

**Participant Name:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_

**Resource Consultant Name:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**WEST VIRGINIA PERSONAL OPTIONS AGED  
AND DISABLED WAIVER PROGRAM  
INITIAL TRAINING TEST**

Participant/Program Representative Signature: \_\_\_\_\_

Passed (*at least 35 correct answers*)

Failed

1. **True or False:** In the Personal Options program the participant is encouraged to be actively involved in their assessments, planning meetings and appropriate management of their federally and state provided budgets, their employees and program requirements.
2. **True or False:** You can bill for services provided before being approved as an employee of a participant in Personal Options.
3. **As an employee through Personal Options providing Personal Attendant services, you:**
  - a. Are responsible for reporting to the Case Manager (if applicable) and Resource Consultant on the participant's health, safety, and welfare
  - b. May not bill for services when the participant is in the hospital, nursing facility or rehab center
  - c. Must report any incident or Abuse, Neglect and Exploitation regarding the participant to Adult Protection Services, the case manager (if applicable) and the Resource Consultant
  - d. All of the above
4. **Blood borne pathogens that may cause infections can be transmitted through:**
  - a. Accidental injury by a sharp object including broken glass, exposed dental wires, needles or any sharp object that can puncture or cut the skin
  - b. Open cuts or skin abrasions
  - c. Indirect contact from the contaminated item with the mucous membranes of the mouth, eyes, nose or open skin
  - d. All of the above
5. **True or False:** You should treat blood and body fluids as if they are known to be infectious.
6. **When providing nail and foot care, you should:**
  - a. Soak feet/hands in warm water prior to performing care
  - b. Ensure areas between toes are dry
  - c. Clean under nails with an orange stick
  - d. All of the above

- 7. True or False:** Personal Attendants are not permitted to cut nails or attempt to remove or treat corns or calluses of participants who have diabetes or impaired circulation.
- 8. When providing skin care, you should:**
- Ensure skin is kept clean and dry
  - Pay special attention to skin folds and creases where body fluids and moisture may be a problem
  - Use skin care products according to the person's individualized needs or requests
  - All of the above
- 9. True or False:** In treating a choking victim, you should not intervene as long as they are coughing and may dislodge the obstruction.
- 10. When assisting with eating, you should:**
- Keep the person's head up
  - Feed small bites to prevent choking
  - Inspect the person's mouth frequently for accumulated foods
  - All of the above
- 11. When assisting a burn victim, you should:**
- Remove jewelry or shoes from affected area before swelling makes them difficult to remove
  - Remember that cold water lowers temperature of burned area and lessens severity of minor burns
  - Make sure source of the burn is no longer a threat
  - All of the above
- 12. True or False:** Assistive devices are tools that help people function independently, despite physical limitations or disabilities. They help people perform daily activities, such as eating, dressing, talking, and walking.
- 13. The Personal Attendant can impact how well their participant adapt to their assistive device by:**
- Encourage the participant to express their feelings about an assistive device.
  - Remember that the participant may be grieving over the loss of their independence and may need some time to adjust to the device.
  - Focusing on what the participant is still able to do, not on what they cannot do.
  - Emphasize the positive aspects of assistive devices.
  - All of the above

**14. Does your participant currently have any type of assistive devices in their home?**

YES  NO

If yes, what are they? \_\_\_\_\_

If no, what kind of assistive devices do you think your participant can benefit from?

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**15. Ways to prevent falls:**

- a. Good lighting in the rooms and hallways
- b. No clutter or objects in floors and walkways
- c. Throw rugs should be avoided if possible
- d. All of the above

**16. True or False:** You are not required to sign a confidentiality form with your participant before providing services.

**17. Which statement below is FALSE?**

- a. Personal Options participants should be able to make their own health care choices.
- b. When making ethical decision, if no one gets hurt, then it must be the right thing to do.
- c. Personal Options participants should expect quality support and care from their Personal Attendants.
- d. Making ethical decisions requires use of common sense, patience, compassion, and communication.

**18. True or False:** You are employed by Mr. Smith who has lung disease and must use oxygen at night. The doctor tells the family that if Mr. Smith doesn't stop smoking, he will soon have to use oxygen 24 hours a day. The family tells you to take away Mr. Smith's cigarettes and tell him he is no longer allowed to smoke. Since it's for Mr. Smith's own good, it's OK to ignore his right to smoke.

**19. Emergency procedures include:**

- a. Discussing participant specific emergency procedures, plans, and health needs that have already been established with/for the participant
- b. Developing any needed emergency procedures that have not been addressed with the person and his/her supports
- c. Notifying Case Manager (if applicable) and Resource Consultant with any needed changes
- d. All of the above

**20. True or False:** As a Personal Attendant, maintaining an environment that is safe and free of injury is a critical responsibility.

- 21. True or False:** A crisis plan is a document prepared by the Resource Consultant or Case Manager (if applicable) and the participant. This plan is to be followed by Personal Attendants in the event of specific emergencies.
- 22. True or False:** The Service Plan is completed by the Resource Consultant with the participant initially at the enrollment meeting, at 6-month visits, and if there is any change in need or service level.
- 23. True or False:** Personal Attendants are required to complete the Wellness Scale section with the participant on each Personal Attendant Log (PAL) before submitting it to the Resource Consultant.
- 24. True or False:** Every day you work with the person, you should closely monitor any changes in the person's needs, including physical and emotional health, and communicate these observations to the Resource Consultant to help create a plan written specifically for the individual.
- 25. True or False:** Person-centered planning is NOT about making a plan to provide the person everything they may want.
- 26. True or False:** The ADW participant must initial on the PAL each day that services were provided by the worker.
- 27. True or False:** If the Personal Attendant bills for mileage or time transporting the participant, on the second page of the PAL, the Personal Attendant will document start and stop time for travel, total number of miles driven, and how much time was spent driving.
- 28. True or False:** The Personal Attendant initials each box on the PAL for each activity that was performed on days worked.
- 29. The PAL is used to:**
- Ensure the worker knows what to do, how to do it and when to do it.
  - Ensures the participant knows what to expect.
  - Reduces potential for misuse or abuse of service.
  - All of the above
- 30. True or False:** Penalties for committing fraud may include monetary fines and/or jail if convicted. Penalties may also include loss of the ability to obtain employment in numerous job settings, including health care, behavioral health, school systems, financial institutions, and many private businesses.
- 31. Examples of fraudulent actions include:**
- Falsely signing/forging another person's signature on your timesheet
  - Billing for services on one day that were provided on another day
  - Billing for services when the participant is in nursing home or hospital
  - All of the above
- 32. True or False:** Caregiver abuse is acceptable.
- 33. True or False:** Anyone has the potential to be an abuser.

- 34. True or False:** Anyone has the potential to be a victim of abuse, neglect and/or exploitation.
- 35. True or False:** The participant has the right to live any way he/she chooses.
- 36. True or False:** Signs of self-neglect may include unkempt personal hygiene and rotten teeth.
- 37. True or False:** Everyone taking this training is a mandated reporter.
- 38. True or False:** Financial exploitation involves illegal, unethical and/or improper use of, or willful dissipation of an individual's funds, property, or other assets by a person, formal or informal caregiver, family member, or legal representative.
- 39. True or False:** Sexual abuse only happens to young people.
- 40. True or False:** There are more women than men as victims of abuse.
- 41. True or False:** Adult abuse is a silent epidemic.
- 42. True or False:** HIPAA means "Healthcare Insurance Portability and Accountability Act."
- 43. True or False:** HIPAA has a privacy rule that was established by Congress.
- 44. True or False:** Protected Health Information (PHI) includes Medicaid numbers and Social Security numbers.
- 45. True or False:** The ADW person has a right to confidentiality of personally identifying and medical information.
- 46. True or False:** As a Personal Attendant, although all participant documentations must remain in the participant's home, you must be organized and careful with your paperwork, report to your participant and Resource Consultant about any loss of information and learn from your mistakes.
- 47. True or False:** If asked, you can provide the ADW person's Social Security number to the landlord.
- 48. True or False:** It is acceptable to talk about your participant with other participants' workers.
- 49. True or False:** As a Personal Attendant, you must not discuss information about an ADW person on social media.
- 50. True or False:** It is not acceptable to disclose the ADW member's personal or medical information.

**Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757.**