



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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TO: Executive Directors and Behavioral Health Directors,
Local Mental Health Authorities,
ValueOptions and Local Behavioral Health Authority

FROM: Trina Ita, MA, Director 
Mental Health and Substance Abuse Division, Program Services Section

RE: Home and Community Based Services-Adult Mental Health: Community
Referral and Enrollment Process

Background:

The Home and Community-Based Services-Adult Mental Health Program (HCBS-AMH) provides home and community-based services to adults with mental health needs. HCBS-AMH provides an array of services, appropriate to each individual's needs, to enable individuals to live and experience successful tenure in his or her community.

Individuals currently residing in the community are referred to HCBS-AMH by the Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA).

Individuals enrolled in the HCBS-AMH program must require the intensity of services provided by HCBS-AMH in order to improve functioning and establish or maintain stability in their preferred community. This is evidenced by the following:

- Needs based criteria:
 1. Long Term Hospitalization (indigent and Medicaid eligible population): three or more cumulative or consecutive years in an inpatient psychiatric hospital during the five years prior to enrollment.
 - A report, called "Long Stay 1915i" is available in Mental Retardation and Behavioral Health Outpatient Data Warehouse (MBOW) in the CA Continuity of Care folder;
 - Note:
 - The report is reflective of only psychiatric hospital stays in a Texas state hospital and is therefore incomplete.
 - Additional evidence of inpatient psychiatric stays may be submitted for consideration; or
 2. Jail Diversion (active Medicaid population only): two or more psychiatric crises (i.e., inpatient psychiatric hospitalizations and/or outpatient psychiatric crisis that meets inpatient psychiatric criteria) and four or more discharges from correctional facilities during the three years prior to enrollment.

- The Department of State Health Services (DSHS) has a published report in MBOW called "Arrests 1915i" in the CA Continuity of Care folder.
 - Note:
 - This report is limited by the Texas Law Enforcement Telecommunicatin System (TLETS) data and is reflective of only psychiatric hospital stays in a Texas state hospital, and is therefore incomplete.
 - Additional evidence of arrests or crisis encounters may be submitted for consideration; or
 - 3. Emergency Department (ED) Diversion (active Medicaid population only): two or more psychiatric crises (i.e., inpatient psychiatric hospitalizations and/or outpatient psychiatric crisis that meets inpatient psychiatric criteria) and fifteen or more total ED visits during the three years prior to enrollment.
 - The Department of State Health Services (DSHS) has a published report in MBOW called "Emergency Department 1915i" in the CA Continuity of Care folder.
 - Note:
 - This report is limited by the use of Medicaid claims data for ED visits and and is reflective of only psychiatric hospital stays in a Texas state hospital. Additional evidence of ED visits and crisis encounters may be submitted for consideration.
 - This report has 15 ED visists set as a default, but the LMHA/LBHA can enter a lower number of ED visists to also identify individuals close to meeting the required number of ED visists.
 - The Medicaid claims data that identifies the number of ED visits is generated from a lag report. DSHS is actively working toward identifying more real time ED visit data;
- Diagnosis of serious mental illness (SMI);
 - Clinical eligibility based on the HCBS-AMH Uniform Assessment (UA);
 - Financial eligibility as indicated by the UA;
 - Services provided in the program can reasonably be expected to improve the condition of the individual or prevent further regression; and
 - The individual is not accessing these services by any other means, including enrollment in Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Home and Community-based Services Waiver (HCS), Texas Home Living Waiver (TxHml), Youth Empowerment Services (YES), or STAR+PLUS HCBS Waiver.

Purpose:

DSHS received feedback regarding the community referral and enrollment process, specifically considering the jail and ED diversion populations. As a result, DSHS conducted a workgroup with representatives from seven LMHAs to identify barriers and streamline the HCBS-AMH community referral process. The process was presented to all LMHAs via webinar on May 3, 2016 and opportunity to provide feedback was provided during monthly Eligibility Verification conference calls.

DSHS will continue to host Eligibility Verification conference calls the first Tuesday of each month at 1:30pm.

DSHS has submitted an amendment to the HCBS-AMH 1915(i) state plan amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to allow LMHAs to administer the HCBS-AMH UA with certain conflict of interest standards in place. A final referral and enrollment policy outlining LMHA/LBHA complete roles and responsibilities is dependent on CMS approval of the amendment to the SPA.

Updates to the Community Referral and Enrollment Process:

Inquiry Line:

LMHA/LBHAs provide a phone number or menu option specific to HCBS-AMH inquiries.

Administration of the HCBS-AMH Uniform Assessment (UA):

LMHA/LBHAs administer the HCBS-AMH UA for individuals referred from the community. The Adult Needs and Strengths Assessment (ANSA) may be performed within the six months prior to the administration of the HCBS-AMH UA if the ANSA is reflective of the individual's current status. Annual HCBS-AMH UAs are completed by DSHS or its designee and required for continued enrollment. The LMHA/LBHA may be named as the designee for completion of the Annual HCBS-AMH UA.

Responsibilities:

LMHA/LBHA POC:

The responsibilities of the HCBS-AMH Point of Contact (POC) include:

- Monitor the HCBS-AMH Inquiry line to ensure appropriate information is being disseminated to inquiries and routed to the appropriate personnel;
- Attend monthly HCBS-AMH Eligibility Verification conference calls; and
- Act as the main contact with DSHS HCBS-AMH staff.

DSHS:

The responsibilities of DSHS include:

- Communicate with LMHA/LBHA POC when referrals are open in their service region;
- Host monthly HCBS-AMH Eligibility Verification conference calls to provide training and technical assistance regarding the HCBS-AMH referral and enrollment process;
- Provide education regarding the HCBS-AMH program and referral and enrollment process for LMHA/LBHAs, including Inquiry Line and UA administration; and
- Maintain a list of Inquiry Lines on the HCBS-AMH webpage.

DSHS posts a referral and enrollment FAQ section on the HCBS-AMH webpage to address frequently asked questions and answers. For additional questions, please contact Joy Kearney at joy.kearney@dshs.state.tx.us or Holly Doherty at holly.doherty@dshs.state.tx.us.