

# Overview of Serving Individuals with Developmental Disabilities & Overview of Basic Principles and Requirements of HCBS Waiver Services

NORTHWEST OHIO WAIVER ADMINISTRATION COUNCIL  
(NOWAC)

## CORRESPONDENCE COURSE NOW AVAILABLE!!

**County Board, Independent and Agency provider staff will benefit from this training.**

A 2 hour correspondence course that meets two of the provider certification rule training requirements in the areas of overview of serving individuals with developmental disabilities and overview of basic principles and requirements of providing HCBS waiver services. This course will cover characteristics of individuals with developmental disabilities, service planning/team processes/communication, best practices, responsibilities of a provider, Medicaid and waivers, monitoring and oversight of services, submission and payment of claims (billing), and resources for additional information and assistance.

### LOCATION

You take the class in the comfort of your own home. Training packets may be either emailed to you or you may pick up a training packet from the NOWAC Office, 815 E Second St, Suite B, Defiance, OH.

### CONTINUING EDUCATION

Continuing education credits from The Department of Developmental disabilities (DODD) are available in the areas of Adult Services/Day habilitation, Early Intervention, Investigative Agent, Service & Support Administration, and Supt/Asst Supt (Services/Programs/Supports Stream). In order to receive credit and a certificate of completion, you must return the quiz and obtain a passing grade.

### COST

\$25.00 per person registration fee.

### REGISTRATION AND PAYMENT

To register, mail your registration form & payment to: Laurie Schey, NOWAC, 815 E Second St, Suite B, Defiance, OH 43512. Checks should be made payable to NOWAC. You may also register via email by sending your registration form to [laurie@nowac.com](mailto:laurie@nowac.com). Please call Michelle at (419) 782-4011 with questions.

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### REGISTRATION FORM:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency/Board/Independent Provider: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ (cost is \$25.00 per person)