

TRANSITIONAL CASE MANAGEMENT PROTOCOL

A. Criteria for Transitional Case Management

1. Is the service recipient currently enrolled in a home and community-based services waiver program for persons with mental retardation?

If **YES**, stop and deny as a **non-covered service** based on the waiver service definition.

In addition, deny as a **non-covered service** any portion of the requested amount of Transitional Case Management which *exceeds* the applicable regulatory service limit of 60 days for persons institutionalized 180 days or more or 14 days for persons institutionalized less than 180 days.

If **NO**, proceed to Question #2.

2. Is there documentation that the service recipient is a Medicaid eligible person residing in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or other institutional setting (excluding a jail or correctional facility) who has been determined to qualify for waiver services upon discharge?

If **YES**, proceed to Question #3.

If **NO**, stop and deny as a **non-covered service** based on the waiver service definition.

In addition, deny as a **non-covered service** any portion of the requested amount of Transitional Case Management which *exceeds* the applicable regulatory service limit of 60 days for persons institutionalized 180 days or more or 14 days for persons institutionalized less than 180 days.

3. Has the individual been a continuous resident of the ICF/MR or other institutional setting (excluding a jail or correctional facility) for 180 days or more?

If **YES**, proceed to Question #4.

If **NO**, skip to Question #5.

4. Is there documentation that the service recipient will be discharged from the ICF/MR or other institutional setting and enrolled in the waiver within 60 days?

If **YES**, stop and approve the Transitional Case Management (subject to the new regulatory service limit of 60 days for persons institutionalized 180 days or more).

(**NOTE:** The date of service for billing purposes will be the date on which the individual is both discharged from the institution and is enrolled in the waiver program. The reimbursement rate will be based on the number of months that Transitional Case Management was provided, with a 60-day, i.e., 2-month maximum.)

Deny as a **non-covered service** any portion of the requested amount of Transitional Case Management which *exceeds* the regulatory service limit of 60 days for persons institutionalized 180 days or more.

If **NO**, stop and deny as a **non-covered service** based on CMS interim final regulations on Case Management services.

*In addition, deny as a **non-covered service** any portion of the requested amount of Transitional Case Management which *exceeds* the regulatory service limit of 60 days for persons institutionalized 180 days or more.*

5. Is there documentation that the service recipient will be discharged from the ICF/MR or other institutional setting and enrolled in the waiver within 14 days?

If **YES**, stop and approve the Transitional Case Management (subject to the new regulatory service limit of 14 days for persons institutionalized less than 180 days).

(**NOTE:** The date of service for billing purposes will be the date on which the individual is both discharged from the institution and is enrolled in the waiver program. The reimbursement will be based on a unit of 14-days.)

Deny as a **non-covered service** any portion of the requested amount of Transitional Case Management which *exceeds* the regulatory service limit of 14 days for persons institutionalized less than 180 days.

If **NO**, stop and deny as a **non-covered service** based on CMS interim final regulations on Case Management services.

*In addition, deny as a **non-covered service** any portion of the requested amount of Transitional Case Management which *exceeds* the regulatory service limit of 14 days for persons institutionalized less than 180 days.*