
EMERGENCY SERVICES MANAGEMENT COMMITTEE

ESMC

Directive 1.34

Authorizing Code: 62A-5-102(7); 62A-5-103(2)(b);
62A-5-103(2)(q)

Rule: R539-2-9; R539-10-5(3)

Version Date: October 2021

Forms: ESMC Referral – One-time Funding; ESMC Referral – Ongoing Funding; ESMC Referral – Update

Purpose

The directive establishes a policy and procedure for submission of, review of, and decisions about emergency cases on the waiting list.

The Emergency Services Management Committee (ESMC) may approve one-time and ongoing funding for services to address an emergency situation defined in the directive. In response to the Legislative Auditor General's performance audit published June 2021, ESMC must submit any approvals to the Executive Director's Office for additional oversight. Additional oversight by the Executive Director's Office is a temporary measure to establish a fiscal management process and confidence in that process. Beginning July 1, 2021, and ending June 30, 2023, the Executive Director's Office may affirm or reverse any funding approval made by ESMC. The Executive Director's Office may extend the additional oversight period at their discretion.

Definitions

Attrition Funds – the public funds that the division uses to provide services as described in Section 62A-5-102 and that revert to the division after a person receiving services ceases to receive those services as described in Subsection 62A-5-102(7)(c)

Carry-forward money – the public funds that the division uses to provide services as described in Section 62A-5-102 that are not spent before the end of the fiscal year as described in Subsections 62A-5-102(7)(d) and 62A-5-102(7)(e).

Caseworker – a state employee providing intake and waiting list support to the person

Grave Danger – a mortal or terminal threat that seriously threatens the person's health, life, or well-being

Immediate – within the next 30 calendar days

Jeopardy – danger of loss, harm or failure

Support Coordinator – a state employee or a private contractor providing case management to the person for a one-time or ongoing service

Policy

1. ESMC may use attrition funds to fund a one-time or ongoing emergency service request for a person on the waiting list. ESMC may use carry-forward money to fund a one-time waiting list service.
 - a. ESMC must review each submitted request for one-time or ongoing emergency funding.
 - b. ESMC must determine that the request meets either one-time or ongoing criteria; and that all alternative resources have been considered or exhausted.
 - c. The committee must use trauma-informed, and cultural and linguistic competency best practices when evaluating a person’s circumstances and well-being.
 - d. ESMC may prioritize the order of funding approved requests based on:
 - i. the support currently available to a person; and
 - ii. how soon a person’s current support will be completely gone.
2. Each member of ESMC shall review the Attrition Savings and Allocation Summary Report each month.
3. ESMC shall monitor spending for the first four fiscal quarters of each person-centered budget approved by the committee.
4. If funding is not available, the caseworker documents contact with the person at least quarterly to monitor the needs of any person referred for ESMC review until:
 - a. the person no longer needs emergency services; or
 - b. funding for the person’s emergency request becomes available.
5. If a case is denied, the caseworker may submit an update to the original referral to the committee for review.
6. ESMC membership is at the discretion of the division director and division leadership.
 - a. The Division Director shall appoint a committee chair.
 - b. The committee chair and division leadership appoint additional division employees that:
 - i. represent subject matter expertise in different areas of the division service system; or
 - ii. demonstrate expertise in behavioral health, physical health, and available community resources.

7. The committee may authorize non-waiver services for a person not enrolled in Medicaid.
 - a. A non-waiver service is not an entitlement as described in Subsections R539-1-4(9), R539-1-5(8), and R539-1-6(9).
 - b. Ongoing non-waiver services authorized by ESMC must use attrition funds.
 - c. A person determined financially ineligible for a waiver or who declines waiver enrollment may have their budget reduced to the state match rate as described in Section R539-1-9.

Procedure

1. ESMC Schedule

- a. Regular meetings are held on the second Thursday of each month.
- b. The chair may schedule an interim meeting as necessary to review a referral that:
 - i. clearly identifies the emergency will occur before the next regular meeting; and
 - ii. no other support can meet the need under the circumstances.
- c. Referrals to the ESMC Committee must be received no later than Tuesday afternoon of the second week of the month to be considered for the Thursday meeting.
- d. The committee chair informs the caseworker of the funding decision no later than 2 business days after making the final decision. *See Procedure 4. Notification of Funding.*

2. ESMC Referrals

- a. Caseworker submits the ESMC Referral – One-time Funding or the ESMC Referral – Ongoing Funding through Google Forms before the meeting.
 - i. The referral form must include:
 - A. each service requested;
 - B. the projected total cost for the current fiscal year and the next fiscal year; and
 - C. documentation that all community, natural and family resources were explored and exhausted before requesting emergency services.
 - ii. The referral must identify whether the person was known or unknown to the division before requesting ESMC review. Use the following three categories:
 - A. a person on the waiting list referred to ESMC by the caseworker because of a change in circumstances;

- B. a person completing intake referred to ESMC by the caseworker after making an eligibility determination; or
 - C. a person not on the waiting list and without an active intake case at the time that another agency or individual requested emergency services from the division.
- b. A caseworker may update a referral through the ESMC Referral – Update.
 - i. Submit an update if circumstances significantly change before the committee meeting.
 - ii. Submit an update if a case is denied and worsening circumstances need committee review.
 - c. ESMC may review referrals in order of priority (i) through (vi).
 - i. Immediate threat to health and safety of the person or their family.
 - ii. Immediate risk of the person becoming homeless.
 - iii. Children who can no longer be maintained in their family residence.
 - iv. Immediate threat of causing injury to others or property destruction.
 - v. Immediate risk of loss of caregiver or deterioration of family.
 - vi. The person has a place to live, but is in need of a less restrictive place to live, e.g. a USDC resident no longer needing that level of supervision.

3. ESMC Decisions

- a. The committee must reach consensus to render a decision.
 - i. If agreement cannot be reached, the Division Director makes the decision.
- b. The committee must review the following information before rendering any decision:
 - i. the criteria for the one-time or ongoing emergency request;
 - ii. the referral form; and
 - iii. the Attrition Savings and Allocation Summary Report.
- c. Executive Director's Office approval required beginning July 1, 2021, and ending June 30, 2023.
 - i. At each meeting that approves any service enrollment, the committee must create a document that prioritizes each approved request.
 - ii. The committee must submit the prioritized approved requests to the Department Executive Director's Office for a final decision before sending any notification of funding.

- iii. The Executive Director's Office may deny funding for any or all approved requests submitted by ESMC.

4. Notification of Funding

- a. The committee chair informs the caseworker of any approval or denial after the final decision is made. Beginning July 1, 2021, and ending June 30, 2023, the DHS Executive Director makes the final decision.
- b. The caseworker notifies the person of the final decision.

5. Quarterly Oversight of Person-Centered Budget Spending

- a. ESMC tracks each person-centered budget authorized by the committee for the first four fiscal quarters.
- b. The committee chair meets with each support coordinator at the end of each quarter. Any service provider and the person may be included in the meeting.
- c. The committee chair and the support coordinator use the quarterly spending report to make any reductions to the budget that better aligns the budget total with the person's need.

Criteria for One-Time Services

1. Each of the following must apply:

- a. The requested one-time services could help prevent placement in a more restrictive setting.
- b. The temporary funding is likely to reduce or resolve the crisis situation to the extent that funding would enable the person to continue to reside in their home.
- c. One-time services are determined to be the most appropriate way to address the need when compared to natural supports, other agency supports, or a less restrictive division support.
- d. The requested one-time services are temporary.
- e. The requested one-time services help prevent or delay the need for ongoing services.

2. At least one of the following criteria must apply:

- a. Immediate Health or Safety Crisis – an immediate but temporary health crisis or safety issue for the person or their family that would be mitigated by one or more of our services.
- b. Abuse and Neglect – the person is in imminent or immediate risk of abuse, neglect, or exploitation.
- c. Aggression – the person's family is at immediate risk of physical abuse due to the person's uncontrolled aggression toward a parent or family member.

Criteria for Ongoing Services

1. Each of the following criteria must apply:

- a. Person must have exhausted all available state and federal resources.
- b. Person must not have any family members, friends, or community supports that are able and willing to provide housing and needed support.
 - i. The committee may consider any natural support that is willing to provide housing and needed support even if the natural support does not have a legal obligation to care for the person.
 - ii. A person may meet this criterion if the person's natural support requires ongoing services to sustain in-home support.
- c. Person must want DSPD services or have a civil commitment in place.
- d. DSPD services must be adequate to meet the health and safety needs of the person.
- e. DSPD has available attrition funds to pay for the projected total cost for the current fiscal year and the next fiscal year.

2. At least one of the following criteria must apply:

- a. Homelessness
 - i. Person must be homeless or in immediate jeopardy of becoming homeless.
 - ii. The person's ability or inability to perform activities of daily living and instrumental activities of daily living puts them in grave danger.
 - A. Person needs daily or frequent support for one or more of the following activities to maintain their well-being in the community and stay out of grave danger:
 - I. getting food and water;
 - II. getting medication and taking medication as prescribed;
 - III. getting necessary health care;
 - IV. getting clothing or shelter that provides protection from extreme heat, cold, or other life-threatening elements;
 - V. recognizing and avoiding abuse and exploitation;
 - VI. recognizing and avoiding physical threats to safety, e.g. traffic; dangerous or sharp objects; or any other environmental hazard.

- B. The vulnerable adult's failure to obtain food, water, medication, health care, shelter, cooling, heating, safety, or any other service necessary to maintain the vulnerable adult's well-being is the result of the adult's cognitive or physical impairment.

b. Loss of Caregiver

- i. Person is unable to care for themself.
- ii. Person lacks a primary caregiver; is in immediate jeopardy of losing their primary caregiver; or their caregiver is permanently incapacitated due to health or physical condition.
 - A. The caregiver has a demonstrated, substantial shift in health or physical condition that prevents them from continuing to provide necessary care.
 - B. The person or caregiver lacks a viable plan for alternative care if the caregiver cannot continue providing care.
- iii. The lack or loss of the caregiver puts the person in grave danger.
 - A. The committee shall refer any minor child to DCFS that is at risk of losing a caregiver because one or more parent is no longer willing to provide care.

c. Severe Behavior Support Needs

- i. Person must have severe behavior support needs that:
 - A. jeopardize their own or their family's health and safety; and
 - B. pose a grave danger to self or others.
- ii. Behaviors of Concern
 - A. Any behavior that resulted in the death of another person.
 - B. Physical assault or self-harm that necessitated emergency life-saving medical intervention.
 - C. Recurrent or accelerating physical assault or self-harm causing severe injury.
 - D. Recurrent or accelerating homicidal or suicidal ideation that resulted in a psychiatrist or other physician determining that the person presents a high risk for significant violence or self-harm.
 - E. Attempted strangulation, asphyxia, or suffocation.
 - F. Poisoning, including overdose.
 - G. Pyromania or use of explosives.

- H. A recent sexual offense that resulted in criminal charges. More weight may be given to aggravated sexual assault, any sexual offense with multiple victims, or any sexual offense against a minor.

d. Severe Medical Support Needs

- i. Person must have severe medical support needs that jeopardize their health and safety and there are no other appropriate community alternatives to meet these needs.
- ii. There are current medical care or treatments that prevent the family from providing other needed supports to the person.

e. Abuse

- i. Person must have documented physical abuse, sexual abuse, or severe neglect as defined by Adult Protective Services, Child Protective Services, Law Enforcement, or Office of Public Guardian.

A. Adult Protective Services Abuse and Neglect Definitions

- I. Emotional and Verbal Abuse: Intimidation, threatening, isolation, coercion, or harassment.
 - II. Caretaker Neglect: Failing to assume responsibility to provide a vulnerable adult with care, food, shelter, clothing, or supervision.
 - III. Self Neglect: A vulnerable adult is no longer able to care for their own well-being or provide basic necessities, due to mental or physical impairment.
 - IV. Exploitation: Obtaining or using (unjustly or improperly) a vulnerable adult's funds, credit, assets, or other property by deception or intimidation.
- ii. The documented abuse must be a current risk and have caused serious jeopardy to the person's health or safety.