

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Joli Schroader, Waiver Specialist
	Organizational Unit: DDP Program Support Bureau Chief		Organizational Unit: DDP _ Central Office
	Address: 111 Sanders, Helena, Mt		Address: 111 Sanders, Helena Mt.

1. TYPE OF REQUEST: **9** Follow-up to Verbal Request - Date of Verbal Request: _____ **9X** Written Request

2. STATEMENT OF QUESTION OR ISSUE:

If an individual in Waiver Services needs respite or other Nursing Home Services on a temporary basis what process should Developmental Disabilities Program Staff follow?

3. ANSWER: Each time a Waiver recipient enters a Nursing Home facility on a temporary basis for Respite the Nursing facility is required to request a Level II Form be completed. The Quality Improvement Specialist must notify the Office of Public Assistance of the pending temporary placement. There is no requirement that the DD-55 be completed each time the service recipient enters a nursing facility on a temporary basis for Respite. If an individual requires a convalescent stay in a Nursing Home Facility after 29 consecutive days, a DD-55 must be completed by the Quality Improvement Specialist and the individual must be closed from Waiver Services. Once a Nursing Home Facility is no longer needed and the individual wishes to return to Waiver Services the Quality Improvement Specialist must complete a DD-55 to open Waiver Services.

References


 Approved and Issued by: _____
 Date: 2-1-12

STATE USE ONLY	4: DISTRIBUTION: One Copy: _____ Requestor One Copy: _____ Manual Coordinator One Copy: _____ Division Files Additional Copies: _____ 9 _____	5: FOLLOW-UP: 9 To be issued as Bulletin to: _____ (Division Administrator) Manual. Expected Date of Issuance: _____ 9 A.R.M. Change 9 State Plan Change
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