

## PROVIDER BULLETIN

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# Comprehensive Waiver: Community Transition

## CONTENTS

- **Service Description**
- **Community Transition Service Limitations**
- **Provider Requirements**
- **Billing Information: Community Transition**
- **Community Transition Service Documentation**

The service definition for community transition is being revised to be consistent with the definition in Comprehensive waiver and technical guidance from the Centers for Medicare and Medicaid Services (CMS), and to facilitate the state's transition toward compliance with the community settings requirement of the new Home and Community Services rule effective March, 2015. The revised service definition will also facilitate moves for individuals who have chosen self and family-directed supports and are moving from a MO HealthNet-funded congregate setting. This definition does not apply to community transition under Money Follows the Person.

### Community Transition

#### Available in Comprehensive Waiver only

#### Service Description

Transition services are one-time, set-up expenses for individuals who transition from a congregate living setting to a less restrictive community living arrangement such as; a home, apartment, or other community-based living arrangement. Congregate living settings shall include any provider-owned residential setting where MO HealthNet reimbursement is available, including the following:

- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Nursing Facilities
- Residential Care Facilities
- Assisted Living Facilities
- DD Waiver Group Homes

Examples of expenses that may be covered include:

- Expenses to transport furnishings and personal possessions to the new living arrangement;
- Essential furnishing expenses required to occupy and use a community domicile;
- Security deposits that are required to obtain a lease on an apartment or home that does not constitute paying for housing rent;
- Utility set-up fees or deposits for utility or service access (e.g. telephone, water, electricity, heating, trash removal);

- Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy.

Essential furnishings include items for an individual to establish his or her basic living arrangement, such as a bed, a table, chairs, window blinds, eating utensils, and food preparation items. Community transition services shall not include monthly rental or mortgage expenses, food, regular utility charges, and/or household appliances or items that are intended for purely divertive or recreational purposes such as televisions, cable TV access or VCRs or DVD players.

The individual, their support coordinator, guardian (if applicable) and others involved in their support planning will be required to fully explore the availability of natural supports, including donations of cash or donations of second-hand goods from charitable organizations and assistance from family and friends. The limit of \$3000 to facilitate transition is not meant to be an entitlement. Every effort should be made to purchase the lowest cost items available, including second-hand goods when reasonable and appropriate.

If an individual received Community-transition within the past 10 years, did not expend the full \$3,000, and is now moving to a **less restrictive setting**, the individual may use the service again, not to exceed a total of \$3,000 including the original expenditure and the current authorization. In addition, any household items that were purchased for that individual during their first transition from a congregate setting are the property of that person, and the item will move with the individual. If the items purchased during the original transition are shared with housemates, the apportioned value of the item less reasonable depreciation must be used toward the cost of setting up the new household. The provider who was reimbursed the original transition cost will be responsible for purchasing items to facilitate the move at the amount determined in the calculation of proportional ownership and depreciation.

All purchases must be authorized and expended within 30 days prior to and after the move. If additional needs for household goods or furniture are identified more than 30 days after the move, the individual will be expected to purchase these items using their own resources, or to use natural supports including donated items, gifts, second hand purchases, etc.

### **Community Transition Service Limitations**

This service is limited to persons who transition from a congregate living setting to the waiver. The services must be necessary for the person to move from an institution and the need must be identified in the person's ISP. Total transition services are limited to \$3,000 per individual in the process of moving from a congregate setting to the community. The limit of \$3,000 is not an entitlement and every effort should be made to utilize natural supports and to make frugal purchases, as described above. A unit of service is one item or expense.

### **Provider Requirements**

This service can be provided by an individual contractor or an agency. An agency can be a group home provider or an ISL provider, certified by DMH or accredited by CARF, CQL or Joint Commission, to provide Community Transition service. An agency can also be an agency contractor or a Division of DD regional office. An individual or an agency must also have a DMH contract. An agency may include a MO HealthNet enrolled provider of Targeted Case Management for Individuals with Developmental Disabilities who is also an enrolled provider of any DD Waiver service. An individual contractor must have an applicable business license for service provided. An agency contractor must be in good standing with the Secretary of State and have an applicable business license for the service provided.

**A group home provider and ISL provider must be licensed according to 9 CSR 40-1,2,4,5 or certified according to 9 CSR 45-5.010, CARG, CQL or Joint Commission accreditation.**

### **Billing Information: Community Transition**

Medicaid procedure code–

- Community Transition: T2038
  - o Unit of Service: 1 job
  - o Maximum Units of Service: 1/month

### **Community Transition Service Documentation**

The provider must maintain all documentation as per the requirements set forth in Section C of the DD Waiver Manual. Community Transition documentation includes, but is not limited to, itemized invoices documenting the items purchased, prior to billing.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**