

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea, Chief Program Support	FROM:	Name and Title: Lori Wertz, QIS
	Organizational Unit: DDP Central Office		Organizational Unit: DDP Region II Office
	Address: Helena MT		Address: Great Falls MT

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

2. STATEMENT OF QUESTION OR ISSUE:

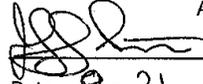
The current DD policy (<http://www.dphhs.mt.gov/dsd/ddp/selfdirection.shtml>) states: "Unless an employer has been self-directing respite services prior to January 1, 2012, persons who are managing their own employees must have the services of a Support Broker for the first year following choosing this option." Additionally, the January 9, 2012 memo from Kathy Zeeck states: "If you have been already self-directing respite services before January 1, 2012, you will not be required to hire a Support Broker for respite or other self-directed services you add later. If a person begins self-directing as an employer of direct service workers after January 1, 2012 the person acting as the employer will be required to have a Support Broker."

Neither instruction makes exception for the Children's Autism Waiver. Since we have finished the first three-year cycle of that program, all new CAW families who request respite services will fall under the post-January 2012 instruction. Are CAW families required to have support brokers?

references:

3. ANSWER: All new families receiving services in the Children's Autism Waiver who self-direct their services will not be required to have the services of a Support Broker. Support Broker is not a category in the Children's Autism Waiver, therefore the service is not a billable option.

References:

Approved and Issued by:
 (Program Director)
 Date: 9-21-12

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
-----------------------	--	--