

Department of Public Health and Human Services	SECTION: GENERAL INFORMATION
COMMUNITY SERVICES BLOCK GRANT	SUBJECT: Clarifying/Interpreting Policy or Procedure

If any policy or procedure in this manual conflicts with federal regulations or our State Plan, federal regulations and our State Plan will take precedence. Policies may be revised during the year. HRDCs will be notified when this occurs.

CLARIFYING/INTERPRETING POLICY OR PROCEDURE:

FORM "IHSB POLICY MANUAL CHANGE REQUEST"--If, after consulting this manual, and Program Directors/Coordinators are unable to answer questions or resolve issues that arise in the course of their work, they may request a clarification or interpretation from the Department. If a request is initially made by telephone, such request may be followed by a written request on the subject.

Obtaining Form IHSB POLICY MANUAL CHANGE REQUEST --This form may be obtained from your Field Supervisor.

PROCEDURE:

Responsibility

ACTION

REQUESTING CLARIFICATION/INTERPRETATION

Program Director/
 Coordinator or
 Field Supervisor

1. Complete Form IHSB POLICY MANUAL CHANGE REQUEST.
 - a. State question or issue clearly and provide background to question or issue as appropriate.
 - b. Sign and date request.

A Field Supervisor may complete the form on behalf of the HRDC. The HRDC may make such request to the Field Supervisor or the Field Supervisor may initiate the process when the same question arises from more than one HRDC through monitoring or conversations.

SECTION:

INTRODUCTION

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Clarifying/Interpreting Policy or Procedure

2. Keep a copy and send the original to the Intergovernmental Human Services Bureau (IHSB) Chief.

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ANSWERING QUESTION OR ISSUEIHSB Chief or
Designee

1. Upon receipt of Form IHSB POLICY MANUAL CHANGE REQUEST from requester:
 - a. Identify and research question or issue.
 - b. Answer question clearly, providing basis for answer or resolution of issue.
 - c. Under "Disposition," cite sections of state and federal law, rules and regulations, Department policies and practices that support your response to the question or issue.

If changes to the Administrative Rules of Montana (ARM) or to any of the State Plans are indicated by the response, note such.

2. Submit to staff for review.
3. As appropriate, incorporate recommended changes.

UPON RECEIPT OF ANSWERField
Supervisor

1. Upon receipt of the completed form, act on the basis of the answer or instruct the local Program Director/Coordinator to do so.
2. Return a copy to the originating HRDC.

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REDUCED COPY OF FORM, "IHSB POLICY MANUAL CHANGE REQUEST"

**IHSB
Policy Manual Change Request**

<input type="checkbox"/> LIEAP Change	<input type="checkbox"/> Weatherization Change	<input type="checkbox"/> CSBG Change
Chapter/Section (to be changed)		
Change Title: (Optional descriptive title)		
Description of Requested Change: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete		
Rationale for Change:		
Attachment (if so, include filename):		
Requestor		Date
Office	Telephone	Email
FOR INTERNAL IHSB USE ONLY (BELOW)		
Change #		
Disposition		
Implementation Date		

(Revised 03/2011)

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