

Reporting a Monthly Waitlist vs. Enrollment Holds

Waitlist

- 100% YSM utilization
- Referrals are placed on a list
 - Referring agent is notified enrollment is pending availability of an open slot.
 - Process for prioritization is created in collaboration with local branches based on age and circumstances (older youth, housing needs, ILP provider transfer, etc.).
- May indicate a YSM increase/amendment/additional local provider is needed if waitlist is consistent throughout the quarter.

Enrollment Holds

- Not at 100% YSM utilization
- Referrals are placed on a list due to staffing issues
 - Referring agent is notified enrollment is pending until Provider's capacity to serve additional clients is increased.
 - Process for prioritization is created in collaboration with local branches based on age and circumstances (older youth, housing needs, ILP provider transfer, etc.).
 - Requires that Providers communicate timely with Youth Transitions and local branches regarding circumstances not allowing Provider to serve at/up to 100% YSM.

Process for Reporting Waitlists or Enrollment Holds

Waitlist

- Indicate 100% utilization has been reached.
- List amount of youth placed on waitlist (see example below):

Payee number:	PROVIDER NUMBER	Payee contact:	YOUR NAM				
Payee name:	ORGANIZATION NAME	Contact email:	YOUR EMAI				
Payee address:	ORGANIZATION ADDRESS (Street, City, State, ZIP)	Contact phone:	YOUR PHON				
SIGN AND DATE							
Payee Electronic Signature		Date					
100% YSM Utilization, Waitlist = 5 youth		Add a Line #					
Payee Invoice comments (if needed):		Delete a Line #					
Example comment: This invoice was submitted to Newport and Coos Bay branches for approval.							
Line #	Contract Number	Case Number	Participant Number	Participant Last Name	Participant First Name	Service Category	Service Type

Enrollment Hold(s)

- Indicate number of youth on Enrollment Hold
- Confirm Youth Transitions Contract Administrator has been notified of circumstances preventing 100% contract YSM utilization (see example below):

							Payee Inform
Payee number:	PROVIDER NUMBER	Payee contact:	YOUR NAM				
Payee name:	ORGANIZATION NAME	Contact email:	YOUR EMAI				
Payee address:	ORGANIZATION ADDRESS (Street, City, State, ZIP)	Contact phone:	YOUR PHON				
SIGN AND DATE							
Payee Electronic Signature		Date					
Enrollment Holds, YT notified of circumstances = 5 youth		Add a Line #		Delete a Line #			
Payee Invoice comments (if needed):							
Example comment: This invoice was submitted to Newport and Coos Bay branches for approval.							
Line #	Contract Number	Case Number	Participant Number	Participant Last Name	Participant First Name	Service Category	Service Type