



Participant Name: _____ Employee Name: _____

Resource Consultant Name: _____ Month: _____ Year: _____

**WEST VIRGINIA PERSONAL OPTIONS- TRAUMATIC BRAIN INJURY WAIVER PROGRAM
INITIAL (PRE-EMPLOYMENT) TRAINING TEST**

Participant/Program Representative Signature: _____ <input type="checkbox"/> Passed (<i>at least 30 correct answers</i>) <input type="checkbox"/> Failed

1. **True** or **False:** A traumatic brain injury (TBI) is a blow or jolt to the head or penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in TBI. The severity can range from "mild"- a brief change in mental status or consciousness to "severe" an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent functions.

2. **Physical side effects of TBI may be:**
 - a. Paralysis
 - b. Loss of skills in performing a task, especially with their hands
 - c. Balance problems (tendency to fall)
 - d. All of the above

3. **Cognitive effects of TBI may be:**
 - a. Slow processing of information
 - b. Poor memory
 - c. Unable to cope with more than one thing at a time
 - d. All of the above

4. **True** or **False:** In providing personal attendant services to persons with TBI, Personal Attendant needs to be aware of the person's specific and unique needs and behavior responses.

5. **Some possible triggers of challenging behaviors for people with TBI may be:**
 - a. Change in routine
 - b. Being tired or hungry
 - c. Certain trigger words or phrases
 - d. All of the above

6. **True** or **False:** The behavioral and personality changes after TBI may affect the person's ability to interact with others appropriately.
7. **Some calming/avoidance/adjustment strategies for challenging behaviors for people with TBI may be:**
- a. Earplugs in noisy environment
 - b. Eating a snack to avoid hunger
 - c. Setting up and maintaining a daily routine
 - d. All of the above
8. **Some common emotional effects of TBI may be:**
- a. Depression
 - b. Mood swing
 - c. Angry outbursts
 - d. All of the above
9. **True** or **False:** Assistive devices are tools that help people function independently, despite physical limitations or disabilities. They help people preform daily activities, such as eating, dressing, talking, and walking.
10. **Does your participant currently have any type of assistive devices in their home?** YES or NO
If yes, what are they? _____ If no, what kind of assistive devices do you think your participant can benefit from? _____

11. **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, employees, and program requirements.
12. **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

13. **True** or **False:** You should treat blood and body fluids as if they are known to be infectious.

14. **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

15. **True** or **False:** Personal Attendants are not permitted to cut nails of client with diabetes or impaired circulation or attempt to remove or treat corns or calluses.

16. **When providing skin care, you should:**

- a. Ensure skin is kept clean and dry
- b. Pay special attention to skin folds and creases where skin or body fluids touch skin and moisture may be a problem
- c. Use skin care products according to the person's individualized needs or requests
- d. All of the above

17. **When assisting with eating, you should:**

- a. Keep the person's head up
- b. Feed small bites to prevent choking
- c. Inspect the person's mouth frequently for accumulated foods
- d. All of the above

18. **When assisting a burn victim, you should:**

- a. Remove jewelry or shoes from affected area before swelling makes them difficult to remove
- b. Remember that cold water lowers temperature of burned area and lessens severity of minor burns
- c. Make sure source of the burn is no longer a threat
- d. All of the above

19. **True** or **False:** Most falls occur in bedrooms and bathrooms. The most common reasons are: slippery floors, throw rugs, poor lighting, clutter in the living area, and slippery bathtubs or showers.

20. 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

21. **True or** **False:** In treating a choking victim, you should not intervene as long as they are coughing and may dislodge the obstruction.

22. **True or** **False:** As a personal attendant, you should not share any of protected health information (PHI) with anyone without written permission.

23. **True or** **False:** You can choose to sign or not to sign a confidentiality form with your employer that states you will not share any protected information unless given permission by your employer.

24. **True or** **False:** Because you are your participant's employee, you can share your participant's protected medical information with your friends.

25. **True or** **False:** As a Personal Attendant, you are mandated to report any suspected abuse and neglect.

26. **True or** **False:** Person first language places the focus on the person, not the disability.

27. **True or** **False:** Negative terms that stereotype, devalue or discriminate against persons with disabilities should be avoided.

28. Emergency procedures include:

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

29. **True or** **False:** Abuse may be physical, sexual, mental, verbal, or emotional. Anyone that has contact with the person can be an abuser.

30. **True** or **False:** Physical and Emotional neglect include withholding food, medical care, financial help and support or social isolation.
31. **True** or **False:** You are employed by Mr. Smith who has a 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. Because it's for Mr. Smith's own good, it's OK to ignore his right to smoke.
32. **True** or **False:** You should encourage persons to speak up if they are uncomfortable with the language being used and feel it needs to be addressed.
33. **When talking to a person with TBI, you should:**
- Use kind words and a gentle tone of voice
 - Do not speak too fast or say too much at once
 - Limit conversations to one person at a time
 - All of the above
34. **True** or **False:** You can bill for services provided before being approved as an employee in Personal Options.
35. **As an employee through Personal Options providing Personal Attendant services, you:**
- Are responsible for reporting to the Case Manager and Resource Consultant on the health, safety, and welfare
 - May not bill for services when the participant is in the hospital, nursing facility or rehab center
 - Must report any incident or Abuse, Neglect and Exploitation regarding the participant to Child or Adult Protection Services, the case manager, and the resource consultant
 - All of the above
36. **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.
37. **Person-Centered Care is:**
- an approach that puts the member at the center of their care
 - Not important in planning for services a person with TBI
 - fitting a person into existing services
 - Making a plan to provide the person everything they may want



38. **True** or **False:** Personal attendant documentation is important because the attendant's feedback to the case manager helps him/her determine if the plan is the best plan for the person.
39. **For safety reasons, the personal attendant should:**
- a. Keep your keys and cell phone located in a place that is easily accessible
 - b. Park your vehicle in the direction in which you will leave
 - c. Observe and listen before knocking and entering the home
 - d. All of the above
40. Each TBI member has the right to
- a. Privacy and confidentiality regarding TBI services
 - b. Be treated with dignity and respect at all times
 - c. Have the involvement and support of people they choose
 - d. All of the above
41. Personal Attendant's should return the completed Personal Attendant worksheet to the Resource Consultant:
- a. Daily
 - b. No later than 3 days following the end of the pay period
 - c. Monthly
 - d. Never
42. **True** or **False:** It is acceptable to scratch out mistakes on the Personal Attendant worksheet

Please return this form to Palco via email: enrollment@palcofirst.com or via fax to 1.877.859.8757.

West Virginia HCBS State-Wide Transition Plan Competency Post-Test

Name: _____

Date: _____

1. Who completes the Member-Controlled Settings Assessment?
 - a. Direct Care Worker
 - b. LPN
 - c. Agency Director
 - d. Case Manager or Wraparound Facilitator

2. A Member-Controlled Setting is a:
 - a. house or apartment that is owned or leased by the Medicaid waiver member or someone in their family
 - b. day program
 - c. assisted living facility
 - d. foster care home

3. Members that live in a Provider Controlled Setting must have a current signed lease that protects them from unlawful eviction.
 True False

4. CMS mandated the Integrated Settings Rule to make sure the member's experience is considered when deciding if the place they receive waiver services is a home or community-based setting.
 True False

5. How often are Settings Assessments done?
 - a. Every 6 months
 - b. Once a year unless the member moves or makes significant changes to their home
 - c. Every 30 days
 - d. Every 90 days

6. CMS requires that waiver members receive services only in formal settings, such as hospitals.
- True False
7. The Settings Assessment helps to ensure that members have control over their Person-Centered Plan and the right to make choices in their lives, such as:
- a. deciding day-to-day activities
 - b. having privacy including locks on doors
 - c. having control over their finances
 - d. All of the above
8. If an answer to one or more questions on the Settings Assessment is “No,” then the member’s Case Manager or Wraparound Facilitator must work with the member to correct the issue.
- True False
9. How long does it take to complete the Settings Assessment?
- a. A few minutes
 - b. One day
 - c. One week
 - d. One month
10. The questions on the Settings Assessment are easy—the member will not have to look up the answers.
- True False

Signature: _____