


REQUEST FOR CLARIFICATION/INTERPRETATION

	Name and Title: Jannis Conselyea	FROM:	Name and Title: Randy Kenyon, CMAG Chair
	Organizational Unit:		Organizational Unit:
	Address: Central Office		Address: Kalispell

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

2. STATEMENT OF QUESTION OR ISSUE:

If a case manager becomes party to secondhand information that could be construed as exploitation, neglect or abuse, are they required to facilitate an Incident Report?

ANSWER:

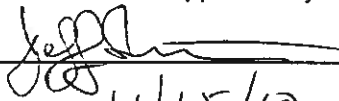
Montana Code Annotated 52-3-811 requires that when professionals know or have cause to suspect that an individual with a Developmental disability known to them in their professional or official capacities has been subjected to abuse, sexual abuse, neglect or exploitation they shall report the matter to the Department.

Administrative Rule 37.34.1506 Incident Reporting and Handling requires that an incident involving a recipient of Developmental Disabilities Services must be reported in writing in the format requested by the Department to the Case Manager and to a Field Services Specialist, now titled Quality Improvement Specialist.

If it is the Case Manager who observes the incident (appendix D Incident Management Policy) an Incident Report must be entered in THERAP. If the Case Manager has knowledge of an incident involving a recipient of Developmental Services according to Administrative Rule it must be reported in writing and the Quality Improvement Specialist must be notified.

Developmental Disabilities Program Services THERAP Policy require all Incident Reports be written and entered into the THERAP database in order to track and trend incidents of all types statewide.

Approved by:

 Program Director
11/15/10 Date

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