PCG Public Partnerships
Supporting Choice. Managing Costs.™

West Virginia Personal Options
Traumatic Brain Injury Waiver Program
INITIAL TRAINING VERIFICATION FORM

All Personal Options employees must complete all of the following areas before providing services for payment:

- **Adult (or Child if applicable) Cardiopulmonary Resuscitation (CPR) and First Aid** – a copy of the CPR and First Aid cards must be submitted to PPL and must be maintained current as defined by the terms of the certifying agency
  - Must be provided by a certified trainer from the American Heart Association, American Red Cross, American Health and Safety Institute, American CPR. Skills must be demonstrated.
  - Online courses will not be accepted unless accommodated with a statement from the provider indicating that skills are demonstrated.
- **Infectious Disease Control:** hand washing, food safety, use of Personal Protective Equipment (PPE), and blood borne pathogen
- **Direct Care Skills:** basic understanding of TBI, providing ADLs assistance, and participant specific on-the-job training.
- **Abuse/Neglect/Exploitation Identification** – reporting suspected Abuse/Neglect/Exploitation, definition of Abuse/Neglect/Exploitation, signs of abuse, neglect, exploitation, common risk factors and how to address them
- **HIPAA** – Medicaid's policy and procedure of HIPAA and the importance of using social media appropriately
- **Personal Attendant Professional Ethics** – promoting physical and emotional well-being, respect, integrity and responsibility, justice, fairness and equity
- **Health and Welfare** – emergency plan response, fall prevention, home safety and risk management
- **People First Language** – principles of self-determination, person first language do's and don'ts, how to encourage and implement person centered services and supports

Training Topic	Date	Start Time	End Time	Location of Training	Source
Infectious Disease Control (30 minutes)					PPL Training Packet
Direct Care Skills (3 hours)					PPL Training Packet
On-the-job Direct Care Skills training (1 hour) Topic: ……... …… ……..					On-the-job training with the participant
Abuse, Neglect, and Exploitation (1 hour)					PPL Training Packet
HIPAA (30 minutes)					PPL Training Packet
Personal Attendant Professional Ethics (30 minutes)					PPL Training Packet
Health and Welfare (45 minutes)					PPL Training Packet
People First Language (30 minutes)					PPL Training Packet

By signing below, the participant (or their representative) confirmed that the employee listed below has completed the required training topics above.

_____

Participant Name **Participant or Representative Signature** **Date**

_____

Employee Name **Employee Signature** **Date**

RC Name: _____

Please submit the completed test and verification form to your Resource Consultant or fax it to 304-296-1932 Revised 4/2017