

**LETTER OF UNDERSTANDING
BETWEEN
THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AND
(Grantee)**

This Letter of Understanding is to be used to coordinate services and facilitate communication between the Agency (Grantee) and the applicable Department of Health and Human Resources Office (local or Regional), as well as to set standards of performance.

I. IDENTIFICATION OF LIAISON PERSON AND OTHER PERSONS AND POSITIONS INVOLVED IN NEGOTIATIONS.

This Letter of Understanding was negotiated by _____ CSM, Supervisors AND/OR RD, of Department of Health and Human Resources, (County and/or Regional) office, and _____ (Grantee representative). A number of other staff members will be involved in the amending and evaluating procedures when agreed upon by both parties.

II. DESCRIPTION OF FORMAL AND INFORMAL PROCESS FOR REFERRAL OF CLIENTS

_____ (Name of the Agency/Grantee) will accept referrals for the following services:

Example: Development of a service plan, short-term individual counseling and group counseling, transportation, visitation, substance abuse intervention, mentoring, after school services, or whatever is applicable to your specific request for services.

1. A counselor or staff person from Grantee/ Agency can be reached during the office hours (list office hours here). May want to list what arrangements made for all other hours, as well as anything else that pertains to the referral process for your specific service.
2. DHHR will accept referrals during regular working hours (8:30 a.m. to 4:30 p.m.) from Grantee/Agency for: (These referrals will be accepted through appointments or telephone calls.)

Child abuse/neglect services via telephone with a written letter as follow up.
Emergency Assistance
West Virginia Works and TANF
Food Stamps
Child Care
Medicaid
Any other service that the DHHR worker finds appropriate.

III. INFORMATION SHARING:

_____ (Agency/Grantee) agrees to:

Examples for this could include: submit weekly, monthly or quarterly reports concerning clients served, referral, disposition of cases, sharing a written outline of procedures to be used to provide services to clients including emergency coverage, volunteers utilized, training for individuals providing the service.

IV. COORDINATION OF SERVICE PLAN

1. DHHR and _____ (Agency/Grantee) will meet weekly, monthly, quarterly, or whatever is needed and (location) to facilitate mutual feedback regarding difficulties with referral system, to identify problems early on, etc.
2. Feedback from clients may be presented at these meetings.
3. DHHR staff will provide reports (with consent of clients) when necessary, decisions will be made on a case by case basis.

V. DESCRIPTION OF CASE STAFFING

- A. Trained personnel at the Agency will develop a service plan and will confer with DHHR when necessary.

VI. CONFIDENTIALITY

Client consent forms will be signed prior to written/oral communications except when client agrees verbally due to emergency situations and/or child abuse reporting situations. Grantee assures that they will not divulge information to another entity outside DHHR.

VII. PROCEDURES FOR AMENDING AND/OR EVALUATING LETTER OF UNDERSTANDING

- A. Liaison persons and other interested staff will meet to evaluate, and/or amend the Letter of Understanding.
- B. Meeting will take place monthly, quarterly (whatever time table you feel is needed) with the first meeting to be held _____.

DHHR Representative(s) _____

(Date) _____

Agency/Grantee
Representative(s) _____

(Date) _____