

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.

Self-Direction Training Topics Completed:	
<p style="text-align: center;">Self-Direction Training Manual (45 Minutes)</p> <p>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.</p>	
<p style="text-align: center;">OPWDD Fire Safety (1.5 hours)</p> <p>I attest I have completed and understand the information pertaining to Fire Safety.</p>	
<p style="text-align: center;">NYS Mandated Sexual Harassment Prevention Training (40 minutes)</p> <p>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.</p>	
<p style="text-align: center;">NYS Mandated Electronic Visit Verification (EVV) Training (30 Minutes)</p> <p>I attest to the following:</p> <ol style="list-style-type: none">1. I have completed the self-study training on EVV.2. I understand that I am mandated by law 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.3. I will have the GPS (location) function on my phone turned on at the start and end of my shift.4. I will document in my note if my shift starts or ends at a location other than the participant's residence.5. 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 @ sdta@rcil.com or 315-738-2761.6. 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: https://www.health.ny.gov/health_care/medicaid/redesign/evv/repository/docs/evv_prog_guidelines.pdf (EVV Program Guidelines and Requirements).	
Worker to Complete:	
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