
EMERGENCY SERVICES MANAGEMENT COMMITTEE:

ESMC

Directive 1.34

Authorizing code: 26B-6-402; 26B-6-403

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

Version Date: 9/2024

Next Review: 9/2026

Forms: DSPD Staff Paid Training Request Form

Purpose

This directive establishes a policy and procedure for submitting requests and conducting reviews for decisions regarding the allocation of emergency funding for people on the DSPD waiting list.

The Emergency Services Management Committee (ESMC) may approve one-time and ongoing funding for services to address an emergency situation, as defined in this directive.

Definitions

Abuse – means the same as defined in Sections 26B-6-201, 62A-4a-101, 80-1-102, and R512-80-2. It also includes: non-accidental harm or injury; attempting to cause harm; inappropriately using physical restraint, medication, or isolation that could cause harm to a vulnerable person; an act, or attempted act, of sexual intercourse, sodomy, incest, or molestation of a child or vulnerable person.

Adult Protective Services (APS) – means the unit within the Division of Aging and Adult Services (DAAS) charged with investigating reports of abuse or neglect of a vulnerable adult, as provided for in 26B-6-205.

Attrition Funds – means the public funds that the division uses to provide services as described in Section 26B-6-402. These funds revert to the division after a person who is receiving services ceases to receive those services, as described in Subsection 26B-6-402(7)(c).

Attrition Savings and Allocation Summary Report – a DSPD finance report that outlines the amount of attrition funding that is available for use, and the attrition funding that has already

been allocated for ESMC use.

Carry-forward money – means the public funds that the division uses to provide services as described in Section 26B-6-402. These are funds that are not spent before the end of the fiscal year, as described in subsections 26B-6-402(7)(d) and 26B-6-402(7)(e).

Caseworker – a DSPD staff who provides intake and waiting list support to the person.

Child Protective Services (CPS) – means the unit within the Division of Child and Family Services (DCFS) charged with investigations, as provided for in R512-205-4.

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

DSPD Support Coordinator – means a DSPD staff who provides case management services to the person on a one time basis or as an ongoing service.

Emergency Services Management Committee (ESMC) – means the DSPD committee that reviews requests for services to address emergency situations.

ESMC Chair – means a role appointed by the division director, and who screens referrals to the ESMC, participates in the appointment of members to ESMC, and then presides over meetings of ESMC.

Grave Danger – means mortal danger that imminently threatens an individual's health, life, or well-being.

Harm – means financial, physical, or emotional pain, damage, or injury, as described in R501-1-3

Homeless – means the same as defined in Category 1 (Literally Homeless) in 24 CFR 578.3. It refers to a person or family who lacks a fixed, regular, and adequate nighttime residence, including:

- a primary nighttime residence that is a public or private place not meant for human habitation;
- a publicly or privately operated shelter designated to provide temporary living arrangements including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs; or
- when the person is exiting an institution where the person has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Immediate – means within the next 30 calendar days.

Neglect – means the same as defined in Sections 26B-6-201; 62A-4a-101; 76-5-110; and 80-1-102. It includes abandonment or the failure to provide necessary care, including nutrition, education, clothing, shelter, sleep, bedding, supervision, health care, hygiene, treatment, or protection from harm. Self-neglect occurs when a vulnerable adult is no longer able to care for their own well-being or provide basic necessities, due to a mental or physical impairment. Choice of lifestyle or living arrangements may not, by themselves, be evidence of the individual's inability to care for their own well-being.

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

Supports - include housing; the availability of help from family, friends, or community members; resources through insurance; or similar resources.

Waiting list - means the DSPD waiting list, and is a list of persons who have applied for and have been found eligible for DSPD services, but for whom funding is not yet available. The DSPD waiting list is authorized by R539-2(4).

Well-being – means the ability to obtain food, water, medication, health care, shelter, cooling, heating, safety, or other necessary services.

I. Policy

1. ESMC may use attrition funds to fund a one-time or ongoing emergency service request for a person who is on the DSPD 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 after it has been screened by the ESMC chair.
 - b. ESMC must determine that the request meets either one-time or ongoing criteria.
 - c. The ESMC must use both trauma-informed, and cultural and linguistic competency best practices when evaluating a person's circumstances and well-being. Choice of lifestyle or living arrangements may not, by themselves, be evidence of the individual's inability to care for their own well-being.
 - d. ESMC may prioritize the funding of approved requests based on:
 - i. the support that is currently available to a person; and
 - ii. how soon a person's current support will be completely gone.
2. DSPD must have available funds to provide the services.
3. The ESMC chair or their designee shall review the Attrition Savings and Allocation Summary Report each month, with the finance director or their designee to monitor the person-centered budget, in accordance with R539-2-9(4).
4. ESMC membership is at the discretion of the division director or designee.
 - a. The division director shall appoint an ESMC chair.
 - b. The ESMC chair and division leadership shall appoint additional division employees who:
 - 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.
5. If the person is over 18 years of age, they must be enrolled in, or are awaiting a decision on SSI and Medicaid eligibility, before an ESMC referral is made.
 - a. The ESMC may not authorize non-waiver services for a person being approved by ESMC.
6. The ESMC may provide input on the services offered to the person for their initial budget.
7. A person approved through ESMC is not eligible for caregiver compensation services during the period of their initial plan cycle. That service implies that a person is in a relatively stable environment with a caregiver who has the capacity to meet the person's health and safety needs. The person therefore, would not meet ESMC criteria.
8. If a person is approved and accepts services, they must complete and return all required initial DSPD forms, and any other applicable Medicaid forms, within 45 days of when the forms were sent. If they are not returned within 45 days, the person will no longer be eligible to receive emergency funding. If a person cannot complete the forms on their own, they may request assistance from the caseworker to complete the applicable DSPD and Medicaid forms.
 - a. The date the forms are sent and the mode of sending must be documented clearly in USTEPS.
9. The ESMC chair shall monitor the person-centered budget of each person that comes into services through ESMC for the first four fiscal quarters that they are in services.
10. If an ESMC request is denied, the waitlist caseworker may submit a new referral to be reviewed if the person's circumstances have changed such that their situation may now meet ESMC criteria.

II. Procedure

1. ESMC Schedule:
 - a. Regular ESMC meetings are typically held in the third week of each month, when funding is available.
 - b. The chair may schedule interim meetings as necessary to review a referral that:
 - i. Clearly identifies that the emergency will occur before the next regular meeting; and
 - ii. No other support can meet the need under the circumstances.
 - c. Referrals to ESMC must be received no later than the afternoon of the second Monday of the month, in order to be considered during that month.

- d. The ESMC chair will inform the caseworker of the funding decision by no later than two business days after the final decision has been made. (See Procedure 4. Notification of Funding, below.)

2. ESMC Referrals:

- a. The caseworker must submit the ESMC Referral – One-time Funding form, or the ESMC Referral – Ongoing Funding form no later than the Friday afternoon of the first week of the month.
 - i. The forms will be submitted through Google Forms.
 - ii. The referral form must include documentation that confirms that all community, natural, and family resources were explored and exhausted before requesting emergency services.
 - iii. The referral must also identify whether the person was known or unknown to the division before requesting the ESMC review. For this purpose, use the following three categories:
 - A. a person on the waiting list was referred to ESMC by the caseworker because of a change in circumstances;
 - B. a person completing intake was referred to ESMC by the caseworker after making an eligibility determination; or
 - C. prior to starting the intake process, another agency or individual requested emergency services for the person.
- b. A caseworker may update a referral if circumstances change significantly before the ESMC meeting, by emailing the update to the ESMC chair.
- c. ESMC may review referrals in order of priority (i) through (iv):
 - i. The person is homeless.
 - ii. There exists a loss of caregiver or deterioration of the family's ability to support the person.
 - iii. There is an immediate threat to the health and safety of the person or their family.
 - iv. The person has a place to live, but needs a less restrictive place to live; e.g., a Utah State Hospital resident who no longer needs that level of supervision.

3. ESMC Decisions:

- a. The ESMC must reach a unanimous decision to render an approval or denial.
 - i. If a unanimous decision cannot be reached, the division director or a designee appointed by the division director shall review the available information and make the final decision.
- b. The ESMC must review the following information before rendering any decision:
 - i. the criteria for a one-time or ongoing emergency request (see III. Criteria for One-Time Services and IV Criteria for Ongoing Services, below); and
 - ii. the referral form.
- c. A final decision on funding is contingent upon verification of available funds by the DSPD finance director; and,
- d. A final decision on the person's initial budget is contingent on approval by the Request for Services Committee.

4. Notification of Funding:

- a. The ESMC chair shall inform the waitlist caseworker of the final approval or denial decision.
- b. The waitlist caseworker will notify the person of the final decision.

5. Quarterly Oversight of Person-Centered Budget Spending for the initial plan cycle:

- a. The DSPD support coordinator will track each person-centered budget authorized by the ESMC for the first four fiscal quarters to ensure that the budget is utilized appropriately for the person's needs.
- b. The ESMC chair will meet at the end of each of the first four quarters with each DSPD support coordinator assigned to a person approved for ESMC services to monitor the person-centered budget, in accordance with R539-2-9(4).
- c. The ESMC chair and the DSPD support coordinator will use the quarterly spending report as a basis to make any changes to the budget so that it better aligns the budget total with the person's needs.

III. Criteria for One-Time Services

1. To qualify for one-time services, each of the following five criteria 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 person's need when compared to natural supports, other agency supports, or to a less restrictive division support.
- d. The requested one-time services are temporary, and will prevent or delay the need for on-going services.
- e. There is an immediate but temporary health crisis and/or a safety issue for the individual and/or family that would be mitigated by one-time services.

IV. Criteria for Ongoing Services

1. To qualify for ongoing services, each of the following criteria (a)-(f) must apply:

- a. The person must have enrolled in or applied for all available state and federal resources.
- b. The person must not have any family members, friends, or community supports that are able and willing to provide needed support.
 - i. The ESMC may consider any natural support that is willing to provide needed support, even if the natural support does not have a legal obligation to care for the person.
- c. The person must meet DSPD eligibility requirements and want DSPD services, or else meet the requirements and conditions for a civil commitment.
- d. If the person is over 18 years of age, they must be enrolled in, or are awaiting a decision on SSI and Medicaid eligibility, before an ESMC referral is made.
- e. DSPD services must be adequate to meet the health and safety needs of the person.

2. In addition to all of IV(1) above, at least one of the following four criteria must also apply:

- a. Homelessness
 - i. The person must be homeless or has received an eviction notice; and
 - ii. The person's ability or inability to perform activities of daily living and instrumental activities of independent living puts them in grave danger or jeopardizes their well-being. Their choice of lifestyle or living arrangements may not, by themselves, be evidence of the individual's inability to care for their own well-being.
- b. The loss of a caregiver, all of the following must apply:

- i. The person is unable to care of themselves; and
 - ii. The person lacks a primary caregiver, or their caregiver is permanently incapacitated due to health or physical condition. The age of the caretaker alone is not considered incapacitating.
 - A. The caregiver has had a demonstrated and substantial shift in health or physical condition that prevents them from continuing to provide necessary care on an ongoing basis.
 - iii. The lack or loss of the caregiver would put the person in grave danger, or jeopardize their well-being.
- c. Severe behavior support needs:
- i. The person must have current ongoing severe behavior that puts them or others in grave danger.
 - ii. Severe behaviors of concern may include:
 - A. Any behavior that has resulted in the injury or death of another individual or animal.
 - B. Physical assault or abuse of another individual, animal, or self that resulted in substantial harm.
 - C. Recurring or accelerating homicidal or suicidal ideation that has been documented by a medical or mental health professional.
 - i. The medical or mental health professional has submitted documentation affirming that there is a risk of significant violence or of self-harm.
 - ii. Acceptable forms of documentation may include a written assessment by a medical or mental health professional that is submitted to DSPD staff, including email sent directly by the professional, a signed letter, a medical form, etc.
 - D. Other specific behavioral concerns include, but are not limited to, any behavior that resulted in physical harm to self or to others and required medical intervention. Examples include physical assault; strangulation, asphyxia, or suffocation; intentional poisoning, including overdose; or any other behavior intended to cause harm.
 - E. Maladaptive behaviors as defined in R432-1-3 that resulted in property damage.

- F. Credible allegations, criminal charges, or investigation by APS or CPS, resulting from claims of rape, sexual abuse, or aggravated sexual assault, especially where the individual is currently without supervision or treatment, and is deemed likely to reoffend.

d. Abuse and neglect

- i. A person applying for services must have experienced documented physical abuse, sexual abuse, or severe neglect.
 - A. DSPD staff will assure that any allegations of abuse or neglect have been properly documented and submitted to law enforcement or to APS/CPS as required by statute.
 - B. The threat of abuse or neglect must currently exist, and are likely to seriously jeopardize the individual's health or safety; and
 - C. The person does not have any natural or paid supports that could mitigate the situation; and
 - D. The abuse and neglect cannot be resolved without DSPD intervention.

- 3. If the person is a minor in DCFS custody and eligible for a state match agreement, they are not eligible for ESMC services.