

# HCBS Training Summary

Retain for Evidence of Participation



HOME AND  
COMMUNITY-  
BASED  
SERVICES  
WYOMING MEDICAID  
DIVISION OF HEALTHCARE FINANCING

*Individuals delivering or monitoring the delivery of HCBS waiver services are required to participate in trainings identified by the Wyoming Department of Health, Division of Healthcare Financing (Division). This includes providers, case managers, employers of record, and their employees. Wyoming Medicaid Rules require that qualification standards are met and evidence of all completed training is retained in employer files. A single form for all staff will not be accepted.*

*This document can be used to show evidence of participation in the Provider Training Series Modules, Case Manager Training Series, Participant-Directed Trainings, and all other training offered by the Division of Healthcare Financing, Home and Community Based Services Section. **Each individual must complete this form for each training module they complete. Documentation must be made available to the Division upon request in order to demonstrate participation in each required training.***

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Provider Name** \_\_\_\_\_ **Module #:** \_\_\_\_\_  
(if applicable): \_\_\_\_\_ (if applicable): \_\_\_\_\_

**Training Title:** \_\_\_\_\_

1. Write a short summary of the information that was presented in this training module.
  
  
  
  
  
  
  
  
  
  
2. What did you find most interesting in this presentation? Explain why.
  
  
  
  
  
  
  
  
  
  
3. What did you find most helpful in this training? Explain why.
  
  
  
  
  
  
  
  
  
  
4. How can you use what you've learned to improve the services you deliver?
  
  
  
  
  
  
  
  
  
  
5. On what subject do you need more information or clarification?