

Subject: Utilization Management	Procedure: Transitional Housing Authorization Procedure	
Last Updated: 08/07/2024	Owner: Managed Care Operations	Pages:

I. PURPOSE:

To define and describe the operational guidelines regarding the temporary authorization of transitional housing.

II. DEFINITIONS:

Community Living Supports (CLS):

Supports used to increase or maintain personal self-sufficiency, facilitating a person's served achievement of their goals of community inclusion and participation, independence, or productivity.

Personal Care Services in a Licensed Setting:

Services provided in a licensed setting in accordance with the individual plan of service (IPOS) to assist a person served in performing their own personal daily activities.

Transitional Housing:

Transitional Housing refers to temporary and supportive accommodations provided in a licensed setting for the purpose of bridging the gap from homelessness to a residential setting.

III. PROCEDURE:

- A. A person may be eligible for a temporary authorization of transitional housing when they:
 - 1. Are in a hospital setting, either admitted or in an emergency department (ED), and do not meet criteria for psychiatric hospitalization; AND
 - 2. Are approved by MCCMH for specialized residential services and are pending an accepting residential provider.
- B. The primary case holder or hospital provider contacts MCCMH's Managed Care Operations (MCO) Department to request authorization for transitional housing.
- C. The hospital provider completes a certificate of need (CON) to document the request and support the authorization of this service.

- D. If MCO approves the transitional housing request and there is a vacant bed with a provider at the appropriate level of care, MCO communicates its authorization decision directly with the hospital.
 - 1. MCO generates an authorization utilizing the Community Living Supports (H2015) and Personal Care in a Licensed Setting (T1020) per diem codes.
 - 2. The hospital coordinates with the transitional housing provider to have the person served transported and admitted to the setting.
- E. The primary case holder must be actively involved in the care coordination for the person served and making every effort to link them to an accepting residential provider. It is expected that individuals will be transferred to an accepting residential provider within 30 days.
- F. Documentation of active care coordination is required for the continued authorization of transitional housing. The primary case holder is expected to remain in direct communication with the transitional housing provider, meet with the individual at least weekly, provide continuous referrals to residential providers, and consistently follow-up on referrals previously sent. MCO completes telephonic reviews with the transitional housing provider on a bi-weekly basis to ensure that the person served remains eligible for the authorization of this service.
- G. Network Operations will be notified of any individual authorized for more than fourteen (14) days in this setting to ensure that all available administrative support is provided to the primary case holder in seeking residential options.

IV. REFERENCES:

None.

V. RELATED POLICIES:

MCCMH Policy 12-004, "Service Authorizations"

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review	Revision Summary:	Reviewer/Reviser:
	Date:		
1	05/20/2024	Creation of Procedure	MCCMH MCO Division