

# REQUEST FOR CLARIFICATION/INTERPRETATION

<b>TO:</b>	Name and Title: Jannis Conselyea	<b>FROM:</b>	Name and Title: Rose Brock, CM supervisor
	Organizational Unit:		Organizational Unit: HICM
	Address: Central Office/ DDP		Address: 305 W.Mercury Street Butte

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

2. STATEMENT OF QUESTION OR ISSUE: Does a consumer ( who has a history of seizures but none recent) receiving supported living services, living in a DD Agency owned apartment need to have a bathing protocol? The person feels like he can manage this activity himself. Should there be a documentation of choice if the person refuses to have any assistance or supervision?

References: Bathing policy

3. ANSWER: If an individual with a history of seizures in services is receiving Supported Living Services and does not wish assistance with bathing there needs to be documentation stating the individual refuses bathing supports and the reason why. This documentation should be signed by the individual or their guardian.

References

approved and Issued by:  (Program Director)  
Date: 4-6-10

<b>STATE USE ONLY</b>	4: DISTRIBUTION:	5: FOLLOW-UP:
	One Copy: Requestor One Copy: Manual Coordinator	<input type="checkbox"/> To be issued as Bulletin to: _____ (Division) Administrator)