HCA/DDSD Mi Via REQUIREMENTS for Consultants

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

Surveyor Instructions: *100% of Consultants must be reviewed.*

NMAC - 8.370.5 CCHS Requirement: *This "CANNOT BE MET" if :1) agency personnel do not have CCHS letter on file that is specific to the agency and their current term of employment or 2) no CCHS letter found or 3) 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*: If the EAR check is not required as determined by NMAC 8.370.8 please document the licensure held by the staff. This "CANNOT BE MET" if: 1) agency personnel do not have an EAR that was completed prior to hire or on the date of hire or 2) no evidence of the EAR being completed or 3) if an employee is found on the registry and employed.*

Credentials: *Whether subcontracting or employed the consultant shall meet the following requirements: Be least 21 years of age; Possess a minimum of a Bachelor's degree in social work, psychology, human services, counseling, nursing, special education or a closely related field; Have one (1) year of supervised experience working with people living with disabilities; or Be least 21 years of age; Have a high school diploma or GED and a minimum of six (6) years of direct experience related to the delivery of social services to people living with disabilities; . For this to be met the consultant must be 21+ and met the requirements outlined in standards.*

Consultant Name	DOH	EAR	CCHS	Credentials (degree or 6 yrs. experience)	*Surveyors: Document met or not met and any additional notes specific to staff reviewed after reconciliation is complete. Any area deficient must be circled*	
					MET	NOT MET
	DATE	DATE	DATE	TYPE / Years		
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Notes:						

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:** _____

Effective: 7.2021;7/2022;2/2024;3.2025

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