Provider Incentive Program for Participant Achievement:
Provider Application

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

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)
  Indicate which training your organization currently uses, or your plan for fulfilling this requirement if you are chosen to participate in the Provider Incentive Pilot Project.
- Provider chosen training on additional topic(s) that enhances your organization's ability to support individuals with dual diagnoses.
  Indicate what provider chosen training you will utilize, and a statement explaining how this training will further support staff working with the participant.

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.

- 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.

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