

TBI Waiver Case Manager Competency Based Training - Initial

Training Topic	Training Date	Start Time	End Time	Training Location	Instructor Name/Signature/Credentials	Trainee Signature
Conflict-free case management (non-licensed staff)						
Personal Options Service Delivery Model						
Recognizing and reporting Abuse/Neglect/Exploitation						
HIPAA						
Person-Centered planning and Service Plan development						
Traumatic Brain Injury training (Introduction to Brain Injury)						

Case Manager Name/Credentials: _____ Hire Date: __/__/____

Case Manager is licensed Yes/No

Professional Licensure is current/valid Yes/No/NA

TBI Waiver Case Manager Competency Based Training – Annual

Training Topic	Training Date	Start Time	End Time	Training Location	Instructor Name/Signature/Credentials	Trainee Signature
Recognizing and reporting Abuse/Neglect/Exploitation						
HIPAA						
Person Centered Planning						
Traumatic Brain Injury training						

Case Manager Name/Credentials: _____ Hire Date: ___/___/___

Case Manager is licensed Yes/No

Professional Licensure is current/valid Yes/No/NA