



One-Time Transitional Costs Budget Completion Guidance Instructions

The Community Transition Checklist must be completed for approval to receive one-time transitional costs for an individual. The budget spreadsheet has two sections: Community Transition Checklist and Expense Summary.

Budgets will be approved by a transition team leader or TCL supervisor. Once approved, expenses must occur within 30 days before or 60 days after the individual's move to an integrated living arrangement. Budgets may only be submitted and approved one time per individual and may not exceed \$5,000. Reimbursement will not be paid over the submitted budgeted amount. Recipient must be (b)(3) eligible for all purchase dates. Approval of the checklist does not guarantee payment.

Provider:

1. Submit completed Community Transition Checklist to TCLI transition program supervisor for approval. The total budget amount cannot exceed \$5,000. See below for additional details about the checklist.
2. After receiving approved Community Transition Checklist, please upload the approved Community Transition Checklist and submit the first of two claims in ACS. First claim may be for up to \$2500. In order for the first claim to be approved and paid, the approved Community Transition Checklist must be uploaded in ACS (Clinical Docs—Clinical Doc Type—One Time Transition Costs).
3. After all purchases for items on the approved Community Transition Checklist have been made, submit the second of two claims in ACS for the balance of the expenses exceeding the first claim, for up to \$2500, and upload copies of all signed receipts and the Expense Summary to ACS (Clinical Docs—Clinical Doc Type—One Time Transition Costs). All receipts must be signed by the recipient and the provider. Receipts should not exceed the approved budget on the Community Transition Checklist. The date of the last purchase serves as the date of service for the second claim.
4. Second claim, all signed receipts and the Expense Summary must be submitted within 90 calendar days of the last purchase.
5. Any funds paid to provider that are not supported by signed receipts will be recouped.

Alliance:

TCLI transition program supervisor will approve Community Transition Checklists. Senior claims analyst will:

1. Review claims and supporting documentation (approved Community Transition Checklists, Expense Summaries, and itemized/signed receipts).
2. Pay claims that are submitted within specified time frames and with all necessary supporting documentation.
3. Conduct post payment reviews.
4. Recoup claims when all receipts are not provided within specified time frames or when submitted receipts do not support the amount of the paid claim(s).

I. Community Transition Checklist (b)(3) One-Time Transitional Costs

1. Beneficiary's name		2. Date (mm/dd/yyyy)	3. Medicaid #
4. Move-in date (mm/dd/yyyy)	5. Provider name		
6. Contact name		5. Phone	
8. Email	7. Total budget amount		
10. Provider signature		9. TCL staff approval signature	

***Approval does not guarantee payment**

Expenses	Security Deposits/Set Up Fees	Estimated Amount	Actual Amount
	Deposit for lease		
	Deposit for utilities (phone, electricity, heating, water)		
	Cable/internet deposit or set up fees		
	Cell phone set up		
	Set up fees		
	Other		
		Subtotal	\$0.00

Expenses	Essential Furnishings	Estimated Amount	Actual Amount
Bedroom(s)	Mattress/bedframe/headboard		
	Bedroom furniture (nightstand, dresser, etc)		
	Mattress/bedframe/headboard		
	Bedroom furniture (nightstand, dresser, etc)		
	Desk and chair		
	Other		
Living room	Couch		
	Loveseat		
	Chair(s)		
	Coffee table/end table(s)		
	Entertainment center		
	Other		
Bathroom	Shower curtain/rod/hooks		
	Toothbrush/soap holder		
	Laundry basket		

Expenses	Essential Furnishings	Estimated Amount	Actual Amount
	Caddy/organizer		
	Plunger		
	Toilet Brush/cleaning supplies		
	Bathmat(s)		
	Other		
Miscellaneous	Lamp(s)		
	Rug(s)		
	Curtain(s)/window treatment(s)		
	Bookcase(s)		
	Paintings/wall hangings/picture frame(s)		
	Clock(s)/alarm clocks		
	Trashcan(s)		
	Landline phone		
	Vacuum		
	Mop/broom		
	Fans		
	Heater		
	Hangers		
	Pillboxes		
	Laundry basket		
	Caddy/organizer		
	Iron/ironing board		
	Grill/patio furniture		
	First aid kit		
	Umbrella		

Expenses	Essential Furnishings	Estimated Amount	Actual Amount
	Flashlight/batteries/candles		
	Other		
Food Preparation	Pots/pans/colander		
	Silverware		
	Paper towel holder		
	Mixing bowls		
	Plates		
	Microwave		
	Toaster		
	Mixer		
	Blender		
	Can opener		
	Baking items (sheets, measuring cups, etc)		
	Additional utensils (spatulas, mixing spoons, knives)		
	Glasses/cups		
	Coffee machine		
	Crock pot		
	Dishrack		
	Storage (bags, foil, Tupperware, etc)		
	Cleaning supplies (dish soap, sponges, dishtowels, etc)		
	Other		
	Sheet set(s)		
	Pillow(s)		
	Comforter(s)		
	Blanket(s)		

Expenses	Essential Furnishings	Estimated Amount	Actual Amount
	Bath towel set(s)		
	Other		
		Subtotal	\$0.00

Expenses	Moving Expenses	Estimated Amount	Actual Amount
	Movers		
	Delivery		
	Boxes and supplies		
	Other		
		Subtotal	\$0.00

Expenses	Necessary Services for Health and Safety	Estimated Amount	Actual Amount
	Pest eradication		
	One-time cleaning to move in		
	Medical alert purchase/set up		
	Home alarm purchase/set up		
	Other		
*Priority should be given to "large ticket" items and for the purchase of a complete bed, table and two chairs. **Exclusions: Monthly rental or mortgage expenses, monthly utility bills, household appliances or recreational items such as televisions, and CD/DVD players, and service and maintenance contracts and extended warranties.		Subtotal	\$0.00
		Total	\$0.00

Budget

Expenses

Security deposits/set up fees

Essential furnishings

Moving expenses

Necessary services for health and safety

Total budget amount

\$0.00

Total expenses not to exceed \$5,000

I. Community Transition Checklist

The Community Transition Checklist is required for payment of one-time transitional costs. Another intended purpose of the form is to help the provider have conversations with the recipient of the purchased goods to determine what may be needed/wanted during the three-month transition and to help determine the budgeted expense amount. Upon completion, it should also be shared with the TCL coordinator to decrease the likelihood of duplicated purchases. The items listed in the four expense categories included on this form and described below are recommendations. The "Estimated Amount" column is for entering an approximate amount for purchasing that line item. "Actual Amount" is to be used to reconcile how much was actually spent and is not required for approval. Items purchased that are not listed on the form may be subject to payback during routine monitoring if not meeting covered services under the service definition. This form must be completed and signed by an authorized representative of the provider. The budgeted line items for the four categories should be based upon "Estimated Amount" subtotals. Subtotals should include taxes and delivery fees. The total budget amount cannot exceed \$5,000. Categories are provided as a tool for the provider. Actual expenses over budgeted category expenses are allowed as long as the total expense is equal to or less than the total budgeted amount. Approval of the checklist does not guarantee payment.

Item on form	Information needed
1. Beneficiary's name	TCL identified individual who will be recipient of goods.
2. Date	Date form is completed.
3. Medicaid#	Beneficiary's Medicaid #. Must be eligible for (b)(3) services during all dates of purchase.
4. Move-in date	Effective date of move in on lease agreement.
5. Provider name	Name of agency providing one-time transitional costs.
6. Contact name	Name of staff completing the form.
7. Phone #	Staff's phone number.
8. Email	Staff's email address.
9. Total budget amount: \$5,000.00	Total amount that can be reimbursed for one-time transitional costs. Should be based off of estimated total of expense categories. May not exceed \$5,000.
10. Provider signature	Authorized provider signature.
11. TCL staff approval signature	Transitional team leader or TCL supervisor. Must be signed for payment.

Description of Budget Items

Item on form	Information needed
1. Security deposits/set up fees	Items that are required to obtain a lease on an apartment or a home. Will also include set-up fees or deposits for utility or service access, including telephone (landline or mobile), electricity, heating, water, internet.
2. Essential furnishings	Includes any furniture, window coverings, food preparation items, bed/bath linens, and household items.
3. Moving expenses	Expenses required to occupy and use a community domicile.
4. Service necessary for the beneficiary's health and safety	Expenses such as pest eradication, one-time cleaning prior to occupancy, alarms, assistive technology.
5. Items NOT INCLUDED	extended warranties, monthly utilities, rent, television, CD's, DVD's, appliances.
6. Estimated amount	Amount provider anticipates a line item will cost. Should include taxes, delivery charges, etc. Mandatory field.
7. Actual amount	Actual amount that provider spent on the line item. Not a required field.

II. Expense Summary

The Expense Summary should list all receipts and the total amount billed. Receipts must be itemized and will be signed by both the provider making the purchase as well as the individual receiving the goods. Finance will use this form to ensure attachment of all receipts and total for reimbursement.

Description of Summary

Item on form	Information needed
1. Approved budget amount	Total amount that was requested and approved on the Community Transition Checklist. Cannot exceed \$5,000.
2. Date of purchase	Date goods were purchased as listed on receipt.
3. Place of purchase	Name of business where items were purchased.
4. Total expense	Total amount spent at the retailer. This should include taxes, delivery fees, and any additional charges that are being requested for reimbursement. Cannot exceed the approved amount on the Community Transition Checklist.

II. Finance Summary of Expenses
(b)(3) One-Time Transitional Costs

Individual’s name _____ Move-in date (mm/dd/yyyy) _____

Provider’s name _____ Approved budget amount \$5,000.00 _____

Date of purchase	Place of purchase	Total expense

