

Guidance 29 Transitional Voucher

Contract Reference:	<i>Section C-1.3.2</i>
Authority:	<i>General Appropriations Act</i>
Frequency:	<i>Quarterly Report</i>
Due Date:	<i>The 18th of the month following each quarter of services</i>

Discussion: The purpose of this document is to provide guidance for the implementation and management of the Transitional Voucher pilot project. This project provides care coordination and vouchers to purchase treatment and support services for adults transitioning from Florida Assertive Community Treatment (FACT) teams, acute crisis services, and institutional settings to independent community living.

I. GOALS

The Transitional Voucher pilot project is a flexible, consumer-directed voucher system designed to bridge the gap for persons with behavioral health disorders as they transition from acute or more restrictive levels of care to lower levels of care. The intent of this project is to enable individuals to live independently in the community with treatment and support services based on need and choice and build a support system to sustain their independence, recovery, and overall well-being. The project aims to:

- Prevent recurrent hospitalization and incarceration;
- Provide safe, affordable, and stable housing opportunities;
- Maximize use of FACT resources and community supports;
- Increase participant choice and self-determination in their treatment and support service selection; and
- Improve community involvement and overall quality of life for program participants.

Transitional vouchers provide a participant with a monthly budget to be spent on allowable services pursuant to Rule 65E-14.021, F.A.C. This service is intended to support Care Coordination efforts outlined in **Guidance 4 – Care Coordination**.

“Voucher” refers to any electronic or paper record documenting a Network Service Provider’s agreement to pay a third party for allowable services provided to an eligible program participant. This project offers time-limited financial assistance to support consumer-driven services based on the person’s needs assessment and care plan objectives. The use of vouchers requires shared decision making in planning and service determinations, emphasizing self-management. Care coordinators provide options and choices such that the care plan reflects the individual’s values and preferences.

This pilot project has two funding and implementation components. One component targets FACT participants in select counties; the second targets additional individuals in need of specialized community integration supports.

II. FACT TARGETS

This component satisfies the terms of a settlement agreement entered into by the Department and Disability Rights Florida targeting circuits 4, 6, and 13.¹ The settlement agreement requires the Department to develop a pilot project designed to more fully utilize existing FACT resources and create additional opportunities for

¹ T.W., P.M. and Disability Rights Florida v. Michael Carroll, Department of Children and Families (Case No. 4:13-CV-457 RFUCAS) Settlement Agreement

community integration of individuals being discharged from state mental health treatment facilities (SMHTFs). This component is intended to transition approximately 96 FACT participants during FY 2016-17 to less intensive community based services and supports, allowing persons referred from SMHTFs to fill the vacated slots.

Annually, each Managing Entity and Network Service Provider specified in Table 1 shall select a minimum of twelve active FACT participants determined to be clinically and functionally ready for lower levels of care ready to transition out of FACT services. Considerations for transition readiness include, at a minimum, the individual's choice, their ability to self-manage, and the availability of a natural support system. Transition is gradual, individualized and actively involves the participant and the next provider to ensure effective coordination and engagement.

Each Network Service Provider FACT team shall accept individuals referred for discharge from SMHTFs to replace individuals selected to receive Transitional Voucher services.

TABLE 1 - Participating Agencies		
FACT Team	Managing Entity	Circuit & Counties Served
Mental Health Resource Center - North Mental Health Resource Center – South	Lutheran Services of Florida (LSF) Health Systems	Circuit 4 Duval, Clay and Nassau Counties
Boley Centers Suncoast Center for Community Mental Health Mental Health Resource Center BayCare Health Systems	Central Florida Behavioral Health Network (CFBHN)	Circuit 6 Pasco and Pinellas Counties
Northside Community Mental Health Mental Health Resource Center	Central Florida Behavioral Health Network (CFBHN)	Circuit 13 Hillsborough County

III. COMMUNITY INTEGRATION TARGETS

Research indicates that a combination of long-term housing, treatment, and recovery support services leads to improved residential stability and reductions in substance use and psychiatric symptoms.² The Transitional Voucher project is intended to assist eligible individuals obtain and maintain accessible, affordable housing with supportive recovery services.

Each Managing Entity shall approve individuals who meet transitional voucher eligibility requirements. Persons eligible for services under this component must be currently receiving Department-funded SAMH services pursuant to chs. 394 and 397, F.S., and must meet one the following alternative characteristics:

- A. Experiencing homelessness; meaning an individual who lacks housing, including:
 1. An individual whose primary overnight residence is a temporary accommodation provided by a supervised public or private facility, or
 2. An individual who resides in transitional housing

² Substance Abuse and Mental Health Services Administration, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

Or

- B. Receiving Care Coordination services pursuant to **Guidance 4**.

Or

- C. Participating in FACT teams not listed in Table 1 and ready to transition to a lower level of care.

IV. IMPLEMENTATION OF TRANSITION VOUCHERS

A. MANAGING ENTITY RESPONSIBILITIES

Managing Entities shall:

1. Determine the eligibility of Network Service Providers and non-Network Service Providers to provide services funded with Transitional Vouchers. Such determination will be based on licensure or certification in good standing, history of licensing or certification complaints, appropriateness of services, staff training and qualifications, evidence of staff and organizational competency, interviews with organization staff, and other knowledge of significance unique to the individual provider.
 - a. Treatment providers must be licensed by the Department, Agency for Health Care Administration (AHCA), or a related professional license.
 - b. Recovery support providers not licensed by the Department or AHCA must provide documentation of applicable professional certifications.
2. Establish a system for referral and approval of individuals to receive Transitional Voucher services.
3. Specify expectations for transition to other fund sources based on factors such as subsequent access to disability benefits, insurance, employment, or housing vouchers; and assist with timely and efficient transitions within twelve months of initiation of the Transition Voucher. Transition Vouchers may be extended with approval of the Regional SAMH Director or designee.
4. Develop a data and communications system to track and manage referrals, transitions, vouchers and outcomes.
5. Develop written agreements with community partners (i.e. specialist groups, housing agencies, hospitals and community agencies) that include guidelines and expectations for referral and transition processes.
6. Use a standardized assessment process.
7. Provide quarterly reports documenting Transitional Voucher services for each participating Network Service Provider using **Template 18 – Transitional Voucher Quarterly Report**.

B. NETWORK SERVICE PROVIDER RESPONSIBILITIES

Network Service Providers shall:

1. Provide Care Coordination services to coordinate services with other providers and organizations to ensure the needs of the participant are addressed at any given time;
2. Utilize the SOAR model to assist project participants in applying for SSI/SSDI benefits;
3. Monitor each participant's progress and work with providers to adjust services or providers as needed;
4. Ensure Transitional Voucher funds are used only for services and supports that cannot be paid for by another funding source; specifically:

- a. Network Service Providers and participants are responsible for locating other non-SAMH payor sources for services or supports prior to using Transitional Voucher funds.
 - b. In collaboration with the participant, Network Service Providers must certify no other payer source is available and due diligence was exercised in searching for alternative funding prior to the use of Transitional Voucher funds. Network Service Providers must submit a signed certification for each use of Transitional Voucher funds with the monthly invoice.
5. Establish accurate record keeping that reflects specific services offered to and provided for each participant; and
6. Approve Transitional Voucher invoices and expenditures for services provided by non-Network Service Providers.

C. ALLOWABLE EXPENSES

1. Transitional Voucher services may be authorized only to the extent that they are reasonable, allowable and necessary as determined through the assessment process; are clearly identified in the care plan; and only when no other funds are available to meet the expense.
2. The person served is the primary decision maker as to the services and supports to be purchased and from what vendor those services are procured.
3. Allowable expenses include the following Covered Services as defined by ch. 65E-14.021, F.A.C.:
 - a. Aftercare;
 - b. Assessment;
 - c. Case Management;
 - d. Day Care;
 - e. Day Treatment;
 - f. Incidental Expenses;
 - g. In-Home and On-Site;
 - h. Intensive Case Management;
 - i. Intervention;
 - j. Medical Services;
 - k. Medication-Assisted Treatment;
 - l. Outpatient;
 - m. Recovery Support;
 - n. Respite Services;
 - o. Substance Abuse Outpatient Detoxification;
 - p. Supported Employment; and
 - q. Supportive Housing/Living.
4. Allowable Incidental Expenses include time limited transportation, childcare, housing assistance, clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other incidentals as approved by the Managing Entity in compliance with Rule 65E-14.021, F.A.C..

5. Network Service Providers and non-Network Service Providers must adhere to:
 - a. State purchasing guidelines for allowable expenses as promulgated by the Department and the Department of Financial Services
 - b. The requirements of Chapter 65E-14, F.A.C., and
 - c. Managing Entity protocols regarding allowable purchases.

D. DATA COLLECTION AND MANAGEMENT

In addition to service data reported in accordance with DCF Pamphlet 155-2, Managing Entities must submit **Template 18** as an addendum to the Quarterly Report required in **Section C-2.4.6**.