



**TBI Waiver Personal Attendant
Competency Based Training - Initial**

Training Topic	Training Date	Instructor Name/Signature/Credentials	Trainee Signature
CPR			
First Aid			
Universal Precautions			
Personal Attendant Skills			
One-hour training specific to children/adolescents with TBI (if applicable)	Start time__ End time__ NA		
Abuse/Neglect/Exploitation Identification			
HIPAA			
Personal Attendant Professional Ethics			
Health and Welfare			
Member Rights and Responsibilities			
Delivering Person-Centered Care			
Personal attendant safety			
Statewide Transition Plan* 80% competency required			
Documentation Requirements/Correcting and Program Forms			

Personal Attendant Name: _____

Hire Date: __/__/__



**TBI Waiver Personal Attendant
Competency Based Training – Annual**

Training Topic	Training Date	Instructor Name/Signature/Credentials	Trainee Signature
CPR			
First Aid			
Universal Precautions			
Abuse/Neglect/Exploitation Identification			
HIPPA			
Medicaid Fraud, Waste, Abuse and how to report			
Two (2) hours of training focused on enhancing personal attendant service delivery knowledge and skills	Start Time: _____ End Time: _____		

Personal Attendant Name: _____