HCA EAR/CCHS REQUIREMENTS for Substitute Care & Respite Personnel ONLY

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

SURVEYOR:

Surveyor Instructions:

NMAC - 8.370.5 CCHS Requirement*: 100% of Direct Support Personnel, Service Coordinators, Managers/Supervisors, Substitute Care & Respite must be reviewed. This "CANNOT BE MET" if agency personnel do not have CCHS letter on file that is specific to the agency and their current term of employment. This will also result in a CoP if there is no CCHS letter found or agency personnel are found to have a disqualifying conviction and they are currently employed. If found to have disqualifying conviction team leader is to notify the Agency immediately, as personnel must be terminated until resolved.*

NMAC - 8.370.8 - Employee Abuse Registry: *100% of Direct Support Personnel, Service Coordinators, Managers/Supervisors, Substitute Care & Respite must be reviewed. If the EAR check is not required as determined by NMAC 8.370.8 please document the licensure held by the staff. Additionally This "CANNOT BE MET" if agency personnel do not have an EAR that was completed prior to hire or on the date of hire. This is will also result in a CoP if there is no evidence of the EAR being completed or if an employee is found on the registry and employed.*

Surveyor Instruction: ***You must highlight or circle areas deficient. You must document full DOH, EAR and CCHS Dates.***

Substitute Care/Respite Personnel Name	**DOH**	**EAR** *1A26 / 1A26.1*	**CCHS** *1A25 / 1A25.1*
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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:** _____

Substitute Care/Respite Personnel Name	**DOH**	**EAR** *1A26 / 1A26.1*	**CCHS** *1A25 / 1A25.1*
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