



<b>UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES POLICY AND PROCEDURES</b>		
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<b>TRANSITIONS BETWEEN HCBS AND USDC</b>		
<p><b>RATIONALE:</b>  This policy is intended to establish a standard and best practice for transitioning a Person between HCBS waivers and the Utah State Developmental Center (USDC).</p> <p>Authorizing Code: 26B-6-403, 26B-6-502, 26B-6-506, 26B-6-602  Rule: R539-3  Forms: 818 Choice of Service System</p>		
<b>Original Effective:</b> <b>NA</b>	<b>Revision:</b> <b>3/19/2026</b>	<b>Next Review Due:</b> <b>4/1/2029</b>

**I. DESCRIPTION**

This policy standardizes the process for a Person to transition between HCBS and the Developmental Center (USDC). The division authorizes transitions between HCBS and USDC to serve a Person in the setting that best meets the Person’s needs.

**II. DEFINITIONS**

The following terms are defined for this policy as:

- A. **Community Transition Waiver team (CTW Team):** means the division team assigned to be the liaison at USDC. The team shall gather information for intake referral, work with the USDC team, and provide transition case management for a Person transitioning from USDC to HCBS.
- B. **Developmental Center (USDC):** means the Utah State Developmental Center.
- C. **Division:** means the Division of Services for People with Disabilities as defined in Section 26B-6-401.
- D. **HCBS waiver or waiver:** means home and community-based services, which are long term services and supports provided to individuals in their homes or other community settings that satisfy the requirements of 42 CFR 441.301(c)(4) (2025). The HCBS waivers for which the division is the operating agency are: Acquired Brain Injury Waiver; Community Supports Waiver; Community Transition Waiver; Limited Supports Waiver; and Physical Disabilities Waiver.
- E. **Mandated additional needs:** means funding appropriated by the legislature used: to maintain the health and safety needs of Persons in services; to fund additional services as a Person’s needs increase; and to transition the financial responsibility to the division of

youths in services with the Division of Child and Family Services (DCFS) or the Division of Juvenile Justice Services (DJJS).

- F. **Peer Support Team:** means the division team staffed with peers who have been residents of an Intermediate Care Facility (ICF) and who may answer questions and provide support for a Person who is considering transitioning to HCBS.
- G. **Person:** means an eligible individual receiving a division service or on the waiting list.
- H. **Person-centered support plan (PCSP):** means the support plan developed through the person-centered planning process that complies with 42 CFR 441-301(c)(2).
- I. **Pro forma budget:** means a USTEPS screen that summarizes and itemizes any one-time or ongoing adjustments.
- J. **Provider:** means an agency or business contracted with the division to provide services.
- K. **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 by submitting the following to the RFS team for review: proposed service codes; units; rates; designated start and end dates; and evidence of need.
- L. **Support coordinator:** means an employee of the division or an individual contracted with the division (SCE) who assists with:
  - 1. assessing the need of a Person receiving division funding;
  - 2. completing written documentation of support;
  - 3. developing a service and support plan for a Person receiving division funding;
  - 4. monitoring the appropriate spending of a Person's annual budget;
  - 5. monitoring the health and welfare of the Person; and
  - 6. monitoring the quality of each service used by a Person receiving division funding.
  - 7. If a person receives waiver services, a support coordinator shall assure compliance with each waiver program requirement.
- M. **Team:** means the person-centered support team made up of any member of a Person's circle of support who participates in the planning and delivery of any service and support with the Person. A team member may include:
  - 1. the Person applying for or receiving a service;
  - 2. the parent;
  - 3. the guardian;
  - 4. the support coordinator;
  - 5. a friend of the Person; and
  - 6. any other professional and provider staff working with the Person.
- N. **USDC/HCBS Transfers tracking document:** means the document where the division's Accounting and Finance Team identifies any funding that has been made available by a Person transitioning into USDC from HCBS.
- O. **USDC/DSPD coordination team:** means the team who reviews referrals for admittance to USDC. This team includes at minimum the division director, an assistant division director, and the USDC superintendent or assistant superintendent.

- P. **Utah System for Tracking Eligibility, Planning, and Services (USTEPS):** means the secure, web-based case management system used by the division to track eligibility, manage individualized support plans, and monitor service data for Persons in services with the division.
- Q. **Waiver manager (WM):** means division staff responsible for the operation of a specific waiver or waivers, who may delegate certain responsibilities to a designee.

### III. POLICY

- A. Any Person who is in services with the division and has a current “eligible” level of care determination may request to receive their supports in a facility-based setting.
1. The CTW team shall confirm that no suitable alternative HCBS setting or private intermediate care facility is both available and appropriate for the Person’s needs before requesting admission to USDC. A suitable HCBS provider setting demonstrates the ability to provide reliable and necessary services with minimal corrective actions or sanctions from the Office of Service Review (OSR), as described in IV.(B)(2).
  2. DHHS Division Financial Services Director shall use the USDC/HCBS Transfers tracking document to confirm that funding is available.
- B. Any resident of USDC, their legal guardian, or their civil commitment social worker may request that the Person be discharged into HCBS. The DHHS Division Financial Services Director shall use the USDC/HCBS transfers tracking document to confirm that funding is available.
- C. Any admission to USDC from HCBS, and any discharge from USDC into HCBS shall be approved before the transition may take place. The division director or assistant division director, and the USDC superintendent or their designee, shall approve transitions between HCBS and USDC.

### IV. PROCEDURE

#### Admission to USDC from HCBS

- A. The division shall confirm that a Person needs admission to USDC.
1. 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 CTW team by email at usdcadmits@utah.gov.
  2. The CTW team shall screen each request and confirm that the Person has an “in service” status and a current “eligible” level of care determination in USTEPS.
  3. If an involuntary admission is requested, the CTW team shall contact the division civil commitment social worker to consult on an involuntary commitment.
  4. The CTW team shall confirm that the Person requires continuous medical care, residential assessment and evaluation, or intervention for conduct that is dangerous to self or others from USDC.
  5. The CTW team shall evaluate the service needs of the Person and whether the facility or programs of USDC meet those needs and that there are no community-based providers who are willing or able to meet the Person’s immediate needs.
- B. The division shall confirm that an alternative HCBS setting is not available, or that an HCBS setting while available, may not meet the Person’s needs.
1. The CTW team shall send an Invitation to Submit Offer (ISO) to providers on behalf of the Person.
  2. An ISO shall be sent statewide unless the CTW team and the Person decide to limit the distribution of the ISO. Distribution of the ISO may be limited if the Person

- wants to remain near family, has a specific area that they want to live in, or has chosen a provider before sending the ISO.
3. If the Person has directly chosen a provider, no ISO shall be distributed.
  4. An ISO shall set a reasonable response period for providers at a minimum of 7 calendar days from the date of notification.
  5. The CTW team may set a response period shorter than a week if a Person's discharge date from a facility does not allow for a reasonable response time period and the Person may be unsheltered after discharge from the facility, or the Person is unsheltered and in need of immediate housing.
- C. If a provider responds to the ISO and demonstrates the ability to provide reliable and necessary services with minimal corrective actions or sanctions from the Office of Service Review (OSR), the CTW team shall inform the Person that a home and community-based setting is available. If no provider responds, or the provider is not able to safely serve the Person, the CTW team shall contact USDC to request admission. The CTW team shall present information about each Person to the USDC/DSPD coordination team.
- D. The USDC/DSPD coordination team shall meet once a month to discuss each request from the CTW team, ad hoc meetings may be scheduled for urgent cases. Requests for admission are prioritized based on:
1. a temporary emergency commitment or an involuntary commitment that is in place and when the Person presents with needs that may not be safely met in the community;
  2. co-occurring psychiatric conditions for which appropriate treatment may be best met at USDC;
  3. complex medical needs for which appropriate treatment may be best met at USDC; or
  4. complex behavioral needs for which appropriate treatment may be best met at USDC.
- E. The division may proceed with an involuntary admission of the Person identified if a temporary emergency commitment as described in Section 26B-6-607 is in place, or an involuntary commitment as described in Section 26B-6-608 is ordered.
- F. The division shall consider placement at USDC as described in Subsection 26B-6-502(6).
1. The CTW team shall use the Choice of Service System Form 818 to document the Person's choice.
  2. If the Person's choice is to "consider placement at Utah State Developmental Center," the CTW team shall 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 consider the preference for placement at USDC if the USDC daily rate exceeds the private ICF daily rate.
  3. The CTW team shall request admission to USDC based on the choice made in (F) (1).
- G. The CTW team shall facilitate admission to USDC.
1. The CTW team shall assist the Person as needed with completion of the USDC admission packet and any other necessary documentation, for submission to USDC.
  2. The CTW team shall work with the Person, or their legal guardian if applicable, to end the current PCSP and then close program tracking in USTEPS.
  3. The CTW team shall notify the WM upon initiating a transition to USDC.

- H. The USDC superintendent and the division director, or an assistant division director, shall make the final admission decision.
  - 1. The USDC superintendent or their designee shall determine whether appropriate services and space are available to meet the Person's needs.
  - 2. The division director, or an assistant division director, shall determine whether USDC is the most appropriate, least restrictive setting for the Person.
  - 3. If the Person is younger than 18 years of age, the division director shall certify in writing that USDC is the most appropriate, least restrictive setting for the Person. Documentation shall be kept in the Person's USTEPS file.
- I. Upon admission to USDC, the CTW team shall notify the applicable WM to request closure of the Person's waiver services as described in Policy 1.30. The waiver shall close on the date of admission to USDC.

#### Closing the HCBS episode upon admission to USDC.

- J. Before 90 days have passed after the date of admission to USDC, the CTW team shall meet with the appropriate USDC staff to determine the projected length of stay.
  - 1. The Person shall be informed of their potential length of stay, HCBS transition plan strategies, and stabilization criteria for discharge.
  - 2. If the Person is at USDC under an involuntary civil commitment, the Person and the civil commitment social worker shall be part of the meeting.
  - 3. If the length of stay is expected to be more than an additional 90 days, the CTW team shall close the episode in USTEPS, which includes closure of the program and cohort prior to the closing of the episode, as described in Policy 1.30.
  - 4. If the expected discharge date is anticipated to be within the next 90 days, the USTEPS episode shall remain as "in service" status to preserve the pro forma budget.
  - 5. The CTW team shall document the "episode closed" status by documenting the reason for the closure as "Placed at USDC" and documenting the effective date of the closed episode.
  - 6. The CTW team shall inform the payment processing team of the Person's "episode closed" status.
- K. Funding from a closed episode may be reallocated to transition a resident from USDC into HCBS. The individual budget team shall use the USDC/HCBS transfers tracking document to track any funding made available.

#### Discharge from USDC into HCBS

- L. The division shall inform the Person that they may request discharge into HCBS.
  - 1. The USDC superintendent or designee, the Person's guardian, the Person's civil commitment social worker, or the Person may contact the CTW team through [usdcadmits@utah.gov](mailto:usdcadmits@utah.gov) or any other means to request a discharge from USDC into HCBS at any time.
  - 2. The division shall provide a choice of services and education about HCBS settings on an ongoing basis through the peer support team or the CTW team. The division shall inform the Person that they may request a discharge at any time while working with the peer support stabilization team or CTW team.
  - 3. The CTW team shall present information to the USDC/DSPD coordination team about each Person who requests transition from USDC.
- M. The USDC/DSPD coordination team shall meet monthly to discuss each request from the CTW team. Ad hoc meetings may be scheduled for urgent cases.

- N. The USDC/DSPD coordination team shall consider:
1. the choice of the Person;
  2. the treatment needs of the Person; and
  3. whether the HCBS facilities or programs available shall meet the treatment needs indicated.
- O. Requests for discharge are prioritized by the USDC/DSPD coordination team based on:
1. the choice of the Person;
  2. the termination of an involuntary commitment or approval of the division civil commitment social worker;
  3. whether stabilization criteria included in the Person's plan of care are met before the HCBS episode is closed;
  4. whether the Person has reached a critical point of success and may regress if not moved to a less restrictive environment; or
  5. if the Person, or guardian if applicable, has requested discharge and whether the Person or guardian, the USDC, and the CTW team all agree that the supports available through HCBS are sufficient to keep the Person and community safe.

Approval of transition out of USDC and into HCBS.

- P. The division shall ensure that there is ongoing funding available before a Person may transition into HCBS.
1. The DHHS Division Financial Services Director shall use 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 that has been made available by a Person transitioning into USDC from HCBS.
  2. At the beginning of each fiscal year, the DHHS Division Financial Services Director shall reserve the portion of the mandated additional needs funding that has been requested for each USDC resident who is expected to age out of DCFS services during the coming fiscal year.
  3. The DFA Finance Team shall identify each USDC resident who is also a youth in DCFS services and that is expected to age out of DCFS services.
  4. The DFA Finance Team shall reserve sufficient mandated additional needs funding to transition each youth into HCBS.
- Q. The division may transition a Person into HCBS after approval from:
1. the division social worker who is involved in the involuntary commitment, if that Person is currently under an involuntary commitment;
  2. the division director or their designee; and
  3. the USDC superintendent or their designee.
- R. The CTW team shall begin the Medicaid eligibility process after the transition to HCBS has been approved. The CTW team shall work with the WM in order to send the Medicaid Form 927 to DWS to determine Medicaid eligibility.
- S. The CTW team shall develop an initial budget by:
1. submitting the initial budget for review and approval through the request for services (RFS) team; and
  2. changing the Person's USTEPS cohort to "USDC transfer."
- T. The CTW team shall work with the person-centered planning team to develop the initial PCSP through a pre-discharge meeting.
- U. The CTW team shall complete the Charting the Life Course person-centered planning tools

with the Person who is being discharged to ensure the PCSP reflects the Person's needs and choices.

- V. The CTW team shall work with the USDC clinicians, and the division behavior analyst and division social worker, if applicable, to develop a transition discharge plan that includes:
  - 1. health and safety needs;
  - 2. current medications and a plan to continue medications without interruption;
  - 3. any food or drug allergies;
  - 4. if applicable, the contact information for the local mental health provider where the Person plans to move;
  - 5. staffing ratios that include the Person's preference for when they feel they need support;
  - 6. the Person's preferred activities and supports while residing at USDC; and
  - 7. contact information for relevant division, USDC, and incoming providers.
- W. A CTW team member shall provide case management during the first year post-transition from USDC. After one year of division CTW case management, the Person shall choose a SCE through the ISO process and interviews.
- X. The CTW team shall send out ISOs for all necessary service providers. They shall review the results of the ISO with the Person, and their guardian where applicable, and then arrange interviews and/or tours, either virtually or in-person, as the Person prefers to help them choose their service providers.
- Y. For 90 days post-transition from USDC, a Person or their PCSP team may request re-admission to USDC for further stabilization prior to re-transition.
- Z. The division may request clinical consultation with USDC staff after transition to provide relevant history and clinical context to help the person succeed in HCBS.
- AA. The division shall send a Notice of Agency Action as described in Policy 1.11 to a Person who is transitioning from USDC into HCBS, as described in Section 26B-6-609 and R539-3-7. If the Person requests a hearing before the date of action, the Person shall remain at USDC until the conclusion of the hearing.