

Status of the Establishment of a DD Waiting List

Joint Legislative Oversight Committee on
Mental Health, Developmental Disabilities, and Substance Abuse Services
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HB 673, SL 2009-186

- Each LME shall maintain a waiting list for:
 - Residential services
 - CAP-MR/DD Waiver services
 - Other
- Secretary to develop rules regarding waiting list data
- LMEs to report waiting list information annually to DHHS



Research on Waiting Lists

- National Association of State Directors of Developmental Disabilities Services (NASDDS)
- Consultation with Celia Feinstein, Temple University
- Survey of states



Waiting Lists in Other States

- Response from 31 states
 - 26 have statewide waiting lists
 - 5 do not
- In 26 states with waiting lists
 - 15 are based on “urgency of need” or prioritization for services method
 - 11 are based on “First Come, First Served”
- Many states’ waiting lists collect data on individuals waiting for Home and Community Based Waiver services only



Other States

- Most states use or are developing a web-based tool
- Several states contract for maintenance of waiting list
- Most states require an annual “refresh” of waiting list data



Progress To-Date

- All LMEs, except PBH, have been using a standardized prioritization tool
 - Tool takes into consideration both urgency of need and time waiting for services.
- Currently only applies to individuals waiting for waiver services



Convene Stakeholder Group

- LME staff
- Providers of I/DD services
- Consumers and family members
- Charge: design short term and long term solution



Short Term Solution

- Design a spreadsheet to collect aggregate data from LMEs:
 - # of individuals waiting for services, by type:
 - Potentially eligible for CAP-MR/DD
 - Currently receiving state-funded services
 - Not currently receiving services
 - Residential services
 - Vocational/Day supports
 - Other state funded services
 - Age of individuals
 - Children
 - Adults



Implementation

- Train LMEs on use of the spreadsheet
 - Definitions of categories
 - Timeframes to be used
- Aggregate data in access database
- Analyze and report
- Benefits:
 - Can be done relatively quickly and inexpensively
 - Will give good "snap shot" of current situation
- Shortcomings:
 - Will be aggregate data only; no way to identify individuals who may be reported by more than one LME
 - No way to verify data against other state databases, such as Medicaid enrollment or paid claims information



Long Term Solution

- Analyze effectiveness of spreadsheet effort
 - Adequacy of categories
 - Quality of information received
- Evaluate feasibility of web-based solution
 - Cost
 - Timeframes for development and implementation



Conclusion

- Workgroup will make recommendation to DHHS on long term solution strategy
- Upon final decision by DHHS, workgroup will develop rules for implementation of the long term solution
- Timeframes:
 - Workgroup convened by end of February, 2010
 - Short term solution will begin implementation w/in 30 days
 - Deliberations regarding long term solution will begin after data collected and analyzed from spreadsheet effort
 - If final recommendation involves IT project, final timeframe will be dependent upon funding and IT workload



Questions?


