

## CONVENER'S NOTES PAGE

**This page is provided to make it easier to capture notes about who attended your session, what happened in the meeting, and what can be done next.**

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### **RED FLAG ISSUE: – Provider Training**

<b>The provider received 8-hrs of annual in-service related to implementation of individually tailored services specific to Adult Day Training.</b>	<b>62</b>	<b>33.9%</b>
<b>The provider received training in Person Centered Approach/Personal Outcome Measures. (5 day POM training for WSCs addressed under WSC specific training requirements)</b>	<b>1,731</b>	<b>32.6%</b>
<b>The provider received training specific to the needs or characteristics of the individual as required to successfully provide services and supports. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)</b>	<b>1,146</b>	<b>31.8%</b>
<b>The provider received training with an emphasis on choice and rights(Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)</b>	<b>1,147</b>	<b>30.3%</b>
<b>The provider received training on the Medicaid Waiver Services Agreement, its Attachments and the Developmental Disabilities Waiver Services Coverage and Limitations Handbook and its appendices. (Included in 34 hour Statewide and 26 hour Area Specific tra</b>	<b>1,147</b>	<b>29.6%</b>
<b>The provider received training in Zero Tolerance.</b>	<b>1,736</b>	<b>28.3%</b>
<b>The provider received training specific to the scope of the services rendered. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)</b>	<b>1,147</b>	<b>27.6%</b>
<b>The provider received training in the development and implementation of the required documentation for each waiver service provided. (Included in 34 hour Statewide and 26 hour Area Specific training for WSCs/CDC+ Consultants)</b>	<b>1,145</b>	<b>27.4%</b>

**CONVENER(S):**

(Person who is taking notes and will present back to group. Please select a person from the group for this role.)

**GROUP PARTICIPANTS:**

(Please pass this around the circle during your session so that everyone can sign it.)

**SOME QUESTIONS to CONSIDER:**

Why is it important to have training?

Where can providers get training?

What can Needs and Characteristics training look like?

**SUMMARY OF KEY POINTS, CONCLUSIONS**

**NEXT STEPS:**