

**DOH/DDSD REQUIREMENTS for Case Managers & Case Manager Supervisors**

**AGENCY/REGION:  
SURVEYOR:**

**DATE OF SURVEY:**

**Surveyor Instructions:** 100% of Case Managers / Case Manager Supervisors must be reviewed.  
**NMAC - 7.1.9 CCHS Requirement:** CCHS letter must be addressed to Agency, not Individual staff member. Additionally, if Agency Personnel has documentation indicating CCHS Application has been submitted, verify with CCHS. If verified it is not a deficiency. If personnel are found to have a disqualifying conviction and currently employed Surveyor is to notify agency immediately, as personnel must be terminated until resolved. For CCHS to be met agency personnel must have a CCHS letter which is specific to the agency and the term of employment. CCHS will result in a potential CoP if there is no evidence of CCHS completed or if disqualifying conviction found and personnel is still employed.  
**NMAC 7.1.12 - Employee Abuse Registry:** If Employee Abuse Registry is not required as determined by NMAC 7.1.9 & 7.1.12 please document the licensure held by the staff and note if it is current. EAR is a one-time deficiency, once a staff member is cited it cannot be cited again if that staff has remained an employee of the agency. Team will look at EAR from last routine survey to determine personnel who have previously been cited. This be a potential CoP if there is no evidence of EAR being completed or if an employee is found on the registry and employed. EAR will be standard level if EAR was completed after hire.  
**Credentials:** CMs, whether subcontracting or employed shall meet the following requirements and possess the following qualifications: be a licensed social worker, as defined by the NM Board of Social Work Examiners; or be a licensed registered nurse as defined by the NM Board of Nursing; or have a Bachelor's or Master's degree in social work, psychology, counseling, nursing, special education, or closely related field; and have one-year clinical experience, related to the target population, working in any of the following settings: (i). home health or community health program, (ii). hospital, (iii). private practice, (iv). publicly funded institution or long-term care program, (v). mental health program, (vi). community based social service program, or (vii). other programs addressing the needs of special populations, e.g., school. or have a high school diploma or GED and a minimum of 6 years of direct experience related to the delivery of social services to people with disabilities.

<u>Agency Personnel &amp; Title</u>	<u>DOH</u>	<u>EAR</u> (1A26 / A26.1 CoP)	<u>CCHS</u> (1A25 / A25.1 CoP)	<u>Credentials</u> (4C17.1)	<u>MET</u>	<u>NOT MET</u>
					Surveyors: Document met or not met and any additional notes specific to staff reviewed after reconciliation is complete. Any area deficient must be circled	
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Original copy to Survey Team Lead & Copy to Provider Representative:

**\*\*\*Agency Representative Name/Signature, Title & Date Received:** \_\_\_\_\_

**Training Evidence Must be provided to Survey Team by:** DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

					<u>MET</u>	<u>NOT MET</u>
<u>Agency Personnel &amp; Title</u>	<u>DOH</u>	<u>EAR</u> <i>(1A26 / A26.1 CoP)</i>	<u>CCHS</u> <i>(1A25 / A25.1 CoP)</i>	<u>Credentials</u> <i>(4C17.1)</i>	<i>Surveyors: Document met or not met and any additional notes specific to staff reviewed after reconciliation is complete. Any area deficient must be circled</i>	
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**Training Evidence Must be provided to Survey Team by:**      **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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