

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Mark Kluksdahl DDP QIS
	Organizational Unit: DPHHS/DSD/DDP		Organizational Unit: DDP Region III
	Address: HELENA, MT		Address: Billings MT

1. TYPE OF REQUEST: Follow-up to Verbal Request Written Request

2. STATEMENT OF QUESTION OR ISSUE:

The policy concerning Consumer funds under Excess funds (331.6) states:

When a consumer accumulates funds in excess of immediate needs, an interest bearing savings account in the name of the consumer along with a named beneficiary, must be opened in a bank or savings and loan association, unless a guardian with fiscal authority feels it is not in the best interest of the individual. It must be stated in the Plan of Care where the money is deposited and who has authority to access the funds and under what conditions the funds maybe accessed. An accounting of the funds must be available upon request by the Developmental Disabilities Program Administrator, state auditor or Case Manager. The account should clearly show that the representative payee has only a fiduciary responsibility and does not have a personal interest in the funds.

We at Region III would like to know what dollar amount would be considered excess funds, so if we need to look into consumers accounts we would have an idea of what would be considered excessive. I realize in previous draft (4/23/09 which was later revised) it was \$100.00 + has this changed???

3. ANSWER: **There is no set dollar amount. The policy reads “ in excess of immediate needs”. Since immediate needs differ among individuals the team would need to determine a dollar amount that would be in excess of the individuals needs and once that dollar amount was reached an account would need to be opened and the conditions of the policy dated June 4, 2009 followed.**

Approved and Issued by: Jeff Sturm
 (Program Director) _____
 Date: August 17, 2009

STATE USE ONLY	<p>4: DISTRIBUTION:</p> <p>One Copy: One Copy: One Copy: Additional Copies: 9</p>	<p>Requestor Manual Coordinator Division Files</p>	<p>5: FOLLOW-UP:</p>	<p>9 To be issued as Bulletin to: (Division Administrator)</p> <p>Manual. Expected Date of Issuance:</p> <p>9 A.R.M. Change 9 State Plan Change</p>
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