**Agency for Health Care Administration**

# Care Provider Background Screening Clearinghouse

# *AHCA Clearinghouse Applicant Initiated Website (CHAI) Instruction Guide*

*Updated February 2018*

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## Clearinghouse Renewals Overview

Per Florida statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment.  To maintain the retention of fingerprints within the Clearinghouse, the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website prior to the retained prints expiration date.  By initiating a Clearinghouse Renewal, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the FBI allowing for an updated criminal history to be processed by the Clearinghouse.  If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

The window to initiate a Clearinghouse Renewal opens **60 days** before the Retained Prints Expiration Date is reached and closes on the Retained Prints Expiration Date.

If the Clearinghouse Renewal is not initiated before the Retained Prints Expiration Date a new screening will need to be initiated.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

**The benefits of initiating a Clearinghouse Renewal are:**
- Request and pay for the renewal of a screening all in one system while also receiving cost savings.
    - The current cost for a Clearinghouse Renewal is $42.00. That's a cost-saving of over $30 with the average cost for a new screening being $75.00!
- Faster processing time since the request is immediately sent to the Clearinghouse.  No need to wait for the employee to be fingerprinted at a Livescan Service Provider.
- An updated criminal history to ensure compliance with background screening requirements.
- Extend the retained prints expiration by another 5 years.

## Clearinghouse Applicant Initiated (CHAI) Login Page and Registration

To gain access to the CHAI website you must first register on the home page at:

**http://apps.ahca.myflorida.com/BGS_CHAI**



The first time you use the CHAI website select **Register as A New User** to create an account. For subsequent logins you will enter your email and password on the home screen. All fields on the form are required. You will need to remember your security question if you ever need to reset or recover your password. Password requirements are indicated on the screen.

Once you have successfully registered you will be sent an authentication code at the email address provided during registration. The code is case sensitive and must be entered into CHAI within 30 minutes or it will expire. I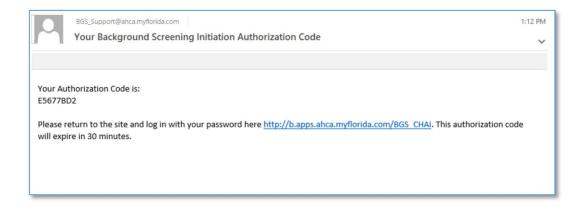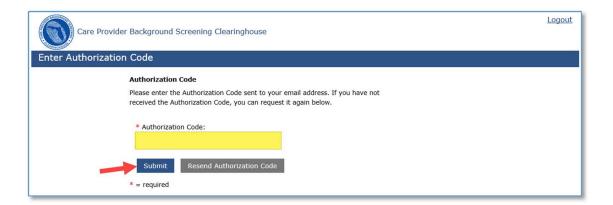f your code expires, or is not received, push the **Resend Authorization Code** button and a new code will be emailed. Your authorization code is not your password, your password was created by you during registration. The authorization code is auto generated and sent to the email provided in order to verify that it is an actual email address that you have the ability to access.

Sample email (it may look different depending on the email program you use but the message will be the same):
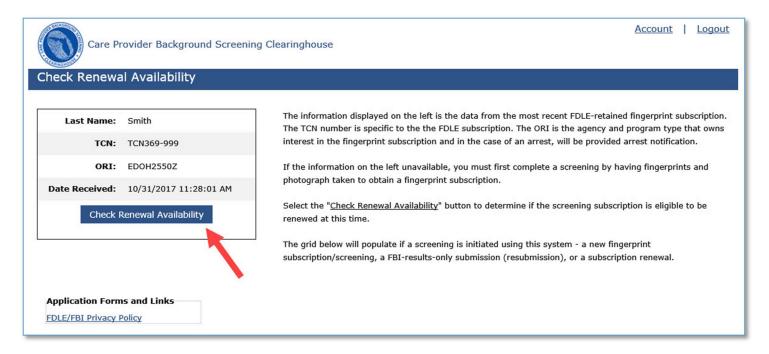




After you enter your authorization code you will be directed to your CHAI Home Page, which could display one of several possible results depending on your renewal status.

When you log in to CHAI, the system will attempt to match the demographic information you entered during registration to an existing screening in the Clearinghouse. Based on the results of the screening match you will be directed to the appropriate section of the system. Click the hyperlink below to go to the relevant section of this guide:

- If the system makes a match to an existing Clearinghouse screening, please see the Match Found section.
- If the system cannot make a match to an existing Clearinghouse screening, please see the No Match Found section.
- If the Clearinghouse Renewal window is not open, please see the Renewal Window Not Open section.
- If your screening is not shareable, please see the Screening Not Shareable section.

# Match Found

If the system can match the demographic data you entered during registration to a screening in the Clearinghouse you will be directed to the Check Renewal Availability screen after you have successfully logged in. From this screen you can click the **Check Renewal Availability** button to see if your renewal window is open. Screenings can only be renewed 60 days before they expire.



# Select Provider

If you have a Clearinghouse screening and your renewal window is open you will be directed to the Select Provider screen. The Agency will be prepopulated as Department of Health. From the Provider Type dropdown select your applicable choice.
The ORI number for the request will be determined based on the Provider Type used to submit the request.  The ORI number is used to determine the screening purpose.

Select **Continue**.

## Initiate Payment

After you have chosen your Provider Type you will be directed to the payment screen. The cost of a renewal is the current fee for a national criminal history check plus a service fee. Renewal payment options include:

- Credit Card
  - MasterCard
  - Discover
  - American Express
  - Visa
- E-Checking
  - Personal or Business checking/savings account

To pay for the renewal:
- Select payment method
  - Credit Card
    *OR*
  - Checking
- Select **Pay Total Amount** to continue

Please note that all Clearinghouse Renewal payments will be collected by the Agency for Health Care Administration.

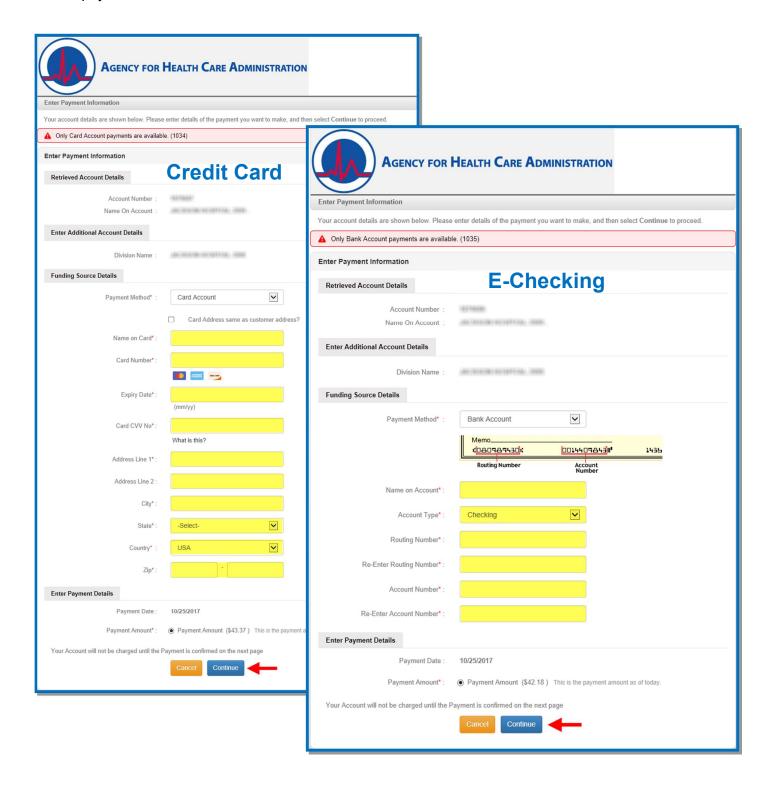**IMPORTANT – Please note that payment information will <u>NOT</u> be saved.**

## Enter Payment Information

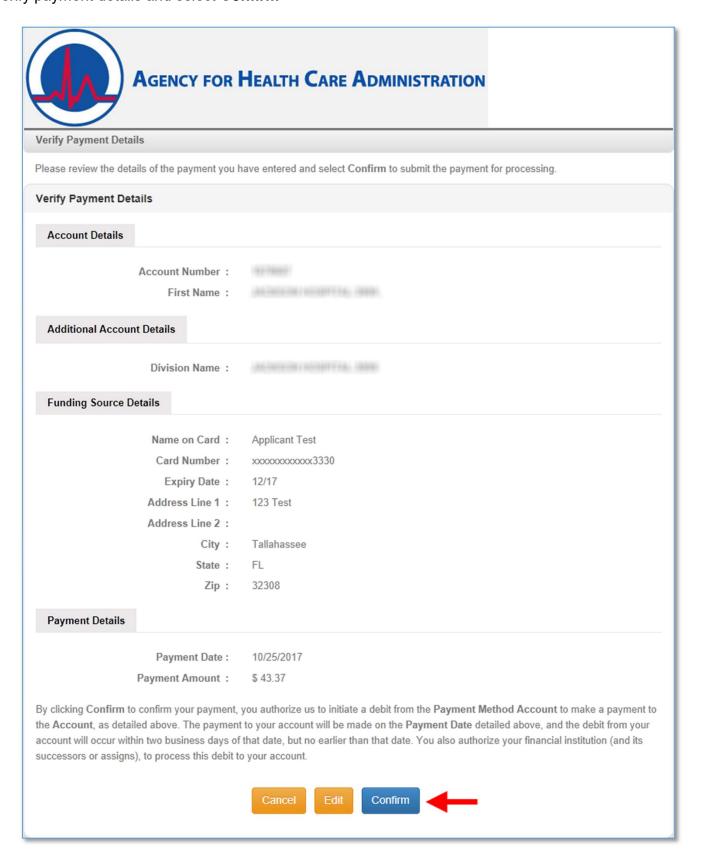The red banner message at the top of the page is for informational purposes only.

Enter the payment information in the fields marked with asterisks (*) based upon the payment method you selected. Prepopulated fields can be edited.

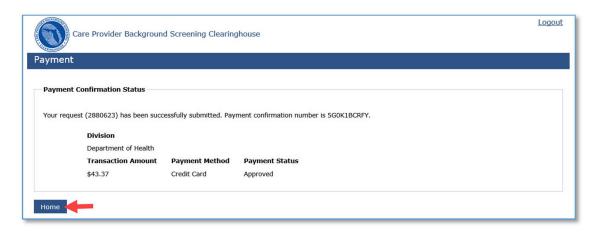Once the payment information has been entered, select **Continue**
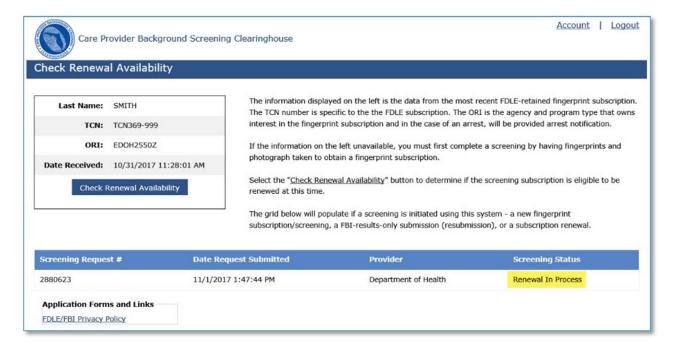
## Verify Payment Details

Verify payment details and select **Confirm**

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**AGENCY FOR HEALTH CARE ADMINISTRATION**

Verify Payment Details

Please review the details of the payment you have entered and select **Confirm** to submit the payment for processing.

**Verify Payment Details**

**Account Details**

| | |
|---|---|
| Account Number : | ▓▓▓▓ |
| First Name : | ▓▓▓▓▓▓▓▓▓ |

**Additional Account Details**

| | |
|---|---|
| Division Name : | ▓▓▓▓▓▓▓▓▓ |

**Funding Source Details**

| | |
|---|---|
| Name on Card : | Applicant Test |
| Card Number : | xxxxxxxxxxx3330 |
| Expiry Date : | 12/17 |
| Address Line 1 : | 123 Test |
| Address Line 2 : | |
| City : | Tallahassee |
| State : | FL |
| Zip : | 32308 |

**Payment Details**

| | |
|---|---|
| Payment Date : | 10/25/2017 |
| Payment Amount : | $ 43.37 |

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to make a payment to the **Account**, as detailed above. The payment to your account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.

Cancel    Edit    Confirm    ⬅

After you click confirm you will receive your receipt through the payment confirmation screen and via email. Click the **Home** button to return to your home page and see your screening status.
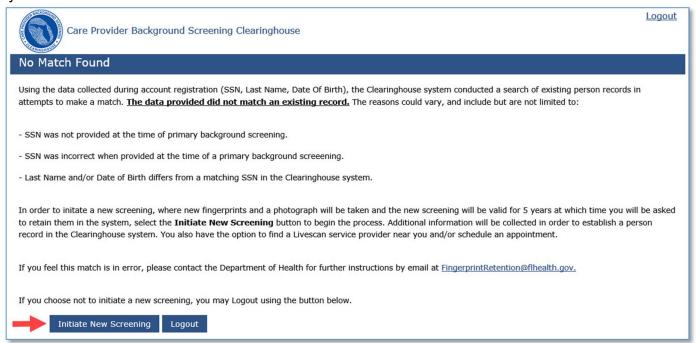


Your home page will show your screening request and status.
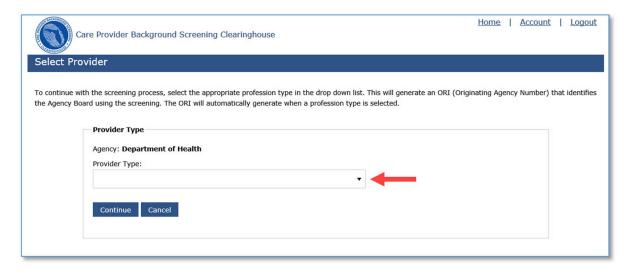
# No Match Found

If the system cannot make a match to an existing Clearinghouse screening you will see the No Match Found screen. There are various reasons the data provided may not match an existing record. Some of the common reasons are blank or incorrect Social Security numbers, or a different last name or date of birth associated with the Social Security number on record.

If there is no existing record in the Clearinghouse you may initiate a new screening or logout of the system.
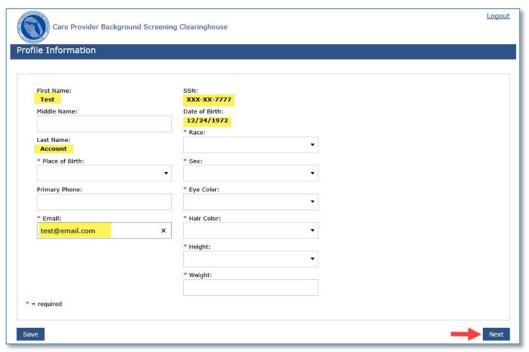


# Initiate New Screening

To initiate a new screening for an individual, select the **Initiate New Screening** button and from the dropdown menu select the appropriate Provider Type for your position. This will generate the correct ORI (Originating Agency Number) to properly route the screening.
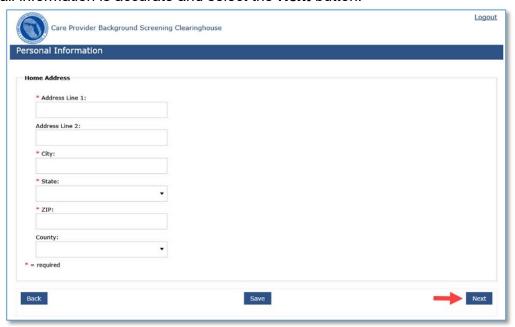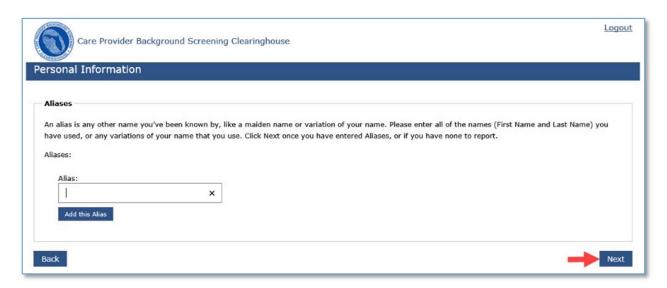
## Enter Profile Information

- Enter all required information, as designated by the red asterisks (*)
  - The demographic information entered during registration is already entered into the appropriate fields on the form and cannot be edited.
  - Please note that the height and weight limits are set by the Florida Department of Law Enforcement. If an applicant falls outside of the established limits please select the closest match.

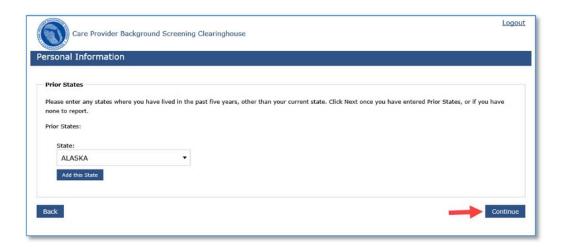- Ensure all information is accurate and select the **Next** button.



- Enter home address information.
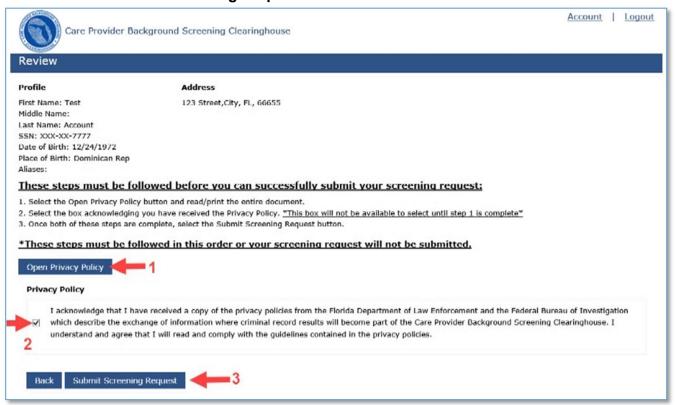- Ensure all information is accurate and select the **Next** button.

- Enter any aliases used. Please enter as First Name and Last Name. If you have more than one alias enter them one at a time and click the **Add this Alias** button after each one.
- When you have entered all aliases, or if you do not have any to enter, select the **Next** button.



- Enter any states you have lived in within the past five years, other than your current state. Select the state from the dropdown menu and click the **Add this State** button. Please add all states you have lived in one at a time.
- When you have entered all prior states, or if you have no prior states of residence, select the **Continue** button.

- Review the profile information you entered for accuracy. If the information needs editing use the **Back** button to get to the appropriate screen. If the information is correct you must open the privacy policy before you can submit the screening request.
- 1. Click the **Open Privacy Policy** button. This will launch a separate window which will display the privacy policy for you to read.
- 2. Once you have read the privacy policy click the check box acknowledging that you received a copy of the privacy policy.
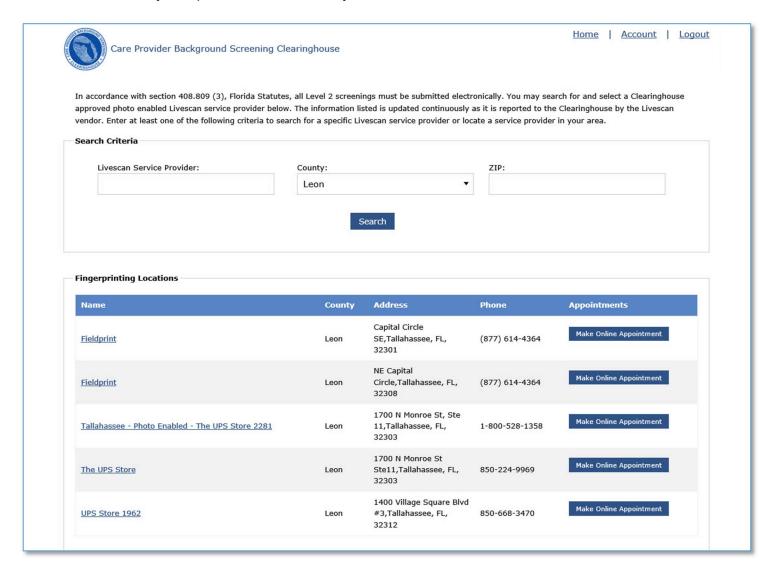- 3. Click the **Submit Screening Request** button.



- You will get confirmation that your screening request has been submitted. From the confirmation screen you can also make an appointment at a local Live Scan provider to get fingerprints taken.
- Click the **Make Fingerprint Appointment** button to make an appointment.

## Select Livescan Provider

In accordance with section 408.809(3), Florida Statutes, all Level 2 screenings must be submitted electronically.  You may search for and select a Livescan Service Provider below.

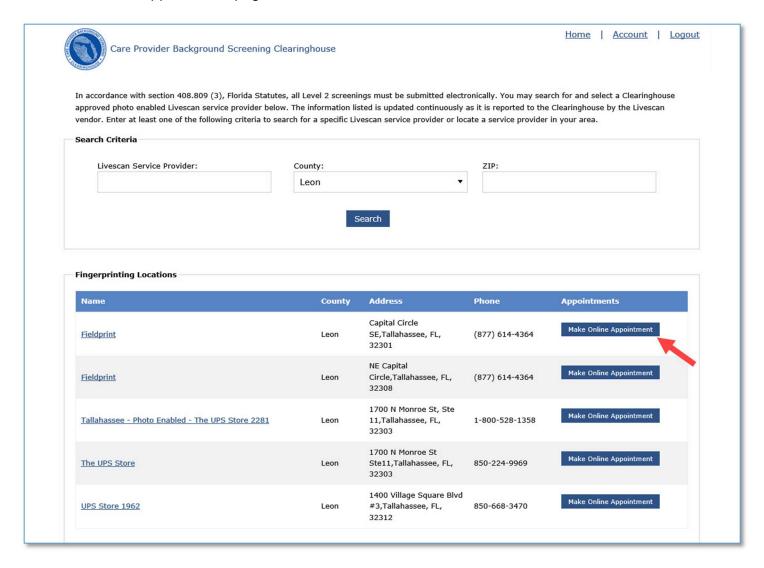Enter a name, county or zip to view locations in your area.

## Make Appointment

After you have selected the Livescan service provider you would like to use, select the **Make Online Appointment** button to schedule an appointment with that service provider. This will direct you to the service provider's website in order to schedule the appointment. While the website will be unique for each service provider, they will all provide the ability to enter the social security number to prepopulate all demographic information for the applicant, reducing duplicative data entry.

Once you schedule an appointment with the service provider, close the 'Make Appointment' window to return to CHAI. To complete the screening request select **Home.**
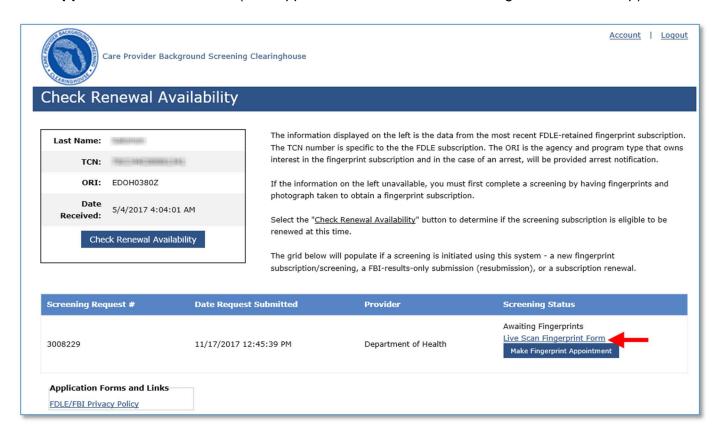
**Note**: This feature is provided as a convenience to applicants and not maintained, supported, or regulated by AHCA or the Department of Health. Please contact the service provider with any questions or problems about their 'Make Appointment' page.

## Print Livescan Request Form

Once the screening request is submitted, a Livescan Request Form will be generated for the applicant to take to their screening appointment. The request form contains important information, including the following:

1. The **ORI number** required for electronic fingerprint submission
2. The **Screening Request ID** used by Livescan service providers to link the screening results to the screening request
3. **Appointment information** (if an appointment was scheduled during the Livescan step)

## Sample Livescan Request Form

## LiveScan Request Form

**Agency for Health Care Administration**

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. Your fingerprints must be collected by a fingerprint vendor (Livescan Service Provider) authorized to conduct fingerprinting in Florida. As a result of the background check, your screening results will be listed on the Clearinghouse secure background screening result site. Authorized health care and/or service providers may access this secure site and print out screening results for individuals seeking employment in health care.

### Applicant Information

| | | | |
|---|---|---|---|
| **Applicant's Name:** | AGENCY TEST | **SSN:** | XXX-XX-0001 |
| **Mailing Address:** | 123 LANE | **Sex:** | MALE |
| | CITY, Florida 33333 | **Height:** | 6' 00" |
| **Date of Birth:** | 1/1/1990 | **Hair Color:** | Brown |
| **Place of Birth:** (State or Country if not U.S.) | Florida | **Eye Color:** | Brown |

### LiveScan Service Provider Information

*You must present this form and a current valid government-issued photo identification to be fingerprinted (i.e. driver's license, State ID or military identification card.)*

An appointment has been scheduled for you by the health care provider listed below to have your finger prints taken at:

**Test Livescan Location**
123 Lane
City, FL  33333
(555) 555-555

Appointment Date: 4/1/2014     Appointment Time: 12:00 AM

If you are unable to make this appointment, contact the requesting health care provider to reschedule.

TCN: _____     Technician's Name: _____

### Requesting Health Care and/or Service Provider

FLORIDA HOSPITAL                    License Number: 4369
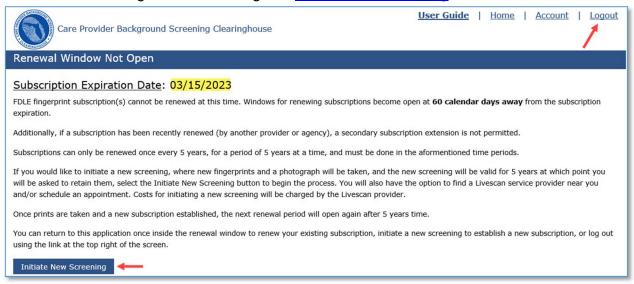601 E ROLLINS ST                    Phone Number: (407) 303-5600

ORLANDO, FL

**Please return this form to the requesting health care and/or service provider once your prints are taken.**

# Renewal Window Not Open

If your renewal window is not open you will see the screen indicating when your fingerprints are due to expire. If your prints were recently renewed by another provider or agency a second renewal is not required. If you wish to initiate a new screening with new fingerprints and a new photograph click the **Initiate New Screening** button. If you do not need a new screening you may click **Logout** to end your session.
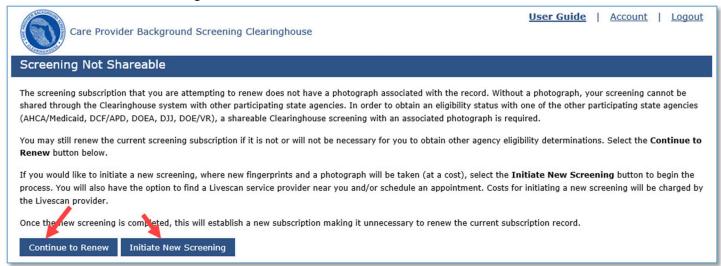
For instructions on initiating a new screening see Initiate New Screening.



# Screening Not Sharable

The screening on file is within the renewal window and may be renewed, however, with no photograph associated with the record this screening is not sharable to other agencies or providers. If you believe it will not be necessary for you to obtain other agency eligibility determinations you can renew your current screening by clicking the **Continue to Renew** button. If you would like initiate a new screening (at a cost) click the **Initiate New Screening** button. If you choose to initiate a new screening this will establish a new five year subscription and your current screening will not need to be renewed.
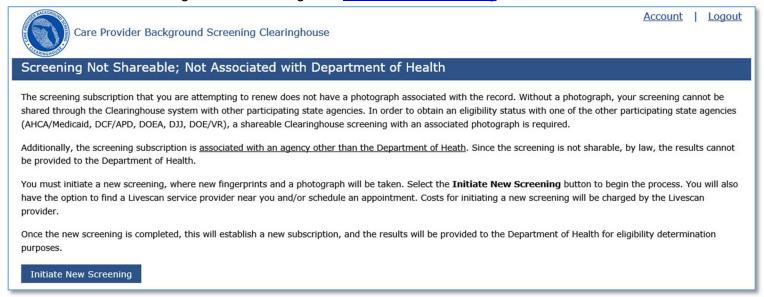
For instructions on initiating a new screening see Initiate New Screening.
For instructions on continuing to renew see Select Provider.

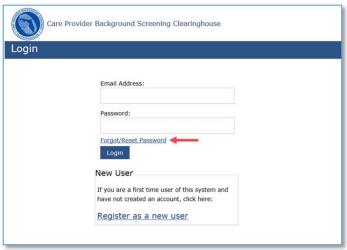## Screening Not Sharable; Not Associated with Department of Health

The screening on file is within the renewal window and may be renewed, however, the screening is not associated with the Department of Health and is not included in the Clearinghouse. Since the screening is not included in the Clearinghouse, by law the results cannot be provided to the Department of Health and a new screening must be obtained. Select the **Initiate New Screening** button to begin the process.

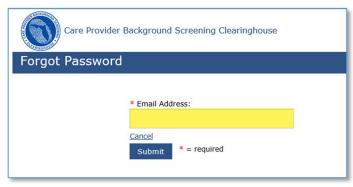For instructions on initiating a new screening, see Initiate New Screening.



## Forgot Password

If you have forgotten your password click the **Forgot/Reset Password** link on the Login screen.
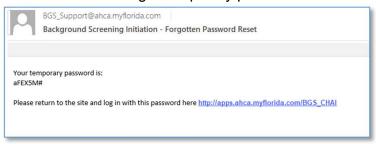
Enter the email address used to register your account. Clicking Cancel on any screen will return you to the Login screen.
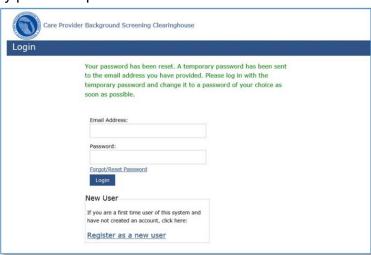


Next answer the security question that you chose during account set up.



You will be redirected back to the login screen and will receive an email from BGS_Support@ahca.myflorida.com containing a temporary password similar to the one shown below.
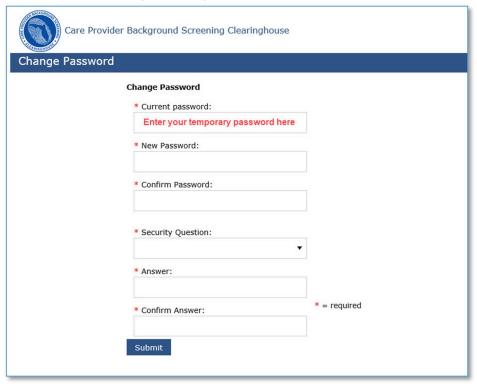


If CHAI is not already open to the login screen a link is provided in the email. Login in with your email address and the temporary password provided in the email.
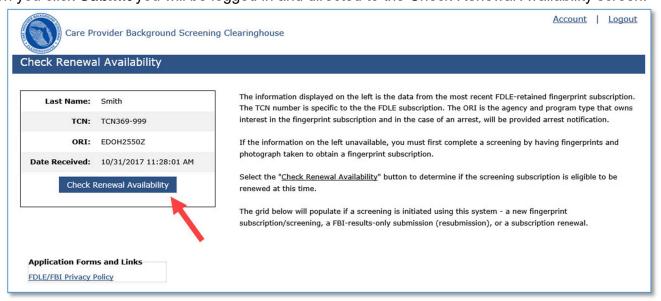
After you have logged in with your temporary password you will be prompted to change your password. All fields on this screen are required. Enter your temporary password as your current password. Enter a new password and confirm it.

The password requirements are as follows:

- Must be at least 9 and no more than 20 characters
- Must Contain at least 3 of the following four factors:
  - Uppercase Letters ( A – Z )
  - Lowercase Letters ( a – z )
  - Numbers (0 – 9 )
  - Special Characters ( ! @ # $ % ^ * ( ) _ ” ’ + - = { } | [ ] & : ; < > ? , . / )
- Must not be identical to the ten previous passwords



When you click **Submit** you will be logged in and directed to the Check Renewal Availability screen.
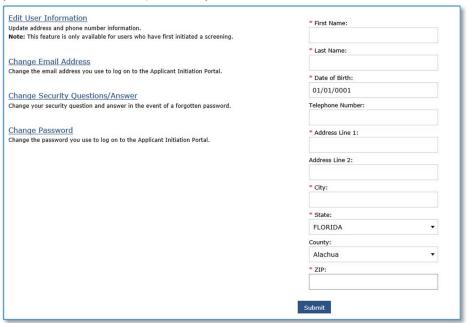
## Reset Password

If you incorrectly enter your password 6 times you will automatically be locked out of your account for 12 hours. After 12 hours you can reset your password using the **Forgot/Reset Password** link on the Login screen.
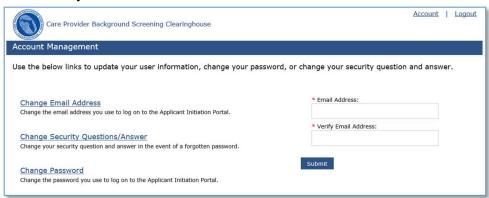
## Account Settings

Using the **Account** link at the top of most pages you can edit and update your information, change your password, or change your security question. Click the link that applies to the information you would like to update.



The link for **Edit User Information** is only available once you have initiated a screening. You may not edit your Social Security Number. Enter or update any relevant information and click **Submit**.

To change your email address click the link and enter the new email address. Enter it a second time to verify it was entered correctly and click **Submit**. An email address may only be associated with one account since it doubles as your user name.



If you want to change your security question or answer you must first select a question from the drop down list. You may select the same question you currently use. Enter your answer and confirm your answer in the spaces provided and click **Submit**.



In order to change your password you must enter your current password in the space provided. The password requirements for your new password are displayed on the screen. Enter your new password and confirm the new password before clicking **Submit**.