

# Self-Direction Annual Training Attestation and Timesheet

## **Directions:**

Complete this form to document that you have received and have been trained on the below stated topics and return to [sdtraining@rcil.com](mailto:sdtraining@rcil.com).

<b>Self-Direction Training Topics Completed:</b>	
<b>Self-Direction Training Manual (45 Minutes)</b> I attest I have completed and understand the information pertaining to RCIL's Self-Direction Training Manual which includes the following training topics: Emergency Procedures and Safety, Sexual Harassment, Harassment & Drug Free Workplace, OPWDD PRAISE, Incident Recognition and Reporting, Corporate Compliance/HIPAA, and Code of Ethics for Direct Support Professionals.	
<b>OPWDD Fire Safety (1.5 hours)</b> I attest I have completed and understand the information pertaining to Fire Safety.	
<b>NYS Mandated Sexual Harassment Prevention Training (40 minutes)</b> I attest I have completed and understand the information pertaining to Sexual Harassment RCIL and New York State. In addition, I am aware that I may direct any questions I have or report any and all information that I become knowledgeable of pertaining to Sexual Harassment to the RCIL Human Resources Department.	
<b>NYS Mandated Electronic Visit Verification (EVV) Training (30 Minutes)</b> I attest to the following: <b>1.</b> I have completed the self-study training on EVV. <b>2.</b> I understand that I am <b>mandated by law</b> to log in at the beginning of each shift and log out at the end of each shift using the EVV system provided by RCIL with GPS enabled. <b>3.</b> I will have the GPS (location) function on my phone turned on at the start and end of my shift. <b>4.</b> I will document in my note if my shift starts or ends at a location other than the participant's residence. <b>5.</b> I will not manually change the start or end time of my shift instead if I have an issue with EVV, I will contact RCIL @ <a href="mailto:sdta@rcil.com">sdta@rcil.com</a> or 315-738-2761. <b>6.</b> I understand that failure to comply with EVV will result in disciplinary actions and may result in separation from employment. Further information on EVV can be found at: <a href="https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/docs/evv_prog_guidelines.pdf">https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/docs/evv_prog_guidelines.pdf</a> (EVV Program Guidelines and Requirements).	
<b>Worker to Complete:</b>	
Participant Name:	
Worker Print Name:	
Worker Signature:	Date:

**Signing and submitting false information may lead to a charge of Medicaid fraud.**

If you have any questions, please contact the Training Specialist by  
**phone:** 315-272-2906 or by **e-mail:** [sdtraining@rcil.com](mailto:sdtraining@rcil.com)