

**Request for Contract – Information Summary**  
**SCOPE OF WORK**

**CONTRACT IS B-3 Medicaid Funded**

**PNDS ASSIGNED:**

*To be completed by staff for any amount over \$1,000.00. If necessary, additional information may be requested regarding the vendor prior to proceeding with the contract process.*

<b>Contractor Name:</b>		
<b>Corporate Address:</b>		
<b>Local Address:</b>		
<b>Billing Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Federal Tax ID #:</b>
<b>Contact/Position:</b>		<b>Email:</b>

**Name of Program/Services.**

**One-Time Transitional Costs-H0043 U4 22**

**Description of Services.**

One-time Transitional Costs (Community Transition) provide for one-time, set up expenses for adults to facilitate their transition from an institutional setting such as a State Developmental center, community ICF-IID, nursing facility, licensed group home, alternative family living, foster home, adult care homes (including those determined to be an Institution for Mental Disease), and State Psychiatric Institutions to a living arrangement where the individual is directly responsible for his or her own living expenses. This service may only be provided in a private home or apartment with a lease in the beneficiary's / legal guardian's / representative's name or a home owned by the beneficiary.

Community Transition may also be provided to individuals diverted from entry into Adult Care Homes due to preadmission, screening and diversion efforts, provided that the individual is moving to a living arrangement where the individual is directly responsible for his or her own living expenses.

Provider must adhere to the (b)3 Medicaid service definition for One-time Transitional Costs.

The **Community Transition** Checklist is completed to document the items requested under this definition. The Checklist is submitted to Alliance Health by the agency that is providing the services for prior approval. Approved Community Transition Checklist, Expense Summary, and itemized receipts with provider and individual's signature are submitted to Alliance Health at time of billing.

Individual must be Medicaid eligible for all dates of purchase.

Total expenditures for Community Transition cannot exceed the 1915(b)(3) resources available in the waiver.

### **Reporting Requirements.**

- Community Transition Checklist, for a total amount not to exceed \$5000, is approved by a Transition to Community Living (TCL) Supervisor and uploaded with the first of two total claims (first claim for up to \$2,500 & second claim for the difference in the first claim and remaining expense, up to \$2,500 for a maximum total of \$5,000). Receipts are not required with the first claim; ALL receipts must be uploaded with the second claim.
- The approved Community Transition Checklist serves as the authorization to submit two claims for this service.
- Purchases are made during the timeframe of 30 days before or 60 days after move in date (lease signing).
- Purchases fall under approved categories as per the service definition.
- Individual is eligible for 1915 B(3) services during all dates of purchase.
- Receipts are itemized and signed by the provider as well as the individual receiving the service.
- After all purchases have been made, a second claim must be submitted for up to an additional \$2500. The second claim must be accompanied by signed, itemized receipts for the TOTAL amount of purchases (initial \$2,500 and any amount exceeding initial \$2,500 up to a maximum combined total of \$5,000) and the completed Expense Summary. Signed receipts and Expense Summary must be uploaded into Alpha (identified as “one time transition” in Clinical Docs in Patient Module) within 10 business days of purchases being complete. Second claim cannot be processed unless ALL required documentation is uploaded into Alpha.
- Paid claims amount does not exceed the Total Budget Amount (maximum of \$5000) on the approved Community Transition Checklist.
- If receipts are not uploaded within 90 calendar days of the date on which the Community Transition Checklist was approved by a TCLI Supervisor, the claim will be recouped.
- Post payment reviews will be conducted.
- Any amount paid to provider that is not supported by uploaded signed and itemized receipts will be recouped.

### **Finance.**

#### **B-3 Medicaid funded**

**One-Time Transitional Costs- \$5000 lifetime limit per individual.**