

REQUEST FOR CLARIFICATION/INTERPRETATION

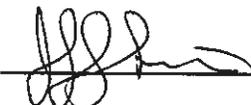
TO:	Name and Title: Jannis Conselyea, Program Bureau Chief	FROM:	Name and Title: Peter Johnson, Case Manager
	Organizational Unit: DPHHS, DSD, DDP		Organizational Unit: DPHHS, DSD, DDP, Region IV
	Address: P0 Box 4210, Helena, MT 59620		Address: 3075 N. Montana Ave., Rm. 110 P0 BOX 202955 Helena, MT 59620-2955

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

2. STATEMENT OF QUESTION OR ISSUE: Is there a policy in which a client in services can or cannot work for the provider they receive services from as a direct care staff if they meet the job requirements? I presume this client will need to be able to pass the College of Direct Support Classes and Medication Certification Test. There may be additional liability concerns for that provider if this potentially is possible.
 References:

3. ANSWER: There is not a written policy on clients working for provider agencies that provide their services. All Direct Care staff regardless of their service relationship with a provider must meet the requirements specified in law and policy by the Developmental Disabilities Program and the federal government. Labor & Internal Revenue laws must be followed. All Developmental Disabilities Program educational and training requirements must be met regardless of the individuals Developmental Disability status.

References:

Approved and Issued by:

 _____ (Program Director)

Date: 11/15/10

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