

Transitional Case Management

Definition

Services provided to persons residing in institutional settings prior to their transition to the waiver to prepare them for discharge, or during the adjustment period immediately following discharge from an institution to stabilize them in a community setting, and to assist them with other aspects of the transition to community life by helping them gain access to needed waiver and other state plan services, as well as medical, social, housing, educational and other services and supports, regardless of the funding source for the services or supports to which access is gained. The state shall claim the cost of case management services provided to institutionalized persons prior to their transition to the waiver for a period not to exceed 180 days.

Provider Qualifications/Conditions for Participation

Certificate: Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC)

Other Standards: Transitional Case Management staff shall hold either a bachelor's degree in a behavioral health-related specialty (may include special education or rehabilitation) OR have two years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities) OR be a Certified Peer Specialist.

Meet any other certification standards defined by the Department of Mental Health and Addiction Services.

Entity Responsible for Verification: DMHAS

Frequency of Verification: At start of services and at recertification.

Agency based: A Transitional Case Manager shall:

- Be at least 18 yrs old;
- Possess at least a high school diploma or GED; and
- Possess a valid Connecticut driver's license;

Training requirement: Training programs will address abilities to:

- Follow instructions given by the participant or the participant's conservator;
- Report changes in the participant's condition or needs;
- Maintain confidentiality;
- Meet the participant's needs as delineated in the waiver Recovery Plan;
- Implement cognitive and behavioral strategies;

- Function as a member of an interdisciplinary team;
- Respond to fire and emergency situations;
- Accept supervision in a manner prescribed by the department or its designated agent;
- Maintain accurate, complete and timely records that meet Medicaid requirements;
- Use crisis intervention and de-escalation techniques;
- Provide services in a respectful, culturally competent manner; and
- Use effective Transitional Case Management practices.

Unit of Service: 15 Minutes

Rate: \$16.19 (per 15 minute unit)

Covered Services

Transitional case management services of at least 15-minutes duration include:

- (1) Referral and related activities to help an participant obtain needed services, including activities that help link eligible individuals with medical, social, educational providers or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual;
- (2) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the waiver Recovery Plan is effectively implemented and adequately addressing the needs of the eligible individual, and which may be with the individual, family members, providers, or other entities and conducted as frequently as necessary to help determine such matters as:
 - (A) Whether services are being furnished in accordance with an individual's Recovery Plan;
 - (B) Whether the services in the Recovery Plan are adequate; and
 - (C) Whether there are changes in the needs or status of the eligible individual, and if so, making necessary adjustments in the Recovery Plan and service arrangements with providers.
- (3) Face-to-face, telephonic and other contacts with the participant to assist preparation for discharge from an institutional setting and adjustment to community life immediately following discharge;

- (4) Contacts with landlords and vendors designed to locate and secure suitable housing, and make preparations necessary for the arrival of the participant, including such items as assuring:
 - (A) A lease is signed and a security deposit is made, if needed;
 - (B) Utilities or service access is obtained (telephone, electricity, heating and water);
 - (C) Essential home/apartment furnishings are obtained and in place;
 - (D) Other basic essentials are obtained and are in place, including window coverings, food preparation items, bed and bath linens, and personal care items;
- (2) Introducing the participant to other professionals or paraprofessionals involved in the waiver Recovery Plan;
- (3) Providing information, education and training for the participant regarding:
 - (A) Household budget, living costs, and lease and utility arrangements;
 - (B) Security features and the safe operation of appliances in the home, and
 - (C) Availability and how to access Community resources;
- (5) Assisting with or making arrangement for setting up the new home, including procuring, moving, and arranging finishing, appliances, and other household items;
- (6) Supervised visits with the participant to the participant's home, or to locate a suitable home during the transition from an institutional setting;
- (7) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator; and
- (8) Travel with a participant or family member(s) when the Transitional Case Manager is also engaged in a qualifying waiver service activity.

Limitations

Coverage of Transitional Case Management services shall be subject to the following limitations:

- (1) Transitional Case Management services are limited to a period of 180 days and two hundred (200) ¼ hour service units. However, additional limitations on the volume and duration of these services may be specified in the waiver Recovery

Plan approved by DMHAS and DSS. The departments or their designee will enact these limits;

- (2) Transitional Case Management services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider;
- (3) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one staff member providing Transitional Case Management services to a participant during a specific time period (i.e., billable unit of time);
- (4) The department shall not pay for:
 - (A) Transitional Case Management while the participant is receiving Medicaid funded Targeted Case Management services;
 - (B) Time spent by the provider solely for the purpose of transporting participants;
 - (C) Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature;
 - (D) Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history;
 - (E) Programs, services or components of services that are not included in the fee established by the department;
 - (F) Services or components of services provided solely for social, recreational, educational or vocational purposes; and
 - (G) Costs associated with room and board for participants.
- (5) With the allowable exception of a transition period (up to 30-days), individuals receiving residential rehabilitation services paid for by Medicaid in a group home are excluded from Transitional Case Management.

Non-billable Activities

The following activities are not billable, but have been factored into payment rates:

- (1) Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns;
- (2) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery;

- (3) Telephone contact with the department or its designated agent for the purpose of requesting or reviewing authorization;
- (4) Completion of progress notes or billing documentation;
- (5) Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among recovery team members, including for the purpose of treatment planning;
- (6) No shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable;
- (7) Transitional Case Management services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments; and
- (8) Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan or service data or other information.