

DOH/DDS 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; or be a licensed registered nurse; 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,

Code of Ethics: The CM Code of Ethics must be followed by all CMs employed by or subcontracting with the agency and supporting documentation must be in CM personnel files to be met.

						<u>MET</u>	<u>NOT MET</u>
<u>Agency Personnel & Title</u>	<u>Credentials</u> (4C17.1)	<u>DOH</u>	<u>EAR</u> (1A26 / A26.1 CoP)	<u>CCHS</u> (1A25 / A25.1 CoP)	<u>CM Code of Ethics</u> (4C17.1)	<i>Surveyors: Document met or not met and any additional notes specific to staff reviewed.</i>	
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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 & Title</u>	<u>Credentials</u> (4C17.1)	<u>DOH</u>	<u>EAR</u> (1A26 / A26.1 CoP)	<u>CCHS</u> (1A25 / A25.1 CoP)	<u>CM Code of Ethics</u> (4C17.1)	<i>Surveyors: Document met or not met and any additional notes specific to staff reviewed.</i>	
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