

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea, Bureau Chief	FROM:	Name and Title: Novelene Martin, Waiver Specialist
	Organizational Unit: Developmental Disabilities Program		Organizational Unit: Developmental Disabilities Program
	Address: Box 4210, Helena, MT 59601		Address: Box 4210, Helena, MT 59601

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

2. STATEMENT OF QUESTION OR ISSUE: When a child turns 16 who is receiving Family Education and Support Services, what plan of care is used: the Individualized Family Service Plan (IFSP) or the Personal-Supports Plan (PSP)?

References:

3. ANSWER: When an individual receiving Family Education and Support Services has their sixteenth birthday they must have a Personal Support Plan completed.

References:

Approved and Issued by: _____/s/_____ (Program Director)

Date: 2/25/14

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