

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Madonna Barrett
	Organizational Unit: DDP Program Support Bureau Chief		Organizational Unit: REACH
	Address: 111 Sanders, Helena, Mt		Address: Bozeman

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

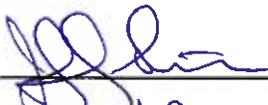
2. STATEMENT OF QUESTION OR ISSUE: In the Waiver Service Definitions under Adult Companion Services it states that persons assisting with medications will be certified according to rule.

1. Parents do not need to be med certified to assist their child with medications. As a parent employed by REACH to provide Adult Companion Services to their child ten hours a week, does the parent have to be med certified.

3. ANSWER:

If a parent is providing some supports to their child and assumes a paid care giver status a few hours a week the parent would not need to be med certified during the hours that they assume a paid relationship with their child if assisting with medications.

References


 Approved and Issued by: _____
 Date: 12-1-10

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