

**Instructions for Completing
Documentation when Federal Priority Populations Waiting List Exception Occurs**

The purpose of this report is for federal block grant reporting on programs providing treatment for pregnant women and Injecting Drug Users (IDUs). This report monitors compliance with Sections 1923(a)(2) and 1927(b)(2) of Public Law 102-321, as amended:

In situations where one or more priority population clients did not receive services as required, the following information must be provided for each of those clients:

Column A: Client Identifier - Enter a client identifier number.

Column B: Priority Code – Enter the client type by using one of the following codes:

- 1 – Pregnant injecting drug user
- 2 – Pregnant non-injecting drug user
- 3 – Injecting drug user

Column C: Service Request Date - Enter date client first requested services.

Column D: Date LOC Determined – Enter the date the Level of Care Determination was completed

Column E: Days on Waiting List - Indicate the number of days the client has been (was) on a waiting list for treatment. This starts with the day service was requested and goes to the date of the first appointment.

Column F: Service Required – Enter the services requested – this should be the service that the client chose:

- OP – Outpatient
- IOP – Intensive Outpatient
- Meth – Methadone program
- Res – Residential
- Det – Sub-Acute Detox

Column G: Meth Drug Free – Check the box if the client waiting for services was involved in drug-free treatment

Column H: Meth Ref. Drug Free - Indicate if the client waiting for a methadone slot has declined drug-free services by checking the box.

Column I: Interim Services Provided - Indicate if interim services were provided as required by checking the box

Column J: Interim Services Refused Yes/No – check the box if the client refused interim services

Column K: Type of Interim Services – Indicate what type of interim services were provided to the client – leave blank if none

If the services that the client requested were different than what the LOC determination indicated, explain why they are different .

The Provider/CA must provide a reason for why they were not in compliance with the Federal Waiting List Requirement for each client on the list – specific barriers should be identified.

The Provider/CA must describe what plans they are putting or have put into place to ensure future compliance with this requirement.