

CA PORTAL INSTRUCTIONS

CA REGIONAL CENTER SYSTEM

USER GUIDE FOR SERVICE PROVIDERS

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TABLE OF CONTENTS

STATUTORY REGULATIONS SUMMARY.....	3
PORTAL OVERVIEW.....	4
PORTAL ADMINISTRATOR	5
PORTAL REGISTRATION	6
UPDATE COMPANY PROFILE	12
USER MANAGEMENT	13
COMPLETE DS1891 FORM.....	14
NAME SCREENING & INVESTIGATION.....	20
SEARCH/DOWNLOAD SCREENING REPORTS.....	21
FAQ/HELP	24
WORKING WITH MULTIPLE VENDOR NUMBERS.....	25

STATUTORY REGULATIONS SUMMARY

All Service Providers are required to comply with vendorization requirements established in the Welfare & Institutions Code, Section 4648.12 and California Code of Regulations (CCR), Title 17, Section 54311, including other requirements established in the regulations regarding the Service Provider's eligibility to provide services.

Every existing Service Provider, applicant, or prospective vendor must complete and submit a current **Applicant/Vendor Disclosure Statement, DS1891 Form** (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring Regional Center. This requirement applies to all Service Providers, including vendored individuals or family member vendors, who currently have an active vendor number with the Regional Center.

The purpose of the DS1891 form is to identify Service Providers, applicants, and prospective vendors that may be ineligible for vendorization because the Service Provider has been convicted of a crime related to the Medicare, Medicaid or Title XX programs or has been convicted of abuse or neglect of an elder, dependent adult, or child.

An applicant or vendor entity must provide an original, signed DS1891 Form to the Regional Center for each program that is separately vendored by the Regional Center. In some cases, applicants, vendor entities, or Service Providers may need to complete several DS1891 forms for the Regional Center. Periodically, Regional Centers may request the Service Providers to update the DS1891.

PORTAL OVERVIEW

The CA Regional Center system has created a secure, web-based portal to address California Regional Center requirements to screen vendors for eligibility to provide Medicaid Services (California Welfare & Institutional Code, Section 4648.12) in conjunction with the Provider Vendorization Process and submission of the Applicant/Vendor Disclosure Statement (DS1891).

All Regional Center Service Providers will have Internet access to the CA Portal system by registering online with OIG Compliance NOW, LLC (“OIG/CN”).

Using the CA Portal, Service Providers will complete electronic versions of their DS1891 forms. All DS1891 form data will be accessible to the Service Provider's vendoring Regional Center. Therefore, no paper forms need to be submitted when using the CA Portal.

In addition, OIG/CN will automatically screen all individual and entity names listed on the DS1891 form to determine if any party is ineligible for vendorization due to conviction of a crime related to the Medicare, Medicaid or Title XX programs or conviction of abuse or neglect of an elder, dependent adult, or child.

This user guide contains instructions for CA Regional Center Service Providers on how to complete the online registration process, including for Service Providers with **multiple vendor numbers (See Working with Multiple Vendor Numbers starting on page 25)**, login to the system, complete all required DS1891 forms, and access screening reports.

For assistance at any time, please contact OIG Compliance NOW:

Ms. Tia Lee Allen, VP Operations
OIG Compliance Now, LLC
49 Court Street, Suite 130
Binghamton, NY 13901
Phone: 866-237-7711 or 607-240-2400
Fax: 607-722-1877
Email: info@oigcompliancencow.com

PORTAL ADMINISTRATOR

The Portal Administrator will be the designated single point of contact from the Service Provider to the Regional Center and to the OIG/CN investigators that are conducting the exclusion checks.

The Portal Administrator will complete the Portal Registration process (see page 6).

On the Update Company Profile page of the Portal, the Administrator's information should be listed in the CONTACT INFORMATION section, as follows:

Contact Information

* First Name:

* Last Name:

Middle Name:

Title:

* E-Mail Address:

There will be one Portal Administrator for every Service Provider Portal Account. **Service Providers with multiple vendor numbers** may be able to access multiple DS forms using a single account, subject to the rules of the Regional Center. Please contact the Regional Center for more details.

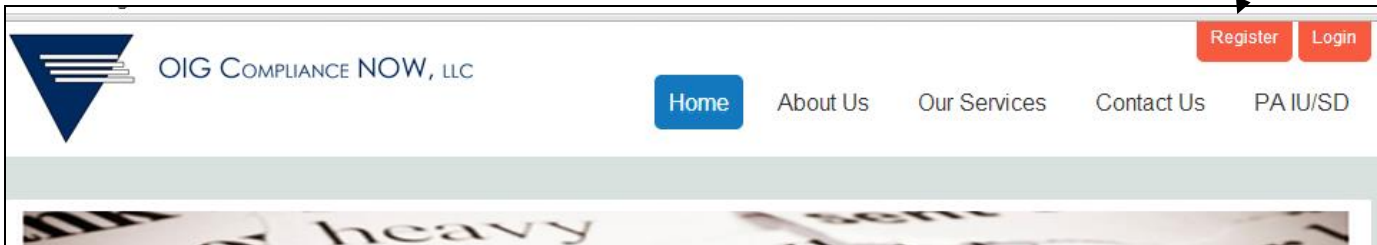
****Both the Regional Center and OIG/CN need to be notified IMMEDIATELY upon any change in the Service Provider's Portal Administrator other contact information.**

PORTAL REGISTRATION

Registration is the first step to accessing the Portal. This process occurs only ONCE.

To register, access the portal by going to <http://www.sanctionscreeningnow.com>

Click on the orange REGISTER button in the upper right corner of the HOME page.

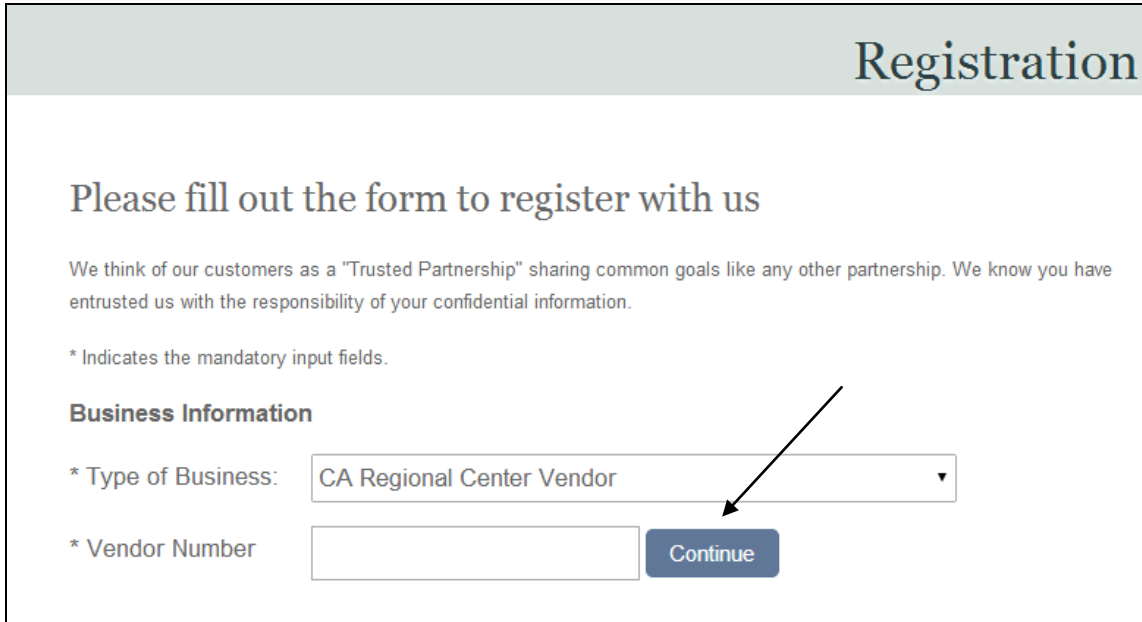


On the Registration page, complete the form template, as follows:

- Select "CA Regional Center Vendor" as the Type of Business from the drop down menu

A screenshot of the 'Registration' page. The page title is 'Registration'. On the left, there is contact information for OIG Compliance NOW, LLC: 49 Court Street, Binghamton, New York 13901. Phone: (607) 240-2400, Toll Free: (866) 237-7711, Fax: (607) 722-1877, E-mail: info@oigcompliancenow.com. The main heading is 'Please fill out the form to register with us'. Below this is a paragraph: 'We think of our customers as a "Trusted Partnership" sharing common goals like any other partnership. We know you have entrusted us with the responsibility of your confidential information.' A note states: '* Indicates the mandatory input fields.' The 'Business Information' section includes a dropdown menu for '* Type of Business:' with the following options: '-- Please Select --', 'Healthcare Facility Vendor / Business', 'Vendor Individual', 'CA Regional Center Vendor' (highlighted in blue), and 'CA Regional Center Staff'. The '* Vendor Number' field is also present but empty.

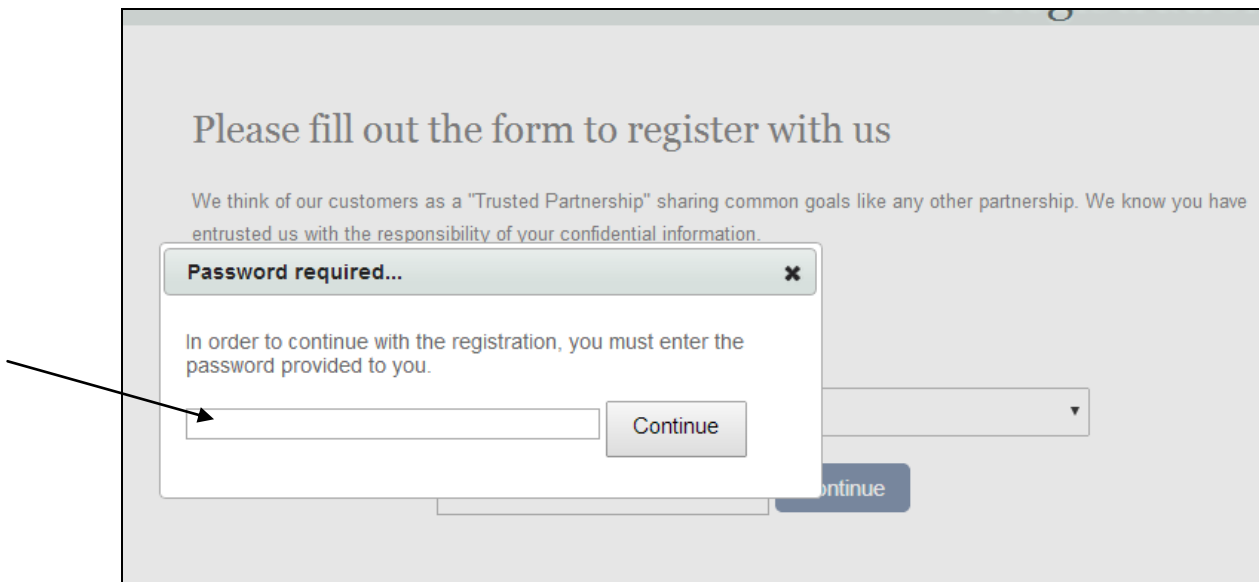
- Enter the **Vendor Number** that was provided to you by your Regional Center, and click Continue:



The screenshot shows a registration page titled "Registration". Below the title, it says "Please fill out the form to register with us". A paragraph of text follows: "We think of our customers as a 'Trusted Partnership' sharing common goals like any other partnership. We know you have entrusted us with the responsibility of your confidential information." Below this is a note: "* Indicates the mandatory input fields." The "Business Information" section contains two fields: "* Type of Business:" with a dropdown menu showing "CA Regional Center Vendor" and an arrow pointing to it, and "* Vendor Number:" with an empty text box. A blue "Continue" button is positioned to the right of the Vendor Number field.

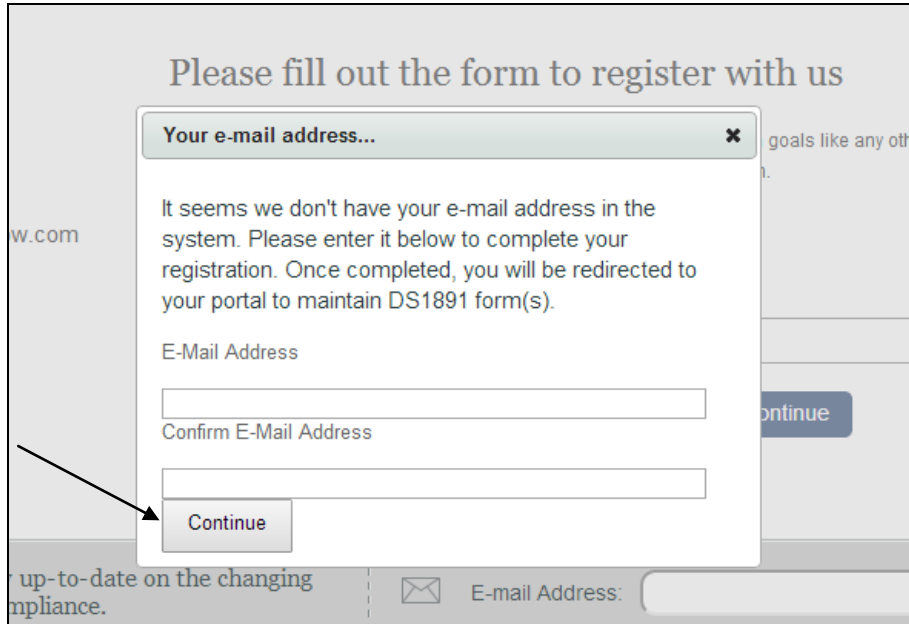
FOR PORTAL REGISTRATION USING PASSWORD:

- Enter the **Password** for the Portal Administrator that was provided to you by the Regional Center:

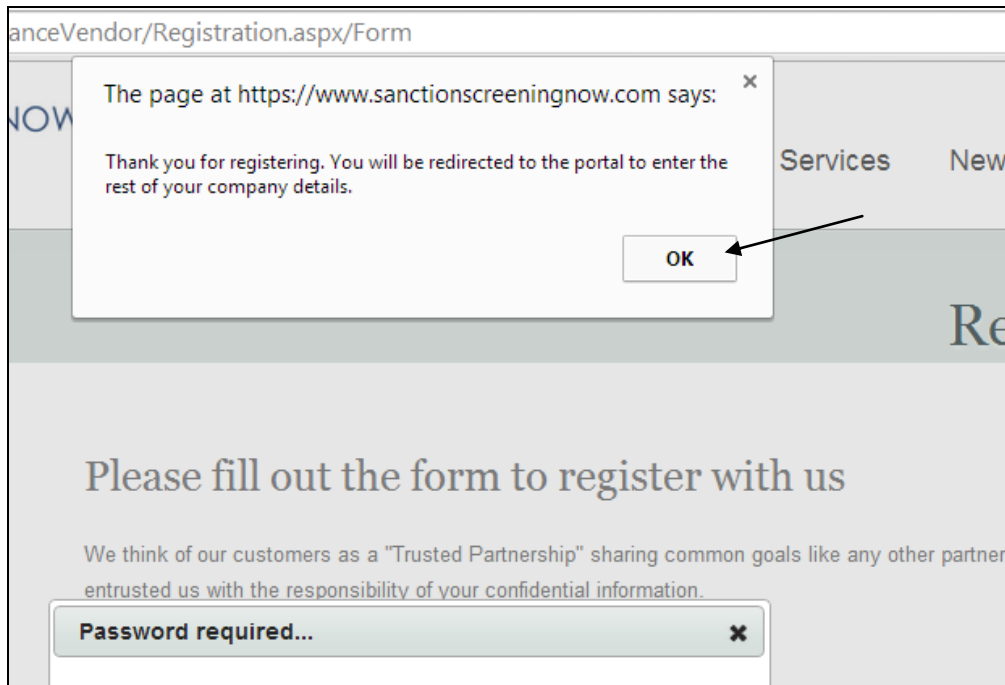


The screenshot shows the same registration page as above, but with a modal dialog box overlaid. The dialog box has a title "Password required..." and a close button (X). The text inside the dialog says: "In order to continue with the registration, you must enter the password provided to you." Below the text is an empty text input field and a "Continue" button. An arrow points from the left towards the input field. In the background, the "Continue" button from the registration form is visible.

- You will be required to enter and confirm your email address if it is not already stored in the portal. Then press the CONTINUE button.



- You will see the message below if you have registered successfully. Press the OK button to be taken to your portal so that you can update your DS1891 form(s).



- Once inside the portal, you will be required to AGREE with the Regional Center's Privacy Policy:

Privacy Policy

This policy covers the treatment of all personal information that the Regional Center collects when Service Providers visit the Web Portal. We understand that privacy is a very important issue for you. This policy tells you how we protect the personal information that you supply voluntarily. Please read this policy carefully.

Disagree Agree

- You will be taken to the Company Profile page where you will update your company information

Update Company Profile Vendor Number: DRV004

My Home
Update Company Profile
 User Management
 DS1891
 Search & Download Reports
 FAQ/HELP
 Logout

Update Company Profile

Use this form to update any of your company information. Use the RESET button below to delete all data. After making changes, please save your information by clicking on the SAVE PROFILE button at the bottom of the form. To change your password, click on the CHANGE PASSWORD button at the bottom of the form.

* Indicates the mandatory input fields.

Business Information

* Type of Business: CA Regional Center Vendor

* Business Name:

* First Name:

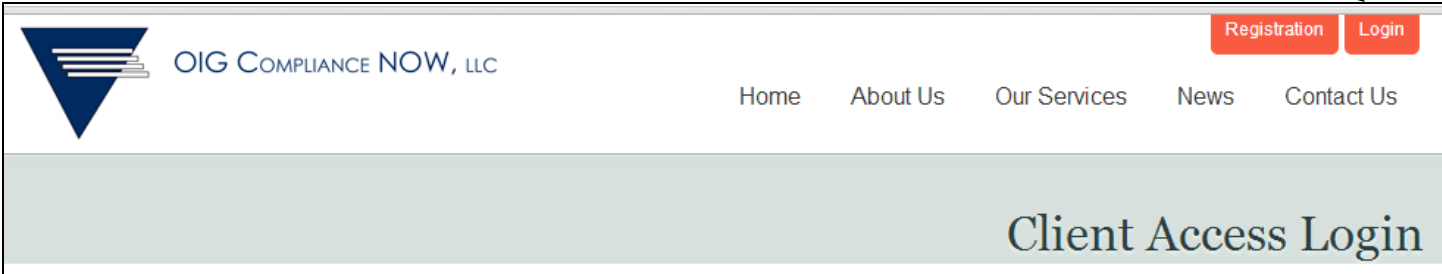
- Some Portal accounts will be pre-populated with Company Profile and DS1891 form data. If this occurs, please review all information and make any corrections/additions. **You will NOT be allowed to make changes to your vendor number or service codes; please contact the Regional Center for assistance.**

****Any changes to Company Profile information must also be communicated DIRECTLY to the Regional Center.**

PORTAL LOGIN

After you have completed the Registration process, you will use the Client Access Login page to enter the Portal.

<http://www.sanctionscreeningnow.com>



The Portal Administrator will be the first person to login to the Portal during the Registration process.

The Portal Administrator can add other users after accessing the Portal. A separate email address and password will be required to set up each user account.

Enter the email address and password and click on SUBMIT button to login to the system.

Each time you login to the Portal, it will be necessary to review and approve the Regional Center's privacy policy, as on the next page. You must select AGREE in order to access the system. If you do not agree or have questions about the Policy, please notify your Regional Center.

HOME ADDRESS OUR SERVICES NEWS

Privacy Policy

This policy covers the treatment of all personal information that the Regional Center collects when Service Providers visit the Web Portal. We understand that privacy is a very important issue for you. This policy tells you how we protect the personal information that you supply voluntarily. Please read this policy carefully.

Disagree Agree

Welcome CA Regional Facility

When logging in for the first time, if you have only one vendor number, the following HOME page will be displayed:

Vendor Home
Vendor Number: V00009

My Home





- Update Company Profile
- User Management
- DS1891
- Search & Download Reports
- FAQ/HELP
- Logout

Welcome Mary Barnes

You have reached the California Regional Center Vendor Home page of your confidential Client Access area.

Using the links provided on the left, you will be able to manage all aspects of your account, including updating your company information, adding new users, complete/edit your DS1891 form, and downloading & reviewing your reports.

You can also download the document shown below, which contains Frequently Asked Questions (FAQ) about the Vendor Sanction Screening Program.

-  [Download DS1891 Form/Instructions](#)
-  [Download DS1891 FAQ](#)
-  [Download DS1891 FAQ](#)
-  [Download CA Service Provider User Guide](#)

The gray bar on the left indicates the options available in the Portal to the Service Provider.

If you have multiple vendor numbers, see the section entitled "Working with Multiple Vendor Numbers".

UPDATE COMPANY PROFILE

Use the UPDATE COMPANY PROFILE link to change company information:

My Home

Update Company Profile

User Management

DS1891

Search & Download Reports

FAQ/HELP

Logout

Update Company Profile

Use this form to update any of your company information. Use the RESET button below to delete all data. After making changes, please save your information by clicking on the SAVE PROFILE button at the bottom of the form. To change your password, click on the CHANGE PASSWORD button at the bottom of the form.

* Indicates the mandatory input fields.

Business Information

* Type of Business: CA Regional Center Vendor

* Business Name:

* First Name:

* Last Name:

* EIN/SSN:

* CA Regional Center:

* Address:

Address 2:

* City:

* State / Country:

* Zip / Postal Code:

* Phone Number:

Contact Information

* First Name:

* Last Name:

Middle Name:

Title:

* E-Mail Address:

USER MANAGEMENT

To add a new user, simply complete the fields in the grid. The "Report Requester" is the name of the user that will be listed on the screening report. To designate a user as a "Report Requester", check the box next to "Account Access" at the bottom of the form. A Service Provider can only have one user with Report Requester access at a time.

User Management

Vendor Number: N00001

[My Home](#)
[Update Company Profile](#)
[User Management](#)
[DS1891](#)
[Search & Download Reports](#)
[FAQ/HELP](#)
[Logout](#)

User Information

Our system allows you to create multiple users and define different access levels for each user. Active Users will appear in the USERS section on the right. Click on the page icon to edit the User, and click on the X icon to delete the User.

To add a new user, complete the form below. Each user will need to have a unique email address and password.

* Indicates the mandatory input fields.

* First Name:

* Last Name:

Middle Name:

Title:

* E-Mail Address:



* Password:

* Confirm Password:

Account Access: Report Requester

Users (1)

Displaying 1 to 1 of 1 User(s).

Name	Actions
John Smith	 

COMPLETE DS1891 FORM

The link for **DS1891** is the main link in the system for the Service Provider. This link will take the user to an electronic version of the DS1891 form.

This form must be completed or updated as follows:

- Initially upon Registration in the Portal
- To self-report when Service Provider determines that there are changes to the information previously shown on the DS1891 form
- When the Regional Center requests that updates to the DS1891 form be submitted

During the initial Registration and Login process, the Service Provider will need to review the form that is displayed in the Portal and make any necessary corrections to its contents.

The screenshot shows the 'DS1891 CA Vendor Disclosure Form' interface. At the top right, it displays 'Vendor Number: M87654'. Below the title, there is a 'HOME' link. The main heading 'DS1891 CA Vendor Disclosure Form' is followed by two buttons: 'View Archived' and 'Save Changes'. Below this, there are two sections with blue headers: 'Select Language' and 'Reason for Form Completion'. Under 'Select Language', there are radio buttons for 'ENGLISH' (selected) and 'SPANISH'. Under 'Reason for Form Completion', there are radio buttons for 'RC Review' and 'Vendor Update'.

SELECT LANGUAGE

To view the Spanish version of the DS1891 form, select the radio button for SPANISH. When the Spanish version is selected, the PDF of the saved form will be generated in Spanish.

REASON FOR FORM COMPLETION

When making changes to the DS1891 form, the Service Provider will either initiate (self-report) changes to the DS1891 form, called a VENDOR UPDATE, or the Service Provider will be asked by the Regional Center to conduct a review of the DS1891 form, called an RC REVIEW. One of these two options must be selected prior to submitting the form. You can hover your cursor over the two radio buttons to review the definitions of the reasons.

PART 1. SECTION A

The Service Provider must complete this section to indicate the vendor name, business address and phone number. **Changes to Vendor Number and Service Codes must be made by the Regional Center.

1. Applicant / Vendor Information				
A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS: *				
<input type="radio"/> Business Name	(or)	<input checked="" type="radio"/> First Name	Last Name	
<input type="text"/>		<input type="text" value="Tom"/>	<input type="text" value="Jones"/>	
Vendor Number:				
<input type="text" value="M87654"/>				
Service Code 1:				
<input type="text"/>				
Service Code 2:				
<input type="text"/>				
Service Code 3:				
<input type="text"/>				
Business Address:				
Address 1	Address 2	City	State	Zip
<input type="text" value="any street"/>	<input type="text"/>	<input type="text" value="Burbank"/>	<input type="text" value="California"/>	<input type="text" value="95485"/>
Telephone number (with area code):				
<input type="text" value="1234567896"/>				

PART 1. SECTIONS B, C AND D

These sections also need to be completed. If you enter a First and Last Name, then the SSN and DOB fields are required to be completed. If you enter a Business Name, then the form will ask for the TIN/EIN to be completed.

B. DBA Name registered with California Secretary of State, if any:

C. National Provider Identifier (NPI), if any:

D. Social Security Number (SSN), if any: *

Date of Birth: *

OR:

D. Federal Employer Identification Number (TIN/EIN), if any: *

PART 1. SECTION E

This section must be completed before the form can be submitted:

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check only one box:

- Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements
- Sole Proprietor (Unincorporated)
- General Partnership Limited Partnership Limited Liability Partnership
- Limited Liability Company:

State of formation:

Governmental

Corporation:

Corporate number: State incorporated:

Nonprofit – Check One:

- Unincorporated Association
- Corporation
- Religious/Charitable
- Others

(specify):

PART 2.

In this section, the Service Provider must disclose the names of individuals and/or entities that have ownership and managing interests in the Service Provider organization. All names will be screened by OIG/CN to determine if any sanctions are present. Additional rows can be added to each section, as required, by clicking the blue button labeled ADD 3 MORE ROWS.

2. Ownership, indirect ownership, and managing employee interests

A. List the name(s), title(s) and address(es) of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

First Name	Last Name	Street	City	State	Zip	Title	SSN	DoB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>

Add 3 more rows

B. List those persons named in A or B above, that are related to each other as spouse, parent, child, or sibling.

First Name	Last Name	Street	City	State	Zip	Relationship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>

Add 3 more rows

C. List the name, address, vendor number, service code, NPI and SSN/EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Please enter only ONE name per line (EITHER Business Name OR First Name and Last Name)

Business	First Name	Last Name	Street	City	State	Zip	Vendor Service Number Code	SSN	NPI	EIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>

Add 3 more rows

NOTE: Leave sections 3 and 4 blank if there are no names to enter. Do not enter N/A, Not Applicable or any other text as the system will interpret any text as a name and will try to screen it.

PART 3.

If the Service Provider is aware of any excluded parties that are associated with the organization, this information must be entered in Part 3.

3. Excluded Individuals or Entities

List the name, title, and address of any person or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Please enter only ONE name per line (EITHER Business Name OR First Name and Last Name)

Business	First Name	Last Name	Street	City	State	Zip	Title
					▼		X
					▼		X
					▼		X

Add 3 more rows

PART 4.

This section must be completed to list any Subcontractors that have ownership or controlling interest (5% or more) in the Service Provider. Additional rows can be added, as required.

4. Subcontractor

A. List the name and address of each person or entity with an ownership or control interest in any subcontractor in which the applicant or vendor has direct or indirect ownership of 5 percent or more.

Please enter only ONE name per line (EITHER Business Name OR First Name and Last Name)

Business	First Name	Last Name	Street	City	State	Zip	Title	Percentage	SSN	NPI	EIN	
					▼							X
					▼							X
					▼							X

Add 3 more rows

B. List the name and address of each subcontractor or wholly owned supplier in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Please enter only ONE name per line (EITHER Business Name OR First Name and Last Name)

Business	First Name	Last Name	Street	City	State	Zip	Title	SSN	NPI	EIN	
					▼						X
					▼						X
					▼						X

Add 3 more rows

ACKNOWLEDGEMENT

The final section of the form requires the Service Provider to acknowledge that all provided information is true and accurate, and that the Authorized Representative is signing the document electronically which has the same authority as a “wet” signature. Additional terms and conditions are outlined below the Acknowledgement section. When all information has been completed, the Service Provider should check the box to certify that all information is true and accurate, and then click on the blue SAVE CHANGES button at the bottom of the form. If any errors/omissions are present, an error message will be displayed asking for corrections to be made.

Acknowledgement

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By electronically signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative

Title

Date

By checking this box, I certify that I am electronically signing this document. I have reviewed this form and believe all information to be true and accurate.

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

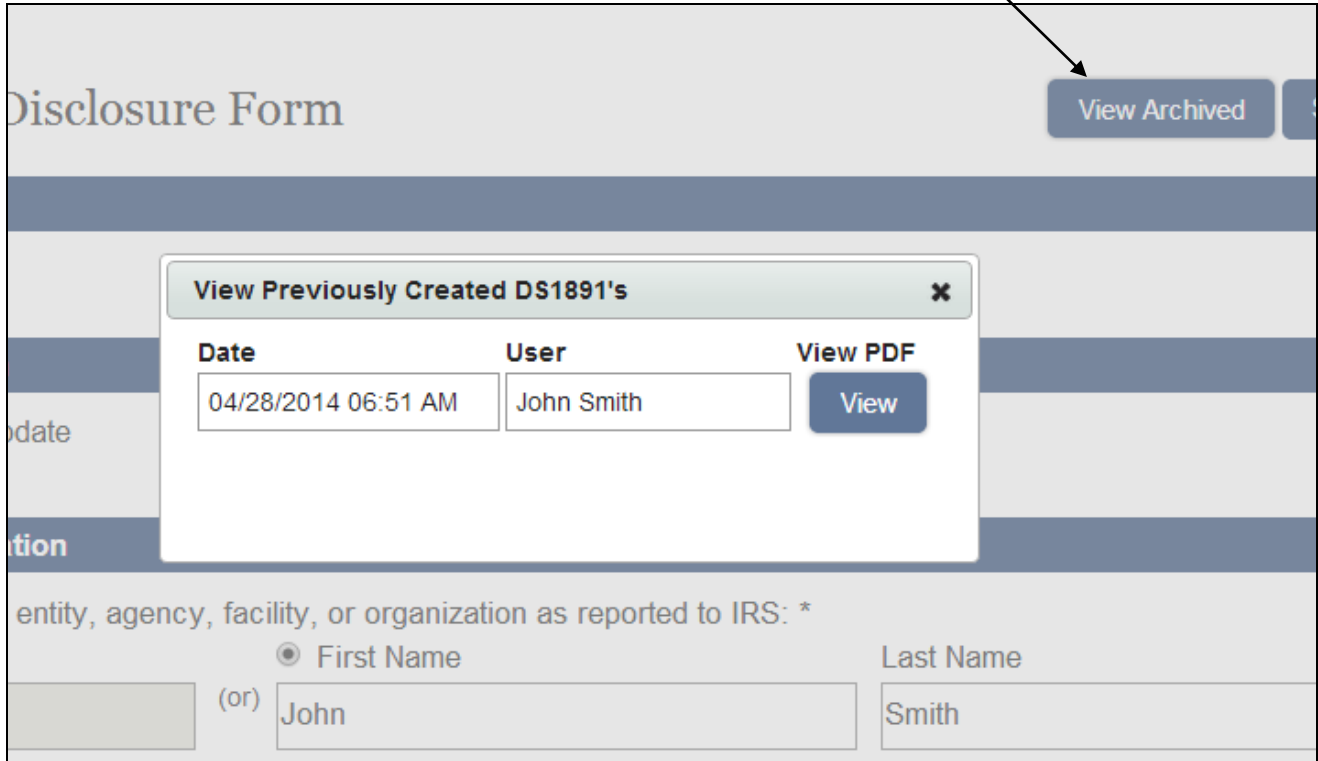
All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

Title 17 California Code of Regulations, Section 54311(a)(6) (Criteria for Excluded Individuals or Entities to be disclosed on Page 3, Part 3)

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

At the top of the form is a button called VIEW ARCHIVED. When selected, the form will display a pop up window that displays all previously completed versions of the form, completed either by the Service Provider or the Regional Center on behalf of the Service Provider. The name of the user that completed the form will be displayed along with the date and time of completion.



NAME SCREENING & INVESTIGATION

The purpose of completing the DS1891 form is to identify Service Providers, applicants, and prospective vendors that may be ineligible for vendorization because the Service Provider has been convicted of a crime related to the Medicare, Medicaid or Title XX programs or has been convicted of abuse or neglect of an elder, dependent adult, or child.

After the Service Provider completes the DS1891 form and clicks the SUBMIT button, all names (both individuals and entities) will be collected electronically from the form and screened by OIG/CN to identify excluded parties.

Since screening is based on name information, and there are many common names in existence (e.g. John Smith) there will be situations where one or more of the names on the DS1891 form produces a "match" to the name of an excluded person. In these cases, the OIG/CN investigators will use other information such as Social Security Number and Date of Birth to determine whether the name match is a true match to an excluded party or is a "false match".

There may be situations where additional information is required in order to investigate a name match. OIG/CN investigators will contact the Portal Administrator of the Service Provider to discuss the situation and ask for assistance with their investigations of any name matches.

For any "matches" that are confirmed to be excluded parties, OIG/CN will prepare and submit a separate written report to the Portal Administrator and will also notify the corresponding Regional Center.

The Regional Centers request that Service Providers assist OIG/CN with their investigations. If the OIG/CN investigators are unable to determine the validity of a name match, they will notify the Regional Center of a possible excluded party. If existing vendored individuals, Service Providers, and entities are found to be an "Excluded Individual or Entity", CCR Title 17, Section 5, requires Regional Centers to notify the Service Providers and provide vendored individuals, entities, and Service Providers up to thirty (30) days to resolve the issue before their vendorization is terminated by the Regional Center.

For questions regarding the screening and investigation process, please contact OIG Compliance NOW using the information below:

Ms. Tia Lee Allen, VP Operations
OIG Compliance Now, LLC
49 Court Street, Suite 130
Binghamton, NY 13901
Phone: 866-237-7711 or 607-240-2400
Fax: 607-722-1877
Email: info@oigcompliancencow.com

SEARCH/DOWNLOAD SCREENING REPORTS

Once all name information from each DS1891 form is screened and all name matches have been resolved, a screening summary report is generated and stored in the Portal.

The SEARCH & DOWNLOAD REPORTS link will allow the Service Provider to access and download the most recent screening report that has been created for the account.

Search & Download Reports

Vendor Number: D00001

My Home

Update Company Profile

User Management

DS1891

Search & Download Reports

FAQ/HELP

Logout

Please use the following tools to search for records.

First Name:

Last Name:

Business Name (if vendor):

SSN / TIN:

NPI#:

Internal ID:

License #:

License State: -- Please Select ▼

Zip Code:

City:

State: -- Please Select ▼

File Name:

Entity: Employees Physicians/Others Vendors

Upload: CSV Manual Upload Single Record

Status: Completed In-Progress


Date Range: 04/17/2014 - 04/24/2014

Find Reset Find All

Load Latest 10 Reports

To see the most recent screening report, click the blue button entitled LOAD LATEST 10 REPORTS.


The report will appear below the search table, as follows:

<input type="checkbox"/>	Entity	Upload	Last Name / Business / File	TIN/SSN	Date	Time	#	# Excl.	Status	PDF
<input type="checkbox"/>	Vendor	Manual	Barnes	0222	10/19/14	10:51:37	<u>2</u>	0	Completed	

[Download Selected Reports](#)

If you click on the # of records screened, you will see the names that were collected from the DS form and screened. If names appear more than once in different sections of the DS form, they will appear multiple times in the list.


RECORD BREAKDOWN - 2 record(s) in the selected list ✕

 Download PDF Version

Row#	Business Name	Last Name	First Name	SSN
1		Barnes	Mary	0222
2		Barnes	Mary	

Status: Completed

If you click on the PDF icon, the system will download a copy of the completed screening report:

<input type="checkbox"/>	Entity	Upload	Last Name / Business / File	TIN/SSN	Date	Time	#	# Excl.	Status	PDF
<input type="checkbox"/>	Vendor	Manual	Barnes	0222	10/19/14	10:51:37	<u>2</u>	0	Completed	

[Download Selected Reports](#)

The screening report will list the Vendor# at the top of the report, along with screening statistics for the number of names screened. The report also shows the list submission date and time, the report date and time, and the last update for the OIG LEIE list that was loaded into our screening database.

The Excluded Names section indicates if there were any excluded parties identified during the screening process.



Mary Barnes
Admin

12 Adams Street
Los Angeles, CA 98542

Vendor#: V00009

Vendor Screening Summary Report for

Number of Submitted Names:	2	Report Date:	10/19/2014 10:52:45 AM
Number of Excluded Names:	0	Submission Date:	10/19/2014 10:51:37 AM
Number of Names Not Verified:	0	Latest OIG LEIE Update:	10/09/2014

Excluded Names

No Exclusions Found.

These results were achieved by validating against the OIG LEIE and California Medi-Cal sanction repositories using the following search criteria as available:
Business Name, Last Name, First Name, TIN/SSN

FAQ/HELP

For help, the Service Provider can review and download the documents/instructions for completing the DS1891 form on the HOME page.

Vendor Home
Vendor Number: V00009

My Home





- Update Company Profile
- User Management
- DS1891
- Search & Download Reports
- FAQ/HELP
- Logout

Welcome Mary Barnes

You have reached the California Regional Center Vendor Home page of your confidential Client Access area.

Using the links provided on the left, you will be able to manage all aspects of your account, including updating your company information, adding new users, complete/edit your DS1891 form, and downloading & reviewing your reports.

You can also download the document shown below, which contains Frequently Asked Questions (FAQ) about the Vendor Sanction Screening Program.

-  [Download DS1891 Form/Instructions](#)
-  [Download DS1891 FAQ](#)
-  [Download DS1891 FAQ](#)
-  [Download CA Service Provider User Guide](#)

WORKING WITH MULTIPLE VENDOR NUMBERS

Special accommodations have been made to the Portal for Service Providers that have more than one vendor number, for the following reasons:

- These Service Providers are using the same contact information for many of their vendor numbers
- Changes to account information will need to be copied across multiple DS1891 forms
- These Service Providers will likely prefer to use one email address and password to access DS1891 forms in the Portal.

For these reasons, the Portal offers different functionality which will be outlined in the next section.

For reference purposes, we will refer to these Service Providers as "**Super Vendors**".

REGISTRATION

The Regional Center will determine how vendor numbers will be linked in the portal. In many cases, vendor numbers will be linked by tax ID. For example, if you have four vendor numbers that are associated with two different tax IDs, you will be asked to set up two portal accounts with separate email addresses and passwords.

Your Regional Center will select the vendor number and password combination that will be used for registration of each of your accounts, and will communicate this information to you prior to registration. Entering this combination during registration will link the vendor numbers into a single account. If you are required to have two separate accounts due to linking of vendor numbers by tax ID, you will receive two combinations of vendor number and password for your registration process.

Super Vendors will complete the same registration process as a regular Service Provider, so please see that section of the manual for more details.

SERVICE PROVIDER LOGIN TO PORTAL

After registration, you will use the email address and password created during Registration to login to the Portal using the orange LOGIN button at www.sanctionscreeningnow.com. The Super Vendor will use the same login page as a regular Service Provider. During login, the user will be asked to agree with the Privacy Policy for the Regional Center.

MANAGING MULTIPLE VENDOR NUMBERS

When logging in to the system, the Super Vendor will see the following HOME page:

The screenshot shows the 'Vendor Home' interface. At the top right, it says 'Vendor Number: V00001'. On the left is a navigation menu with items: My Home, Update Company Profile, User Management, DS1891, Search & Download Reports, FAQ/HELP, and Logout. The main content area is titled 'Search CA Vendors'. It has a search box for 'By Vendor Number' and radio buttons for 'By Status' with options 'All' (selected), 'Active', and 'Inactive'. There are 'Submit' and 'Reset' buttons. Below the search area, it states '4 CA Vendor(s) found...' and provides instructions on how to edit or print forms. A table lists the vendors with columns for Status, Vendor Number, Business Name, First And Last Name, Edit DS, Print DS, and Report. The table contains four rows of active vendors. A 'View PDF' button is located at the bottom right of the table.

Status	Vendor Number	Business Name	First And Last Name	Edit DS	Print DS	Report
Active	C00002		Test Individual Vendor	Edit	Print	-
Active	C00003		Test Individual Vendor	Edit	Print	-
Active	CV0001			Edit	Print	-
Active	V00001		Test Individual Vendor	Edit	Print	View PDF

The table on the HOME page will list all Vendor Numbers that are associated with the Super Vendor account. If you do not see some of your vendor numbers listed, please contact the Regional Center for assistance.

Clicking on the link for DS1891 will also display the table shown above.

Using the links in the table, the user can edit and print all DS1891 forms, as well as access the latest screening report for each vendor number (PDF icons will appear in the REPORT column when the reports are ready).

Vendor Home
Vendor Number: V00001

My Home

Update Company Profile

User Management

DS1891 ←

Search & Download Reports

FAQ/HELP

Logout

Search CA Vendors

By Vendor Number

By Status All Active Inactive

4 CA Vendor(s) found... Click on [Edit](#) to review and change the DS1891 form. Click [Print](#) to print the DS1891 form in PDF Format.

Displaying 1 to 4 of 4 CA Vendor(s).

Status	Vendor Number	Business Name	First And Last Name	Edit DS	Print DS	Report
Active	C00002		Test Individual Vendor	Edit	Print	-
Active	C00003		Test Individual Vendor	Edit	Print	-
Active	CV0001			Edit	Print	-
Active	V00001		Test Individual Vendor	Edit	Print	<input type="button" value="View PDF"/>

Clicking on the EDIT DS link will take the Super Vendor to the form template for that DS form:

[Back To CA Vendor List](#)

DS1891 CA Vendor Disclosure Form

Select Language

ENGLISH SPANISH

Reason for Form Completion

RC Review Vendor Update

1. Applicant / Vendor Information

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS: *

Business Name First Name Last Name

(or)

Vendor Number:

Service Code 1:

Once changes to the form have been made, the Super Vendor should click on the **SAVE CHANGES** button at the top of the screen:

*NOTE: You must check the box in the **ACKNOWLEDGEMENT** section before saving.

[Back To CA Vendor List](#)



DS1891 CA Vendor Disclosure Form

[Copy](#) [View Archived](#) [Save Changes](#)

Select Language

ENGLISH SPANISH

Reason for Form Completion

RC Review Vendor Update

1. Applicant / Vendor Information

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS: *

Business Name First Name Last Name
NewVendor102 (or)

Vendor Number:

Service Code 1:

A page will then appear with a button to view the changed DS1891 form:

DS1891 Document Ready

Vendor Number: V00001

- My Home
- Update Company Profile
- User Management
- DS1891**
- Search & Download Reports
- FAQ/HELP
- Logout

DS1891 Document Ready

Your DS1891 document is ready. Click the button below to view and print it.

[View DS1891 PDF](#)

You must click on the edit link for EACH form and save changes for that form, so that the information is submitted for sanction screening.

If the Super Vendor would like to copy and replace **ALL FIELDS** across all DS1891 forms in the Super Vendor account (except for Vendor# and Service Codes), then click the COPY button at the top of the form:

[Back To CA Vendor List](#)

DS1891 CA Vendor Disclosure Form

Copy

View Archived

Save Changes

Select Language

ENGLISH SPANISH

Reason for Form Completion

RC Review Vendor Update

1. Applicant / Vendor Information

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS: *

Business Name

First Name

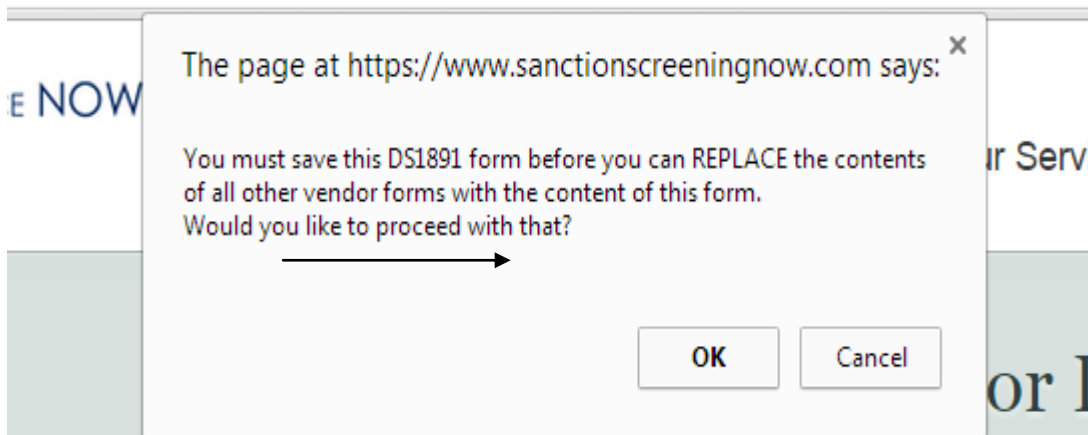
Last Name

NewVendor102

(or)

If you have not saved changes prior to pressing the COPY button, the following message will appear, asking you to save the changes prior to the COPY process:

x/Form/31140



After successful copying, the following message will appear:

[Back To CA Vendor List](#)

DS1891 CA Vendor Disclosure Form

Copy

View Archived

Save Changes

Copying Process completed successfully.

Select Language

ENGLISH SPANISH

Reason for Form Completion

After using the COPY feature, you MUST click on the edit link for each form and save changes for that form, so that the name information is submitted for sanction screening.

You can select the red link to return to the list of vendor numbers on the HOME page:

[Back To CA Vendor List](#)

DS1891 CA Vendor Disclosure Form

Copy

View Archived

Save Changes

Copying Process completed successfully.

Select Language

ENGLISH SPANISH

Reason for Form Completion

Pressing the PRINT DS link will open a PDF of the completed DS1891 form, including the instruction pages. The form can then be printed by the Super Vendor.

Pressing the PDF icon of any vendor completed report in the REPORT column will open the PDF of the most recent sanction screening report for that vendor number:

Vendor Home
Vendor Number: V00001

My Home

- Update Company Profile
- User Management
- DS1891
- Search & Download Reports
- FAQ/HELP
- Logout

Search CA Vendors

By Vendor Number

By Status All Active Inactive

4 CA Vendor(s) found... Click on [Edit](#) to review and change the DS1891 form. Click [Print](#) to print the DS1891 form in PDF Format.
Displaying 1 to 4 of 4 CA Vendor(s).

Status	Vendor Number	Business Name	First And Last Name	Edit DS	Print DS	Report
Active	C00002		Test Individual Vendor	Edit	Print	-
Active	C00003		Test Individual Vendor	Edit	Print	-
Active	CV0001			Edit	Print	-
Active	V00001		Test Individual Vendor	Edit	Print	<input type="button" value="View PDF"/>

Update Company Profile and User Management

- My Home
- Update Company Profile**
- User Management
- DS1891
- Search & Download Reports
- FAQ/HELP
- Logout

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The Super Vendor portal has the same functionality for the UPDATE COMPANY PROFILE and USER MANAGEMENT links. Please see those sections of the manual for more details.

SEARCH & DOWNLOAD REPORTS

Each time changes are made to a vendor DS1891 form, all individual and entity names from that form are electronically pulled into a data file and sent to OIG/CN for sanction screening.

For ease of use, reports can be downloaded from the HOME page once they are completed:

Status	Vendor Number	Business Name	First And Last Name	Edit DS	Print DS	Report
Active	C00002		Test Individual Vendor	Edit	Print	-
Active	C00003		Test Individual Vendor	Edit	Print	-
Active	CV0001			Edit	Print	-
Active	V00001		Test Individual Vendor	Edit	Print	View PDF

Using the SEARCH & DOWNLOAD REPORTS link, the Super Vendor can see the status of all screening reports by doing the following:

1. Press the RESET button to remove the date range
2. Press the button for LOAD LATEST 10 REPORTS

Also, if the number of records is clicked in the table - in this example there are 4 records - a text box will appear that shows what names are being screened from the DS1981 form:

Record #	Entity	Last Name / Business / File	TIN/SSN	Date	Time	#	# Excl.	Status	PDF
1	Vendor	Palka		11/01/13	20:54:08	4		In-progress	
2	Vendor	Palka							
3	Vendor	Mary's Diaper Service							
4	Vendor	NewVendor102					4789		

The STATUS column indicates if the screening is “In-progress” or “Completed”. Once completed, an icon will be displayed in the PDF column.

The image shows two identical screenshots of a data table. Each table has the following columns: Entity, Upload, Last Name / Business / File, TIN/ SSN, Date, Time, #, # Excl., Status, and PDF. The data row contains: Vendor, Manual, (blank), (blank), 04/13/14, 15:49:52, 2, 0, Completed, and a PDF icon. Below each table is a blue button labeled 'Download Selected Reports'. In the top screenshot, an arrow points to the PDF icon. In the bottom screenshot, an arrow points to the checkbox in the Entity column and another arrow points to the PDF icon.

<input type="checkbox"/>	Entity	Upload	Last Name / Business / File	TIN/ SSN	Date	Time	#	# Excl.	Status	PDF
<input type="checkbox"/>	Vendor	Manual			04/13/14	15:49:52	2	0	Completed	

[Download Selected Reports](#)

Reports can be downloaded individually or as a group by checking the box at the left of the row and clicking the DOWNLOAD SELECTED REPORTS button. Multiple reports will be downloaded as a ZIP file and can then be printed and/or filed internally.

OIG/CN will work directly with the Super Vendor to conduct all investigation activities for name matches that appear during the screening process.

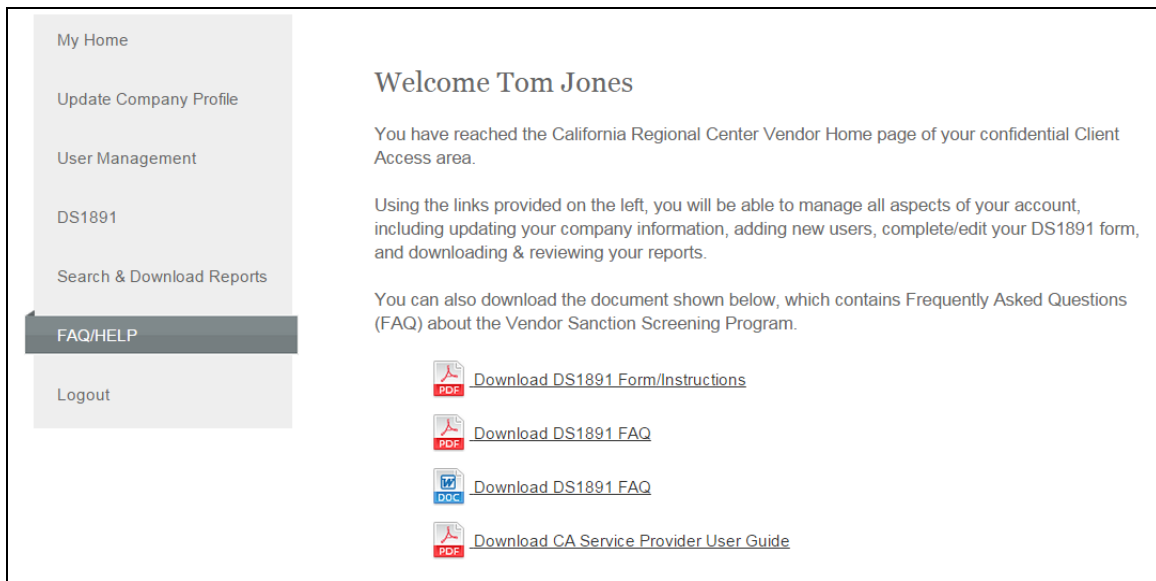
All confirmed/validated exclusions will be reported to the Super Vendor in a separate written report.

OIG/CN will also notify the Regional Center of confirmed and potential exclusions and direct them to contact the Super Vendor for more information.

You are NOT required to send copies of your DS forms or reports to the Regional Center; the Center can access all this information inside the portal.

FAQ/HELP

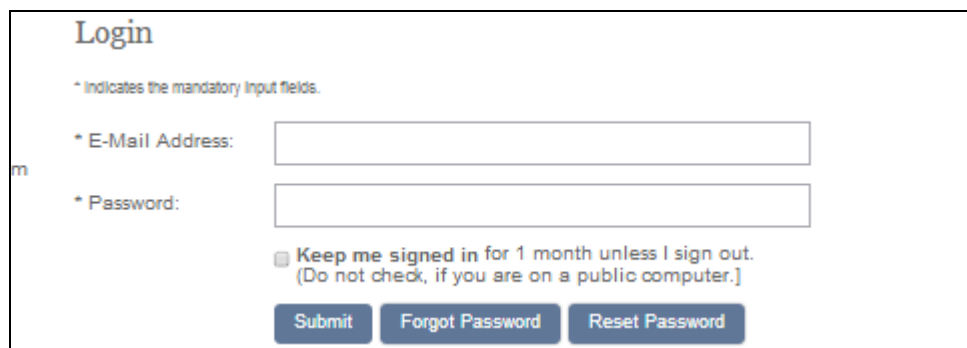
The FAQ/HELP link directs the Super Vendor to the instructions on the HOME page:



The screenshot shows a user interface for a vendor portal. On the left is a vertical sidebar with navigation links: My Home, Update Company Profile, User Management, DS1891, Search & Download Reports, **FAQ/HELP** (highlighted), and Logout. The main content area is titled "Welcome Tom Jones" and contains the following text: "You have reached the California Regional Center Vendor Home page of your confidential Client Access area." Below this, it states: "Using the links provided on the left, you will be able to manage all aspects of your account, including updating your company information, adding new users, complete/edit your DS1891 form, and downloading & reviewing your reports." Further down, it says: "You can also download the document shown below, which contains Frequently Asked Questions (FAQ) about the Vendor Sanction Screening Program." At the bottom of the main area are four download links, each with a PDF icon: "Download DS1891 Form/Instructions", "Download DS1891 FAQ", "Download DS1891 FAQ", and "Download CA Service Provider User Guide".

LOGOUT

Clicking on the Logout link causes the system to log off the Super Vendor from the portal, and returns the user to the LOGIN page.



The screenshot shows a "Login" form. At the top left is the title "Login". Below it is a note: "* indicates the mandatory input fields." There are two input fields: "E-Mail Address:" and "Password:". Below the password field is a checkbox labeled "Keep me signed in for 1 month unless I sign out. (Do not check, if you are on a public computer.)". At the bottom of the form are three buttons: "Submit", "Forgot Password", and "Reset Password".

FORGOT PASSWORD

If you forget your password, click on the FORGOT PASSWORD button. You will be asked to enter your email address and then click SUBMIT. An email will be sent to that email account with instructions on how to retrieve your password.

RESET PASSWORD

If you want to reset your password, click on the RESET PASSWORD button. You will be asked to enter your email address and then click on the SUBMIT button. An email will be sent to that email account with instructions on how to reset your password.