

TN Department of Intellectual & Developmental Disabilities

SDWP WORKER TRAINING CHECKLIST FOR SELF DIRECTION

Please utilize this form to indicate worker training in all areas has been completed.

Worker Name: _____

Training topic to be covered	Yes
1. Overview of SDWP and Self Direction program	<input type="checkbox"/>
2. Understanding the role of persons supported and representatives in Self Direction	<input type="checkbox"/>
3. Understanding the role of the case manager, the supports broker and the FEA	<input type="checkbox"/>
4. Understanding the role of the worker in Self Direction	<input type="checkbox"/>
5. CPR/First Aid certification requirements	<input type="checkbox"/>
6. Supporting persons with intellectual and developmental disabilities	<input type="checkbox"/>
7. Abuse and neglect prevention and reporting	<input type="checkbox"/>
8. Fraud and abuse prevention and reporting	<input type="checkbox"/>
9. Critical Incident Reporting	<input type="checkbox"/>
10. Understanding the requirements for specialized training for workers regarding person's supported individualized service needs and preferences	<input type="checkbox"/>
11. Understanding that if the person supported elects to self-direct health care tasks that the person supported/representative will provide training specific to the person supported	<input type="checkbox"/>
12. General training on blood-borne pathogens	<input type="checkbox"/>
13. Understanding that the worker can request additional training on any of these items from the supports broker.	<input type="checkbox"/>
14. Understanding that the person supported/representative, case manager or supports broker can require the worker to complete additional and refresher training on any of these items.	<input type="checkbox"/>
15. Understanding the timing for the authorization process, what authorizations are and that worker will not be paid for working hours or providing services that are not authorized	<input type="checkbox"/>
16. Understanding the person supported/representative will set a worker's rate of pay and determine the workers schedule.	<input type="checkbox"/>

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17. Use of the BetterOnline™ and Time4Care™ electronic timesheet systems, and use of paper timesheets. Understanding timesheets will be used for capturing worker time and that workers will be paid based on Employer approved timesheets.	<input type="checkbox"/>
18. Understanding that worker is responsible for accurate recording of time worked on timesheets (electronic or paper) and submitting the completed timesheet to Employer for approval by pay period deadline date.	<input type="checkbox"/>
19. Understanding of the daily notes requirement	<input type="checkbox"/>

SDWP Worker Signature

SDWP Worker Printed Name

Date