1915(i) Community Transition 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.

A TCL supervisor will approve budgets. Once approved, expenses must occur within 90 days before or 90 days after the individual's move to an integrated living arrangement. Budgets may only be submitted and approved one time per five-year period, per individual and may not exceed $5,000. Claims will not be paid over the submitted budgeted amount. Recipient must be 1915(i) eligible for all purchase dates. Approval of the checklist does not guarantee payment.

Provider

1. Submit completed community transition checklist to TCL 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, submit the claim for $5,000 in ACS using modifier code H0043-U4 and upload the approved and signed community transition checklist.
3. After all purchases have been completed, submit a replacement claim in ACS using modifier code H0043-U4, and upload copies of all signed receipts and the expense summary (last pages of form). The beneficiary and the provider must sign all receipts. Receipts should not exceed the approved budget on the community transition checklist. The date of the last purchase must not exceed the end of the authorization period.
4. All signed receipts and the expense summary must be submitted within 10 days of the authorization end date.
5. This will serve as notification that any funds paid to provider that are not supported by signed receipts and provided within the specified timeframes will be recouped.

Alliance

1. Review and approve community transition checklists.
2. Pay claims that are submitted within specified time frames and with all necessary supporting documentation.
3. Review claims and supporting documentation (approved community transition checklists, expense summaries, and itemized/signed receipts).

Community Transitions 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 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 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 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 if 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	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. Moving expenses	Items that are required to occupy and 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. Kitchen supplies and small appliances	Items that are required for food preparation and cooking.
3. Furniture	Includes any furniture, window coverings, bed linens, and household items.
4. Bathroom and supplies	Includes any bath items and cleaning items.
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.

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 retailor. This should include taxes, delivery fees, and any additional charges that are being requested for reimbursement. Cannot exceed the approved amount on the Commnunity Transition Checklist.

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I. 1915 (i) Community Transition Checklist

Beneficiary's name _____

Date (mm/dd/yyyy) _____ Medicaid # _____

Lease signing date (mm/dd/yyyy) _____

Provider name _____

Contact name _____

Phone _____ Email _____

Total budget amount _____

Provider signature

x	*Type name or print and sign*

TCL staff approval signature

x	*Type name or print and sign*

Approval does not guarantee payment

Moving expenses	Estimated amount	Actual amount
Lease deposit (cannot equal more than 2 months rent)		
Telephone or internet deposit (no equipment)		
Cable/internet deposit or set up fees		
Electric deposit		
Water deposit		
Moving van rental expenses		
SUBTOTAL	$ 0.00	$ 0.00

Kitchen supplies	Estimated amount	Actual amount
Dishes, plates, bowls, glasses, mugs		
Utensils – eating and cooking		
Kitchen towels, dishcloths, scrubbers, potholders		
Dish drainer		
Pots, pans, skillet, saucepan, baking sheet		
Plastic storage containers		
Ice cube trays		
Cutlery, cutting board		
Trash cans		
Table and chairs		
SUBTOTAL	$ 0.00	$ 0.00

Living room furniture	Estimated amount	Actual amount
Couch, sofa		
Table		
Lamps		
SUBTOTAL	$ 0.00	$ 0.00

Bedroom furniture & linens	Estimated amount	Actual amount
Mattress, box, foundation, frame		
Dresser, chest		
Nightstand		
Sheets, blanket, pillows		
SUBTOTAL	$ 0.00	$ 0.00

Bathroom supplies	Estimated amount	Actual amount
Bath towels, washcloths, mat		
Plunger, toilet brush		
Trash can		
SUBTOTAL	$ 0.00	$ 0.00

Cleaning supplies	Estimated amount	Actual amount
Mop, bucket, broom, dustpan		
SUBTOTAL	$ 0.00	$ 0.00

Small appliances	Estimated amount	Actual amount
Clock, alarm clock, clock radio		
Lamps		
Vacuum cleaner		
Can opener		
Toaster, toaster oven		
Microwave		
Coffee maker, tea pot		
SUBTOTAL	$ 0.00	$ 0.00

Bathroom supplies	Estimated amount	Actual amount
Apartment application fees		
Iron		
Ironing board		
SUBTOTAL	$ 0.00	$ 0.00
*Priority should be given to “large ticket” items and for the purchase of a complete bed, table and two chairs. **Exclusions: Rent, mortgage, monthly utility bills, washer, dryer, refrigerator, freezer, dishwasher, radio, stereo, recurring cable, internet, TV, VCR, DVD player or similar recreation items, telephone equipment, computer, exercise equipment, stove		
TOTAL BUDGET AMOUNT	$ 0.00	$ 0.00

Total expenses not to exceed $5,000.

II. Finance Summary of Expenses 1915(i) Community Transitions Costs

Individual's name _____

Lease signing date (mm/dd/yyyy) _____

Provider name _____

Approved budget amount $5,000

Date of purchase	Place of purchase	Total expense

Date of purchase	Place of purchase	Total expense
	Total budget amount	$ 0.00

Each entry must include a corresponding itemized receipt that is signed by the staff making the purchase and the individual receiving the items.