

**HOME AND COMMUNITY BASED SERVICES-ADULT MENTAL HEALTH (HCBS-AMH)  
REFERRAL FORM  
LOCAL MENTAL HEALTH AUTHORITY (LMHA)  
SPECIALTY PROVIDER NETWORK (SPN)**

<b>Date of Assessment:</b> ____/____/____	<b>CARE ID:</b> _____	<b>CMBHS ID:</b> _____
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<b>First Name:</b> _____	<b>Last Name:</b> _____	<b>Performed By:</b> _____
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**Individual's Preferred Language:** \_\_\_\_\_

**I. HCBS-AMH READINESS**

1. Does the individual meet HCBS-AMH Initial Eligibility Criteria (1095 days, cumulatively, in a psychiatric facility during the past five years)?  Yes  No
2. Does the individual have a severe life threatening medical condition (including a life threatening eating disturbance)?  Yes  No  
If yes, what is the medical condition? \_\_\_\_\_
3. Does the individual require a skilled nursing facility or higher level medical hospital due to a medical or physical condition?  Yes  No
4. Does the individual have an IDD diagnosis?  Yes  No  
If yes what is the individual's severity level?  
 Mild (IQ 55-70);  Moderate (IQ 40-55);  Severe (IQ 25-40);  Profound (IQ < 25)
5. Is the individual able to consent to enroll in the HCBS-AMH program or have a Legally Authorized Representative (LAR)?  Yes  No
6. Is the individual enrolled in Texas Resilience and Recovery (TRR)?  Yes  No
7. Is the individual currently authorized into Level of Care (LOC) 4?  Yes  No
8. What Medicaid services is the individual currently receiving? \_\_\_\_\_
9. Is the individual currently enrolled in LTSS, CLASS, TxHmL, or a Waiver program?  
 Yes  No

**II. FORENSIC COMMITMENT** (Note: Criminal charges, or, pending criminal cases must be disposed prior to enrollment)

1. Check the standardized violence risk assessment that has been conducted with the individual?

(Please attach a copy of the assessment)  VRAG;  HCR-20;  PCL-R;  COVR

**III. NOTES AND COMMENTS**

**VI. PREFERRED COUNTY OF RESIDENCE**

1. List individual's preferred county of residence if enrolled in HCBS-AMH: \_\_\_\_\_

**V. INDIVIDUAL OR LAR CONTACT INFORMATION**

**Individual's Contact Info:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**LAR (if applicable) Contact Info:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_