|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.)