

Home Community Based Services-Adult Mental Health (HCBS-AMH) Program Enrollment Process

Initial Eligibility

Adult 18+ with a diagnosis of Serious Mental Illness (SMI), 150% of the Federal Poverty Level (FPL) or below, and meets one of the following needs-based criteria (as defined in HCBS-AMH Provider Manual: <http://www.dshs.state.tx.us/mhsa/hcbs-amh/Manuals.aspx>):

1. Long-term Psychiatric Hospitalization (LTPH) & Medicaid Eligible
2. Jail Diversion (JD) & Active Medicaid Benefit
3. Emergency Department Diversion (EDD) & Active Medicaid Benefit

Initial Screening

1. LMHA/LBHA will screen individuals that are currently residing in the community in their county(ies) of authority. State Hospital (SH) staff will screen individuals who meet the LTPH criteria residing in a state hospital.
2. LMHA/LBHA will designate an Inquiry Line to receive referral calls from individuals in the community.
3. LMHA/LBHA will have access to 1915(i) MBOW reports and review individuals eligible within the past 30 days per those reports. SH Staff will have access to monthly Initial Criteria Reports (ICR) provided by HCBS-AMH.
4. LMHA/LBHA will gather supporting documentation and confirm that the individual meets initial eligibility criteria, including financial eligibility, and can be referred to the HCBS-AMH program.

Referral Process

1. LMHA/LBHA completes the optional HCBS-AMH Pre-Screening Assessment (PSA) to determine individual meets initial criteria.
2. LMHA/LBHA or SH staff completes the HCBS-AMH Uniform Assessment(UA), including an updated ANSA completed within 6 months of the referral, to determine the individual's clinical & functional eligibility for the program.
3. LMHA/LBHA or SH staff works with the individual and/or Guardian (if applicable) to sign the Consent for Eligibility Determination and Enrollment, Provider Selection and Notification of Rights forms.
4. LMHA/LBHA or SH staff submits via secure email completed HCBS-AMH UA, Consent for Eligibility Determination and Enrollment, Provider Selection and Notification of Rights forms, and any additional supporting documentation to HHSC at HCBS-AMH@dshs.state.tx.us with the subject line titled "Referral".

Eligibility and Enrollment Determination

HCBS-AMH staff notify the referring entity and the individual (and LAR if applicable) within 5 business days of receipt of a completed referral the eligibility and enrollment determination

The individual meets all eligibility criteria and is enrolled into the program

The individual meets all eligibility criteria but has active forensic status and placed on PENDING status for 60 days

The individual does not meet eligibility for the program

Provider Agency and RM notification

1. HCBS-staff shall notify the HCBS-AMH Provider Agency and Recovery Manager (RM) they have been selected by the enrolled HCBS-AMH individual.
2. The RM contacts the SH staff if the individual is in the hospital to coordinate the initial meeting (to occur within 14 days of selection notification) with the individual and complete the initial IRP.
3. The RM contacts the Individual, or LAR if applicable, directly if they are in the community to schedule the initial meeting (to occur within 14 days of selection notification) with the individual and complete the Individual Recovery Plan (IRP).
4. The RM submits the IRP to HCBS-AMH staff for approval of recovery plan and HCBS-AMH services to be provided.