

# **MEMORANDUM OF UNDERSTANDING AND OPERATING PROTOCOL: UNIFIED SERVICE PLANS: REVISED SEPTEMBER 2009**

**AGENCY OF HUMAN SERVICES: DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
AND  
OFFICE OF VERMONT HEALTH ACCESS**

## **I. Introduction and Purpose**

In order to more effectively serve the needs and improve service outcomes for individuals with significant disabilities and/or health issues, the Department of Disabilities, Aging and Independent Living (DAIL), through its Division of Disability and Aging Services (DDAS), and the Office of Vermont Health Access (OVHA) agree to the creation of unified service plans for individual service recipients. DAIL acknowledges that a significant portion of the current funding used to create unified service plans rests in the OVHA appropriation under the Global Commitment to Health 1115 waiver, and OVHA acknowledges that DAIL is the lead department equipped to make service decisions most appropriate to individual consumers who might be seeking a unified service plan.

Unified Service Plans generally involve the blending of historically different funding streams into a unified funding approach, with one coordinated service plan. This approach creates more flexibility to meet individual and/or family needs, and not only unifies services, but places a specific locus of responsibility with a single case management entity to coordinate the full plan, rather than each separate provider having responsibility only for their “portion” of the individual’s plan. This approach was developed in response to significant consumer feedback that in the most complex cases a new way to provide comprehensive, well-coordinated services was needed.

## **II. Eligibility for Unified Service Plans**

To be eligible for a unified service plan, the individual must currently have complex and intensive medical and/or behavioral support needs and receive services from at least two of the following funding sources:

- a. Children’s personal care services
- b. High technology home care services
- c. Developmental disability services

Complex and intensive medical and/or behavioral support needs are defined as:

- a. co-occurring developmental disability and significant mental health (non-CRT) or behavioral challenges; OR,
- b. co-occurring developmental disability and intensive nursing/medical/personal care needs.

### **III. Protocol for Developing a Unified Service Plan**

1. The person or entity proposing a unified service plan may be the individual receiving services or their representative (parent or guardian), a provider of services to the person, or a DAIL/DDAS staff member.
2. A written proposal must be submitted to DAIL/DDAS staff by the agency identified as the lead provider. For children under age 18, submit the proposal to the DDAS Children's Services Specialist. Plans for adults age 18 and over should be submitted to the DDAS Developmental Disabilities Services Specialist. The plan must include:
  - a. A description of the person's current services and needs, supporting documentation may include medical or nursing notes; physician or psychiatrist letter; AHS/DOE coordinated services plan; letter or notes from the individual, parents, guardian or service provider; and/or a comprehensive behavior support plan in accordance with the DDAS Behavior Support Guidelines (October 2004);
  - b. Information concerning the current gaps/failures in service delivery, with specific information as to how these are impacting the health and safety of the individual;
  - c. A specific plan stating how services would be improved and/or needs better met by a re-allocation of monies within funding streams, identifying a lead service provider agency responsible for implementation of the plan;
  - d. Identification of the lead case manager/service coordinator; and,
  - e. A budget identifying current and proposed recommended service levels by funding source, including the extent to which services will be reduced, eliminated, or increased. In no case may a budget exceed the combined levels of currently approved service-level allocations.
3. The creation of a unified service plan is an entirely voluntary process. The proposal for a USP must be approved and signed by the person receiving services and/or his/her parent or guardian.

### **IV. Roles and Responsibilities**

For its part, **DAIL** agrees to:

1. Review all proposals submitted for consideration of a unified service plan. DAIL may request additional documentation in order to determine the appropriateness of the proposed plan, including, but not limited to clinical, medical and/or financial information.
2. Modify the proposal to ensure that the plan is likely to result in improved client outcomes, streamlining of funding with the goal of reducing overall Medicaid authorized funds as appropriate.
3. Be responsible for approval of unified service plans if they meet the above criteria and the USP budget is less than or equal to the total of the currently approved service allocations". Approval of a unified service plan budget will be based on a fiscal year and prorated for plans that begin during the fiscal year.
4. Be responsible for internal coordination among its various programs to ensure streamlined reassessment and service authorizations.
5. Review the effectiveness of unified service plans on an annual basis and make appropriate changes and modify approved budgets when an individual's needs change.
6. DAIL will track expenditures for unified service plan recipients and provide to OVHA projected budget needs during budget adjustment and annual budget development processes. .

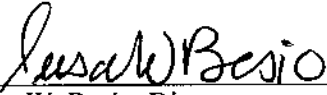
7. Maintain a record of all unified service plans, approved budgets and send relevant information to the individual, family and/or guardian, service provider and intermediary service organization.
8. Abide by the Agency of Human Services' Financial Procedures for Inter-Departmental AHS Global Commitment (February 14, 2007).

For its part, **OVHA** agrees to:

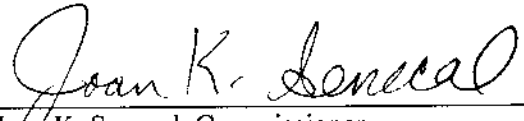
1. Transfer associated budgeted revenues to DAIL in support of approved Unified Service Plans.
2. Abide by the Agency of Human Services' Financial Procedures for Inter-Departmental AHS Global Commitment (February 14, 2007).

This agreement remains in full force and effect commencing with fiscal year 2010 and continuing ongoing until modified by all parties.

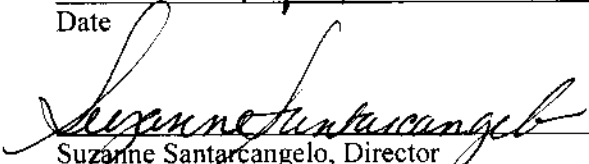
**APPROVED:**

  
 \_\_\_\_\_  
 Susan W. Besio, Director  
 Office of Vermont Health Access

11/4/09  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Joan K. Senecal, Commissioner  
 Department of Disabilities, Aging and  
 Independent Living

11/9/09  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Suzanne Santarcangelo, Director  
 AHS Health Care Operations, Compliance and Improvement  
 Secretary's Office  
 Agency of Human Services

11/3/09  
 \_\_\_\_\_  
 Date