Provider Incentive Program for Participant Achievement:
Case Manager Application

HOME & COMMUNITY-BASED SERVICES
WYOMING DEPARTMENT OF HEALTH
DIVISION OF HEALTHCARE FINANCING

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 Program for Participant Achievement.

- 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.

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.

Readiness, Ability and Capacity

Wyoming Medicaid Chapter 45, Section 6 (b) establishes requirements for providers before they accept a participant into services. Ensuring that you as the provider have the capacity, commitment, and resources necessary to provide support to all participants served is critical to ensuring the needs of participants can be met, and the quality of participant's lives can be upheld and thrive.

- Submit a list of your current caseload including participant names and what services each participant is receiving. The list should also include any participants receiving targeted case management (TCM) and participants who may be receiving other waiver services besides case management from you.

- Submit with your application an attestation regarding you or your organization's capacity to continue to serve current participants during the Pilot Project.