Ohio Department of
Mental Health and Addiction Services
Continuum of Care Waiting List
Guidelines

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I. Overview

Amended Sub. House Bill 483 (130 G.A.) amended Ohio Revised Code section (ORC) 5119.362 to require community addiction services providers to maintain a waiting list for opioid and co-occurring drug addiction services and recovery supports beginning July 1, 2017. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has statutory responsibilities pursuant to ORC 5119.364 with the information received from community addiction services providers. Finally, ADAMH, ADAS and CMH Boards have responsibilities pursuant to ORC 340.20 to utilize waiting list data to determine whether any included opioid and co-occurring drug addiction services and recovery supports are not meeting the needs for the Board service district.

This guidance document will review the statutory requirements related to the waiting list along with the required Ohio Administrative Code elements related to the waiting list. The guidance will also capture the process for community addiction service providers to record and submit waiting list requirements.

II. Statutory Requirements

a. Community Addiction Services Provider - ORC 5119.362

1. Notify individual on waiting list if a slot is available – if the individual does not contact within the time specified in rule – contact to assess whether individual still needs services

2. Remove from waiting list if either apply:

   - Individual withdraws request for services
   - Individual does not contact provider within time specified in rule

3. In maintaining the waiting list, determine both:

   - Number of days from first contact to assessment if clinical or access for support
   - Number of days from assessment to first of services

4. Using data from waiting list determine whether services are insufficient to meet the needs of individuals on the waiting list.

5. Report not later than the last day of the month the following:

   - Unduplicated count of individuals on the waiting list the immediately preceding month and the type of service waiting
   - Number of days individual has been on waiting list the preceding month
   - Last known type of residential setting for the immediately preceding month
   - Total number in the preceding month who did not contact provider after receiving notice
   - Total number in preceding month who withdrew their request for services
   - Unduplicated count of individuals referred to another treatment program because provider does not provide needed services

6. Report submitted by the provider shall:

   - Specify the county of residence including identifying information including information provided in the rules so OhioMHAS is able to identify duplicates
   - Identify residential settings as institutional or non-institutional

b. ADAMH/ADAS/CMH Boards - ORC 340.20

1.   Acknowledge to OhioMHAS that the Board has received and reviewed the waiting list information

2.   Using waiting list data, determine whether any included opioid and co-occurring drug addiction services and recovery supports are not meeting the needs for the Board service district and notify OhioMHAS

b. OhioMHAS

1.   Make reports available on OhioMHAS website

2.   Make reports available electronically to Boards electronically in a manner that provides the information about an individual contained in a report to the board that serves the individual's county

3.   On the OhioMHAS website, the information shall be updated monthly and present the information contained in the reports on both a statewide aggregate basis and county-level aggregate basis

III.   Administrative Rule Requirements - OAC 5122-8-01

Providers shall report the following to the department no later than the last day of each month for each individual on the provider's waiting list in the immediately preceding month:

(a) Last four digits of social security number;
(b) First two letters of last name;
(c) County of residence;
(d) Gender;
(e) Year of birth;
(f) Date of first contact by client
(g) The date when the first assessment is offered, if applicable, and first offered date of services or supports if different from the start date of services or supports;
(h) The opioid and co-occurring drug addiction services and recovery supports for which the individual was waiting
(i) The last known type of residential setting

Providers shall also report the following data:

(a) The count of individuals referred to another provider because the originating provider does not provide the opioid and co-occurring drug addiction services and recovery supports requested or been assessed as having a clinical need for; and each type of service and support for which those individuals were referred;

(b) The total number of individuals who did not contact the provider after receiving notice that the provider has a slot open and if known the reasons the why contact was not made; and,

(c) The total number of individuals who withdrew their requests for services and supports, the type of service and support the individual had requested or been assessed as having a clinical need for, and if known the reasons for withdrawing the request.

IV.   Waiting List Tracking Form

OhioMHAS along with stakeholders have developed a template which can be found at: http://mha.ohio.gov/Portals/0/assets/Regulation/LicensureAndCertification/Continuum-of-Care-Template_06142017.xlsx

The waiting list template captures the necessary fields for a provider to be compliant with the waiting list statutory requirements. The template must be submitted monthly by the last day of the month. The template requires the community addiction services provider to maintain the following:

a. **User Information** - allows the department to identify individuals that may be on multiple lists

   Last Known Residential Setting
   Client County of Residence
   First 2 Characters of Last Name, Year of Birth, Gender, Last 4 digits of Social Security number

b. **Level of Care** – identifies the time period from date of first contact to assessment, the diagnosis and the recommended level of care

   Date of First Contact
   Date Assessment Offered
   Date Assessment Completed
   Diagnosis
   Level of Care Recommendation

c. **Treatment** – identifies the time period from assessment to the beginning of treatment or a recovery support, a reason why an individual is not at the recommended level of care and why an individual was removed from the waiting list.

   Treatment/Recovery Support Offered Date
   Treatment/Recovery Support Start Date
   Level of Care
   Reason- Not at recommended Level of Care
   Remove from Waitlist

IV.　　Submitting Waiting List Information

A completed waiting list form must be submitted monthly to OhioMHAS by the last day of every month. The waiting list form should be uploaded at the following link:

 https://apps.mha.ohio.gov/ContinuumOfCare/Anonymous/Welcome

OhioMHAS will accept an extract of the required data sets in lieu of the monthly form. A community addiction services provider should Jim Hughes at OhioMHAS at james.hughes@mha.ohio.gov if they would like to submit the waiting list requirements in an extract.