

Provider Incentive Pilot: Case Manager Application



Case Manager Name: _____ Date: _____

Case Management Agency Name (if applicable): _____

Email: _____ Phone Number: _____

Provider Statement

Provide a statement explaining your interest in serving a participant with a dual diagnosis of an Intellect and/or Developmental Disability and Mental Illness (IDD/MI). What experience, training, or resources do you have that could lead to a successful transition to Home and Community Based Services for the participant? If you have served a participant with a dual diagnosis in the past, what challenges did you face providing services to them and how did you address those challenges?

Training and Certification Requirements

Case managers are required to have the following training to be eligible for the Provider Incentive Pilot Project.

- ☐ Certification in the [Mandt System](#) or [Crisis Prevention Institute](#) (CPI)
- ☐ Certification in the Home and Community Based Services Section's Medications Assistance Training (MAT)
- ☐ [Positive Behavior Support Planning Process for Case Managers](#) training plus demonstration of understanding in the form of a past Positive Behavior Support Plan you developed.

Upload documents to the Provider Incentive Project Google Drive > Case Manager Applications and Documentation > folder specific to your organization name. These documents include proof of Mandt or Crisis Prevention Institute (CPI) certification, Medications Assistance Training certification, and a past PBSP you developed for an individual you developed that demonstrates a sound understanding of how to develop a sound PBSP.

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If you are in the process of acquiring certification in any of the required training, please provide a timeline indicating the anticipated date of completion.

List any additional continuing education, training or resources you have that may help you to successfully support a person with a dual diagnosis.