



*Creating solutions, **One** person at a time®*

## PBH Administration Communication Bulletin

FY-0708-AA-13

**To: PBH Network Providers**

**From: Andrea Misenheimer**  
**Medicaid Project Manager**

**Date: March 14, 2008**

**RE: Implementation**  
**Innovations Community Transition**  
**B-3 Community Transition**

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This communication provides PBH Network providers with additional information regarding the implementation of Community Transition Services through both the Innovations waiver effective April 1 and the Piedmont Cardinal Health Plan. This is a very important service in our efforts to support people with mental health, substance abuse and developmental disabilities in realizing their goals regarding living in homes of their own.

**Purpose and Target Population:**

**B-3 Community Transition** : are one-time, set-up expenses for adults (18) eighteen and over, who are transitioning from a psychiatric hospital, licensed congregate living arrangement or family home to a private residence where the individual will be directly responsible for his or her own living expenses.

**Innovations Community Transition:** are one-time, set-up expenses for adult participants to facilitate their transition from a Developmental Center (institution), community ICF-MR Group Home, nursing facility or another licensed living arrangement (group home, foster home, or alternative family living arrangement) to a living arrangement where the participant is directly responsible for his or her own living expenses. This service may be provided only in a private home or apartment with a lease in the participant's/legal guardian /representative's name or a home owned by the participant.

**Billing Codes:**

H0043 for either waiver

**Authorization Guidelines:**

- Community Transition is an Enhanced Service under both waivers.
- One time purchase to facilitate movement into a private residence.
- Maximum total purchase is (\$5,000.00) five thousand dollars.
- Community Transition services can be **accessed only one time from EITHER** the 1915(b) waiver (Piedmont Cardinal Health Plan) or the 1915(c) waiver (Innovations).
- 1 unit = \$5,000.00

**Documentation Requirements:**

Invoices or documents (receipts) for Goods and Services purchased will serve as documentation for this service.

**Process to obtain Authorization:****B-3 Community Support:**

- Providers eligible for reimbursement for Community Transition B-3 include Community Support, ACTT and Individual Supports.
- Provider completes a *Community Transition checklist* (attached to this communication) to document the coverable items that they will request on behalf of the individual who is moving into a home of their own. Items requested should not be available through natural supports or other resources.
- The Community Transition checklist is submitted with the Person Centered Plan to the PBH Utilization Management department.
- PBH Utilization Management ensures that the items requested are covered under the service definition. Authorization is approved or denied. If approved, authorization will equal 1 unit = \$5,000.00
- Authorization is obtained, provider will purchase requested items.
- A single claim is submitted based on the invoiced amount of the combined purchases.
- All items purchased become the property of the Medicaid recipient.

**Innovations Community Transition**

- Providers eligible for reimbursement for Community Transition Innovations include: Community Guide and Financial Supports agencies
- Provider completes a Community Transition checklist (attached to this communication) to document the coverable items that they will request on behalf of the individual who is moving into a home of their own. Items requested should not be available through natural supports or other resources.
- The Community Transition checklist is submitted with the Individual Support Plan to the PBH Utilization Management department.

- PBH Utilization Management ensures that the items requested are covered under the service definition. Authorization is approved or denied. If approved, authorization will equal 1 unit = \$5,000.00
- Once authorization is gained, provider will purchase requested items.
- A single claim is submitted based on the invoiced amount of the combined purchases.
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