1915(i) Community Transition Service

Applicability

This guideline applies to members transitioning from an institutional living setting and transitioning case managers.

Purpose

Community Transition Services (CTS) consist of funding for time-limited, non-recurring set-up expenses to help an individual transition from an institutional setting to a community-based living arrangement.

Eligibility Criteria

This service is available to individuals of all ages.

Transitioning case managers must assess an individual's Medicaid Expansion and 1915(i) eligibility prior to requesting this service. **Individuals are expected to apply for 1915(i) within ninety (90) days of approval of the community transition service.**

1915(i) Eligibility criteria is:

- Will receive Medicaid Expansion upon discharge from the institution.
- Will have a federal poverty level of 150% or below upon discharge from the institution
- Has a qualifying 1915(i) diagnosis
- Has a qualifying score on one of these assessments:
  - a WHODAS 2.0 complex score of 25 or higher; or o a score of 5 or lower on the Daily Living Activities 20 (DLA)

Individuals must have resided in an institutional setting as defined in this policy for a minimum of 30 consecutive days and have an anticipated discharge date.

Ineligible Individuals

Individuals currently receiving or who have previously received community transition services within these programs or Medicaid waivers are not eligible for 1915(i) Community Transition Services*:

- HCBS Aging/Disabled Waiver
- Developmental Disability Waiver
- Money Follows the Person (MFP). CTS should be accessed through MFP whenever possible.

Definitions

Home and Community Based Setting (HCBS) – means a member's own home or non-residential community location rather than an institution or other isolated setting.

Institutional setting – means nursing facilities (NF), intermediate care facilities for individuals with intellectual disabilities (ICF/IID), Qualified Residential Treatment Programs (QRTPs), Psychiatric Residential Treatment Facilities (PRTF), hospitals, and jails/prisons.

Transitioning Case Manager – means an institutional or other case manager coordinating an individual's transition to the community from an institutional setting. A transitioning case manager must also oversee CTS funding.

Covered Services and Limits

Services must be reasonable and necessary. Reasonableness and necessity are determined through the CTS plan development process. Services must be clearly identified in the CTS plan. Only services the individual is unable to afford or obtain from other sources are allowed.

Allowable Costs

Allowable expenses are those necessary to enable an individual to establish a basic household that do not constitute room and board. This may include:

- Security deposits that are required to obtain a lease on an apartment or home.
- 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.
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating, and water.
- Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy.
- Moving expenses
- Necessary home accessibility adaptations; and
- Activities to assess need, arrange for and procure needed resources.

Items purchased via this service become the individual's property.

Requests Services

Only transitioning case managers who are responsible for coordinating the member's institutional discharge planning may request CTS services. CTS services must be requested and approved prior to rendering.

The transitioning case manager requesting CTS funding should contact BCBSND Medicaid via email at 1915i@bcbsnd.com to inquire if the individual has any eligibility spans for any of the HCBS Waivers or Money Follows the Person in MMIS.

BCBSND will determine if the individual has received transition services in the past and will not approve the request if prior receipt is confirmed.

Service Duration

Community Transition Services may be authorized up to 90 consecutive days prior to the member 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.

Limits

This is a once-per-lifetime service.

Service Requirements

Transitioning case managers collaborate with transitioning individuals to identify necessary purchases.

Funding Oversight

Transitioning case managers must oversee the community transition service funding while the individual is transitioning out of an institutional setting and for an additional 90 consecutive dates past the 1915(i) eligibility or until the duration of the service request has expired.

CTS Plan of Care and Request for Funds

Transitioning case managers will complete the 1915(i) Community Transition Plan of Care and Request for Funds form for eligible individuals and submit for approval. Transitioning case managers will receive written notification of CTS approval.

Purchase Procurement Through Third-Party Fiscal Agent – Veridian

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. Transitioning case managers 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 CTS. Transitioning case managers submit purchase request forms and receive Veridian approval before purchase. Payment for approved purchases comes from Veridian.

Service Authorizations

This service must receive prior authorization. See Service Authorization Policy.

Non-Covered Services

- Reimbursement for case management activities incurred as part of the transition process.
- 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.,
- Monthly rental or mortgage expense.
- Food,
- Regular utility charges,
- Household appliances or items that are intended for purely diversional/recreational purposes.

Documentation Requirements

Documentation that must be retained includes records, receipts, and original invoices for items that are furnished or purchased.

See “Documentation Guidelines” section of Provider Requirements policy for Medicaid Expansion documentation requirements.

Service documentation must occur in Therap using the Supportive Service Case Note beginning January 6, 2025.

Provider Qualifications

Group

Group Providers must have a North Dakota Medicaid provider agreement.

1. Have a North Dakota Medicaid provider agreement and attest to the following:

- individual practitioners meet the required qualifications
- services will be provided within their scope of practice
- individual practitioners will have the required competencies identified in the service scope
- agency conducts training in accordance with state policies and procedures
- agency adheres to all 1915(i) standards and requirements
- agency adheres to all 1915(i) policies and procedures, including but not limited to, participant rights, abuse, neglect, exploitation, use of restraints, and reporting procedures are written and available for ND Medicaid review upon request.

Individual

A transitioning case manager must:

1. be employed by a Community Transaction Service (CTS) billing group enrolled with both ND Medicaid and BCBSND Medicaid Expansion.
2. be at least 18 years of age.

Billing and Requirements

The costs of the service are incurred and billable when the member leaves the institutional setting and is determined eligible for 1915(i) services. Veridian submits the request for payment on behalf of the transitioning case manager.

If the individual does not enroll in 1915(i) (e.g., due to death or a significant change in condition), costs may be billed by Veridian to Medicaid as an administrative cost.

Code	Description
T5999	Community Transition Service (per service)

Note: This fee may only be billed one time.