

# **Training for Case Managers:**

## **Home and Community-Based Services (HCBS)**

### ***Waiver Assurances to Improve Quality***

Date:

### **Agenda**

I. Introductions (15 minutes)

II. Waiver Basics (20 minutes)

III. Roles in Quality (20 minutes)

*Break (10 minutes)*

IV. Assurances in Action (170 minutes)

a) Level of Care

b) Service Plan

c) Qualified Providers

*Break (10 minutes)*

d) Health and Welfare

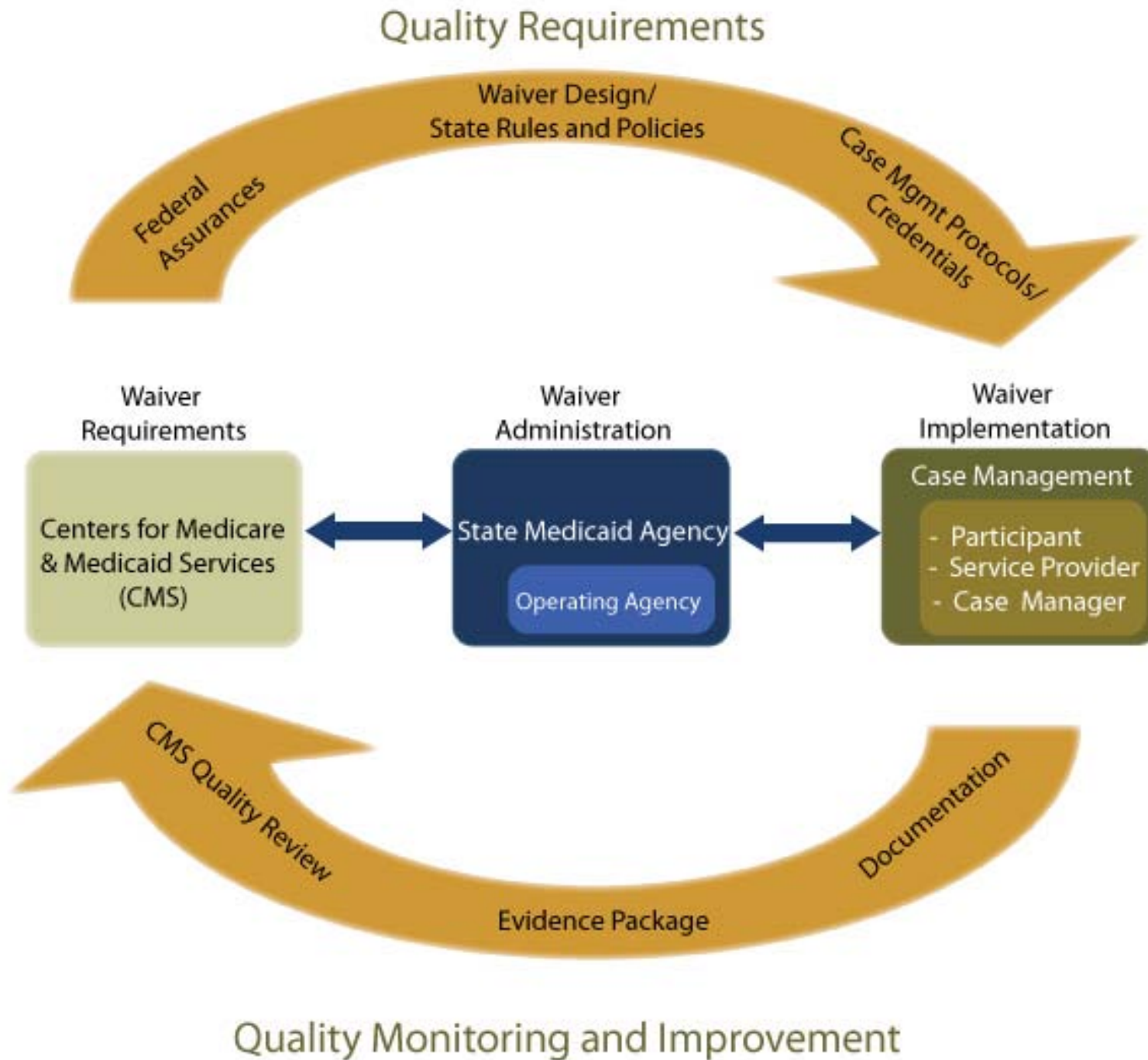
e) Financial Accountability

f) Administrative Authority

V. Wrap-Up and Evaluation (5 minutes)

# HCBS ROLES IN QUALITY

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# Training Evaluation

## Home and Community-Based Services (HCBS) Waiver Assurances to Improve Quality

Please indicate your reaction to the following statements:

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

The training content:

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Covered useful information               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Was practical to my job and interests    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Was well organized                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Was presented at the right level         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Included effective activities            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Included useful visual aids and handouts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The trainer:

- |                               |                       |                       |                       |                       |                       |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. Presented material clearly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Invited participation      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Was knowledgeable          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. How do you rate the training overall?

Excellent    Good    Average    Poor    Very poor

**Thank you!!**