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## HCBS-AMH Frequently-Asked Questions

### HCBS-AMH Program General Information

What is the Home and Community-Based Services – Adult Mental Health program?

The Home and Community-Based Services – Adult Mental Health (HCBS-AMH) program is designed to increase available support services for adults with Serious Mental Illness (SMI) and a history of long-term psychiatric hospitalization, frequent

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arrests, or frequent hospital emergency room use. HCBS-AMH uses a person-centered recovery planning approach to provide services designed to enable individuals diagnosed with SMI to live independently in the community.

How does HCBS-AMH support individuals with SMI to foster their recovery?

HCBS-AMH provides a comprehensive range of in-home support services designed to augment existing services available to individuals diagnosed with SMI. Each **individual work with a team comprised of the individual's current treatment** providers; persons who support the individual, such as family members; the HCBS-AMH Provider Agency (PA); and HCBS-AMH Recovery Manager (RM) to develop an **individualized recovery plan specific to the individual's needs and goals.**

Why was the decision made to develop a State Plan Amendment 1915(i) rather than a 1915(c) Medicaid waiver for HCBS-AMH program?

Medicaid Home and Community-based Services (HCS) waiver programs are authorized in §1915(c) of the Social Security Act to provide services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Among other requirements, the Centers for Medicare and Medicaid Services (CMS) require states to prove the 1915(c)-**waiver's ability to reduce Medicaid's** institutional care costs.

Texas chose the 1915(i) because of the flexibility it affords. The state does not have to prove to CMS the 1915(i) reduces Medicaid's institutional care costs. As a result, HCBS-AMH can serve individuals for whom Medicaid does not typically fund institutional care. Additionally, an Institution of Mental Disease (IMD) for persons between the ages of 21 and 65 is not a qualified institutional setting under **Medicaid, which means CMS would not approve a program that "waives" off the** IMD. Finally, the 1915(i) State Plan Amendment allows the State of Texas to develop its own needs-based criteria for HCBS-AMH program, appropriate to the population served.

Is there a difference between the HCS waiver program and the HCBS-AMH program?

Yes, there are several key differences between the HCS program and the HCBS-AMH program: 1) HCS is a 1915(c) waiver program and HCBS-AMH is a 1915(i) program (see response to #3); 2) HCS serves individuals who would otherwise be eligible to receive services in an intermediate care facility for individuals with an intellectual disability, while HCBS-AMH eligibility is not based on an institution; 3) **individuals access each program through a different "front door" in the service**

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system; and 4) the provider base for each program is subject to different rules, regulations, and oversight.

Is STAR+PLUS statewide in Texas? Why is the HCBS-AMH target population primarily eligible to receive services from a STAR+PLUS Managed Care Organization (MCO)?

As of September 1, 2014, STAR + PLUS was available statewide. The HCBS-AMH target population will mostly be enrolled in STAR + PLUS because they have a disability and qualify for Supplemental Security Income (SSI) or Medicaid because of low income.

What types of Medicaid are accepted for the HCBS-AMH program?

Individuals enrolled in HCBS-AMH program and receiving services are included in an **eligibility group that is covered under the State's Medicaid Plan. Most participants** will be enrolled in STAR+PLUS because they have a disability and qualify for SSI or due to low income. A full list of accepted Medicaid types is currently under development and will soon be available at: [HCBS-AMH Program Provider Portal website](#).

What is the maximum income level for individuals to be eligible for the HCBS-AMH program?

Individuals must have an income that does not exceed 150 percent of the Federal Poverty Level (FPL) to be eligible for HCBS-AMH program. However, most individuals eligible for the HCBS-AMH program will have an income lower than 150 percent FPL when eligible for Medicaid connected to their SSI income.

Can participants be dually enrolled in the Qualified Medicare Beneficiary (QMB) or Community Based Alternatives (CBA) programs and HCBS-AMH?

Individuals enrolled in QMB would not qualify for the traditional Medicaid-funded HCBS-AMH program, since they are not Medicaid eligible.

An individual cannot be dually enrolled in HCBS-AMH and the STAR+PLUS HCS waiver. Thus, if an individual enrolled in STAR+PLUS HCS waiver applies for HCBS-AMH and is determined eligible, the individual must choose between the two programs.

The former CBA waiver program is no longer operational. CBA, which provided HCBS to people who were elderly and adults with disabilities as a cost-effective alternative to living in a nursing home, ended in August 2014.

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Can an individual who is dually diagnosed with a mental illness and IDD be eligible for the HCBS-AMH program?

An individual can be referred to the HCBS-AMH program if they have a primary diagnosis of SMI. An individual who also has an IDD diagnosis may be eligible for the program if they have demonstrated an ability to achieve clinical gains from outpatient mental health services.