

TBI Waiver Case Manager Competency Based Training - Initial

| Training Topic | Training Date | Instructor Name/Signature/Credentials | Trainee Signature |
|--|---------------|---|----------------------|
| 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) | | | |
| Recognizing Medicaid Fraud and How to Report | | | |
| Statewide Transition Plan Rules and Member Controlled Assessment | | BMS LMS Course WV Statewide Transition Plan Training | |
| Documentation Requirements/Correcting and Program Forms | | | |
| Case Manager Name/Credentials: | | | Hire Date:// |
| e Manager is licensed Yes No oo oo oo oo oo oo | | ing course on the BMS Learning Management Syster | m completed Yes □ No |



TBI Waiver Case Manager Competency Based Training – Annual

| Training Topic | Training Date | Instructor Name/Signature/Credentials | Trainee Signature |
|---|------------------|---|-------------------|
| | | | |
| Recognizing and Reporting Abuse/Neglect/Exploitation | | | |
| HIPAA | | | |
| Person Centered Planning | | | |
| Traumatic Brain Injury training | | | |
| Recognizing Medicaid Fraud and How to Report | | | |
| Case Manager Name/Credential | s: | | |
| Licensed professionals maintain | their profession | nal licensure training requirements. Yes 🗌 No | |