
TRANSITIONS BETWEEN HCBS AND USDC

Directive 1.50

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Purpose

This directive standardizes the process for transitions between HCBS and USDC. DSPD authorizes transitions between HCBS and USDC to serve a person in the setting that best meets their needs.

Definitions

Division (DSPD) - means the Division of Services for People with Disabilities

HCBS – means home and community-based services. Home and community-based services are long term services and supports provided to persons in their homes or other community settings that satisfy the requirements of 42 CFR § 441.301(c)(4).

Mandated Additional Needs (MAN) – means funding appropriated by the Legislature used to maintain the health and safety needs of a person in-services; to fund additional services as a person’s needs increase; and to transition the financial responsibility of a youth in services with the Division of Child and Family Services (DCFS) or the Division of Juvenile Justice Services (DJJS) to the division.

Person - means an individual who is in services, or who is eligible for services with DSPD.

Person-Centered Planning Team - means any member of the person’s circle of support who participates in the planning and delivery of any service and support with the person.

Provider – means an agency or business contracted with the Department of Health and Human Services (DHHS) to provide a service.

Request for Services (RFS) – means a process integrated into USTEPS that facilitates the creation of a person-centered budget through an initial budget, and then any budget

adjustments that are made to meet the person's needs by submitting the following to the Request for Services Committee for review: proposed service codes, units, and rates; designated start and end dates; and evidence of need.

USDC – means the Utah State Developmental Center.

USDC Transition Specialist & Liaison – means the division employee assigned to provide support coordination for a person transitioning between HCBS and USDC.

USDC/DSPD Coordination Team - means the team who reviews referrals for admittance to USDC. This team includes at minimum; the DSPD division director, DSPD assistant director(s) and the USDC superintendent or assistant superintendent.

USTEPS – means the Utah System for Tracking Eligibility, Planning, and Services and is the division's electronic case management system.

Policy

1. Any person who is in services with DSPD and has a current 'eligible' level of care determination may request admission to USDC.
 - a. The USDC transition specialist & liaison shall confirm that no alternative HCBS setting or private intermediate care is available and appropriate for the person's needs , before requesting admission to USDC. However, consideration regarding capacity and capability of willing providers will be part of the decision process.
 - b. The division's office of service financing manager and the accounting & budgeting manager shall use the USDC/HCBS Transfers tracking document to confirm that funding is available.
2. Any resident of USDC may request to be discharged into HCBS.
 - a. The division administrative services director and the division finance manager shall use the USDC/HCBS transfers tracking document to confirm that funding is available.
3. Any admission to USDC from HCBS, and any discharge from USDC into HCBS must be approved before the transition takes place.
 - a. The division director or assistant division director, and the USDC superintendent approve transitions between HCBS and USDC.

Admission to USDC from HCBS

1. Identifying a person that needs admission to USDC
 - a. A person, guardian, advocate or other individual who knows the person well may, on the person's behalf, request voluntary or involuntary admission to USDC by

contacting the USDC transition specialist & liaison by phone or email.

- b. The USDC transition specialist & liaison screens each request.
 - i. Confirm that the person has an 'in service' status and a current 'eligible' level of care determination in USTEPS.
 - ii. If an involuntary admission is requested, the USDC transition specialist & liaison will contact a DSPD forensic social worker to consult about an involuntary commitment.
 - iii. Confirm that the person requires at least one of the following services from USDC:
 - A. continuous medical care;
 - B. intervention for conduct that is dangerous to self or others; or
 - C. residential assessment and evaluation by USDC.
 - iv. Carefully evaluate:
 - A. the service needs of the person;
 - B. if the facility or programs of USDC meet those needs and no community-based providers are willing or able to meet the person's long-term needs; and
 - C. if transfer is in the best interest of the person.
- c. The USDC transition specialist & liaison presents information about each person to the USDC/DSPD coordination team.
 - i. The USDC/DSPD coordination team meets once a month to discuss each request from the USDC transition specialist & liaison. Ad hoc meetings will be scheduled for urgent cases.
 - ii. Requests for admission are prioritized based on factors that include:
 - A. a temporary emergency commitment or an involuntary commitment is in place and the person presents with needs that cannot be safely met in the community;
 - B. co-occurring psychiatric conditions for which appropriate treatment would best be met at USDC;
 - C. complex medical needs for which appropriate treatment would best be met at USDC; or
 - D. complex behavioral needs for which appropriate treatment would best be met at USDC.
- d. The division may proceed to (4) for an involuntary admission of the person identified, if:

- i. a temporary emergency commitment as described in Section 26B-6-607 is in place; or
 - ii. an involuntary commitment as described in Section 26B-6-608 is ordered.
- 2. Confirming that an alternative HCBS setting is not available, or an HCBS setting while available, would not meet the person's needs
 - a. The USDC transition specialist & liaison sends an Invitation to Submit Offer (ISO) to providers on behalf of the individual.
 - i. An ISO shall be sent statewide unless the USDC transition specialist & liaison and the person decide to limit the distribution of the ISO. A support coordinator may limit distribution based on the following circumstances:
 - A. The person wants to remain near family.
 - B. The person has a specific area that they want to live in.
 - C. The person chose a provider before sending the ISO.
 - ii. An ISO shall set a reasonable response period for providers. A reasonable response period is a minimum of one week from the date of notification. The USDC transition specialist & liaison may set a response period shorter than a week if any of the following apply:
 - A. A person's discharge date from a facility does not allow for a reasonable response time period; and the person will be unsheltered after discharge from the facility.
 - B. The person is unsheltered and in need of immediate housing.
 - b. If a provider responds to the ISO and has demonstrated the ability to provide reliable and necessary services, with minimal corrective actions or sanctions from the Office of Service Review (OSR), the USDC transition specialist & liaison shall inform the person that a home and community-based setting is available. If no provider responds or the provider cannot safely serve the person, the USDC transition specialist & liaison shall contact USDC to request admission.
- 3. Consider placement at USDC as described in Subsection 26B-6-502(6)
 - a. Use the Choice of Service System Form 818 to document the person's choice. If the person selects "consider placement at Utah State Developmental Center" then do the following:
 - i. place the person at USDC if the USDC daily rate is equal to, or less than, the private Intermediate Care Facility (ICF) daily rate; or
 - ii. consider the preference for placement at USDC if the USDC daily rate exceeds the private ICF daily rate.

- b. Request admission to USDC based on the decision made in (3)(a).

4. Admission to USDC

- a. The USDC transition specialist & liaison facilitates admission to USDC.
 - i. The USDC transition specialist & liaison assists the person, as needed, with completion of the USDC admission packet and other needed documentation, and their submission to USDC.
 - ii. The USDC transition specialist & liaison will work with the person or their legal guardian to end the current person-centered support plan and close program tracking in USTEPS.
 - iii. The transition specialist & liaison shall notify the waiver manager upon initiating a transition to USDC.
- b. The USDC superintendent, and the division director or an assistant division director will make the final admission decision.
 - i. The USDC superintendent determines if appropriate services and space to meet the person's needs are available.
 - ii. The division director or assistant division director determines if USDC is the most appropriate, least restrictive setting for the person.
 - iii. If the person is younger than 18 years of age, the division director must certify in writing that USDC is the most appropriate, least restrictive setting. Documentation must be kept in the person's USTEPS file.
- c. Upon admission to USDC, the transition specialist & liaison shall notify the waiver manager to request closure of the person's waiver services.
 - i. The waiver closes as of the date of admission to USDC.

5. Closing the HCBS episode

- a. On or around 90 days after the date of admission to USDC, the USDC transition specialist & liaison shall meet with the appropriate USDC staff to determine the projected length of stay.
 - i. If the length of stay is planned to extend beyond an additional 90 days, the USDC transition specialist & liaison will close the episode in USTEPS, which includes closure of the program and cohort prior to the closing of the episode.
 - ii. If the expected discharge date is planned to be within the following 90 days, the USTEPS episode must remain 'in service' status to preserve the Authorized Spending Limit (ASL). ASL is the total of the ongoing money authorized by the division for the person. It is the projection of funding that the person-centered budget will have when the next plan cycle starts.

- b. The USDC transition specialist & liaison documents the 'episode closed' status.
 - i. Document the status reason as "Placed at USDC".
 - ii. Document the effective date of the closed episode.
- c. The USDC transition specialist & liaison informs the payment processing and plan budget control team of the person's 'episode closed' status.
- d. Funding from a closed episode may be reallocated to transition a resident of USDC into HCBS. The finance team must track any funding made available through the USDC/HCBS transfers tracking document.

Discharge from USDC into HCBS

1. Requesting discharge into HCBS.

- a. The USDC superintendent or designee, the person's guardian, or the person may contact the USDC transition specialist & liaison by phone or email to request a discharge from USDC into HCBS at any time.
- b. The USDC transition specialist & liaison presents information about each person requesting transition from USDC to the USDC/DSPD coordination team.
 - i. The USDC/DSPD coordination team meets once a month to discuss each request from the USDC transition specialist & liaison. Ad Hoc meetings will be scheduled for urgent cases.
 - ii. The USDC/DSPD coordination team considers:
 - A. the treatment needs of the person;
 - B. if the HCBS facilities or programs available can meet the treatment needs indicated; and
 - C. if transfer is in the best interest of the person.
 - iii. Requests for discharge are prioritized based on factors that include:
 - A. the termination of an involuntary commitment;
 - B. meeting the stabilization criteria included in the person's plan of care before the HCBS episode is closed as described in 'Admission to USDC from HCBS' (5);
 - C. the person reaching a critical point of success would regress if not moved to a less restrictive environment; or
 - D. the person or guardian requests discharge; and the person or guardian, and the USDC clinical team agree that the supports

available through HCBS are sufficient to keep the person and community safe.

2. Approval to transition out of USDC into HCBS

a. Ongoing funding must be available before a person may transition into HCBS.

i. The DSPD finance team uses the USDC/HCBS transfers tracking document to confirm that ongoing funding is available before approving any transition. The USDC/HCBS transfers tracking document identifies any funding made available by a person transitioning into USDC from HCBS.

ii. At the beginning of each fiscal year, the DSPD finance team shall reserve the portion of the mandated additional needs funding requested for each USDC resident expected to age out of DCFS services during the fiscal year.

A. The DSPD finance team must identify each USDC resident that is also a youth in DCFS services and expected to age out of DCFS services.

B. The DSPD finance team must reserve sufficient mandated additional needs funding to transition each youth into HCBS.

b. A person may transition into HCBS after approval from:

i. the RFS committee;

ii. the DSPD social worker involved in the involuntary commitment, if the person is currently under an involuntary commitment;

iii. the division director or their designee;

iv. the USDC superintendent.

3. The USDC transition specialist & liaison will begin the Medicaid eligibility process after the transition to HCBS has been approved.

a. The USDC transition specialist & liaison will work with the waiver manager in order to send the Medicaid Form 927 to DWS to determine Medicaid eligibility.

4. The USDC transition specialist & liaison develops an initial budget.

a. The USDC transition specialist & liaison submits the initial budget for review and approval through the request for services (RFS) committee.

b. The person's USTEPS cohort must be 'USDC transfer'.

5. The USDC transition specialist & liaison will work with the person-centered planning team to develop the initial person-centered support plan (PCSP).

a. The USDC transition specialist & liaison will complete the Charting the Life Course person-centered planning tools with the person discharging to ensure the PCSP reflects the person's needs and wants.

- b. The USDC transition specialist & liaison will work with the USDC behaviorist, social workers, mental health therapists, psychologists, psychiatrists, physicians and qualified intellectual disability professionals to develop a transition plan which addresses the following:
 - i. Health and safety needs
 - ii. Contact information of the USDC clinicians familiar with the person. In the event the person needs additional support from the selected provider, guardian/parents may contact USDC staff within the first 30 days of service
 - iii. Current medications and a plan to continue medications without interruption
 - iv. Any food or drug allergies
 - v. If applicable, the contact information for the local mental health provider where the individual plans to move
 - vi. Staffing ratios including the person's preference regarding when they feel they need support
 - vii. The person's preferred activities and supports while residing at USDC
 - c. Transition specialist & liaison may stay involved with the person for as long as needed to promote continuity of care between USDC and HCBS
6. The USDC transition specialist & liaison will send out ISOs for all needed service providers, including private support coordination.
- a. The results will be reviewed with the individual and their guardian (if applicable) and interviews and/or tours will be held, either virtually or in person, whichever the person prefers to help them choose their service provider.
7. The division shall send a Notice of Agency Action to a person with an involuntary commitment who is transitioning from USDC into HCBS as described in Section 26B-6-609.
- a. Notice shall be sent at least 10 days before the date of action.
 - b. The person may request an administrative hearing with the Department of Health & Human Services (DHHS) as described in Section R497-100.
 - c. If the person requests a hearing before the date of action, the person must remain at USDC until the conclusion of the hearing.