

Wait List Definitions, Methodology, and Reporting **2/3/2014**

ADAP has been tasked by the legislature with having the ability to determine an unduplicated number of people waiting for services. In order to do so, current wait list definitions and processes must be updated. For background information about the requirements to maintain waiting lists, please refer to the “Priority Population and Wait List Guidelines” available on our website. <http://healthvermont.gov/adap/grantees/Grantees.aspx>

Substance Abuse Treatment Best Practice

Currently, within the substance abuse treatment systems, unlike other specialty medical services, clients call specialty treatment facilities directly, request services, and then are placed on the waiting list. This would be similar to calling a surgeon for shoulder surgery without having gone through a diagnosis and evaluation process. In other words, patients are currently added to the waiting list for intensive substance abuse specialty services, specifically MAT and residential treatment services, before it is determined that that level of service is medically necessary. Best practice for substance abuse treatment is for clients to be assessed as appropriate for residential and/or MAT treatment prior to being placed on the wait list for these services.

Because the current wait list system does not require that a client be fully assessed for the appropriate level of care prior to being added to the wait list, the current wait list is not an accurate tool for assessing the number of people waiting for specialty care. In some cases, clients receive a brief screening which is a simple series of questions, but that is different from a full psychosocial assessment.

Assessment services are best accessed through the preferred provider outpatient treatment system. Ideally, because so many of those in need of substance abuse treatment are hesitant to seek treatment, it is optimal to have treatment available on demand so as to take advantage of every opportunity to make treatment accessible.

Not all clients are appropriate to include in the wait list report. These categories of client should not be included on wait list reports provided to ADAP:

- Individuals who are incarcerated
- Individuals receiving care elsewhere – providers may keep a separate pending transfer list
- Individuals who have been screened and deemed inappropriate for the level of care provided at this location, even if this individual may return to this location after completion of the appropriate level of care.



(Clients that should not be included on the wait list report continued)

- Individuals who have received an assessment and are scheduled to begin treatment within 10 days of the assessment.
- Any individual who is not reachable within a 30 day period. This includes unknown change of address, no phone number, no forwarding information, disconnected phone, individuals who do not return calls.

Definitions

Client: a person who is seeing treatment at a specialty substance abuse treatment facility

Requests for Service: number of unique individuals for whom services have been requested by or on behalf a client. Clients have not been fully assessed or screened as appropriate for the care requested.

Total Clients Assessed or Fully Screened in the Month: Total number of unique individuals assessed or fully screened for MAT during the month. This includes both clients that have been waiting and clients who received services immediately. Halfway clients do not require assessment or full screenings.

Total Clients Admitted in the Month: Total number of unique individuals admitted for treatment services during the month which includes both clients that have been waiting for services and clients who received services immediately.

Waiting for Assessment/# Waiting for Full MAT Screening: Number of unique individuals waiting to be assessed (OP/IOP) or waiting for a full screening (MAT/Res). This is not applicable for halfway level of care.

Average Wait Time for Assessment/Wait Time for MAT Screening: The average number of days Client Waiting for Assessment/Waiting for Full MAT/Res Screening wait for services. For halfway level of care this is not applicable.

Calculation: Calculate Based on Data for New Clients Receiving Assessment/Full Screen in the Month = Total # Days Waiting for Clients Assessed or Full MAT/Res Screen in the Month/Total # Clients Assessed or Fully Screened in the Month

Waiting for Treatment: Number of unique individuals waiting for treatment services after assessment/full MAT/Res screening or referral from other level of care. For halfway level of care it's the number waiting for admission.

Average Wait Time for Treatment: The average number of days Between Assessment/full MAT/Res screen or Referral from other level of care and the treatment service. For halfway level of care it's the average days waiting between request for service and admission.

Calculation: Calculate Based on Data for Clients Receiving their first treatment service in the Month = Total Days Waiting for first treatment service/Total Clients Admitted in the Month

Wait Listed Client: A client who has received an assessment (at any substance abuse treatment facility in the previous 6 months) and for whom an appropriate level of care has been determined but that level of care is not available upon request for treatment/completion of the assessment. For halfway services it is a client waiting for admission. The client is then considered to a wait listed client.



This excludes:

1. Clients with a scheduled and confirmed treatment appointment, even if the appointment is in the future.
2. Clients who are waiting for care due to the client's availability. If a client is waiting for services because the client has conflicts which preclude attending treatment when it is available, including incarceration, this client is not waiting for services.

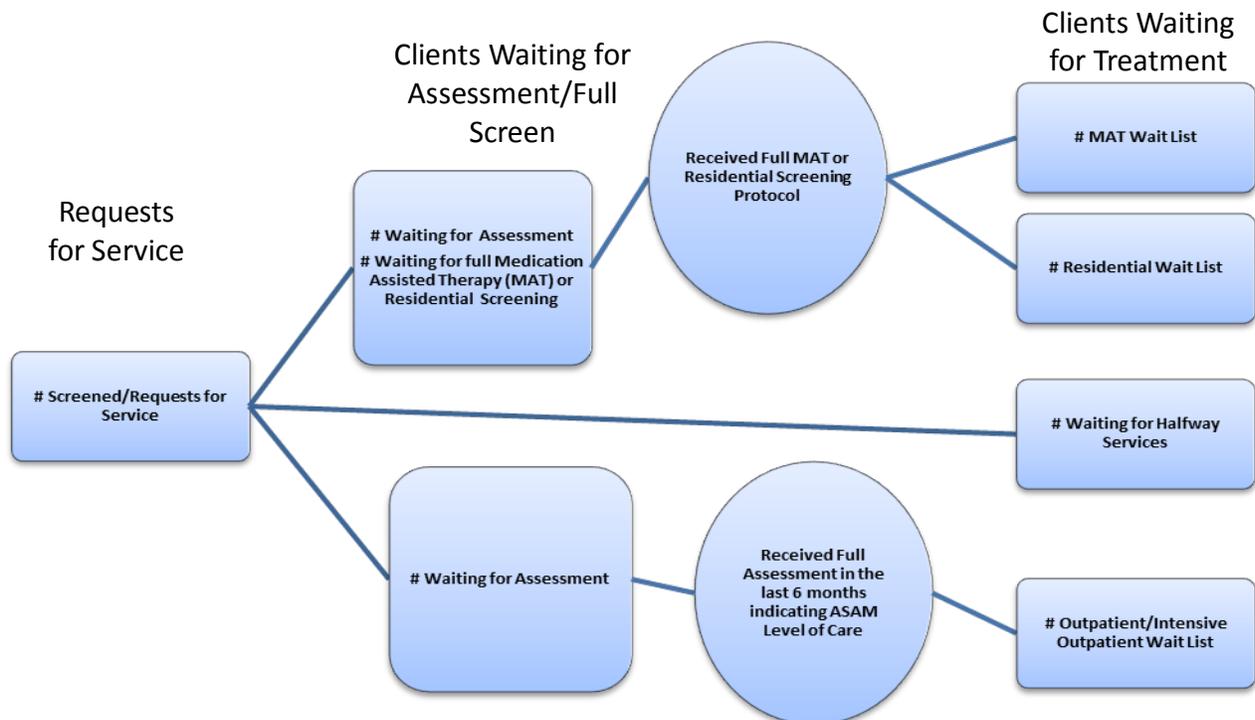
First Offered Appointment: The date of the first available assessment (screening for MAT/Res) appointment offered to the client. This represents the soonest any services are available to a client requesting services. It is an optional reporting data element.

Average Time between Request for Service and First Offered Appointment: The average number of days between the date service was requested and the earliest date Assessment/full MAT/Res screen was offered to the client. This is an optional reporting data element.

Calculation: Calculate Based on Data for New Clients Requesting Services in the Month =
 Total # Days Between the Date Client first requested Service and the Earliest Date Client Was Offered Services for Assessed or Full MAT/Res Screen in the Month/Total # Clients Requesting Services in the Month

Methodology

Wait List Process Flow Diagram



1. When a client, or representative on behalf of a client, calls and requests services, the client may be placed on the “Request for Services” list. Clients may receive a brief screening at point of contact.

Provider must maintain the following information about clients on “Requests for Services” list in order to track, contact, prioritize, and summarize clients but this may be done in any format that works for the provider.

- Contact Date
 - Client Name
 - Client Contact information (phone, address, etc)
 - Pregnant Woman (yes or no)
 - Needle User (yes or no)
 - Interim Services being provided (yes or no)
 - First offered appointment (optional)
2. Clients may then be considered to be waiting for an assessment (OP/IOP) or waiting for a full screening (MAT/Residential).

Assessment Requirements

Please note that specific Assessment Requirements, including the tools to be used, are included in the “ADAP Guidance Document” which accompanies the Treatment Standards. A client transferring from another level of care is considered “assessed” provided the assessment has occurred within 6 months and the receiving provider has a copy of the assessment from the referring provider. The provider completing the assessment must provide the full psychosocial assessment to the facility to which it referred the client for treatment within 5 business days of the completion of the assessment.

Full Screening Protocol for MAT/Residential

Please note that the MAT full screening requirements, including the tools to be used, are included in the “ADAP Guidance Document” which accompanies the Treatment Standards. Residential treatment providers must have an ADAP-approved screening protocol in place.

3. After clients have requested services (halfway), been assessed (outpatient/intensive outpatient), or fully screened (Medication Assisted Therapy/Residential) they are considered to be waiting for treatment. Name and other demographic information must be reported to ADAP for those clients waiting for service.
4. Providers must make contact with clients on the waiting list monthly. If a client has not been reachable within 30 days, the client must be removed from the list.



Reporting Requirements

Providers must submit waiting list information by the last day of the month following the reporting month – for example July data is due August 31. Wait list templates are available on the ADAP website. Refer to the definitions in this document to fill out the Summary of Wait Times form. Wait list forms are available on the ADAP website. <http://healthvermont.gov/adap/grantees/Grantees.aspx>

There are two separate types of wait list information to be submitted

- **“Summary of Wait Times and Service Requests”** form – this summarizes the requests for service, the average wait time for people requesting service, as well as questions about program capacity around total capacity, and ability to serve pregnant women and injection drug users on a timely basis. The capacity questions are based on the Substance Abuse Treatment and Prevention Block Grant requirements around priority populations.
 - The capacity questions are as follows; all require only a yes/no answer:
 - Was this location at 90% total client capacity or higher as of the last day of the reporting month?
 - At any point during the month were you unable to serve a pregnant woman due to program capacity constraints?
 - At any point during the month were you unable to serve an injection drug user due to program capacity constraints?
- **“Clients on the Active Wait List”** form – this is a list of individual clients who have been assessed/fully screened for MAT and are waiting to begin treatment. This information must be provided in order to fulfill a legislative requirement to allow ADAP to provide an unduplicated list of people waiting for services across the state.

This must be provided in electronic spreadsheet format and placed on the ADAP FTP site by the last day of the following month.

- Provider Name
- Provider Location
- Reporting Month
- Date Client Added to Wait List
- Date of First Offered Appointment (optional)
- Assessment/Full MAT Screening Date
- Recommended level of care (OP/IOP/Residential/HW/MAT)
- First three letters of first name
- Date of birth
- Last 4 digits of the social security number
- Gender (Male/Female)
- Pregnant woman (Yes/No)
- Needle user (Yes/No)
- Interim Services being provided (Yes/No)

