

## Transitional Voucher

**Requirement:** General Appropriations Act

**Frequency:** Monthly

**Due Date:** The 8th of the month following each month of service

### **I. Description**

Transitional Vouchers are a flexible, consumer-directed system for individuals diagnosed with behavioral health disorders as they transition from acute, or more restrictive, levels of care to lower levels of care. Transitional Vouchers offer time-limited financial assistance to enable individuals to live independently in the community with treatment and support services.

### **Goals**

The goals of Transitional Vouchers are 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, housing and support service selection.
- Improve community involvement and overall quality of life for program participants.

### **Target Populations**

This funding creates community integration opportunities for individuals diagnosed with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorder who have demonstrated high utilization of acute care services. Transitional Vouchers are intended to support:

- Care Coordination efforts, as outlined in Guidance 4 – Care Coordination.
- Individuals discharging from a state mental health treatment facility (SMHTF).

Transitional Vouchers may support individuals discharging from a FACT Team who may need time-limited support with transitioning to community-based care, which then allows vacated slots for individuals referred by SMHTFs. It may also support individuals discharging from a SMHTF to: an adult family care home with community-based services; permanent supported housing with community-based services; or to a FACT Team.

When using Transitional Vouchers to support individuals discharging from a FACT Team, Managing Entities and FACT Teams must determine participants ready to transition to a lower level of care, both clinically and functionally. Each FACT Team must then accept individuals referred for discharge from SMHTFs to replace individuals selected to receive Transitional Vouchers.

Transitional vouchers provide a participant the ability to purchase non-traditional therapies and other support services or items to remove barriers to the consumer's recovery and treatment. Purchases must 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 **Incorporated Document 31 – 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, Case Managers and PATH provider staff provide options and choices such that the care plan reflects the individual’s values and preferences. Coordination of any additional dollars or supports after the use of transitional vouchers should be forecasted before the application of transitional vouchers is submitted.

This project has two funding and implementation components. One component targets FACT participants and individuals discharging from a state mental health treatment facility (SMHTF) back to their regions; the second targets additional individuals in need of specialized community integration supports.

**Disability Rights Florida Mental Health Targets (OCA: MHDRF)**

This component satisfies the terms of a settlement agreement entered into by the Department and Disability Rights Florida and amended on July 27, 2018.<sup>1</sup> The settlement agreement requires the Department to develop a project designed to more fully utilize existing FACT resources and create additional opportunities for community integration of individuals being discharged from SMHTFs. This component is intended to transition approximately 72 FACT participants each fiscal year to less intensive community-based services and supports, allowing persons referred from SMHTFs to fill the vacated slots, if appropriate. Other allowable options for individuals discharging from SMHTFs using Transitional Voucher funds are to adult family care homes with community-based services and directly into permanent supported housing with community-based services or some other lesser restrictive community housing.

LSF in partnership with Network Service Providers shall select 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.

Network Service Providers who contract for the Disability Rights Florida Mental Health program (OCA: MHDRF):

- May utilize other allowable options for individuals discharging from SMHTFs using transition voucher funds which are to adult family care homes with community-based services and directly into permanent supported housing with community-based services.
- For FACT Teams in Circuits 3&8, 4, 5, and 7:
  - Shall select 72 FACT participants each fiscal year, 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

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<sup>1</sup> 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, Amended July 27, 2018.

- gradual, individualized and actively involves the participant and the next provider to ensure effective coordination and engagement.
- Each FACT team shall select a minimum of twelve active FACT participants determined to be clinically and functionally ready for lower levels of care, for participation in this program.
- Shall accept individuals referred for discharge from SMHTFs to replace individuals selected to receive Transitional Voucher services.
- LSFHS and FACT will staff the individual for readiness as needed.
- FACT will complete the **Graduation/Transition Assessment Scale** incorporated herein and attached hereto as **Exhibit B** along with **Exhibit A** (see the “Required Reports” section for more details), prior to the client’s transition from FACT.
- All parties implement transition plan to transition the individual off FACT services.
- FACT continues to monitor the individual to ensure smooth transition.

## II. Eligibility

Individuals eligible for Transitional Vouchers must be currently receiving a Department-funded SAMH service, pursuant to Chapters 394 and 397, F.S., and meet one of the following characteristics:

1. Experiencing homelessness, meaning an individual who lacks housing, including:
  - An individual whose primary overnight residence is a temporary accommodation provided by a supervised public or private facility.
  - An individual who resides in transitional housing.
  - An individual at risk for homelessness.
2. Receiving Care Coordination services pursuant to Incorporated Document 31.
3. Participating in a FACT Team and ready to transition to a lower level of care.
4. Discharging from a SMHTF to:
  - a. An adult family care home with community-based services.
  - b. Permanent supported housing with community-based services.
  - c. A FACT Team.

### 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.<sup>2</sup> The Transitional Voucher project is can be utilized to assist eligible individuals obtain and maintain accessible, affordable housing with supportive recovery services. These vouchers are not intended to replicate the funding or service portions of a HUD, SAMHSA or State best practice Rapid Rehousing, Permanent Supportive Housing or other medium to long term housing best practice.

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 (by OCA as identified below):

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<sup>2</sup> 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.

**(OCA: MHTRV/MSTRV)**

**A. Receiving Care Coordination services and are on the LSFHS high utilizer list pursuant to **Incorporated Document 31 – Care Coordination.****

For the purposes of this section, high utilization is defined as:

- a. Adults with three (3) or more acute care admissions within 180 days; and/or
- b. Adults with acute care admissions that last 16 days or longer.

**OR**

**B. Have had an acute admission (CSU/Detox) in the last 180 days.**

- a. A single, “One-Time” transitional voucher submission may be considered for those who have had at least one acute admission in the past 180 days. A transitional voucher form (**Exhibit A**) is required to be submitted to the LSFHS Care Coordinator for review.

**IV. Network Service Provider Responsibilities**

“Voucher” refers to any electronic or paper record documenting a Network Service Provider’s agreement to pay a 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.

**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, as referenced in **Incorporated Document 31 – Care Coordination,**
2. Provide Housing services to assist persons with substance abuse and mental illness in the selection of permanent housing of their choice and provide the necessary services and supports to assure their continued successful living in the community and transitioning into the community, as referenced in **Incorporated Document 45 – Supported Housing,**
3. Utilize the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to assist project participants in applying for SSI/SSDI benefits,
4. Monitor each participant’s progress and work with providers to adjust services or providers as needed,
5. Ensure Transition 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.
6. Establish accurate record keeping that reflects specific services offered to and provided for each participant, and

7. Approve Transitional Voucher invoices and expenditures for services provided by non-Network Service Providers.
8. Each voucher purchase must remove a barrier to treatment and tie to the goals on the consumer's treatment/service plan. Documentation of this information must be kept in the consumer's clinical record. Approve Transitional Voucher invoices and expenditures for services provided by non-Network Service Providers.
9. Due to the limited nature of the funding, the clinical record should include documentation clearly showing participants are moving towards self-sufficiency in a timely manner (employment, benefits, social supports, treatment goals etc.) and the provider has screened consumers to determine if the use of the SOAR model to assist is obtaining SSI or SSDI is appropriate.
10. Once other fund sources are identified and obtained such as subsequent access to disability benefits, insurance, employment, or community or federal housing vouchers, it is expected that use of transitional voucher funds will be terminated. The Network Services Provider shall assist with timely and efficient transitions to other funding sources. Transitional Vouchers may be extended with approval of the Managing Entity.

**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. However, providers should compile and have a resource list available with options.
3. Allowable expenses include the following Covered Services as defined by ch. 65E-14.021, F.A.C.:
  - a. Incidental Expenses;
  - b. Other allowable covered services as listed on the DCF FASAMS Pamphlet 155-2, with approval from LSFHS
4. Allowable Incidental Expenses include time limited transportation, childcare, time limited housing assistance, clothing, educational services, vocational services, medical care, time limited housing subsidies, pharmaceuticals and other incidentals as approved by the Managing Entity in compliance with Rule F.A.C. 65E-14.021(4)(k)4.b.(V).
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.
6. Network Service Providers must request prior approval by the Managing Entity for the use of Transitional Voucher funds to purchase services from a licensed Assisted Living Facility (ALF). When utilizing an ALF, the request must include documentation showing due diligence was exercised in searching for less restrictive housing in these cases.
  - a. The Network Service Provider must submit an Exhibit A for ALF approval

7. Housing options regardless of type must be licensed (by appropriate body) in order to be utilized.
  - a. Evidence of licensure/certification must be maintained at the provider agency for auditing purposes.

#### V. Required Reports

**The following reports are required from Network Service Providers who are not contracted with a bundled rate payment methodology for the appropriate OCA listed:**

1. **Exhibit A:** A request form required to be submitted to the LSFHS Care Coordinator (**for OCA: MHTRV/MSTRV**), LSFHS Reintegration Coordinator (**for OCA: MHDRF**), and LSFHS Network Manager (**for all OCAs**) only if requesting the following:
  - a. Placement of consumer into an ALF
  - b. Incidental Expenses over \$1,000.
    - i. Incidental requests for housing subsidies (i.e., rent) will need to be submitted with the most current Housing Checklist, which is available on the LSFHS website.
  - c. A single, "One Time" transitional voucher submission
  - d. **For Network Service Providers who are not contracted for vouchers under OCA: MHTRV/MSTRV/MHDRF in their Exhibit H – Funding Detail of the contract**, a request form is required to be submitted to the applicable LSFHS Care Coordinator or LSFHS Reintegration Coordinator for **ALL** voucher requests to ensure accurate tracking and management of these uncontracted dollars.
2. **Exhibit B (for OCA: MHDRF):** The Graduation/Transition Assessment Scale that FACT providers will complete prior to the client's transition from FACT
  - a. Submit to LSFHS Reintegration Coordinator and LSFHS Network Manager
3. **Appendix 1 – Transitional Voucher Incidental Expenses:** A cumulative, monthly report outlines each incidental expense in detail.
  - a. Due Date: Monthly, by the 8<sup>th</sup> of the month as invoice back-up data
  - b. Submit to LSFHS Care Coordinator (**for OCA: MHTRV/MSTRV**), LSFHS Reintegration Coordinator (**for OCA: MHDRF**), and LSFHS Network Manager (**for all OCAs**)

The Transitional Vouchers will be administered according to DCF Guidance Document 29 which can be found at following link using the applicable fiscal year:  
<https://www.myflfamilies.com/services/samh/samh-providers/managing-entities>