

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Janis Conselyea, Bureau Chief	FROM:	Name and Title: Randy Kenyon, CMAG
	Organizational Unit: DDP		Organizational Unit: ORI
	Address: DPHHS Helena		Address: Kalispell, MT


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

2. STATEMENT OF QUESTION OR ISSUE: Do all provider services need to be stated "actions" in the PSP, or can some services be noted in the body of the document in, order for providers to be reimbursed?

References: Clarification Response of 11-9-09

3. ANSWER: All services that a provider is to be reimbursed for must have "Action Steps" in the Personal Support Plan (PSP). The need for services must be described within the "Wellness" or "Lifestyle" sections of the Personal Support Plan (PSP) document. A provider cannot be reimbursed for services that are noted in the Personal Support Plan that do not have "Action Steps".

References:


 Approved and Issued by: _____ (Program Director)
 2-24-10 Date

STATE USE ONLY	4: DISTRIBUTION: One Copy: _____ Requestor One Copy: _____ Manual Coordinator One Copy: _____ Division Files Additional Copies: <input type="checkbox"/> _____	5: FOLLOW-UP: <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
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