

2.20	Criteria for Distribution of ESMC Waiting List One-Time Crisis Funds	Page 1 of 2
Authorizing Utah Code: 62A-5-302 thru 62A-5-312 , 62A-5-402	Rule: R539-2-6(6) <i>effective 2/05</i>	Division Staff
Issue date: 12/04	Revision date: n/a	
Form(s): 1-19		

The ESMC Committee will use the following procedure in determining who is eligible for distribution of ESMC One-Time Waiting List Crisis Funding.

Prior to screening at the ESMC Committee, all community, natural, and family resources must be documented, explored and/or exhausted. If there is a Region management process for screening, individuals must undergo assessment through that process prior to screening for One-Time Waiting List Crisis Funds.

PROCEDURE

A. Approved Use of ESMC One-Time Funding:

1. Funding is for temporary/short term crisis needs that require one-time funds to help mitigate the situation.
 - a. A letter will be sent to the family indicating that these are one-time funds only.
2. The expenditures of ESMC one-time funds will require close accountability and documentation. Funds that are not distributed through a purchase of service provider will follow the established guidelines for distribution of Cash Assistance Payments. Receipts for services purchased must be attached to the forms submitted to the Regional office.
3. ESMC one-time funds shall be limited to \$500 for individuals making payment through the Self Administered Model (SAM), with a total SAM and contracted provider \$2,000 annual cap for all one-time funds. The ESMC committee may consider exceptions to the established cap based upon the individuals'/families' circumstances.
4. Form 1-19 should be completed whenever an ESMC one-time funded service is being requested or considered. Only services that meet the conditions outlined in the checklist should be requested.

B. How to determine funding “needs” for One-Time Waiting List Funding:

1. **One or more of the following must apply:**
 - a. There is an immediate but temporary health crisis and/or safety issue that would be mitigated by one or more of our services;
 - b. The person is in imminent or immediate risk of abuse, neglect, or exploitation, i.e. within 30 days.
 - c. The individual’s family is at immediate risk of physical abuse due to the consumers uncontrolled aggression toward a parent or family member.
 - d. The temporary funding would reduce or resolve the crisis situations to the extent that it would enable the individual to continue to reside in their home.
2. **All of the following must apply:**
 - a. If requested one-time service could help prevent placement in a more restrictive setting;

- b. One-time services has been determined to be the most appropriate way to address the need when compared to other available approaches, i.e. natural supports, other agency supports, or less restrictive Division supports.

B. In-home living services (i.e. family support, respite, or supported living) are a need rather than a want when one or more of the following apply:

1. The person with a disability requires a primary caregiver, but the primary caregiver has an acute/temporary health or emotional condition that significantly limits caregiver's ability to provide needed care;
2. The person with a disability requires temporary/short-term in-home care beyond what families are capable of providing for themselves (e.g. babysitter for teenaged child is not typically something a family should provide, whereas it is typically expected that families would provide this for a younger child);
3. When the person with a disability requires temporary/short-term care that cannot be provided by the caregiver without outside help because the caregiver is responsible for other family members who also require temporary specialized support or supervision;
4. When the individual's uncontrolled behavior puts the parent and/or family members in fear of their safety due to imminent physical abuse;
5. The in-home placement of a child with a disability is at risk because the caregiver's livelihood is jeopardized without temporary/short-term support.