

# Registered Provider Approval Request Form

Office for People With Developmental Disabilities (OPWDD)  
Division of Quality Improvement - Incident Management Unit  
44 Holland Avenue  
Albany, NY 12229

[Regprovider.approvals@opwdd.ny.gov](mailto:Regprovider.approvals@opwdd.ny.gov)

The purpose of this form is to enable providers of services that contract with provider agencies or to obtain OPWDD's Registered Provider status for purposes related to required background check processes. In order to be eligible to be a Registered Provider, the company or agency must supply 1) transportation services or 2) staff.

**Do not complete this form if** your company or agency is certified or authorized by OPWDD to provide services, or has a contract to provide Family Support Services, Individual Support Services or Medicaid Service Coordination.

### Instructions:

1. Please complete all fields on this form.
2. This form must be signed by an authorized representative of the provider of services.
3. Please scan and email a copy of the form to the OPWDD Email Address above, retain original for your records.

**To be completed by a representative of the potential registered provider. (Please use this fillable PDF to complete.)**

Company or Agency Name:

Name of Contact Person:

Name of Chief Executive Officer:

Federal Tax Identification Number:

Street Address or PO Box:

City:

State:

Zip:

County: (e.g. county where office is located)

Telephone Number:

Email Address:

The agency is to create a **dedicated email** for OPWDD to communicate important information including the agency's OPWDD Registered Provider Status. There should be more than one person with access to this mailbox and it should not be a personal email. This mailbox needs to be monitored regularly. If staff that have access change, the agency should ensure there are individuals with access so that they can respond timely. If there is ever a change in this information the agency is to complete an updated OPWDD 108 Form.

Agency Dedicated Email Address:

Please indicate if your company or agency supplies transportation services or staff. Specify approximate number of employees currently providing or transporting people with developmental disabilities.

Transportation

Direct Care

Clinical

Administrative

Staff

The agency is required to update OPWDD of any changes in contracts by submitting an updated OPWDD 108 Form. The agency needs to submit an OPWDD 108 Form annually even if there are no changes.

Please list OPWDD Developmental Disabilities State Operations Offices (DDSOOs) and/or private providers your company or agency provides services to as well as the end date of each contract.  
(Use additional Form 108a if necessary):

**Agency Name****Contract End Date****Contract Contact Name:****Telephone Number:****Email Address:****Agency Name****Contract End Date****Contract Contact Name:****Telephone Number:****Email Address:**

The provider of services ("the provider") hereby agrees to comply with the following provisions regarding criminal background checks (CBC) and as further required by 14 NYCRR section 633.22 and 14 NYCRR Section 701. The provider also agrees to comply with the following provisions regarding checks of the Staff Exclusion List (SEL) (as required by Section 495 of the Social Services Law and 14 NYCRR section 633.24), MHL 16.34 checks (as required by Section 16.34 of the Mental Hygiene Law and 14 NYCRR section 633.24), and checks of the Statewide Central Register of Child Abuse and Maltreatment (SCR) (as required by Section 424-a of the Social Services Law and 14 NYCRR Section 633.24).

1. The provider represents as follows:

- a. the provider is qualified to perform the services for which approval is requested and possesses any and all licenses, certificates and/or approvals from any federal, state or local governmental authority necessary or required in order to perform the services, and
- b. neither the provider, nor any of its officers or directors has been convicted of any crime or is the subject of any pending criminal charges except as set forth herein. If necessary please attach an additional page.

2. The provider agrees to designate at least one authorized person by submitting the Justice Center Authorized Person Designation/Notarized Sworn Statement Form for CBC to the Justice Center CBC Unit. It is understood that only these authorized persons are allowed to request, receive and review the results of a CBC, MHL 16.34 check, and SCR check (except that results of the check may be shared with others who are directly participating in any decision about the subject person (e.g. potential employee) pursuant to Section 845-b of the Executive Law and other requirements). The provider will notify the CBC Unit when an authorized person no longer assumes that role by the completion and submission of the Justice Center Authorized Person Revocation Form within 14 days of the change of status. These forms will be kept on file by the provider for six years following the removal of the party as an authorized person.

3. The provider agrees to designate at least one authorized person by submitting the Authorized Person Designation Form – Justice Center Staff Exclusion List (SEL) Check to the CBC Unit. It is understood that only these authorized persons are allowed to request, receive and review the results of an SEL check. The provider will notify the CBC Unit when an authorized person no longer assumes that role by the completion and submission of the Justice Center Authorized Person Revocation Form within 14 days of the change of status. These forms will be kept on file by the provider for six years following the removal of the party as an authorized person.
4. Beginning on the date OPWDD approves the provider, the registered provider agrees to conduct the following background checks as required. Checks are required for all employees who have the potential for the requisite contact beginning on the approval date. In addition, checks are required concerning an employee if he or she begins a new position that has the potential for the requisite contact on and after the approval date except as noted below. (Note: There is an exception noted below concerning SCR checks when the contact is with individuals in non-certified voluntary-operated programs.)
  - a. SEL checks must be requested by the SEL authorized person concerning all employees who may have regular and substantial contact with individuals receiving services in the OPWDD system pursuant to a contract with provider agencies certified, operated or funded by OPWDD. The procedures for SEL checks are specified by the Justice Center and may be found on the Pre-Employment Checks tab on the Justice Center website at [www.justicecenter.ny.gov](http://www.justicecenter.ny.gov). The result of the SEL check must be received prior to submitting the other required background checks.
  - b. CBC checks must be requested by the CBC authorized person concerning all employees who may have regular and substantial unsupervised or unrestricted physical contact with individuals receiving services pursuant to a contract with provider agencies operated, certified or funded by OPWDD. The procedures for requesting a CBC are specified by the Justice Center and may be found on the Pre-Employment Checks tab on the Justice Center website at [www.justicecenter.ny.gov](http://www.justicecenter.ny.gov)
  - c. MHL 16.34 checks must be requested by the CBC authorized person concerning all employees for whom a CBC is being requested. The procedures for requesting MHL 16.34 checks are specified by OPWDD and may be found on the OPWDD website at [www.opwdd.ny.gov](http://www.opwdd.ny.gov)
  - d. Checks of the Statewide Central Register of Child Abuse or Maltreatment (SCR) must be requested by the CBC authorized person concerning all employees for whom a CBC is requested, except in the unusual situation when the only contact is with individuals receiving services in a voluntary agency **non-certified** program. (Generally, services provided at a specific site are certified by OPWDD. Most contracts with registered providers are for programs certified or operated by OPWDD and therefore SCR checks are required for most registered provider employees.) If the employee only has contact with individuals in voluntary-operated non-certified programs, the SCR check is not required and is not permitted. The procedures for requesting SCR checks are specified by OPWDD and may be found on the website at [www.opwdd.ny.gov](http://www.opwdd.ny.gov)
5. The provider acknowledges that no employee may be given job assignments that involve unsupervised contact with people with developmental disabilities within the OPWDD system (certified or operated by OPWD) until the results of all required background checks are received.
6. The provider understands that the appropriate authorized person will be notified of the results of the check according to the procedures specified by the various checks.
7. The provider will keep copies/records of the submission forms and consent forms supplied by the employee for six years after the employee separates from service or otherwise ceases to be a subject party (e.g. the registered provider ceases to be a registered provider). The provider will keep the results of the background checks as specified in the procedures for the various checks.

Record maintenance and disposal of records must be in a confidential manner.

8. In the event that the Justice Center sends a notice that an employee of the provider has a subsequent pending criminal charge, the provider is responsible for conducting a safety assessment of the service environment and will take all appropriate steps to protect the health and safety of the individuals receiving services. In addition, the provider will monitor the outcome of any pending charge.
9. The provider agrees to notify the Justice Center whenever a person concerning whom a CBC was requested is no longer employed by the provider (or was not hired) or who no longer has substantial unsupervised or unrestricted physical contact with people with developmental disabilities or when an applicant to be an employee withdraws the application. This notification must be made using the procedures specified by the Justice Center.
10. The provider understands that the authorized person and any other person to whom the information about the employee (e.g. SEL, criminal history, information about substantiated abuse/neglect reports, and information about indicated reports of child abuse or maltreatment) is disclosed are subject to confidentiality requirements (e.g. 14 NYCRR sections 633.22 and 633.24, section 845-b of the Executive Law, and Sections 424-a and 496 of the Social Services Law).
11. The provider agrees to develop and implement written policies and procedures related to conducting the required background checks. Such policies and procedures shall include criteria for:
  - a. determining whether particular applicants and employees are subject to the various checks;
  - b. informing the Justice Center when the employee or potential employee ceases to be a subject person (e.g. separation from service); and
  - c. evaluating and, if warranted, taking appropriate steps upon receipt of a notice about subsequent pending criminal charge against a current employee.
12. The provider will make any and all records related to the required background checks available to OPWDD and the Justice Center upon request.
13. If a reportable incident or notable occurrence (as defined in 14 NYCRR Part 624) occurs which involves employees or agents of the provider, or vehicles or equipment supplied by the provider, the provider will fully cooperate in the investigation of such incident or occurrence. This includes but is not limited to: the production of any and all records related to the incident or occurrence, making its employees and agents available to the investigator and taking actions to encourage their full cooperation, and the provision of social security numbers and other information about its employee as is needed to comply with OPWDD requirements if the employee is the subject of a report of abuse or neglect.
14. The provider agrees not to retaliate against any of its employees or agents when the employee or agent believes that he or she has reasonable cause to suspect a person receiving services has been subjected to an incident or occurrence, and the employee or agent makes a report to the Justice Center for the Protection of People with Special Needs and/or OPWDD in accordance with Part 624 and/or New York State Law. The provider also agrees not to retaliate against any of its employees or agents if the employee or agent cooperates with the investigation of a report.
15. If an employee or agent of the provider is the subject of a substantiated report of abuse or neglect, the provider agrees to take such actions as may be at the direction of the agency with which the provider has a contract concerning the employee. Such actions may include the provider NOT assigning the employee or agent any work that involves contact with any individual receiving services.
16. The agency with which the provider has a contract may make recommendations to the provider related to an incident or occurrence. If the provider receives such recommendations, the provider agrees to either implement each recommendation in a timely fashion; or in the event that the agency does not

implement a particular recommendation the agency with which the provider has a contract reserves the right to terminate such contract.

17. The provider will ensure that the Justice Center Code of Conduct is signed by each employee or volunteer of the provider who has regular and substantial contact with individuals receiving services from a program certified or operated by OPWDD (these are most OPWDD services pertinent to registered providers). The Code of Conduct must be signed by new employees or volunteers at the time of employment or affiliation and on at least an annual basis. For new registered providers, this must be done by current employees and volunteers who have the potential for such contact before services are provided. The Code of Conduct (and materials related to the Code of Conduct) can be found on the OPWDD website at [www.opwdd.ny.gov](http://www.opwdd.ny.gov)
18. The provider will ensure that each employee and volunteer of the provider who has regular and substantial contact with individuals receiving services in the OPWDD system receives training in incident identification and reporting requirements within three months of initial employment or affiliation. For new registered providers, this must be done by all employees and volunteers who are expected to have regular and substantial contact with individuals receiving services in the OPWDD system within three months of the beginning of service provision. After the initial training, OPWDD recommends that employees and volunteers receive the same training on at least an annual basis. Training materials are on the OPWDD website at [www.opwdd.ny.gov](http://www.opwdd.ny.gov) and training may also be available through the OPWDD provider with which the provider contracts.
19. The provider will notify OPWDD (using the contact information at the top of this form) if it no longer has a contract with OPWDD or a voluntary agency which qualifies it for registered provider status.

CEO/Designee Signature:

Print Name:

Position:

Telephone Number:

Email Address:

Date Submitted: