



Division of Aging & Adult Services

State Unit on Aging Policy



Subject: Waitlist
Policy Chapter: 3300
Effective Date: 07/01/2025
Revision Number: 0

Waitlist

I. POLICY STATEMENT

This policy provides an outline of the Division of Aging and Adult Services (DAAS) operational policies, procedures, and reporting requirements for maintaining a Waitlist for Non-Medical Home and Community Based Services (NMHCBS).

This policy is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services (HHS).

II. APPLICABILITY

- A. DES Employees;
- B. Area Agencies on Aging (AAAs); and
- C. AAA Subcontractors that provide Case Management.

III. AUTHORITY

[Older Americans Act](#)

Pub L. 116-131

[United States Code \(U.S.C.\)](#)

42 U.S.C. Chapter 35 Subchapter III,
Part C

[Code of Federal Regulations \(C.F.R.\)](#)

45 CFR part §1321 and §1322

A.R.S. § 36-1301	Health care services freedom of choice
A.R.S. § 46-192	Arizona Older Americans Act-Nonmedical Home and Community Based Care Services; Identification of Services
A.R.S. § 46-141	Criminal record information checks; fingerprinting employees and applicants; definition
A.R.S. § 46-459	Adult protective services registry.

IV. DEFINITIONS

Authorized Service(s): A Case Manager determines that the Client is eligible for an OAA service based on the corresponding policy section for the service(s) being sought out, found in DAAS Policy Chapter 3000.

Care Plan: An agreement between the Client and their Case Manager, created at the assessment, that addresses in detail the Client’s needs and goals, authorizes OAA service enrollments, and makes referrals to uncovered services.

Case Managed/Case Management: The assessment and development of an individualized Care Plan through which the eligibility of individuals is determined, appropriate services or benefits are identified, planned, reported, monitored, or terminated, and follow-up is provided if and when appropriate.

Case Manager(s): A professional or social worker with experience in providing Case Management.

Case Notes: Regular narrative entries about the Client and their Care Plan based on contacts with the Client, providers, caregivers, and significant others.

Client: An individual who is seeking or receiving NMHCBS.

Economic Need: Need defined by state and area plans based on local and individual factors, including geography, income, and expenses.

Information and Referral (I&R) Staff: Assistance personnel that are skilled, knowledgeable, InformUSA certified, and with the experience necessary to screen potential Clients for strengths and needs.

Locked: Status in the Division of Aging and Adult Reporting System (DAARS) that indicates all of the mandatory and available data from the assessment tool has been uploaded and cannot be altered.

Non-Case Managed Services: Supportive services provided to Clients that do not require a Case Manager overseeing an individual's needs, but rather offer accessible, general services like transportation, congregate meals, health education, and wellness programs.

Planning and Service Area (PSA): A geographic area designated by the SUA for the purposes of local planning and coordination and awarding of funds.

Pre-Screen: An initial screening conducted by the AAA, or its contracted provider to determine if a Client may be eligible for Case Managed services before referring the Client to a Case Manager.

Preliminary Determination of Eligibility: An initial assessment that ensures only Clients who are most likely to have Case-Managed services authorized on their Care Plan are added to the waitlist.

Restricted: Waitlisted services.

Social Need: Necessity caused by noneconomic factors, such as physical and mental disabilities, language barriers, and cultural, social, or geographic isolation outlined in 45 CFR part §1321.3 that restrict the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

Unrestricted: Services that are not waitlisted.

V. STANDARDS

A. Overview

1. OAA services in a Planning and Service Area (PSA) may be Restricted and subject to a waiting period due to 1 or more of the following:
 - a. Funding constraints;
 - b. Case Management capacity; and
 - c. The Direct Care Workforce (DCW) capacity challenges of AAA subcontractors.

2. A waitlist allows AAAs to track demand for services and prioritize Clients with the greatest Social, Economic, and functional needs.
3. SUA provides direction to AAAs on the management of the waitlist.
4. This policy does not apply to Non-Case Managed Services.

B. Maintenance

1. The AAA Pre-Screens Clients for eligibility according to DAAS Case Management Policy. If the AAA believes that the Client may be eligible for Case-Managed Services, they will do one of the following:
 - a. Assign the Client to a Case Manager as outlined in DAAS Case Management Policy. If the Case Manager Authorized Services that are Restricted, the Case Manager must:
 - i. Complete the Priority Screening Tool;
 - ii. Enroll the Client in the waitlist in DAARS;
 - iii. Inform the Client which service they are being waitlisted for, and provide a timeline of next steps (see V.D. of this policy); and
 - iv. Ensure that Clients receive services as they become available, and not wait for all services to be Unrestricted before serving the Client.
 - b. If Case Management is Restricted, the AAA must:
 - i. Inform the Client that:
 - A. There are no Case Managers available to assess them at the time; and
 - B. Before being added to the waitlist, they must be preliminarily determined eligible for Case Managed services.
 - ii. Assign an Information and Referral (I&R) Staff member to conduct a Preliminary Determination of Eligibility of the Client by completing the Short Form Intake Document (SFID) and cross-referencing the Service Eligibility Matrix found in DAAS Policy Chapter 3000;

- A. If I&R Staff finds that the Client is eligible they must:
 - 1. Complete the Priority Screening Tool;
 - 2. Inform the Client they are being waitlisted; and
 - 3. Provide a timeline of next steps (see section V.D of this policy).
- B. If I&R Staff find that the Client is **NOT** eligible for Case Managed services they must:
 - 1. Provide community resources, internal referrals to other programs, and external referrals to partner organizations.
- iii. Complete waitlist enrollment in DAARS; and
- iv. Ensure that:
 - A. The Client's Case File is updated appropriately following section V.C. of this policy; and
 - B. Follow-ups are conducted according to section V.D of this policy.

C. Documentation

- 1. The AAA's waitlist must be maintained in DAARS and updated promptly when changes occur.
- 2. When I&R Staff completes a Preliminary Determination of Eligibility, the Client's case files in DAARS must contain the following:
 - a. A Locked SFID;
 - b. Case Notes entered as close as possible to when updates are made to the Client's file, including if the Client was found ineligible for Case-Managed services; and
 - c. The completed Priority Screening Tool, if the I&R Staff finds the Client eligible for a Case Managed service(s).

D. Followup

1. For Clients without Care Plans, the AAA must:
 - a. Contact the Client at least every 6 months, by phone, virtually or in-person, to review:
 - i. The Client's eligibility for Case-Managed services; and
 - ii. The Priority Screening Tool for accuracy.
2. For Clients with Care Plans, the Case Manager must:
 - a. Review the Client's Care Plan at least every 90 days following the requirements in DAAS Case Management Policy and:
 - i. Determine if the Client is still eligible for the Restricted service they are waitlisted for; and
 - ii. Review the Client's Priority Screening Tool score for accuracy.

E. Prioritization

1. The Client's position on the waitlist is determined by their Priority Screening Tool score.
 - a. A high Priority Screening Tool score indicates that the Client:
 - i. Has a greater Social Need, Economic Need, and/or functional needs; and
 - ii. Is placed higher on the waitlist.
2. Clients will be removed from the waitlist in the following order:
 - a. Clients with the highest Priority Screening Tool score, who have been on the waitlist the longest.
 - b. At the AAA's discretion, when:
 - i. All factors are equal between a set of Clients; or
 - ii. Special circumstances call for a Client with a lower score to be removed from the waitlist before other Clients due to:
 - A. DCW availability; or

- B. A decision made by AAA Case Management staff and leadership.

F. Reporting Requirements

- 1. The AAA must follow all guidance and any training provided by the SUA on the topic of programmatic reporting for the waitlist.

G. Complaints, Grievances, and Appeals

- 1. Each AAA will develop and implement a process to:
 - a. Investigate and resolve complaints from Clients and other outside parties against AAA and subcontractors per [DAAS Administrative Mandates Policy](#); and
 - b. Verify that Clients receive a copy of the appeals process.

H. Privacy, Confidentiality, and Disclosure

- 1. Protection and release of Confidential Information:
 - a. The transmission of Personally Identifiable Information (PII) and Protected Health Information (PHI) for any Client must be transmitted using secure means such as encryption to ensure the information is not accessed by unauthorized individuals.
 - b. Disclosure of PII may only be made with the informed consent of the Client or their legal representative, unless required by law or court order, for program monitoring by authorized agencies.
- 2. Address Confidentiality Program:
 - a. AAA employees and subcontractors must refer to the [ADES Address Confidentiality Program \(ACP\) Policy](#) and the DAAS ACP Policy if a Client states that they are a participant in the Address Confidentiality Program.
 - b. If the Client is an ACP Participant, the substitute address must be accepted on all application material required for the program.

I. Fingerprinting and Criminal Background Check

- 1. AAA must comply with the following:
 - a. A fingerprint-based criminal background check must be completed at

the time of hire or as a result of reassignment after hire, on employees and volunteers who have direct contact with juveniles or vulnerable adults including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see [A.R.S. § 46-141](#)). See [DAAS Administrative Mandates Policy](#).

J. Systems, Software, and Technology

1. The following systems must be used to meet reporting requirements:
 - a. The Division of Aging and Adult Services Reporting System (DAARS) by the AAAs.

K. Records Management

1. AAAs and Contracted Providers must maintain Waitlist records in paper or electronic format.
2. All records, regardless of their format, must be maintained in a secure manner to protect the contents from breach, theft, or misuse. This includes:
 - a. Maintaining paper documentation in locked files; and
 - b. Securing electronic records.
3. Records and information collected as part of application/appeal are kept confidential.
4. Records and information maintained as confidential must not be released except as authorized under [A.R.S. §41-1959](#).
 - a. AAA must explain to Clients that individual information and records may be shared in order to provide services.

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