

Unique Services Expenditure Plans BEST PRACTICE AND PROCEDURES GUIDE

Unique Service Expenditure (USE) Plans

The Department of Children and Families utilizes a variety of tools and resources to meet the needs of children and families in its care. Wraparound Funds, previously known as Flex(ible) Funds, are those resources that support essential services for children without which a child might be at risk for removal from his or her home, require a higher level of care or may not be able to return home to his or her family. As the name suggests, Wraparound Funds pay for goods and services that "wrap around" the child to meet his or her individualized needs. Occasionally, and with increasing regularity as the Department continues to reduce out-of-home and out-of-state child placements, extraordinary services are needed to keep children in home settings with either their nuclear families, relatives or foster families. On these occasions, Unique Service Expenditure (USE) Plans may be developed to meet the individual needs of children.

When traditional or currently-available services are not sufficient to meet the needs and expand the opportunities for children in DCF care, DCF staff are expected to consider new or expanded services that might increase the prospect of success for specific children. USE Plans are the mechanism through which exceptions to usual and customary spending patterns are authorized.

Definitions

Contracted means a service for which expectations and outcomes are outlined in a Scope of Service document and for which providers are paid quarterly in advance to maintain the capacity to serve the number of clients specified.

Credentialed means a formal system whereby individuals and organizations apply to provide specific DCF-funded services to children and their families and, upon approval of their applications, enter into Provider Agreements with DCF. The services are purchased through applicable Wraparound Funds.

Traditional service means a contracted, fee-for-service or credentialed service including but not limited to group homes, residential treatment centers, Medicaid-funded community-based services, services funded by Local Education Authorities, services funded by private insurance and services provided by other funding streams.

USE Plan means a document detailing services, including providers, objectives and costs, related to those services provided to a child and his or her caregivers for the purpose of promoting growth and stability of a child who cannot be effectively served by current or traditional services and that would otherwise be unavailable. "USE" is an acronym for Unique Service Expenditure.

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Wraparound Funds

For purposes of USE Plans, Wraparound Funds must:

- support “wraparound” services that are tied to an objective in the child’s case plan which may include tangible supports, supervised or therapeutic companionship, supervised activities and clinical services;
 - support a family with a child who has significant behavioral health needs and assist the child and family in achieving the therapeutic goals outlined in the child and family case plans;
 - be the funding source of last resort when reimbursement from third party sources is not available or has been exhausted; and
 - help the child remain with or return to his or her family and community and achieve the highest level of functioning and life satisfaction possible.
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Proposed USE Plans and Eligibility

USE Plans may be developed for any of the following populations:

- child welfare;
- behavioral health;
- juvenile justice; and
- voluntary services.

All USE Plan beneficiaries shall be between age 0 and his or her 21st birthday and fall within the Department's statutory authority.

To be eligible for consideration for a USE Plan, the child must have a significant history of using multiple service types and have complex treatment and support needs that cannot be safely or effectively met by utilizing traditional services. USE Plans may be developed for children at imminent risk of disruption from a family placement or for children at risk of restrictive placements.

USE Plans may reflect an increased intensity or duration of standard services that may be required for a child to be successful. USE Plans may be employed to preserve treatment gains when stepping down from congregate care to a community setting. USE Plans may provide new opportunities for children who have experienced prior failure. No categorical exclusions based on diagnosis shall apply.

In addition, USE Plans shall demonstrate the need for unique services, or increased intensity or duration of standard services. USE Plans shall also demonstrate the family's and key stakeholders' commitment and capacity to fully participate in the proposed services. USE Plans shall not be used solely for custodial care when there is no potential for growth and stability. (A Region may request a policy waiver from the Commissioner or designee to utilize a USE Plan in a congregate care setting for a circumscribed purpose and time frame.)

Submission of a USE Plan presumes that comprehensive planning has been completed at the Regional level including resolution of any clinical, fiscal, legal or policy concerns. If a USE Plan is submitted that does not yet meet this standard, the USE Review Team CO Program Area Manager shall return the USE Plan to the Regional Clinical Program Director for further development prior to review and recommendation by the USE Plan Review Team.

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Funding and Funding Sources

DCF Wraparound Funds are the funding source of last resort for all components of a USE Plan. DCF services supported by Wraparound Funds shall be considered only after all available sources of funding have been attempted or deemed by clinical staff to be inadequate. There are multiple funding streams that may support a USE Plan including, but not limited to, contracted, fee-for-service and credentialed services; private insurance and HUSKY; services funded by Local Education Authorities; other state agency programs with established providers and rates; and federal entitlement programs. All of these sources shall be considered prior to and in the development of USE Plans. Alternate funding sources, when available, must be exhausted and any appeal must have been taken.

USE Plan rates shall be comparable to standard rates for contracted, fee-for-service or credentialed services or other state agency-established rates.

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USE Plan Review Team and Administrative Responsibilities

The approval of Unique Service Expenditure Plans shall be overseen by a USE Plan Review Team, under the direction of the Deputy Commissioner for Administration. The USE Plan Review Team shall be comprised of the following staff members who shall be appointed by the Commissioner:

- DCF Regional Manager Representative;
- DCF Central Office Program Area Manager; and
- DCF Fiscal Division Manager.

The USE Plan Review Team shall be co-chaired by the Regional Manager Representative and the Central Office Program Area Manager.

The USE Plan Review Team shall meet weekly to conduct initial reviews for USE Plans, to monitor the effectiveness of this approach to service delivery, to conduct planned incremental reviews and to process requests for waivers from USE Plan policy, practice and procedures.

The USE Plan Review Team shall be responsible for, among other tasks:

- developing and disseminating meeting agendas and materials **one week prior to scheduled meetings**;
- determining whether or not funding is available to support the request;
- triaging requests;
- making recommendations to the DCF Deputy Commissioner for Administration;
- making recommendations related to waiver requests;
- monitoring the availability of funds by working with the DCF Fiscal Services Division to prepare a monthly USE Plan/Wraparound Expenditure report by Region;
- assuring a system of oversight for unique services; and establishing a quality improvement process.

In order to accomplish all of their required tasks, the USE Plan Review Team members shall consult with other DCF staff as necessary. These may include but are not limited to those who authored the USE Plan, others in the Regional Offices, and DCF content experts in areas with a nexus to the proposed USE Plan such as DCF fiscal staff, legal and policy staff, behavioral health staff and medical staff.

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USE Plan Review Team and Administrative Responsibilities (continued)

USE Plan Review Team recommendations sent to the DCF Deputy Commissioner for Administration shall include a summary of the following:

- justification as to why the USE Plan is needed;
- proposed USE Plan and implementation date;
- estimated cost of the proposal;
- payment mechanism; and
- whether the proposed placement or setting requires a license as determined by the DCF Office of Legal Affairs.

The USE Plan Review Team's Central Office Program Area Manager shall be responsible for ensuring that submitted USE Plans meet all minimum requirements for review (*e.g.*, completeness, satisfaction of requisite steps related to proposed providers). Submission of a USE Plan presumes that comprehensive planning has been completed at the Regional Office level relative to clinical, fiscal and policy areas. In those cases when a USE Plan does not yet meet this standard, the USE Plan Review Team's CO Program Area Manager shall return the USE Plan to the Regional Clinical Program Director for further development prior to review and recommendation by the USE Plan Review Team.

In exceptional situations when the Regional Administrator believes that a USE Plan requires more urgent attention, he or she may make a request to the USE Plan Review Team for a more rapid review of the USE Plan. The USE Plan Review Team, in consultation with the Deputy Commissioner for Administration and other staff as necessary, shall expedite such requests.

Note: It shall be explicitly understood that the purpose of the USE Plan Review Team is to oversee the process when traditional services appear to be insufficient. There is no *per se* Unique Service Expenditure program. The process described herein functions within available appropriations and the final decision to approve or deny any specific Unique Service Expenditure Plan lies solely within the discretion of the Commissioner.

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Supplement to DCF Policy 31-8-16

Regional Office Responsibilities

The Regional Clinical Program Director shall ensure that the USE Plan application includes, among other information, a summary of the Area Office's prior placement and treatment efforts on behalf of the child, is sufficiently detailed to meet the child's needs and that every effort has been made to use pre-existing supports in keeping with the premise that USE Plan services supported by Wraparound Funds are the funding source of last resort.

Prior to development and submission of the USE Plan, the Regional and Area Office staff shall document in the USE application all efforts to locate traditional services (*e.g.*, Husky providers, credentialed services, contracted services, other state agency-established providers and rates) before recommending alternative providers.

Area Office staff is encouraged to seek assistance with rate development from the Fiscal Services Rate Setting Unit. Questions regarding DCF credentialed services shall be directed to the DCF Credentialing Unit.

Regional Clinical Program Directors are expected to obtain approval to submit a USE Plan application from the Regional Administrator or designee prior to submission of the application to the USE Plan Review Team. USE Plans and updates shall be submitted to the USE Plan Review Team through the USE Plan Review Team CO Program Area Manager.

The Regional Clinical Program Director shall review the circumstances that led to the request for the USE Plan, ensure that all other funding sources have been investigated, ensure that providers meet qualifications, assist in the development of a preliminary estimated cost, assist in projecting child and family goals and objectives, and assist in the delineation of the roles and responsibilities of staff carrying out the USE Plan.

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Regional Office Responsibilities (continued)

The Regional Clinical Program Director shall assure that the proposed USE Plan meets the following requirements:

- The definitions of the services needed are operationally specific in terms of the exact nature, frequency and duration of the service. For example, a USE Plan that groups multiple distinct services under the heading of “case management” or “in-home services” will not be accepted. Each service must be specifically described.
- Any Medicaid- or private insurance-covered services are paid for by Medicaid or the private insurer. In the case of a denial by the insurer, the Area Office shall appeal or assist the family with appealing the decision through the State of Connecticut Office of the Healthcare Advocate.
- If a component of the USE Plan includes a service for which the Department credentials, a credentialed provider is included at the established rate.
- The USE Plan is in compliance with state and federal law and DCF policy. For example, if an apartment is included, any established rates in policy for apartments and utilities shall apply.
- If the USE Plan does not conform to DCF policy, the specific area of nonconformance is explicitly identified and a request for a waiver from the Commissioner is included in the USE Plan application.

Note: A USE Plan proposed for a specific client shall not be included in the child's Individualized Case Plan or permanency plan, nor implemented, until final approval has been received from the DCF Deputy Commissioner for Administration on behalf of the Commissioner.

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USE Plan Review Team Process and Schedule

Submission of a USE Plan presumes that comprehensive planning has been completed at the Regional level relative to clinical, fiscal and policy areas.

- Within **two business days** of receipt of a proposed USE Plan, the USE Team CO Program Area Manager will review it for completeness by ensuring that all required elements are included, all required steps have been completed, documentation as appropriate is attached, and the approval of the Regional Administrator or designee is included.
- In those cases in which a Plan does not yet meet the standard of completeness, the USE Plan Review Team CO Program Area Manager shall return it to the Regional Clinical Program Director for further development and resubmission to the USE Plan Review Team CO Program Area Manager.
- Once a proposed USE Plan is found to be complete, the USE Plan Review Team CO Program Area Manager will schedule it for review by the USE Plan Review Team which, in most cases, will be at the **next weekly meeting of the Team, but not later than two weeks from the date of submission.**

NOTE: USE Plans that conform to the parameters set out in the USE Plan Policy and require no significant discussion may be sent directly to the Deputy Commissioner from the USE Plan Review Team for approval.

- The USE Plan Review Team CO Program Area Manager will prepare the weekly USE Plan Review Team agenda, including new USE Plans, quarterly reviews and USE Plan renewals.
- The USE Plan Review Team will **meet weekly to review** the USE Plans on that week's agenda. It is expected that Team members may require additional information from one or more sources after this meeting and prior to making a recommendation on a particular proposed USE Plan. The USE Plan Review Team may consult with other DCF staff as necessary including, but not limited to, those who authored the USE Plan, others in the Regional or Area Office, and DCF subject matter experts in areas with a nexus to the proposed USE Plan such as fiscal, legal and policy, behavioral health and medical staff. These consultations shall occur during the week following the meeting at which the USE Plan was originally proposed with the goal of putting the pending USE Plan on the next week's agenda for finalization of the USE Plan Review Team's recommendation. (Although all DCF staff should strive to respond to a USE Plan Review Team request in a timely manner, time frames may be impacted by delays in staff responses to needed queries.)

NOTE: Social Workers or Social Work Supervisors with direct knowledge of the case are strongly encouraged to participate with the Regional Clinical Program Director when their USE Plans are being presented to the USE Team at a weekly review.

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USE Plan Review Team Process and Schedule (continued)

- All recommendations (approval, approval with recommended changes, and denial) will move expeditiously from the USE Plan Review Team to the Deputy Commissioner for Administration who, as the Commissioner's designee, will make the final decision regarding the USE Plan with input from the DCF Office of Legal Affairs as necessary to assure compliance with relevant statutes, regulations and policy.
- The Deputy Commissioner's decision regarding the Plan will go back to the USE Plan Review Team through the Team's CO Program Area Manager in order to record the decision in the database and communicate the decision to the Regional Office within **two business days** of receipt.
- For those USE Plans that are accompanied by a waiver request, the Deputy Commissioner will ensure the Commissioner's review of the waiver request as part of the final decision-making process.
- Once the Regional Office receives the approval from the Deputy Commissioner for Administration through the USE Plan Review Team CO Program Area Manager, the USE Plan may be implemented and the USE Plan components added to the child's case plan and permanency plan.

Note: USE Plans are approved for specific periods of time. If there is a need to continue a USE Plan beyond the approved time period, a revised USE Plan must be submitted. In addition, if the Regional Office believes that fiscal changes or significant content changes need to be made to an approved USE Plan; a revised USE Plan must be submitted through the established process prior to implementation of the changes. If there is urgency to these changes, an expedited review may be requested by the Regional Administrator.

USE Plan Application Form

The Regional Clinical Program Director shall electronically submit the completed DCF-3010, "Unique Service Expenditure Application," to the USE Plan Review Team CO Program Area Manager, along with any other pertinent documentation, including a DCF-3016, "Unique Service Expenditure Waiver Request," if appropriate. The submission of the application presumes that all requisite steps have been completed (*e.g.*, eligibility requirements are met; other funding sources have been investigated and utilized or ruled out; steps have occurred relative to provider preparation such as the completion of background checks and a service or fiscal agreement). All fields must be accurately completed because the application contains both demographic and outcome elements that are critical to tracking both child- and provider-specific data.

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Waiver Process

Any exceptions to the parameters outlined in this Guide require the advance approval of the Commissioner or designee. Regional or Area Office staff shall complete the DCF-3016, "Unique Service Expenditure Waiver Request," detailing the specific request and the reason(s) a waiver is needed. The waiver request shall be reviewed by the USE Plan Review Team.

The USE Plan Review Team may consult with the Regional Clinical Program Director about the need for a waiver or make alternative recommendations. Requests that are not sufficiently detailed shall be returned to the Regional Clinical Program Director without disposition. The waiver request will be forwarded to the Deputy Commissioner for Administration with the USE Plan Review Team's recommendation for the overall USE Plan. The Deputy Commissioner shall review the waiver request and may consult with the DCF Office of Legal Affairs to assure compliance with relevant statutes, regulations and policy. The waiver request will be delivered to the Commissioner for consideration. The Commissioner or designee may request any additional information deemed relevant to determining the disposition of the waiver.

Communication regarding waiver decisions will be processed through the same channels as the overall USE Plan. The decision of the Commissioner is final.

Example: If the USE Plan proposes to provide services to a child who is outside of the USE Plan policy eligibility limits or to a child in a congregate care setting beyond a brief transitional period, a waiver form, to be signed by the Commissioner, must be completed as part of the application.

Example: If the USE Plan proposes to fund post-secondary education expenses outside the parameters of DCF Post Secondary School Education Expenses policy, the USE Plan submission must include a waiver signed by the Regional Administrator and the Commissioner or designee.

Child Eligibility and Services that can be Purchased with USE Plan Funds

To be eligible for consideration for a USE Plan, the child must have a significant history of multiple service types use, complex treatment and support needs that cannot be safely or effectively met by utilizing traditional services, or must be at imminent risk of disruption from a family placement. In addition, USE Plans shall demonstrate the need for unique services or increased intensity or duration of standard services. USE Plans shall also demonstrate that the family and key stakeholders are committed to and have the capacity for full participation in the proposed services.

USE Plans shall not be used solely for custodial care when there is no potential for growth and stability. However, AOs may request a policy waiver to utilize a USE Plan in a congregate care setting for a circumscribed purpose and time frame, principally to facilitate transitioning to a family setting.

USE Plans may include services that are above established limits in volume or duration or entitlement thresholds. USE Plans may also support services that are outside DCF standard purchases that are new, enhanced or uniquely configured to meet the needs of the child. USE Plans that support unconventional services are also permissible; however, special procedures as outlined in the next section shall be followed to assure child safety.

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Special Procedures for Unconventional Services

Unconventional services are services for which DCF does not contract, credential or have an established rate. These services are considered unique and tailored to an individual need of a child or family. These services often include services that would support an individual child's skills and talents or offer a unique service to a family to augment other services for the purpose of promoting growth and stability. These services may include the arts, sports, martial arts or non-traditional rehabilitative services.

The following procedure is required before including an unconventional service in a USE Plan:

- conduct an assessment of the family and child, highlighting the need for and benefit of using the unconventional service;
- establish goals and objectives that describe exactly what the service will provide and the expected outcome(s);
- research the service to identify the following:
 - evidence that the service will produce the desired outcome(s);
 - staff qualifications necessary to perform the service, including certifications;
- initiate an informed conversation with the provider regarding the service, including the estimated time, best location and the overall cost to obtain the best results;
- provide the service description, including provider qualifications, and the contact information for the provider to the DCF Fiscal Services Rate Setting Unit, which will set a rate within **three business days** of receiving all necessary information; and
- communicate the requirements surrounding child safety standards to the provider, such as mandated reporting, and ensure that the provider is in agreement.

The following are links to frequently-used unconventional services:

MUSIC

<http://www.musictherapy.org/about/requirements/>

ART

<http://arttherapy.org/aata-education.html>

MARTIAL ARTS

<http://amacp.com/id2.html>

EQUINE THERAPY

http://nacpet.org/index.php?option=com_content&view=article&id=55&Itemid=57

<http://www.equine-therapy-programs.com/disabled.html>

USE Plan Rates

USE Plan rates are based on standard rate-setting methodologies, which take into account prevailing DCF rates (*e.g.*, credentialed services by credentialed providers, existing contract rates), Medicaid rates, other state agency rates (DDS, SDE and DMHAS), LEA rates and current market standards.

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Rate Setting Method for Services without Current Rates

On occasion, a Region may indicate that there are special circumstances or that enhanced services are available with which the Department has no prior experience and for which no precedent been established. In these situations, the Department's Fiscal Services Rate Setting Unit shall use its customary methods to develop rates. Potential providers must submit a rationale for rates above those that would be determined by the customary methods. Recognizing that atypical and creative service approaches are usually required to best serve the children in need of USE Plans, expenses that are not typically considered in rate development may be added to a requested rate to insure the accessibility and efficacy of each USE Plan.

Data Collection and Client Outcomes

USE Plan applications shall include information across a number of child and family- and provider-related domains, including but not limited to, demographics; goals, objectives and targeted outcomes; specific services and related fiscal information (broken down by service, provider and proposed total cost); indication of provider appropriateness; and assurance of "funding source of last resort" status for Wraparound Funds.

Record Keeping

Under the direction of the Deputy Commissioner for Administration, the USE Plan Review Team shall track all approved USE Plans including the following information:

- approval date;
 - clinical information;
 - placement information;
 - USE Plan treatment goals, objectives and outcomes;
 - services to be purchased;
 - proposed budget information; and
 - estimated review date.
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Financial Tracking and Reporting

The USE Plan Review Team shall collaborate with DCF Fiscal Services to produce a monthly expenditure report for approved USE Plans by Region and by individual case. A monthly aggregate Wraparound Funds/USE Plan report shall also be generated.

The monthly expenditure reports shall clearly define the USE Plan accounting codes (634 – 639). Aggregate Wraparound Funds/USE Plan reports will be distributed to Regional Administrators and Central Office staff.

Upon completion or other closure of each USE Plan, a total expenditure amount will be generated by Fiscal Services and reported to the USE Plan Review Team in order to track expenditures in the database.

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Periodic Review of USE Plans

Periodic reviews shall be scheduled for each active USE Plan every 120 days or whenever the total budget for an individual USE Plan increases by more than 10%. Reviews may be scheduled more often at the direction of the Deputy Commissioner for Administration.

Periodic review of USE Plans is essential because the Department must evaluate whether or not the unique services are meeting the individual needs of the child and, if they are not, what adjustments must be made to the USE Plan.

USE Plan reviews shall be submitted on DCF3012, "Unique Service Expenditure" and DCF-3015, the "Unique Service Expenditure Review," and shall include updates to the initial goals, objectives and target outcomes (quantitative) as well as ratings (status) relative to the success of the overall USE Plan.

Regularly-scheduled USE Plan reviews shall be noticed on the USE Plan Review Team weekly agenda by the USE Team CO Program Area Manager. Scheduling for USE Plan reviews for which the total budget has increased by more than 10% shall be initiated by the Regional Clinical Program Director. The review form shall be completed by the appropriate Regional and Area Office staff and submitted to the USE Plan Review Team CO Program Area Manager. Review forms must be approved by the Regional Administrator or designee prior to submission. Data from the reviews shall be maintained in the centralized database.

It is anticipated that Use Plan review forms will be submitted in time for the scheduled review. Plans for which review is four or more weeks overdue will be closed at the discretion of the Deputy Commissioner for Administration. The Fiscal Services Division will be notified of the USE Plan closure and bills for services beyond this date will not be paid.

The USE Plan Review Team may elect to dispose of USE reviews in the following manner:

- if progress is occurring or if insufficient time has passed to show changes, discuss and document the current ratings of the USE Plan as submitted;
- ask for additional information if there are concerns or confusion regarding any portion of the USE Plan;
OR
- recommend changes to the USE Plan based on a sustained lack of progress or deterioration, fiscal issues or other concerns.

The USE Plan Review Team will forward the DCF-3015, "Unique Service Expenditure Review," to the Deputy Commissioner for Administration for approval.

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Transfer Of USE Plan Operational Oversight from One Area Office to Another

Occasionally, families move or cases are transferred out the Area Office jurisdiction that authored the USE Plan. In these situations, a meeting of Regional Clinical Program Directors from the sending and receiving offices should be convened to review the content of the USE Plan and discuss any adjustments that may be necessary. This discussion will result in either the production of a revised USE Plan or affirmation of the existing USE Plan. In either case, the DCF Central Office Program Area Manager must be notified of the change. The USE Plan transfer meeting must be recorded in the LINK record.

Community of Practice

It is the goal of the Department to develop a Community of Practice, through which the Regional Clinical Program Directors and others communicate regularly to discuss best practices in the area of USE Plan development, including sharing information about the availability and quality of services and providers statewide.

To this end, the Regional Clinical Program Directors are encouraged to fully participate in the weekly USE Review Team meetings, by conference call or in person, to share relevant information at regularly-scheduled Program Director meetings, and to communicate with one another and meet together on an ad hoc basis.

Education Campaign

The USE Plan Review Team, with the advice and assistance of the Regional Clinical Program Directors and other subject matter experts, shall develop a USE Plan education campaign to reinforce the requirements of the USE Plan policy and to promote the best practice procedures outlined in this Practice and Procedures Guide.
