

SECTION 5038 WAITING LIST MANAGEMENT AND CRITERIA FOR ADMISSION TO SERVICES

SUMMARY STATEMENT	The access system adheres to the following guidelines for managing the non-Medicaid, HCBS Waiting List(s). These policies and guidelines do not apply to EDWP referrals, intake, screening and/or eligibility. ADRC Counselors must be knowledgeable of all requirements.
REQUIREMENTS	<p data-bbox="370 732 451 760">Triage</p> <p data-bbox="532 760 1377 924">(a) In an effort to prevent unnecessary assessments, individuals will not be assessed for services unless they meet the criteria for assessment, as indicated by the Triage Assessment (Forms 5070). In cases where there is no waiting list for a service, the triage may be omitted.</p> <p data-bbox="532 963 1377 1062">(b)) Individuals who are requesting Caregiver Services are not subject to Triage and are only required to be screened using the Bakas Caregiver Outcomes (BCOS) assessment in DDS.</p> <p data-bbox="583 1100 1260 1127">Instructions for using the Triage score are as follows:</p> <ol data-bbox="583 1167 1377 1675" style="list-style-type: none"> 1. Individuals who do not meet basic eligibility criteria (e.g. 60+ with a demonstrated need for services) do not require Triage assessment. They should be treated as simple I&R calls. 2. Level One (Score of 7.0 +) (High Priority) – These individuals should be fully assessed at the ADRC Counselor level using the DON-R and placed on Tier 1 Waiting List(s) as applicable For individuals requesting nutrition services, FSS and NSI assessments should also be completed. 3. Level Two (Score of 0 – 6.99) (Not High Priority) – These individuals do not require full assessment but should be placed on a Tier 2 Waiting List for requested services and offered Community Options Counseling to develop an action plan to immediately address stated needs. <p data-bbox="203 1640 358 1703">Waiting List Placement</p> <p data-bbox="532 1715 1338 1778">(c) The Tier 1 Waiting List is for individuals who will most likely receive services within 12 months of being placed on the</p>

list. Individuals will be rescreened every six months. For individuals receiving other non-Medicaid services, the provider's most recent assessment may be used in lieu of a rescreen, if it has been completed within the last six months. Private pay resources and assistive technology must be discussed and documented as options for meeting the needs while the client remains on the waiting list(s).

- (d) The Tier 2 Waiting List is for individuals who are requesting services and are not anticipated to receive services within 12 months of being placed on the list. Requirements include:
- (1) Individuals will be contacted annually by mail to request a status update. Suggested wording for this letter can be found in Appendix 5060-A.
 - (2) The Tier 2 list will be used if additional funding is available and for AAA advocacy purposes.
 - (3) Individuals on the Tier 2 waiting list are prioritized by the Triage Score
 - (4) Assistive technology and private pay services must be discussed and documented as options to meet stated needs while the client remains on the waiting list(s). (e)
- (e) During the initial triage assessment and each time an individual on a waiting list has a status update, ADRC staff shall discuss the waiting list process and the estimated wait time based on waiting list Tier placement. Below is an example script. Each area may modify this as needed:

“Ms. Doe, we have a lengthy waiting list for homemaker services. We have about [insert estimated number] individuals waiting for services whose needs are greater than yours. This means that most likely you will not receive the service within the next twelve months unless there is a change in your situation (admitted to the hospital, falls, etc.). We have added you to our list showing that you have requested the service. This documents the need for additional funding and services; however, we will not place you on the priority waiting list. We have a record of your request and will contact you if additional funding becomes available. Please call us if your condition changes. You will receive a letter from us reminding you of this.”

- Frequency and Coordination of Rescreening
- (f) Documentation of this discussion about waiting list process and estimated wait time will be entered in DAS Data System at the time of the telephone call. The AAA will use the HCBS Notification Form (English/Spanish) to provide a record to the individual regarding the outcome of the assessment for services.
 - (g) Individuals on either waiting list will also be reassessed when there is notification of a significant change in status that may impact need for service, including but not limited to: hospitalization or emergency room visit(s), change in diagnosis, change in support system, fall, self-care etc.
 - (h) Each AAA will integrate rescreening activities for persons on the Tier 1 Waiting List with the reassessment activities for persons who are also receiving other HCBS services.
 - (1) The face to face reassessment shall receive priority and may count as the rescreening if the reassessment date is within the corresponding time frame for frequency of rescreening. For example, if the period for rescreening is 6 months, but a face-to-face assessment of that client has occurred within those 6 months, the assessment will take the place of the telephonic rescreening.
 - (2) The AAA may identify a hierarchy of service delivery providers to maximize coordination for clients who are on the waiting list and who receive HCBS services from multiple providers (see CH 114.8, "Guidelines for Client Assessment").
- Admission to Services
- (i) When funding becomes available to add persons to service from the Tier 1 Waiting List, AAA staff shall contact priority client(s) on the list to determine interest in service.
 - (j) Staff will inform interested clients they are being referred for assessment and that the outcome of the face to face assessment will determine whether services are offered and the potential amount of service.
 - (k) Variations in DON-R scores between screenings and face to face assessments that exceed 10 or more points will be sent to the ADRC program manager of that region. ADRC program managers will coordinate with persons responsible for reviewing the client's record and for adjusting service plans. Adjustments will be made to waiting list if warranted.

<p>Referrals to Case Management</p>	<p>(l) The AAA, through established referral protocols, may refer clients identified through ADRC to case management services. Each AAA may determine who in the ADRC is responsible for making a referral based on recommendation of ADRC Counselor. Reasons for appropriate case management referrals include, but are not limited to:</p> <ul style="list-style-type: none"> (1) Screening cannot be completed by telephone (sensory impairments, cognitive impairments, etc.). (2) Needs identified are beyond the capacity of ADRC Counselors to assess or address by telephone. (3) Clients who are in crisis and need a face-to-face assessment. <p>(m) Case management should not be used to replace effective ADRC Counseling or Community Options Counseling activities (which including developing an Action Plan to address unmet needs for Tier 2 waiting list clients).</p>
<p>Removal from the Waiting List</p>	<p>(n) Tier 1- At the time of rescreening, if the individual does not respond to a message left via the telephone and a letter mailed to the address on record, the client will be removed from the waiting list. The letter sent as a reminder for rescreening will clearly state that failure to contact the AAA within 14 calendar days of the date of the letter will result in being removed from the list. Each AAA will have a written process for identifying these individuals and removing names from waiting list.</p> <p>(o) Tier 2- Individuals will be contacted by mail one time annually. If they do not respond within 14 days, they will be removed from Tier 2 list. If the letter is returned to AAA as undeliverable, the AAA will contact the individual by telephone. If the individual is unavailable, the AAA will leave a message. If this is not possible, the AAA will attempt to contact again at another time of day. No more than 2 attempted contacts are required. If the telephone number is disconnected, the AAA will remove the individual from the Tier 2 list. Suggested wording for the letter is in Appendix 5060-A.</p>

When a Client
Moves to Another
Region

If a client who is active on the waiting list in one of Georgia's PSAs moves to another PSA, the AAA which placed the client on the waiting list should coordinate the transfer of the client to the waiting list of the new PSA as needed. Once notified of the relocation, the original PSA ADRC staff will contact the client to determine if services will be needed in the new area. If so, the original PSA will add the new client address, then create an Alert Note in DDS using Note Type "Referral" and setting the ADRC program manager in the receiving region as a Note Recipient. If services are no longer needed, client should be removed from WL, but the new address should be added to the DDS record.

The Alert Note should notify the receiving ADRC Program Manager that the client has moved into their PSA with an open service request. The receiving PSA should follow-up with the transferred client within 30 days to update assessments and waiting list status based upon the new living arrangements and services provided in the new PSA. A new client notification form should be sent to inform the client of the new waiting list status and expected wait time.