

Home and Community Based Services-Adult Mental Health (HCBS-AMH)

State Hospital Referral and Enrollment Checklist

State Hospital Referral and Enrollment Checklist:	
<ul style="list-style-type: none"> • State Hospital (SH) staff check the Initial Criteria Report (ICR) to ensure individual meets HCBS- AMH initial criteria, as defined in HCBS-AMH Provider Manual, for the following population: Long-term Psychiatric Hospitalization (LTPH). 	<input type="checkbox"/>
<ul style="list-style-type: none"> • SH staff complete and electronically submit the following documents to HCBS-AMH at: HCBS-AMH@dshs.state.tx.us with the subject line titled "Referral." <ul style="list-style-type: none"> - HCBS-AMH Uniform Assessment and ANSA (completed within the Past 6 mos of referral date and clinical information is unchanged) <input type="checkbox"/> - Eligibility and Enrollment Consent Form <input type="checkbox"/> - Provider Selection Form (SH provides individual with HCBS-AMH Provider Agency (PA) and Recovery Manager (RM) choices) <input type="checkbox"/> - Notification of Participant Rights Form <input type="checkbox"/> 	<input type="checkbox"/>
<ul style="list-style-type: none"> • HCBS-AMH staff places individual on the Inquiry List and reviews eligibility (within 5 business days). SH staff receive notification of eligibility determination via email from HCBS-AMH staff. 	<input type="checkbox"/>
If Referred Individual <u>IS</u> Eligible to Enroll in HCBS-AMH:	
<ul style="list-style-type: none"> • SH staff receive notification via email and the individual via mailed letter from HCBS-AMH staff that the individual is eligible for the program and enrollment is complete. <input type="checkbox"/> • HCBS-AMH staff notifies selected PA and RM chosen by the individual. <input type="checkbox"/> • SH staff work with the chosen PA and RM for coordination of care. <input type="checkbox"/> • Initial Individual Recovery Plan (IRP) is completed by the RM within 14 days of notification. <input type="checkbox"/> 	<input type="checkbox"/>
If Referred Individual is <u>NOT</u> Eligible for the HCBS-AMH Program:	
<ul style="list-style-type: none"> • HCBS-AMH staff notifies SH staff via email that the individual does not meet eligibility criteria for the program. <input type="checkbox"/> • HCBS-AMH staff notifies the individual via a letter sent to their personal address that they do not meet eligibility criteria for the program. <input type="checkbox"/> 	<input type="checkbox"/>