
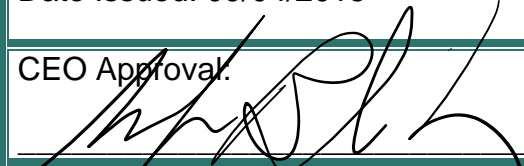


Policy Title: Access to Care, Waiting List, and Capacity Management		
Department: Data		
Date Issued: 09/04/2015	Revised Date: 12/27/2017 Review Date: 03/15/2024	
CEO Approval: 	Effective Date: 9/22/2024	

POLICY:

It is the policy of Central Florida Cares Health System, Inc. (CFCHS) to develop and manage an integrated network that supports the placement of individuals into the appropriate recommended level of treatment services as soon as possible. The waiting list, which is a requirement of the Federal government and the State legislature, is a formal process developed to count the number of individuals who, after assessment, are awaiting admittance into the appropriate service. The bed count module is a capacity management system developed to make available capacity information as required by the State.

RELATED POLICIES: Accounting Policies and Procedures Manual

REFERENCES:

- Florida Department of Children and Families (Department) Pamphlet 155-2 – Chapter 12 Waiting List
- Florida Department of Children and Families (Department) Pamphlet 155-2 – Chapter 16 (CSSU)
- Florida Department of Children and Families Substance Abuse and Mental Health Services: SAMH Block Grant Waiting List
- Florida Statute 394.9082
- Chapter 2015-102, House Bill No. 79
- Florida Administrative Rule 65E-12.111

PURPOSE:

The purpose of this policy is to establish guidelines that provide individuals access to care while establishing a count of persons in service and individuals awaiting admittance into both mental health and substance use services. The data management system that encompasses the aforementioned processes enables CFCHS' employees to oversee that individuals and families access the appropriate services in a timely manner.

PROCEDURES:

1. CFCHS' Subcontractors will adhere to the following Wait List functions:
 - a. Submit wait list data electronically at least monthly to the wait list data management system. Persons served who are considered as priority population must be placed immediately on the wait list. Additional reports may be requested.

- b. When there were no individuals waiting for services, complete the Wait List Attestation in the waiting list data management system between the 1st and the 5th of every month attesting that no individuals were placed on a waitlist.
 - c. Individuals must be placed on the wait list if they have to wait longer than four (4) days for a residential bed for either mental health or substance use.
 - d. Individuals must be placed on the wait list if they have to wait longer than four (4) days for a bed in Detox.
 - e. Individuals who have to wait longer than 14 days for outpatient services (both mental health and substance use), intervention (substance use only), or methadone services, must be placed on the waiting list.
 - i. If an individual is placed on the waiting list for a substance use service, there should be a supporting ASAM to indicate the service is needed.
 - f. Individuals who have to wait longer than 14 days for a non-mental health funded service must be placed on the waiting list.
 - g. Individuals referred to a state treatment facility must be placed on the waiting list when the packet is considered complete.
2. The Subcontractor will adhere to the following Capacity Management function:
- a. Mental Health Crisis Stabilization Unit programs will submit data, in real time or at least daily (data collected on weekends and holidays may be submitted into the bed count module the following business working day), to the managing entity for:
 - i. All admissions and discharges of individuals receiving public receiving facility services who qualify as indigent, as defined in Florida Statutes (F.S.). 394.4787; and
 - ii. Current active census of total licensed beds, the number of beds, purchased by the Department, the number of individuals qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds regardless of funding.
 - b. Substance use programs will submit data weekly, on Mondays, for the previous seven (7) days. (Monday through Sunday). If a holiday falls on a Monday and the Subcontractor is closed, the Subcontractor may submit the substance use census the next business working day.
3. The designated System of Care Specialist will perform the following activities related to capacity management, access to care, and the waiting list:
- a. Review both mental health and substance use data submitted to the bed count module for accuracy in relation to the service data submitted monthly for payment.
 - b. Monitor and report all services entered into the waiting list for accuracy and compliance.
 - c. Provide technical assistance to Subcontractors as it relates to wait list and capacity management, as well as improvements accessing appropriate services.
 - d. Review persons served with high utilization based on established thresholds and develop recommendations for improvements as it relates to access to care through care coordination.
 - e. Communicate trends and opportunity for improvement to pertinent CFCHS' departments and Subcontractors as needed.
 - f. Work with Subcontractors to ensure that priority populations as defined in the federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) regulations are admitted to services within mandated time frames or are provided

interim services as defined in 45 CFR Part 96.

- g. Collect and provide data and program information to the Department for the completion of Block Grant application, plans, and reports.
4. The process for Subcontractors maintaining the Waiting List include:
 - a. Ensuring individuals who have been screened and are in need of substance use treatment are on the wait list. This must be a face-to-face screening (not a telephone contact).
 - b. Individuals to remain on the waiting list must have 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 individuals 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, an individual 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 individual'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 face-to-face, telephone, or other documented contact in the last 30 days should be removed from the waiting list.
 - f. Incarcerated individuals 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 use treatment program. In this case, the incarcerated individual will be counted as waiting for treatment.
5. Managing High Priority Individuals (pregnant injecting drug users, pregnant substance users, injecting drug users)
 - a. The designated System of Care Specialist will monitor the waiting list to assure high priority individuals receive the recommended services in the allotted timeframe outlined in the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) block grant.
 - i. As required by 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.
 - ii. Pregnant women are to be placed in treatment within 48 hours of their request for treatment.
 - b. On a quarterly basis, the designated System of Care Specialist will provide a report that will summarize the total number of high priority individuals and the number of days they were awaiting to receive services to the Department in compliance with the SUBG block grant requirements.