Policy: It is the policy of the Division, only when necessary, to employ a waiting list for service programs when such programs temporarily cannot accept new consumers.

Purpose: A waiting list shall be fair, regularly reviewed, and utilized so as to ensure the most rapid service available to consumers**.**

A. MENTAL HEALTH AGENCIES:

Definition: For those persons who's first scheduled treatment session falls during the reporting month, report by program, the number of persons who have waited 15 or more days from the agency acceptance (intake) date or screening date to the first treatment session. This will include both persons who attended the treatment session and those who do not.

Calculation: MHDS agencies will report monthly (Caseload Report) the number of persons who meet the above wait list definition.

MHDS will report quarterly (Performance Indicators) the wait time in days using the following categories: 0-14, 15-30, 31-60, >60.

Procedures:

I. Waiting List #I (Agency): The number of persons, as of the last day of the month, who will have waited 15 or more days from initial contact application for services to scheduled intake (persons are not enrolled in agency and are not receiving any services). Waiting period is measured from referred date to the date of intake or services. This will include persons who attended the treatment session and those who did not.

II. Waiting List # II (Program): For those persons whose first scheduled treatment session falls during the reporting month, report by program, the number of persons who have waited 15 or more days from the agency acceptance (intake) date or screening date to the first treatment session. This will include persons who attended the treatment session and those who did not.

III. Waiting lists shall be utilized only when existing resources pose a temporary inability of the agency or individual program to serve additional clientele.

IV. Consumers shall be added to the waiting list in order of contact with the agency.

V. Consumers shall be assigned to agency or program services in ascending order (from earliest date of placement on the waiting list to most recent date).

VI. Based on unique clinical need, the agency director may approve assignment of consumers awaiting services to active service based on determined needs, and risk, which may be independent of chronological order of entry to the list.

VII. All persons on the waiting list shall be contacted every 30 days for purposes of determining current need, willingness to accept service and to advise consumers of their status on the waiting list.

VIII. These monthly contacts shall be documented by a designated program staff.

IX. In the event no current phone number is available or, no contact is achieved with the consumer within 5 days of a message or following 2 phone call attempts, a letter shall be sent via first class mail to the individual at the last known address. The letter shall indicate to the consumer that unless they respond to the agency within 10 working days they will be dropped from the waiting list.

X. Consumer(s) on the agency or program waiting list shall be contacted immediately and offered the awaited services when “vacancies” or caseload decreases below capacity.

XI. Any consumer on a waiting list for more that 89 days shall be immediately reviewed for needs by the Agency Director or designated department head, which shall determine appropriate available action.

B. DEVELOPMENTAL SERVICES AGENCIES:

Definitions: An <u>unserved</u> person is someone requesting a service they do not currently receive (e.g. a person lives at home with no supports and is requesting community residential support).

I. Waiting List Procedures:

A. To be on the list, the person must be willing to accept services within the next 90 days.

B. People on the list must be open cases who have qualified for regional center services.

C. The Service Coordinator will enter people on the appropriate list(s). Entry on a list will occur when a request is made by the person or legal guardian for the service and the Service Coordinator determines that the requested service is appropriate for the person’s need.

D. Each DS region will maintain waiting lists for Jobs, Day Training, Residential Supports and Family Supports.

E. The list will include: name of person, age, date of request, type of service(s) requested and the date the service will be needed.

F. The person will remain on the list during the process of surveying, selecting and initially obtaining the services.

G. The person will be removed from the list once the actual service (such as residential support) has begun, when the service is no longer needed, or when the agency loses contact with the person.

H. A person may request a service for a future date, for example when a child is expected to graduate from school, but the person will not be counted on the current list until the requested date arrives.

I. The list will be updated continuously by the person's Service Coordinator and reviewed monthly by Program Directors.

J. If the person declines an offered service, their name will be removed from the list. If requested, their name may be reentered with the current date being the new date of request.

K. Priority for provision of services will be based on a triage process that considers factors such as safety, service entitlement, and length of time on a waiting list.

II. Prioritization from Waiting Lists:

Prioritization is based on a variety of factors considered on a triage basis. All things being equal, the person waiting the longest will be served first. The factors often overlap and provide first for those who are most needy and at greatest risk. The factors include the following:

<u>Residential Supports/Family Supports</u>

- Availability of natural supports or other community resources;
- Public or personal health or safety;
- Emergencies;
- Entitlements under the Medicaid program;
- People "at risk" of institutional care;
- Rights under the Americans with Disabilities Act (ADA) and consistency with the Olmstead Decision;
- Need or readiness to move from institutional care to community care;
- Community support that will avoid the need for institutional care;
- Unique availability of needed/desired support type e.g. location, building adaptations, compatible roommate, specially skilled staff; and
- Time on waiting list.

Jobs and Day Training

- Availability of natural supports or other community resources;
- Entitlements under the Medicaid program;
- People in institutional or residential supports;
- People "at risk" of institutional care;
- Existing available supports for the person;
- Where opportunities exist for integrated work, such as competitive job or work in community business enclave; and
- Time on waiting list.

III. Reporting:

A. Each region will report monthly an unserved count of persons on the waiting lists in the categories of jobs, day training, residential support and family support.

B. The reporting will be unduplicated. For example, reporting will only count individuals who are requesting a service, but not receiving a service of that type (e.g. a person receiving institutional care but requesting community residential support would not be counted in this section since they are already receiving a residential service).

C. The reporting will also include the following for residential supports: the average length of time waiting (in months) and the number of persons waiting longer than 90 days.

D. The length of lists and the time on lists will be reported to the Commission on MHDS as part of the regional reports.

E. The lists will be used in the projection of service needs/needs assessment during the budgeting process.

REFERENCES: Division Data Dictionary

Administrator

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