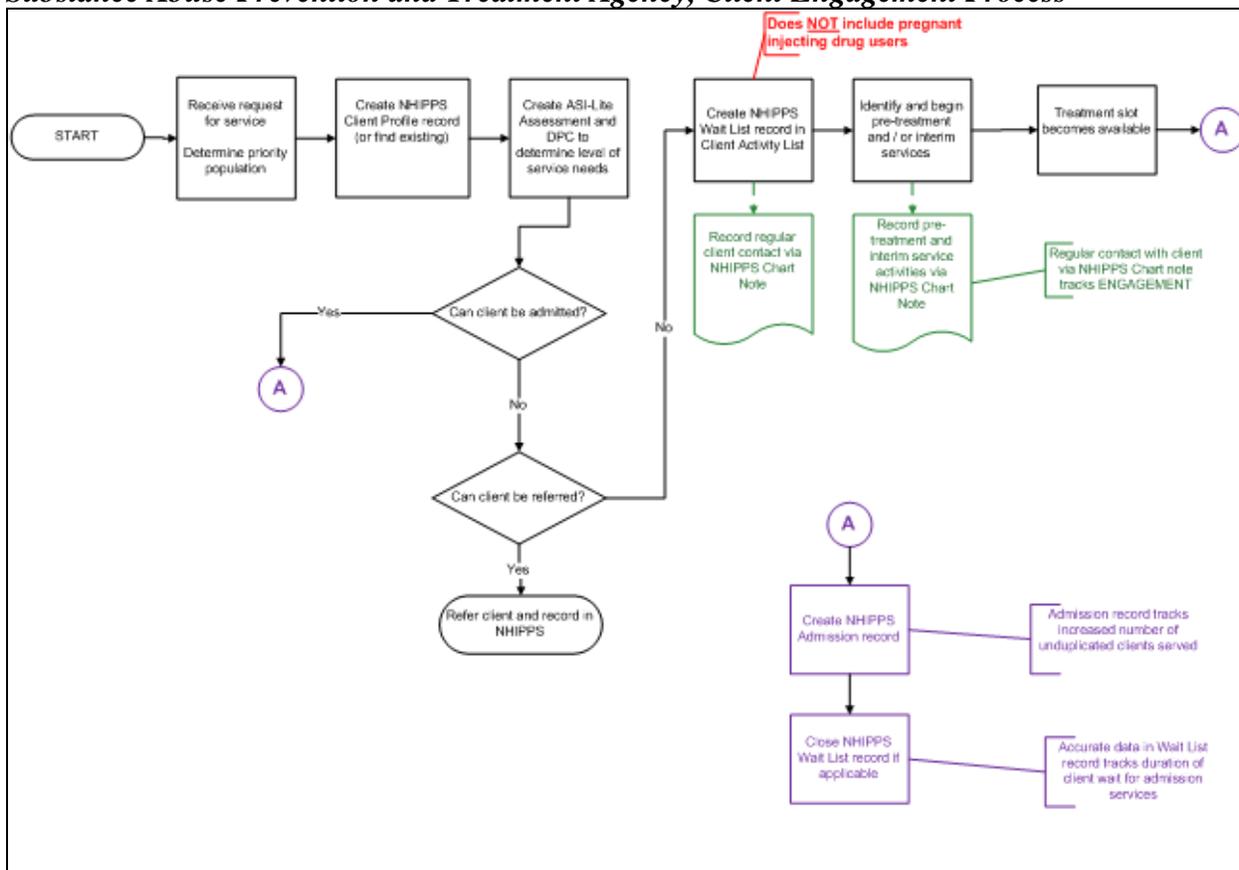


Wait List Management – Policies and Procedures

Receiving Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funding and monies appropriated by the Nevada Legislature is dependent upon maintaining and reporting accurate wait list information. The implementation of the Nevada Health Information Provider Performance System (NHIPPS) requires that all SAPTA funded treatment providers use it as the reporting mechanism for submitting 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. There are a number of rules in using the NHIPPS system that are critical elements of high-quality reporting.

- A person is placed on the wait list only **after** an assessment is done to determine what service level is appropriate.
- A person can't be placed on the wait list if he/she has been admitted to treatment, even if the service level is lower than the recommended treatment from the assessment.
- A person sitting in jail, unable to be admitted, is not eligible to be placed on the wait list.

Appendix F5

- A person sitting in jail, while waiting for a bed before he/she can be admitted, is eligible to be on the wait list.
- A person can receive pre-treatment while on the wait list, but all pre-treatment activities must be charted in NHIPPS.

Individuals should not be on the wait list for more than 45 days. Each individual on the wait list should have more than one contact note a week indicating the interest and/or status of the interest of being admitted to treatment. In no circumstances should a Pregnant and/or IVU client be placed on the wait list for more than 45 days. 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 available to enter treatment, the client must receive immediate admission to treatment services. These individuals should not be placed on the wait list. If admission is not possible the program needs to contact SAPTA for placement assistance.
- 2) Pregnant Drug Users – once substance abuse treatment need is determined and the individual is available to enter treatment, the client must receive interim services within 48 hours and priority admission for treatment as soon as room becomes available, not to exceed 120 days. These individuals remain on wait list until admitted, decline 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 available to enter treatment, he/she must receive interim services within 14 days and priority admission for treatment as soon as room becomes available, not to exceed 120 days. These individuals remain on the wait list until admitted, treatment is declined, or client cannot be reached.
- 4) All Other Drug Users - once substance abuse treatment need is determined and the individual is available to enter treatment, they will remain on wait list until admitted, decline 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, along with chart notes.

Appendix F5

- 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.

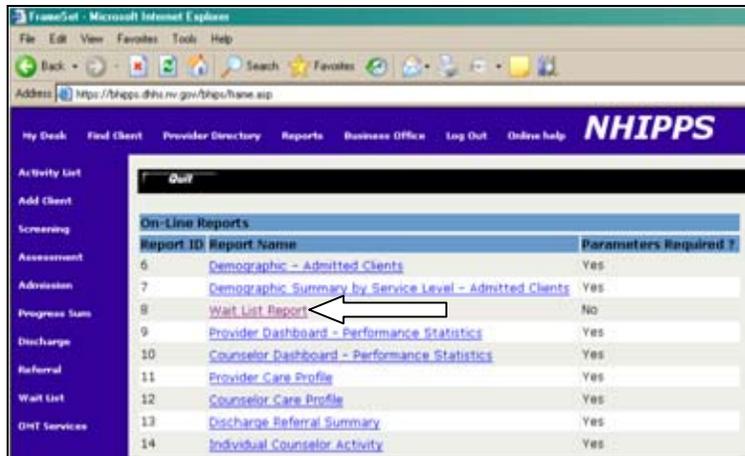
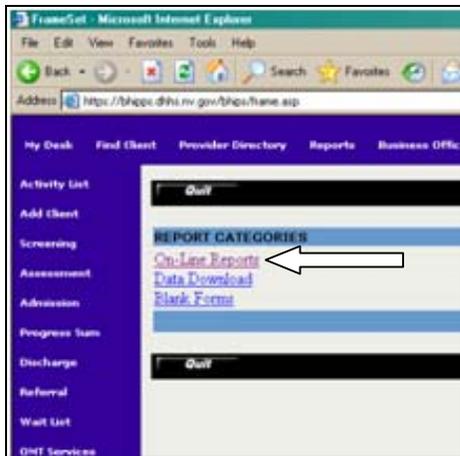
Furthermore, Program Directors, Clinical Directors, or an assigned designee should ensure procedures are in place and appropriate staff assignments have been made so wait list and capacity reporting are reviewed as necessary to ensure compliance with all related requirements. At a minimum a program's 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	joe_maria - SouthCare, Inc. - Washoe - Female - Adult		All other substance abusers	12/5/2007	464
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_Shewina 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.