

SECTION

ELIGIBILITY FOR SERVICES

SUBJECT

Waiting List Criteria

ENROLLMENT

All open slots must be equally available to all eligible individuals in the Case Management Team's (CMT) service area. CMTs serving more than one county may not allocate slots per county.

WAITING LIST CRITERIA

When all slots are filled, a waiting list must be established by the CMT to select individuals most in need of services. Individuals placed on the waiting list must be assessed in person within 60 days of the date of the formal referral. Priority is established by considering the criteria on the Waiting List Criteria Tool (DPHHS-AMDD-146). A Waiting List Criteria Tool will be filled out for each individual awaiting HCBS. (Refer to Appendix 899-20). The CMT should assist applicants in securing needed support or other available services until the individual can be admitted to HCBS.

Only individuals who are financially eligible for Medicaid and meet Level of Care should be placed on the waiting list. A couple may have a resource assessment done prior to having a Medicaid waiver slot if the following conditions are met:

1. A level of care determination is done and sent to the case management team and the Office of Public Assistance; or,
2. The couple pays privately for waiver services for at least 30 continuous days; or,
3. They enter a nursing facility for a minimum of 30 days continuous.

Budget constraints may warrant the selection of an individual with lower needs whose care needs can be met with limited funds. In these instances, the CMT must document the specific circumstances on the Waiting List Criteria Tool.

REVIEW OF WAITING LIST

The CMT will determine when review of an individual on the waiting list is necessary; however, waiting list reports must be reviewed, updated and submitted to the Addictive and Mental Disorders Division, Mental Health Services Bureau on a quarterly basis. (Refer to 899-2.) Review consists of verifying the individual's current eligibility and need for service. If the individual's level of care or need for services is questionable, the CMT may involve the Mountain Pacific Quality Health through a phone consultation. If the

SDMI HCBS 406

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MENTAL HEALTH SERVICE BUREAU

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individual being reviewed does not meet level of care, the MPQH will notify the individual with a DPHHS-AMDD-61, with a copy to the CMT.

If the individual being reviewed continues to qualify, it is not necessary for the Foundation to complete new screening tools or to send a DPHHS-AMDD-61. The CMT will enter the review information in the individual's record. If an individual is being considered for HCBS placement, a new level of care decision from the MPQH does not need to be made unless the individual has been on the waiting list for longer than 90 days, or there has been a significant change in their condition. Case Management Teams are required by the department to maintain an electronic waiting list.