

[Provider]

Home and

Community Based

Staff Training

Record

[Provider] HCBS Training Record

The language below is sample HCBS language that may be used for policies. This language should not replace existing policies, but may be used to enhance existing policies.

[PROVIDER'S] HCBS STAFF TRAINING RECORD

Objectives: Employees will be competent in the philosophy of the home and community based (HCBS) rule to ensure that people with disabilities have full access to and enjoy the benefits of community living through long term services and supports in the most integrated settings of their choosing.

[Provider] training record applies to all employees of [provider] to verify HCBS training occurred by DATE for the 42 CFR 441.301 Federal HCBS Rule that was effective March 14, 2014.

Person Centered Planning

(42 CFR 441.301(c)(1))

Staff will receive training to ensure they understand how to support participants during their person centered planning process and the development of their Individualized Support Plan.

Community Access

(42 CFR 441.301(4)(i))

Staff will receive training to ensure they understand how to support participants to access their community.

Employment Opportunities

(42 CFR 441.301(4)(i))

Staff will receive training to ensure they understand and support all participants to have the right to employment opportunities.

Money Management/Personal Resources

(42CFR 441.301(4)(i))

Staff will receive training to ensure they understand the importance of participants having control of their own money and resources and provide support.

Services in the Community

(42 CFR 441.301(4)(i))

Staff will receive training to ensure they understand how to assist and support participants in accessing services in the community.

[Provider] HCBS Training Record

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Choice of Services

(42 CFR 441.301(4)(ii))

Staff will receive training to ensure they understand how to support participants with options for waiver services in settings other than with participants with disabilities. Staff will receive training regarding how to support participants in modifying their services at their request and express their concerns or ask questions regarding the services they receive.

Restrictions and Modifications

(42CFR 441.301(4)(ii)).

Staff will receive training to ensure they understand how to support participants with restrictions/modifications and understand the due process.

Privacy

(42CFR 441.301(4)(ii)) and (42CFR 441.301(4)(iii))

Staff will receive training to ensure they understand the importance of participant privacy and Participants who have expressed their choice as a room or house mate.

Housing Opportunities

(42CFR 441.301(4)(ii))

Staff will receive training to ensure they understand the importance of participants have options available to choose their living arrangements

Code of Conduct

(42CFR 441.301(4)(iii))

Staff will receive training to ensure they understand the importance of treating participants with dignity and respect.

Grievance Procedures

(42CFR 441.301(4)(iii))

Staff will receive training to ensure they understand the importance of participants understanding their rights, grievance process and how to file an anonymous complaint.

If applicable

Staff will receive training to ensure participants are coercion and restraint free.

Freedom of Choice

(42CFR 441.301(4)(iv))

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Staff will receive training to ensure they understand the importance of participant's freedom of choice, individual initiative, and independence in making their own informed decisions.

Visitors

(42CFR 441.301(4)(iv))

Staff will receive training to ensure they understand how to support participants who invite family and friends to their home.

Services and Supports

(42CFR 441.301(4)(v))

Staff will receive training to ensure they understand the importance and process to assist participants in having input with their support and services.

I acknowledge receipt of and understanding of the annual training requirements set forth by [Provider] for on-going HCBS compliance. Each [provider] policy has milestone dates identified for completion of the HCBS requirement policies.

Employee Signature

Employee Name (Please Print)

Date