

DEFINITIONS:

Date: The day, month and year of the training
Title: Name of the in-service/training
Hours: The length in time of the in-service/training lasted

0 - 15 minutes	=	0.25
16 - 30 minutes	=	0.50
31 - 45 minutes	=	0.75
46 - 60 minutes	=	1.00

SIGNATURE: Required

A signature is required from the person giving/teaching the in-service/training. If a video was shown, the signature of the Project Director or an authorized designee will be accepted.

VERIFICATION

This is to certify that _____, Access Care Coordinator for the _____, has
(Project's Name)
obtained the required training hours needed to maintain his/her certification as an Access Care Coordinator per Chapter 1, Section 11 (a) A., of the Wyoming Home Services Rules and Regulations.

Project Director Signature: _____ **Date:** _____

*Project Directors must have a Board Member's signature or Supervisor.

OFFICE USE ONLY:

Date received: _____ Returned: _____

Approved by: _____ Reasons: _____

Certification Expiration: _____

WYOMING DEPARTMENT OF HEALTH
AGING DIVISION

**Wyoming Home Services
& National Family
Caregiver Support Program
Contact Hours**



BOOKLET IS DUE BY: July 22, 2024

**FISCAL YEAR:
JULY 1, 2023—JUNE 30, 2024**



Wyoming
Department
of Health

NAME: _____

AGENCY: _____

DATE: _____



RULES
Chapter 1
Wyoming Home Services

Section 11. Care Coordination.

All grantees shall employ a case manager.

Case Manager Qualifications:

- Be at least 21 years of age;

- Meet at least one of the following criteria:

- Have completed at least forty-eight (48) semester hours or seventy-two (72) quarter hours of post-secondary education in health care, elderly care, health management, facility management, or other related fields from a college or institution.

- Have at least two (2) years of experience in social services working with the elderly or people with disabilities.

Access Care Coordinator responsibilities include, but are not limited to:

- Complete contact hours of job related continuing education, each State fiscal year starting July 1 through June 30, as specified by the Division;
- Perform Client assessments as specified in Section 13 of the Rules; and,
- Monitor all service provisions.

Contact Hours
Continuing Education Units

Requirements:
Date, Title of the Program, Number of Hours, and Trainer

DATE:	TITLE:	HOURS:	SIGNATURE:

TOTAL HOURS: _____