

Participant Name: _____ Employee Name: _____

Resource Consultant Name: _____ Month: _____ Year _____

Please submit the completed test with the training verification form to your Resource Consultant or fax to 304-296-1932.

**WEST VIRGINIA PERSONAL OPTIONS
AGED AND DISABLED WAIVER PROGRAM
ANNUAL TRAINING TEST
November 2016**

Participant/Program Representative Signature: _____

Passed (*at least 21 correct answers*)

Failed

1. **As an employee through Personal Options providing Personal Attendant services, you:**
 - a. Are responsible for reporting to the Case Manager (if applicable) and Resource Consultant on the participant's health, safety, and welfare
 - b. May not bill for services when the participant is in the hospital, nursing facility or rehab center
 - c. Must report any incident or Abuse, Neglect and Exploitation regarding the participant to Adult Protection Services, the case manager (if applicable) and the Resource Consultant
 - d. All of the above
2. **Blood borne pathogens that may cause infections can be transmitted through:**
 - a. Accidental injury by a sharp object including broken glass, exposed dental wires, needles or any sharp object that can puncture or cut the skin
 - b. Open cuts or skin abrasions
 - c. Indirect contact from the contaminated item with the mucous membranes of the mouth, eyes, nose or open skin
 - d. All of the above
3. **True or False:** You should treat blood and body fluids as if they are known to be infectious.
4. **True or False:** As a Personal Attendant, maintaining an environment that is safe and free of injury is a critical responsibility.
5. **True or False:** Personal Attendants are required to complete the Wellness Scale section with the participant on each Personal Attendant Log (PAL) before submitting it to the Resource Consultant.

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6. **True or False:** Every day you work with the person, you should closely monitor any changes in the person's needs, including physical and emotional health, and communicate these observations to the Resource Consultant to help create a plan written specifically for the individual.
7. **True or False:** The ADW participant must initial on the PAL each day that services were provided by the worker.
8. **True or False:** If the Personal Attendant bills for mileage or time transporting the participant, on the second page of the PAL, the Personal Attendant will document start and stop time for travel, total number of miles driven, and how much time was spent driving.
9. **True or False:** The Personal Attendant initials each box on the PAL for each activity that was performed on days worked.
10. **True or False:** Penalties for committing fraud may include monetary fines and/or jail if convicted. Penalties may also include loss of the ability to obtain employment in numerous job settings, including health care, behavioral health, school systems, financial institutions and many private businesses.
11. **Examples of fraudulent actions include:**
 - a. Falsely signing/forging another person's signature on your timesheet
 - b. Billing for services on one day that were provided on another day
 - c. Billing for services when the participant is in nursing home or hospital
 - d. All of the above
12. **True or False:** Caregiver abuse is acceptable.
13. **True or False:** Anyone has the potential to be an abuser.
14. **True or False:** Anyone has the potential to be a victim of abuse, neglect and/or exploitation.
15. **True or False:** The participant has the right to live any way he/she chooses.
16. **True or False:** Signs of self-neglect may include unkempt personal hygiene and rotten teeth.
17. **True or False:** Everyone taking this training is a mandated reporter.
18. **True or False:** Financial exploitation involves illegal, unethical and/or improper use of, or willful dissipation of an individual's funds, property or other assets by a person, formal or informal caregiver, family member, or legal representative.
19. **True or False:** Sexual abuse only happens to young people.
20. **True or False:** There are more women than men as victims of abuse.

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21. **True or False:** Adult abuse is a silent epidemic.
22. **True or False:** HIPAA means “Healthcare Insurance Portability and Accountability Act.”
23. **True or False:** HIPAA has a privacy rule that was established by Congress.
24. **True or False:** Protected Health Information (PHI) includes Medicaid numbers and Social Security numbers.
25. **True or False:** The ADW person has a right to confidentiality of personally identifying and medical information.
26. **True or False:** As a Personal Attendant, although all participant documentations must remain in the participant’s home, you must be organized and careful with your paperwork, report to your participant and Resource Consultant about any loss of information, and learn from your mistakes.
27. **True or False:** If asked, you can provide the ADW person’s Social Security number to the landlord.
28. **True or False:** It is acceptable to talk about your participant with other participants’ workers.
29. **True or False:** As a Personal Attendant, you must not discuss information about an ADW person on social media.
30. **True or False:** It is not acceptable to disclose the ADW member’s personal or medical information.

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