



ECC Team Consensus Form

Pursuant to Chapter 46, Section 15 of the Department of Health’s Medicaid Rules, before an ECC request is submitted, the participant’s plan of care team shall meet and come to a consensus that the request is necessary and other support or resource options have been explored.

If desired, the case manager and plan of care team members may use this form to demonstrate consensus of the need for an ECC request.

Participant Legal Name	Case Manager	Approved IBA	Plan Start Date
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What is the team requesting?

Is the ECC request necessary?

How does the request meet Wyoming Medicaid Rules Chapter 46 Sect. 14 and 15?

Describe other support or resource options that have been explored.

Signature of Attendance	Printed Name / Organization	Signature Date	Agree with request	Relationship / Service Provided
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	