|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant Legal Name:** **Participant Age:**  |   | **Select Current Waiver:****Comprehensive** [ ] **Supports Waiver** [ ] **Other** [ ]  **Waiver Name:**  **Plan of Care Start Date:**   |   | **Case Manager:** **BES Name:**  |
| **Living Situation:** Choose an item.*If receiving CLS, please indicate level:* **Level of Service Score:**  |  | **Date of Psychological Evaluation:** **Full IQ Score:**  |  | **Date of ICAP:** * **ICAP General Maladaptive Score**
* **Service Score**
* **Personal Living Score**
 |

**Required documentation for all requests:**

[ ]  ECC Checklist

[ ]  ECC Request form

[ ]  ECC Team Consensus form

[ ]  Individualized Plan of Care

[ ]  List of current medications (i.e., current Medication Assistance Record, pharmacy record)

[ ]  Summary of previous ECC decisions, including dates and results

[ ]  Documentation required in Chapter 46, Section 15(f)(i) – (v) of Wyoming Medicaid Rule

[ ]  All Case Management Monthly Review forms completed and submitted in EMWS

**Required documentation for a request for 24-hour services:**

[ ]  DFS documentation substantiating abuse, neglect, exploitation, or intimidation (email, report, etc.)

[ ]  Documentation demonstrating a participant’s homelessness or loss of a primary caregiver, as defined in Chapter 46, Section 14.

[ ]  Provider attestation that the provider has the capacity and commitment necessary to serve the participant, based on the participant’s identified needs.

**Behavioral Documentation** (For requests related to maladaptive behaviors)**:**

**If the request is due to a behavioral indicator, current documentation of that behavior is needed from the team.**

[ ]  Psychological Report

[ ]  Positive Behavior Support Plan (PBSP)

[ ]  Summary of psychiatric appointments for past three months

[ ]  Summary or graph reflecting data for the last 3-6 months, including type of behaviors, frequency, intensity, and duration of behaviors, antecedents, de-escalation techniques used, use of restrictions, restraints, and PRN medications.

[ ]  Summary of the changes made in the participant’s services, environment, or routine in response to the occurrence of the targeted behavior(s).

[ ]  List the psychologist, behavioral specialist or other medical professional(s) involved in the participant’s recent situation and describe the recommendations received.

[ ]  Completed PAL consultation, with responses to recommendations (if applicable)

[ ]  Summary of law enforcement intervention (if applicable)

**Medical Documentation –** for acute changes, documentation must be within the past six months. IPC must be updated to reflect identified changes**:**

[ ]  Current documentation of the severity of the medical condition, how it contributes to the participant’s disability, and the increased support needed (for requests related to a medical condition or injury)

[ ]  Documentation of the diagnosis and prognosis of the medical condition. Documentation must be dated, signed by the licensed medical professional, and presented on letterhead.

[ ]  Discharge summary (nursing home/medical facility/institution)

[ ]  Summary of medical appointments for past three months

[ ]  Protocols (i.e. medical, mealtime, seizure, positioning, etc.)

[ ]  Doctor’s orders (i.e. therapy, or other services, etc.)