

West Virginia Personal Options Intellectual/Developmental Disabilities (IDD) Waiver Program Employment Training Verification

All Personal Options employees must complete all the following training areas before providing services for payment. Training resources can be made available through your employer.

- Adult (or child, if applicable) Cardiopulmonary Resuscitation (CPR) and First Aid: A copy of the CPR and First Aid cards must be submitted to Public Partnerships LLC (PPL) and must be maintained current as defined by the terms of the certifying agency.
 - CPR and First Aid: Must be provided by a certified trainer from an approved vendor, see BMS website for full list. Skills must be demonstrated in person. Online (only) instruction may be permissible during an active Public Health Emergency. PPL cannot accept certifications from unapproved providers. Contact your Resource Consultant if you have any questions.
- Infectious Disease Control Training
- Adult Abuse, Neglect, and Exploitation: Must include recognition and documentation requirements.
- Emergency Procedures: e.g., crisis intervention and restraints.
- Emergency Care: e.g., emergency worker back-up plan and disaster plan.
- Member-Specific Training: including special needs, health, and behavioral health needs.
- Direct Care Ethics Training: Qualified Support Worker ethics training.

Note: Employment training verification will not be considered complete until you have provided PPL with proof of current CPR and First Aid certification and ensure that your Criminal Background Check eligibility with WV Cares is current.

Do you bill for Transportation services? Yes No

Important: Personal Options employees that provide transportation services must submit a copy of the following information:

- Valid driver's license
- Valid vehicle registration/license
- Proof of vehicle insurance
- Proof of vehicle inspection as required by state law (picture of front and back)

Verification of Training

By signing below, the participant (or their representative) and the employee acknowledge the training requirements and confirm that the training topics required for providing paid services have been completed.

Participant Name	Participant or Program Representative Signature	Date
Employee Name	Employee Signature	Date