

**Health Home Adult Care Manager Personnel Record Checklist**

Care Management Agency: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee Name: **\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Health Home Services Start Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Education Requirements to HARP/HH+ on File  Yes  No

Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experince:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does not serve this population  Waiver on File

* Prospective Employee’s CHRC, SCR, and SEL Checks on File  Yes  No

(N/A employed prior to 4/1/2018)  N/A (not serving members under 21)

Date of SEL: Date of SCR: Date of CHRC:

Finger Printing Completed:  Yes  No Date Completed:

* Mandated Reporter Training Completed:  Yes  No Date Completed:
* AHI Compliance Training (AHI Staff Only):  Yes  No Date Completed:

Name, Title, and Signature of Health Home staff completing this form:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**