



PCA Hiring Forms (For Consumer Records)

Steps When Preparing to Hire a PCA

Introduction: Tempus has enclosed some sample hiring for you to use when hiring a PCA. It is important to do the paperwork carefully and keep a copy for your records.

CORI (Criminal Offender Record Information): Results must be secured.

LEIE (List of Excluded Individuals and Entities): Document that this was completed.

SORI (Sex Offender Registry Information): Document that this was completed.

Utilize the documents in this section, as well as section 6 to aide in the completion of the blank forms in Section 7.

Completed Forms must be sent to the Tempus F.I. Department when you want to hire a new PCA.

F.I. Fax No.

1 (800) 359-2884

F.I. Mailing Address

**Tempus Unlimited
600 Technology Center Dr.
Stoughton, MA 02072**

***Do not wait for the Timesheet to be completed. The new hire forms must be sent to the F.I. department a week before the timesheets.**

IMPORTANT NOTICE

PLEASE READ AND SIGN BELOW AND RETURN WITH THE COMPLETED APPLICATION

The Personal Care Attendant position pays in accordance with the Massachusetts PCA Union, 1199SEIU for work performed between 6:00AM and 12:00AM (midnight). Work performed between midnight and 6:00AM is paid at a two-hour minimum, whether the work takes only a few minutes or up to two hours.

As a Personal Care Attendant, you are employed by the consumer for whom you work. You must complete a W-4 and Immigration and Naturalization form (I-9) before you can be paid, and you will receive a W-2 in January showing your earnings and taxes paid for the previous year. Any references or income verification requests should be directed to your employer (the consumer), not to your employer's personal care management agency (Options) or Fiscal Intermediary (Cerebral Palsy of Mass payroll company).

Personal Care Attendant services are MassHealth funded. PCAs receive a paycheck every two weeks. From the gross pay rate, deductions are made for your share of FICA (Social Security) and applicable federal and state income taxes. You will also have workers' compensation and unemployment insurance coverage.

All PCAs are welcome to register online at www.mass.gov/findpca. Consumers are encouraged to visit this website when recruiting PCAs.

Signature _____

Date _____

NOTE: PCAS WILL ONLY BE PAID WHEN THERE IS A DECISION LETTER FROM MASSHEALTH AUTHORIZING THE PCA PROGRAM.

PCA CAN BEGIN WORK ON THE EFFECTIVE DATE OF THE DECISION LETTER.

Consumer/Employer Name: _____

Application for PCA Employment:

Name _____ Date _____

Address _____ Phone (h) _____ (c) _____

City/State _____ SS# _____

~~~~~  
Have you ever worked before as a Personal Care Attendant? YES NO

If yes please describe: \_\_\_\_\_

What days are you available to work? MON TUES WED THURS FRI SAT SUN

Please circle all that you are willing to work.

What hours are you available? \_\_\_\_\_

Can you work overnight (12AM-6AM)? YES NO Do you have a car? YES NO

Are you available for emergency relief? YES NO

What is your primary language? \_\_\_\_\_ Do you speak other languages? \_\_\_\_\_

Can you perform all the hands-on tasks associated with being a PCA: such as bathing, grooming, mobility, dressing/undressing, bladder care, bowel care, medications, housekeeping, laundry, shopping? YES NO

**EDUCATION**

High School: \_\_\_\_\_ Grade Completed 9 10 11 12

Training Program or College: \_\_\_\_\_

Degree: \_\_\_\_\_

Certification: \_\_\_\_\_

Do you have any other special skills or qualifications? \_\_\_\_\_

Do you have any special hobbies you may want to share? \_\_\_\_\_

## **REFERENCES**

Please give the names and telephone numbers of (3) three personal/professional/medical references not related to you:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

## **EMPLOYMENT HISTORY**

Please give the name, address, and telephone numbers of the last three (3) places you were employed or list any previous work history which relates to the health care field. Include consumers you previously worked for.

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Can we contact? YES/NO

Why did you leave? \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Can we contact? YES/NO

Why did you leave? \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Can we contact? YES/NO

Why did you leave? \_\_\_\_\_

Please explain any gaps in your work history:

\_\_\_\_\_  
\_\_\_\_\_

**I have written information that is truthful to the best of my ability.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Sample Job Description of a Personal Care Attendant**

**Employer:** Consumer and/ or Surrogate

**Qualifications:** Willingness to cooperate and work as an employee of the person (or their official representative/surrogate) receiving the care. Ability to take direction and cooperate with tasks assigned as appropriate to the PCA program.

**Responsibilities** may include:

1. Hands on Physical Assistance
  - a. Bathing/showering/grooming
  - b. Dressing/undressing
  - c. Bladder or Bowel Care
  - d. Assist with Range of Motion only when consumer cannot move themselves
  - e. Transfers – bed, tub, wheelchair, shower. May involve Hoyer Lift
  - f. Assistance with Medication as directed only
  - g. Eating
2. Household (tasks are for consumer and consumer living area only)
  - a. Meal Preparation and Cleanup
  - b. Laundry
  - c. Shopping
  - d. Housekeeping
  - e. Wheelchair cleaning and help with maintenance as directed
  - f. Other duties approved by MassHealth
3. Doctor's appointments
  - a. PCA approved time is from door of consumer to door of doctor's office only.
  - b. PCAs are not approved time to attend appointments.
4. Report all suspected incidents of consumer abuse: sexual, emotional, physical, financial or neglect to the Disabled Persons Protection Commission (DPPC).

### **A PCA may not:**

Provide respite, recreation, babysit, take care of animals, help others in the home, do finances, sit and wait just in case.

Receive payment through the PCA program when a consumer is admitted to a hospital, rehab center, long term care or other in patient facility.



## PCA Orientation

Your PCA must complete the PCA New Hire Orientation within six (6) months of FI notification. We strongly recommend however, that s/he completes it at least two weeks prior to that date, to allow time for processing by the FI. If your PCA fails to do so, s/he will incur a two dollar (\$2.00) per hour after-tax payroll deduction for all payroll payments dated on or after the six month period. The \$2.00 per hour deduction will continue, until your PCA completes the Orientation program.

There are two options available:

1. Your PCA can attend a group orientation session with other PCAs, or
2. You may choose the consumer taught option and provide the Orientation yourself to your new PCA.

**If your PCA has not been oriented within 90 days then s/he will be encouraged to attend a group session to avoid payroll deductions.**

The Home Care Training Benefit offers group sessions throughout Massachusetts. Your PCA should call the Homecare Training Benefit at (877) 409-8283 to register for a group session in his/her area.

If you choose the consumer taught option, please complete the enclosed Consumer Options Notice. You and your PCA must sign the Consumer Options Notice before you send it to your FI. Please note if you choose this option, only you as the consumer employer are authorized to provide the orientation unless the surrogate is the parent of a minor child who is the consumer. Other surrogates are not authorized to provide the orientation.

A closed caption video was developed by consumers who have chosen the different delivery options; you may view the video by visiting the PCA website at [www.mass.gov/pca](http://www.mass.gov/pca).

## FAQs

- 1) **Are there consequences if I fail to ensure my new PCA receives the Orientation?** Effective immediately, New PCAs must complete the PCA New Hire Orientation requirement within 6 months from the date of notice<sup>1</sup>. New PCAs who fail to complete the Orientation within the six months - an after-tax payroll deduction equal to two dollars (\$2.00) per hour will apply, until such time as they complete the Orientation program.  
  
If your PCA completes the Orientation within the following 2 months, the payroll deductions will cease and all accumulated deductions will be returned to your PCA. However, if s/he completes the Orientation two months or more after, his/her payroll deductions will cease but s/he will forfeit all accumulated deductions.
- 2) **How do I know if my PCA is “new” to the PCA Service system?** Your Fiscal Intermediary will inform you if your PCA is new to the PCA Service system.
- 3) **What is the PCA New Hire Orientation?** The PCA New Hire Orientation is a paid 3-hour Orientation that will insure all new PCAs receive the same basic information about the principles of independent living; the operational procedures of the MassHealth PCA Program; how to recognize and report fraud, abuse and neglect; and worker rights. In addition, new PCAs will receive information about the Home Care Training Benefit, the Rewarding Work Web Portal, the 1199 SEIU, and the PCA Workforce Council.
- 4) **Will the 3-hour Orientation affect my approved PCA hours?** No. The 3-hour PCA New Hire Orientation does not affect your approved PCA hours.
- 5) **How is orientation being offered?** There are two options: either your PCA can attend a group orientation session in their area or you, the consumer, can offer the PCA New Hire Orientation yourself through the consumer taught option.
  - a. Your PCA can call Homecare Training Benefit at: (877) 409-8283, to obtain information about classes, locations, dates and times.
  - b. If you choose the consumer taught option to provide the standard Orientation, but have questions about the Orientation, you should contact your PCM Agency
  - c. You can view the PCA New Hire Orientation curriculum before deciding to choose the consumer taught option. The PCA New Hire Orientation Curriculum is available at: <https://madirectcare.com/employer-resources/pca-orientation/>
- 6) **What is the timeline for when my new PCA must participate in the PCA New Hire Orientation?** The Orientation must be completed within (6 months) of notification by the Fiscal Intermediary<sup>2</sup> either in a group or by the consumer.
- 7) **If I choose the consumer taught option and provide the Orientation to my PCA, can s/he also attend a group Orientation?** Yes, your PCA can also attend a group PCA Orientation session; however, your PCA will only be paid once.
- 8) **Can my surrogate provide the orientation to my PCA?** The surrogate is not able to provide the orientation to a PCA on behalf of the consumer, unless the surrogate is the parents of minor children, legal guardians, or legal power of attorney.
- 9) **If I initially chose the consumer taught option, am I allowed to change my mind?** Yes, you can choose to send your PCA to a classroom Orientation offered by the Homecare Training Benefit. You will need to inform your Fiscal Intermediary of your decision and your PCA should call the Homecare Training Benefit at (877) 409-8283 to find out when the next class is being offered. Your PCA must complete the Orientation within 6 months of their start date.

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<sup>1</sup> During this current period modifications have been made for eligible PCAs. Please consult with your FI for more information

## FAQ: Preguntas más frecuentes

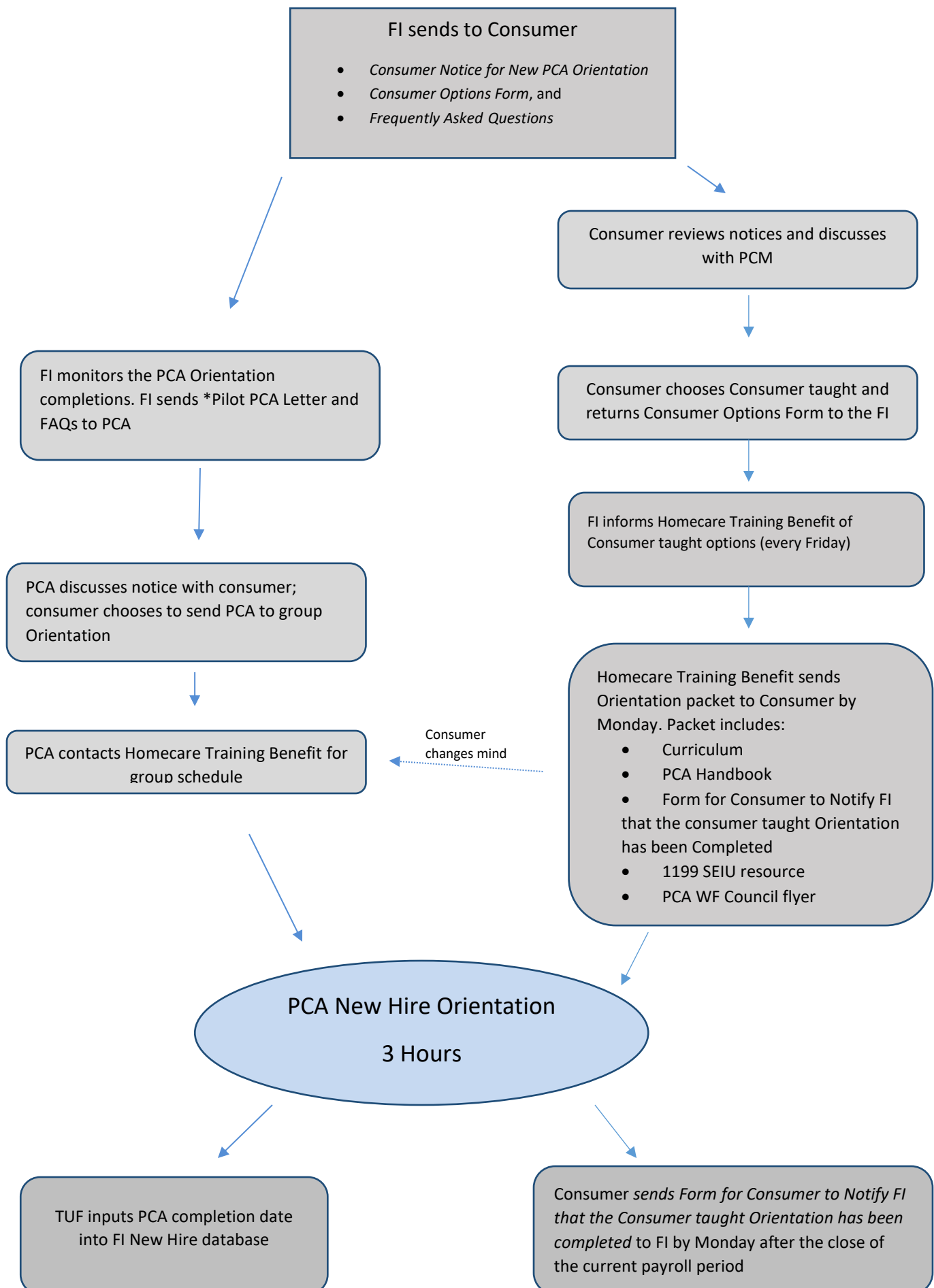
- 1) **¿Hay consecuencias si no me aseguro de que mi nuevo PCA reciba la Orientación para el Nuevo PCA?**  
Con vigencia inmediata, los nuevos PCA deben completar el requisito de Orientación para el Nuevo PCA dentro de los 6 meses de la fecha del aviso<sup>2</sup>. Para los nuevos PCA que no completen la orientación dentro de los seis meses, se aplicará una deducción del sueldo de dos dólares (\$2.00) por hora después de impuestos, hasta el momento en que completen el programa de orientación.  
  
Si su PCA completa la orientación dentro de los siguientes dos meses, las deducciones del sueldo se detendrán y todas las deducciones acumuladas se le devolverán a su PCA. Sin embargo, si él/ella completa la orientación dos o más meses después, las deducciones del sueldo se detendrán, pero él/ella perderá todas las deducciones acumuladas.
- 2) **¿Cómo sé si mi PCA es “nuevo” en el sistema de Servicios de PCA?** Su Intermediario Fiscal le informará si su PCA es nuevo en el sistema de Servicios de PCA.
- 3) **¿Qué es la Orientación para el Nuevo PCA?** La Orientación para el Nuevo PCA es una orientación de 3 horas pagas que asegurará que todos los nuevos PCA reciban la misma información básica sobre los principios de la vida independiente; los procedimientos operativos del programa de los PCA de MassHealth, cómo reconocer y denunciar fraude, maltrato y negligencia, y derechos del trabajador. Además, su PCA recibirá información sobre el Beneficio de capacitación para realizar cuidados en el hogar, el portal web Rewarding Work (Trabajo gratificante), el Sindicato 1199 SEIU y el Consejo de la Fuerza Laboral de PCA.
- 4) **¿Afectará la orientación de 3 horas mis horas de PCA aprobadas?** No. La Orientación para el Nuevo PCA de 3 horas no afectará sus horas de PCA aprobadas.
- 5) **¿Cómo se ofrece la orientación?** Existen dos opciones: su PCA puede asistir a una sesión de orientación grupal en su área o usted, el consumidor, puede ofrecer la Orientación para el Nuevo PCA usted mismo por medio de la opción de Enseñanza por el consumidor.
  - a. Su PCA puede llamar al Beneficio de capacitación para realizar cuidados en el hogar al (877) 409-8283 para obtener información sobre clases, lugares, fechas y horarios.
  - b. Si usted elige la opción de enseñanza por el consumidor para brindar la orientación estándar, pero tiene preguntas sobre la orientación, debe comunicarse con la Agencia de PCM.
  - c. Usted puede ver el plan de estudios de la Orientación para el Nuevo PCA antes de decidirse a elegir la opción de enseñanza por el consumidor. El plan de estudios de la Orientación para el Nuevo PCA está disponible en <https://madirectcare.com/employer-resources/pca-orientation/>
- 6) **¿Cuál es el programa para la participación de mi nuevo PCA en la Orientación para el Nuevo PCA?** La orientación debe completarse dentro de los 6 meses de la notificación por el Intermediario Fiscal<sup>2</sup> ya sea en un grupo o por el consumidor.
- 7) **Si elijo la opción de enseñanza por el consumidor y le brindo la orientación a mi PCA, ¿puede él/ella también asistir a una orientación grupal?** Sí, su PCA también puede asistir a una sesión de orientación grupal del PCA; sin embargo, su PCA solamente recibirá un solo pago.
- 8) **¿Puede mi representante brindarle la orientación a mi PCA?** El representante no puede brindar la orientación al PCA en nombre del consumidor, a menos que el representante sea el padre/la madre de un niño menor de edad, los tutores legales o tenga poder notarial legal.
- 9) **Si inicialmente elegí la opción de enseñanza por el consumidor, ¿puedo cambiar de idea?** Sí, usted puede elegir enviar a su PCA a una clase de orientación ofrecida por el Beneficio de capacitación para realizar cuidados en el hogar. Usted necesitará informar a su Intermediario Fiscal sobre su decisión, y su PCA debe llamar al Beneficio de capacitación para realizar cuidados en el hogar al (877) 409-8283 para averiguar cuándo se ofrece la siguiente clase. Su PCA debe completar la orientación dentro de los seis meses de la fecha de inicio del trabajo.

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<sup>2</sup> Durante el período actual, se han realizado modificaciones para los PCA que sean elegibles. Consulte con su FI para obtener más información.



## PCA New Hire Orientation Flow Chart



\* notice is specific for Pilot period and will be replaced by 30 day, 3 month, 5 month notices following pilot period.



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606  
MASS.GOV/CJIS



## On Behalf Of/Home Health Aide Criminal Offender Record Information (CORI) Request Form

Use this form for requesting CORI under the provisions of M.G.L. c. 6, § 172. This form may be submitted by an elderly or disabled person who seeks to screen a prospective home health aide. Legal guardians or individuals who have power of attorney to make decisions on behalf of an elderly or disabled person may submit this form on behalf of that person. Mail requests to the address provided above, **ATTN: CORI Unit**.

### Requestor Details

Complete this section with your information. Items marked with an asterisk (\*) MUST be completed.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc): \_\_\_\_\_  
\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  
\* Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\* Street Address: \_\_\_\_\_  
Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

### On Behalf Of

If different from above, complete this section with the details of the person on whose behalf you are requesting CORI.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc): \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  
\* Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\* Street Address: \_\_\_\_\_  
Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

### Subject Details

Complete this section with the information of the person whose CORI you are requesting.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc): \_\_\_\_\_  
Former Last Name 1: \_\_\_\_\_  
Former Last Name 2: \_\_\_\_\_  
Former Last Name 3: \_\_\_\_\_  
Former Last Name 4: \_\_\_\_\_  
\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  
Father's Full Name: \_\_\_\_\_  
Mother's Full Name: \_\_\_\_\_

|                                               |
|-----------------------------------------------|
| <b>Applicant's Agreement of Understanding</b> |
|-----------------------------------------------|

I understand that elderly or disabled persons may access all available CORI, including convictions, non-convictions, and pending Massachusetts criminal history, for the purpose of screening home health aides or other such positions providing care or services to an elderly or disabled person in his or her home. As an applicant for such a position, I understand that a criminal record check will be performed on me and that the results will not be further disseminated by the requesting individual.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

|                                    |
|------------------------------------|
| <b>Authentication of Signature</b> |
|------------------------------------|

|                                                                                     |
|-------------------------------------------------------------------------------------|
| Please note that ALL fields in this section must be completed by the Notary Public. |
|-------------------------------------------------------------------------------------|

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (name of CORI subject) and proved to me through satisfactory evidence of identification, which was \_\_\_\_\_ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
*Signature of Notary Public (Notary stamp or seal is also required)*

\_\_\_\_\_  
*Date my Commission expires*



## Terms and Conditions

By submitting a request for CORI using this form, the Requestor agrees to be bound by these terms and conditions and any and all other guidelines, disclaimers, rules, and privacy statements within this agreement, collectively referred to as "Terms and Conditions." All Terms and Conditions contained herein apply only to obtaining information from the DCJIS.

1. As referenced in these terms and conditions, the terms below shall have the following meanings:
  - a. CRA: Consumer Reporting Agency
  - b. CRRB: The Criminal Record Review Board
  - c. CORI: Criminal Offender Record Information
  - d. DCJIS: The Massachusetts Department of Criminal Justice Information Services
  - e. iCORI service: The internet-based service used to request and obtain CORI and self audits.
  - f. Requestor: A registered user of the iCORI service and any additional authorized users for the requestor's account. Requestor, as used in these terms, also includes Consumer Reporting Agency requestors. Requestor, as used in these terms, also includes any individual who requests or obtains CORI or a self-audit report from DCJIS using a paper form.
2. Obtaining CORI from DCJIS by using this form is subject to Massachusetts General Law and to Federal law, including, but not limited to, M.G.L. c.6, §§ 167-178B (the CORI Law), M.G.L. c. 66, § 10 (the Public Records Law), M.G.L. c. 266, § 120F (Unauthorized use of a computer), and any current or future laws applicable to the use of computer systems or personal information. The penalties for violations of these laws include both civil and criminal penalties.
3. A requestor may only request the level of CORI access authorized by statute or the DCJIS for the type of request being submitted. A requestor who submits a CORI request using an access level higher than that authorized for the type of request being submitted will be in violation of the CORI law and DCJIS regulations and may be subject to both civil and criminal penalties.
4. An individual or entity who knowingly requests, obtains, or attempts to obtain CORI or a self-audit from the DCJIS under false pretenses, or who knowingly communicates, or attempts to communicate, CORI to any individual or entity except in accordance with the CORI law and DCJIS regulations, or who knowingly falsifies CORI or any records relating thereto, or who requests or requires a person to provide a copy of his or her CORI except as authorized pursuant to M.G.L. c. 6, § 172, shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$5,000.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$50,000.00. In the case of such a violation involving juvenile delinquency records, an individual or entity shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$7,500.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$75,000.00.
5. Neither the DCJIS nor the CRRB shall be liable in any civil or criminal action due to any CORI or self-audit report that is disseminated by the DCJIS or the CRRB, including any information that is false, inaccurate, or incorrect, because it was erroneously entered by the court or the Office of the Commissioner of Probation.

6. CORI results are based on an exact match of the information provided by the requestor to information as it appears in the CORI database. Requestors are responsible for providing accurate information for the subject requested. In addition, it is the requestor's responsibility to compare the CORI or self-audit results received from the iCORI service to the subject's personal identifying information to ensure that the results match this information. The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's submission of inaccurate, incorrect, or incomplete subject information. Furthermore, NO REFUNDS of CORI fees will be provided because of data entry errors or other errors or omissions made by the requestor.
7. Each requestor who submits 5 or more background checks annually must have a written CORI policy. Each requestor is responsible for adopting its own CORI policy. The DCJIS publishes a model CORI policy on its website that may be adopted for use by requestors. If this requirement applies to a requestor, the requestor agrees that at the time of submission of any CORI request, it has adopted a CORI policy.
8. The requestor agrees that he/she has reviewed and understands all training materials regarding the CORI process and CORI requirements available from the DCJIS. Requestors are solely responsible for reviewing and understanding the training materials provided by the DCJIS.
9. Requestors who seek to receive the standard or required level of access to CORI for employment, housing, licensing, or volunteer purposes must ensure that the following are completed prior to submitting a CORI request:
  - a. Completion of a CORI Acknowledgement Form for each subject to be checked;
  - b. Verification of the identity of the subject using an acceptable form of government issue identification;
  - c. Obtaining the subject's signature on the CORI Acknowledgement Form;
  - d. Signing and dating the CORI Acknowledgement Form certifying that the subject was properly identified; and
  - e. Confirming that the requestor is in compliance with all applicable laws and regulations.
10. All requestors, including those that request CORI through a CRA, must comply with 803 C.M.R. 2.00 and, if applicable, 803 C.M.R. 5.00. In addition, CRAs are also responsible for ensuring compliance with the Fair Credit Reporting Act and with DCJIS regulation 803 CMR 11.00.
11. A requestor that uses CORI to commit a crime against, or to harass, another individual is subject to the criminal penalties set forth in M.G.L. c. 6, §178 ½, including imprisonment in a jail or house of correction for not more than one year and a fine of not more than \$5,000.00. The DCJIS and the CRRB disclaim any liability for the improper use or dissemination of information obtained through the iCORI service.
12. Requestors are subject to audit at any time by the DCJIS and may be asked to produce documentation to demonstrate compliance with these provisions and with DCJIS regulations (803 CMR 2.00-11.00 et seq.).

13. No information obtained from the iCORI service or from DCJIS personnel regarding use of the iCORI service shall be construed as legal advice.
14. The DCJIS reserves the right to alter, amend, or discontinue any feature of the iCORI service or the conditions of its use at any time. Any such changes will be announced on the iCORI service and/or the DCJIS website in advance. The user is subject to the terms of use in effect at the time of his/her agreement. The DCJIS and the CRRB shall not be liable for any damages associated with use of this site.
15. These Terms and Conditions are governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts and the laws of the United States, without giving effect to any principles of conflicts of law. If any provision of these Terms and Conditions is determined to be unlawful, void, or for any reason unenforceable, then that provision shall be considered void. The remaining provisions shall remain valid and enforceable.
16. By submitting a request for CORI to the DCJIS, I affirm that I have read and understand these Terms and Conditions. Further, I acknowledge, agree to, and am bound by, these Terms and Conditions, as well as by M.G.L. c. 6, §§ 167-178B, inclusive, and 803 CMR 2.00-11.00, inclusive.



## O.I.G.'s List of Excluded Individuals and Entities

<https://www.oig.hhs.gov/exclusions/index.asp>

MassHealth requires that all PCAs be checked against the OIGLEIE on a regular basis. Tempus FI Department will not process a timesheet of a person who is named on the list.

OIG's List of Excluded Individuals/Entities (LEIE) is a public, web-based, searchable database that provides information about currently excluded individuals and entities.

Web users can determine whether an individual or entity is currently excluded by entering the individual's or entity's name. If the entered name matches with the exclusion list, LEIE permits users to verify the uniqueness of the match with social security numbers, employer identification numbers, or tax identification numbers. OIG updates LEIE monthly, adding newly excluded individuals and entities and removing reinstated individuals and entities.

OIG also publishes a downloadable version of LEIE that varies in certain respects from the web version.

More detailed information about LEIE, its use, difference between the web and downloadable versions, and additional links to other federal web sites explaining OIG's exclusion program can be obtained at the website.



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth**  
**All Provider Bulletin 196**  
**October 2009**

**TO:** All Providers Participating in MassHealth

**FROM:** Terence G. Dougherty, Interim Medicaid Director *TGD*

**RE:** Provider Obligation to Screen Employees and Contractors for Exclusion from Participation in Federal Health Care Programs

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**Background**

This bulletin advises providers of their obligation to screen their employees and contractors, both individuals and entities, to determine if they have been excluded from participation in federal health care programs, including state Medicaid programs such as MassHealth.

Under various laws, including Sections 1128, 1128A, and 1156 of the Social Security Act, the U.S. Department of Health and Human Services, Office of Inspector General (OIG) may exclude individuals and entities from participation in federal health care programs, such as MassHealth, if such individuals and entities have engaged in certain program-related misconduct or have been convicted of certain crimes, including patient abuse or fraudulent submission of claims.

Once an individual or entity is excluded by OIG, federal regulations at 42 CFR 1001.1901(b) prohibit MassHealth from paying for any items or services furnished, ordered, or prescribed by the excluded individual or entity. (Details about the scope and effect of this prohibition may be found at 42 CFR 1001.1901(a), (b), and (c)).

The payment prohibition bars

- direct payment to excluded individuals and entities;
- payment to individuals or entities that employ or contract with excluded individuals or entities; and
- payment for administrative and management services furnished by excluded individuals or entities that are not directly related to patient care, but are a necessary component of providing items and services to MassHealth members.

The payment prohibition applies regardless of who submits the claim and applies to all methods of reimbursement.

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*(continued on next page)*



**Background**  
(cont.)

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The following examples, taken from a 1999 OIG Special Advisory Bulletin entitled the Effect of Exclusion from Participation in Federal Health Care Programs, illustrate some of the situations where payment is barred:

- services performed by excluded nurses, technicians, or other excluded individuals who work for a hospital, nursing home, home health agency or physician practice, where such services are related to administrative duties, preparation of surgical trays or review of treatment plans if such services are reimbursed directly or indirectly (such as through a pay per service or a bundled payment) by a Medicaid program, even if the individuals do not furnish direct care to Medicaid recipients;
- services performed by excluded pharmacists or other excluded individuals who input prescription information for pharmacy billing or who are involved in any way in filling prescriptions for drugs reimbursed, directly or indirectly, by a Medicaid program;
- services performed by an excluded administrator, billing agent, accountant, claims processor or utilization reviewer that are related to and reimbursed, directly or indirectly, by a Medicaid program; and
- items or equipment sold by an excluded manufacturer or supplier, used in the care or treatment of recipients and reimbursed, directly or indirectly, by a Medicaid program.

In addition to barring payment, federal regulations at 42 CFR 1003.102(a)(2) authorize OIG to impose civil money penalties directly upon individuals or entities that, by employment or otherwise, arrange or contract with an excluded individual or entity for the provision of items or services to enrollees within a federal health care program such as MassHealth.

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**What You Must Do**

To protect against payments for items or services furnished, ordered, or prescribed by excluded individuals or entities, you must

- use OIG's List of Excluded Individuals/Entities, described below, to screen all employees and contractors to determine if OIG has excluded them from participation in federal health care programs, both upon initial hiring or contracting and on an ongoing monthly basis; and
- immediately report any discovered exclusion of an employee or contractor to the EOHHS Compliance Office by telephone at 617-348-5202, by fax at 617-210-5474, via e-mail at [Compliance.Office@ehs.state.ma.us](mailto:Compliance.Office@ehs.state.ma.us), or by U.S. mail addressed to Compliance Office, 600 Washington Street, #5276, Boston, MA 02111.

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***Recommended Actions***

In order to establish sound compliance practices with this federally mandated requirement we recommend that you:

- develop policies and procedures for regular review of OIG's List of Excluded Individuals/Entities, described below, at time of hire and contracting and on a monthly basis;
- develop reliable, auditable documentation of when these procedures are performed; and
- periodically conduct self-audits of internal documentation and compliance with this requirement.

For additional information, please refer to CMS State Medicaid Director Letter (SMDL) #09-001, dated January 16, 2009.

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***OIG's List of Excluded Individuals and Entities***

OIG's List of Excluded Individuals/Entities (LEIE) is a public, Web-based, searchable database that provides information about currently excluded individuals and entities.

Web users can determine whether an individual or entity is currently excluded by entering the individual's or entity's name. If the entered name matches with the exclusion list, LEIE permits users to verify the uniqueness of the match with social security numbers, employer identification numbers, or tax identification numbers. OIG updates LEIE monthly, adding newly excluded individuals and entities and removing reinstated individuals and entities.

OIG also publishes a downloadable version of LEIE that varies in certain respects from the Web version.

The LEIE Web site is located at: [www.oig.hhs.gov/fraud/exclusions.asp](http://www.oig.hhs.gov/fraud/exclusions.asp).

More detailed information about LEIE, its use, differences between the Web and downloadable versions, and additional links to other federal Web sites explaining OIG's exclusion program can be obtained at that Web site.

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***Questions***

If you have any questions about the information in this bulletin, please contact the EOHHS Compliance Office by telephone at 617-348-5202, by fax at 617-210-5474, by e-mail at [Compliance.Office@ehs.state.ma.us](mailto:Compliance.Office@ehs.state.ma.us), or by U.S. mail addressed to Compliance Office, 600 Washington Street, #5276, Boston, MA 02111.

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## **Questions**

If you have any questions about the information in this bulletin, please contact the EOHHS Compliance Office at:

**(617) 348-5202**

**Fax:**

**(617) 210-5474**

**Email:**

**[Compliance.Office@ehs.state.ma.us](mailto:Compliance.Office@ehs.state.ma.us)**

**Mailing Address:**

Compliance Office  
600 Washington St.  
#5276  
Boston, Ma 02111

**Commonwealth of Massachusetts  
Sex Offender Registry Board**

**M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

**All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope.** The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

SORB USE ONLY

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

**Requestor's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Organization name:** (if any) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone number:** (\_\_\_\_) \_\_\_\_\_

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

**Requestor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

**Subject's LAST NAME:**

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**Subject's FIRST NAME::**

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**Subject's MIDDLE INITIAL:**

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**Date of birth or approximate age:**

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**Address (PRINT):** \_\_\_\_\_

**Personal identifying characteristics:**

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**Other information (e.g. license plate number, parents' names, etc.):** \_\_\_\_\_

**If additional information is needed, please contact the Requestor at the telephone number above.**

\*\*\*\*\*WARNING\*\*\*\*\*

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C - 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).**