



***“Assisting Each Person Served In
Achieving The Highest Quality Of
Life!”***

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Thank you for considering MRSI as your Medicaid Waiver provider. We are pleased to assist you in navigating the Waiver process. Below is a list of steps that must be taken in order to be accepted on the Waiver and into the MRSI program. The Case Management Director will assist you through each step.

- I Contact the Developmental Disabilities Division Area Resource Specialist. He/she will provide you with an ISC (Case Manager) selection form. Turn this form into the ISC you are selecting- if MRSI, the Case Management Director. DDD office phone number is 307-777-7115. Ask for the Laramie County ARS. The ARS will provide you with an ISC selection form and application. Meet with the MRSI CM Director for signatures.
- II. The Case Management Director will meet with you and obtain Information of Release forms to begin gathering pertinent information and the MRSI application. If you are already on the Waiver, the CM Director will work with your current provider in the transition process. If not on the Waiver, the CM Director will assist in applying for Waiver funding if initial review indicates eligibility.
- III When all the information required on the MRSI application is obtained, the Case Manager Director will present your case to the Intake Committee, who will determine acceptance. If not provided funding through the Waivers, the CM Director will assist in referrals to other agencies who may be able to help.
- IV If approved into the MRSI program, the CM Director will coordinate a team meeting, including the psychologist and case manager who will be assigned to work with you. At the team meeting, the team will determine what and how services should be provided.
- V When funding is approved by DDD, the person served may move into the residential facility, or begin receiving the services written into the plan.

Please be aware, this is not a speedy process. Obtaining necessary documentation and obtaining eligibility from the state can take significant amounts of time. MRSI will do everything possible to speed the process along.

During the application process, you will be provided with a Client Handbook, which explains the rules and requirements of an MRSI participant. If you have any questions, please discuss them with the CM Director.

DOCUMENTS NECESSARY TO APPLY FOR A WAIVER

The following documents must be received by the Case Management Director in order to begin processing your request.

	Date Received
Waiver application, submitted by ARS	_____
ISC selection form (signed)	_____
Most recent psychological evaluation	_____
Most recent ICAP	_____
Current Pre-Approval Form	_____
Current LTMR Form	_____

(MRSI will assist in obtaining these documents if necessary)

**DOCUMENTS THAT MUST BE RECEIVED
BY MRSI IN ORDER TO CONSIDER YOUR REQUEST**

	Date Received
MRSI application	_____
Social Security Card	_____
Medicaid ID Card	_____
Birth Certificate	_____
Guardianship documents	_____
SSI/SSDI Verification	_____
State ID	_____
Medication list including: prescribing Doctor, dosage, times taken, purpose	_____
Medical Diagnosis:	_____
Medical Release form for all medical personnel: Doctors, Dentist, etc.	_____
Psychiatric History: Name of Psychiatrist, Release of Information form, medication history	_____
Psychological History: Name of counselor, Release of Information, Last psychological evaluation, all previous evaluations available,	_____
ICAP Report	_____
Current Plan of Care or Individual Education Plan if in place.	_____
Legal History	_____
List of previous placements	_____

MOUNTAIN REGIONAL FACT SHEET

Mountain Regional Services, Inc, is a rehabilitation agency that provides services to people with developmental disabilities (Evanston and Cheyenne) and persons with brain injuries (Cheyenne). Additionally, in the Evanston location, services include a substance abuse program, Cornerstone, which provides outpatient mental health and substance abuse services. MRSI serves all three Developmental Disabilities Division Waivers and people of all ages.

Mountain Regional Services, Inc., has provided quality services to persons with disabilities since 1985. Services are nationally accredited and designed around the needs of the persons served, while providing purpose, dignity and respect. Unique to the state, is MRSI's "no rejection" policy of admission. Individuals eligible for home and community based waiver services are accepted into the program, provided space is available. Using a team approach, persons served interact with an array of professionals including case managers, psychologists, psychiatrists, nurses, and specialized therapy professionals. This process enables even the most involved individuals to reach their greatest level of independence. MRSI's day programs are consumer-driven and founded on the principles of choice and personal growth. The residential program enables consumers to live in attractive homes and apartments integrated throughout the community. Supervision and support are provided to ensure safety and foster self-sufficiency. Job coaching and job development programs are available and MRSI works with a wide variety of employers throughout the community. The Cheyenne MRSI office also facilitates the Acquired Brain Injury (ABI) program, offering assessments, therapy, day, vocational, and residential services.

The Human Resources Department screens and interviews all direct care staff who work with the persons served. This includes background checks, drug testing and prior work verification. Once hired, all new staff participates in seven day training with the emphasis on interpersonal communications, building healthy relationships, empathetic listening, emergency responses, incident report training and complete OSHA requirements. All employees are required to be certified in advanced CPI techniques, CPR and First Aid. CPI is a conflict prevention program with emphasis on verbal de-escalation. Also included in the CPI system are methods of physical support and tactics to provide safety and protection to all involved in the situation.

All front line staff and supervisors also attend re-certification courses after 6 months of employment. This includes a refresher in CPR and First Aid training, OSHA, seizure protocol, emergency responses, incident reports and CPI refreshers. Additionally, every year, all front line staff and supervisors attend a yearly re-certification course.

Throughout the year, additional training courses are provided to staff on a scheduled basis and a as needed basis. Once a month, a video conference is provided focusing on specific disabilities and methods of assisting a person with that disability. These video conferences are presented by MRSI psychologists. MRSI encourages families and guardians to attend the training if desired.

Person served specific training is provided to staff as needed and on a quarterly basis. Each staff is expected to take and pass a quiz about each person served prior to working with that person. Training is an important component of MRSI services and each staff works diligently to assure all staff

are knowledgeable of each person served.

MRSI has the capability of providing financial monitoring and payeeship services. MRSI encourages each person served to establish a checking account, supervised by the accounting department, in order to take part in the two signature check request system. Every Tuesday and Friday, a check is written for the specific amount approved by the team for that individual to be used as spending money. If additional funds are needed, beyond the spending money, a check request is completed by the individual and signed by the case manager if funds are available and the guardian approves of the expenditure. This is submitted to accounting who will issue the check.

Each person served living in a group home is expected to pay rent as part of the expense of maintaining the home. Rent is based on 40% of the person's income. Food is based on a formula of how many residential and day habilitation days are provided. The normal cost of food expenses runs \$105.00 per month. If the person served is receiving food stamps, the food stamp benefits will be subtracted from the grocery bill. There is no long distance service at the group homes, so if a person needs to make long distance calls, they will need to obtain a calling card, or hookups and services for a personal phone. Each home is equipped with basic cable, which is split between all residents. If a person wants expanded cable, the additional cost will be charged to them. Internet services are also an option, but the person served will be responsible for the bill.

Each person involved with MRSI will be provided with a case manager. During the initial meetings with MRSI, the case management director will work with you in obtaining services and meeting eligibility requirements. Once accepted into the program and funded on the Waiver, an alternative case manager may be assigned, depending on needs and residential location. Case managers will assist the person served with all issues from obtaining services to monitoring the plan and financial affairs. Case managers spend at least one hour of time with each person served, including at least one visit to the persons home each month. The case manager also will have contact with and observe services provided by other providers.

It is highly recommended that each person receiving services from MRSI also receive some nursing in order to help the team be aware of medical needs and concerns. When arriving at MRSI, the following items must be received by nursing staff:

2 weeks of pre-set medications	Prescriptions for all medications
History & physical from Primary Physician	Roster of all medical providers and future appointments
Documentation of medication provided upon arrival date	
Current insurance information	List of adaptive equipment

When a person has been approved for services with MRSI, MRSI nurses will schedule initial appointments with the physicians, dentists and for an eye exam. Nursing staff will follow up with any orders the medical personal make. This may be excluded if the current medical personal is in place and can provide medical documentation to MRSI.

Again, thank you for your interest in MRSI. We are happy to assist you in your search for services. Please feel free to contact the case management director for any questions. His/her card is attached.

APPLICATION FOR SERVICE

I, _____, hereby request admission to MRSI for the following program(s).
Date of Application: _____

Waiver Applied for: _____ Adult DD _____ Children’s DD _____ ABI

Services offered within MRSI:

- _____ Case Management: Case Managers assist clients in gaining needed services.
- _____ Adaptive Equipment: Specialized equipment that enable clients to function with greater independence.
- _____ Home Modifications: Physical adaptations to the home to ensure health, welfare, and safety of client.
- _____ Skilled Nursing: Services of a Registered Nurse provided to client as ordered by attending physician.
- _____ Dietary: Services provided by a Registered Dietician (menu planning, consultations, etc)
- _____ Psychological: Services provided by a licensed Psychologist (individual and group therapy).
- _____ Residential Habilitation (Adults only): Rehabilitation with skills related to activities of daily living.
- _____ Supported Independent Living (Adults only): Skills training in self care and access of services.
- _____ Supported Independent Employment (Adults only): Support for persons whom competitive employment is unlikely.
- _____ Day Habilitation (Adults only): Rehabilitation in self-help, socialization and adaptive skills.
- _____ In-Home Support (Adults only): Services provided to individuals in their family home.
- _____ Psychiatric (Adults only): Services provided by a licensed Psychiatrist.
- _____ Residential Habilitation Trainer (Children only): Assistance in daily living skills, mobility, etc.
- _____ Cognitive Retraining (ABI only)
- _____ Other _____
- _____ Payee

There are other services available through the Medicaid Waivers. Please speak with the Case Manager for information regarding other necessary services.

I agree to abide by MRSI rules and regulations, and to voluntarily participate in any program of habilitation/rehabilitaion training that best meets my needs and takes place in the least restrictive environment. My needs will be determined by my team, which includes myself, my family and the MRSI staff working with me through the Individual Plan of Care (IPC) process.

Person Served Signature

Date

Parent/Guardian Signature

Date

Case Management Director Signature

Date

(Revised April 2007)

SECTION I- GENERAL INFORMATION:

Name: _____ Date of Birth: _____

Social Security # _____ Medicaid # _____

Address: _____
(Street) (City) (State) (Zip)

Mailing Address if Different: _____

Phone # _____ Cell Phone _____

Emergency Contact Name: _____ Phone # _____

Marital Status: _____ # of Dependents: _____

Height _____ Weight _____ Eye Color _____

Identifying Marks: _____

Preferred Religion: _____ Are you active? _____

Guardian? Yes _____ No _____

Mailing Address: _____

Phone # _____ Cell Phone _____

Emergency Contact Name: _____ Phone # _____

Referral Source: _____

Reason for Referral: _____

Secondary Emergency Contact _____ Phone # _____

SECTION 2: FAMILY

Member:	Living/Deceased
Mother's Name _____	_____
address, telephone number: _____	_____

Father's Name _____	_____
address, telephone number: _____	_____

Spouse's Name _____ _____

address, telephone number: _____

Children's Name(s) _____

address, telephone number: _____

Children's Name(s) _____

address, telephone number: _____

Children's Name(s) _____

address, telephone number: _____

Siblings Name _____

address, telephone number: _____

Siblings Name _____

address, telephone number: _____

Siblings Name _____

address, telephone number: _____

Siblings Name _____

address, telephone number: _____

Siblings Name _____

address, telephone number: _____

Friend's Name _____

address, telephone number: _____

Friend's Name _____

address, telephone number: _____

Friend's Name _____

address, telephone number: _____

Other important contacts: _____

Are there other people in your family with disabilities? Who and what is the disability?

SECTION 3: DISABILITY INFORMATION:

Current Mental/Behavioral Disability Diagnosis

Current IQ _____ Date Tested _____ By Who _____

Disability	Who Diagnosed	At what age	Symptoms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any behavioral problems that may affect provision of services, including hostility, low frustration tolerance, poor compliance with treatment, running away, hurting self or others, etc.

Please describe any drug or alcohol use and any prior treatment those problems.

SECTION 4: LEGAL HISTORY

Please describe any current legal problems (including criminal charges and civil lawsuits).

Please describe if applicant has ever been arrested for a misdemeanor or felony.

Please describe if applicant has ever been in jail, prison or on probation.

SECTION 5: MEDICAL INFORMATION

	Name:	Address	Phone # Information signed	Release of
Primary Physician	_____	_____	_____	_____
Dental Provider	_____	_____	_____	_____
Other Doctors	_____	_____	_____	_____
Other Doctors	_____	_____	_____	_____
Other Doctors	_____	_____	_____	_____
Other Doctors	_____	_____	_____	_____
Other Doctors	_____	_____	_____	_____
Other Doctors	_____	_____	_____	_____

Other Doctors _____
 Other Doctors _____

Current Medication list: May attach a list if necessary

Medication	Physician	Dosage/schedule	Purpose	Date Prescribed

Hospitalizations:

Date: _____ Facility: _____ Reason: _____

Prior Residential Treatment:

Date: _____ Facility: _____ Reason: _____

SECTION 6: FINANCIAL INFORMATION

Do you currently receive:

Medicaid Waiver Services? Adult DD _____ Children's DD _____ ABI _____
 Wyoming title XIX Medicaid? Yes _____ No _____, If yes, what is your number?

Wyoming Medicare: Yes _____ No _____. If yes, what is your number?

Supplemental Security Income (SSI): Yes _____ No ____? If yes, what is the monthly amount? _____
 Social Security Disability Insurance: Yes _____ No ____? If yes, what is the monthly amount?

Food Stamps: Yes _____ No _____, If yes, what is the monthly amount: _____

Private Insurance: Yes _____ No _____
 Policy Company _____

Policy Number _____

Please list all other assets: _____

SECTION 7: EDUCATIONAL HISTORY:

School (List name, address, and type of education)	Dates Attended/Graduation Date
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(1) _____ _____ _____	_____
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(2) _____ _____ _____	_____
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(3) _____ _____ _____	_____
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(4) _____ _____ _____	_____
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SECTION 8: WORK HISTORY

(1) Employer (Name and address) _____
Position held _____ Dates _____
Reason for leaving _____

(2) Employer (Name and address) _____
Position held _____ Dates _____
Reason for leaving _____

(3) Employer (Name and address) _____
Position held _____ Dates _____
Reason for leaving _____

(4) Employer (Name and address) _____
Position held _____ Dates _____
Reason for leaving _____

(5) Employer (Name and address) _____
Position held _____ Dates _____
Reason for leaving _____

(6) Employer (Name and address) _____
Position held _____ Dates _____
Reason for leaving _____

SECTION 9: MILITARY HISTORY

Dates of Service: _____

Branch: _____

Highest Rank: _____

Type of Discharge: _____

SECTION 10: AREAS OF INTEREST:

Hobbies: _____

SECTION 11: GOALS

What do you want to achieve by attending MRSI? What are your goals, plans for the future and objectives? Please describe below. _____

Thank you for your interest and application with MRSI. We will process your application as quickly as possible. For questions or further information, please refer to the attached business card for contacts.