

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: DDPHHS	FROM:	Name and Title: Deb Heerd
	Organizational Unit: DDP		Organizational Unit: H.I. Case Management
	Address:		Address: Bozeman 8/16/11

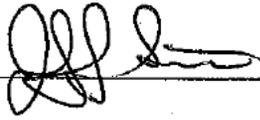
1. TYPE OF REQUEST: Follow-up to Verbal Request - Date of Verbal Request: _____ Written Request X

2. STATEMENT OF QUESTION OR ISSUE: On the new Waiver 5 forms there is an option to “Not receive DDP funded waiver service at this time” Does this then require a case manager to review this with those individuals who choose to have case management only? The previous forms had a similar statement but was clarified by saying “I no longer need DD services” and thus the statement was marked when someone wanted to exit services but we did not use it for case management only people. Has something changed, and should we be using this with everyone, even those not on the waiting list or desiring DD funded services?

references:

3. ANSWER: The Waiver 5 Form is for people who are entering, exiting and remaining in the Comprehensive, or the Community Supports Waiver. The adult Targeted Case Manager reviews the Waiver 5 Form annually with the service recipient as long as the individual is enrolled in the Waiver. If an individual is just on the waiting list without services, or wishes to receive Case Management only, the Waiver 5 Form would not be used.

References:

Approved and Issued by:


(Program Director)

Date: 8-22-11

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