ADMINISTRATIVE DIRECTIVE

Transmittal:	15-ADM-02**R**
To:	Executive Directors of Voluntary Provider Agencies Developmental Disabilities Regional Office and State Operations Office Directors **Care Managers and Care Coordination Organizations (CCO) CEOs**
Issuing OPWDD Office:	Division of Person-Centered Supports
Date:	March 20, 2015; **August 19, 2022**
Subject:	Service Documentation for Community Transition Services
Suggested Distribution:	**OPWDD Voluntary and State Operated Providers** **Quality Improvement Staff** **Care Managers** **Support Brokers** **Regional Office Front Door Staff** **Regional Office Self-Direction Staff** **Central Office Leadership Team**
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Attachments:	N/A

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
#2015-02 #2019-07 The Key: The Home and Community-Based Services Provider Guide (OPWDD, 2007)	#2015-02	14 NYCRR Part 635-10.4, 635-10.5	MHL §§13.07 and 13.09 (b)	**18 NYCRR 504.3(a)** **New York False Claims Act (State Finance Law §192)**

Purpose:

This Administrative Memorandum describes the program standards, payment standards, and service delivery and service documentation requirements to support a provider's claim for reimbursement for Community Transition Services (CTS).

Background:

CTS are available for individuals who are enrolled in the Home and Community Based Services (HCBS) waiver by the date of payment. These services are intended to help the individual transition from specific provider or state-operated facilities to independent, community living.

In addition to the claim documentation requirements specified in this Administrative Memorandum (ADM), FI providers must continue to comply with quality service standards set forth in applicable law, regulation, and guidance.

This ADM was originally issued on March 20, 2015. It is has been updated to reflect new billing standards and terminology. These revisions appear in bold and are also underlined.

Community Transition Services:

This service definition applies to all CTS service provision.

CTS is an HCBS waiver service that funds non-recurring set-up expenses for waiver enrollees who are moving. In order to be eligible to receive CTS, the individual must be moving from a(n):

- OPWDD operated Individualized Residential Alternative (IRA), Community Residence (CR) or other OPWDD operated residential setting;
- OPWDD certified IRA, CR or other OPWDD certified residential setting;
- Family Care home;
- **New York** State funded private residential school;
- State operated residential school; or
- ICF/DD, developmental center, nursing facility or any other Medicaid funded institutional placement.

Additionally, the individual must be moving to a non-certified community living arrangement within New York State where they will be responsible for their own living expenses. Individuals moving to certified community residential settings (such as a group home or supported apartment) are not eligible for community transition services.

CTS has a single, maximum statewide fee which can only be accessed once in an individual's lifetime.

Payment for CTS requires prior authorization from the Developmental Disabilities Regional Office (DDRO).

Billing Standards:

The unit of service for CTS is a one-time expenditure and the service must be provided and administered by an authorized **Fiscal Intermediary** (FI) **provider** agency.

To bill for the service, the transition must have already occurred and the FI provider must have documentation verifying the amount of funds spent on qualifying expenses. The FI provider is then eligible to submit a claim through the eMedNY system for the expenditures, up to the statewide cap of **$5,000 effective August 1, 2017.**

Qualifying expenses are those specific to the establishment of a residence including, but not limited to:

- furniture;
- window coverings;
- rugs and floor coverings;
- lamps and light bulbs;
- food preparation items;
- linens;
- utility deposits (e.g., telephone, electricity, heating, water);
- services provided before the individual moves in that are necessary for their health and safety (e.g., pest eradication, cleaning);
- security deposits; and
- moving expenses.

Items not allowable under CTS include, **but are not limited to**:

- monthly rental or mortgage expenses;
- food;
- regular utility charges;
- cable/internet access charges; and
- diversion or recreational expenses (e.g., televisions, computers, video games, stereos, DVD players).

Effect of CTS on Benefits:
The FI provider may reimburse the individual receiving services, or their family, for items purchased for the transition which are qualifying expenses as outlined below.

The Social Security Administration considers CTS a social service and, therefore, does not consider reimbursement for the service as income for the individual in the month of receipt for Supplemental Security Income (SSI) qualification purposes. Any funds remaining after the month of receipt would be considered an available resource for SSI qualification purposes.

Timeframes Associated with Allowable Expenses:

OPWDD understands that an individual may leave a provider-controlled residential setting and temporarily reside with family or friends while an apartment is made ready for occupancy. Where the move from the provider-controlled housing to the individual's own apartment or home is not a direct move, the individual may still access CTS. In any instance where the delay exceeds one month, the FI provider must retain a note in the service records that explains the reason for the delay.

Allowable expenses may be reimbursed if the expense was incurred no more than ninety (90) days prior to the individual's move to the new residence, and no more than ninety (90) days after the move.

Service Documentation:

Medicaid rules require that service documentation be contemporaneous with the service provision. Required service documentation elements are:

1. **Individual's name and Medicaid number (CIN).**

2. **Name of the agency (FI provider) providing CTS.**

3. **Identification of the category of waiver service provided** (e.g., CTS or Community Transition Services).

4. **A summary of expenses paid on behalf of the individual along with supporting receipts/documents**. The documentation must include a list of expenses paid on behalf of the individual, the date it was paid for or purchased (e.g., the day the deposit was paid or the day the furniture was purchased), and the amount paid. Note, the date an expense included in the service was paid by

the FI provider can be prior to the date the individual is enrolled in the HCBS waiver and prior to the date the individual moves into the non-certified location as described in the "FI Provider Billing Instructions" section below. The FI provider, however, will not be able to claim reimbursement for the service until the Life Plan identifies the service as authorized, the individual is HCBS waiver enrolled and has moved into the non-certified location.

5. **The date the individual moved into the non-certified location.**

6. **The primary service location** (i.e., the individual's residence).

7. **The signature and title of the agency (FI provider) staff person documenting the service.**

8. **The date of the service and tally of expenses documented and signed by the agency (FI provider) staff person.**

9. **A copy of a document that verifies that the individual is responsible for their own living expenses in the new residence.** Verification may include a signed lease, a utility bill in the individual's name, or, in the absence of those items, a signed attestation by the individual or their designee or an entry in the Life Plan stating that the individual is responsible for their own living expenses.

FI Provider Billing Instructions:

CTS is billed to Medicaid in $10 increments, with one unit equal to at least $10 in expenditures. Due to limitations within the eMedNY system, a maximum of 99 units may be billed to Medicaid on a given date of service. This system limit equates to $990 per date of service toward the statewide fee for CTS. Therefore, each $10 threshold must be met to bill one unit of CTS and there will be no rounding up.

The FI cannot bill CTS until the individual has completed the move and is HCBS **Waiver** enrolled. OPWDD suggests that the FI bill Medicaid as soon as possible after the effective date of the **individual's** move for any CTS expenses incurred within the allowable timeframe identified above. In instances where the FI has receipts and documentation substantiating allowable expenditures beyond the daily billing limit of $990, OPWDD suggests billing eMedNY using consecutive dates of service. For example, if receipts and documentation substantiate $1,500 in qualified CTS reimbursement, OPWDD suggests submitting one claim for 99 units totaling $990 on a given date of service and submitting an additional claim for the remaining balance of 51 units totaling $510 on the next date of service. If the FI has incurred the maximum CTS fee for an individual, OPWDD suggests billing the full amount to eMedNY by using six

consecutive dates of service as follows: **Day 1 = 99 Units/ $990, Day 2 = 99 Units/ $990, Day 3 = 99 Units/ $990, Day 4 = 99 Units/ $990, Day 5 = 99 Units/ $990, and Day 6 = 5 Units/ $50.**

The monthly FI fee associated with CTS is to be billed to eMedNY on the first day of the calendar month following the final CTS claim for an individual. If CTS is the only service provided to an individual by the FI, the FI is entitled to a single monthly FI fee for that individual even if the FI submitted CTS claims using dates of service in different months.

Other Documentation Requirements:

In addition to the documentation supporting the CTS billing claim, the FI provider providing CTS must maintain a copy of the individual's **Life Plan** developed by the individual's **Care Manager**.

The following elements must be included in the **Life Plan**:

- Identification of CTS under the category of waiver service (i.e., Community Transition Services);
- Identification of the agency providing CTS (i.e., the FI provider);
- Specification of an effective date that is on or before the date of service for which the FI provider bills CTS for the individual;
- Specification of the frequency for CTS as "One Time Expenditure;" and
- Specification of the duration for CTS as "One Time Expenditure."

Records Retention:

All documentation specified above, including the Life Plan and service documentation, must be retained for **a period of at least ten (10) years** from the date the service was delivered or when the service was billed, whichever is later.