

2024 EPSDT Support Coordination Training

Appendix W-4

Project: EPSDT Support Coordination Training				Agency/Region	
I viewed the 2024 EPSDT Support Coordination Training Module with the trainer and read the entire 2024 EPSDT Support Coordination Training Handbook and Appendices to complete the required Annual EPSDT Support Coordination training.					
Print Name	Signature (Agrees with the above statement)	Position	Does the SC have EPSDT cases?	Date Training Module Completed	Date Handbook and Appendices Completed

I certify that training provided contained all necessary information to assure the individual is knowledgeable of the services available to EPSDT eligible individuals.

Date:_____

Signature of Trainer

Please submit a print out of your **Staff List Report from LSCIS with the completed **Training Log** . All **active EPSDT SCs, Supervisors and the Trainer** are to receive the annual EPSDT training following the annual training at LDH.*

All new hires are to receive the training as part of their orientation and prior to be being assigned an EPSDT caseload or prior to beginning supervision of EPSDT Support Coordinators. **Please submit documentation of new hire training with the Quarterly Report or as it is completed.*