

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:

In the current PSP policy there is no mention of specific Medicaid Waiver requirements. It is understood that providers have a contractual obligation as well as meeting the requirements of Medicaid which is our funding source. It was removed from the PSP policy because it was assumed that all providers understand what those requirements are. I wish to clarify which way the policy/ARM's/contacts/CMS wants these requirements to be dealt with in the PSP.

1. Does a provider need specific action steps for all services provided?
Answer: Action Steps are written to support the achievement of an outcome. If a service is being provided there must be an outcome associated with it, otherwise why are we doing it and why are we paying for it?
2. Does the provider need to have specific action steps to treat and/or monitor specific medical conditions in the plan? Or
Answer: That depends on if there is a specific outcome associated with the treatment, Outcomes require Action Steps. When monitoring specific medical conditions a protocol may be used.
3. Can these be outlined in the body of the PSP and protocols added to meet the requirement rather than an action step?
Answer: Protocols can be summarized in the body of the PSP but they will also need to be attached as a separate document so that they are easily obtainable for Quality Assurance purposes.

Approved and Issued by: Jeff Sturm, Program Director
Date: October 28, 2009

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