medicaid enrollees must start their Medicaid application to obtain an ATN before registering for the Medicaid view of the Clearinghouse Results Website; Medicaid's online provider enrollment wizard takes preliminary information and pends the application until Medicaid receives the related screening results. Visit this link to access the Medicaid provider enrollment wizard: https://portal.flmmis.com/flpublic/Provider_ProviderServices/Provider_Enrollment/tabid/42/desktopdefault/+/Default.aspx



APD/Medicaid Screenings – Adding Medicaid Program Access

Search Provider

- Click 'Search Provider'
- Review the provider information in the search result list
- To add the provider to your request list select 'Add;' to remove the result and search for a different provider select 'Remove'

Select	Role/Pro	vider l	nformation

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.					
Medicaid Provider - I have	controlling interest in, or am a r	managing employee of, a pro	ovider seeking enrollment in	n Florida Medicaid.	
Select the most appropriate	role from the drop down list bel	ow. After you have made you	ur role selection, you will ne	eed to select a Provide Type.	
* Role:	Medicaid Provider	~			
* Provider Type:	PHARMACY		~		
* Reason for Screening:	I am a new applicant to Florida	Medicaid V			
* Medicaid Provider ID/ATN:	123456				
	Search Pr	ovider Return to F	Previous Page		
Search Result:					
-	Provider Name	City	Medicaid Provider ID/A		
	lest Pharmacy Inc.	SARASOTA	123456	Add <u>Remove</u>	

11



APD/Medicaid Screenings – Adding Medicaid Program Access

Submit User Agreement

- Review the 'Requested Provider' information to ensure you have selected the correct Provider Name and ID
- If correct, select "Submit Request and Generate User Agreement;' if not, click 'Delete' and search for a new provider

Background Screening Medicaid - Request for	Clearinghouse Program Program Access	- Florida	User ID: Medi Email: MedicaidScreening@ahca.myflo	caid.To rida.co		
elect Role/Provider Informatio	n					
A role is necessary in order to Medicaid Provider - I have co	obtain proper access. Select the r ntrolling interest in, or am a mana	ole that best describes your affiliation. ging employee of, a provider seeking	enrollment in Florida Medicaid.			
Select the most appropriate rol	le from the drop down list below. A	fter you have made your role selectio	n, you will need to select a Provide Type.			
* Role: M	edicaid Provider 🗸					
* Provider Type:	Select Provider Type	~				
* Reason for Screening:	Select Reason	~				
Medicaid Provider ID/ATN:						
	Search Provide	r Return to Previous Page]			
equested Provider:						
Requested Provider:						
Provide	r Name	City	Medicaid Provider ID/ATN			
Delete Test Ph	armacy Inc.	SARASOTA	123456			
If the requested Provider is correct, select "Submit Request and Generate User Agreement". If not, click Delete and search the appropriate Provide						
	Submit Requ	est and Generate User Agreement				



APD/Medicaid Screenings – Adding Medicaid Program Access

Submit Request and Generate User Agreement

- After adding the correct provider, click the 'Submit Request and Generate User Agreement' button
- Users must submit a separate user agreement for each State agency/program view added to a user account; the agreement is unique to the agency and the provider

Background Screening Clearinghouse Program - Flor Medicaid - Request for Program Access	ida Ei	User ID: Medicaid nail: MedicaidScreening@ahca.myflorid			Use: 'D: Medicaid.Test Email: MedicaidScreening@ahcavfprida.com
			Return to Portal	Landing	To open a printable copy of the User Agreement, click here.
Select Role/Provider Information				14 4 1	of 1 b bl / 100% Y 📕 🔿
A role is necessary in order to obtain proper access. Select the role that	best describes your affiliation.				
Medicaid Provider - I have controlling interest in, or am a managing em	ployee of, a provider seeking e	nrollment in Florida Medicaid.		Background S	Screening (BGS)
Select the most appropriate role from the drop down list below. After you	have made your role selection	you will need to select a Provide Type.		Medicaid Provider Use	r Registration Agreement
* Role: Medicaid Provider V			AND THE STATE		
* Provider Type: Select Provider Type	~		a 15.14.1		
* Reason for Screening: Select Reason	v		medicaidscreening	no: Mahca myflorida com	
* Madienid Provider ID/ATN:			Subject Line: BG	S Provider User Agreement	
Crawk Drusidar	Deture to Desuitour Dese		User Information:		
Search Provider	Return to Previous Page		User Name:	MEDICAID TEST	User ID: Medicaid. Test
Deguasted Provider			Employer Name:		
Requested Provider:			Address:	123, CITY, FL 33333	
Requested Provider:			E-Mail Address:	MedicaidScreening@ahca.myflorida.com	Phone Number: (850) 555-5555
		Mediacid Provider	Selected Provider	<u>.</u>	
Provider Name	City	ID/ATN	Medicaid ID/ATN:	123456	
Delete Test Pharmacy Inc	RADACOTA	422450	Provider Name:	Test Pharmacy Inc.	
Delete Fear Hannacy Inc.	SARASUTA	123430	Address:	123 Lane, City, FL 33333	
If the requested Provider is correct select "Submit Request and Gen	erate User Agreement" If not	click Delete and search the appropriate Pro	Phone Number:	(850) 555-5555	Fax Number: (850) 555-5555
in the requested in toride is confect, select, outprint request and den	orate oper rigidement . If not,	and ocaren the appropriate into	Authorized Rep:		Provider Type: PHARMACY
Submit Request and	Generate User Agreement				

You may email the agreement to Medicaid Provider Enrollment for approval. Your request for access to the Clearinghouse results website will be in Pending status until staff receives and processes your user registration agreement.

IMPORTANT – Please note that an email will be sent to the email address on file (the email entered in the 'Email Address' field at user account registration) once your request for access has been approved.



APD/Medicaid Screenings – Adding Medicaid Program Access

Pending Account Status

- Until Medicaid receives the user agreement with required attachments and approves the new Medicaid program access, the account will remain in 'pending' status
- When the status changes to 'approved' the user can access Florida Medicaid's view of the Clearinghouse to initiate Medicaid screenings and view Medicaid screening requests and results

ackground Screening Clearinghouse Prog Access Page	gram - Florida Medicaid E	mail: MedicaidScreen	User ID: Medicaid. ing@ahca.myflorida.c
ect Your Desired Task Below			
Add Additional Providers			
Reprint User Registration Agreement			
t of Providers			
t of Providers	agreements. Selecting none will print all of them	n	
t of Providers Select providers from this list for reprinting specific user	agreements. Selecting none will print all of then	m.	Medicaid
t of Providers Select providers from this list for reprinting specific user Provider Name	agreements. Selecting none will print all of then	m. Status	Medicaid Provider ID/ATN
t of Providers Select providers from this list for reprinting specific user Provider Name Test Pharmacy Inc.	agreements. Selecting none will print all of then City SARASOTA	m. Status Pending	Medicaid Provider ID/ATN 123456
t of Providers Select providers from this list for reprinting specific user Provider Name Test Pharmacy Inc.	agreements. Selecting none will print all of then City SARASOTA	m. Status Pending	Medicaid Provider ID/ATN 123456
t of Providers Select providers from this list for reprinting specific user Provider Name Test Pharmacy Inc.	agreements. Selecting none will print all of then City SARASOTA Return to Portal Landing	m. Status Pending	Medicaid Provider ID/ATN 123456
t of Providers Select providers from this list for reprinting specific user Provider Name Test Pharmacy Inc.	agreements. Selecting none will print all of then City SARASOTA Return to Portal Landing	m. Status Pending	Medicaid Provider ID/ATN 123456
t of Providers Select providers from this list for reprinting specific user Provider Name Test Pharmacy Inc.	agreements. Selecting none will print all of then City SARASOTA Return to Portal Landing	m. Status Pending	Medicaid Provider ID/ATN 123456



APD/Medicaid Screenings – Adding Medicaid Program Access

Dual Program Access

- Links to program access for both DCF (DCF/APD) and Medicaid will now display on the portal landing page
- When the user receives an email indicating 'Your Request for Access to <username> Has Been APPROVED', program access is active
- To request screenings for Medicaid provider enrollment or renewal, click the 'Background Screening Clearinghouse Florida Medicaid' link
- To request APD-required screenings, click the 'Background Screening Clearinghouse Department of Children and Families' link

AHCA Portal - Portal Landing	User ID: ahcabeta.jb Email: backgroundscreening@ahca.com
Select the appropriate link below to be directed to the Program's access page.	
Background Screening Clearinghouse - Department of Children and Families	
Background Screening Clearinghouse - Florida Medicaid Florida Medicaid	
Request Program Access	
Choose from the list of programs below and select "Request Program Access".	
Select Program V Request Program Access	
Manage Account	
Edit User Information	
Change Password	
Update Security Question and Answer	
Logout	



APD/Medicaid Screenings – Screening Under the Correct Program

Application Access Page

- Click on the 'Background Screening Clearinghouse' link
- The system will direct the user to the application landing page, as shown in the 2nd screen shot
- Select the 'agency' for this session

Background Screening Cle	aringhouse Program	AHCA - Access Page	User ID: ahcabeta.jb Email: backgroundscreening@ahca.com	
Background Screening Clearinghou Background Screening Cle Click the link above to access the Back	Ise Application Ar 🛃 as Caringhouse Iground Screening Clearinghouse res	ults website.		
Select Your Desired Task Below Add Additional Facilities List of Providers If you need to reprint a user agree If you select Pagnit Registration 6		Agency for Health	Care Administration	
Reprint Registration Agreement Provider Name COMPREHENSIVE PSYCH	Nome Search Initiate S	r This Session	escan Employee/Contractor Roster Log Out	
			S	elect Agency
	If you have any background	screening questions or issues please <u>contact us</u> .		ahcabeta.jb



APD/Medicaid Screenings – Screening Under the Correct Program





APD/Medicaid Screenings – Screening Under the Correct Program

Screenings In Process Tab

- In general, aside from the header, most screens will look the same in the DCF/APD and Medicaid system views; there are a few screens with notable differences
- The 'Screenings In Process' tab shown below, displays screenings that have been requested by each provider associated with the selected agency view in the 'Screenings List' table; the system will only display screenings that have been requested from the selected agency view, even if the provider is associated with both DCF/APD and Medicaid

nation is made. You may also filter the d from your listing however the screeni
Appl
us Updated Action
rprints 04/20/2015 Reprint Fingerprint
Displaying items 1 -



APD/Medicaid Screenings – Screening Under the Correct Program

Screening Results Tab

- The 'Screening Results' tab has similar differences to those noted on the 'Screenings in Process' tab; the system will only display screening results for those screenings requested under the selected agency view
- To view screening results for screenings requested from another agency/program, the user must 'switch agency view'

Home	Search	Initiate Screening	Screenings in Process	Screening Results	Livescan	Employee/Contractor Roster	Log Out	
Screen	ning F	Results						Switch Agency View
This page may reviev	provides w the ind	a listing of screen	ing requests with final de n and enter a hiring deci	eterminations. Select t sion by selecting "Ado	he last nam I Employme	e of the individual in the list be nt/Contract Record". You may	low to open the Profile page. Fro also print a copy of the profile fo	m the Profile page you r your personnel files.
Filter C Provide	Options er:	; (Fields with an (*) a	re required)	v				
Determ	ination ity Deter	Status:	✓ to					
* Scree	ening Pu	rpose:		✓ 2				Search
Screeni	ings Li	ist						
Last Name		First Name	e SSN	Screet	ning Purpose	Determination	Eligibility Determination Date	Action
No Screening	g Results fo	ound						
н	M							Displaying items 0 - 0 of 0
- Connecte	ed screeni	ings						Print All



APD/Medicaid Screenings – Screening Under the Correct Program

Person Profile – Eligibility Table

Each person profile displays an 'eligibility table' with different 'eligibility types' for each agency view; the screen shot below displays the AHCA eligibility types; APD MW providers should review the screening/eligibility status for 'Medicaid Provider Enrollment' to identify the status of Medicaid requested screenings

• For more information on DCF/APD and Medicaid eligibility types, see the DCF/APD or Medicaid Clearinghouse Results Website Guide at this link: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml

Person Profile						Switch Agency View					
First Name: JENNIFER Middle Name: Last Name: LOPEZ1 Aliases:		ddress Line 1: 123 LANE ddress Line 2: City: CITY State: Florida zib- 3333		Sex: FEMALE Race: WHITE Hair Color: Brown Eye Color: Hazel Heinht: 5'.05''		Photo					
SSN: XXX-) Date of Birth: 12/24/ Place of Birth: Georg	XX-0001 /1972 Pric jia	County: or States:		Weight	:: 150 lbs.	Unavailable					
 Screenings in Process 											
Screening # Provider		Submitted Date	Status		Status Date	Action					
781222		01/22/2015	Determination Made		01/22/2015	Reprint Privacy Policy					
Connected screenings											
Provider:	~	Connect to Screen	ings ? - Initia	ate New So	creening Initia	ate Resubmission					
Retained Prints Expiration Date: 1/22/2020 Clearinghouse Screening Available?: No Agency for Health Care Administration Eligibility 2											
Туре	Item			Status		Eligibility Determination Date					
Employment	Medicaid / Medicare Participating Provider			Eligible		1/22/2015					
Employment	Non-Medicaid / Medicare Participating Provider			Eligible		1/22/2015					
Position	Medicaid Provider Enrollment			A New Screening is Required							
Position	AHCA Provider/Facility Licensure			Eligible		1/22/2015					

20



APD/Medicaid Screenings – Technical Assistance

Requesting Assistance with Clearinghouse Results Website Registration and Use

• For technical support, click on the 'Contact Us' link at the bottom of each screen in the application

If you have any background screening questions or issues please contact us.