


| | |
|---|--|
|  | Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual |
| | Date effective: July 1, 2020 Date revised: |
| Policy Number: <i>SDMI HCBS 315</i> | Subject: Community Transition |

Definition

Community Transition is non-recurring set up expenses for members who are actively transitioning from an institutional or other provider-operated living arrangement to a living arrangement in a private residence where the member is directly responsible for his or her own living expenses.

Determination of Need

- (1) To access Community Transition, a member must be transitioning from an institutional setting to a community living arrangement. The member must demonstrate a need for the service based on the following:
 - (a) the member demonstrates a need for the coordination and purchase of one-time, nonrecurring expenses necessary for the member to establish a basic household in the community;
 - (b) without the service, the member has a health, safety, or institutional risk; and
 - (c) other services/resources to meet the need are not available.

Provider Requirements

- (1) The Community Transition provider must be an individual:
 - (a) licensed within the scope of their business;
 - (b) properly insured; and
 - (c) enrolled as a Medicaid provider.
- (2) The case management entity chosen through the competitive procurement process to provide case management services.

Service Requirements

- (1) Allowable expenses are those necessary to enable a member to establish a basic household including:
 - (a) security deposit;
 - (b) essential household items;
 - (c) moving expenses
 - (d) utility set-up fees and deposits;
 - (e) services necessary for the health and safety of the member; and
 - (f) fees associated with obtaining legal or identification documents needed for housing applications.
- (2) Community Transition does not include monthly rental or mortgage expenses, food, and diversion/recreational expenses.

Utilization

- (1) Community transition is based on the member's assessed need and are limited to additional services not otherwise covered under Medicaid state plan.