

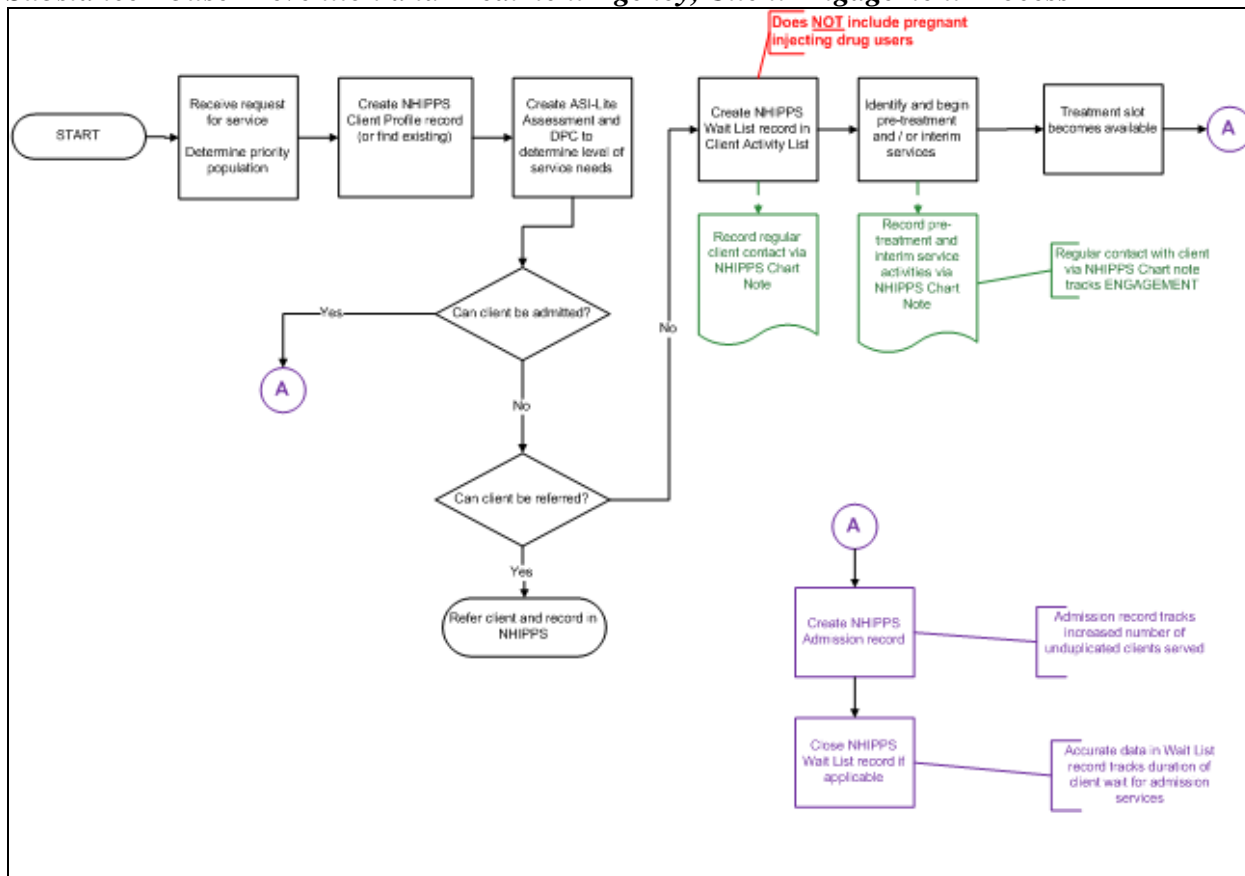
Appendix F5

Wait List Management – Policies and Procedures

Receiving Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funding appropriated by the Nevada Legislature is dependent upon maintaining and reporting accurate wait list information. SAPTA requires all funded treatment providers to use the Nevada Health Information Provider Performance System (NHIPPS) to report SAPTBG wait list information.

Included below is a flow chart that illustrates the intake process as it relates to wait list reporting.

Substance Abuse Prevention and Treatment Agency, Client Engagement Process



With the adoption of NHIPPS and management responsibilities related to new funding sources, wait list reporting requirements have become increasingly important in recent years. The rules governing the use of NHIPPS are critical elements of high-quality reporting and compliance with federal law. The basic federal wait list requirement states that only persons who are determined to need and who are immediately available to accept treatment, but cannot be admitted due to capacity limitations, can be placed on the wait list. The primary factor in using the wait list is provider capacity.

- A person may be placed on the wait list only **after** an assessment is done to render a diagnosis and determine what level of care is appropriate.

- A person can't be placed on the wait list if they are already admitted to treatment, even if the level of care is lower than the recommendation from the assessment.
- An incarcerated person who has been determined to be in need of treatment but who is waiting for a release date, transportation, or other support, 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.
- As a requirement of the Nevada Wait List Reduction Initiative, a person must receive regular pre-treatment services while on the wait list and all pre-treatment activities must be charted in NHIPPS.

Once a person has been placed on the wait list, the respective treatment agency must, at a minimum, contact that person weekly to promote engagement in services. While the federal guideline for wait list is 120 days, SAPTA recommends that individuals should not be on the wait list for more than 45 days. Additionally, pregnant and/or IVU client placed on a wait list must have documented frequent contact by the provider agency to ensure interim services are being delivered and to ensure wait time for services is kept at an absolute minimum. Interim services for all priority clients are required and should be entered into NHIPPS.

As has been past policy, treatment admission prioritization for all programs, except for Civil Protective Custody Services, must continue to be conducted with consideration for the following admission priorities:

- 1) Pregnant Intravenous Drug Users – 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 the wait list, however, an exception may be made if the client is incarcerated or living in a safe environment while waiting for treatment space to become available. If admission is not possible the treatment agency needs to contact SAPTA for placement assistance.
- 2) Pregnant Drug Users – once substance abuse treatment need is determined and the individual is immediately available to enter treatment, the client must receive interim services within 48 hours and priority admission for treatment as soon as space becomes available, not to exceed 120 days. These individuals should remain on wait list until they are admitted, have declined treatment, or cannot be reached. If referred to other treatment program, admittance must be confirmed by the receiving program.
- 3) Intravenous Drug Users - once substance abuse treatment need is determined and the individual is immediately available to enter treatment, he/she must receive interim services within 14 days and priority admission for treatment as soon as space becomes available, not to exceed 120 days. These individuals should remain on the wait list until they have been admitted, have declined treatment, or they cannot be reached.
- 4) All Other Drug Users - once substance abuse treatment need is determined and the individual is immediately available to enter treatment, they should remain on wait list

until they are admitted, have declined treatment, or cannot be reached. Based on severity, a Program Director may admit a client independent of chronological order.

Once a treatment provider has placed a client on the wait list, periodic follow-up is required to ensure the client continues waiting for services. Wait list follow-up activities should include:

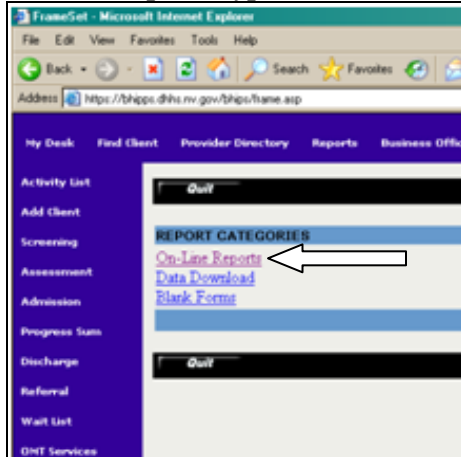
- A minimum of a weekly contact with the individual to be documented in NHIPPS using a chart note. For higher risk individuals needing residential or detoxification service, more frequent or even daily contact is encouraged, and these contacts must be recorded in an NHIPPS chart note.
- Every treatment provider must have internal written policies and procedures specifically defining any additional requirements they may have.
- Individuals must be removed from the wait list when they are admitted for treatment, decline treatment, or 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.
- Client(s) on the wait list must be contacted immediately and offered the awaited services when vacancies occur or caseload decreases below capacity.

Furthermore, Program Directors, Clinical Directors, or an assigned designee should ensure procedures are in place and appropriate staff assignments have been made so wait list and capacity reporting are reviewed as necessary to ensure compliance with all related requirements. At a minimum a program's review process should ensure:

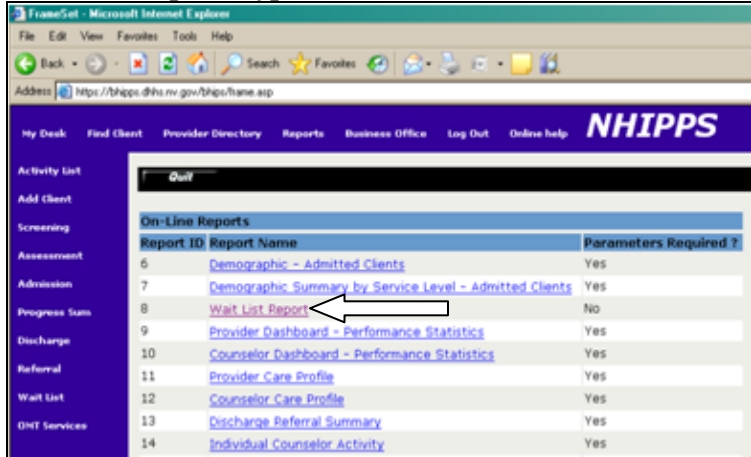
- Chart notes are being entered correctly in NHIPPS documenting a minimum weekly contact.
- Clients are being removed from the wait list appropriately.
- Priority populations are being served correctly.
- Any client who has been on the wait list for 45 days or more must have their case reviewed by the Program or Clinical Director to determine appropriate action; if the determined action is to keep client waiting a second weekly chart note should be entered into NHIPPS stating that the Program or Clinical Director was aware of and in agreement with the decision.

At present, a review of open wait list records is easily done by running the "Wait List Report" from the on-line reports menu. The report is easily ran from your NHIPPS desktop as long as your System Administrator has set your permissions up to include reports. Two screenshots are shown below which illustrate how to run the active wait list report.

On-line Report Hyperlink



Wait List Report Hyperlink



The report you will see will look as follows:

Wait List Report (data shown below is fictitious from training website)

SERVICE TYPE/LEVEL	CLIENT - PROVIDER - GENDER - ADULT/YOUTH	INTERIM SERVICES	PRIORITY POPULATION	WAIT START	LENGTH OF WAIT
02 - ASAM Level III.2D: Residential Detoxification - Adults	doe, maria - SouthCare, Inc. - Washoe - Female - Adult		All other substance abusers	12/5/2007	454
02 - ASAM Level III.2D: Residential Detoxification - Adults	smith, joe - SouthCare, Inc. - Washoe - Male - Adult		All other substance abusers	1/9/2008	419
04 - ASAM Level III.5: Medium/High Intensity Residential - Adults	Shook, Sherina Sugar - SouthCare, Inc. - Washoe - Female - Adult		Pregnant injecting drug user	11/22/2005	1197
04 - ASAM Level III.5: Medium/High Intensity Residential - Adults	Goo, Nanny To - SouthCare, Inc. - Washoe - Male - Adult		Injecting drug user	11/22/2005	1197
04 - ASAM Level III.5: Medium/High Intensity Residential - Adults	Johnson, Kristi Ann - SouthCare, Inc. - Washoe - Female - Adult		Injecting drug user	9/26/2007	524

If you need technical assistance related to performing any of the reporting or review requirements, your SAPTA Treatment Analyst can assist you and provide current NHIPPS training materials. NHIPPS system enhancements are planned which should make it even easier for you to manage capacity in the future.