

PUOP# Client001 Revision: 9/14/07
Effective Date: 12/17/2004

Prepared By: KP
Approved By: GS

Title: Aging Resource Center (ARC) Waitlist Management and Referral Procedures

Policy: To outline the methods to ensure services to frail elders are initiated promptly and in accordance with NOI # 011404-1-PC-PE, the DOEA Policy Clarification-NOI #102403-1-I-PE and NOI #060407-1-I-SWCBS.

Scope: This procedure ensures CARES Unit and Community Referral designated frail elders are initiated promptly to consumers with greatest need for services.

Responsibilities: The Intake Specialist(s) and ARC Enrollment Manager will be responsible for ensuring services to frail elders contacting the ARC are assessed, prioritized and receive services in a timely manner.

Procedure:

❖ **Waitlist Management** (established by WCFAAA)

1. Anyone screened or assessed and requesting services which are not available must be put on a waiting list.
2. The Intake and Screening Specialist is responsible to contacting the Cares Unit within 3 days of receipt of any Imminent Risk referrals. The Cares Unit will need to be notified if funding is unavailable and the consumer will be placed on the waitlist. Funding allowed, Imminent Risk referrals must be seen within 3 business days.
3. The Intake and Screening Specialist is responsible for updating CIRTS within 5 days to acknowledge referrals made by the CARES Unit. The "Date Received" field in the CARES Referral Information screen is to be updated along with the imminent risk designation (N=not imminent risk; Y=imminent risk).
4. The waiting list must be reviewed at least every 6 months for consumers with priority rank 3, 4, or 5 and at least annually for consumers with priority rank 1 or 2 by the Intake and Screening Specialist, with the exception of Imminent Risk referrals (as detailed below).
5. If unable to locate by telephone, those clients/caregivers/representatives are sent a "10-Day Letter" notifying them of the ARC's attempt to update client waitlist information. The letter is sent to the last known address and states that their application will be terminated in 10 days if a response is not received.
6. Imminent Risk referrals placed on the APCL must be reviewed every month by a certified case manager to determine if there has been a change in the situation, as required by the DOEA Policy Clarification-NOI 102403-1-I-PE. This process is to be repeated until the client is either released for pick up or has been terminated from the waiting list.
7. Imminent Risk client's whose condition has improved or there has been a change in the support system making the client no longer imminent risk, will have their assessment update made to indicate the client is no longer at Imminent Risk.
8. Funding allowed, the ARC Enrollment Manager will release a specified amount of either ADI/HCE/ALW/CCE/MW program waitlist applicants to be assessed for pick up by a case manager;
9. The ARC Enrollment Manager will then run a report by specific program and priority score of these waitlist clients, using CARES/Lead Agency Imminent Risk referrals first, as they take priority and are to be released first.

10. The ARC Enrollment Manager will then determine which clients will be released and follows this procedure:
 - ❖ Imminent Risks, Aging Out then Community Referrals by Priority Score in descending order are referred to case management for assessment.
 11. The ARC Enrollment Manager will forward authorized consumers to the lead agency for enrollment.
 12. The ARC Enrollment Manager will update CIRTIS enrollment from APCL to APPL to indicate consumer has been authorized and released for pickup by the lead agency.
- ❖ **Imminent Risk Referrals authorized to receive Case Management Services**
1. The Case Manager will have **3 business days** from date that the Imminent Risk referral is received from Intake to complete a 701B as required in the DOEA NOI 011404-1-PC-PE.
 2. The Case Manager is to contact the CARES Unit to update CARES worker that the consumer is being assessed.
 3. The care plan and service authorizations are expected to be completed at the time of the assessment (701B).
 4. The case manager is to forward the Care Plan Staffing Request to the ARC Enrollment Manager for approval prior to service implementation within in **five business days** of assessment, unless delay of services would cause harm to the client.
 5. The ARC Enrollment Manager will review Care Plan Staffing Request and respond to the case manager's request within **five business days** of receipt.
 6. Services are to be implemented within **five business days** of the WCFAAA authorization of the care plan.
 7. The Client Information Registration Tracking System (CIRTIS) must reflect the client's active status, including assessment and care plan information within **7 business days** of completion of the assessment.
 8. Imminent Risk consumers shall be routed through the care plan review procedure within **5 business days** of service implementation.
 9. The ARC Enrollment Manager will forward a CARES Imminent Risk Exception report at least monthly to the Lead Agency identifying each Imminent Risk client who was authorized to receive services, but is not yet showing active in CIRTIS. The Lead Agency will be required to provide a status update on each client, including service implementation information, to the A/DA Medicaid Waiver Specialist. The A/DA Medicaid Waiver Specialist will review the responses and follow-up as required.
- ❖ **All Other Referrals**
1. The Case Manager will have **seven business days** from the date that the referral is released from WCFAAA to complete the 701B and care plan staffing request, except for the Assisted Living Medicaid Waiver Program.
 2. The Case Manager will have **ten business days** from the date that the Assisted Living Medicaid Waiver referral has been authorized for funding by WCFAAA to complete the 701B and care plan.
 3. Services must be reviewed and approved by the ARC Enrollment manager prior to implementation. The Case Manager will have **five business days** from the date of the assessment to forward the care plan review staffing request to the ARC Enrollment Manager.
 4. Services are to be implemented within **five business days** of the Care Plan Staffing Review authorization.
 5. The CIRTIS must reflect the client's active status including assessment and care plan information within **seven business days** of a completion of the assessment (701B).

Revision History:

Revision	Date	Description of changes	Requested By
1	9/14/2007	Established ARC Waitlist Procedures	Katie Parkinson, Senior Program Manager