

## REQUEST FOR CLARIFICATION/INTERPRETATION

<b>TO:</b>	Name and Title: Jannis Conselyea	<b>FROM:</b>	Name and Title: Wayne Reynolds Case Management Super.
	Organizational Unit: DPHHS/DSD/DDP		Organizational Unit: ORI
	Address: HELENA, MT		Address: 514 S. Front, STE D, Conrad, MT 59425

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

2. STATEMENT OF QUESTION OR ISSUE:

RE Screening For Adult Services and Children's Group Home Dated 9/13/11 (amended)

On page 7 it lists the items needed for the original referral, which included

"2. Social History (current, complete, accurate) -**updated annually**"

On page 8

"Required Components of the annual update include"

1. Wait List Entry/Change Form
2. MONA Cover Page or Estimated Individual Cost Plan"

This is a contradiction to the information on page 7, and can be interpreted that the Social History has to be updated annually and thus is a requirement for inclusion in the annual update.

What exactly is required in an annual update?

3. ANSWER: The Social History must be reviewed annually by the Case Manager to determine if any change has occurred. If a change has occurred then the Social History document must be up-dated and sent to the individual doing the screening along with a new Wait List Entry/ Change Form and a new MONA Cover Page or Estimated Individual Cost Plan. If during the annual review of the Social History no change has occurred when sending the required annual update documents, the Wait List Entry /Change Form and the MONA Cover Page or Estimated Individual Cost Plan, include a note which states the Social History was reviewed and there was no change.

Approved and Issued by:  Program Director

Date: 1-17-12

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