Emergency Transitional Housing:
A Guide for Case Managers
Supporting Adults with Intellectual Disabilities and Autism

Emergency Transitional Housing (ETH) is available to any individual eighteen (18) and older who has been found eligible for adult Developmental Services (14-197 CMR ch.3) through the Office of Aging and Disability Services (OADS). ETH is used in crisis situations when an individual’s needs cannot be met within their current living arrangements. This can include situations such as, but not limited to, when an individual is homeless, stuck in the emergency room, and/or a home provider cannot meet the individual’s current needs.

Prevention is key to keeping an individual in their home. Monitoring reportable events and/or recent changes in the person’s life is crucial to determining if the individual’s needs are being met or not. If an individual presents with a recurring pattern (three or more Reportable Events which include, but are not limited to, aggression toward others, property destruction, and/or police involvement), please reach out to the individual’s Planning Team and your district OADS Crisis Prevention and Intervention Services (CPIS) team to schedule an Individual Support Team (IST) meeting.

ETH can only be approved by the OADS Crisis Prevention and Intervention Services (CPIS) team. Please do not reach out to agencies requesting an ETH bed as they will refer you to CPIS.

Prior to Requesting Emergency Transitional Housing (ETH)

1. Reach out to your district CPIS team by dialing the Crisis Hotline Number.
2. Schedule an IST meeting and include the district CPIS team in scheduling.

    OADS CPIS will notify you by email when an ETH bed is available.

When an ETH Bed is Available

A. For all individuals:
1. Complete the intake packet provided to you by CPIS (ETH agency specific).
2. Stay in contact with district CPIS Case Manager/s and the ETH agency staff working on admitting the individual into ETH.
3. Provide additional documentation as necessary (current medication orders, guardianship information, or other information required by the agency).

B. For individuals classified on Section 21:
1. Assure the ETH agency is in the Enterprise Information System (EIS):
   a. Open the individual in EIS and review “People Relationships/Associations” to determine if the ETH agency has a “Provider Responsibility” type assigned.
   b. If not:
      i. Obtain a signed Release of Information (ROI) between OADS and the ETH agency to be added as a provider in EIS.
      ii. Contact the district OADS Information Data Specialist (IDS) to have the ETH agency entered in the “People Relationships/Associations” as a provider to be able to edit the PCP.

2. Update (a.k.a. “reversion”) the PCP to reflect the transition to ETH:
   a. Advise the ETH agency that the PCP is open in EIS to complete the Home Support “Description of Service”, “Goals”, and “Service Planning Narrative.”
   b. Review the updated PCP with the individual or Guardian (as applicable), and gather signatures indicating consent.
      i. An individual can move in prior to the PCP being signed; however, the PCP must reflect the date when an individual moved into ETH.

3. Begin discharge planning efforts upon admission to ETH:
   a. Send out weekly Vendor Calls and place cold calls to explore discharge options.
   b. Send out weekly updates on discharge planning efforts to your district CPIS Case Manager/s by email. CPIS Case Managers monitor individuals in ETH and collaborate with the individual’s Planning Team to assist with identifying resources as necessary.
   c. If you are unable to locate an appropriate discharge placement and/or you receive no responses to vendor calls within 30 days, complete a CCU Referral Form and submit to the Office of MaineCare Services (OMS) CaseCoordinationUnit.DHHS@maine.gov.

C. For individuals with a Section 21 offer, but not currently classified:
   a. Facilitate an initial classification onto Section 21 as outlined in the Waiver Initial Classification Protocol.
   b. Once classified, follow steps B1-B3 above.

D. For individuals who do not currently have Section 21:
   a. Complete a Section 21 waiver application:
      i. Adult Developmental Services Case Managers: follow the Waiver Application Protocol (Word).
      ii. Children’s or Mental Health Case Managers: follow the Waiver Application Protocol for Sections 21 & 29 Children’s and Mental Health Case Management (Word).
   b. Complete a CCU Referral Form and submit to the Office of MaineCare Services (OMS) CaseCoordinationUnit.DHHS@maine.gov.