

## Transitional Case Management Protocol Checklist

Service Recipient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First)

Reviewer's Name \_\_\_\_\_ Date Request Submitted \_\_\_\_\_  
(Last, First)

### Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If <b>YES</b>, continue to Question #1.</p> <p>If <b>NO</b> and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1.</p> <p>If <b>NO</b> based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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### A. Criteria for Transitional Case Management

<b>1.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient currently enrolled in a home and community-based services waiver program for persons with mental retardation? <b>(A.1)</b></p> <p>If <b>YES</b>, deny as a non-covered service, based on the waiver service definition.</p> <p>In addition, deny as a non-covered service any portion of the requested amount of Transitional Case Management which exceeds the applicable regulatory service limit of 60 days for persons institutionalized 180 days or more or 14 days for persons institutionalized less than 180 days.</p> <p>If <b>NO</b>, continue to Question #2. <b>(A.1.)</b></p>
<b>2.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is there documentation that the service recipient is a Medicaid eligible person residing in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or other institutional setting (excluding jail or a correctional facility) who has been determined to qualify for waiver services upon discharge? <b>(A. 2.)</b></p> <p>If <b>YES</b>, proceed to Question #3. <b>(A. 2.)</b></p> <p>If <b>NO</b>, deny as a non-covered service.</p> <p>In addition, deny as a non-covered service any portion of the requested amount of Transitional Case Management which exceeds the applicable regulatory service limit of 60 days for persons institutionalized 180 days or more or 14 days for persons institutionalized less than 180 days.</p>

<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Has the individual been a continuous resident of the ICF/MR or other institutional setting (excluding a jail or correctional facility) for 180 days or more? (A. 3)</p> <p>If <b>YES</b>, proceed to Question #4.</p> <p>If <b>NO</b>, proceed to Question #5. (A. 3.)</p>
<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there documentation that the service recipient will be discharged from the ICF/MR or other institutional setting and enrolled in the waiver with in 60 days? (A. 4)</p> <p>If <b>YES</b>, stop and <u>approve</u> (subject to the new regulatory service limit of 60 days for institutionalized 180 days or more.)</p> <p>(NOTE: The date of service for billing purposes will be the date on which the individual is both discharged from the institution and is enrolled in the waiver program. The reimbursement rate will be based on the number of months that Transitional Case Management was provided, with a 60-day, i.e., 2-month maximum.)</p> <p>Deny as a <u>non-covered service</u> any portion of the Transitional Case Management that exceeds the regulatory service period of 60 days for persons institutionalized 180 days or more.</p> <p>If <b>NO</b>, deny as a <u>non-covered service</u>. (A. 4.)</p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there documentation that the service recipient will be discharged from the ICF/MR or other institutional setting and enrolled in a waiver within 14 days? (A. 5)</p> <p>If <b>YES</b>, stop and <u>approve</u> the Transitional Case Management (subject to the new regulatory service limit of 14 days for persons institutionalized less than 180 days).</p> <p>(NOTE: The date of service for billing purposes will be the date on which the individual is both discharged from the institution and is enrolled in the waiver program. The reimbursement will be based on a unit of 14-days.)</p> <p>Deny as a <u>non-covered service</u> any portion of the requested amount of Transitional Case Management which <i>exceeds</i> the regulatory service limit of 14 days for persons institutionalized less than 180 days.</p> <p>If <b>NO</b>, stop and deny as a <u>non-covered service</u> based on CMS interim final regulations on Case Management services.</p> <p><i>In addition</i>, deny as a <u>non-covered service</u> any portion of the requested amount of Transitional Case Management which <i>exceeds</i> the regulatory service limit of 14 days for persons institutionalized less than 180 days.</p>
<p><input type="checkbox"/> <b>Approved</b></p>	
<p><input type="checkbox"/> <b>Denied</b></p>	