

TRANSITION SERVICES

I. APPLICABILITY

This policy applies to:

- A. People receiving Developmental Disabilities Administration funded services through its Traditional or Self-Directed Services Delivery Model;
- B. Their families and/or legal representatives; and
- C. Coordinators of Community Services, Self-Directed staff, vendors, Support Brokers, Financial Management and Counseling Services agencies, Providers, DDA providers, and DDA staff.

II. IMPLEMENTATION DATE

- A. This policy begins 30 days after posting and overrides any other policies or guidance related to Transition Services.
- B. In the event of a public health emergency or state of emergency, this policy can be overruled by any and all federal authorities.

III. PURPOSE

This policy describes the requirements and guidance for Transition Services funded through a DDA operated Medicaid Waiver program or State funds.

IV. DEFINITIONS

- A. "Allowable expenses" are the items and/or services associated with moving and establishing a new household, as outlined in this policy.
- B. "Coordination of Community Services" are targeted case management services provided to help people receiving and or requesting services funded by the DDA. Targeted case management services are provided in accordance with [COMAR 10.09.48](#)

- C. "Coordinator of Community Services" or "CCS" is an individual who provides Coordination of Community Services. They can be either an employee or a contractor of a DDA provider.
- D. "DDA Medicaid Waiver Program" is one of three Medicaid Home and Community-Based Waiver programs operated by the Developmental Disabilities Administration that serve eligible children and adults with intellectual and developmental disabilities. These programs are approved by the Centers for Medicare & Medicaid Services and include the:
1. Family Supports Waiver;
 2. Community Pathways Waiver; and
 3. Community Supports Waiver.
- E. "DDA Provider" is an individual or entity that is licensed or certified and/or approved by the Maryland Department of Health to provide DDA-funded services to people in accordance with the DDA's requirements.
- F. "Department" is the Maryland Department of Health.
- G. "Designated Representative" is an individual who acts on behalf of the person to manage their services under the Self-Directed Services Delivery Model. They are noted in the Participant Agreement and must follow program requirements.
- H. "Institution" is an establishment that provides food, shelter, services or treatment to four or more individuals not related to the owner of the establishment. Institutional settings include but may not be limited to:
1. Intermediate Care Facilities for Individuals with Intellectual Disabilities;
 2. Hospitals;
 3. Nursing Facilities and Skilled Nursing Facilities;
 4. Psychiatric Hospitals and Hospital units;
 5. Rehabilitation Hospitals and Units;

6. Inpatient Acute Care Hospitals; and
7. Other specialty hospitals.

I. "Legal guardian" is either:

1. A natural or adoptive parent of a person under the age of 18;
or
2. A person who has been appointed by a court order as guardian of the person.

J. "Legally Responsible Person" is an individual who has a legal obligation under the provisions of Maryland law to care for another individual. This includes:

1. A parent of a minor (either natural or adoptive), legal guardian; or
2. An individual otherwise legally responsible for the care of a minor.

K. "Organized Health Care Delivery System" or "OHCD" is a public or private organization that delivers health services. OHCDs are approved by the Department of Health to provide Waiver program services to people in accordance with [COMAR 10.22.20](#).

L. "Person" is an individual who receives DDA-funded services.

M. "Person-Centered Plan" or "PCP" is a written plan that is developed by a planning process, driven by the individual with a developmental disability, in order to:

1. Identify their goals and preferences;
2. Identify services to support them to pursue their personally defined outcomes in the most integrated community setting;
3. Direct the delivery of services that reflect their personal preferences and choice; and
4. Identify their specific needs that must be addressed to ensure their health and welfare.

- N. "Relative" is a natural or adoptive parent, step-parent, or sibling of an applicant or person getting DDA-funded services, who is not also a legal guardian or Legally Responsible Person.
- O. "Self-Directed Services Delivery Model" or "SDS Model" is a model of service delivery that the DDA provides through its Waiver programs. In the SDS Model the person (not the provider) has:
1. The power and responsibility for overseeing, coordinating and directing the services they have been approved to receive;
 2. Budget authority over how the Medicaid funds are spent to purchase authorized services; and
 3. Employer authority to recruit, hire, train, and supervise the staff and service providers they want to hire.
- P. "Team" is a group of people, chosen by a person or their legal guardian, who participate in the development of their Person-Centered Plan, along with the person and the CCS.
- Q. "Traditional Service Delivery Model" is a service delivery model that the DDA provides through its Waiver programs. In the Traditional Service Delivery Model the person chooses a DDA Provider who is responsible for overseeing, coordinating, and providing their approved services.
- R. "Waiver Program Service" is a service funded by a DDA-operated Medicaid Waiver program.

V. POLICY

- A. Transition Services provides funding for allowable expenses related to the person moving from:
1. An institutional setting to a group home; or
 2. An institutional setting to a private residence in the community for which the person or their legal representative will be responsible; or

3. A community residential provider to a private residence in the community, for which the person or their legal representative will be responsible.
- B. Transition Services are available to people who need them as documented in their Person-Centered Plan.

VI. STANDARDS

A. Transition Services

1. Allowable expenses for Transition Services include:
 - a. The actual costs associated with the person moving and establishing a new household, such as:
 - i. A security deposits that is required to obtain a lease on an apartment or home;
 - ii. Essential household goods that cannot be transferred from the previous location to the new one, such as:
 - iii. Furniture, window coverings, and
 - iv. Kitchen, bed, and bath items;
 - v. Fees or deposits for the set-up of:
 - (1) Initial access to or installation of essential utilities; and
 - (2) Telephone, electricity, heating and water;
 - b. Services necessary for the person's health and safety, such as pest removal services and one-time cleaning prior to moving in;
 - c. Moving expenses; and
 - d. Other allowable expenses, as authorized by the DDA.
2. The person will own all of the items purchased under this service.
3. The items will transfer with the person to their new residence and any subsequent residence.
4. If the person no longer wants any item purchased under this service, they may sell and/or donate their items.

5. Any goods funded by this service must be in good operating condition and repair in accordance with the applicable specifications.
6. Any services funded by this service must be performed in accordance with standard workmanship and applicable specifications.

B. Exclusions

Transition Services does not include:

1. Room and board;
2. Monthly rental or mortgage expense;
3. Food;
4. Regular utility charges;
5. Internet startup and ongoing cost;
6. Monthly telephone fees;
7. Entertainment related household items or services, such as televisions, video game consoles, DVD players, or monthly cable fees; and
8. Items or services otherwise available under the person's private health insurance (if applicable), the Medicaid State Plan, or through other resources.

C. Criteria to be Eligible

A person may be eligible to receive funding for Transition Services if:

1. The person :
 - a. Is enrolled in a DDA Medicaid Waiver Program;
 - b. Has an assessed need for this service, which is documented in their approved Person-Centered Plan;

- c. Is unable to pay for or obtain assistance from other sources or services that assist in moving and establishing a new household; and
 - d. Is moving to from;
 - i. An institutional setting to a group home;
 - ii. An institutional setting to a private home/residence in the community; or
 - iii. A community residential provider to a private home/residence in the community.
2. All other available and appropriate funding sources have been explored, exhausted, and documented in the person's file prior to receiving DDA funding for this service, including, but not limited to:
 - a. Maryland Medicaid State Plan;
 - b. Money Follows the Person Transition Funds;
 - c. Division of Rehabilitation Services (DORS);
 - d. State Department of Education;
 - e. Department of Human Services; and
3. If the person needs more Transition Services than are covered and provided by the Medicaid State Plan, a request can be made under this Waiver service. However, the DDA Medicaid Waiver program may only pay for additional costs that are:
 - a. Not covered;
 - b. Consistent with the DDA Medicaid Waiver program's objectives of avoiding institutionalization; and
 - c. Necessary to meet the goals in the PCP.
4. The request for service funding must meet all requirements for funding in DDA regulations, this policy, guidance, and the DDA Medicaid Waiver program.

D. Special Service Requirements and Limitations

1. The maximum payment for this service may not exceed \$5,000 per person during their lifetime unless otherwise authorized by DDA.
2. Transition items and goods must be purchased within 60 days after moving.
3. Transition Services may be provided to an individual leaving an institution up to 180 days prior to their enrollment in a Waiver Program.
4. The person or their designated representative will prioritize and select items to be purchased based on the person's preferences, up to the maximum amount of funding approved by the DDA.
5. Transition Services cannot pay for purchase of items and goods from the person's relative, legal guardian, or Legally Responsible Person.

E. Requirements To Be Paid to Provide Services

1. The provider of Transition Services must be an:
 - a. Organized Health Care Delivery Services (OHCDS) provider;
or
 - b. Individual entity for people self-directing services.
2. OHCDS providers providing Transition Services must:
 - a. Meet the criteria outlined in [COMAR 10.22.20](#) and the [Organized Health Care Delivery System Policy](#);
 - b. Ensure that staff meet all qualifications as outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery;

- c. Verify the licenses, credentials, and experience of all Transition Services vendors with whom they contract or employ;
 - d. Maintain a copy of the applicable licenses, credentials, and documented experience of all Transition Services professionals/vendors; and
 - e. Present a copy of the applicable licenses, credentials, and documented experience of all Transition Services professionals/vendors to the DDA, upon request.
 - f. Keep documentation and records regarding delivery of services in accordance with the applicable laws, regulations, policies, and guidance, and the DDA Medicaid Waiver Program application.
2. Individual entities includes vendors who provide the items, goods, or services that are allowable expenses for Transition Services include:
 - a. Apartment or house landlords;
 - b. Vendors selling household items;
 - c. Utility services providers;
 - d. Pest removal or cleaning service providers; and
 - e. Moving service providers.
3. Under the Self-Directed Service Delivery Model all qualifications must be met:
 - a. As outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery; and
 - b. As confirmed by the Financial Management and Counseling Services (FMCS) agency.
4. People in the Self-Directed Services Model and their FMCS agencies must keep documentation and records regarding delivery of services in accordance with the applicable laws,

regulations, policies, and guidance, and the DDA Medicaid Waiver Program application.

5. The DDA must receive, review, and approve the list of items and budget for transition expenses before this service is provided.

F. Rates/Billing

1. Rates shall be reasonable, customary, and necessary, as determined by the person's needs and recommended by their team.
2. Providers of Transition Services and FMCS agencies must follow authorization and documentation in accordance with the [DDA Guidelines for Service Authorization and Provider Billing Documentation](#).
3. Under the Traditional Service Delivery Model, Transition Services are billed in LTSSMaryland or PCIS2, based on [DDA guidance for Operating in PCIS2 and LTSSMaryland](#).
4. Under the Self-Directed Service Delivery Model the person must submit invoices as per their FMCS agency's policies and practices.
5. When Transition Services are provided to individuals returning to the community from a Medicaid institutional setting and not enrolled in a DDA-funded program, the costs of these services are considered to be an administrative cost.

G. Legally Responsible Individuals, Legal Guardians, or Relatives Requirements

A Legally Responsible Person, spouse, or legal guardian of the person cannot be paid by the Waiver Program either directly or indirectly, to provide this Waiver Program Service.

VII. LEGAL REFERENCES

- A. [Family Supports Waiver](#)

- B. [Community Pathways Waiver](#)
- C. [Community Supports Waiver](#)
- D. [COMAR 10.22.20](#)

VIII. RELATED POLICIES

- A. Assistive Technology
- B. Housing Support Services
- C. [Organized Health Care Delivery System](#)

IX. REFERENCE MATERIALS

[DDA - Service Authorization and Provider Billing Documentation Guidelines](#)

X. ATTACHMENTS

At a Glance Transition Services

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