ECC Checklist

Date received for peer review:		Date returned to PSS:		Presenting PSS Name:	
PSS Peer Review Signature:		Date:		CM Name & Phone number:	
Participant Name:		Participant Age:		Date the request submitted to PSS from CM:	
Case Manager:		Waiver:		Med ID #:	
Is participant currently on another waiver?		If yes, which waiver?		Date ECC is scheduled:	
Required Documentation from PSS: BA Adjustment Decision form, signed and dated, including reason for approval, partial approval, denial ECC Budget Request Form IPC pages as relevant (Needs, Risks, Restrictions page, Medical Information) Psychological Report ICAP Information or recommendations from field staff concerning ECC request Required Documentation from Case Manager: If Loss of Primary Caregiver: IBA Adjustment Request form Out-of-Home Placement Request form Out-of-Home Placement Request form Xerox Referral documentation (email, report, etc.) DFS documentation substantiating Abuse, Neglect, Exploitation, or Intimidation (email, report, etc.) Supporting medical documentation Supporting letters from physicians or specialists on letterhead, signed and dated If a person is on parole, court documentation and/or documentation from the person's parole officer					
If Behavioral: ☐ IBA Adjustment Request form - if request form -	on	ths, including type and number ions, restraints and PRN med	er ls.	rs of behaviors, antecedents, de- Use graphs when helpful.	

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Wyoming Department of Health – Behavioral Health Division
☐ Copy of the Functional Behavior Analysis
☐ Copy of the Positive Behavior Support Plan (PBSP)
☐ Summary of how the PBSP has been changed over the past 6 months in response to behaviors
☐ Any supporting IPC pages
☐ Current ICAP and psychological evaluation
☐ Current list of medications
If Medical:
☐ IBA Adjustment Request form
☐ Current list of medications
☐ Recommendations from BHD-DD Medical Case Review
☐ Any supporting IPC pages
☐ Current ICAP and psychological evaluation
If Out-of- Home Placement:
☐ IBA Adjustment Request form
Out-of-Home Placement Request form
☐ Letter of caregiver's primary physician
☐ If request is due to maladaptive behaviors - 5, 6, 7, must be completed
□ Summary of behavior data for 3 to 6 months, including type and numbers of behaviors, antecedents, de-
escalation techniques used, use of restrictions, restraints and PRN meds. Use graphs when helpful.
☐ List of staff members scheduled per shift and other participants in a residential group home or day
habilitation facility site
☐ Copy of the Functional Behavior Analysis
Copy of the PBSP
☐ Summary of how the PBSP has been changed over the past 6 months in response to behaviors
☐ Xerox Healthcare Referral documentation (email, report, etc.)
☐ DFS documentation substantiating Abuse, Neglect, Exploitation, or Intimidation (email, report, etc.)
☐ Supporting medical documentation
☐ Supporting letters from physicians or specialists on letterhead, signed and dated
☐ If a person is on parole, court documentation and/or documentation from the person's parole officer
Current list of medications
☐ Recommendations from BHD-DD Medical Case Review

Attention PSS:

- This *ECC Checklist is required to be attached to the ECC packet as a cover sheet* after the PSS peer review signature has been obtained.
- Submit ECC packets electronically to ECC members *at least two days* before the request is scheduled for review. The email must contain the participant name and the time and date the request is scheduled to be presented.
- Incomplete packets will not be reviewed.

If applicable, date Notice of Adverse Action letter sent: _____

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