

Community Pathways Waiver – Current Services

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 are non-recurring set-up expenses for individuals who are transitioning from an institutional or to another provider-operated living arrangement to a living arrangement in a private residence where the person will be directly responsible for his or her own living expenses or another provider-operated arrangement as approved by the DDA.
- B. Allowable expenses, other than room and board, as necessary to enable a person to establish a basic household. They may include:
1. security deposits that are required to obtain a lease on an apartment or home;
 2. cost of essential household furnishings, including furniture, window coverings, food preparation items, and bed/bath linens;
 3. set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
 4. services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;
 5. moving expenses; and
 6. activities to assess need, arrange for and procure transition services.
- C. Transition Services are furnished only to the extent that they are reasonable and necessary and identified in the service plan that the person is unable to pay for them and services cannot be obtained from other sources.

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

- A. Reimbursement for transition services shall be reasonable, necessary, determined in accordance with the participant's needs, and approved by the DDA before any service may be rendered.
- B. The maximum payment for this service may not exceed \$5,000 per lifetime unless otherwise authorized by DDA.

- C. The list and budget for transition expenses must be submitted and approved by the DDA before services are rendered.
- D. Transition services are payable only once an individual has entered the waiver unless otherwise approved.
- E. Transition service and participant specific start up items shall transfer with participant to his or her new residence. Tangible items are the property of the participant so long as the participant needs them, and shall be returned to the DDA if no longer needed unless otherwise directed by the DDA.
- F. Transition Services do 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, video recorders, game stations, DVD players, monthly cable fee.
- G. Transition Services may not include payment for room and board.
- H. Payment may be approved for transition services incurred no more than 180 days in advance of waiver enrollment.
- I. Items may not be purchased from a waiver participant's family member or relative.
- J. When Transition Services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the person 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 unseen 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.
- K. Transition Services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider if the provision of these items and services are inherent to the service they are already providing or already included in the provider rate.
- L. Items or services otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan or through other resources, including services available to an individual under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)) will not be authorized.

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 people self-directing services
Agency	DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

Provider Specifications for Services

Provider Category: Individual

Provider Type: Entity for people self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

Vendor for the following:

1. Apartment or house leases;
2. Household items;
3. Utility services;
4. Pest eradication/cleaning services;
5. Moving;
6. Transition needs assessment, coordination, and procurement of items

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services (FMS)

Frequency of Verification:

- Initial

Provider Category: Agency

Provider Type: DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

Provider Qualifications License (specify):

License (specify):

One of the following licensed providers:

1. Family and Individual Support Service Providers as per COMAR 10.22.02 and 10.22.06
2. Residential Services Provider for Alternative Living Arrangement, Group Homes, Community Supported Living Arrangement, or Individual Family Care as per COMAR 10.22.02 and 10.22.08

Certificate (specify):

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

Other Standard (specify):

Verification of Provider Qualifications Entity

Responsible for Verification:

- OHCQ for license
- DDA for Organized Health Care Delivery System certification
- Fiscal Management Services for participants for self-directed services

Frequency of Verification:

- Annual for license
- Initial for certification
- Fiscal Management Services prior delivery of services