

## Authorization Guide for Community Transition Services/ Nursing Facility Transition Services to a Home

Community Transition Services/Nursing Facility Transition Services to a Home help members live in the community and/or avoid institutionalization.

**Members must meet the following criteria to qualify for Community Transition Services/Nursing Facility Transition Services:**

Program overview
<p>Service includes:</p> <ul style="list-style-type: none"> <li>● Nonrecurring setup expenses for members who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.</li> <li>● Allowable Expenses<sup>1</sup> (including but not limited to):               <ul style="list-style-type: none"> <li>– Assessing the member’s housing needs and presenting options.<sup>2</sup></li> <li>– Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).</li> <li>– Communicating with the landlord (if applicable) and coordinating the move.</li> <li>– Establishing procedures and contacts to retain housing.</li> <li>– Identifying, coordinating, securing, or funding non-emergency, nonmedical transportation to assist members’ mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.</li> <li>– Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.</li> </ul> </li> <li>● Identifying the need for and coordinating funding for services and modifications necessary to enable a person to establish a basic household<sup>3</sup> (funding that does not constitute room and board<sup>4</sup>).</li> </ul>
Required documentation
<ul style="list-style-type: none"> <li>● Initial assessment.</li> </ul>
Eligibility
<ul style="list-style-type: none"> <li>● Currently receiving medically necessary nursing facility level of care (LOC) services and in lieu of remaining in the nursing facility or Medical Respite setting, is choosing to transition home and continue to receive medically necessary nursing facility LOC services; and</li> <li>● Has lived 60+ days in a nursing home and/or Medical Respite setting; and</li> <li>● Interested in moving back to the community; and</li> <li>● Able to reside safely in the community with appropriate/cost-effective supports services.</li> </ul>

<sup>1</sup>Are those necessary to enable a person to establish a community facility residence (except room and board).

<sup>2</sup>Refer to Housing Transition/Navigation Services ILOS for additional details.

<sup>3</sup>Examples of expenses: such as security deposits required to obtain a lease on an apartment or home; setup fees for utilities or service access; first-month coverage of utilities, including telephone, electricity, heating, and water; funds for services necessary for the individual’s health and safety, such as pest eradication and one-time cleaning prior to occupancy; funds for home modifications, such as an air conditioner or heater; and funds for other medically necessary services, such as hospital beds and Hoyer lifts, etc. to ensure access and reasonable accommodations.

<sup>4</sup>Refer to the Housing Deposits ILOS for additional details.

Authorization	
<p><b>Initial authorization</b> period varies based on needs.</p> <p><b>Reauthorization</b> varies based on needs.</p>	
Restrictions	State services to be avoided
<ul style="list-style-type: none"> <li>Member is participating in duplicative state, local, or federally funded programs.</li> <li>Service does not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversionary/recreational purposes.</li> <li>Service must be necessary to ensure the health, welfare, and safety of the member, and without which the member would be unable to move to the private residence and would then require continued or re-institutionalization.</li> </ul>	<p>State Plan services to be avoided include, but are not limited to, skilled nursing facility services.</p>
Codes	
<ul style="list-style-type: none"> <li>T2038 community transition, waiver, U5</li> </ul> <p><b>Unit of service:</b> Per service</p>	
Total lifetime maximum	
<p>The total lifetime maximum is \$7,500.</p> <p><b>Exception</b> to the limit of \$7,500 total maximum is if the member is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence through circumstances beyond their control.</p>	
Eligible providers	
<p>Allowable CS providers must have experience and expertise with providing housing-related services and supports in a culturally and linguistically appropriate manner. Provider must use best practices in rendering services.<sup>5</sup></p>	

<sup>5</sup>**Examples of possible providers:** Vocational services agencies, providers of services for individuals experiencing homelessness, life skills training and education providers, county agencies, public hospital systems, mental health or substance use disorder treatment providers, including county behavioral health agencies, social services agencies, affordable housing providers, supportive housing providers, federally qualified health centers and rural health clinics.