



# Notice of Instruction

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Tampa, FL 33619  
(813) 740-3888

**Notice of Instruction Number: 082615 Background Screenings Clearinghouse  
Results Website Pre-Registration**

**TO:** All PSA 6 Provider Agencies

**FROM:** Kristina Melling, Senior Program Planner & QA Data Manager

**DATE:** August 26, 2015

**SUBJECT: Background Screenings Clearinghouse Results Website  
Pre- Registration**

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The purpose of this Notice is to provide information concerning the Department of Elder Affairs' (Department) entrance in the Agency for Health Care Administration's (AHCA) Background Screening Clearinghouse Results Website (Clearinghouse). The Department and AHCA are working diligently for a September 14, 2015 start date.

Providers must be registered with the Clearinghouse prior to referring the employee/volunteer or potential employee/volunteer for fingerprinting. Provider pre-registration begins on August 28, 2015.

The following information is pertinent to the pre-registration process:

- Starting August 28, 2015, pre-registration for the Clearinghouse will be available. The Department is listed as DOEA.
- The Department and AHCA strongly encourage all providers to PRE-REGISTER starting August 28, 2015.
- Registration for the Clearinghouse is free and is available at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.
- The current Originating Agency Identification (ORI) Number **FL924310Z** will be turned off permanently on August 28, 2015, two weeks prior to the Department's entrance into the Clearinghouse.

- Any use of the old ORI number on or after August 28, 2015, will incur additional fees to the entity requesting the screening.
- As of September 14, 2015, the Department will begin using the new ORI number **EDOEA310Z**.

### **Instructions to pre-register**

(The complete user instruction guide with screen shots is available at [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/BGS\\_results.shtml](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml).)

1. Click <https://apps.ahca.myflorida.com/SingleSignOnPortal> to open your browser to the AHCA Portal.
2. Click on the link for “New User Registration.”
3. Check the box for user Authorization and click the “Continue” button.
4. Fill out the information fields to create your account:
  - a. Important note: the email address entered on this page will be used for all future user account notifications and background screening notifications.
5. Click the “Register” button.
6. Click the “Return to Login” button on the next screen.
7. Log in using the username and password you created.
8. Select “Department of Elder Affairs – DOEA” from the “Select Program” drop down list and click “Request Program Access.”
9. Select “Provider” from the “Role” drop down list.
10. Select “DOEA” from the “Provider Type” dropdown list.
11. Begin typing the name of the provider you represent.
12. Select the “Provider” from the list when it appears, and be sure your OCA number matches.
13. Click “Add Provider” button.
14. Repeat steps 10-12 for additional providers you represent, if applicable.
15. Click “Submit Request and Generate User Agreement.”
16. Review the user registration agreement that opens in the next window.
17. Print the agreement by clicking the “Here” link in the upper-right-hand corner of the window under your email and user ID.
18. Sign the agreement and have your owner/administrator/supervisor sign it.
19. Send the agreement and a copy of your driver’s license or state-issued photo ID to DOEA in one of the following ways:

**Mail To:**

Florida Department of Elder Affairs  
Background Screening Unit  
4040 Esplanade Way  
Room 335 U  
Tallahassee, FL 32399-7000

**Scan and Email To:**

[doeanelwork@elderaffairs.org](mailto:doeanelwork@elderaffairs.org)  
Subject Line: BGS User Agreement

**Fax To:**

(850) 617-6595

Please note these additional important details for the pre-registration process:

- The Department will finalize provider registration from the Clearinghouse on or by **September 14, 2015**. Providers will receive an email when their registration is complete with a link to the Clearinghouse and training materials.
- Entities may begin using the Clearinghouse to search for applicants, initiate screenings, and check eligibility determinations upon receiving the registration approval email.
- As a reminder, all individuals who meet the definition of Direct Service Provider as per Section 430.0402(1) (b), Florida Statutes (F.S.) must be screened through the Clearinghouse.

**Direct Service Provider:** “means a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client’s living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities and volunteers.” (Section 430.0402(1) (b), F.S.)

**Personal Identification Information:** “means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including any:

1. Name, postal or electronic mail address, telephone number, social security number, date of birth, mother’s maiden name, official state-issued or United States-issued driver license or identification number, alien registration number, government passport number, employer or taxpayer identification number, Medicaid or food assistance account number, bank account number, credit or debit card number, or personal identification number or code assigned to the holder of a debit card by the issuer to permit authorized electronic use of such card;
2. Unique biometric data, such as fingerprint, voice print, retina or iris image, or other unique physical representation;
3. Unique electronic identification number, address, or routing code;
4. Medical records;
5. Telecommunication identifying information or access device; or
6. Other number or information that can be used to access a person’s financial resources.” (Section 817.568(1) (f), F.S.)

**Please note that the Department does not have the authority to background screen individuals who do not meet the “Direct Service Provider” definition.**

If you have any questions pertaining to this Notice, please contact the Background Screening Unit at (850) 414-2093 or via email at [doanetwork@elderaffairs.org](mailto:doanetwork@elderaffairs.org). Thank you for your cooperation.

Attachments: Clearinghouse Portal User Registration Guide



Department of Elder Affairs

# Care Provider Background Screening Clearinghouse

***DOEA User Registration Guide:  
Access to Background Screening  
through the AHCA SSO Web Portal***

*Updated August 2015*

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## Portal Registration Overview

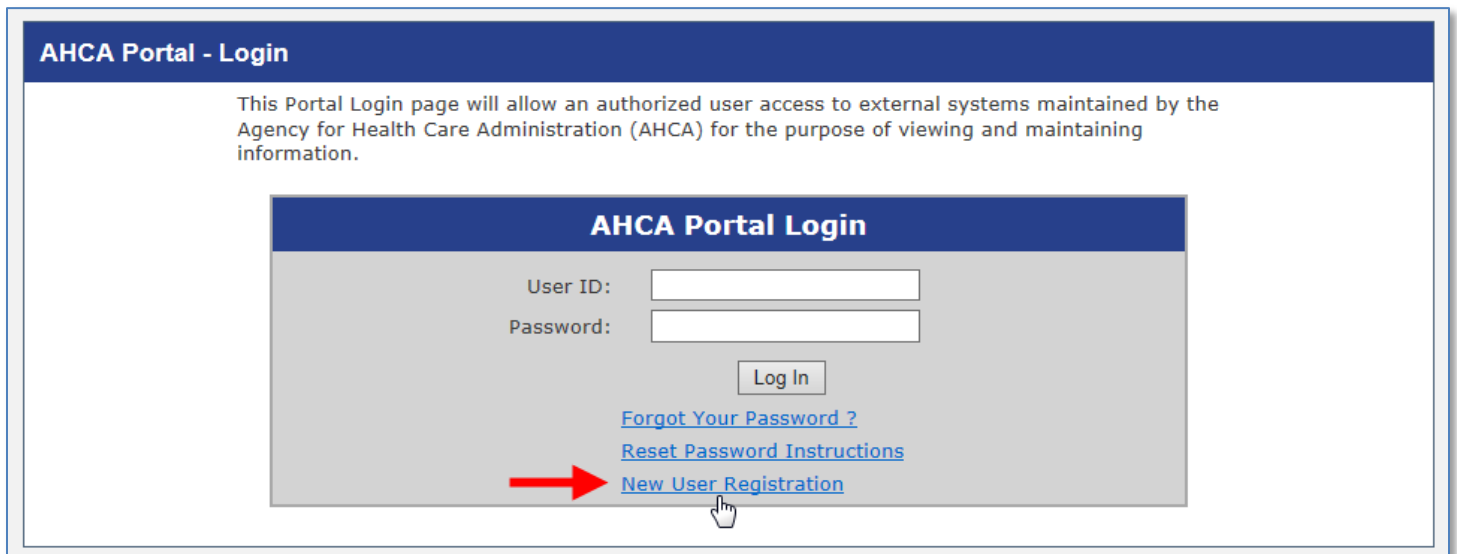
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The Care Provider Background Screening Clearinghouse (Clearinghouse) website is maintained by the Agency for Health Care Administration (AHCA) and available through the AHCA web portal (Portal). If you are not enrolled on the Portal, you will need to create a Portal account before requesting access to background screening and submitting a user agreement. The user agreement for new accounts must be received and approved by agency staff before accessing the site.

The link to the Portal is <https://apps.ahca.myflorida.com/SingleSignOnPortal>. Once access is granted users may initiate a screening, search for screening results, connect to specified agency screenings, select a Livescan service provider and connect to the service provider's website to schedule appointments, and create and maintain an employee roster. Instructions for using the Clearinghouse results website can be found at [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/BGS\\_results.shtml](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml).

## New User Registration

Select **New User Registration** from the Portal Login page (<https://apps.ahca.myflorida.com/SingleSignOnPortal>). If you have an existing account please skip to page 6 to request access as a Department of Elder Affairs provider.



**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User ID:

Password:

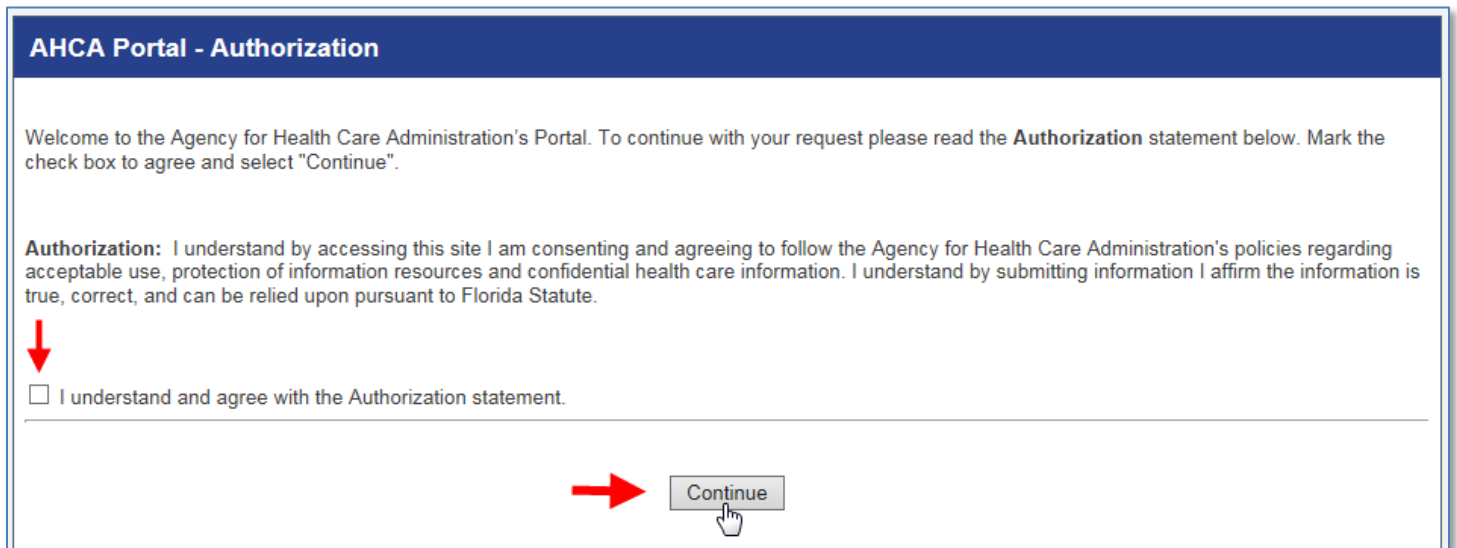
Log In

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

After reading the authorization statement, check the confirmation box and select **continue**.



**AHCA Portal - Authorization**

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

**Authorization:** I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement.

Continue

Enter all required information as indicated by the red asterisk (\*) and select 'Register' to continue.

**IMPORTANT – Please note the following items:**

- Each user must create their individual account. There is NO LIMIT on the number of users per facility/provider.
  - User names and passwords **CANNOT** be shared with other users.
- Important notifications and background screening updates will be sent to the email address on file with the Portal, including account registration notices, employee arrest notifications, and others. **Please ensure you enter a valid email address and ensure it is kept up-to-date.**

**AHCA Portal - Account Registration**

**User Information**

\* First Name:  \* Last Name:

Position Title:  \* Telephone Number:

\* Email Address:

\* Verify Email Address:

Employer's Company Name:

**Address Information**

\* Address Line1:  Address Line2:

\* City:  \* State:  \* Zip:

**Security Information**

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

\* User Name:

\* Password:  (The password must be at least 7 characters and must contain at least one special character e.g., @, #)

\* Enter Password Again:

\* Security Question:


\* Security Answer:


**Verification:** For protection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper case and spacing.

Once your user account is successfully created, select 'Return to Login' to request, access to the Clearinghouse results website.



## AHCA Portal - Account Registration

 User Account created successfully.



Enter the User ID and Password created in the previous steps. Select **Log In**.


## AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

### AHCA Portal Login

User ID:

Password:



[Forgot Your Password ?](#)  
[Reset Password Instructions](#)  
[New User Registration](#)

From the drop down list, select **Department of Elder Affairs** (DOEA) under Background Screening Clearinghouse. Select **Request Program Access** to continue.


## AHCA Portal - Portal Landing

User ID: test.doea  
Email: [test.doea@flhca.com](#)

### Request Program Access

Choose from the list of programs below and select "Request Program Access".

-- Select Program --

- Background Screening Clearinghouse
- Agency For Health Care Administration
- Vocational Rehabilitation
- Department of Elder Affairs** 
- Department of Juvenile Justice
- Florida Medicaid
- Department of Children and Families
- Florida Hospital Uniform Reporting System
- Florida Hospital Uniform Reporting System
- Home Health Agency
- Home Health Quarterly Report
- Low Income Pool
- Low Income Pool System
- Online Licensure
- Online Licensure

## Add Provider

A role is necessary in order to obtain proper access. Select **'Provider'** from the drop down list.

**Background Screening Clearinghouse Program - Department of Elder Affairs - Request for Program Access** User ID: test.doea  
Email: [redacted]

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**Select Role/Provider Information**


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

**Provider** - As defined in Section 430.0402(1)(b), I am a direct service provider through the Department of Elder Affairs' programs:

Section 430.0402(1)(b): For purposes of this section, the term "direct service provider" means a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client's living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities and volunteers.

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

\* Role:   
 



Select the **'Provider Type.'** After selecting 'Aging Network Provider,' start typing the 'Provider Name' in the next field.

**Background Screening Clearinghouse Program - Department of Elder Affairs - Request for Program Access** User ID: test.doea  
Email: [redacted]

---

**Select Role/Provider Information**

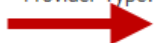
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Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

\* Role:

\* Provider Type:   
  Start typing the name of your Provider and select it from the list below when it appears.

Provider Name:

Start typing the 'Provider Name' associated with your DOEA account. Select your provider from the list when it appears. **Select 'Add Provider'**.

**Background Screening Clearinghouse Program - Department of Elder Affairs - Request for Program Access** User ID: test.doea  
Email: [redacted]

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**Select Role/Provider Information**

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

**Provider** - As defined in Section 430.0402(1)(b), I am a direct service provider through the Department of Elder Affairs' programs:

Section 430.0402(1)(b): For purposes of this section, the term "direct service provider" means a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client's living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities and volunteers.

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

\* Role:

\* Provider Type:

Start typing the name of your Provider and select it from the list below when it appears.

Provider Name:

NORTHWEST FLORIDA LEGAL SERVICES : PENSACOLA  
LA EDAD DE ORO DAY CARE : MIAMI  
ALEYDA HOME CARE : MIAMI BEACH  
COUNCIL ON AGING OF WEST FLORIDA : PENSACOLA  
JEWISH COMMUNITY CENTER OF SOUTH BROWARD INC./DAVID POSNACK JEWISH COMMUNITY CENTER : DAVIE  
SENIOR CENTER INC/DANIEL D. CANTOR SENIOR CENTER : SUNRISE  
WEST FLORIDA AREA HEALTH EDUCATION CENTER INC. : CRESTVIEW  
EASTER SEAL SOCIETY OF DADE COUNTY : MIAMI  
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA : NORTH MIAMI BEACH  
LEGAL SERVICES OF DADE COUNTY : MIAMI  
MIAMI DADE COMMUNITY ACTION AND HUMAN SERVICES DEPT. : MIAMI

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Review the requested Provider information to ensure you have selected the correct provider(s) and location(s). If correct, select “**Submit Request and Generate User Agreement.**” If not, click ‘Delete’ and enter the appropriate "Provider Name.”

**Background Screening Clearinghouse Program - Department of Elder Affairs - Request for Program Access** User ID: test.doea  
Email: [REDACTED]

---

**Select Role/Provider Information**

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

**Provider** - As defined in Section 430.0402(1)(b), I am a direct service provider through the Department of Elder Affairs’ programs:

Section 430.0402(1)(b): For purposes of this section, the term “direct service provider” means a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client’s living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities and volunteers.

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

\* Role:

\* Provider Type:

Start typing the name of your Provider and select it from the list below when it appears.

Provider Name:

---

**Requested Provider:**

Requested Provider:

Provider Name	City
<a href="#">Delete</a> MORNING STAR	MIAMI

If the requested Provider is correct, select “Submit Request and Generate User Agreement”. If not, click [Delete](#) and choose the appropriate "Provider Name".

## Print User Registration Agreement

The User Registration Agreement will display in a viewing window. To open a printable copy of the agreement, please select the link in the upper right corner. Please print and sign the user registration agreement. Once you have printed the user registration agreement, select 'Return to Portal Landing' or 'Return to DOEA Tasks Page' in the upper left corner.

**User ID:** [redacted]  
**Email:** [redacted]

[Return to DOEA Tasks Page](#) To open a printable copy of the User Agreement, click [here](#).

**DEPARTMENT OF ELDER AFFAIRS**  
**STATE OF FLORIDA**

### Background Screening (BGS) Provider User Registration Agreement

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**Mail To:** Department of Elder Affairs  
Background Screening Unit  
4040 Esplanade Way, Suite 335U  
Tallahassee, FL 32399-7000

**Scan and E-Mail To:** doeanetwork@elderaffairs.org  
**Subject Line:** BGS Provider User Agreement

**FaxTo:** (850) 617-6595

**ATTACH A COPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD WITH THIS FORM**

**User Information:**

**User Name:** [redacted] **User ID:** [redacted]

**Employer Name:** [redacted]

**Address:** [redacted]

**E-Mail Address:** [redacted] **Phone Number:** [redacted]

**Selected Provider:**

**Provider Name:** DOEA TEST PROVIDER

**Address:** 4040 ESPLANADE WAY, TALLAHASSEE, FL 32399

**Phone Number:** [redacted] **Fax Number:** [redacted]

**Contact Name:** [redacted] **Provider Type:** AGING NETWORK PROVIDER

You may mail, email, or fax the agreement for approval. DOEA providers send their user agreements to the address, email, or fax number on the agreement. 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 address on file once your request for access has been approved.**

**Background Screening Clearinghouse Program - Department of Elder Affairs - Access Page** User ID: test.doea  
Email: [redacted]


Select Your Desired Task Below  
[Add Additional Providers](#)

---

**List of Providers**  
 If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.  
 If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status
<input type="checkbox"/> [redacted]	MIAMI	Pending




## Add Additional Providers

To add an additional facility after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select Background Screening Clearinghouse – Department of Elder Affairs

**AHCA Portal - Portal Landing** User ID: test.doea  
Email: [redacted]

**Program Access**  
 Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Department of Elder Affairs](#)   
 Department of Elder Affairs

**Request Program Access**  
 Choose from the list of programs below and select "Request Program Access".

-- Select Program --

**Manage Account**

[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)


This will bring you to the Background Screening Clearinghouse Program – Department of Elder Affairs – **Access page**.

Select **Add Additional Facilities** and follow the 'Add Provider' instructions in this document.

**Background Screening Clearinghouse Program - Department of Elder Affairs - Access Page** User ID: test.doea  
Email: [mailto:backgroundscreening@floridadoea.com](mailto:mailto:backgroundscreening@floridadoea.com)

---

**Select Your Desired Task Below**

[Add Additional Providers](#) 

---

**List of Providers**

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement. If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Provider Name	City	Status
<input type="checkbox"/> [REDACTED]	MIAMI	Pending

## Reprint User Registration Agreement

To reprint your user registration agreement after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.


Select Background Screening Clearinghouse – Department of Elder Affairs.

**AHCA Portal - Portal Landing** User ID: test.doea  
Email: [mailto:backgroundscreening@floridadoea.com](mailto:mailto:backgroundscreening@floridadoea.com)

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**Program Access**

Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Department of Elder Affairs](#)   
Department of Elder Affairs

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**Request Program Access**

Choose from the list of programs below and select "Request Program Access".

-- Select Program --

---

**Manage Account**

[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)

This will bring you to the Background Screening Clearinghouse Program – Department of Elder Affairs – **Access page**.

