

Provider Incentive Pilot: Provider Application



Provider Name: _____ **Date:** _____

Contact Person: _____

Email: _____ **Phone Number:** _____

Provider Statement

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

Training and Certification Requirements

Supervisors, Direct Support Staff (DSS) and other provider staff working directly with the participant are required to have the following training and certification for your organization to be eligible for the Provider Incentive Pilot Project.

- ☐ Certification in the [Mandt System](#) or [Crisis Prevention Institute](#) (CPI)
- ☐ Provider chosen training on additional topic(s) that enhances your organization's ability to support individuals with dual diagnoses.

Please note that the provider chosen training is at the discretion of the provider and should meet the needs of the agency and the individuals it supports. Training on understanding dual diagnosis, Trauma Informed Care and/or Positive Behavior Support may satisfy this criteria.

Upload documents to the Provider Incentive Project Google Drive -> Provider Applications and Documentation -> folder specific to your organization name. These documents include proof of certification in Mandt/CPI for all staff who will be working directly with the participant.

Indicate what provider chosen training you will utilize, a statement explaining how this training will further support staff working with the participant, and proof of completion of this training for all staff who will be working with the participant.

If your organization has not yet implemented the required Mandt/CPI certification and provider chosen training, provide a timeline for your anticipated completion of this requirement.

You will be required to upload proof Mandt/CPI certification and completion of the provider chosen training to the Upload documents to the Provider Incentive Project Google Drive -> Provider Applications and Documentation -> folder specific to your organization name.for all future staff new to working with the participant.

- ☐ List any additional resources your organization uses that may provide supervisors and DSS with the further tools and strategies to provide Positive Behavior Support, Trauma Informed Care, or other relevant tools/resources for supporting the participant. Indicate resources that are specific to supervisors, DSS, or offered to both positions.