DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

# Senior and Long Term Care Division
## Transition Grant Application

**Purpose:** Transition grants will support the discharge of patients from Montana State Hospital (MSH) to nursing facilities or community-based settings. For FY 2025, the department will accept applications for transition grants to assist in transitioning patients with traumatic brain injuries (TBI), Alzheimer's, or dementia from MSH into appropriate services.

**Amount:** Up to $10,000 per individual per transition from MSH

**Requirements:** Transition grants are available for non-recurring expenses for individuals transitioning from MSH to Community Services Bureau (CSB) funded services including:

- Community First Choice Services /Personal Care Services
- Nursing Facility
- Big Sky Waiver

Allowable expenses are those necessary to meet an individual's health and safety needs and to assist with a successful transition into the community or a nursing facility. Expenses for room and board are not allowable. Examples of permissible uses of transition grant funds include but are not limited to:

- Environmental modifications or specialized medical equipment that the Medicaid State Plan or Big Sky Waiver does not reimburse.
- Staff training prior to placement specific to address the individual's unique care needs, as identified in the care plan as a transition need.
- Reimbursement to providers for the costs of shadowing staff prior to placement for the purpose of cross-training provider staff on the individual's specific needs, as identified in the care plan and necessary for a successful transition.

Limitations:

- Providers may submit grant request before an individual is admitted when prior modifications are required for their health and safety.
- Providers may submit grant requests up to 180 days from an individual's admit date for needed modifications discovered after admission.
- Providers will have six months from the grant period end date (June 30, 2025) to complete purchases or work orders.
- Invoices must be submitted within 30 days of the purchase or work completion date.
- If an individual is discharged from a facility, or if services are not provided for at least six months post-transition, the department may request grant funds to be refunded.

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| Provider Name | | Provider ID | |
| Contact Name | | Phone Number | |
| Email | | Provider Type | |
| Member Name | | Medicaid ID | |
| Proposed Start Date | | Grant Amount Requested | |
| Primary Diagnosis | | | |

Provide details in each of the section below. Additional attachments maybe included if needed.

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| Provide description of how grant funding would be used and how it will support the individual's plan of care and/or service plan. Also include a detailed breakdown of cost assumptions. |

Please submit completed application to Dee Burnham at dee.burnham@mt.gov.

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| Requester Signature | | Date | |
| Approved Signature | | Date | |