

REQUEST FOR CLARIFICATION/INTERPRETATION

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

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

2. STATEMENT OF QUESTION OR ISSUE: Is the state required to furnish "Specialized Service needs to individuals with Developmental Disabilities in Nursing Facilities and can you provide some examples?"

References:

Answer: "Specialized rehabilitative services" are a state and not a nursing facility responsibility and must be provided for nursing facility residents with mental retardation or mental illness. "All nursing facility residents who display mental or psychosocial adjustment difficulties must receive appropriate treatment and services to correct the assessed problem." Examples include but are not limited to:

- Crisis intervention services;
- Individual, group and family psychotherapy;
- Drug therapy and monitoring of drug therapy;
- Training in drug therapy management;
- Structured socialization activities to diminish tendencies toward isolation and withdrawal;
- Development and maintenance of necessary living skills including grooming, personal hygiene, nutrition, health and mental health education, money management and maintenance of the living environment;
- Development of appropriate personal support networks.

References:

Approved and Issued by:  _____
Date: 3-2-10

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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