National Background Program (NBCP)

Quarterly Bulletin

USE OF THE MED FILE AS PART OF THE REGISTRY PROCESS

The NBCP is tasked with identifying efficient, effective and economical ways to conduct comprehensive background checks of all prospective direct access employees of long term care (LTC) facilities and providers. Each State awarded a grant under the NBCP is charged with implementing and administering a Statewide program that includes a fingerprint-based State and federal criminal history check and the search of various registries including the required Office of Inspector General's List of Excluded Individuals and Entities (OIG LEIE).

With the support of technical assistance (TA) through the NBCP, many participating States are using automated processes to conduct the various screenings including a name-based check through the OIG LEIE website.

THIS ISSUE

KANSAS LEGISLATION PASSED

The Kansas Department for Aging and Disability Services' (KDADS) Health Occupations Credentialing program was successful in getting legislation authorizing national fingerprint-based background checks on individuals seeking to work in adult care homes or home health agencies or to provide services through one of the State's seven home- and community-based services Medicaid waivers.

The bill signed into law by Governor Jeff Colyer amends three existing criminal record-check statutes to align all the offenses and timeframes that disqualify or prohibit an individual from working in any of those health care settings and sets a length of time after conviction of a disqualifying crime must pass before the individual is eligible to be employed in those settings. Alignment of the prohibited offenses and timeframes creates parity for all potential workers because all are held to the same standards.

Governor Colyer stated, "This bill is a common-sense measure that will help to protect vulnerable Kansans. I was pleased to sign this important legislation because it closes a loophole that could allow caretakers to victimize disabled or elderly Kansans. Expanding our fingerprint-based background checks makes all of those receiving care safer."

Governor Coyler officially signed the bill into law!

The Secretary of KDADS, Tim Keck, said the passing of this bill "…will allow us to carry out a more thorough check of individuals who work caring for the vulnerable in our State. Currently, there are approximately 8,000 individuals working in Kansas adult care homes who reside in a State that borders Kansas. The national background fingerprint check will ensure that records of crimes committed in other States are available for review before individuals can be hired, regardless of their State of residence."

The bill will go into effect August 1, 2018.

GRANTEE STATE HIGHLIGHTS

CMS and CNA are excited to announce the three newest grantee States: Idaho, Mississippi, and Wisconsin, to the National Background Check Program! The three new States received their notice of award on May 30, 2018. CMS and CNA look forward to working with the new States to assist in the implementation of their NBCP grants.

The Forum continues to hold monthly calls to help address emerging issues and questions faced by current, graduated, and non-grantee States, who are encouraged to submit discussion topics prior to the call. The calls include updates from CMS and CNA representatives.

The Forum continues to work on planning for the NBCP Track at the Annual Association of Health Facility Survey Agencies (AHFSA) Conference. The conference is being held in Tigard, Oregon, September 23-26, 2018. Grantee States are encouraged to contact their CMS Program Officer for options for using grant funds to attend the conference. Registration and hotel reservations are available through the AHFSA website. Topics included in the NBCP track will be open session for new grantee States to ask questions, best practices, performance monitoring and reporting, training providers, and background check screening and survey process.

For more information on Forum activities, visit the Forum's page on the AHFSA website or send an email to backgroundcheckforum@gmail.com to join the Forum and receive information about activities.

MED FILE CONTINUED...

This check brings back the closest match(es) to the information provided by the user. However, with this search, human intervention is required to review the results and make a determination on whether there is a true match. To further automate the process, CMS and the NBCP TA team looked to the use of the Medicare Exclusion Database (MED), an enhanced version of the OIG LEIE, to complete the search. Commonly called "the MED File," this CMS system of record is distributed monthly to each State's Medicaid agency. Unlike the LEIE, the MED File includes Personally Identifiable Information (PII) such as an individual's Social Security Number (SSN) and date of birth (DOB). Using this file to complete the LEIE search essentially eliminates the need for a manual review as the search would produce an exact match and ultimately make an automatic "CLEAR" or "NOT CLEAR" determination. Automating the match greatly reduces the response time and expenses by significantly decreasing the number of false matches. Additionally, participating States have the ability to do automated registry rechecks monthly of the MED File to search for any new information on individuals currently in their data system, thus providing additional protections for vulnerable populations.

Four NBCP States – Georgia, Ohio, Minnesota and West Virginia - are currently accessing the MED file through their automated background check systems. In the first five months of production, several efficiencies and added protections were noted in using the MED File versus the OIG LEIE manual look-up. The first notable efficiency is automation versus a manual search. When a registry check is initiated, a search of the MED File is automatically completed and a "Clear" or an exact data match is returned within seconds. This response time far exceeds the manual process to click a link accessing the OIG LEIE, typing in the personal identifying information for each applicant and reviewing each returned record to determine if there is a match.

A second evident efficiency is a reduction in the number of false positives avoided by using the SSN-based MED File instead of the name-based OIG LEIE. Since inception of the ARCS system in Ohio, 79,896 applicants have been checked against the MED File with zero matches returned. In comparison, the same applicants were run through a name-based registry search of the OIG LEIE and 186 matches were returned. Thus, using the MED File prevented the timely review of 186 false positive results, saving valuable staff time to confirm the identity of each record.

Because the Med File process is fully automated, States using this process are no longer dependent on remembering to upload the monthly updated OIG LEIE file manually. Recently, a NBCP grantee State using the OIG LEIE had not updated the file in several months. It was later found that a person was previously cleared to work in LTC was in fact on the OIG LEIE and therefore should have been denied employment. With the automatic FileWatch used by the MED File process that situation would have been avoided, again adding another safeguard in ensuring applicants are appropriate to be providing LTC services.

The MED File process is an efficient and effective process that can be replicated in any background screening check program with the appropriate DUA approval.

Active and graduated States interested in accessing the MED File as a part of the background check process should contact their CNA State Liaison or stateliaision@cna.org.

QUARTERLY REPORTS DUE JULY 31, 2018

Reports for the quarter ending June 30, 2018, are due by close of business on **July 31, 2018**. Please be sure to use the new Cost Report that includes your State's name. The report templates are available on the NBCP BGCheckInfo website. Requests for extensions should be submitted to your CMS project officer at least **two weeks** before the due date.

REMINDER!
Graduating States must complete grant closeout in addition to final quarterly reports.