

## Transition Planning Examples

Example 1: An individual has been residing in a nursing facility. This individual expresses a desire to move into the home of a family member who agrees to this move. The TSM provider begins transition planning services to support the individual on 3/1/15, while the individual is still in a nursing facility. The TSM provider completes an assessment of the individual, updates the ISP and assists in identifying resources that will help the individual move into the home of the family member. On 7/12/15, the family member decides that they cannot care for the individual in their home. The TSM provider is eligible for reimbursement for services rendered from 3/1/15 through 7/12/15.

Example 2: An individual has been residing in a nursing facility. This individual expresses a desire to move into a waiver-funded licensed 6400 community home (a community home for individuals with an intellectual disability). The TSM provider begins transition planning activities to support the individual on 3/1/15, while the individual is still in a nursing facility. The TSM provider completes an assessment of the individual, updates the ISP and assists in identifying resources that will help the individual move into the licensed 6400 home. On 6/15/15 the individual passes away while still living in the nursing facility. The TSM provider is eligible for reimbursement for services rendered from 3/1/15 through 6/15/15.

Example 3: An individual has been residing in a nursing facility. This individual expresses a desire to move into the home of a family member who agrees to this move. The TSM provider begins transition planning activities to support the individual on 4/1/15, while the individual is still in a nursing facility. The TSM provider completes an assessment of the individual, updates the ISP and assists in identifying resources that will help the individual move into the home of the family member. On 6/30/15, the family member decides that they now cannot care for the individual in their home. Another family member offers to support this individual. The TSM provider continues transition planning with the individual in order to move into the home of the second identified family member on 7/1/15. The TSM provider completes another assessment of the individual updates the ISP and assists in identifying resources that will help the individual move into the home of the second family member. The individual moves into the community setting on 11/30/16. Although the combined days of transition planning exceed 180 consecutive calendar days, the transition planning period for each community setting was less than 180 consecutive calendar days. The TSM provider is eligible for reimbursement from 4/1/15 through 11/30/16.

Example 4: An individual has been residing in a nursing facility. The individual expresses a desire to move into the home of a family member who agrees to the move. The TSM provider begins transition planning activities to support the individual on 3/1/15, while the individual is still in a nursing facility. The TSM provider completes an assessment of the individual, updates the ISP and assists in identifying resources that

## Transition Planning Examples

will help the individual move into the home of the family member. On 7/12/15, the family member notifies the TSM provider that they now have to care for another relative and that they can no longer care for the individual in their home. On 9/2/15 the family member indicates that he or she can now support the individual in his or her home. The individual moves into the community setting on 12/18/15. The TSM provider is eligible for reimbursement from 3/1/15 through 7/12/15 and then again from 10/10/15 through 12/18/15. Since the same placement was identified as the community setting twice, the TSM provider may only be reimbursed for the second round of transition planning activities to this home starting on 10/10/15. This date is 90 calendar days after the transition planning activities stopped in the first attempt.

Example 5: An individual who is 35-years old is in a private psychiatric hospital and expresses a desire to move into the home of a family member. The TSM provider may not be reimbursed for transition planning activities since the individual is between the ages of 22 and 64 and is being served in an institution for mental disease. An institution for mental disease includes psychiatric hospitals.

Example 6: An individual has been residing in a nursing facility. This individual expresses a desire to move into the home of a family member who agrees to the move. The TSM provider begins transition planning services to the individual on 5/1/15, while the individual is still in a nursing facility. The TSM provider completes an assessment of the individual, updates the ISP and assists in identifying resources that will help the individual move into the home of the family member. On 7/28/15, the individual decides that he does not want move to that family member's home. Another family member offers to support this individual. The TSM provider continues transition planning with the individual in order to move into the home of a second identified family member on 7/29/15. The TSM provider completes another assessment of the individual, updates the ISP and assists in identifying resources that will help the individual move into the home of the second family member. The individual moves into the community setting on 1/10/16. Although the combined days of transition planning exceed 180 consecutive calendar days, the transition planning period for each community setting was less than 180 consecutive calendar days

Example 7: An individual is an inpatient at a medical hospital. This individual expresses a desire to move into the home of a family member who agrees to the move. The TSM provider begins transition planning activities to support the individual on 3/15/15, while the individual is still in the medical hospital. The TSM provider completes an assessment of the individual, updates the ISP and assists in identifying resources that will help the individual move into the home of the family member. On 4/1/15, it is determined that the individual's medical needs have changed and she is unable to

## Transition Planning Examples

move into the family member's home as planned. The TSM provider is eligible for reimbursement for services rendered from 3/15/15 through 4/1/15.