

 **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:

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