

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 ~~assist individuals with expenses related to moving and setting up a new home~~ 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 ~~necessary to enable an individual to establish a basic household~~. Examples may include:
1. ~~security~~ Cost of a security deposits that ~~are is~~ required to obtain a lease on an apartment or home;
 2. ~~cost~~ Reasonable cost, as defined by the DDA, of essential household ~~goods~~ furnishings, 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 fees or deposits for utilities and y or service access, such for as~~ telephone, electricity, heating and water; ~~and~~
 4. ~~services~~ Cost of services necessary for the ~~individual’s participant’s~~ health and safety, such as pest removal services and one-time cleaning prior to moving in;
 5. ~~moving~~ Moving expenses; ~~and~~
 6. ~~activities to assess need, arrange for and pay for transition services.~~
- 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.
- ~~A. Transition Services is available when an individual is transitioning from an institutional setting or a living arrangement that is owned or leased by a provider to a living arrangement in a private residence where the individual will be directly responsible for his or her own living expenses or another provider licensed site.~~
- ~~B. The person centered plan must state that the individual is unable to pay for expenses related to moving and setting up a new home and services cannot be obtained from other sources.~~
- C.B. From the list of allowable expenses, the individual participant or his or her designee authorized representative will prioritize and select items to be purchased based on their the participant's preferences, up to the maximum amount of funding approved by the DDA.
- ~~D.C. The participant will own all of the items purchased under this service. belong exclusively to the individual and~~ The items shall transfer with the individual 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:
- ~~E. Items purchased that the individual no longer wants shall be returned to the DDA unless otherwise directed.~~
- F.D. The DDA must receive, review, and approve the list of items and budget for transition expenses must be submitted and approved by the DDA before this services are is provided.
- ~~G.E. Transition Services are furnished only to the extent that they are reasonable, necessary, and based on the individual's participant's needs.~~
- H.F. Transition Services may be provided to people an individual leaving an institution up to 180 days prior to moving out.
- I.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); Ttransitional Sservices may be billed to Medicaid as an administrative cost.
- J.H. The DDA may approve pPayment may be approved for Ttransition Sservices incurred no more than 180 days in advance of waiver participant's enrollment in this waiver.
- ~~K. Transition Services does not include monthly rental or mortgage expense, food, regular utility charges, monthly telephone fees, and household appliance or items that are intended for entertainment such as televisions, game stations, DVD players, or monthly cable fee.~~
- ~~L. Transition Services will not include payment for room and board.~~
- M.I. This service cannot pay for purchase of items and goods from may not be purchased from the individual's 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.

N.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 <u>people</u> self-directing services
Agency	DDA Certified <u>Approved</u> Organized Health Care Delivery System Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type: Entity for ~~people~~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: such as the following but not limited to:

1. Apartment or house ~~leases~~landlords;

2. Vendors selling household items;
3. Utility services providers;
4. Pest removal or/ cleaning services providers; and
5. Moving service providers; . and
6. ~~Entity conducting needs assessment, coordination, and paying for items.~~

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services (FMS)

Frequency of Verification:

- Initial

Provider Category: Agency

Provider Type: DDA ~~Certified~~ Approved Organized Health Care Delivery System Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

~~DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20~~

Other Standard (specify):

DDA certified Approved Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20 Title 10 Chapter 22

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for Organized Health Care Delivery System ~~certification~~

Frequency of Verification:

- DDA – performs for initial approval and annually thereafter ~~OHCDs annual for certification~~