

1915(i) Policy

Community Transition 510-08-65-15

Service Title: Community Transition Service

Service Definition (Scope)

The 1915(i) Community Transition Service (CTS) consists of funding for time-limited non-recurring set-up expenses for individuals eligible for the service who are transitioning from one of the following settings to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses:

- Nursing Facility (NF)
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Qualified Residential Treatment Program (QRTP)
- Psychiatric Residential Treatment Facility (PRTF)
- Hospital (other than the State Hospital and other hospitals which are IMDs)

The 1915(i) Community Transition Service does not include reimbursement for case management activities incurred as part of the transition process or completing the process to access the CTS funding to make the allowable payments or purchases. The case management is anticipated to be provided by the institution, or a case manager from the system representing the individual, i.e. Intellectual Disabilities, SMI, Aging, Foster Care, DJS, etc.

Community Transition Services may be authorized up to 90 consecutive days prior to the individual being determined eligible for the 1915(i) and continue for 90 consecutive days from the date the individual became eligible for the 1915(i) for a total of 180 consecutive days.

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the CTS (Community Transition Service) plan development process, clearly identified in the CTS plan, the individual is unable to meet such expense, and the services cannot be obtained from other sources.

Case Management Role

The community transition service funding must be accessed and administered by the case manager responsible for coordinating the individual's discharge planning from the institution. The case manager must request and receive approval for the CTS service from the State Medicaid Agency.

The case manager who originates the CTS must continue to provide oversight of the community transition service funding for an additional 90 consecutive days past the date of 1915(i) eligibility or until the duration of the service request has expired.

Allowable Costs

Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses; (f) necessary home accessibility adaptations; and (g) activities to assess need, arrange for and procure need resources.

Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Items purchased via this service are the property of the individual.

Eligibility for the 1915(i) Community Transition Service

To be eligible for this service a pre-eligibility screening by the case manager must occur to ensure all of the following CTS eligibility criteria are present:

1. Individual is currently residing in one of the following institutions:
 - Nursing Facility (NF)
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
 - Qualified Residential Treatment Program (QRTP)

- Psychiatric Residential Treatment Facility (PRTF)
 - Hospital (excluding the State Hospital and other hospitals which are IMDs)
2. Individual has resided in one of the above institutions for a minimum of 30 consecutive days;
 3. An anticipated discharge date has been established;
 4. The individual will be discharged to a living arrangement in a private residence where he/she is directly responsible for his or her own living expenses;
 5. Individual will be receiving Medicaid or Medicaid Expansion upon discharge from the institution;
 6. Individual will have a federal poverty level of 150% or below upon discharge from the institution;
 7. Individual has a qualifying 1915(i) diagnosis;
 8. Individual has one of the following needs-based assessments:
 - a WHODAS 2.0 complex score of 25 or higher; or
 9. a score of 5 or lower on the Daily Living Activities 20 (DLA) Individual is reasonably expected to be eligible for and enroll in the 1915(i) within 90 days of the approval of the community transition service.

1915(i) Community Transition Service Process

1. The case manager, the person responsible for coordinating the individual's discharge planning, will conduct a "pre" 1915(i) eligibility screening as identified on the 1915(i) Community Transition Plan of Care and Request for Funds form;
2. If pre-eligibility is met, the case manager will complete the 1915(i) Community Transition Plan of Care and Request for Funds form and submit to the State via email for approval;
3. The State authorizes the community transition service funding and informs Veridian Fiscal Solutions and the case manager that the service is approved by sending the approved 1915(i) Community Transition Service Plan of Care to both parties;
4. The case manager and individual identify the necessary purchases and work directly with Veridian to ensure correct forms are completed;
 - a. Vendors do not need to be registered with the State of ND.
5. The case manager will complete and submit Veridian's required form(s) to Veridian Fiscal Solutions via email;
6. Once Veridian authorizes the payment request, Veridian issues payment for each vendor and sends payment as identified in the request;
 - a. Payment can be mailed to the case manager or directly to the vendor.
7. Authorized items are purchased;

- a. Veridian will work with the case manager to make the payment or purchase.
- b. Items without Veridian's approval cannot be purchased.
8. The individual is discharged and living in the community;
9. If individual is determined 1915(i) eligible and if service duration extends past the date of discharge, the case manager must continue to provide oversight for up to 90 days post-discharge/post eligibility;
10. If the individual is determined 1915(i) eligible following discharge, Veridian submits a request for service authorization, 1915(i) Community Transition Plan of Care and Request for Funds form to the State via MMIS;
 - a. If the individual is not found eligible for 1915(i), Veridian's claim will be paid with administrative funds by submitting SFN 78 Request for Payment and supporting documentation.
11. The State authorizes the service authorization and MMIS will generate an approval letter to Veridian and the individual; and
12. Veridian submits their claim to the State via MMIS.

Reader is referred to the Community Transition Process Flow located on the 1915(i) website.

1915(i) CTS Plan of Care and Request for Funds Form

The 1915(i) Community Transition Plan of Care and Request for Funds form must be completed by the case manager responsible for oversight of the community transition service funding. The form is located at the following link:

[Plan of Care - CTS.pdf \(nd.gov\)](#)

The "begin date" in the "Service Approval Dates" section of the form must be 90 days or less prior to the individual's discharge from the institution. The "proposed end date" in the "Service Approval Dates" section of the form will be 180 days past the "begin date". The service approval will automatically void when any of the following occur:

- It is determined the client will not be discharged to their own home.
- The individual has not been discharged by the end of the 90 day period.
- The individual has not been found eligible for the 1915(i) by the end of the 90 day period.
- The individual is not living in their own home by the end of the 90 day period.
- The maximum approved money has been spent.
- At midnight on the "end date" which is a maximum of 180 days since the begin date.

The service approval will remain effective for up to an additional 90 consecutive days past the date of 1915(i) eligibility if all of the following are present:

- The individual has not spent the maximum authorized funding; and,
- The originating case manager agrees to continue to provide oversight of the CTS funding during the 90 day post-discharge period; and,
- The individual has been discharged from the institution; and,
- The individual has been found eligible for the 1915(i); and,
- The individual is living in their private home; and,
- The individual continues to have a need for the funding.

This dollar amount requested as well as the individual's goal to transition to the community must be entered into the 1915(i) Community Transition Plan of Care and Request for Funds form.

The form is submitted to the Medical Services 1915(i) Administrator to request approval for the community transition service. The requestor will be informed by Medical Services of the approval or denial of the request. If approved, the requestor will complete Veridian Fiscal Solution's requirements for community transition purchases.

Third-Party Fiscal Agent

All purchases will be procured through a third-party fiscal agent. Veridian Fiscal Solutions (hereafter referred to as "Veridian") is the third-party fiscal agent for the 1915(i) Community Transition Service. The case manager will work directly with Veridian to ensure the appropriate forms are completed prior to purchasing allowable expenses.

Visit www.veridianfiscalsolutions.org/1915i/default.aspx for resources and instructions on Veridian's requirements for the 1915(i) Community Transition Service.

Service Limits

There is a limit of \$3,159.68 per individual per lifetime to occur within the 180 consecutive day window (up to 90 consecutive days prior to the individual being determined eligible for the 1915(i) and up to 90 consecutive days from the date the individual became eligible for the 1915(i)).

There are no options to exceed the service limit.

Service Duplication

1915(i) services cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, state, local, and private entities.

The state has identified the Community Transition service within the 1915(i) is duplicative of the following services within the HCBS 1915(c) Waivers: ID/DD Waiver – Age 0+; HCBS Aged/Disabled Waiver – Age 18+. Individuals currently or previously receiving Community Transition Services through the HCBS Aging/Disabled or DD Waivers or Money Follows the Person are not eligible to receive Community Transition Services through the 1915(i).

Reader is referred to the NDDHHS Community Transition Services Options document ([Community Transition Service Options](#)) containing a chart listing all ND Medicaid funded Community Transition Service options in North Dakota. Note that CTS should be accessed through Money Follows the Person (MFP) whenever possible. After ruling out MFP as an option, then the 1915(i), ADRL, Aging, or DD Community Transition service can be pursued.

To avoid CTS duplication with MFP or 1915(c) Waiver services, the case manager requesting the 1915(i) Community Transition funding will contact the State Medicaid Office to inquire if the individual has any eligibility spans for any of the C Waivers or Money Follows the Person in MMIS. If yes, the State Medicaid Office will determine if the individual has accessed Community Transition Services in the past and will not approve the request if prior access is confirmed.

See 1915(i) Service Duplication Policy.

Provider Qualifications

Veridian Fiscal Solutions is the 1915(i) third-party fiscal agent provider of this service.

Provider Type: Group

North Dakota Medicaid enrolled group provider of 1915(i) Community Transition Services.

Licensing: None.

Certification: None.

A provider of this service must:

1. have a North Dakota Medicaid provider agreement.

Provider Type: Individual

An individual providing this service must:

1. be employed by an enrolled ND Medicaid enrolled billing group of this service.
2. be at least 18 years of age.

Verification of Provider Qualifications

Provider Type: ND Medicaid enrolled agency provider of 1915(i) Community Transition Services

Entity Responsible for Verification: Medical Services Provider Enrollment

Frequency of Verification: Provider will complete an "Attestation" as part of the provider agreement process upon enrollment and at revalidation. Providers are required to revalidate their enrollments at least once every five (5) years.

Service Delivery Method: Provider Managed

Payment Rate

\$3,159.68 to occur within the 180 consecutive day window per individual's lifetime.

The costs of the service are incurred and billable when the person leaves the institutional setting and enters the 1915(i). If for any unseen reason, the individual does not enroll in the 1915(i) (e.g. due to death or a significant change in condition), costs may be billed to Medicaid as an administrative cost.

The rates are published on the Department's website:

<https://www.hhs.nd.gov/medicaid-provider-information/medicaid-provider-fee-schedules>

Quality Assurance

See 1915(i) Quality Assurance Policy.

Conflict of Interest

See 1915(i) Conflict of Interest Standards Policy.

Medical Records Requirements including Documentation Guidelines, Signatures, Confidentiality, and Availability of Records

See 1915(i) Medical Records Policy.

Person Centered Service Delivery

Community transition service delivery must be person-centered.

See 1915(i) Person- Centered Care Policy.

Service Authorizations

All 1915(i) services must receive prior authorization.

See 1915(i) Service Authorization Policy.

Claims

See 1915(i) Claims Policy.