

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: __/__/____

Case Manager is licensed Yes No

Professional Licensure is current/valid Yes No

Non-licensed staff complete Conflict-free case management training course on the BMS Learning Management System 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/Credentials: _____

Licensed professionals maintain their professional licensure training requirements. Yes No