DIVISION OF PUBLIC and BEHAVIORAL HEALTH
Policy

Control #	Rev.	Type	Title	Effective Date	Page
	1.1		Wait List Management	2017-05-01	1 of 7

1.0 POLICY

It is the policy of the Bureau of Behavioral Health Wellness and Prevention (BBHWP) to require its funded treatment providers to place clients in a wait list status when services cannot be provided by the individual organization or through referral to another treatment contractor.

When placing clients on a wait list, treatment providers must first obtain assistance from a BBHWP analyst for a referral. If placement cannot be secured via a BBHWP referral, the BBHWP analyst may authorize and place a client on a master waitlist in accordance with basic federal wait list requirements. Clients placed in waitlist status must receive documented interim services.

The master waitlist will be generated and maintained at the BBHWP level and worked daily.

2.0 PURPOSE

An effective, well managed wait list system and capacity management system (HAvBED) should help engage clients quickly so that clients are served before they grow tired of waiting, lose their motivation, "fall between the cracks", and should also help anticipating budgetary and treatment shortfalls.

Specific aims of the waiting list system:

1) Ensure that documented screening and intake procedures based on concepts of aligning and triaging priority populations, high-priority, and needy cases are occurring;
2) Documentation of the current treatment demand and unmet needs are captured to help justify capacity expansion if needed;
3) Identify gaps in services if characteristics of individuals are identified;
4) Facilitate appropriate referrals to another provider or seek assistance with a referral from BBHWP.

Only persons who cannot be admitted due to capacity limitations, and who have both been determined to need services and are available to immediately accept treatment, will be placed on the wait list after gaining BBHWP's approval. The primary factor in using the wait list is to track and monitor the current Behavioral Health system capacity needs overall. When clients are placed on the wait list, treatment providers shall ensure, either directly or through referral, that individuals waiting for admission receive interim services and that those interim services are appropriately documented through BBHWP.

3.0 SCOPE

This policy applies to all BBHWP funded treatment providers and BBHWP staff.

4.0 PROCEDURE

The rules governing the use of the wait list are critical to high-quality reporting and compliance with federal law [§96.126 (c) and (d)]. Before determining whether a client should be placed in a waiting status there are general rules which must be adhered to as follows:

- A person may be placed on the wait list only **after** a screening is done to render a tentative finding of need for treatment and surmise what level of care may be appropriate.
- A person cannot be placed on the wait list until the provider has been unable to secure placement with another provider who has availability, a referral is sought from BBHWP, and BBHWP has granted approval for the client to be placed on a wait list.
    - The capacity management system, HAvBED, can be used in attempting to locate alternate services for the client.
- A person cannot be placed on the wait list for one level of care if they are already admitted to treatment for a different service level, even if the level of care is lower than the recommendation from the screening.
- A person cannot be placed in a lower level of care, due to a capacity issue, unless prior approval has been granted from BBHWP.
- A person cannot be placed on the wait list if they belong to a managed care organization. That individual must be referred back to the managed care organization for further placement options.
- An incarcerated person who has been determined to be in need of treatment, but who is waiting for a release date, is **not** eligible to be placed on the wait list.
- An incarcerated person who has been determined to be in need of treatment but cannot be released because appropriate treatment services are not immediately available **is** eligible to be on the wait list.

For priority populations, such as pregnant and/or intravenous drug using (IVDU) clients placed on a wait list, treatment providers must report frequent contact to BBHWP which confirms interim services are delivered as these clients wait for services. BBWHP is requesting that IVDU clients should be admitted to treatment within 7 days of seeking treatment. Interim services for all priority clients are required and must be reported for documentation to BBHWP. Treatment admission prioritization, except for Civil Protective Custody Services, must be executed in accordance with the following admission priorities:

1) Pregnant Intravenous Drug Using Clients – once substance abuse treatment need is determined and the individual is immediately available to enter treatment, the client must receive immediate admission to treatment services. These individuals should not be placed on a wait list. An exception may be made, if a client is living in a safe environment while waiting for treatment space to become available. Interim services must be made available, including a referral for prenatal care, no later than 48 hours after the woman seeks treatment services. They must also receive priority admission as soon as capacity becomes available.

2) Pregnant Drug Using Clients – once substance abuse treatment need is determined and the client is available to enter treatment, interim services must be made available, including a referral for prenatal care, no later than 48 hours after the woman seeks treatment services. They must also

receive priority admission as soon as capacity becomes available. If referred to other treatment program, admittance must be confirmed by the receiving program.

3) Intravenous Drug Using Clients – once substance abuse treatment need is determined and the individual is immediately available to enter treatment, he/she must have interim services made available within 48 hours as defined in 45 CFR, Subtitle A, Subchapter A, Part 96, Subpart L, [§ 96.126 and § 96.121]. Priority admission for treatment must be made as soon as space becomes available, preferably within BBHWP's requested 7-day period, and BBHWP additionally requests no longer than 45 days even though federal guidelines allow up to 120 days.

4) All Other Drug Using Clients – once substance abuse treatment need is determined and the individual is immediately available to enter treatment, he/she should remain on the wait list until being admitted, declining treatment, or is otherwise removed from waiting status. Based on severity, a Program Director may admit a client independent of chronological order.

As defined in 45 CFR, Subtitle A, Subchapter A, Part 96, Subpart L, [§ 96.121], for those priority populations requiring interim services, the following interim services must be provided as designated below.

Interim Services or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include:

1. Counseling and education about HIV and tuberculosis (TB);
2. Counseling and education about the risks of needle-sharing;
3. Counseling and education about the risks of transmission to sexual partners and infants;
4. Counseling and education about steps that can be taken to ensure that HIV and TB transmission does not occur;
5. And must also include a referral for HIV or TB treatment services if necessary.

Tuberculosis Services means:

a. **(1)** Counseling the individual with respect to tuberculosis;
b. **(2)** Testing to determine whether the individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment for the individual; and
c. **(3)** Providing for or referring the individuals infected by mycobacteria tuberculosis for appropriate medical evaluation and treatment.

Early Intervention Services Relating to HIV means:

d. **(1)** appropriate pretest counseling for HIV and AIDS;

e. **(2)** testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for

preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;

f. **(3)** appropriate post-test counseling; and

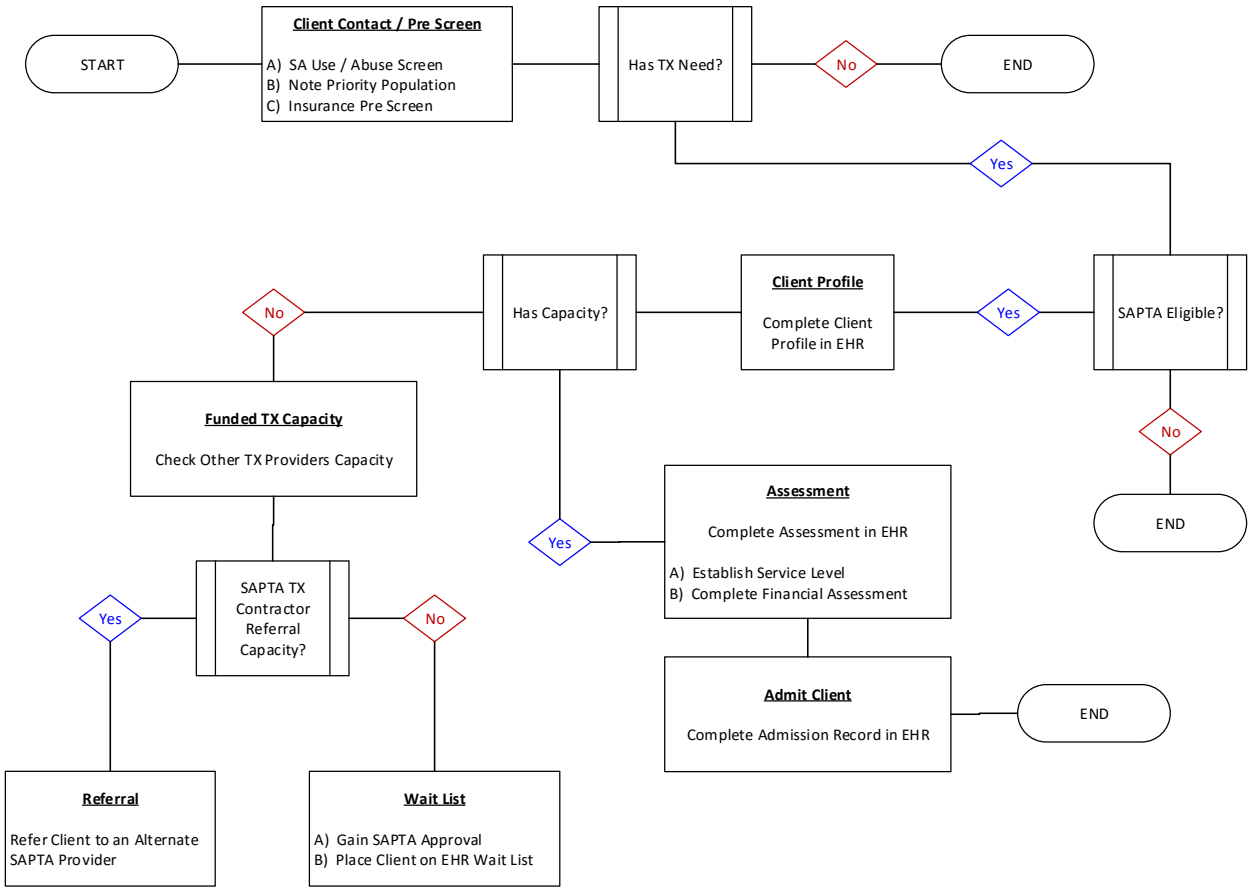
g. **(4)** providing the therapeutic measures described in Paragraph (2) of this definition.

For pregnant women, interim services include the minimum interim services listed above in 1-5 and must also include:

1. Counseling on the effects of alcohol and drug use on the fetus;
2. And must include a referral for prenatal care.

The general workflow to place clients in wait status is shown in Figure 1 on the next page. A further description of the workflow then follows.

Figure 1 - General Workflow to Place Clients on Wait List



Disclaimer: BBHWP recommends the use of this process for all clients, and not just BBHWP eligible clients for placement on wait lists.

Depending on the characteristics of a treatment program's client base, each provider must have a policy describing the screening instrument(s) they use to pre-screen clients. The screening instrument must be a standardized screening instrument and approved by BBHWP. It is suggested treatment providers use screening instruments shown on SAMHSA's website: http://www.integration.samhsa.gov/clinical-practice/screening-tools.

Upon completion of a screening instrument suggesting a client needs a full assessment, the priority population of the prospective client should be considered and noted. Next, a client's insurance should be pre-screened. At a minimum, the insurance pre-screen should consider any 3rd party information the client will provide as well as an online check of the client's Medicaid eligibility at: https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx.

Once it has been determined that the client has a treatment need and that either the client, or the service to be provided, is BBHWP eligible, a client profile should be completed. As the contractor completes the profile, they will need to determine whether they have the capacity to serve the client. If so, they should proceed to scheduling a complete assessment using their EHRS. If a treatment provider is at capacity and unable to take additional clients at that time, they will check with other BBHWP funded treatment providers in a prescribed manner. If placement cannot be secured, contact your treatment analyst at BBHWP to seek referral to another program with available capacity at the service level being sought. If placement cannot be secured by BBHWP, the client will be placed on the master waitlist. Interim services will be arranged through the requested provider, if available, or through another source if needed.

BBHWP will follow-up daily on all waitlist clients receiving interim services until appropriate placement is secured. While the federal guideline for wait list is 120 days, BBHWP requests that individuals be on the wait list for no more than 45 days. Wait list follow-up activities will include:

- Interim services must be provided as referenced in the capacity management policy and as listed previously in this policy;
- A minimum of weekly contact with the individual is to be documented in the provider EHR. For higher risk individuals needing residential or detoxification service, more frequent contact is encouraged;
- Every treatment contractor must have internal written policies and procedures specifically defining any additional requirements they may have;
- Individuals must be updated on the wait list when they are admitted for treatment, decline treatment, or when client contact is no longer possible after making reasonable efforts to do so.
    - In the event a current phone number is not available, or no contact is achieved with the client within 5 days after leaving a message, or following 2 phone call attempts, a letter must be sent via first class mail to the individual at the last known address. The letter must indicate to the client that unless they respond within 10 working days they will be dropped from the waiting list; and
- Client(s) on the wait list must be contacted and offered awaited services within 24 hours after capacity becomes available.

Furthermore, treatment providers should ensure procedures are in place and appropriate staff assignments are made so wait list and capacity reporting are routinely reviewed. At a minimum, a program's review process must ensure:

- Priority populations are being served correctly;
- Weekly chart notes are being entered correctly in the EHRS;
- Clients are being updated on the wait list appropriately; and
- Clients who have been on the wait list for 45 days or more must have their cases reviewed by a Program or Clinical Director; if after that review a client continues to await services, a second weekly chart note will be entered in the EHRS stating the Director agreed with the decision.

5.0 RELATED DOCUMENTS

Robertson, L., & Serra, C. (2009). *Capacity Management for Substance Abuse Treatment Systems.* Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

45 CFR § 96.120 - § 96.137

6.0 REFERENCES