Home and Community Based Services –
Adult Mental Health
Recovery Management Services

Robert H. Johnson M.Ed., LPC
Recovery Management Liaison
November 29, 2016
Objectives

• Coordination
  o Individual
  o Community Partners
  o Transitional Services (State Hospitals)
  o Conversion Services
  o Community Referrals

• Forms
  o Individual Recovery Plan (IRP)
  o Crisis Plan
  o Safety Plan
  o Critical Incident
  o Discharge/Transfer/Suspension Checklist
Coordination with Community Partners

Recovery Managers are responsible for:

• Coordinating and Monitoring services with different Community Providers

• Advocating with Community Providers to ensure HCBS-AMH participants are working toward recovery goals

• Linking the HCBS-AMH participant with Community Providers that offer needed services
Recovery Manager (RM) is responsible for:

- Coordinating and monitoring all services that the individual receives
- Acting as the first point of contact for the individual and LAR
  - Available by phone or in person
  - If the RM is not available an alternate RM or contact is identified to provide necessary coverage and documented on the IRP
- Meeting with the individual three times per week during the first three months of service provision
  - If clinically indicated, the number of visits can be reduced or increased
- After the first three months, or at the request of the individual, amount of visits can be adjusted based on the individual’s needs
- Ensuring individual and LAR signs all necessary documents and copies are provided to them
Coordination: Community Partners

The RM will coordinate with the following:

- The individual
- LAR, if applicable
- HCBS-AMH Direct Service Providers
- Interdisciplinary team (IDT)
- State Hospitals
- Local Mental or Behavioral Health Authorities (LMHAs)(LBHAs)
- Natural supports
- Acute care service providers
- Nursing facility staff, if applicable
- STAR + PLUS Managed Care Organization (MCO) HCBS-AMH Providers
The RM works with the IDT and Direct Service Providers in the following ways:

- Review documentation
- Provide Transitional Services in the state hospital and ensure IDT members participate in recovery plan meetings
- Coordinate with IDT when individual is preparing to discharge from the state hospital
- Assist the individual in selection of natural supports they want involved in the recovery planning process
- Ensure their presence in person or via teleconference at recovery plan meetings
Coordination: Transitional Services

If the individual is in a state hospital at time of enrollment in HCBS-AMH, the RM will be responsible for Recovery Management Transitional Services.

- Work conducted by the RM while a participant is still residing within a state hospital
- Assists the individual prepare for community living and to develop community-based supports.
- Services can vary up to 180 days prior to discharge
The RM will:

• Coordinate with the state hospital social worker to address current needs identified by the individual to transition into the community

• Coordinate with the Local Mental Health Authority / Local Behavioral Health Authority (LMHA/LBHA) to ensure seamless transition from the state hospital to the community

• Coordinate with the HCBS-AMH Provider Agency to ensure that services identified will be available upon discharge

• Identify housing options that meet HCBS Settings Regulations

• Facilitate the process of obtaining or reinstatement of state and federal benefits
The Recovery Management Entity is selected by an individual who currently resides in the State Hospital, the Recovery Management Entity:

- Receives email from the Health and Human Services Commission (HHSC) with the following documents:
  - Notification of selection as Recovery Management Entity
  - The individual, referral entity and single point of contact information


- Receives approval date from HHSC for Recovery Management Transitional Services to begin
Coordination: Transitional Services Continued

- Coordinates with state hospital point of contact
- Obtains the HCBS-AMH Provider Agency’s contact information from the HCBS-AMH Provider Selection Form
- Notifies the selected HCBS-AMH Provider, and assists providers in completing the state hospital credentialing process, if applicable (See Recovery Management Handbook located at https://www.dshs.state.tx.us/mhsa/hcbs-amh/recoverymanager/)
- Meets with the individual, completes, and submits the Initial IRP (See 7300 Initial IRP) within 14 days of notification of Recovery Management Entity selection
- Obtains approval of Initial IRP from HHSC.
Coordination:
Transitional Services Continued

Recovery Management Prior to Discharge from State Hospital:

• Recovery Management Transitional Services at a distance less than 100 miles:
  o During Recovery Management Transitional Services the RM shall meet with the individual at a minimum of one time every two weeks face-to-face.
  o The RM must meet face-to-face with the individual within 14 calendar days prior to the anticipated date of discharge.
  o The RM is permitted to coordinate and monitor services via teleconference.

• Recovery Management Transitional Services at a distance greater than 100 miles:
  o RMs providing Transitional Services to individuals in state hospitals at a distance greater than 100 miles from the RM’s office building will provide a minimum of three in person visits.
  o The RM must meet face-to-face with the individual within 14 calendar days prior to the anticipated date of discharge.
  o The RM is permitted to coordinate and monitor services via teleconference.
Coordination: Transitional Services Continued

Once Discharged into the Community:

• The RM shall meet with the individual for the provision of recovery management at an intensive level (minimum of three times per week) during the first three months of an individual’s discharge to the community from the state hospital.
  
  o The RM must provide at least one of these encounters in the individual’s residence.

• After three months of recovery management at an intensive level, the RM shall convene a meeting with the individual, the individual’s supports, and HCBS-AMH providers to discuss the necessary level of recovery management.
  
  o If appropriate, the RM may reduce recovery management encounters to a minimum of one weekly home visit. This reduction in visits should be reflected on the IRP.
Coordination: Conversion Services

• The RM provides conversion services when an individual who is moving from one HCBS program to HCBS-AMH, or from a nursing facility.

• Some individuals determined eligible for the HCBS-AMH program, maybe enrolled in another HCBS program and choose to disenroll from his or her current HCBS program into the HCBS-AMH program. The individual maybe enrolled in one of the following HCBS programs:
  o Community Living Assistance and Support Services
  o Deaf Blind with Multiple Disabilities
  o Home and Community-based Services Waiver (HCS)
  o Texas Home Living Waiver (TxHmL)
  o STAR+PLUS HCBS Waiver
Coordination:
Conversion Services Continued

Conversion Services from a Nursing Facility:

- Eligible HCBS-AMH participants may be residing in a nursing facility at the time of their enrollment into the HCBS-AMH program.
- Once the enrolled individual selects their RM and HCBS-AMH Provider, it will be the RM’s responsibilities to work with all appropriate staff and service providers to help the individual transition from the nursing facility and into the community.
Coordination: Conversion Services Continued

Preauthorization for Conversion Services:

• Preauthorization approval is required by HCBS-AMH staff for recovery management conversion services prior to the individual’s enrollment in HCBS-AMH.

• There will be 8 units of RM services authorized prior to initiation of Conversion Services to coordinate the service.

• RM conversion services are the only services eligible for preauthorization.

• For additional information review the Recovery Management Handbook and HCBS-AMH Billing Guidelines:
  o http://dshs.texas.gov/mhsa/hcbs-amh/recoverymanager/
  o http://www.dshs.state.tx.us/mhsa/hcbs-amh/billing/
Coordination: Community Referrals

For referrals that come from the LMHA/LBHA the RM is responsible for:

• Coordinating IRP
• Coordinating with Direct Service Provider
• Monitoring Service Provision
• Advocating in the Community
• Developing Community Resources
• Assisting with Informed Choices
IRP and Person Centered Recovery Planning (PCRP)

- The IRP is created using PCRP
- When utilizing PCRP, the individual leads their recovery planning process and the RM is there to offer support to the individual. The RM collaborates with the individual to select who they would like to be involved in the treatment planning process. This can include the following:
  - Friends and family support
  - Peer Support
  - Members of the treatment team
- Regardless of who the individual selects to be present during the recovery planning process, the RM should always obtain as much documentation from the individual’s current interdisciplinary team or service providers.
- Complete information on each IRP type and IRP submission requirements can be found in Section 7000 and 7300 of the HCBS-AMH Provider Manual.
The needs, strengths, and barriers identified on the IRP are developed based on the following documents and input:

- The individual’s Adult Needs and Strengths Assessment
- Supporting documents from IDT or other providers
- Feedback from the individual
- Information from natural supports

Complete information on all documentation needed to complete an IRP can be found in Section 7220 of the HCBS-AMH Provider Manual.
IRP Forms Continued

IRP Timeframes:

• IRPs should be submitted at a minimum of every 90 days
• IRPs can also be submitted under the following circumstances:
  o Request of the individual and/or LAR
  o Crisis situations
  o Transfers, Discharges, and Suspensions

• For additional information, see section 7700 of the HCBS-AMH Provider Manual
IRP Forms Continued

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**IRP Population Served**
- Populations: [ ] Long Term Hospitalization  [ ] Inpatient  [ ] Emergency Department Diversion

**IRP Type**
- [ ] Initial  [ ] Update  [ ] Transfer  [ ] Discharge
- Completion Date: Click here to enter text.

**Demographics**
- Comprehensive Care Provider Name: Click here to enter text.
- Recovery Manager Name: Click here to enter text.
- Participant Name (First Name, M.I. Last Name): Click here to enter text.
- CARE ID: Click here to enter text.
- Current Address: Click here to enter text.

**Current Setting**
- [ ] Assisted Living
- [ ] Group Home
- [ ] Hospital
- [ ] Family Home
- [ ] Apartment
- [ ] State Hospital
- [ ] Other Non-HCBS-AMH Setting
- [ ] Unknown

**Setting Information**
- Recovery Manager has reviewed individual's current setting and attests that the setting meets HCBS-AMH requirements: [ ] Yes  [ ] No
- If no, complete the following:
  - Reason setting does not meet HCBS-setting requirements: Click here to enter text.
  - Action steps to address settings requirements: Click here to enter text.
  - Time frame in which action steps will be taken: Click here to enter text.
  - Individual agrees that they have chosen their current setting:
    - [ ] Yes  [ ] No
  - Diagnoses (Both Behavioral and Physical, and ICD-10)
    - Click here to enter text.
  - Current Medications:
    - Click here to enter text.
IRP Forms Continued
IRP Forms Continued

<table>
<thead>
<tr>
<th>Life Domain Area of need</th>
<th>(This section may be duplicated if additional goals/objectives/interventions are identified)</th>
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<tr>
<td>Transportation</td>
<td>Employment</td>
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<th>Type of Services</th>
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<tbody>
<tr>
<td>Transition Assistance Services</td>
<td>HCBS-AMHI Psychosocial Rehabilitation Services</td>
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<tr>
<td>Adaptive Aids/Medical Supplies</td>
<td>Employment Services</td>
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<tr>
<td>Transportation</td>
<td>Community Psychiatric Support and Treatment</td>
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<tr>
<td>Supplied Living Services</td>
<td>Supportive Home Living</td>
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<tr>
<td>Home Delivered Meals</td>
<td>Minor Home Modifications</td>
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<tr>
<td>Substance Use Disorder Services</td>
<td>Flexible Funds</td>
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<tr>
<td>IRM Conversion Services</td>
<td>IRM Conversion Services</td>
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<th>2</th>
<th>3</th>
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Signature of Provider, Credentials, and Date: __________________________
IRP Forms Continued

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


Role Statement In Service Provision: (Click here to enter text)

FREQUENCY: (Click here to enter text)

DURATION: (Click here to enter text)

2. Intervention: (Click here to enter text)

Type of Service:
- Transitional assistance services
- Home care psychiatric rehabilitation services
- Adaptive aids/medical supplies
- Employment services
- Employment assistance
- Supported employment
- Transportation
- Community Psychiatric Supports and Treatment
- Peer support
- Assisted Living
- Supervised Living Services
- Supported Home Living
- Host Home Companion
- Respite Care
- Home Delivered Meals
- Minor Home Modifications
- Nursing Aides
- Nursing Links
- Substance Use Disorder Services
- Urgent needs
- IIM Services
- IIM Transitional Services
- IIM Conversion Services

FREQUENCY: (Click here to enter text)

DURATION: (Click here to enter text)

Objective Intervention is Addressing: □ $ □ $

Signature of Provider, Credentials, and Date ____________________________________________________________________________


Role Statement In Service Provision: (Click here to enter text)

FREQUENCY: (Click here to enter text)

DURATION: (Click here to enter text)

3. Intervention: (Click here to enter text)
IRP Forms Continued

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<tr>
<td>TCS-AMH Psychosocial Rehabilitation Services □</td>
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<tr>
<td>Adaptive Aids/Medical Supplies □</td>
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<td>□ Employment services</td>
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<td>□ Employment assistance</td>
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<td>□ Supported employment</td>
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<td>□ Transportation</td>
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<td>□ Community psychiatric supports and treatment</td>
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<td>□ Work support</td>
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<td>□ Assisted living</td>
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<td>□ Independent living services</td>
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<td>□ Assisted Care □ Home Delivered Meals</td>
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<td>□ Minor Home Modifications</td>
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**Objective Intervention is Addressing:**

| 1 | 2 | 3 |

**Signature of Provider, Credentials, and Date:**

____________________________

**Responsibility of the Recovery Manager:**

|  □ IRP Development |
|  □ Assisting with Informed Choices |
|  □ Coordinating/Monitoring Service Provision |
|  □ Resource Development |
|  □ Advocating |

**Role Statement in Service Provision:**

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**Goals/Objectives:**

(This section may be duplicated if additional goals/objectives/interventions are identified.)

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<tr>
<td>□ Family functioning</td>
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<td>□ Social functioning</td>
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<td>□ Involvement in Recovery</td>
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<tr>
<td>□ Transportation</td>
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<td>□ Employment</td>
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<td>□ Recreational</td>
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<td>□ Interscholastic/Developmental</td>
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<td>□ Heterosexuality</td>
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<td>□ Residential Stability</td>
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<td>□ Legal</td>
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<td>□ Sleep</td>
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<td>□ Self-care</td>
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<td>□ Daily Living</td>
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<td>□ Physical/Medical Health</td>
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<td>□ Decision Making</td>
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IRP Forms Continued

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**Process on Goal:** Click here to enter text.

**Objectives:**
1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

**Type of Service:**
- Transition Assistance Services
- HCBS-AMH Psychosocial Rehabilitation Services
- Adaptive Aids/Medical Supplies
- Employment Services
- Employment Assistance
- Supported Employment
- Transportation
- Community Psychiatric Support and Treatment
- Home Support
- Assisted Living
- Supervised Living Services
- Supportive Home Living
- Host Home Companion
- Home Delivered Meals
- Minor Home Modifications
- Nursing HH
- Nursing HH+85
- Substance Use Disorder Services
- Flexible Funds
- SSI Services
- RIM Services
- RIM Transition Services
- RIM Conversion Services

**Frequency:** Click here to enter text.

**Duration:** Click here to enter text.

**Objective Intervention is Addressing:** 1. 2. 3.

**Signature of Provider, Credentials, and Date:**

**Responsibility of the Recovery Manager:**
- IRP Development
- Assisting with Informed Choices
- Coordinating/Monitoring Service Provision
- Resource Development
- Advocating

**Role Statement in Service Provision:** Click here to enter text.

**Frequency:** Click here to enter text.

**Duration:** Click here to enter text.

2. **Interventions** Click here to enter text.
IRP Forms Continued

TExAS Institute for Health Services and System Improvement
Home and Community Based Services-Adult Mental Health (HCB-AMH)

Individual Recovery Plan

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<tr>
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8
IRP Forms Continued
### IRP Forms Continued

**Individual Recovery Plan**

**Rule Statement in Service Provision:** Click here to enter text.

- **Frequency:** Click here to enter text.
- **Duration:** Click here to enter text.

**Modifications of HCBS-AMH Requirements (If Applicable)**

<table>
<thead>
<tr>
<th>Type of Modification</th>
<th>Next Review Date of Modification</th>
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<tbody>
<tr>
<td>☐ Setting Requirements</td>
<td>☐ Interventions and supports will cause no harm to the individual.</td>
</tr>
<tr>
<td>☐ Medication Safety and Management</td>
<td></td>
</tr>
<tr>
<td>☐ Personal Restraint</td>
<td></td>
</tr>
<tr>
<td>☐ Individual Autonomy</td>
<td></td>
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**Assessed Need for Modification:**

Specific Modification (a clear description of the condition that is directly proportionate to the specific assessed need):

- Click here to enter text.

**Less Intrusive Methods Previously Utilized:**

- Click here to enter text.

**Effectiveness of Modification (based on review):**

- Click here to enter text.

**Person(s) Involved in Modifications:**

- Click here to enter text.

**By signing below, I am providing informed consent to this modification and have been informed of how to report incidences of abuse, neglect, or exploitation.**

**Signature of individual and/or LAR:**

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IRP Forms Continued
### Crisis Plan

**Step 1: Warning signs that tell me a crisis may be developing (thoughts, images, mood, situation, behavior):**
1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

**Step 2: Coping strategies that help me feel better (coping strategies may include relaxation techniques, physical activity, cultural and spiritual beliefs):**
1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

**Step 3: Social settings that provide a distraction or help me feel better:**
1. Place: Click here to enter text.
2. Place: Click here to enter text.
3. Place: Click here to enter text.
4. Place: Click here to enter text.

**Step 4: Supportive people whom I can ask for help:**
1. Name: Click here to enter text.
   Phone: Click here to enter text.
2. Name: Click here to enter text.
   Phone: Click here to enter text.
3. Name: Click here to enter text.
   Phone: Click here to enter text.
### Safety Plan Forms

#### Individual Safety Plan

Developed using recommendations from the American Association of Suicidology

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<td><strong>Name</strong>: Click here to enter text.</td>
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<tr>
<td><strong>Address</strong>: Click here to enter text.</td>
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**A. Sexual Abuse**

Is the individual at risk for abuse in this area?  □ Yes (if any area below is checked) □ No
□ Likely to be involved in an abusive situation □ Difficulty being assertive □ Other:

**Specific measures to minimize risk of abuse for each area checked**

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

**B. Physical Abuse**

Is the individual at risk for abuse in this area?  □ Yes (if any area below is checked) □ No
□ Identifying potentially dangerous situations □ Limited community integration
□ Difficulty interacting with others □ Difficulty dealing with verbally/physically aggressive persons
□ Verbally/physically abusive to others □ "Victim" history exists □ Other:

**Specific measures to minimize risk of abuse for each area checked**

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

**C. How and where to report threats/concerns**

Organization and Contact information:
1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

**D. What should I do if I feel I need help?**

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
Critical Incident Forms

Form Type: Initial □ Outcome □
Individual Name [last, first, mi]: □ Click here to enter text.
CARE ID Numbers: □ Click here to enter text.
CMHIS ID: □ Click here to enter text.
Date of Birth: □ Click here to enter text.
County of Services: □ Click here to enter text.
Legally Authorized Representative Name [last, first, mi]: □ Click here to enter text.

Please complete for all known critical incidents. To be completed within 72 hours of notification of an incident.

Type of Incident:
- □ Death
- □ Missing
- □ Medication Error
- □ Discharge from Hospital
- □ Participant Departure
- □ Change of (meth, drugs)
- □ Physical abuse or verbal threats of staff or other members
- □ Refusal to participate
- □ Staff/Healthcare Team Involvement (Non-Justice System below if applicable)
- □ Behavioral or Psychiatric Emergency (Complete hospitalization field below if applicable)
- □ Injury/Medical Emergency (Complete hospitalization field below if applicable)

Other Persons Involved in Incident:
- Sought: □ Victim □ Witness □ Others
- Last Name: □ Click here to enter text.
- First Name: □ Click here to enter text.
- Sought: □ Victim □ Witness □ Others
- Last Name: □ Click here to enter text.
- First Name: □ Click here to enter text.
- Sought: □ Victim □ Witness □ Others
- Last Name: □ Click here to enter text.
- First Name: □ Click here to enter text.

Date of Incident: □ Click here to enter text.
Time of Incident: □ Click here to enter text.
Location of Incident: □ Click here to enter text.

Provide a brief description of incident (who, what, when, where; also include the date and time that provider was notified of incident): □ Click here to enter text.

* If individual is unable to be located for a period of 72 hours, Recovery Manager is to file a missing persons report with local law enforcement.
DISCHARGE, SUSPENSION AND TRANSFER CHECKLIST

Below is a checklist to guide the IHM in the discharge, transfer, and suspension process. Select the applicable process and complete the checklist under the identified action. Any steps on the checklist that are not applicable can remain blank.

PREPARING FOR A DISCHARGE

Criminal Justice Involvement, Hospitalization, or Death:

☐ Identify reason for discharge
☐ Update critical incident report and submit with Discharge IEP
☐ Complete Discharge IEP and submit to DISHS
☐ Obtain Determination Letter from DISHS and distribute to individual and/or LAR, and Provider

No Clinical Need, Higher Clinical Need, or Service No Longer Available:

☐ Identify reason for discharge
☐ Contact DISHS and request an updated Uniform Assessment (UA)
☐ Complete Discharge IEP and submit
☐ Obtain release of information from the individual and make referral to outside resources, if applicable
☐ Obtain Determination Letter from DISHS and distribute to individual and/or LAR, and Provider

Individual’s Choice of Setting, Non-compliant with Services, Out of Service Area, or Voluntary:

☐ Identify reason for discharge
☐ Schedule recovery plan meeting with individual and providers and discuss reason for discharge
☐ Draft a corrective action plan, if applicable
☐ Conduct follow-up recovery plan meeting with individual and providers, if applicable
☐ Complete and submit Discharge IEP
☐ Obtain release of information from the individual and make referral to outside providers, if applicable

☐ Obtain Determination Letter from DISHS and distribute to individual and/or LAR, and Provider
HCBS-AMH Resources

• Program Overview
  https://www.dshs.texas.gov/mhsa/hcbs-amh/

• Provider Manual
  https://www.dshs.texas.gov/mhsa/hcbs-amh/Manuals.aspx

• Recovery Managers Handbook
  https://www.dshs.texas.gov/mhsa/hcbs-amh/recoverymanager/

• Forms
  https://www.dshs.texas.gov/mhsa/hcbs-amh/Forms.aspx
Questions?

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