Provider Incentive Program for Participant Achievement:
Case Manager Readiness Assessment

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:** _____

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.

The following section requires an analysis of your readiness, ability, and capacity to support the success of a participant transitioning from the Wyoming State Hospital to a community based setting, in addition to all participants served by you.

1. To ensure ongoing and effective support of the participant, the requirements of the Provider Incentives Pilot Project for the case manager are more intensive and include a weekly meeting with the participant. How will you ensure your ability to meet these requirements in addition to supporting the other participants on your caseload? What challenges do you anticipate, and what are your ideas for addressing those challenges?

2. To support the successful transition of the participant into a community based setting, you will be responsible for guiding the participant's team in developing a Functional Behavior Assessment (FBA) and a Positive Behavior Support Plan (PBPS). What known interfering behaviors does the participant use? What specific challenges do you anticipate for the participant as they transition from an institutional setting to a community based setting?

3. When supporting a participant who uses interfering behaviors, guardians and providers sometimes suggest interventions that include limiting the participant's rights where no rights restriction is in place. How would you advocate for the rights of the participant and work with the guardians and/or providers to understand the participant rights while

in waiver services? Specific to this participant, what challenges do you anticipate in this area, and what are your ideas for addressing those challenges?

4. Submit the Functional Behavior Assessment and PBSP developed for the participant.

Assessing the Community Environment

Describe your understanding of the community setting the participant will live in. Please include the following in your description:

1. A general description of the community and residence where the participant will be residing.

2. What resources are available in the community to support the participant's mental health and medical needs. Do you foresee challenges in meeting the participant's mental health and/or medical needs? What ideas do you have to address potential challenges?

3. Consider the known needs, risks, and wants of the participant outside of their mental health and medical needs. Besides support given by the service provider, what resources are available in the community to support the participant's needs and wants?

4. Consider the participants interests, goals and dreams. How does the community environment support the interests and goals of the participant? What might a meaningful and fulfilling life look like for the participant?