HCA/DDSD REQUIREMENTS for Service Coordinators

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

Trainings must successfully be complete within 30 calendar days of hire and prior to working alone with a person in service: ** Individual Specific Training (Formerly Addendum B); * First Aid Certification (Must be Current); *CPR Certification (Must be Current)*

Trainings must successfully be complete within 90 calendar days of hire: ** Assisting with Medications Delivery (Re-certification must be completed annually) (Part 1 & 2 within 60 days, part 2 & 3 within 30 days of completing part 1).*

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.*

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 it is a potential CoP. **NOTE: First Aid Certification (Must be Current); CPR Certification (Must be Current); Assisting with Medication Delivery (Required if assists with medications and Re-certification must be completed annually)*

Surveyor Instruction: ***You must highlight or circle areas deficient. You must document full DOH, EAR and CCHS Dates. For AWMD, 1st Aid and CPR date you must document the expiration date.***

Agency Personnel & Title	**DOH**	**EAR** *1A26 / A26.1*	**CCHS** *1A25 / A25.1*	**IST** *1A37*	**AWMD** ***(if req)*** *1A20*	**1st Aid** ***(if req)*** *1A20*	**CPR** ***(if req)*** *1A20*
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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:** _____

Rev 1/2014;4/2018;7/2019;2/2021;7-2022;1/2024;10/2024;3.2025

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