

Guidance 29 Transitional Vouchers

Contract Reference: A.1.1.2, C.1.2.6.16

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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, enabling individuals to live independently in the community while accessing 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 Florida Assertive Community Treatment (FACT) resources and community support.
- Increase participant choice and self-determination in their treatment 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) or behavioral health teaching hospital (BHTh).

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 or BHThs. It may also support individuals discharging from a SMHTF/BHTh 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 SMHTF/BHThs to replace individuals selected to receive Transitional Vouchers.

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 **Guidance 4**.
3. Participating in a FACT Team and ready to transition to a lower level of care.
4. Discharging from a SMHTF/BHTH to:
 - a. An adult family care home with community-based services.
 - b. Permanent supported housing with community-based services.
 - c. A FACT Team.

III. Reporting Requirements

The Managing Entity must submit a quarterly summary, using **Template 32 – Transitional Voucher Incidental Report**, detailing the total number of individuals served and the type of incidental expense services provided in each of the following classifications:

- Transportation
- Childcare
- Housing assistance or housing subsidies
- Clothing
- Educational services
- Vocational services
- Medical care
- Pharmaceuticals
- Other incidentals (specify)

IV. Managing Entity Responsibilities

“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 participant. 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.

Managing Entities shall:

- Determine the eligibility of both Network and non-Network Service Providers to deliver services funded through Transitional Vouchers. Network Service Providers are those who are part of the Managing Entity’s network and are under contract with the Managing Entity. Eligibility will be assessed by reviewing whether licensure or certification is in good standing, the provider’s history of licensing or certification complaints, and the appropriateness and quality of services. Additional considerations

include staff training, qualifications, and demonstrated competency, as well as the overall organizational competency and capacity. Interviews with organizational staff and any other relevant information specific to the individual provider will also be taken into account in the eligibility determination.

- Network Service Providers who are treatment providers must be licensed by the Department, Agency for Health Care Administration (AHCA), or a related professional license.
 - Network Service Providers who are recovery support providers must provide documentation of applicable professional certifications, excluding providers who are licensed by the Department, are licensed by AHCA, or are active affiliates in the Oxford House, Inc. network.
- Establish a system for referral and approval of individuals to receive Transitional Voucher services.
- 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 (12) months of initiation of the Transitional Voucher. Transitional Vouchers may be extended beyond twelve (12) months with approval from the SAMH Regional Operations Manager or designee.
- Develop a data and communications system to track and manage referrals, transitions, vouchers, and outcomes.
- 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.
- Use a standardized assessment process.
- Report service data in accordance with DCF Pamphlet 155-2 and submit a quarterly summary incidental report using **Template 32 – Transitional Voucher Incidental Report** listing the total number of individuals served and types of Incidental Expense services, as specified in Section D.

Network Service Providers shall:

- Ensure that referrals to recovery residences for individuals diagnosed with a SUD are made only to Florida Association of Recovery Residences (FARR) certified recovery residences or an Oxford House. An exception may be granted if applying this requirement would disrupt the individual's current living situation or if the individual resides in permanent, long-term housing under a lease¹.
- Take reasonable steps to determine and document whether Housing Facilities, Independent Living Homes, and Boarding Homes are operated to provide housing services. This determination should consider factors including, but not limited to:
 - Compliance with applicable zoning requirements
 - Completion of any required health department inspections
 - Completion of applicable fire and life-safety inspections
 - The number, qualifications, legal standing, and experience of the owners, managers, and staff
 - Written policies and procedures, including methods for handling resident complaints
 - Cleanliness and overall condition of the facility
 - Compliance with other applicable local government requirements

¹ §397.4873, F.S.

- Any other factors deemed relevant
- 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,
- Utilize the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to assist project participants in applying for SSI/SSDI benefits,
- Monitor each participant's progress and work with providers to adjust services or providers as needed,
- Ensure Transitional Voucher funds are used only for services and supports that cannot be paid for by another funding source, specifically:
 - Network Service Providers and participants are responsible for locating other non-SAMH payor sources for services or supports before using Transitional Voucher funds.
 - 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 before 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.
- Establish accurate record keeping that reflects specific services offered to and provided for each participant, and
- Approve Transitional Voucher invoices and expenditures for services provided by non-Network Service Providers.

Allowable Expenses:

- Transitional Voucher services may be authorized to the extent that they are reasonable, allowable, and necessary as determined through the assessment process; are identified in the care plan; and only when no other funds are available to meet the expense.
- 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.
- Allowable expenses include the following Covered Services as defined by Rule 65E-14.021, F.A.C.:
 - Aftercare
 - Assessment
 - Case Management
 - Day Care
 - Day Treatment
 - Incidental Expenses
 - In-Home and On-Site
 - Intensive Case Management
 - Intervention
 - Medical Services
 - Medication-Assisted Treatment
 - Outpatient
 - Recovery Support

Respite Services

Substance Abuse Outpatient Detoxification

Supported Employment

Supportive Housing/Living

- 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.
- 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 Rule 65E-14, F.A.C., and
 - c. Managing Entity protocols regarding allowable purchases.
- Managing Entities must request prior approval by the Department 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.