

*A.1.2.c Waiting List – Entry to Services*

**Responsible Office:** Regional Community Services

**Reference:** 1915c Home and Community Based Intellectual Disabilities Waivers; Administrative Code 580-5-30-.13; OG A.1.2.a Criteria for Determining Eligibility and Placement on the Waiting List; OG A.1.2.d Wait List Selection Process; OG A.1.3 Inventory for Client and Agency Planning for Community Services

**Effective:** Historical Practice

**Revised:** August 7, 2023

**Purpose/Intent:** Entry to Waiver services requires communication between Regional Community Services and Support Coordinators and between Support Coordinators, applicants, and potential providers, as well as verification of eligibility.

**HCBS Waivers:** ID, LAH

**Definitions:** Division of Developmental Disabilities (DDD); RCS (Regional Community Services); Interchange (Medicaid Management Information System (MMIS)); ICAP (Inventory for Client and Agency Planning); Request for Proposal (RFP); ID (Intellectual Disabilities); LAH (Living at Home); Waiting List (WL); Regional Office Community Service Director (RO CSD); Information Management System (IMS); Person-Centered Plan (PCP)

**Procedures:**

1. DDD Central Office notifies RCS of the applicants on the Waiting List identified for entry to Waiver services.
2. The WL Coordinator:
  - a. Identifies those applicants specific to their Region approved for Waiver services.
  - b. Sets the Waiting List status of each approved applicant to “Pending” in the web-based application.
  - c. Verifies the Medicaid eligibility for Waiver placement of each approved applicant via the Medicaid Management Information System (MMIS) Interchange.
  - d. Reviews the Waiver eligibility information submitted at the time of application from the responsible Support Coordination Agency(s) via the web-based application (See OG A.1.2.a Criteria for Determining Eligibility and Placement on the Waiting List), to verify current eligibility. An updated ICAP is not required for initial enrollment on the Waiver. After initial enrollment onto the Waiver, standard ICAP requirements apply (see OG A.1.3 Inventory for Client and Agency Planning for Community Services) and will be maintained by the Support Coordination Agency.
    - i. The Support Coordination agency responds to the request within five (5) business days with an explanation and timeline of actions to be taken and targeted date of completion via the web-based application, for the WL Coordinator.
    - ii. The WL Coordinator reviews the record within three (3) business days of the response from the Support Coordination agency and at minimum every 10 business days until resolution.
    - iii. The Support Coordination agency will note any issues that arise preventing the submission of the documentation. After 60 days, the application will be considered incomplete and the WL Coordinator will send the applicant a Notice of Incomplete Application. A copy of this notification will be recorded in the DDD IMS.

- iv. In the event the needed additional information is not acknowledged and /or provided by the Support Coordination agency within 60 days of the initial request, the WL Coordinator will notify the Regional Office Community Services Director (RO CSD).
    - v. The RO CSD will request a plan of action from the Support Coordination Agency Director. The Director of Support Coordination Services and the Director of DD Community Programs will be copied on the request.
  - e. If all eligibility information is available, the WL Coordinator will notify the responsible Support Coordination agency(s), via the web-based application, of each applicant approved for Waiver services, provide the verified Medicaid eligibility information for each, and direct them to initiate services to the identified person(s).
  - f. Adds to the Placement Committee agenda each applicant approved for the Waiver and:
    - i. Reviews documentation in the web-based application and communicates with the Support Coordinator at least biweekly to track and report progress toward entry to Waiver services.
    - ii. Collaborates with the Support Coordinator to troubleshoot and resolve any barriers to entry to Waiver services (e.g., inaccurate contact information, non-response to RFP(s)).
    - iii. In the event of non-response to RFP's, forward to other applicable Regional Offices (CSD or designee) the RFP(s) prepared by the Support Coordinator for each applicant identified for entry to Waiver services, allowing seven (7) business days for providers to respond.
- 3. The Support Coordinator:
  - a. Contacts the approved applicant or the caregiver, identifies needed Waiver services, and prepares the RFP, as noted in f- iii, above.
    - i. In the event the Support Coordinator exhausts all available contact options and is unable to contact the approved applicant or the caregiver(s) within 10 working days of the first attempt at contact, the Support Coordinator will send a certified letter requesting immediate response to the most recent residential address on record.
    - ii. If there is no response to the certified letter within ten (10) working days from the date sent, the applicant's **Waiting List Record** will be denoted as "*Services Not Needed/Wanted*" in each service category (e.g., Residential, Day and Supports).
    - iii. Notify the WL Coordinator via the web-based application and the applicant will remain on the Waiting List with the individual record closed to Support Coordination in the web-based application.
    - iv. The WL Coordinator will follow the instructions provided in the Assistant Commissioner's Internal Executive Order dated June 8,2022.
  - b. For each applicant, circulate the RFP for each service identified in the PCP to all providers within the applicant's catchment area, allowing providers seven (7) days to respond.
  - c. Uploads the RFP(s) in the web-based application and include the date of submission to providers.
  - d. Provides weekly updates to the WL Coordinator on response(s) or non-response to the RFP(s)

If the applicant or caregiver does not choose among responding providers within 90 days of this initial contact, the applicant's Waiting List Record will be denoted as "Services Not Needed/Wanted" in each service category (e.g., Residential, Day and Supports). RCS will notify the applicant of this action by letter.