

CCW Provider Evidence of Participant-Specific Training



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

Chapter 34 of Wyoming Medicaid Rules requires case managers to provide participant-specific training to one provider staff member designated by the provider agency. Provider agencies are then required to ensure that each direct care worker receives the participant-specific training prior to delivering services. **Documentation shall include verification of completed trainings, the date training was completed, who conducted the training, and how the staff member demonstrated understanding.**

Participant-specific training is necessary to frame individualized support through the eyes of the participant based on their unique needs, desires, goals, and preferences. This is accomplished by knowing each person well, developing close and continuous relationships, ensuring meaningful activity, and prioritizing the individual's preferences - whether articulated or simply observed.

Participant Name: _____ Agency: _____

Agency Representative Providing Participant-Specific Information: _____

I have shared the participant-specific information noted in the service referral with the trainee listed below.

Agency Representative Signature: _____

Trainee Name: _____ Training Date: _____ Plan Start Date: _____

- **I have received the participant-specific information and am able to apply it during my interactions with the participant.**

Trainee Signature: _____

Possible Participant-Specific Considerations

<ul style="list-style-type: none"> ● Personal illness experiences, attitudes ● Care engagement, involvement level ● Attitude about receiving care ● Participant care goals, personal motivations ● Environmental safety concerns ● Physical determinants to care - comfort, temperature, lighting, noise, privacy ● Social determinants to care - presence of family/friends ● Preferred name/way to address (title) ● Verbal, vocal, nonverbal & behavioral cues ● Physical determinants to communication - comfort, temperature, lighting, noise, privacy ● Social determinants to communication - presence of family/friends ● Memory / level of understanding / physical impairments 	<ul style="list-style-type: none"> ● Conversational style, pacing ● Time orientation, personal space ● Touch, gestures ● Language ● Traditions, customs ● Beliefs, cultural influences on health ● Hobbies, interests ● Important family, friends, influences ● Loves/must-haves - Dislikes/must-nots ● Essential Routines ● Participant Concerns / Worries / Fears: <ul style="list-style-type: none"> ○ Economic, social, environmental ○ Health, safety, medication ○ Seasonal ● Participant Needs / Preferences / Risks: <ul style="list-style-type: none"> ○ Mobility, positioning, touch ○ Meals, snacks, beverages ○ Adaptive equipment use & maintenance ○ Personal environment, home
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