

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

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

## WEST VIRGINIA PERSONAL OPTIONS- AGED AND DISABLED WAIVER PROGRAM ANNUAL TRAINING TEST

### 1. 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

### 2. Bloodborne 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

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

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

5. 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.

6. 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.

7. True  or False  The ADW participant must check each box on the PAL each day that services were provided by the worker.

8. 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.

9. **True**  **or False**  The Personal Attendant initials each box on the PAL for each activity that was performed on days worked.
10. **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.
- 11. Examples of fraudulent actions include:**
- a. Falsely signing/forging another person's signature on your timesheet
  - b. Billing for services on one day that were provided on another day
  - c. Billing for services when the participant is in nursing home or hospital
  - d. All of the above
12. **True**  **or False**  Caregiver abuse is acceptable.
13. **True**  **or False**  Anyone has the potential to be an abuser.
14. **True**  **or False**  Anyone has the potential to be a victim of abuse, neglect and/or exploitation.
15. **True**  **or False**  The participant has the right to live any way he/she chooses.
16. **True**  **or False**  Signs of self-neglect may include unkempt personal hygiene and rotten teeth.
17. **True**  **or False**  Everyone taking this training is a mandated reporter.
18. **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.
19. **True**  **or False**  Sexual abuse only happens to young people.
20. **True**  **or False**  There are more women than men as victims of abuse.
21. **True**  **or False**  Adult abuse is a silent epidemic.
22. **True**  **or False**  HIPAA means "Healthcare Insurance Portability and Accountability Act."
23. **True**  **or False**  HIPAA has a privacy rule that was established by Congress.
24. **True**  **or False**  Protected Health Information (PHI) includes Medicaid numbers and Social Security numbers.
25. **True**  **or False**  The ADW person has a right to confidentiality of personally identifying and medical information.

26. **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.
27. **True**  **or False**  If asked, you can provide the ADW person's Social Security number to the landlord.
28. **True**  **or False**  It is acceptable to talk about your participant with other participants' workers.
29. **True**  **or False**  As a Personal Attendant, you must not discuss information about an ADW person on social media.
30. **True**  **or False**  It is not acceptable to disclose the ADW member's personal or medical information.

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

Passed (*at least 21 correct answers*)       Failed

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