

## Guidance 29 Transitional Voucher

**Contract Reference:** *Section C-1.3.2*  
**Authority:** *General Appropriations Act*  
**Frequency:** *Monthly Summary Incidental Report*  
**Due Date:** *The 20<sup>th</sup> of the month following each month of service*

**Discussion:** The purpose of this document is to provide guidance for the implementation and management of the Transitional Voucher 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 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 project has two funding and implementation components. The first component targets FACT participants within Lutheran Services Florida (LSF) and Central Florida Behavioral Health Network (CFBHN) regions 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 statewide.

## II. FACT and SMHTF TARGETS

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 96 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 transition voucher funds are to adult family care homes with community-based services and directly into permanent supported housing with community-based services.

LSF and CFBHN and 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.

## 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.<sup>2</sup> 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 housingOr
- B. Receiving Care Coordination services pursuant to **Guidance 4**.  
Or
- C. Participating in FACT teams (under Big Bend Community Based Care, Broward Behavioral Health Coalition, Central Florida Cares Health Systems, Southeast Florida Behavioral Health Network and South Florida Behavioral Health Network) and ready to transition to a lower level of care.

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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.

<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.

## **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 Transitional Voucher. Transitional 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. Report service data in accordance with DCF Pamphlet 155-2 and the Network Service Provider detailed expenditure report in Templates 12 and 13, and submit a monthly summary report listing the types of Incidental Expense services, as specified in Section D.

### **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 payer 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.

6. 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.

#### **D. DATA COLLECTION AND MANAGEMENT**

In addition to service data reported in accordance with DCF Pamphlet 155-2, and the Network Service Provider detailed expenditure reporting in **Templates 12** and **13**, the Managing Entity shall submit a monthly summary report listing the types of Incidental Expense services provided in each of the following classifications:

1. time limited transportation,
2. childcare,
3. housing assistance or housing subsidies,
4. clothing,
5. educational services,
6. vocational services,
7. medical care,
8. pharmaceuticals and
9. other incidentals (specify)

The monthly summary report shall be submitted along with the expenditure reports in Templates 12 and 13. The monthly summary report may be submitted in narrative or table format, at the Managing Entity's discretion, and should present consolidated summary information for all Network Service Providers in the service area.