FREE CHECKLIST FOR TRAINING AND COMPLIANCE LEADS

HCBS waiver provider staff training checklist

A free checklist and training record for the training or compliance lead at a Medicaid home and community-based services (HCBS) waiver provider: what to train before solo work, in the first 90 days and every year; rights, choice and the person-centered plan; critical incident recognition and reporting; documentation; and a record for each staff member with who, what, when, trainer, competency check and signature.

This is practice guidance, not legal advice. Your state's approved waiver and its rules decide what training your staff must have, who may teach it and how long records must be kept. Look in your waiver's provider qualifications and critical incident sections, your state Medicaid agency's provider manual, and your licensing agency. Items marked "State rule" are blank on purpose: fill them from your state first.

Record header

Staff name and role	
Hire date	
First solo shift (date)	
State rule or waiver section checked	
Due dates that apply	
Waiver and service	

1. Before solo work

Done and recorded before a person works alone with anyone.

	Item	Draws on	Date done	Initials
☐	The state's required pre-service training is complete and recorded	State rule. Find it first.		
☐	Rights, dignity and choice: the settings rule in plain words, with an example of each quality	Settings rule (42 CFR 441.301)		
☐	Read the person-centered service plan of each person they will support, and sign and date that they did	Plan rule (42 CFR 441.301)		
☐	Learn each person's way of communicating, their preferences, and their back-up plan	Plan rule (42 CFR 441.301; CMS core competencies)		
☐	Recognize the critical incident types in your state, and know whom to tell and by when	Incident rule (42 CFR 441.302; CMS waiver application)		
☐	Abuse, neglect and exploitation: signs, and the duty to report	Code of Ethics (NADSP Code of Ethics; CMS core competencies)		
☐	Confidentiality and privacy, in your organization's words	Code of Ethics (NADSP Code of Ethics; CMS core competencies)		
☐	Emergency steps and how to get help on every shift, including who is on call	Our suggestion		
☐	Documentation basics: what to write, where, and by when, in see-and-hear wording	Competency area (NADSP Competency Areas; CMS core competencies)		
☐	A trainer watches the staff member do the key tasks, and signs that they are ready	Our suggestion		
☐	*Your own required item:*			
☐	*Your own required item:*			

2. First 90 days

Added in the first three months, with a supervisor.

	Item	Draws on	Date done	Initials
☐	Shadow shifts with a trained mentor, then observed shifts with a written note	Our suggestion		
☐	Person-centered practices: how each plan's goals show up in a shift	Competency area (NADSP Competency Areas; CMS core competencies)		
☐	Communication: respectful, clear, and in the way each person communicates	Competency area (CMS core competencies)		
☐	Positive behavior supports and each person's crisis plan, as your state and clinician allow	Competency area (CMS core competencies; NADSP Competency Areas)		
☐	Community inclusion: support a person to do what they chose, in the community	Settings rule (42 CFR 441.301; CMS core competencies)		
☐	Health and wellness: recognize a change and tell the right person	Competency area (CMS core competencies; NADSP Competency Areas)		
☐	Any state-required topic with a later due date, marked with the date it is due	State rule. Find it first.		
☐	A supervisor reads three of the staff member's notes and gives feedback	Our suggestion		
☐	A 90-day review: what is signed off, what is still open	Our suggestion		
☐	*Your own required item:*			
☐	*Your own required item:*			

3. Every year

Repeated or refreshed each year, and when a plan changes.

	Item	Draws on	Date done	Initials
☐	The state's annual hours, completed and recorded by the due date	State rule. Find it first.		
☐	Refresh: rights, choice and the settings rule, with a new example from this year	Settings rule (42 CFR 441.301)		
☐	Refresh: critical incident types, reporting, and any change to your state's timeframes	Incident rule (42 CFR 441.302)		
☐	Retrain on a person's plan when it changes. Plans are reviewed at least every 12 months, and sooner when needs change or the person asks	Plan rule (42 CFR 441.301)		
☐	Confidentiality refresher and a documentation spot-check	Competency area (NADSP Competency Areas; NADSP Code of Ethics)		
☐	A performance evaluation tied to the competencies and the next year's training plan	Our suggestion		
☐	A records check: every file has the proof of each required item, signed and dated	Our suggestion		
☐	*Your own required item:*			
☐	*Your own required item:*			

Critical incident card

Fill in from your state's waiver and rules, print, and keep one where every staff member can reach it on shift. From July 9, 2027 (our arithmetic), the types are the federal minimum for a state's definition; your state may add more.

Type named in 42 CFR 441.302(a)(6)	Your state's wording and examples
Verbal, physical, sexual, psychological, or emotional abuse	
Neglect	
Exploitation including financial exploitation	
Misuse or unauthorized use of restrictive interventions or seclusion	
A medication error resulting in a telephone call to, or a consultation with, a poison control center, an emergency department visit, an urgent care visit, a hospitalization, or death	
An unexplained or unanticipated death, including but not limited to a death caused by abuse or neglect	

Other types my state names	
Who reports	
Report to (names, phone, web form)	
Deadline	
Emergency first: when someone is in danger	Call emergency services.
Supervisor on call	

If something happens: five steps

1. **Make sure the person is safe and get help.** Call emergency services first when someone is in danger.
2. **Report to the people your state names (often through your supervisor), within its timeframe.** Your waiver's critical incident section names the types, who reports and the timelines. Staff carry a one-page card with both.
3. **Write what you saw and heard.** Facts, times and the person's own words, with no guesses about why. Use the same wording as daily notes.
4. **Tell your supervisor, then follow up.** Know who reviews it, what happens next and what your organization records.
5. **Debrief with care.** Offer the person and the staff a chance to talk. Look for what to change.

Where this comes from: 42 CFR 441.302; CMS, 1915(c) waiver application; CMS core competencies; NADSP Code of Ethics. The steps are ours.

Rights, choice and the person-centered plan: five questions for the trainer

☐ Can the staff member name the qualities of an HCBS setting in their own words, and give an example for each?
☐ Have they read each person's plan, and can they say what matters to that person?
☐ Do they offer a choice before they decide for someone?
☐ Do they know which restrictions, if any, are written in a person's plan, and that a house rule is not one?
☐ Do they know whom to tell when a rule, a practice or another person limits a person's choices?

Where this comes from: 42 CFR 441.301.

Documentation: what a note holds

☐ What happened, in what the person said and did, with the day and time.
☐ Who was there, and who was told, and when.
☐ Nothing that guesses at why. The behavior support professional reads the pattern.
☐ Completed in the time your state or organization sets.
☐ Kept where your policy says, and shared only with people who need it.

Where this comes from: NADSP Competency Areas; CMS core competencies. The list is ours.

Settings rule in staff practice

Community integration (c)(4)(i)	Offer and plan community outings, work and volunteer choices. Do not make a facility schedule the default for everyone.
Choice of setting (c)(4)(ii)	Know what is in the plan about where the person chose to live and work, and pass on any wish to change.
Privacy, dignity, respect, freedom from coercion (c)(4)(iii)	Knock and wait. Ask before sharing anything private. Offer choices; never use threats or pressure. Report any restraint as your state requires.
Autonomy in daily life (c)(4)(iv)	Let the person decide the day where the plan allows. Ask before doing for someone what they can do for themselves.
Choice of services and providers (c)(4)(v)	Take a request to change a support or a staff member seriously, and take it to the person's team the same day.
Provider-owned residential settings (c)(4)(vi)	A house rule is not a plan. Staff follow only the restrictions written in the person's plan, and ask the team when a rule seems to limit a right.

Where this comes from: 42 CFR 441.301. The right-hand column is ours.

Training record

One record for each staff member. Fill in the header on page 1, then add a row for each training or observed task. The staff member and the trainer both sign.

Date	Training topic or task	Length	Trainer and role	Competency check (how, result)	Staff signature	Trainer signature

A training record, five rows filled in

Made up, for teaching. Marisol T. is an invented direct support professional hired on March 1, 2027, at an invented provider.

Date	Training topic or task	Length	Trainer and role	Competency check (how, result)	Staff signature	Trainer signature
Mon Mar 1, 2027	Rights, dignity and choice (settings rule)	45 min	Dana W., training coordinator	Role-play: offered two choices before a task; passed	M. Torres	D. Walker
Mon Mar 1, 2027	Reading the plan of the person I will support	30 min	Dana W., training coordinator	Told back the person's three goals and back-up plan; passed	M. Torres	D. Walker
Tue Mar 2, 2027	Critical incidents: types, whom to tell, timeline	40 min	Sam P., program director	Scenario: abuse sign at a shower; named the call and the time limit; passed	M. Torres	S. Patel
Wed Mar 3, 2027	Documentation: what you saw and heard	30 min	Dana W., training coordinator	Rewrote three labels as facts; one needed a second try; passed	M. Torres	D. Walker
Fri Mar 5, 2027	Observed shift with mentor	4 hr	Lee K., mentor DSP	Observation checklist: ready for solo work	M. Torres	L. Kim

What to keep for a state review

1. The dated record, signed by the staff member and the trainer.
2. The outline or slides, or a link to the course and its completion record.
3. Who the trainer is and why they may teach it, if your state requires it.
4. How you checked the skill: what was observed, by whom and the result.
5. The state rule or waiver section the item relates to.

How long to keep records is set by your state and your funder. Ask your state Medicaid agency.

Before a review: an eight-point check

☐ You have the state's rule for your waiver service and know where to find the next change.
☐ You have the waiver's provider qualifications and critical incident sections, or the answer from your state.
☐ Each staff member has a record with every required item, a date and two signatures.
☐ Each staff member read each person's current plan before supporting them, and again after a change.
☐ Every staff member can say the critical incident types and whom to tell, and by when.
☐ A trainer watched each key task before solo work.
☐ Annual items have due dates, and someone owns the list.
☐ Records are kept where the state or funder says, and found in minutes.

Set up the record in six steps

1. **Find your state's rule.** Open the state finder, then the waiver and the provider manual. Write each requirement, its source and its due date at the top of the record.
2. **Fill in the record header.** Staff name, role, hire date, first solo shift and the due dates that apply.
3. **Run the pre-service band.** Teach each item, check the skill, and have the staff member and trainer sign and date it.
4. **Add each person's plan.** Each person the staff member supports gets a row: plan read, date, and who explained it.
5. **Run the first 90 days.** Shadow and observed shifts, a supervisor's read of notes, then a 90-day review.
6. **Repeat each year and when a plan changes.** Annual hours, refreshers and a records check, with a new row for each change.

Dates in the Access Rule that touch direct care workers

May 10, 2024	The final rule is published in the Federal Register (89 FR 40542).
July 9, 2024	The rule takes effect.
July 9, 2027	States must comply with the incident management requirements in 441.302(a)(6) "beginning 3 years after July 9, 2024," except the electronic information system in (a)(6)(i)(B).
July 9, 2029	The information system requirement applies "beginning 5 years after July 9, 2024."
July 9, 2030	The payment adequacy requirements in 441.302(k) apply "beginning 6 years after July 9, 2024."

The calendar dates in the left column are our arithmetic from the text. For a state that pays for HCBS through managed care, the rule ties the date to the first contract rating period on or after that point. Your state may act earlier.

Where each part comes from

Read November 16, 2026. The quoted lines are as published; the checklist items, the three bands, the record and the worked record are ours. None of these organizations has reviewed or endorsed this checklist.

1. **Social Security Act section 1915(c).** Social Security Administration, Compilation of the Social Security Laws, section 1915, subsection (c): home or community-based services waivers and the state assurances. https://www.ssa.gov/OP_Home/ssact/title19/1915.htm
2. **42 CFR 441.301.** Electronic Code of Federal Regulations, Title 42, section 441.301, contents of a request for a waiver: the person-centered service plan (c)(1) to (3) and the home and community-based settings qualities (c)(4); text current as of November 12, 2026. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301
3. **42 CFR 441.302.** Electronic Code of Federal Regulations, Title 42, section 441.302, state assurances: (a) health and welfare, including the incident management system in (a)(6), and (k) HCBS payment adequacy; text current as of November 12, 2026. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.302
4. **Federal Register, 89 FR 40542 (May 10, 2024).** Centers for Medicare & Medicaid Services, "Medicaid Program; Ensuring Access to Medicaid Services," final rule, 89 Federal Register 40542, May 10, 2024 (effective July 9, 2024), document 2024-08363. https://www.federalregister.gov/documents/2024/05/10/2024-08363/medicaid-program-ensuring-access-to-medicaid-services
5. **CMS, Home & Community-Based Services 1915(c).** Medicaid.gov, "Home & Community-Based Services 1915(c)": the program basics a state HCBS waiver must meet. https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c
6. **CMS, HCBS Health and Welfare.** Medicaid.gov, "Home & Community Based Services Health and Welfare": states and the incident management system. https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-guidance-additional-resources/home-community-based-services-health-and-welfare
7. **CMS, 1915(c) waiver application (version 3.5).** Medicaid.gov, "Application for a §1915(c) HCBS Waiver," version 3.5: the form each state completes, including Appendix C (provider qualifications) and Appendix G-1 (critical events or incidents). https://www.medicaid.gov/medicaid/home-community-based-services/downloads/hcbs-waivers-application.pdf
8. **CMS Direct Service Workforce core competencies (2014).** Centers for Medicare & Medicaid Services, Direct Service Workforce Core Competencies, final set, December 2014 (developed through the National Direct Service Workforce Resource Center). https://www.medicaid.gov/sites/default/files/2019-12/dsw-core-competencies-final-set-2014.pdf
9. **NADSP Competency Areas.** National Alliance for Direct Support Professionals (NADSP), The NADSP Competency Areas, 15 areas with skill statements, as published on nadsp.org. https://nadsp.org/resources/competency-areas/
10. **NADSP Code of Ethics.** National Alliance for Direct Support Professionals (NADSP), The NADSP Code of Ethics (revised 2026), tenets as published on nadsp.org. https://nadsp.org/resources/the-nadsp-code-of-ethics/

One next step: if your staff support autistic people, the Level 1 ABA Online Training Course for groups introduces autism and behavior-support foundations. $99 per learner · One-time purchase · Each learner has 12 weeks of access from the day they activate their code · Free 7-day trial of the first 2 sessions.

Related free tools: State-required DSP training hours · DSP training and HR toolkit · DSP onboarding checklist · Staff training sign-in sheet · DSP incident report template