


audio conference

DEPARTMENT OF HEALTH CHRC OVERVIEW

PRESENTED BY:

Ms. Jillanna Devik & Daryl M. Barra, ESQ.

In order to promote compliance with CHRC regulations,
NYSHFA | NYSCAL is sponsoring this audio conference to provide you with
the most up-to-date changes and additions to the CHRC regulations.

January 23, 2020 | 10am - 12pm



NYSHFA
NYS HEALTH FACILITIES ASSOCIATION

NYSCAL
NYS CENTER FOR ASSISTED LIVING

NYSHFA-NYSCAL.ORG

DOH CHRC OVERVIEW

The Criminal History Record Check (CHRC) Legal Unit in the Division of Legal Affairs has continued to partner with the Office of Primary Care and Health Systems Management Center to ensure the protection of New York's most vulnerable patient populations. CHRC obtains and reviews criminal history information for prospective direct care employees. Its lawyers make decisions regarding the suitability for employment of ex-offenders in nursing home, adult care, hospice, health home and home care settings. The CHRC Legal Unit staff members include attorneys, legal assistants, investigator and support staff. CHRC's core mission is to protect the health, safety and welfare of clients while permitting ex-offenders who can demonstrate their rehabilitation the opportunity to work in the healthcare field.

CHRC has grown significantly over the years, participating in more than 2.5 million decisions regarding employment suitability. In fact, CHRC has grown to become the largest agency making civil requests of the NYS Division of Criminal Justice Services (DCJS) for criminal history information.

In 2009, the DOH also established a publicly accessible Home Care Registry (HCR). Now, the public can also check the HCR to see whether a home health aide has been approved or denied employment by CHRC. This has created even greater transparency with respect to DOH employment determinations.

Finally, since the inception of the program, many healthcare providers, employees and attorneys have contacted CHRC with questions concerning how the process works. The unit has been active in responding to these inquiries to ensure that the program is understood and that concerns are appropriately addressed. The public contact number for CHRC intake / program is (518) 402-5549 and CHRC Legal is (518) 408-1627.

OUR SPEAKERS

DARYL M. BARRA, ESQ. is an Associate Attorney with the New York State Department of Health Criminal History Record Check Unit (CHRC). As Associate Attorney, he is responsible for all CHRC legal unit operations and training. Integral in establishing, creating and updating the DOH criminal history background check program from its inception in 2006. Mr. Barra graduated from Albany Law School in 1992 where he served as a member of the Albany Law Review. He has been a member of the New York State and Washington, D.C. Bar since 1993.

MS. JILLANNA DEVIK is the Bureau Coordinator of the Criminal History and Records Bureau at the New York State Department of Health. As Bureau Coordinator, she is responsible for the oversight and direction of the intake/program portion of the Criminal History Record Check and the Home Care Registry. Prior to assuming her position as Bureau Coordinator, Ms. Devik worked in the Division of ACF/Assisted Living Surveillance at the Department of Health and the Division of Corporations, State Records, & Uniform Commercial Code at the New York State Department of State.

GENERAL INFORMATION & DETAILS

\$125
Members



\$175
Non-Members

Available for LNHA's and ALA's

Thursday, January 23, 2020 | 10:00am -12:00pm

PLEASE NOTE! Cost listed is per phone line. Multiple participants may listen in on one phone line at the cost of one registration. Multiple lines from the same facility will be invoiced an additional registration fee.

CONFIRMATION

On Wednesday, January 22nd, all registrants will be e-mailed:

- A call-in number and pass code
- A credit form
- Handouts
- An evaluation form

NYSHFA / NYSCAL'S CANCELLATION POLICY

No refund will be issued after the audio conference call.

QUESTIONS?

Erin Fitzgerald

PH: 518.462.4800 ext. 22 | FX: 518.462.4370

efitzgerald@nyshfa.org

NYSHFA-NYSCAL.ORG

Department of Health
CHRC OVERVIEW

REGISTRANT INFORMATION

Name: _____ NAB Identifier: _____

Title: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Fax: _____

PAYMENT INFORMATION
MEMBERS: \$125 | NON-MEMBERS: \$175

Check Visa American Express Mastercard Discover

Credit Card Number: _____ Exp. Date _____

Name on the Card: _____

Cardholder Signature: _____

Total Amount Due: \$ _____

* I authorize NYSHFA/NYSCAL/FOC to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees
I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited.

NOTE: PAYMENT WILL SHOW ON YOUR CREDIT CARD STATEMENT AS COMING FROM NYS HEALTH FACILITIES ASSOCIATION.

Please send your registration to **Erin Fitzgerald** via

email: efitzgerald@nyshfa.org

fax: 518.462.4370

mail: FOUNDATION FOR QUALITY CARE, 33 Elk Street, Suite 300, Albany, New York 12207

