

## Transition Services

Service Definition
<p>A. Transition Services provides <b>certain</b> funding for allowable expenses related to the participant moving from: (1) an institutional setting to a group home or private residence in the community; for which the participant or their legal representative will be responsible; or (2) a community residential provider to a private residence in the community; for which the participant or their legal representative will be responsible.</p> <p>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:</p> <ol style="list-style-type: none"><li>1. Cost of a security deposits that is required to obtain a lease on an apartment or <b>house home</b>;</li><li>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;</li><li>3. Fees or deposits associated with set-up of, initial access to, or installation of essential utilities, and for telephone, electricity, heating, and water; <b>and</b></li><li>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; <b>and</b></li><li>5. Moving expenses.</li></ol> <p>C. <b>Transition Services may include the cost for training direct support professionals prior to the transition date who will be supporting participants with complex medical or behavioral needs to ensure health and welfare on the first day of community services.</b></p> <p>D. Transition Services do not include payment for the costs of the following items:</p> <ol style="list-style-type: none"><li>1. Monthly rental or mortgage expense;</li><li>2. Food;</li></ol>

## Transition Services

- 3. Regular utility charges;
- 4. Monthly telephone fees; and
- 5. Entertainment related household items or services such as televisions, video game consoles, DVD players, cell phones, or monthly cable fees.

E. 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 ~~file~~PCP.
- B. From the ~~list of~~ allowable Transition Services~~expenses~~, the participant or their designated 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 their 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 service 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 which is billed as a Medicaid administrative service.
- G. When furnished to participants returning to the community from a Medicaid institutional setting, the costs of these services are considered to be an administrative cost.

## Transition Services

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. Any goods funded by this ~~Medicaid w~~Waiver program service must be in good operating condition and repair in accordance with applicable specifications. Any services funded by this ~~Medicaid w~~Waiver program must be performed in accordance with standard workmanship and applicable specifications.

J. This service cannot pay for purchase of items and goods from the participant's relative, legal guardian, or legally responsible person as defined in C-2-e.

K. 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.

L. Prior to accessing DDA funding for this service, all other available and appropriate funding sources ~~which may include, as applicable, private insurance, including those~~ services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), ~~and~~ Department of Human Services (DHS), ~~and or~~ any other federal or State government funding program, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant's file.

2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be documented in the participant's ~~file~~PCP.

3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the ~~Medicaid w~~Waiver program.

M. 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 ~~receiving community based services and~~ avoiding institutionalization.

N. Anyone paid to provide a Medicaid waiver service, including participant's employees, ~~is~~are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

## Transition Services

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
<p>1. The maximum payment for this service may not exceed \$5,000 per participant during their lifetime <del>unless otherwise authorized by the DDA.</del></p> <p>2. Transition items and goods must be procured within 60 days after moving.</p>
Service Delivery Method (check each that applies):
X Participant-directed as specified in Appendix E Participant-directed as specified in Appendix E.
<p>X Provider managed</p> <p><del>(Don't Check) Remote/via Telehealth</del></p>
Specify whether the service may be provided by (check each that applies):
<p><del>NONE CHECKED</del></p> <p><input type="checkbox"/> Legally Responsible Person</p> <p><input type="checkbox"/> Relative</p> <p><input type="checkbox"/> Legal Guardian</p>
Provider Category(s) (check one or both):
<p><del>X</del> Individual. List types:</p> <p><del>Entity for people self-directing services</del></p>

## Transition Services

X Agency. List the types of agencies:
Organized Health Care Delivery System Provider
Provider Type:
<del>Entity for people self-directing services</del>
License (specify)
Certificate (specify)
Other Standard (specify)
<del>Vendors who provide the items, goods, or services that are allowable expenses under this service. Examples include:</del>  <del>1. Apartment or house landlords;</del>  <del>2. Vendors selling household items;</del>  <del>3. Utility services providers;</del>  <del>4. Pest removal or cleaning service providers; and</del>  <del>5. Moving service providers.</del>
Provider Type:
Organized Health Care Delivery System Provider
License (specify)

## Transition Services

Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be <del>approved</del> <del>certified or licensed</del> by the DDA to provide at least 1 Medicaid waiver service; and</li> <li>2. Complete the <del>MDH DDA</del> provider application to be an <del>Organized Health Care Delivery System MDH DDA</del> provider.</li> </ol> <p>Organized Health Care Delivery System providers shall verify the qualifications, licenses, credentials, and experience of all individuals and entities they contract or employ<del>s</del> and have a copy of the same available upon request.</p> <p>Vendors who <del>provide</del> the items, goods, or services that are allowable expenses<del>s</del> under this service. Examples include:</p> <ol style="list-style-type: none"> <li>1. Apartment or house landlords;</li> <li>2. Vendors selling household items;</li> <li>3. Utility services providers;</li> <li>4. Pest removal or cleaning service providers; and</li> <li>5. Moving service providers.</li> </ol>
Verification of Provider Qualifications
Provider Type:
<del>Entity for people self-directing services</del>

## Transition Services

Entity Responsible for Verification:
<del>Financial Management and Counseling Services</del>
Frequency of Verification
<del>Prior to service delivery.</del>
Provider Type:
Organized Health Care Delivery System Provider
Entity Responsible for Verification:
1. <del>MDH DDA</del> for approval of the Organized Health Care Delivery System.
2. Organized Health Care Delivery System for verification of items.
Frequency of Verification
1. <del>MDH DDA</del> - Initially and at least every 3 years.
2. Organized Health Care Delivery System – Prior to services delivery.