

Appendix A: Inquiry List Management



TEXAS
Health and Human
Services

Table of Contents

Table of Contents	ii
Inquiry List Instructions	1
Overview	1
Reporting	1
Considerations	1
Instructions	1
Inquiry Line Script	4
Standard Voicemail Script.....	4
Returning Initial Call	4
No, LAR Is Unavailable to Talk.....	5
Yes, LAR Is Available to Talk	5
No, LAR Is Not Interested in Services or Demographic Eligibility Assessment	6
Yes, LAR Is Interested in Demographic Eligibility Assessment	7
Demographic Screening	7
Demographic Eligibility Not Met	7
Demographic Eligibility Met	8
Wait Time Until Clinical Assessment Is Not Longer than 7 Business Days .	8
Demographic Eligibility Met.....	8
No, LAR Is Not Interested in Answering Additional Questions Related to Reserved Capacity.....	8
Yes, LAR Is Interested in Answering Additional Questions Related to Reserved Capacity.....	9
Wait Time Until Clinical Assessment Is Longer than 7 Business Days	10

Inquiry List Instructions

Overview

The HHSC approved Inquiry List spreadsheet is intended to track all calls from individuals who are interested in receiving services through the YES Waiver. Calls received through the YES Waiver inquiry line must be documented for reporting purposes, though not all individuals who are interested in receiving YES Waiver services may be found eligible for enrollment. Calls will be logged when they are received by an individual as a self-referral or by the individual's legally authorized representative (LAR).

The Inquiry List template can be found at the [Provider Portal](#).

Reporting

The inquiry list tracking log must be submitted to YES Waiver monthly on or before the 5th business day of the month. All lists must be sent to yeswaiver@hhsc.state.tx.us.

Considerations

These instructions cover the most common scenarios. If additional support is needed, reach out to the YES Waiver program for guidance.

Instructions

1. When a call to the YES Waiver inquiry line is received, confirm that the call is from an individual interested in YES Waiver services OR their Legally Authorized Representative (LAR), a managing conservator, or a medical consentor. An individual's name cannot be placed on the inquiry list if it does not come from the individual, their LAR, or a managing conservator or medical consentor.
2. If the referral is from an individual interested in YES Waiver services or their LAR, document the following information:
 - a. Participant First and Last Name
 - b. LAR Name
 - c. LAR Phone Number
 - d. Referral Source
Note: If the referral source is not outlined in the drop-down menu, choose "Other" and document the referral source in the **NOTES** column.
 - e. Date call received
 - f. Date call returned
Note: Date call received may be the same as date call returned if the LMHA answered the call immediate. All calls should be returned within 24

- hours or 1 business day. If the LMHA is unable to return the call within this time frame, the reason must be documented in the **NOTES** column.
3. After informing the individual/LAR about the YES Waiver, document the individual's demographic eligibility status in **DEMOGRAPHIC ELIGIBILITY MET** column. Then, document the date demographic eligibility was determined in **DATE DE MET** column. The individual's demographic eligibility status should be selected in accordance with the following descriptions:
 - a. **Yes** – Participant meets demographic eligibility
 - b. **No – Not between 3-18** – Individual was not between the ages of 3-18 at the time of the call.
 - c. **No – Does not live with LAR** – Individual does not currently live with their LAR and they are not considered an emancipated minor.
Note: Demographic eligibility is met if the youth is in a temporary out-of-home placement, such as a residential treatment facility, and it is expected that they will be discharged within 30 days.
 - d. **N/A – Does not live in LMHA region; Referred** – This should be used with the individual does not live within the LMHA service region. This individual has not been denied enrollment and does not require a Denial of Eligibility Letter or a Letter of Withdrawal. The LMHA should refer the individual and/or LAR to the appropriate YES Waiver program.
 - e. **N/A – Could not contact LAR** – This should be used when the LMHA is unable to contact the LAR and has documented their good faith efforts. A Letter of Withdrawal should be sent to the individual and/or their LAR.
 - f. **N/A – Not interested** – The individual and/or their LAR was not interested in YES Waiver program and does not wish to have a clinical eligibility determination. A Letter of Withdrawal should be sent to the individual and/or their LAR.
 4. Document the date of the scheduled in-person clinical eligibility assessment in the **CLINICAL ASSESSMENT DATE** column. Clinical eligibility assessments should be completed within 7 business days. If an individual is waiting longer than 7 days to be assessed, make sure to refer them to other services in the community and at the LMHA, as applicable. Document the reason why the scheduled wait for an in-person assessment is longer than 7 days. If an individual is waiting for assessment, include other services the individual is currently receiving (private counseling, TRR-LOC, TCOOMI, etc.)
Note: If the individual did not meet demographic eligibility or if they were uninterested in YES Waiver, document the **CLINICAL ASSESSMENT DATE** as the **DATE DE MET**.
 5. After the individual's demographic and clinical eligibility have been determined, document the individual's Yes Waiver eligibility in the **YES WAIVER ELIGIBILITY STATUS** column.
 - a. **Approved** – The individual's eligibility status was approved in CMBHS
 - b. **Denied - Clinical Eligibility (CMBHS)** – the individual's eligibility status was not approved in CMBHS
 - c. **Denied - Medicaid Ineligible** – The individual's clinical eligibility status may have been approved, but their application for Medicaid was denied.

- d. **Denied - Dual Enrollment** – The individual is enrolled in another Medicaid waiver program and chooses to remain enrolled in that program.
 - e. **Denied - Demographic Eligibility** – The individual did not meet demographic eligibility criteria.
 - f. **N/A - Unable to Complete Assessment** – The LMHA was unable to complete a clinical eligibility assessment for any reason. Document the reason an assessment was unable to be completed in the **NOTES** column.
6. Document the type of letter that was sent to the individual in the **LETTER SENT** column.
- a. **Authorization of Services** – This letter should be mailed within 7 business days after an individual has been approved for YES Waiver. If an individual has been approved and is not enrolled in Medicaid, a **Pending Authorization of Services** letter is mailed. If an individual has been approved and is enrolled in Medicaid, an **Authorization of Services** letter is mailed.
 - b. **Letter of Denial** – This letter should be mailed within 7 business days after an individual has been formally denied enrollment in YES Waiver. Common reasons for denial include when an individual does not meet demographic criteria, clinical eligibility criteria, or they are found ineligible for enrollment in Medicaid.
 - c. **Letter of Withdrawal** – This letter should be mailed within 7 business days if the individual and/or their LAR requests to be removed from the inquiry list or if the LMHA is unable to contact the individual and/or LAR to complete an assessment and good faith efforts have been attempted.
7. Document the date the letter was sent to the individual in the **DATE SENT** column.
8. Document the individual's case status in the **CASE STATUS** column.
- a. **Closed—Withdrawn** – This should be used anytime an individual has requested to be withdrawn from the inquiry list, the individual did not live in the LMHA service region, OR an eligibility determination was unable to be made.
 - b. **Denied** – This should be used anytime an individual has been denied enrolled in the YES Waiver.
 - c. **Enrolled** – This should be used when an individual has been found eligible for enrollment in YES Waiver and is enrolled in Medicaid.
 - d. **Pending Medicaid** – This should be used when an individual has been found eligible for enrollment in YES Waiver but does not currently have Medicaid.
 - e. **Waiting Assessment** – This should be used anytime an individual is waiting to receive a clinical eligibility assessment.

Inquiry Line Script

Standard Voicemail Script

Instructions: This language should be used as the recorded voicemail message for the YES Waiver inquiry line.

Hello, you have reached the Youth Empowerment Services Waiver Inquiry Line. Thank you for your interest in the YES Waiver. We have received your call and will call you back within 1 business day. Please leave your first and last name, phone number, and the best day and time to reach you. If you do not receive a phone call within 24 hours of your voicemail, please call **XXX-XXX-XXXX**. If you require immediate assistance, please call 911 or contact your local mental health authority at **XXX-XXX-XXXX**. Thank you and have a good day.

Returning Initial Call

Instructions: This language should be used when responding to an individual on the inquiry list.

Hello, this is **[Your Name]** from the YES Waiver at **[LMHA Name]** returning a call we received **[Date]**. May I speak with **[LAR Name]**?

Wait for LAR.

Thank you for your interest in the YES Waiver. Before we get started, I'd like to get a little bit of information from you.

1. Can you please tell me the name of the child/youth who is interested in participating in the YES Waiver and your relationship to them?

(This section confirms that referral is from LAR.)

If the person is not the individual's legally authorized representative, inform them that only a legally authorized representative can refer an individual to the YES Waiver.

2. Do you live in **[LMHA Service Region]**?

If the person does not live within your service region, refer them to the appropriate LMHA service region.

3. How did you hear about the YES Waiver?

(This section identifies the referral source.)

Wait for response. Document response on the inquiry list.

Thank you. Do you have about 10 minutes to talk about the program?

Wait for response.

No, LAR Is Unavailable to Talk

Is there another time that you are available for a 10-minute call?

Wait for response. After response is received, note the date and time that a follow-up call is scheduled.

Thank you. We will call you back **[Repeat Date and Time]**. Have a good day.

—STOP—

1. Document caller information.
2. Call LAR back at scheduled date and time.

Yes, LAR Is Available to Talk

Great. The YES Waiver is a mental health focused waiver that is very different from other waivers you may be aware of, such as those that serve individuals with intellectual and/or developmental disabilities. We want to clarify that this waiver is intended to serve individuals with primary mental health conditions, though we do serve children and youth with IDD who also meet our other eligibility criteria. This can be discussed in more detail with the person who conducts your child's clinical assessment.

Participants who qualify for our program must be between the ages of 3-18 years old, and have serious mental, emotional, and/or behavioral difficulties.

Participants must also:

- have a qualifying mental health diagnosis,
- be at risk for out-of-home placement due to the severity of their mental health needs,
- meet the criteria to be in a psychiatric hospital, and

- have attempted other outpatient services, such as counseling offered through a community provider or school and continue to need a higher level of care. Youth who enroll in the program have typically received mental health services offered through a community partner.

Finally, in order to participate in this program, you cannot be currently enrolled in or receiving services from, another 1915(i) or 1915(c) program. Again, all of this will be discussed in depth with a mental health professional during the clinical assessment.

Because the participants served in this program require the highest level of supports to meet their mental health needs, services delivered are frequent and require participation from the family. This means your family will be seeing someone from our program at least once a week.

After a comprehensive assessment has been completed, and if your child or youth is found eligible for the YES Waiver program, services are approved for a 1-year time period. We find that most **children/youth** are able to meet some of their identified goals and can be supported through a lower level of service delivery within 9-16 months.

At 1 year, your **child/youth** will be reassessed to determine if they continue to meet all of the eligibility requirements for continued enrollment. While this program is not intended to be long- term, the length of stay in the program is based on your **child/youth's** individual need(s).

I understand this is a lot of information to take in at once. All of this information will be covered again during your **child/youth's** assessment. For now, do you have any questions?

Wait for LAR. Refer to frequently asked questions section if needed.

In order to move forward with a formal assessment, we are going to ask you a few questions to see if **you/your child/youth** meet the YES Waiver's demographic eligibility criteria. Would you like to proceed with this?

Wait for response.

No, LAR Is Not Interested in Services or Demographic Eligibility Assessment

Thank you for your time. At this point, we will remove **your/your child/your youth's** name from the inquiry list. You will receive a formal notice of this through the mail. Should you determine at any point in the future that you would like to pursue YES Waiver, you can call back and ask to be placed back on the inquiry list. Have a great day.

—STOP—

1. Document caller information.
2. Send out Letter of Withdrawal within 7 business days via certified mail.

Yes, LAR Is Interested in Demographic Eligibility Assessment

Move forward with demographic screening.

Demographic Screening

1. Is your child or youth between the ages of 3 to 18?
2. Does your child or youth live with you or in their own home or apartment if they are legally emancipated?

Be sure to document all responses. If LAR response is “**yes**” for every question, demographic eligibility is met.

Demographic Eligibility Not Met

Unfortunately, based on the answers you provided, **you/your child/your youth** does not meet demographic eligibility to receive services offered through the YES Waiver.

To participate in the program, **you/your child/youth** must be between the ages of 3-18 and live with you and/or in their own home or apartment if they are legally emancipated.

You will receive formal notice of this through the mail within the next few days. That letter will provide more specific information about why your **child/youth** did not meet eligibility as well as ways to appeal the decision if you do not agree.

If at any point your circumstances change, and you believe your **child/youth** may be eligible, you are welcome to call back to place your child on the inquiry list.

Connect the LAR to other services in the area that may be offered through the LMHA, as appropriate, or through the community.

Thank you and have a nice day.

—STOP—

1. Document caller information.

2. Send out Letter of Denial and Fair Hearing Request Form within 7 business days via certified mail.

Demographic Eligibility Met

Wait Time Until Clinical Assessment Is Not Longer than 7 Business Days

Based on the answers you provided, your child/your youth meets demographic eligibility. The next step is to proceed with an in-person clinical eligibility.

This is a comprehensive assessment which can take up to **[X]** hour[s] to complete. During this assessment, you will be asked a variety of questions that will help the clinician document information that the Health and Human Services Commission will review to determine your eligibility. You are welcome to bring in any supporting documentation that you feel should be taken into consideration including school records, previous mental health assessments/diagnoses, and medical records.

This assessment needs to be completed within 7 business days. What is the best time you can come in for an assessment?

Document the date that clinical assessment is scheduled.

Thank you for your time. We look forward to seeing you on **[Repeat Date and Time of Appointment]**.

NOTE: It may be helpful to contact the LAR 1-2 days in advance to confirm the client's intake appointment and to provide the LAR with any additional information they may need to arrive at the appointment, such as directions to your facility and any documentation required by your agency.

Demographic Eligibility Met

No, LAR Is Not Interested in Answering Additional Questions Related to Reserved Capacity

Are you currently connected to other services in the community?

Wait for response.

If response is "yes":

Which services are you connected to or receiving?

If response is **“no”**:

Is there a specific reason you are not receiving any services?

Document reasons listed by LAR. Provide LAR with a list of local resources. Enroll youth in TRR services as appropriate.

When your **child/youth’s** name is next in line for an in-person appointment, we will call you within 7 business days to schedule the formal clinical assessment.

Thank you and have a nice day.

—STOP—

1. Document caller information.
2. Follow up with LAR up to 30 days, but a minimum of 7 days, once a vacancy is open.

Yes, LAR Is Interested in Answering Additional Questions Related to Reserved Capacity

1. Are **you/your child** currently involved in CPS? **[Yes/No]**

- a. What is the name of your CPS Caseworker?
- b. How do you plan to meet your child’s needs while awaiting services?

If answer is **“yes”**, please document this information and reach out to your YES Waiver liaison to discuss reserved capacity slots.

Thank you, we will submit this information to the Health and Human Services Commission for review. This process may take up to 5 business days to verify and authorize. If it is determined that your child is eligible for prioritization on the inquiry list, we will reach out to you to schedule a formal clinical assessment which will need to take place within 3 days. As a reminder, this is not a guarantee of enrollment into the program; it is a review to assess if your child’s placement on the inquiry list may be prioritized.

Are you currently connected to other services through **[LMHA]** or in the community?

Wait for response.

If response is **“yes”**:

Which services are you connected to or receiving?

If response is “no”:

Is there a specific reason you are not receiving any services?

Document reasons listed by LAR. Provide LAR with a list of local resources. Enroll youth in TRR services as appropriate.

Your name has been placed on our inquiry list in the order in which your call was received. When **you/your child/your youth’s** name is next on the list, we will call you within 7 business days to schedule a formal clinical assessment.

Thank you and have a nice day.

—STOP—

1. Document caller information.
2. Follow up with LAR up to 30 days, but a minimum of 7 days, once a vacancy is open.

Wait Time Until Clinical Assessment Is Longer than 7 Business Days

Based on the answers you provided, **you/your child/youth** meets demographic eligibility.

The second part of the assessment process must take place in person. Unfortunately, the next available appointment is not for another **[X] [Weeks/months]**. However, as one of our primary goals is to help keep children and youth living in their homes and community, would you be willing to answer some additional personal questions? The information gathered from these questions will help us to determine what services might be available to help meet your child’s needs.

Wait for response.