

**WV AGED AND DISABLED WAIVER PROGRAM  
CASE MANAGEMENT INITIAL & ANNUAL TRAINING VERIFICATION FORM**

**Employee Name:**

**Provider Agency/Personal Options:**

**I. ADW Case Manager Initial and Annual Training Requirements.** All ADW Case Managers must complete all of the following training before providing services for payment and annually thereafter:

- a) Conflict-free Case Management – must use training provided by WV BoSS.
- b) Training on Personal Options Service Delivery Model: must use training provided by WV BoSS.
- c) Abuse/Neglect/Exploitation Identification: must use training provided by WV BoSS.
- d) HIPAA: must use training provided by WV BoSS.
- e) Person-Centered Planning: must use training provided by WV BoSS.

Training Topic	Date	Start Time/Stop Time	Total Time	Location of Training	Source	Case Manager Signature	Trainer Signature
Conflict-free Case Management					BoSS Curriculum		
Training on Personal Options					BoSS Curriculum		
Abuse/Neglect/Exploitation Identification					BoSS Curriculum		
HIPAA					BoSS Curriculum		
Person-Centered Planning					BoSS Curriculum		

\*\*Must maintain professional license training requirements:

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**Time Period that license is valid**

**Verification of Training:** By signing this document, the Agency Director/designee verifies the Case Manager has completed all required training areas listed above.

*Keep completed scored test with CM's name in file to demonstrate competency. For any tests with a below average score, document remediation taken to address this. For any internet training that included post-test, keep certificate of completion in file.*