

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Dain Chrisitanson
	Organizational Unit: DDP Central Office		Organizational Unit: DDP Region 1
	Address:		Address: PO Box 472 Glasgow

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

2. STATEMENT OF QUESTION OR ISSUE: When can an Estimated Individual Cost Plan (EICP) be used for a referral instead of the MONA amount? The current screening policy says;
Outlier: Persons with an estimated resource need that falls above or below the measurable limits of the MONA. These are generally the uppermost and lower most 10% and usually indicate either very high levels of independence requiring limited need for paid support or extreme behavioral or self care needs that require enhanced support needs for the consumer. Children under the age of 16 are also considered outliers for the purpose of the MONA and a mini-MONA or an estimated cost plan would be utilized for this age range.

Estimated Individual Cost Plan: A cost plan developed by the Case Manager to estimate an allocation of dollars to meet the service needs for adults and children who are considered 'outliers' by the MONA.

Does the use of the word "**generally**" above allow the use of an EICP when a person only want a limited amount of service (like a day program) when their other needs are being met with unpaid (family) support?

References: Developmental Disabilities Program Policy and Procedures Manual, Screening For Adult and Children's Group Home Services, July 23, 2010, Page 2 Definitions

3. ANSWER: If the "Other needs" of the individual are being met by the family/natural supports this should be reflected in the MONA or Mini-Mona (16 years or under). In this example an estimated cost plan would not be appropriate. Only when the resource needs cannot be accurately reflected because the individual's needs are above or below the dollar limits set by the MONA would an Estimated Cost Plan substitute for the MONA in the referral file and on the Wait List/Entry Change Form.

Approved and Issued by: _____ (Program Director)

Date: 11/15/12

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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