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# HCBS-AMH Frequently-Asked Questions

## HCBS-AMH Services

What is an IRP? Have the IRP forms been developed, or will each PA and RM create their own?

An IRP is a written, individualized recovery plan developed in consultation with the participant, LAR (if applicable), and the interdisciplinary treatment team (IDT) that includes the RM, PA, natural supports, other treatment providers, and as applicable, LMHA/LBHA, state hospital clinicians, or both. The IRP serves as the authorization document for HCBS-AMH services and is developed using a Person-Centered Recovery Planning process.

The [IRP template](#) has been developed with input from Via Hope<sup>1</sup>, RME, and LMHAs/LBHAs. The IRP template is available upon request to the HCBS-AMH RME Liaison at [HCBS-AMH-RM-IRP-PA@hpsc.state.tx.us](mailto:HCBS-AMH-RM-IRP-PA@hpsc.state.tx.us).

When is the initial IRP due and how often must an IRP be updated?

An initial IRP is required to be developed within 14 days of enrollment, and an update IRP is required every 90 days for the first year of enrollment, and every 180 days thereafter unless and until disenrollment from the program. All IRPs must be completed and submitted for review within the required timeframes to the HHSC IRP dedicated mailbox at [HCBS-AMH-RM-IRP-PA@hpsc.state.tx.us](mailto:HCBS-AMH-RM-IRP-PA@hpsc.state.tx.us).

Can providers participate in IDT meetings remotely?

If the participant is in the community at the time of an IDT meeting, the PA must attend in person. However, if the participant is in a state hospital when an IDT meeting is convened, the PA may attend via tele-conference or tele-video.

Can a participant receive services from the HCBS-AMH program and services from the LMHA/LBHA simultaneously?

Yes. The IRP determines service needs from the HCBS-AMH program. These services are in addition to, and designed to complement, services received from the LMHA/LBHA. HCBS-AMH services neither replace nor include psychiatric and/or medical services received from the LMHA-LBHA.

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<sup>1</sup> Via Hope is a Texas based 501c3 nonprofit organization that provides education, training, and consultation to individuals in recovery from mental illness, their family members, transition age youth, and mental health professionals throughout the state of Texas.

What is Peer Support in HCBS-AMH services?

Peer Support services are recovery-focused services provided by Certified Peer Specialists who are in recovery from mental illness and/or substance use disorders (SUD). Peer Support promotes development of skills for coping with symptoms of SMI and/or SUD and includes identification and/or development of natural supports and strengths. For more information on Peer Support services, please refer to [HCBS-AMH Provider Manual section on Peer Support](#).

What services are eligible for flexible funds?

Flexible funds are used for non-clinical supports and reserved for indigent (non-Medicaid) participants. Flexible funds may be used for non-indigent participants for unique circumstances whereby the service is clinically required and not attainable by any other means. Flexible funds must receive prior approval by HHSC and augment a service on the IRP to reduce symptomatology and maintain quality of life and community integration. Providers are required to document on the IRP a good faith effort to secure funding prior to requesting authorization of flexible funds. See [HCBS-AMH Billing Guidelines section on Flexible Funds](#).

Does the HCBS-AMH adaptive aids service cover applications for a **participant's smartphone to assist with medication reminders** and other prompts to assist in independent living?

**Yes, applications for a participant's phones will be covered under adaptive aids.** Like all requests for an adaptive aid, items costing more than \$500 must be recommended in writing by a service provider **qualified to assess the participant's need for the specific adaptive aid.** See [HCBS-AMH Billing Guidelines](#) section on Adaptive Aids for more information.

Can interns provide community psychiatric supports and treatment?

Interns who are licensure candidates may provide services as part of a graduate program, under the direct supervision of an appropriately licensed professional.

Does HCBS-AMH provide housing for participants who are enrolled in this program?

Medicaid does not pay for room and board. HCBS-AMH does offer four types of residential support services to assist participants live as independently as possible. The four types of housing services are: Host Home/Companion Care; Supported Home Living; Supervised Living; and Assisted Living.

HCBS-AMH program contracts with HCBS-AMH PAs and RMEs to assist participants in finding housing that has been approved by HCBS-AMH to meet the [HCBS Setting Requirements](#) per CMS. Additional HCBS-AMH services the participant needs may include assistance with activities of daily living, meal preparation, transportation, and reinforcement of skill-building.

Will RMs be responsible for finding and matching the person to housing and housing vouchers?

The RM must have knowledge of housing resources currently available in the areas the RM serves. However, finding and locating housing is the responsibility of the PA in consultation with the RM who will ensure the housing meets [HCBS Setting Requirements](#) per CMS by checking prior to the individual's move.

Who determines the type of housing that participants live in?

HCBS-AMH offers four types of housing options in the program. The participants can choose the housing option they prefer, unless otherwise dictated by the judicial system.

What work has been done to ensure there is housing availability?

Contracted PAs are required to offer all four types of HCBS-AMH housing.

What are the differences across the four housing options?

- Assisted living - 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security. Assisted living services are provided in facilities licensed by HHSC Regulatory Services, with services billed as a daily unit. For further details, please refer to [HCBS-AMH Provider Manual](#), section on HCBS-AMH Service Definitions. For Settings regulations, please refer to the Provider Manual section on Settings Requirements.
- Host/home companion care - provided in a private residence. In a host/home arrangement, the provider owns or leases the residence. In a companion care setting, the residence may be owned or leased by the companion care provider or individual. The service is billed as a daily unit.
- Supported home living - provided to participants residing in their own home or family residence. This service is the only one of the housing options that may be billed in hourly units.

- Supervised living - requires 24-hour staff supervision. Supervised living services must meet federal HCBS Settings requirements. The supervised living is provided by providers who are not awake during normal sleep hours but are present in the residence and able to respond to the needs of participants during normal sleeping hours; or by providers assigned to a shift schedule that includes at least one complete change of staff each day. This service is billed as a daily unit.

Are PAs expected to adhere to federal housing regulations?

Yes. The housing standards are available at: [State Plan Home and Community-Based Services for the Elderly and Individuals with Disabilities](#).

What is the maximum number of program participants allowed in one housing/setting?

The maximum number of participants allowed is dependent upon the type of setting. However, HCBS-AMH program would like to ensure participants reside in a home-like setting rather than institutional-like settings.

Is a license required for all PA housing?

No, only Assisted Living Facilities require state licensure. However, any setting may be subject to regulation by the city or local municipality, which can vary.

Can HCBS-AMH participants reside in settings that do not meet HCBS-AMH settings requirements?

Yes, HCBS-AMH participants may reside in settings that do not meet HCBS-AMH settings requirements. However, according to the 1915(i) State Plan Amendment, all non-residential services must be provided in settings that comply with HCBS settings requirements. In other words, if the home does not meet the HCBS-AMH settings requirements HCBS-AMH services must be delivered outside the home. However, participants can reside in non-HCBS setting and receive HCBS services as long as residential services are not billed.