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## HCBS-AMH Frequently-Asked Questions

### HCBS-AMH Referral and Enrollment

How is an individual determined eligible for the HCBS-AMH program? Eligibility is determined using demographic, clinical, functional, and financial criteria. Individuals are assessed using the HCBS-AMH Uniform Assessment (UA) to evaluate the person's need for HCBS-AMH. Individuals must meet the following criteria to be eligible for HCBS-AMH:

- Have a diagnosis of SMI;
- Be 18 years of age or older;
- Meet at least one of the following needs-based criteria:
  - ▶ Long-Term Psychiatric Hospitalization - Must be Medicaid eligible and have been served three or more years (cumulative or consecutive) in an inpatient psychiatric hospital during the five years prior to referral; or
  - ▶ Jail Diversion - Must have active Medicaid and have experienced two or more psychiatric crises (i.e., inpatient psychiatric hospitalizations or an outpatient psychiatric crisis that meets inpatient psychiatric criteria) and four or more discharges from a correctional facility during the three years prior to the referral; or
  - ▶ Emergency Department Diversion - Must have active Medicaid and two or more psychiatric crises (i.e. inpatient psychiatric hospitalizations or outpatient psychiatric crisis that meets inpatient psychiatric criteria) and 15 or more total emergency department visits during the three years prior to the referral; and

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- Not be dually enrolled or receiving HCBS services by any other means, including enrollment in Community Living Assistance and Support Services, Deaf Blind with Multiple Disabilities, STAR+PLUS HCS, or Texas Home Living Waiver. Individuals can be eligible but not dually enrolled. If determined eligible for the HCBS-AMH program, the individual will be placed on pending enrollment status until the individual makes an informed decision about which program is desired.

### Who can refer an individual for the HCBS-AMH program?

An individual can be referred by a Local Mental Health Authority/Local Behavioral Health Authority (LMHA/LBHA) or by a state-operated psychiatric facility, hereafter referred to as a state hospital.

The assigned state hospital social worker refers an individual who currently resides in a state hospital. The LMHA/LBHA that is linked with that state hospital does not need to be a provider of services for the referral process to take place. If the individual is enrolled, he or she will select a Recovery Management Entity (RME) and PA (of those available in their chosen community) to provide HCBS-AMH services.

The LMHA/LBHA may refer individuals currently receiving services in nursing homes, private psychiatric hospitals, medical hospitals, other community settings, or who are incarcerated. For individuals being referred by the LMHA/LBHA, any agency can identify those who meet criteria for HCBS-AMH. These persons may be directed to contact the inquiry line at the LMHA/LBHA to learn how to apply for the HCBS-AMH program.

See HCBS-AMH Provider Manual at: [HCBS-AMH Program Provider Portal website](#).

### How do state hospitals and LMHAs/LBHAs identify individuals who may possibly meet criteria for HCBS-AMH?

State hospitals and LMHAs/LBHAs have access to the 1915(i) HCBS-AMH Target Populations Report that shows individuals who meet one of the target populations criteria. This report is available in the [Mental Retardation and Behavioral Health Outpatient Warehouse \(MBOW\)](#) web portal and can be found under the CA Continuity of Care folder, which includes the following three reports:

- Long Term Psychiatric Hospitalization Individuals 1915(i);
- Emergency Department Diversion Individuals 1915(i); and
- Jail Diversion Individuals 1915(i).

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What is the role of the LMHA/LBHA as a referring entity?

The LMHA/LBHA is responsible for referral of individuals currently residing in the community in the LMHA/LBHA catchment area. This process includes completion of the HCBS-AMH UA that includes the Adult Needs and Strengths Assessment (ANSA) and enrollment forms.

The LMHA/LBHA provides a phone number specific to HCBS-AMH inquiries and appoints an HCBS-AMH Point of Contact, whose responsibilities include:

- Monitoring the HCBS-AMH Inquiry Line to ensure appropriate information is being disseminated to inquiries and routed to the appropriate personnel;
- Coordinating all aspects of the referral and enrollment process for individuals applying from the community; and
- Acting as the main contact with HHSC.

For more information on the LMHA/LBHA role, see the [HCBS-AMH Provider Manual](#) and [Performance Contract Notebook](#).

What documents are required to submit a referral to the HCBS-AMH program?

The following documents are required for a referral and enrollment into the HCBS-AMH program:

- [HCBS-AMH Consent for Eligibility Determination and Enrollment](#)
- [HCBS-AMH Uniform Assessment](#) (demographic information and [ANSA](#))
- [HCBS-AMH Provider Selection Form](#)
- [HCBS-AMH Notification of Participant Rights Form](#)
- Any supporting documentation applicable to verify program eligibility

Email [HCBS-AMH-EnrollmentandReferral@hhsc.state.tx.us](mailto:HCBS-AMH-EnrollmentandReferral@hhsc.state.tx.us) for referral and enrollment questions.

How long does it take to know the eligibility status of an individual referred to the HCBS-AMH program?

After HHSC receives completed referral and enrollment documents, HHSC has five business days to make an eligibility determination and notify the referring entity and individual and/or legally authorized representative (LAR).

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Once enrolled into the HCBS-AMH program, how long can a participant remain enrolled?

**An enrolled individual (referred to as a 'participant')** is eligible for the program if they require HCBS-AMH services and meet financial eligibility criteria. An annual HCBS-AMH UA including ANSA is completed to determine continued need for HCBS-AMH services.

What happens if a participant is unable to be located during the initial 14 days after enrollment and an initial Individual Recovery Plan (IRP) cannot be developed?

Within 1 business day after the 14 days, the LMHA/LBHA submits documentation to HHSC regarding any interventions that were conducted to engage the participant. The LMHA/LBHA documentation includes but is not limited to: number of attempted contacts; type of attempted contacts (face-to-face or by telephone); and names of other persons contacted. Depending on the determination made by HHSC, a suspension IRP completed by the RME may be required.

If an individual is not competent to give consent to be in the program, do they require an LAR?

If an individual is determined that they are not competent to give their consent for this program, an LAR must sign the HCBS-AMH referral and enrollment documents.

If an individual is determined ineligible for the HCBS-AMH, can they be referred again at a future date?

Yes, an individual can be referred to the HCBS-AMH program again 30 days after an ineligibility determination, provided circumstances that led to initial ineligibility have changed, and there is reasonable belief the individual meets eligibility criteria. The referring entity must submit new referral and enrollment documents per the HCBS-AMH Referral and Enrollment process.

Will individuals be eligible to participate in the program if they are on parole or probation?

Yes, if an individual is not an inmate of the criminal justice system and meets all other programmatic requirements, they may participate in the HCBS-AMH program.

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Are individuals in a state hospital and are on a forensic commitment status eligible for the HCBS-AMH program?

Yes, individuals who meet HCBS-AMH clinical eligibility can be enrolled while currently on a forensic commitment, i.e., Incompetent to Stand Trial ([Chapter 46B of the Texas Code of Criminal Procedure](#)) or Not Guilty by Reason of Insanity ([Chapter 46C of the Texas Code of Criminal Procedure](#)) if approved by the presiding judge and district attorney. The presiding judge has the ultimate authority in allowing the individual to reside in the community in a setting that meets [CFR 441.710 standards](#). If the individual is enrolled in the program but is not discharged from the state hospital within 30 days, the individual will be placed on suspension. If, after six months on suspension the individual is not discharged from the state hospital, then the individual will be dis-enrolled from the program but may reapply for the program upon discharge.

Are individuals in an Outpatient Competency Restoration (OCR) Program eligible for the HCBS-AMH program?

Yes, individuals on a 46B commitment who are receiving restoration services in an OCR program may be enrolled while currently in the OCR if approved by the presiding judge and if the individual meets HCBS-AMH clinical eligibility.

Are individuals who are currently in the custody of the Texas Department of Criminal Justice (TDCJ), i.e. inmates, eligible for the HCBS-AMH program?

Yes, individuals who are inmates of TDCJ may be enrolled in the program upon release. Individuals released from TDCJ custody on probation or parole may be enrolled if approved by the presiding judge and if the individual meets HCBS-AMH clinical eligibility; whereas, individuals who time-out of TDCJ custody (referred to as a **'flat discharge)** simply need to meet clinical eligibility.

Can time served in TDCJ custody count towards the needs-based criteria of the HCBS-AMH program?

Yes, but only time spent on Skyview, Montford, and/or Jester units of TDCJ may count toward the needs-based criteria of Long-Term Psychiatric Hospitalization.

What if an individual is currently in a state hospital and in the process of having Medicaid reinstated or newly established, but the Medicaid is not active before their discharge date?

The HCBS-AMH program takes into consideration this circumstance for individuals being referred by the state hospital. If the process to reinstate benefits has been initiated, the individual will be considered for eligibility and enrollment into the program.

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What happens when a participant moves to a different county in the state?

If a participant wishes to move to another county, the current RM facilitates the transfer to another HCBS-AMH contracted PA and RME, if available in the new county. HCBS-AMH is not responsible for associated moving expenses.

If the move requires a transfer into a new LMHA/LBHA service region, the receiving LMHA/LBHA must accept participant to receive services from the LMHA/LBHA. **The RM and participant will communicate to the current LMHA/LBHA the participant's desire to move.** In response, the current LMHA/LBHA will initiate the LMHA/LBHA transfer. **"Current LMHA/LBHA" means the LMHA/LBHA currently providing services, and "New LMHA/LBHA" means the LMHA/LBHA to where the participant intends to move.** For more information, please refer to [26 TAC §306.195](#) regarding transfers and changing LMHA/LBHA.

What happens when a participant decides they do not want to be in the HCBS-AMH program any longer?

All participants have the right to change their minds and terminate enrollment from HCBS-AMH program at any time. **Notification of a participant's wish to terminate program enrollment is communicated to HHSC through the participant's RM.**

HHSC will dis-enroll the participant from the program and confirm their disenrollment status by sending the participant a disenrollment letter. The participant must begin a new referral and enrollment process if they decide they would like to receive HCBS-AMH services again.