
PRE-HIRE PACKET

CONDUENT
P.O. Box 27460
Albuquerque, NM 87125-7460

Toll Free: (866) 916-0310



Form Description and Checklist

Before you can work as an employee with a participant in the Mi Via program, you must pass a caregivers criminal history screening by the State of New Mexico and the FBI. Once CONDUENT (formerly Xerox) receives the completed pre-hire packet, we will check the State of New Mexico's Abuse registry and will send your completed paperwork to the Division of Health Improvement (DHI). This process must be completed BEFORE *you* can begin working. If you are not listed on the abuse registry and your packet is accepted as complete at DHI, the employer that you have applied to work for will be notified that they can hire you for up to 20 days while DHI and the FBI are processing your criminal history screening. DO NOT BEGIN WORKING UNTIL YOU ARE NOTIFIED. At this point please complete the New Employee Enrollment Packet. If we are notified by DHI that you do not pass the Criminal History screening we will notify your Employer and by State Law you will be terminated immediately.

PRE-HIRE FORMS

_____ Criminal History Authorization for Release of Information (Required) Under the Mi Via program all employees must undergo a criminal background check. The cost for a regular background check will be the responsibility of CONDUENT.

_____ Three Fingerprint Cards (Required) Three fingerprint cards are included with this employee packet and must be returned with the authorization for release of information. We suggest you contact your local law enforcement department to inquire about getting your fingerprints taken.

_____ Copy of Identification Card that contains a photograph (Required). Please make a clear copy of your ID card that contains a photograph and meets the employment eligibility in accordance with the immigration and nationality act as amended. A copy of a driver's license, passport, ID card issued by a federal, state or local government agency provided it contains a photograph will suffice. CONDUENT (formerly Xerox) is required to send this to DHI with the application. If the photocopy is not clear we will not be able to send it to DHI and will request a new copy from you.

_____ Fingerprint Reimbursement Request (Optional). Complete this form if you request reimbursement for obtaining fingerprints (up to \$10.00). Include Receipts

Please mail the above forms to:

CONDUENT
PO Box 27460
Albuquerque, NM 87125-7460

Phone Numbers:
Toll Free (866) 916-0310

Legally Responsible Individual

Under 8.314.6.7 NMAC and 8.308.12 K. NMAC, a Legally Responsible Individual (LRI) is defined as any person who has a duty under state law to care for another person. This category typically includes: the parent (biological, legal or adoptive) of a minor child; the guardian of a minor child who must provide care to the child; or a spouse. State approval must be obtained in order for an LRI to be paid for providing Self-Direction services.

FOR MI VIA EMPLOYEES ONLY

Employee Name _____

Participant Name _____

Is the employee legally responsible for the Mi Via participant? _____ YES _____ NO

If the employee is legally responsible for the Mi Via participant, please mark the box that best describes the employee's relationship to the participant:

☐ Parent (biological, legal or adoptive) of participant who is a minor

☐ Guardian of participant who is a minor

☐ Spouse of the participant

If the employee is a Legally Responsible Individual (LRI) for the Mi Via participant, State approval to be a paid provider must be submitted with the employment agreement. If the LRI will be a provider for more than one service, State approval must be submitted for each service.



Division of Health Improvement

CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

To Be Completed by the Authorized Representative of the Care Provider/Facility

1. Applicant's Last Name:		2. Applicant's First Name:		3. Applicant's Middle Name:	
4. Applicant's Social Security Number [][]-[][]-[][][][]		5. Applicant's Date of Birth [][]-[][]-[][][][]		6. Applicant's Date of Employment [][]-[][]-[][][][]	
7. Care Provider Agency Name*: (Mi Via Employer's Name)				8. Applicant's Position*: Domestic Employee	
9. Care Provider Address: c/o TNT Fiscal Intermediary Services, Inc., 4935 Indian School Rd NE					
10. Care Provider City: Salem		11. Care Provider State: OR		12. Care Provider Zip Code: 97305	
13. <u>To be completed by the Applicant</u> : Have you ever been convicted of any felonies? If yes, give date, title and location of conviction*:					
14. Employee Abuse Registry Screening*: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			16. Type of Criminal History Screening*: <input checked="" type="checkbox"/> Nationwide and Statewide Screening (\$65.00) <input type="checkbox"/> Statewide Screening Only (\$20.00)		
15. Date of EAR Screening*: [][] [][] [][][][]			Date of Last CCHSP Criminal History Screening:		
ATTENTION: Authorized Representative, ensure this document is signed in your presence and Name, Social Security Number and Date of Birth information is verified with a valid ID.					
17. Print/Type Name of Authorized Representative:			18. Title of Authorized Representative:		
_____ Authorized Representative's Signature			_____/_____/_____ Date		

*Completion Instructions Provided

Applicant Acknowledgement

Pursuant to NSMA 1978, Section 29-10-6(A) (Repl. Pamph. 1990), of the New Mexico Arrest Record Information Act, I hereby appoint The New Mexico Department of Health as an authorized agent for me for the purpose of inspection (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information maintained by the Department of Public Safety and the Federal Bureau of Investigations, including information concerning felony or misdemeanor arrests.

To the custodian of records in question, I hereby direct you to release such information to the Authorized Agent as described above.

I am authorizing the release of said records solely for the purpose of compliance with the "Caregivers Criminal History Screening Act" NMSA 1978, Sections 20-17-1 to 5 and Section 307, Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pilot Program for National and State Background Checks on Direct Patient Access Employees of Long-term Care Facilities or Providers. It is understood that the confidentiality of said records will be maintained in accordance with the applicable law.

This authorization also constitutes, with respect to the criminal history record, permission for the Department, following an attempt to obtain clarifying information from the applicant or caregiver, to attribute, as a rebuttal presumption, disqualifying conviction status to any arrest for crimes that would constitute a disqualifying conviction and for which the arrest appearing on the nationwide criminal history record lacks a clear disposition.

All documents submitted to the Department of Health become the sole property of the Department and are not returnable.

_____ Applicant's Signature	_____/_____/_____ Date
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FOR CCHSP USE ONLY

Date of Last Clearance	Status of Last Clearance	PACT Data Updated

COMPLETION INSTRUCTIONS

CAREGIVERS CRIMINAL HISTORY SCREENING PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

7.	Name of the Care Provider on file with the Caregivers Criminal History Screening Program. If this is the care providers first time submitting criminal history screenings please submit a <i>New Care Provider/Facility Information Form</i> . This form can be found at http://dhi.health.state.nm.us/cchsp
8.	Applicant's Position: use the selections detailed below when completing this section. Select the corresponding number and place in the Caregivers Criminal History Screening Program Authorization For Release of Information.
13.	Applicant must provide all known substantiated findings of abuse, neglect or exploitation or any felony criminal history to the department upon submission of the criminal history screening application.
14.	If the applicant or caregiver falls under the requirements of the Employee Abuse Registry Act of 2005 (7.1.12 NMAC) the care provider must select if they screened the applicant or caregiver with the Employee Abuse Registry.
15.	Date which the applicant or caregiver was screened against the Employee Abuse Registry.
16.	Type of Criminal History Screening: must select either a full nationwide and statewide screening or the modified statewide only screening. If a statewide only screening is requested the applicant, caregiver, or hospital caregiver's pertinent identifying information will be verified by Caregivers Criminal History Screening Staff for eligibility.

EXECUTIVE, ADMINISTRATIVE, MANAGERIAL

1. Clerical	The person responsible for the facility's administrative clerical services, such as personnel record-keeping, book-keeping, word-processing, filing, etc.
2. Director/Business Manager	The person responsible for the administrative and managerial activities at the facility. Includes the director, assistant director, business manager, unit managers and other staff in the individual departments
3. Nursing Home Administrator	The person who is licensed in the state where the nursing home is located, and is responsible for planning, organizing, directing and controlling the operation of a nursing home. Includes the administrator and assistant administrator.
4. Other	Other executive, administrative, managerial employee categories.

PROFESSIONAL/LICENSED HEALTH CARE

5. Dentist	A physician licensed to practice dentistry according to state law in the state in which the facility is located.
6. Dietitian	A person employed full, part-time, or on a consult-ant basis, who is either registered by the Commission of Dietetic Registration of the American Dietetic Association, or is qualified to be a dietitian on the basis of experience in identification of dietary needs, planning and implementation of dietary programs.
7. Licensed Practical /Licensed Vocational Nurse	A person licensed to practice as a licensed practical/vocational nurse in the state where the facility is located.
8. Medical Director	A person licensed as a physician designated as responsible for implementation of patient or resident care policies and coordination of medical care in the facility.
9. Mental Health Professional	A person licensed to practice psychiatry or psychology according to state law in the state in which the facility is located.
10. Occupational/Vocational Therapist	A person licensed/registered as an occupational or vocational therapist according to state law in the state in which the facility is located.
11. Pharmacist	A person licensed by the state to perform a variety of functions, including providing consultation on pharmacy services, establishing a system of records of controlled drugs, overseeing records and reconciling controlled drugs, and/or performing a monthly drug regimen review for each resident or patient.
12. Physical Therapist	A person licensed/registered to practice physical therapy services according to state law in the state in which the facility is located.

13. Physician	A person licensed to practice as a physician, in the state where the facility is located, other than the medical director, who examines, treats, operates, prescribes, or advises in the diagnosis or prevention of human health conditions.
14. Physician Extender	Any allied health professional, such as a nurse practitioner, clinical nurse specialist, or physician assistant who performs physician delegated services.
15. Podiatrist	A physician licensed to practice podiatry according to state law in the state in which the facility is located.
16. Registered Nurse	A person licensed to practice as a registered nurse in the state where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not physician delegated tasks. Includes the Director of Nursing and nurses with administrative duties.
17. Social Worker	A person licensed/registered as a social worker according to state law in the state in which the facility is located.
18. Speech/Language Pathologist	A person licensed/registered to provide speech therapy and related services (e.g., teaching a resident to swallow) according to state law in the state in which the facility is located.
19. Other	Other professional/licensed employee categories.

TECHNICAL, UNLICENSED HEALTH CARE

20. Feeding Assistant	A person who assists residents in a long-term care facility who have no complicated feeding problems with the activities of eating and drinking.
21. Medication Aide/Technician	A person, other than a licensed professional, who fulfills the state requirements for approval to administer medications to patients or residents.
22. Nurse Aide	A person who has completed a state-approved nurse aide training and/or competency evaluation program approved by the state, or has met other requirements as determined by the state, for inclusion on the state nurse aide registry, and is approved to provide nursing related services to patients or residents.
23. Nurse Aide in Training	A person who is enrolled in a state-approved nurse aide training and competency evaluation program. Nurse aides in training may provide nursing-related services for which they have been trained and found proficient, while under the supervision of a licensed or registered nurse.
24. Occupational/Vocational Therapy Aide	A person who has specialized training to assist an OT or VT to carry out the OT's or VT's comprehensive plan of care under the direct supervision of the therapist, in accordance with state law.
25. Occupational/Vocational Therapy Assistant	A person who, in accordance with state law, has a license/certification and specialized training to assist a licensed, certified, and/or registered Occupational Therapist (OT) or Vocational Therapist (VT) to carry out the OT's or VT's comprehensive plan of care, without the direct supervision of the therapist.
26. Orderly, Attendant	A person, usually without medical training, who performs basic patient care under the direction of the nursing staff. Duties may include feeding, bathing, dressing, grooming, or moving patients, or changing bed linens.
27. Personal Care Worker	A person who assists with the activities of daily living and basic tasks such as bathing, dressing, grooming and eating, as well as with self-administration of medications and preparing special diets.
28. Physical Therapy Assistant	A person who, in accordance with state law, has a license/certification and specialized training to assist a licensed, certified, and/or registered Physical Therapist (PT) to carry out the PT's comprehensive plan of care, without the direct supervision of the therapist.
29. Physical Therapy Aide	A person who has specialized training to assist a PT to carry out the PT's comprehensive plan of care under the direct supervision of the therapist, in accordance with state law.
30. Other	Other technical, unlicensed employee categories.

IV. LABORATORY AND RADIOLOGY SERVICES

31. Laboratory Technician	A person who performs routine clinical laboratory tests on blood, tissue, and body fluids to help in the diagnosis and treatment of diseases, under the supervision of a medical technologist. Duties include collecting blood samples, preparing chemical solutions, preparing and analyzing specimens, keeping records of laboratory tests, running and maintaining quality control, troubleshooting instrumentation, and reporting results to head nurses or physicians.
32. Radiology Technician	A person who operates radiographic and radiation therapy equipment to administer radiation treatment and produce images of body structures for the diagnosis and treatment of injury and disease. Radiation technologists who are supervisors or instructors are included in this category.
33. Other	Other laboratory or radiology employee categories.

V. FOOD SERVICES

34. Cook	A person whose primary responsibility is to prepare the food at a facility.
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35. Food Preparer	A person who assists in the preparation of food and performs general custodial work in the kitchen.
36. Waiter, Waitress	A person whose duties include preparing tables for a meal, taking residents' orders and serving food in a facility.
37. Other	Other food service employee categories.

VI. HOUSEKEEPING SERVICES

38. Cleaner	A person who performs washing and cleaning of laundry in a facility.
39. Janitor	A person responsible for the cleaning and maintenance of a facility. May include a building superintendent or maintenance engineer.
40. Maid	A person responsible for the cleaning of a facility. May include the housekeeping supervisor.
41. Other	Other housekeeping employee categories.

Fingerprint Reimbursement Request Form

Mi Via requires that all employees provide 3 completed fingerprint cards to the FMA for submission with the Caregivers Criminal Screening.

Please complete this form and fax or mail it, **WITH A RECEIPT** for the cost of your fingerprinting if you would like to be reimbursed. **You will be repaid no more than \$10.00 for fingerprinting.**

Cost of Fingerprinting \$_____.

EMPLOYEE INFORMATION

NAME_____TELEPHONE._____

ADDRESS_____

CITY_____STATE_____ZIP_____

SIGNATURE

DATE

PARTICIPANT NAME._____

If you have questions, please call customer service at
Toll Free (866) 916-0310

MAIL THE COMPLETED FORM AND RECEIPT TO:

CONDUENT
PO Box 27460
Albuquerque, NM 87125-7460

Fax: (866) 302-6787

DATA ENTERED ON FINGERPRINT CARDS

The following fields must be completed in order for a fingerprint card to be processed by the FBI:

- **Name (NAM) Block** – Enter the name in this field. Abbreviations are not to be used for any part of the name. The format is last name followed by a comma (,) and the first and middle name if any. Suffix denoting seniority (Jr., Sr., III, etc) should follow the middle name. Do not obstruct this area by using stamps, labels, holes or staples where the name has been printed.
- **Signature of Person being Fingerprinted Block** – To be signed in the presence of the individual taking the prints
- **Residence Block** – Enter complete residential address and zip code.
- **Date Block** – Enter the date fingerprints are taken
- **Employer and Address Block** – Leave Blank. This will be completed by Xerox
- **Reason Fingerprinted Block** – This box has been pre-filled for you.
- **Alias/Maiden Name (AKA) Block** – List other names used that are different than the name in “NAM” block1.
- **Country of Citizenship (CTZ) Block** – Enter “US” if a citizen of the United States; Otherwise enter the appropriate Country.
- **Social Security Number (SOC) Block** – List Social Security Number, if known.
- **Eye Color Block (3 Characters):**

If Description is	List Data in Block as:
BLACK	BLK
BLUE	BLU
BROWN	BRO
GRAY	GRY
GREEN	GRN
HAZEL	HAZ
UNKNOWN	UNK

- **Hair Color Block (3 Characters):**

If Description is	List Data in Block as:
BALD	BAL
BLACK	BLK
BLONDE (OR STRAWBERRY)	BLN
BROWN	BRO
GRAY (OR PARTIALLY GRAY)	GRY
RED (OR AUBURN)	RED
SANDY	SDY
WHITE	WHI
UNKNOWN	UNK

- **Race:**

A – ASIAN
 B – BLACK
 I – AMERICAN INDIAN
 W – WHITE
 U - UNKNOWN

APPLICANT		LEAVE BLANK <i>Leave Blank</i>		TYPE OR PRINT ALL INFORMATION IN BLOCK LAST NAME FIRST NAME MIDDLE NAME <i>Teacher, Theresa C.</i>				FBI LEAVE BLANK <i>Leave Blank</i>	
SIGNATURE OF PERSON PROVIDING INFO		ALIASES AKA <i>Formerly: Theresa Smith</i>		DOB <i>NM8920160Z NM DEPT OF HEALTH SANTA FE, NM</i>				DATE OF BIRTH DOB <i>12/31/70</i>	
RESIDENCE OF PERSON PROVIDING INFO <i>318 School Street Hometown, NY 11111</i>		CITIZENSHIP <i>US</i>		SEX <i>F</i>		RACE <i>W</i>		HEIGHT <i>5'7"</i>	
DATE <i>5/01/02</i>		SIGNATURE OF OFFICIAL TRAINING PROVIDER		WEIGHT <i>155</i>		POUNDS <i>Gr</i>		HAIR <i>Bro</i>	
SIGNATURE OF OFFICIAL TRAINING PROVIDER		STATE <i>Leave Blank</i>		CITY <i>Leave Blank</i>		ZIP <i>Leave Blank</i>		STATE OF BIRTH POB <i>Ohio</i>	
EMPLOYER AND ADDRESS <i>Leave Blank</i>		PROFESSIONAL <i>Leave Blank</i>		CLASS <i>Leave Blank</i>		COURSE <i>Leave Blank</i>			
PERSON TRAINING PROVIDED <i>Criminal History Screening For Caregivers 29-17-5 NMSA 1978 Amended</i>		SOCIAL SECURITY NO. <i>000-10-1111</i>		TRAINING PROVIDER <i>Leave Blank</i>					