

 **Health Home Care Manager Personnel Record Checklist**

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

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

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

Education Requirements to Serve Health Home High Acuity on File [ ]  Yes [ ]  No

Prospective Employee’s CHRC, SCR, and SEL Checks on File [ ]  Yes [ ]  No [ ]  *(N/A employed prior to 4/1/2018)*

|  |  |  |
| --- | --- | --- |
| **Training** | **Documentation in Personnel Record** | **Date of Training** |
| **Training prior to providing services** |  |  |
| Mandated Reporter Training |  |  |
| CANS NY (70% for CM, 80% for CM Supervisor) \*yearly renewal required\*  |  |  |
| One time in-person CANS-NY training |  |  |
| Consent- HIPPA/CFR 42/sharing information training (online) |  |  |
| **Trainings within 30 days of 1st service** |  |  |
| UAS NY: 1. 1000 UAS-NY Training Environment
2. 1010 UAS-NY Security
3. 1100 - Navigating the CANS-NY in the UAS-NY
4. 1200 Managing Your Organization's Case List
5. 1300 - Using the UAS-NY to Conduct a CANS-NY
6. 1500C - Verification of CANS-NY Certification

(\*required yearly\*) |  |  |
| **Training within 6 months of employment** |  |  |
| Engagement and Outreach (e.g. Motivational Interviewing) |  |  |
| Safety in the Community |  |  |
| Trauma Informed Care  |  |  |
| Person Centered Planning  |  |  |
| Cultural Competency/Awareness  |  |  |
| LGBTQ Issues: Understanding and Supporting LGBTQ Youth |  |  |
| Meeting Facilitation |  |  |

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

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