

Transition Costs and Services

<u>Phase</u>	<u>Purpose</u>	<u>Staff type/hours</u>	<u>Comments</u>	<u>Currently paid by</u>
Assessment	Psych/ neuro psych Eval Formal Assessment		Formal assess to include: IEP, current clinical notes, any evals from provider, medical concerns, historical info	Medicaid
<u>Working Tool for Community Services</u>	Prior to Treatment plan	Travel to site – 5 days observation Regular teleconf/ VTC contact Identify CBC/ subject matter experts Behavior Support Plan in place	Understand de-escalation techniques (non-medical) Involve guardian/ family (on-going) Identify housing needs and options	Receiving provider
<u>Discharge planning/transition plan</u>	Review for consistency with assessment info prior to discharge	Staff from institution deliver and cross train receiving provider (use technology?)	Involve guardian/ family (on-going)	State of AK
<u>Staff Training/ Qualification</u>	Post transition support	Specialized training identification & reimbursement Identify staff levels needed (1:1 or 2:1 ratios)	Extra support for staff injury post-support	Receiving provider

<p><u>Funding set up</u></p>	<p>LTSS funding: Medicaid eligibility/waiver approval</p> <p>Individual finances: Medicaid medical eligibility/SSI</p>	<p>Case manager needed until hand-off to care coordinator</p> <p>In BH Qualis great support as case manager</p>	<p>Exemption from waiver reg limits</p> <p>“Acuity does not work” – prequalifying based on need for transition services Transition supports for up to 2 years</p> <p>Additional sources: ISA funds(DBH) Emod grants Mini grants</p> <p>Coverage for costs of vacant beds</p> <p>Post – transition evaluation</p>	<p>State of AK</p>
<p><u>Environmental modifications</u></p>	<p>Safety considerations (i.e. fencing)</p> <p>Licensing/Settings requirement exemptions minimum 2 years</p>		<p>Furniture adaptations to prevent damage, throwing</p> <p>Specialized equipment</p>	<p>Receiving provider</p>
<p><u>Medication Management (This is critical)</u></p>	<p>Qualified Medical Provider identification</p>		<p>Identify medication management before transfer</p> <p>Use telehealth (i.e. GENOA?)</p> <p>Often issued only 3 days of meds from API</p>	<p>Receiving provider</p>

<p><u>Short Term Crisis Interventions</u></p>	<p>Partnership with API/ sending institution/ Department of Corrections/PPER (Providence Psych Emergency Responder)/ APD intervention team/ Northstar</p>		<p>Reduce lengthy readmission & discharge processes for stabilization</p> <p>A crisis intervention team would be valuable</p>	<p>Receiving provider</p>