



# Behavioral Health Services Integrated Regulations Provider Agency Training

## TRAINING EVALUATION FORM

Please use the scale described below and circle the number that best identifies your opinion of the following statements:

Rating Scale: 1 / *Not at all* 2 / *To some extent* 3 / *OK – a few gaps* 4 / *Very Good* 5 / *Excellent*

1. The day's learning objectives were well described.

1                      2                      3                      4                      5

2. The course content matched the stated learning objectives.

1                      2                      3                      4                      5

3. The trainers provided ample opportunity for discussion and Q&A.

1                      2                      3                      4                      5

4. The trainers responded well to participant questions, and requests for information.

1                      2                      3                      4                      5

5. The day's presentations increased participants' knowledge and understanding of the Behavioral Health Services Integrated Regulations.

1                      2                      3                      4                      5

6. The trainers clearly described the new Medicaid behavioral health services and billing codes.

1                      2                      3                      4                      5

7. The information presented will help you / your agency transition operations to the new Regulations.

1                      2                      3                      4                      5

Comments or Recommendations:

---

---

---

---