

## Chapter 12 Waiting List

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### Revision History

#### Version 10.2

- ◆ Updated document footer.

#### Version 10.3

- ◆ Added Table of Contents
- ◆ Added Enabling Authority to this chapter
- ◆ Moved Revision History to the beginning of the chapter
- ◆ Updated document footers

## I. Substance Abuse Waiting List Information

The waiting list is a formal process to count the number of individuals who, after being screened, are awaiting admission into the appropriate recommended substance abuse treatment service. All state-funded Department of Children and Families (DCF) contracted providers should have written procedures to maintain a substance abuse waiting list for their agency. Further, providers are required to submit waiting list data electronically into the Substance Abuse and Mental Health Information System (SAMHIS).

Waiting list information is needed to meet Federal Block Grant requirements according to the *Substance Abuse Prevention and Treatment Block Grant* (45 CFR Part 96) and by the *Public Health Service Act*. Historically, the waiting list data has been invaluable in demonstrating the need for additional treatment services in Florida. Waiting list information can also help identify high priority and needy clients and facilitate placement into the appropriate treatment services. State legislators and other decision-makers consider this information vital in making allocation determinations regarding limited resources.

A primary goal of treatment is to place individuals into the appropriate recommended treatment service as soon as possible. This is especially important for pregnant women and intravenous (IV) drug users who seek treatment. According to Section 1923 of the Public Health Service Act (45 CFR 96.126), IV drug users are to be placed into treatment within 14 days of their request for treatment. Pregnant women are to be placed in treatment within forty-eight hours of their request for treatment. If the appropriate recommended treatment service or level of care as identified on the Florida Supplement to the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance Related Disorders, Second Edition (ASAM PPC-2R) is not available, then the individual must be placed into interim services according to Federal Regulations. The client should be placed in the appropriate recommended treatment service when the service is available. When an individual is receiving interim services while awaiting admission into the recommended treatment service, that individual is reported on the waiting list as waiting for the recommended treatment service.

Additionally, each circuit/region should have a method of tracking the substance abuse providers that are operating at 90% capacity and are having difficulty providing treatment services to IV drug users within the 14-day period or pregnant women within the 48-hour period. Section 1923 of the Public Health Service Act (45 CFR 96.126 ) also states that the substance abuse providers shall establish a capacity management program to enable the program to report to the State when 90% capacity is reached and they are unable to admit the specified individuals into treatment programs. The attached "Monthly Notification of 90% Operating Capacity Log" form can be used to assist with this procedure.

## II. General Policies and Considerations

- A. The Waitlist is a direct data entry option only. The purpose of the Waitlist is to track clients who need to be placed in a treatment option not available at the time the client is assessed. This applies to mental health and substance abuse clients.
- B. At the current time, the demographic record for the Waiting list is not merged with the SAMH demographic record. For that reason, until the records are merged, persons being entered on the Waiting list will have to have their demographic entered first. I
- C. The following time frames will be used for placing a person on the Waiting list. These are now Program Office policy:

1. If a client has to wait longer than four (4) days for a residential bed for either mental health or substance abuse, they go on the waiting list.
  2. If a client has to wait longer than four (4) days for a bed in Detox, they go on the waiting list.
  3. If a client has to wait longer than 14 days for outpatient services (both mental health and substance abuse), intervention (substance abuse only), or methadone services, they go on the waiting list.
  4. If a client has to wait longer than 14 days for a non-mental health funded service, they go on the waiting list.
  5. A client referred to a state treatment facility goes on the waiting list when the packet is considered complete.
- D. If the client is placed on the Waiting List for a substance abuse service, there should be a supporting ASAM to indicate the service is needed.

### **III. Maintaining the Substance Abuse Waiting List**

- A. Count those individuals who have been screened and are in need of substance abuse treatment from your agency. This must be a face-to-face screening (not a telephone contact).
- B. In order for the individual to remain on the waiting list, a face-to-face meeting, telephone contact or other documented contact must have taken place at least within 30 days of the initial contact and at least every 30 days thereafter. The contacts should be more frequent than every 30 days; however, the individual must be contacted within the 30-day time period.
- C. Individuals in treatment, but waiting for the appropriate level of service, should be counted as waiting for the appropriate level of service. For example, a person receiving one hour of outpatient treatment once a week while waiting to enter a residential program should be counted as waiting for residential treatment.
- D. Each individual counted on the waiting list must have supporting documentation, i.e., the Waiting List Documentation Form maintained in a file separate from the client's clinical record. The information on this form will be used to verify what is reported on the waiting list.
- E. Waiting list information must be updated on a monthly basis. Any individual who has not had a face-to-face, telephone or other documented contact in the last 30 days should be removed from the waiting list.
- F. Incarcerated clients are not counted as waiting for treatment. The exception is when an incarcerated individual's only condition for being released is admission into a substance abuse treatment program. In this case, the incarcerated person will be counted as waiting for treatment.

### **IV. Maintaining the Substance Abuse Monthly 90% Capacity Report**

- A. The provider will complete the attached form and notify the Circuit/Region Substance Abuse and Mental Health (SAMH) Program Office by the 30<sup>th</sup> of each month regarding programs that have reached 90% capacity. The notification may be submitted via Email.
- B. The Circuit/Region SAMH Program Office will maintain monthly 90% capacity information for providers in their circuit/region and will make the information available upon request by the Substance Abuse Program Office.

- C. An example of the report form is located on page 12–8. The log is used at the circuit level.

## V. SAMHIS Menu Options

The provider administrator needs to provide only the following menu options for Waitlist users. This can be done by selecting the options on the Menu screen for the user. The menu options are:

- Add Person
- Edit Person
- Add Wait list service
- Edit Wait list service
- Search Person On List
- View Person History

## VI. Waiting List Data Elements

### 1. Social Security Number (Mandatory)

Enter the client's Social Security Number (SSN). If the client's Social Security Number is unavailable or the client refuses to give his/her number, then use a pseudo-Social Security Number. The construct for the pseudo-social security number is:

Digit 1	Client First initial
Digit 2	Client middle initial (use 'X' if none or unknown)
Digit 3	Client Last initial
Digit 4 - 5	Month of Birth (use leading zeros for months 1- 9)
Digit 6 - 7	Date of Birth (use leading zeros for days 1-31)
Digit 8 - 9	Year of Birth (use leading zeros for where necessary)

If the pseudo ID is already in use by another client, then the Data Entry Operator will alter the two digits of the Birth Day to a number greater than 31. In all other cases, the DOB in the Pseudo-ID must match the DOB in the DOB field. The client's Social Security Number is also required to retrieve and update/change an existing record. If a pseudo SSN is created, it must match the number that the provider agency reports to the SAMH Central Office on client Demographics. As soon as the true SSN is acquired, the agency must correct the SAMH record.

### 2. Last Name (Mandatory)

Enter the client's last name.

### 3. First Name (Mandatory)

Enter the client's first name. Middle Initial (Mandatory)

Enter the client's middle initial. If the client does not have a middle name use the letter X.

### 4. Date of Birth (Mandatory)

Enter the client's birth date in YYYYMMDD format. If the exact date of birth is not known, determine the person's age as closely as possible, then enter the codes for January 1 of the year that would create the approximate age. Thus, if the person's age

is about 50, and it is 2005, enter 01/01/1955 in the SAMH reporting software, and report this date to the SAMHIS as 19550101.

**5. Gender (Mandatory)**

Enter the code to identify the client's gender. Valid values are: Male, Female, and Unknown.

**6. Race (Mandatory)**

Enter the code to identify the client's race.

Hispanic  
Caucasian  
Black  
American Indian or Alaskan Native  
Asian  
Not Provided

**7. Reproductive Status**

Enter the reproductive status of the client. This is especially important for female clients who are seeking substance abuse. The valid selections are:

Pregnant  
Not Pregnant  
Not Applicable

**8. Drug Abuse Status**

Enter is the client is an intravenous drug user. The valid selections are: IV Drug User or NA.

After the demographic information is entered, select either the "Save" or "Save & Add/Edit Wait List Service" button. If you select the "Save" button, you will be able to enter another client for the Waiting List. If you select the "Save & Add/Edit Wait List Service" you will be taken to the Add Waiting List screen.

The data elements for the Waiting List screen follow. As each data element is entered, tab to the next data element.

**9. Program Area**

Select the program which the client is being placed on the list for. The valid selections are:

MH – Mental Health or SA – Substance Abuse.

**10. Service Area**

Select the service the client is waiting for. The selection list will change depending on the Program selection. The valid selections are:

1 – Adults or 2 – Children

**11. Level of Care**

Select the level of care the client is waiting for. The selection list will change depending on the Program selection. The valid selections are:

**Substance Abuse**

- 1 – Residential
- 2 – Outpatient
- 3 – Detox
- 4 – Day/Night
- 5 – Methadone

**Mental Health**

- 1 – Mental Health Treatment Facility (Institution)
- 2 – Crisis Stabilization Unit/Inpatient Psyc Unit
- 3 – Residential Level 1
- 4 – Residential Level 2
- 5 – Residential Level 3
- 6 – Residential Level 4
- 7 – Outpatient Services
- 8 – Non-mental health funded services
- 9 – Other

**12. Placed On List**

This entry will default to the current date. The user does not have to be enter the date.

**13. Reason Placed On List**

Select the reason the person is being place on the Waiting List. The valid selections are:

- 1 – Service needed is not available (not offered)
- 2 – Service needed is at capacity
- 3 - Other

**14. First Contact**

This is the date of the assessment. It should be equal to or prior to the **Placed On List** date.

**15. Review Counselor Last Name**

Enter the last name of the review counselor who determined that the client needs to be placed on the Waiting List.

**16. Review Counselor First Name**

Enter the first name of the review counselor who determined that the client needs to be placed on the Waiting List.

**17. Review Counselor Middle Initial**

Enter the middle initial of the review counselor who determined that the client needs to be placed on the Waiting List.

**18. Evaluation Provider**

Enter the Federal Employer Identification Number for the agency that is placing the client on the Waiting List.

**19. Service Provision Area**

Select the Circuit the client is in.

**20. Reason Removed from List**

Select from the list the reason the client is being removed from the Waiting list.

- 1 – Receiving referred services
- 2 – Moved out of state
- 3 – Moved out of district
- 4 – Declined
- 5 – Died
- 6 – Service no longer appropriate
- 7 – Other

**21. Removed from List Date**

Enter the date the client is removed from the list. The date should be first the date the client received the referred service. Based on the reason, enter what would be the appropriate date.

**22. Discharge Service Provider**

Enter the Federal Employer Identification Number of the agency that is providing the service.

**23. Comments**

This is for any comments that may be needed to clarify why the person is being either placed on the list or being removed from the list. This field can accept up to 50 characters.

**III. Optional Substance Abuse Waiting List Data Collection Form**

For those providers that use paper forms to collect and process service event data, an optional form is provided below.

## SUBSTANCE ABUSE AND MENTAL HEALTH WAITING LIST FORM (For Data Entry Use)

**Client Demographic Information:**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female  Unknown

Race:  Hispanic  Caucasian  Black  American Indian or Alaskan Native  Asian or Pacific Islander  Not Provided

Reproductive Status:  Pregnant  Not Pregnant  Not Applicable Drug Abuse Status:  IV  Not Applicable

**Waiting List Information:**

1. Program Area:  Substance Abuse  Mental Health 2. Service Area:  Adults  Children

3. Level of SA Care:  1 – Residential  2 – Outpatient  3 – Detox  4 – Day/Night  5 – Methadone

Level of MH Care:  1–MH Treatment Facility (Institution)  2–CSU/Inpatient Psyc. Unit  3–Res. Level 1

4–Res. Level 2  5–Res. Level 3  6–Res. Level 4  7–Outpatient  8–Non-MH funded Svcs  9–Other

4. Reason Placed on List:  1 – Service needed not available  2 – Service needed at capacity  3 – Other

5. Date of First Contact: \_\_\_\_\_

6. Counselor Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

7. Evaluation Provider: \_\_\_\_\_ 8. Service Provision Area: \_\_\_\_\_  
( ContractorID) (Circuit)

**Required only when client is removed from the Waiting List:**

Date Removed from List: \_\_\_\_\_ Discharge Service Provider: \_\_\_\_\_

- Reason Removed from List:
- 1 – Received Referred Services
  - 2 – Moved out of State
  - 3 – Moved out of Circuit
  - 4 – Declined
  - 5 – Died
  - 6 – Service no longer Appropriate
  - 7 – Other

Comments:



**Substance Abuse Waiting List Documentation Form**  
(For placement in the client's record)

Provider ID: \_\_\_\_\_ Site ID: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Client SSN: \_\_\_\_\_ Client Name: \_\_\_\_\_ Client Phone: \_\_\_\_\_

Client Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
(Including State and Zip)

Date of Initial Face-to-Face Screening: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Client Age: \_\_\_\_ Client Gender: \_\_\_\_\_ Client Race: \_\_\_\_\_ Recommended Treatment Service: \_\_\_\_\_

Pregnant:  Yes  No Post Partum:  Yes  No Seeking Treatment for IV Drug Use:  Yes  No

Client Referred to Another Agency:  Yes  No Client Accepted Outside Referral:  Yes  No

Client placed into Interim Services while awaiting admission into the recommended treatment service:  Yes  No

**Counselor/Client Follow-Up Contact and Method of Contact**

<u>Date of Contact</u>	<u>Face-to-Face</u>	<u>Phone</u>	<u>Letter</u>	<u>Employee Name</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If placed into treatment, how many days was the client on the waiting list? \_\_\_\_\_

If client was removed from the waiting list and not placed into treatment, please state the reason for the removal and provide the number of days on the waiting list before removal.

Reason for Removal: \_\_\_\_\_ Days on Waitlist: \_\_\_\_\_

Name of Employee completing this form: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: The information on this form is to remain at the agency and will be used for verification purposes during contract monitoring.**

