

## Community Pathways Waiver – Revised Draft Proposal

Service Type: Other Service

Service (Name):

Alternative Service Title: **TRANSITION SERVICES**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

### Service Definition:

- A. Transition Services provides funding for allowable expenses related to the participant moving from an institutional setting or a community residential provider to either: (1) a private residence in the community, for which the participant or his or her legal representative will be responsible; or (2) another community residential provider site.
- B. For purposes of this service definition, “allowable expenses”, are defined as actual costs associated with moving and establishing a new household. Examples may include:
  - 1. Cost of a security deposits that is required to obtain a lease on an apartment or home;
  - 2. Reasonable cost, as defined by the DDA, of essential household goods, such as furniture, window coverings, and kitchen, bed, and bath items which cannot be transferred from the previous location to the new one;
  - 3. Fees or deposits associated with set-up of, initial access to, or installation of essential utilities and for telephone, electricity, heating and water; and
  - 4. Cost of services necessary for the participant’s health and safety, such as pest removal services and one-time cleaning prior to moving in;
  - 5. Moving expenses.
- C. Transition Services do not include payment for the costs of the following items:
  - a. Monthly rental or mortgage expense;
  - b. Food;
  - c. Regular utility charges;
  - d. Monthly telephone fees; and
  - e. Entertainment related household items or services such as televisions, video game consoles, DVD players, or monthly cable fees.
- D. Transition Services will not include payment for room and board

### SERVICE REQUIREMENTS:

- A. The participant must be unable to pay for, and is unable to obtain assistance from other sources or services to pay for, expenses associated with moving and establishing a new household, as documented in the participant’s Person-Centered Plan.

- B. From the list of allowable expenses, the participant or his or her authorized representative will prioritize and select items to be purchased based on the participant's preferences, up to the maximum amount of funding approved by the DDA.
- C. The participant will own all of the items purchased under this service. The items shall transfer with the participant to his or her new residence and any subsequent residence. If the participant no longer wants any item purchased under this service, the item shall be returned to the DDA unless otherwise directed.
- D. The DDA must receive, review, and approve the list of items and budget for transition expenses before this services is provided.
- E. Transition Services are furnished only to the extent that they are reasonable, necessary, and based on the participant's needs.
- F. Transition Services may be provided to an individual leaving an institution up to 180 days prior to moving out.
- G. When furnished to individuals returning to the community from a Medicaid institutional setting, the costs of these services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unforeseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); Transitional Services may be billed to Medicaid as an administrative cost.
- H. The DDA may approve payment for Transition Services incurred no more than 180 days in advance of participant's enrollment in this waiver.
- I. This service cannot pay for purchase of items and goods from the participant's relative, legal guardian, or legally responsible individual as defined in C-2-e.
- J. Transition Services does not include items or services otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources
- K. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted. These efforts must be documented in the participant's file.
- L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

The maximum payment for this service may not exceed \$5,000 per participant during his or her lifetime unless otherwise authorized by DDA.

Transition items and goods must be procured within 60 days after moving.

**Service Delivery Method (check each that applies)**

- Participant Directed as specified in Appendix E
- Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Entity – for participant self-directing services
Agency	DDA Approved Organized Health Care Delivery System Provider

**Provider Specifications for Services**

**Provider Category:** Individual

**Provider Type:** Entity for participant self-directing services

**Provider Qualifications License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Vendors who provides the items, goods, or services that are allowable expense under this service. Examples include:

1. Apartment or house landlords;
2. Vendors selling household items;
3. Utility services providers;
4. Pest removal or cleaning service providers; and
5. Moving service providers.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

- Fiscal Management Services (FMS)

**Frequency of Verification:**

- Initial

**Provider Category:** Agency

**Provider Type:** DDA Approved Organized Health Care Delivery System Provider

**Provider Qualifications License (specify):**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

DDA Approved Organized Health Care Delivery System provider as per COMAR Title 10 Chapter 22

**Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- DDA for Organized Health Care Delivery System

**Frequency of Verification:**

- DDA – performs for initial approval and annually thereafter