



North Carolina Department of Health and Human Services
Division of Aging

2405 Mail Service Center • Raleigh, North Carolina 27699-2405
Courier 56-20-25 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director
(919) 733-3983

December 9, 2003

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES AND AREA MENTAL HEALTH PROGRAM DIRECTOR:

ATTENTION: ADULT CARE HOME CASE MANAGERS AND THEIR SUPERVISORS

We are pleased to offer the **Adult Care Home Case Management Services Basic Training** in two locations this fiscal year: Cumberland County DSS on February 3, 2004 and Yadkin County DSS on March 11, 2004. The one-day workshop is designed specifically for adult care home case managers working either in county departments of social services or in area mental health/developmental disabilities programs.

The full day of training provides participants an opportunity to learn the policies contained in the Adult Care Home Case Management Services Manual (Volume V, Chapter IX of the Family Services Manual). The workshop will begin with registration at 8:30 AM and will end by 4:30 PM. By the end of the workshop, participants will have a working knowledge of Adult Care Home Case Management Services policy, procedures, and practice guidelines. It is primarily directed to new adult care home case managers or those staff who have not previously received the Adult Care Home Case Management Basic Training; there is no prerequisite to this training.

Geoff Santoliquido, Adult Services Program Coordinator, will conduct the workshops. County staff may register for whichever workshop location is most convenient. Each county may register as many persons as deemed appropriate unless space becomes an issue at a particular training site.

You must pre-register even though there is no registration fee. Due to State budget shortfalls, we regret that we are unable to provide refreshments at the breaks. Participants are welcome to bring their own snacks and beverages to the training event. Space is limited at each site, so **please return registration at least two weeks in advance of the chosen event**. A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging, Adult Social Services Section, 325 North Salisbury Street, 2405 MSC, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>. Registrants will be sent a confirmation letter, directions to the workshop site, and a list of local lodging accommodations. If you need additional workshop information, you may contact your Adult Programs Representative or Geoff Santoliquido at (919) 733-3818.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne P. Merrill".

Suzanne P. Merrill, Chief
Adult Social Services Section

Enclosure
AFS-17-2003

ACH/CMS Basic Training Agenda

Registration	8:30 AM -9:00 AM
Morning Session	9:00 AM – Noon
Lunch	Noon - 1:00 PM (lunch on your own)
Afternoon Session	1:00 PM – 4:30 PM
Adjourn	4:30 PM

Please bring a copy of the Adult Care Home Case Management Manual (Vol. V, Ch. IX) with you.

A printable .pdf version of the entire body of the ACH/CMS manual with the traditional page headers can be obtained by clicking on the hyper link labeled “ACH-CMS Manual” at the bottom of Change Notice 6-2003.

For your convenience, this link will take you directly to the pdf file:

http://info.dhhs.state.nc.us/olm/manuals/dss/afs-09/chg/achcm_1003.pdf

Printable versions of each Appendix to the ACH/CMS manual are obtained by visiting the on-line HTML version of each appendix and selecting the link offered for the pdf printable version of that appendix. Here is a link to the table of contents for the HTML version of the manual:

<http://info.dhhs.state.nc.us/olm/manuals/dss/afs-09/man/index.htm>

You may also request a copy of the manual by email: Geoff.Santoliquido@ncmail.net.

Adult Social Services Section, NC Division of Aging Registration Form
 (Forms faxed or mailed prior to the date registration opens will NOT be considered)

Have you attended the prerequisites for this training event? (For prerequisite information please refer to the training description)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable for this Training
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First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name?

"Goes By" Name: _____ Social Security Number: _____ Gender: Female Male
 (SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Eskimo <input type="checkbox"/> Mixed Race

Home Phone (please include area code): _____ Work Phone & Extension (please include area code): _____
 () _____ () _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type: <input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business
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Work Type: <input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable
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Program Responsibilities: If you are NOT a county DSS worker, please skip to the next box (Check all that apply) <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other
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Other Roles: Complete this box if you are NOT a county DSS worker <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other

Highest Degree <input type="checkbox"/> HS <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor	Highest Social Work Degree <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW
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Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: Adult Care Home Case Management Services Basic Training

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____