



TRANSITION SERVICES

Office of Aging and Adult Services

OAAS-TNG-20-003

Issued January 27, 2020

Training Outline

- What are transition services?
- Service inclusions and exclusions
- Service limitations
- The updated Transition Services Form (TSF)
- Completing the TSF
 - Pre-approval
 - Purchasing & Verifying items
 - Final approval & reimbursement

TRANSITION SERVICES

➤ Transition services:

- Are available for individuals who have been **offered and approved** for a waiver opportunity and are transitioning from a nursing facility to their own living arrangement in a private residence where the individual is responsible for his/her own living expenses.
- Are for time limited, non-recurring set up expenses.
- May be used to purchase essential items needed even when residing with others.
- Must be identified in the individual POC in accordance with LDH and OAAS policies and procedures.
- Must be purchased and in place prior to nursing facility discharge.

SERVICE INCLUSIONS

Services **MAY** include:

- Security deposit required to obtain lease on apartment or house;
- Specific set-up fees or deposits for utilities;
- Activities to assess need, arrange for and procure needed resources;
- Essential furnishing to establish basic living arrangements (e.g. living room, dining room, etc.);
- Miscellaneous (e.g. blinds, washer, dryer, etc.);
- Moving expenses prior to move (onetime expense); and/or
- Health & Welfare assurances.

NOTE: SCs must exhaust all other resources to obtain these items prior to utilizing the waiver.

SERVICE EXCLUSIONS

Services **DO NOT** include:

- Monthly rental payments;
- Mortgage payments;
- Food;
- Monthly utility charges; and
- Household appliances and/or items intended solely for diversional/recreational purposes (e.g. television, stereo, computer, etc.).

*These services may not be used to pay for furnishing or to set-up living arrangements that are owned or leased by a waiver provider.

SERVICE LIMITATIONS

- There is a \$1,500 lifetime maximum limit per individual.
- The authorization period is the effective date (as indicated on the POC start date or revision start date) through the POC end date.
- Services must be prior authorized by OAAS RO or its designee.
- When transitioning to a home/apartment that is inhabited with another person, services will only be available for items that are used exclusively by the individual.
- SCA is the only source that can bill for these services.

NOTE: Transition Services are not subject to the individual's annual POC maximum budget.

THE UPDATED TRANSITION SERVICES FORM (TSF)

- The TSF Form (reissued September 12, 2019) is posted on the OAAS Waiver Forms and Instructions webpage.
- Updates include:
 - Reorganization of the form and roman numeral headings for each section;
 - Electronically fillable fields;
 - A column for the SC's initials to verify each item that was purchased;
 - A designated field for taxes; and
 - Attestation statement and signature for Designated Purchaser(s).

COMPLETING THE TSF FORM (Pre-approval)

The following mandatory fields must be completed by the Support Coordinator prior to submission to the SC Supervisor for pre-approval:

- General Information;
- Itemized Expenses (Number of Items Requested and Estimated Cost);
- SC Agency; and
- Designated Purchaser.

***Do NOT use acronyms or abbreviations when completing the form.**

TSF FILLABLE FORM - General Information

I. GENERAL INFORMATION	
Region: <input type="text"/>	Waiver Type: <input type="checkbox"/> ADHC <input type="checkbox"/> CCW
Participant's Name: <input type="text"/>	Date of Birth: <input type="text"/>
Nursing Facility Name: <input type="text"/>	Total Estimated Cost: <input type="text" value="\$ 0.00"/>
Projected Move Date: <input type="text"/>	Final Grand Total: \$ <input type="text"/>
Actual Move Date: <input type="text"/>	

“Actual Move Date” and “Final Grand Total” will be completed at the final approval stage.

TSF FILLABLE FORM - Itemized Expenses

Indicate the number and estimated costs of all needed items.
Estimated costs should include taxes.

II. ITEMIZED EXPENSES						
Areas	Item	Number of Items Requested	Estimated Cost	Designated Purchaser Initials	Actual Cost (Based on Purchase Receipt)	SC Initials (Purchase Verification)
DEPOSITS/FEES	Security Deposit (House)		\$ 0.00			
	Security Deposit (Apartment)		\$ 0.00			
	Telephone Deposit		\$ 0.00			
	Electric Deposit		\$ 0.00			
	Gas Deposit		\$ 0.00			
	Water Deposit		\$ 0.00			
	Other Housing/Start-Up Fees		\$ 0.00			
LIVING ROOM	Sofa/Love Seat		\$ 0.00			
	Chair		\$ 0.00			
	Coffee Table		\$ 0.00			
	End Table		\$ 0.00			
	Recliner		\$ 0.00			

TSF FILLABLE FORM - Designated Purchaser (DP)

IV. DESIGNATED PURCHASER (DP)

Purchaser's Name:

Provider/Agency Name/ Relationship:

Address:

Telephone Number (s):

Email Address:

I agree to purchase only items pre-approved on the form at the estimated cost. Any deviation to the items purchased requires pre-approval from the support coordination agency. I have initialed the items I agree to be responsible to purchase.

DP Signature: 

Date:

DESIGNATED PURCHASER (DP)

Purchaser's Name:

Provider/Agency Name/ Relationship:

Address:

Telephone Number (s):

Email Address:

I agree to purchase only items pre-approved on the form at the estimated cost. Any deviation to the items purchased requires pre-approval from the support coordination agency. I have initialed the items I agree to be responsible to purchase.

DP Signature: 

Date:

There may be up to two Designated Purchasers.

The DP may be the individual, the responsible representative, provider, the SCA or any other source.

Information for each DP must be entered (SCA must re-enter their own information if they are also the DP).

If the DP is not associated with the Provider or SCA, indicate relationship of the purchaser in the appropriate field.

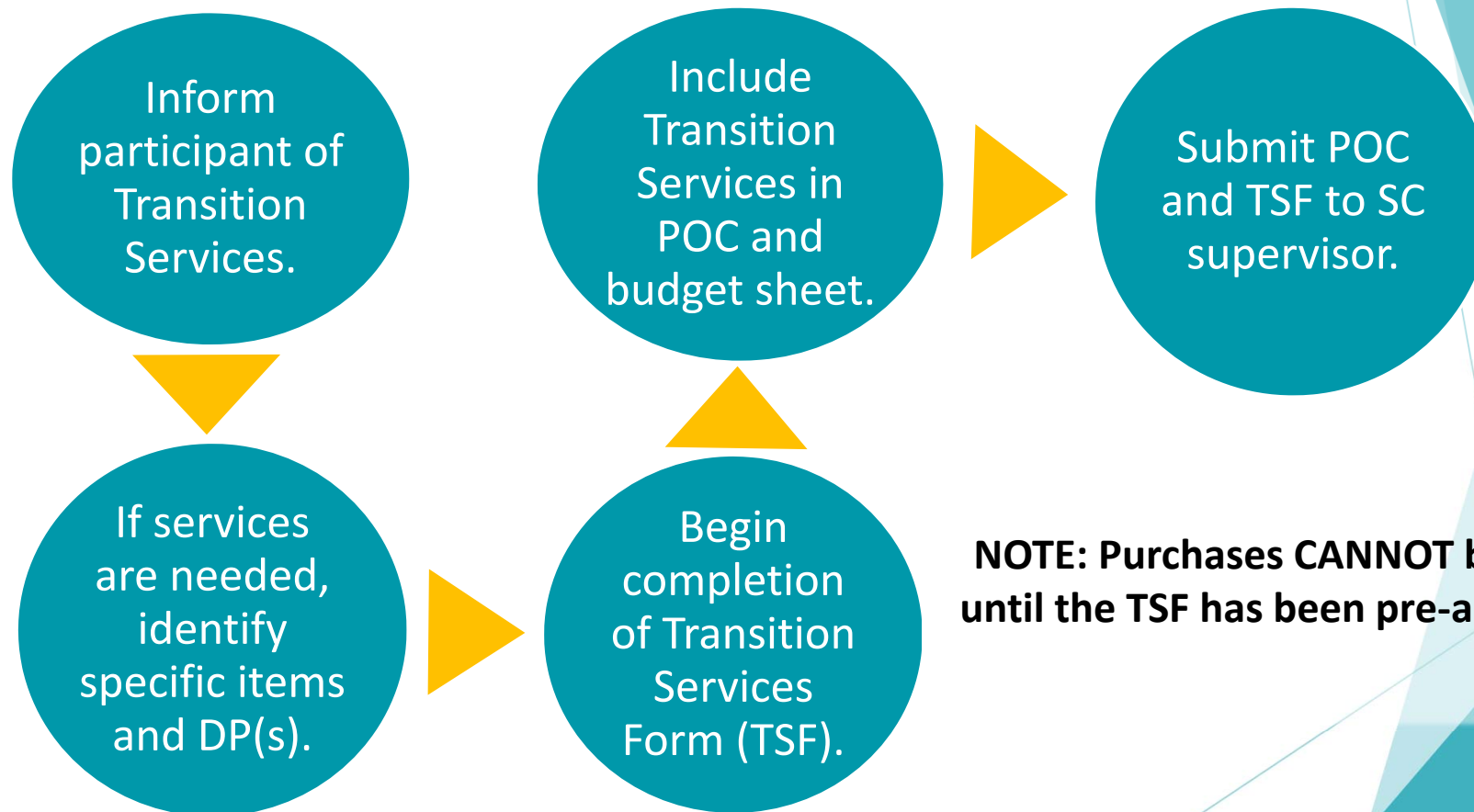
TSF FILLABLE FORM - Designated Purchaser (DP) - cont'd

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	Other Housing/Start-Up Fees		\$ 0.00			
LIVING ROOM	Sofa/Love Seat		\$ 0.00			
	Chair		\$ 0.00			
	Coffee Table		\$ 0.00			
	End Table		\$ 0.00			
	Recliner		\$ 0.00			

*DP will write his/her initials next to each item that they will purchase.

*DP should make every effort to ensure the items purchased, including taxes, does not exceed the estimated cost.

PRE-APPROVAL PROCESS Overview (SC Role)



NOTE: Purchases CANNOT be made until the TSF has been pre-approved.

PRE-APPROVAL (SC Supervisor Role)

Ensure the TSF form is complete and accurate.

Ensure participant's needs and requested items are included within the POC under the appropriate CAP.

SCS will then sign Pre-Approved Authorization Section of the TSF form.

Submit the approved POC packet to the DMC, participant, provider and RO following the usual procedures.

PRE-APPROVAL FORM PREVIEW

EXAMPLE:

II. ITEMIZED EXPENSES						
Areas	Item	Number of Items Requested	Estimated Cost	Designated Purchaser Initials	Actual Cost (Based on Purchase Receipt)	SC Initials (Purchase Verification)
TOTAL COSTS	Estimated:			\$ 850.00	Actual:	\$
				Taxes	\$	
	FINAL GRAND TOTAL					\$

V. PRE-APPROVAL AUTHORIZATION	
Pre-Approved Authorized Amount (Total Estimated Cost): \$850.00	
SC Signature: <u>Support Coordinator</u>	Date: <u>1/20/2020</u>
SC Supervisor Signature: <u>SC Supervisor</u>	Date: <u>1/21/2020</u>

PURCHASING AND VERIFYING ITEMS

DP will purchase items identified on TSF.



Once participant transitions, SC verifies that all items on the TSF have been purchased and are in the home.



SC collects original receipts, inputs actual cost in Section II., and submits to SC supervisor for Final approval.



SC also prepares a POC budget page revision reflecting actual cost.

TSF FILLABLE FORM - SC Verification

SC verifies items are in the home, initials in each corresponding box and writes in the actual purchase price based on receipts.

II. ITEMIZED EXPENSES

Areas	Item	Number of Items Requested	Estimated Cost	Designated Purchaser Initials	Actual Cost (Based on Purchase Receipt)	SC Initials (Purchase Verification)
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	Other Housing/Start-Up Fees		\$ 0.00			
LIVING ROOM	Sofa/Love Seat		\$ 0.00			
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	Coffee Table		\$ 0.00			
	End Table		\$ 0.00			
	Recliner		\$ 0.00			

TSF FILLABLE FORM - Taxes

MISCELLANEOUS	Window Treatments <i>(Coverings, Blinds, Rods)</i>		\$ 0.00			
	Washer		\$ 0.00			
	Dryer		\$ 0.00			
	Vacuum Cleaner		\$ 0.00			
	Air Conditioner		\$ 0.00			
	Fan		\$ 0.00			
	Broom		\$ 0.00			
	Mop		\$ 0.00			
	Bucket		\$ 0.00			
	Iron		\$ 0.00			
	Ironing Board		\$ 0.00			
MOVING EXPENSES	Moving Company		\$ 0.00			
	Cleaners <i>(Prior to Move. One-time expense)</i>		\$ 0.00			
HEALTH & WELFARE	Pest Control/Eradication		\$ 0.00			
	Fire Extinguisher		\$ 0.00			
	Smoke Detector		\$ 0.00			
	First Aid Supplies/Kit		\$ 0.00			
TOTAL COSTS	Estimated:	\$ 0.00	Actual:	\$		
			Taxes	\$		
	FINAL GRAND TOTAL			\$		

The actual cost of all items must be calculated and entered.

Taxes are entered separately

FINAL APPROVAL (SC Supervisor Role)

Utilize the pre-approved TSF to ensure that only the item(s)/services(s) listed are reimbursed to the Designated Purchaser.

Review TSF for final approval.

Send TSF to DMC and RO.

NOTE: Any items not listed on the original approved TSF will not be reimbursed on this TSF. If additional items are discovered then a new TSF and POC revision must be completed.

FINAL APPROVAL - FORM PREVIEW (SC Supervisor Role)

EXAMPLE:

VI. To Be Completed by SC SUPERVISOR for FINAL APPROVAL:	
Final Grand Total: \$ <u>845.57</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> NOT Approved
<i>This signature confirms the SC Supervisor has reviewed the TSF, verified the form is complete and original receipts for actual expenditures have been verified.</i>	
SC Supervisor Signature: <u>SC Supervisor</u>	Date: <u>3/15/2020</u>

- The Final Grand Total should not exceed the pre-approved Total Estimated Cost.
- The Final Grand Total must NEVER exceed the maximum allowable.

REIMBURSEMENT (SC role)

Bill the Medicaid fiscal intermediary contractor within (60) calendar days from actual move date.

Reimburse the DP within (10) calendar days of receipt of reimbursement.

Maintain documentation including individual's TSF with original receipts and copies of cancelled checks, as record of payment to DP.

ADDITIONAL POINTS

- If additional items are needed after the TSF was approved, and there are remaining transition funds, the SC must submit another TSF within 90 days AFTER the individual's actual move date.
- If the individual is not approved for waiver services and/or does not transition, but transition service items were purchased, SCA will notify RO which will contact to allow for possible reimbursement.

NOTE: If it is determined that the individual has additional needs that were not identified or billing was not able to occur, within the above established timelines, the OAAS RO must notify OAAS State Office to review for exception.

REFERENCES

➤ Waiver Procedures Manual:

- Section R – Community Choices Waiver -
<http://www.ldh.la.gov/assets/docs/OAAS/Manuals/WaiversProceduresManual/R-Community-Choices-Waiver.pdf>
- Section Q – Adult Day Health Care (ADHC) Waiver -
<http://www.ldh.la.gov/assets/docs/OAAS/Manuals/WaiversProceduresManual/Q-Adult-Day-Health-Care-Waiver.pdf>

➤ Medicaid Provider Manuals:

- Community Choices Waiver -
<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf>
- Adult Day Health Care (ADHC) Waiver -
<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/ADHC/ADHC.pdf>