PHHS-DDP-200 STATE OF MONTANA AGENCY CODE: 6901

(Rev 04/98) DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:		FROM:	
	Name and Title: Jannis Conselyea, Bureau Chief		Name and Title: Jean Morgan, Director of QA and Training
	Organizational Unit: DDP State Office		Organizational Unit: West Mont
	Address:		Address: 2708 Bozeman Ave. Helena

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

2. STATEMENT OF QUESTION OR ISSUE: If a consumer is in the hospital, and due to communication needs; behavior support needs etc. and requires agency staff in order to help keep the person from becoming afraid or agitated, how does an agency bill for this service? This is a 1:1 staffing situation, provided by residential staff, yet the person is not on-site at their residence. It still requires the same number of staff at the residence as well as 1:1 staff at the hospital. This is different than when a consumer is on a home visit with family, as an example, as they do not require staffing during that type of absence from the residence.
In some of these situations, the hospital has requested that the person have familiar staff during some or all of the person's stay.

References:

3. ANSWER: If the individual in the hospital has the money in their cost plan to fund the temporary additional staff support the agency can bill from the cost plan after adding the needed hours to the cost plan. If there is not enough money in the cost plan to fund the temporary additional support needs the agency could request temporary funding from the Regional Office. If additional dollars are requested for the individual, documentation must be provided to the Regional Manager explaining the need for the temporary additional staff and the projected timelines the temporary additional support will be needed. The temporary support need must be documented in the Personal Support Plan on the Outcome Page.

references:

Approved and Issued by:

_____(Program Director)

Date: 3-23-11

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5: FOLLOW-UP:

☐To be issued as Bulletin to: _____ (Division Administrator)

Manual. Expected Date of Issuance: _____

☐ A.R.M. Change

☐ State Plan Change