Elderly and Disabled Waiver Program
Consumer Directed Option for Personal Support Services

EMPLOYER/REPRESENTATIVE
SKILLS INVENTORY/TRAINING CHECK LIST

The following training sessions have been provided to me or my representative and I am able to successfully demonstrate knowledge of these activities:

ACTIVITY	*TRAINING DATE*	*EMPLOYER/ REPRESENTATIVE*	*CARE COORDINATOR*
Risks and Responsibilities of Consumer Direction			
Freedom of Choice of Providers			
Individual Rights			
Calculating my budget			
Developing a written job description			
Employee recruitment (hiring attendants)			
Hiring a certified attendant (employee)			
Training employee(s) prior to service delivery on the following: • **CPR** • **First Aid** • **Basic skills necessary to provide my care** • **Confidentiality regarding the services provided** • **Environmental/fire safety** **(All training must be documented in writing and maintained in the employee file)**			
Coaching and disciplining the employee (provide positive and negative feedback)			

Determining my employee's salary			
Paying my employee			
Terminating my employee			
Accessing community resources			
Developing a staffing plan and back up staffing plan			
Mediation, conflict management and problem solving skills			
Revising the care plan; reassessment and review schedules			
Risk Management Intervention: Incident reporting and Unexpected Activity to the Care Coordinator			
Returning to the Traditional Option			
Removal from Consumer Direction			
Miscellaneous:			

Date Completed:_____

EDWP Client:_____

EDWP Representative:_____

EDWP Care Coordinator/Support Broker:_____

Instructions
Elderly and Disabled Waiver
Program CD-PSS

SKILLS INVENTORY/TRAINING CHECK LIST

Purpose: This form is used to document adequate Employer/Employer Representative knowledge of the skills required to participate in CD-PSS and successful completion of Employer/Employer Representative training.

Who Completes/When Completed: The care coordinator completes with the client/client representative. The form will be completed incrementally as each activity has been successfully trained.

Instructions:

1. **General Information**

    a. Provide training and information for each activity listed on the form

    b. Provide referral information for additional resources. Clarify with examples

    c. Ask questions to insure the client or client representative understands his/her role as Employer and is fully prepared to successfully direct personal support services.

    NOTE: Resources for training are available in "Consumer Directed Option Manual, A Guide for the Consumer" developed by ShepherdCare 2005 and "Working Together: Consumer Personal Assistance Training" by Ripple, Kraus, Nelson, Chong, and Temkin.

2. **Obtain Signatures**

    a. Document, by activity, the date training was successfully completed

    b. Obtain client or representative signature of understanding

    c. Care Coordinator signature verifies client or representative has completed the training and is able and capable to perform the activity

    d. Date document when all activities on the form have been trained

    e. Client or Representative and Care Coordinator signatures at the bottom of the form confirm the required training for all activities is complete

NOTE: All training is completed and this document annotated with date(s) of completion and

Client or Representative and Care Coordinator signatures are required before the client is referred to a Fiscal Intermediary services provider for additional enrollment activities.

Distribution: File original in care coordination agency's client record and provide a copy to the client/client representative for his/her records.