DOH/DDSD REQUIREMENTS for Direct Service Professionals
(All Living Supports & Inclusion Supports) & Supervisors (i.e. House Managers, Site Managers, etc.)

AGENCY/REGION: **DATE OF SURVEY:**
SURVEYOR:

Introductory Level trainings must be completed within 30 days of hire:
* Individual Specific Training (Formerly Addendum B)

Orientation Level trainings must be completed within 90 days of hire:
* First Aid Certification (Must be Current) ; *CPR Certification (Must be Current)
* Assisting with Medications Delivery (Re-certification must be completed annually)

Surveyor Instructions:

NMAC - 7.1.9 CCHS Requirement: CCHS letter must be addressed to the Agency, not an 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. 100% of Direct Support Personnel, Service Coordinators, Managers/Supervisors, Substitute Care & Respite must be reviewed. If personnel are found to have a disqualifying conviction and they are currently employed, the Surveyor is to notify the Agency immediately, as personnel must be terminated until resolved. For CCHS to be "MET" agency personnel must have a CCHS letter that 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(s) are found and personnel are 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 is a potential CoP if there is no evidence of EAR being completed or if an employee is found on the registry and employed.

Training: Although there are numerous DDSD core required trainings QMB will focus on the areas listed below. AWMD requires annual recertification. CPR and First Aid recertification is based on the course type, i.e. American Red Cross, Heart Saver, etc. Review certificate to determine expiration date. You may review CDD training transcripts (if documented), certificates, rosters, and exams to determine if this is met. You may not use the agency's own tracking system. If a finding is identified with the training (IST, AWMD, 1st Aid, CPR) it is a potential CoP.

								MET	NOT MET
Agency Personnel and Title	**DOH**	**EAR** *1A26 A26.1 (CoP)*	**CCHS** *1A25 A25.1 (CoP)*	**IST** *1A37 (CoP)*	**AWMD *(if req)*** *1A20 (CoP)*	**1st Aid** *1A20 (CoP)*	**CPR** *1A20 (CoP)*	*Surveyors: Document met or not met and any additional notes specific to staff reviewed.*	
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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:** _____

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

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Rev 1/2014;4/2018;7/2019;7.2022

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