

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Sandi Marisdotter, Director
	Organizational Unit: DPHHS, DSD, DDP		Organizational Unit: Family Outreach
	Address: PO Box 4210, Helena, MT 59620		Address: 110 E Lyndale, Helena, MT 59601

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

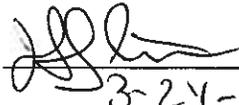
2. STATEMENT OF QUESTION OR ISSUE:

What documentation is required to exit a child from the CWS wait list?

References:

3. ANSWER: A waiting list recipient must receive a written notice from the Department ten working days before removal from the waiting list if they are no longer eligible to remain on the list when determinations are made by the Department concerning their status pertaining to level of care and selection or denial for placement. If they are being removed because there is a limitation on services or insufficient program funds they will need a written notice by the Department 30 calendar days before the removal of their name from the list. A person may request a review and a Fair Hearing as provided in the Administrative Rules of Montana (ARM) 37.5.304, 37.5.305, 37.5.307, 37.5.310, 37.5.311, 37.5.316, 37.5.318, 37.5.322, 37.5.325, 37.5.328, 37.5.331, 37.5.334, 37.5.337, 37.34.335. A person who is not eligible to be screened for services because they cannot be located may be removed from the Waiting List after failure to make contact with the individual/family for 90 days. This must be documented in writing and placed in the individual's file. A written letter must be sent to the last known address confirming the removal from the Waiting List if contact is not made within 90 days from the date of the letter. A copy must be placed in the individual's file for reference.

Reference

Approved and Issued by:  (Program Director)

Date: 3-24-10

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