



Participant Direction Option (PDO) Training

Training Evaluation

Date _____ Trainer _____

Please circle training delivery method: e-learning or instructor led

Please circle who you are: LTC support staff or Case manager. Please read the following statements carefully. Indicate by circling the number in the box whether you agree or disagree with the statements.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
This training helped me to better understand the PDO program.	5	4	3	2	1
This training explained the PDO requirements.	5	4	3	2	1
The trainer allowed enough time to cover all the material.	5	4	3	2	1
The PowerPoint slides were helpful.	5	4	3	2	1
The trainer was knowledgeable about the PDO program.	5	4	3	2	1
The trainer interacted effectively with the trainees.	5	4	3	2	1
I had opportunities to ask questions during the training.	5	4	3	2	1

What aspect of the training was most helpful?

Please answer additional questions on the back.

What aspect of the training was least helpful?

Please share something you learned today and state how it applies to your work:

What improvements would make this training more effective?

I hereby attest that I have attended PDO Training.

Signature: _____ Date: _____



Simply Healthcare Plans, Inc. follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means Simply Healthcare won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, Simply Healthcare offers these modifications, auxiliary aids, and services to communicate effectively with us, at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Grievance Coordinator at 1-877-372-7603, ext. 106-121-0301.

Your rights

Do you feel you didn't get these services, or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Grievance Coordinator	Phone: 1-844-406-2396 (TTY 711)
Simply Healthcare Plans, Inc.	Fax: 1-866-216-3482
P.O. Box 62429	Email: flmedicaidgrievances@simplyhealthcareplans.com
Virginia Beach, VA 23466-2429	

Need help filing? Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.

Do you need help with your health care, talking with us, or reading what we send you? Call us toll free at 1-844-406-2396 (TTY 711) for Florida Medicaid or 1-844-405-4298 (TTY 711) for Florida Healthy Kids or 1-877-440-3738 (TTY 711) for Long-Term Care to get this for free in other languages or formats.

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¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Llámenos a la línea gratuita al 1-844-406-2396 (TTY 711) para Florida Medicaid o 1-844-405-4298 (TTY 711) para Florida Healthy Kids o 1-877-440-3738 (TTY 711) para Long-Term Care para recibir esto gratuitamente en otros idiomas o formatos.

Èske ou bezwen èd ak swen sante ou, èd pou pale ak nou, oswa pou li sa nou voye ba ou? Rele nou gratis nan 1-844-406-2396 (TTY 711) pou Florida Medicaid oswa 1-844-405-4298 (TTY 711) pou Florida Healthy Kids oswa 1-877-440-3738 (TTY 711) pou Long-Term Care pou w jwenn sa gratis nan lòt lang oswa nan lòt fòm.

Vous avez besoin d'aide pour vos soins de santé, pour communiquer avec nous ou pour lire les documents que nous vous envoyons ? Appelez-nous à notre numéro gratuit 1-844-406-2396 (TTY 711) pour Florida Medicaid ou 1-844-405-4298 (TTY 711) pour Florida Healthy Kids ou 1-877-440-3738 (TTY 711) pour Long-Term Care afin d'obtenir ceci gratuitement dans d'autres langues ou formats.

Ha bisogno di supporto con l'assistenza sanitaria, per parlare con noi oppure leggere ciò che le abbiamo inviato? Ci contatti al numero gratuito 1-844-406-2396 (TTY 711) per Florida Medicaid, 1-844-405-4298 (TTY 711) per Florida Healthy Kids o 1-877-440-3738 (TTY 711) per Long-Term Care per ottenere supporto senza costi aggiuntivi in altre lingue o formati.

Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Позвоните нам по бесплатному номеру 1-844-406-2396 (TTY 711) в случае Florida Medicaid, 1-844-405-4298 (TTY 711) в случае Florida Healthy Kids или 1-877-440-3738 (TTY 711) в случае Long-Term Care, чтобы получить эти материалы на другом языке или в другом формате.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-406-2396 (TTY 711) for Florida Medicaid or 1-844-405-4298 (TTY 711) for Florida Healthy Kids or 1-877-440-3738 (TTY 711) for Long-Term Care or speak to your provider.