Name of Program/Services
Community Transitional Recovery Program

Description of Use of Funds:
The Community Transitional Recovery Program (CTRP) will provide short-term intensive supervision and support to individuals who have high and complex needs exiting state institutions or hospitals to further assess and prepare them for community-based living. This program will provide a less restrictive alternative to hospitalization that further promotes recovery and community integration. This Recovery Program creates a continuum of care from crisis to community living with links to community services and supports.

Required Elements of the Program/Service
1. Persons 18 and older residing in Alliance’s service area and are enrolled in Medicaid or Medicaid eligible
2. Primary SPMI diagnosis. Co-occurring disorders shall be considered however, individuals served cannot have a primary Substance Use Disorder.
3. Persons being discharged from a State hospital or local crisis facility who do not have a stable or permanent discharge location as defined by:
   a. Does not have a fixed, regular or adequate nighttime residence
   b. Living in a place not meant for human habitation (ie car, bridge, etc.)
   c. Living in a shelter
   d. Lacks the resources or support networks needed to obtain other permanent housing
4. Individuals who show interest and are willing to live in the community with opportunities for community integration and have the capacity to live independently up to and including signing their own lease with additional wraparound supports.
5. Individual has a history of hospital or crisis utilization and/or, if first admission, discharge to a more structured transitional setting could reduce risk of readmission and/or persons who have been discharged from a crisis facility or hospital in the last 60 days and are at risk for readmission.
6. Individual exhibits significant functional impairments that could jeopardize success in community living and tenure but are capable of basic self-care tasks such as bathing, etc.
7. 100% of program enrollees will have a transition plan that outlines activities to be accomplished to ensure timely transition to supported housing.

Staffing: The team design for the Community Transition Recovery Program will include UCR and Non-UCR support:
- Unit Director – part time oversight
- Case-Program Manager – Full-time position
- Nurse RN– one part time position
- Peer Support-billed through UCR
- Case Managers-Individual Support positions billed through UCR
Target Population and Eligibility Criteria.
Referrals for the initial baseline time period are limited to Central Regional Hospital (CRH), Recovery Innovations Durham Recovery Response Center (DRRC) UNC Wakebrook and Department of Social Services (DSS) as long as admission to the program is not due to emergency placement needs.

Utilization Management
No authorization required.

While the target length of stay is identified as 60-90 days the length of stay can be up to 120 days.

Exclusionary Criteria
Members receiving TCLI. Members receiving Individual Supports, CST, ACTT or Peer Supports from another agency with the exception at the time of discharge.

Discharge Criteria
- Member’s level of functioning has improved with respect to the goals outlined in the service plan.
- It is determined that a higher level of care is needed.
- Member is no longer available to participate in treatment.

Collaboration
- It is expected that provider shall adhere to System of Care values and principles in providing a person centered, strength-based service delivery approach to assist individuals served in achieving their outcomes.
- Provider shall collaborate with Alliance Health and any other identified partners in implementing this service.
- Provider will work with local Alliance Housing Specialists to identify other potential avenues for long-term housing for these individuals that is self-sustaining.

Documentation Requirements
- Follow guidelines set forth in Records Management and Documentation Manual (APSM 45-2)

Reporting Requirements
Provider shall be expected to submit a monthly report, including the data points detailed below. Reports shall be submitted to Alliance at PNDproviderReports@alliancehealthplan.org. Provider shall include in the subject line of electronic submission the name of the Provider and the specific program for which data is being submitted. All reports shall be submitted no later than the 10th of the month for the previous month’s activities.

If the provider receives Wake County funding for multiple programs, these data must be separated by specific program. Data not received by the deadline could delay issuance of invoice/financial
reimbursement. Provider shall be prepared to provide additional data, reports, and data analysis, within a timely manner, upon request.

Reports must include:
- Name of individual served
- Date of birth
- Date of referral
- Referral source
- Date enrolled in program
- Linkage to behavioral health service
- Date discharged from the program and county of Medicaid coverage
- Housing status at discharge

Finance

UCR Budget:
Provider will utilize the following for billing UCR services:

**Fee for Services (State)**
H0038 – Peer Support for individual (8 hours per week) - $11.97

**Fee for Services (Medicaid) per month/per client**
H0038 – Peer Support (8 hours per week) - $11.97
H0038 HQ – Peer Support Group (4 hours per week) - $2.88
T1019 U4 - B3 Individual supports (12 hours per week) - $12.00

Provider will not be reimbursed for state and county sales tax paid that is eligible for reimbursement directly from the State of North Carolina. Except for payroll expenses, invoices must be based on actual expenses incurred (no accruals per funding requirements).

Provider must submit expense invoice by the 20th business day of the following month. Invoice must be on the Alliance Invoice Template, exclude sales tax paid and include supporting documentation. The required invoice template will be provided by Alliance Provider Network Staff or is available on the Alliance website. See “Invoice and Travel Expense Reimbursement Requirements” located on the Alliance website for additional information and requirements related to submitting expense invoices. Supporting documentation must include general ledger detail to support all expenses. Supporting documentation is required for payroll expenses, travel expenses and costs paid on behalf of a participant. For example, payroll reports, mileage logs, itemized receipts, check request forms, etc. If proper supporting documentation is not provided with the invoice, the invoice will be held until supporting documentation is received. If the invoice is not received timely or supporting documentation is not received within five days after it is requested, the invoice will be held until the end of the fiscal year pending availability of funds. Payment of invoices will be made via electronic funds transfer.