

Appendix B: Participant Forms



TEXAS
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YES Waiver Initial Enrollment Checklist

Phase 1: Inquiry Received (Phone)

Inquiry Line

- Call to the YES Waiver inquiry line is received __/__/____.
- Referral for individual is from a legally authorized representative, which can include a DFPS conservator or medical consentor.
- Individual is placed on the Inquiry List __/__/____.
- LMHA calls the individual's LAR within 24 hours or 1 business day. Call LAR and/or individual on __/__/____.
- LAR and/or individual is not interested.
 - Letter of Withdrawal mailed within 7 business days. Mailed on __/__/____.
 - Referred individual to intake and screening for TRR services, as applicable.
 - Referred individual to other services.

—STOP—

OR

- LAR and/or individual is interested in YES Waiver.

Continue to Phase 2A.

Phase 2A: Assessment Conducted—Demographic (Phone)

Demographic Eligibility

- Demographic Criteria NOT Met.
 - Denial of Eligibility letter and Fair Hearing Request form mailed within 7 business days. Mailed on __/__/____.
 - Referred individual to intake and screening for TRR services, as applicable.
 - Referred individual to other services.

—STOP—

OR

- Demographic Criteria Met.
 - In-Person Clinical Eligibility assessment scheduled within 7 business days. Scheduled for __/__/____.

Continue to Phase 2B.

OR

- In-Person Clinical Eligibility assessment unable to be scheduled within 7 business days. Individual's name remains on the inquiry list in the order the call was received.
 - Provide notice to individual and/or LAR 7 business days prior to notification that their child's name is next on the inquiry list.
 - Referred individual to intake and screening for TRR services, as applicable.
 - Referred individual to other community services.

Continue to Phase 2B when a clinical assessment has been scheduled.

Phase 2B: Assessment Conducted—Clinical (In-Person)

Clinical Eligibility

- In-Person Assessment Scheduled for __/__/____.
- Reminded LAR and/or individual of appointment on __/__/____.
- Medicaid status
 - No Medicaid—*Documents must be submitted to HHSC as “pending” until individual is enrolled in Medicaid.*

OR

- Medicaid ID: _____—*Documents must be submitted to HHSC as “initial”.*
- Clinical Eligibility assessment conducted on __/__/____.

NOTE: *At the clinical eligibility assessment meeting, no notification of approval or denial of eligibility should be given to the individual and/or LAR until formal notification has been received by HHSC.*

Continue to Phase 3.

OR

- Clinical Eligibility assessment could not be completed because:

-
- Good Faith Efforts attempted on:

__/__/____

__/__/____

__/__/____

__/__/____

- Letter of Withdrawal mailed within 7 business days. Mailed on __/__/____.
- Referred individual to intake and screening for TRR services, as applicable.
- Referred individual to other services.

—STOP—

Phase 3: Eligibility Authorization and Notification (Online)

YES Waiver Eligibility Determination and Notification

LMHA runs Medicaid Eligibility Verification in CMBHS to confirm/verify Medicaid eligibility status for individual.

No Eligibility Segments Found—*Individual does not have Medicaid. Clinical Eligibility documents must be entered as "Pending".*

OR

Eligibility Segments Found—*Individual does have Medicaid. Clinical Eligibility documents must be entered as "Initial".*

LMHA submits Clinical Eligibility documentation in CMBHS within 5 business days. Submitted on __/__/____.

Clinical Eligibility Authorization Status received from HHSC in CMBHS within 5 business days of submission. Response received on __/__/____.

LMHA calls LAR and/or individual to notify them of their eligibility status. Call made on __/__/____.

Clinical Eligibility Approved—No Medicaid

Pending Authorization letter mailed within 7 business days. Mailed on __/__/____.

LMHA works with LAR and individual to enroll in Medicaid. Point of Contact: _____.

Medicaid Enrollment notification received on __/__/____.

Continue to Phase 4.

OR

Clinical Eligibility Approved—Medicaid

Authorization of Services letter mailed within 5 business days. Mailed on __/__/____.

Continue to Phase 4.

OR

Clinical Eligibility Denied

- Denial of Eligibility letter and Fair Hearing Request form mailed within 7 business days. Due by __/__/_____.
- Enroll individual in TRR services, as applicable.
- Refer individual to other services.

—STOP—

Phase 4: Wraparound Facilitator Assigned

Assigning a Wraparound Facilitator

- Wraparound Facilitator assigned within 2 business days. Wraparound Facilitator assigned on __/__/____.
- Wraparound Facilitator contacts individual or LAR within 2 business days. Contacted on __/__/____.
- Intake meeting scheduled within 7 business days. Scheduled on __/__/____.

Continue to Phase 5.

Phase 5: Intake Meeting Scheduled (In Person)

Intake Meeting

Note: *If a participant is pending Medicaid, YES Waiver services should not be provided until Medicaid is authorized.*

- Initial Intake meeting scheduled for __/__/_____.
- Reminded LAR of appointment on __/__/_____.
- Family Guide provided to LAR.
- Enrollment Packet signed.
- Crisis and Safety Plan developed.
- Family Story developed.
- Initial services on Individual Plan of Care requested in CMBHS within 5 business days. Entered into CMBHS on __/__/_____.
- First Child and Family Team meeting scheduled within 30 days.

Continue to Phase 6.

Phase 6: First Child and Family Team Meeting Scheduled (In Person)

Child and Family Team Meeting

- First Child and Family Team meeting scheduled for __/__/_____.
- Reminded LAR of appointment on __/__/_____.
- Reviewed IPC and Crisis and Safety Plan.
- Followed Wraparound process for first Child and Family Team meeting.
- Submit any changes made to IPC in CMBHS within 5 business days. Submitted on __/__/_____.
- Provided a copy of any changes made to IPC, Crisis and Safety Plan, Wraparound Plan within 5 business days to:
 - Family
 - Natural Supports
 - Formal Supports
 - Comprehensive Waiver Provider
 - Subcontracted providers
- Next CFT meeting scheduled within 30 days. Scheduled for __/__/_____.

Wraparound Plan of Care (Sample)

WPO: _____ CWP: _____

Youth Name:	LAR Name:	Date:
Completed By:	Next Child and Family Team Meeting Date:	
<input type="checkbox"/> Initial Plan	<input type="checkbox"/> Monthly Review	<input type="checkbox"/> Emergency CFTM
Date of Enrollment:	IPC Update Required?	Date of most recent CANS:

Vision/Mission/Strengths

Family Vision Statement:

Progress Towards Family Vision (scale to team preference):

Team Mission Statement:

Progress Towards Team Mission (scale to team preference):

Child and Family Team Meeting Ground Rules:

- 1.
- 2.
- 3.
- 4.
- 5.

Youth and Family:

Name:

Role:

Strengths:

Name:

Role:

Strengths:

Natural Supports:

Name:

Role:

Strengths:

Name:

Role:

Strengths:

Formal Supports:

Name:

Role:

Strengths:

Name:

Role:

Strengths:

Crisis and Safety Plan

History and Background Information:

Strengths and Needs:

(Functional strengths, any strength identified by the youth and CFT and/or CANS)

Triggers:

(External factors)

Home	
School/ Community	

Warning Signs:

(A crisis may occur if...)

Home	
School/ Community	

Prevention:

(Strength-based approaches that are currently useful to all members of the CFT)

	Making the environment safe	Things that make me happy
Home		
School/ Community		

Potential Crisis:

(What does a crisis look like for me?)

Home	
School/ Community	

Plan/Procedures:

(Recommended interventions and who is responsible)

	Strategies that have helped in the past	Strategies that have <i>not</i> helped in the past
Home		
School/ Community		

Important Phone Numbers:

(Who to contact)

Name	Role	Phone Number

Needs Statements and Strategies

Youth Needs Statement #1

Team Rating of Progress (scale to team preference):

Outcome Statement:

Tracking Toward Progress Compared to Baseline:

Reason for Referral/CANS Domain(s) Addressed:

Task/Strategies (Incorporate functional strengths and/or any strengths identified by CANS or CFT)	Person Responsible	Amount/Duration/Frequency/Location	Start Date	End Date	Progress

LAR Needs Statement #1

Team Rating of Progress (scale to team preference):

Outcome Statement:

Tracking Toward Progress Compared to Baseline:

Reason for Referral/CANS Domain(s) Addressed:

Task/Strategies (Incorporate functional strengths and/or any strengths identified by CANS or CFT)	Person Responsible	Amount/ Duration/ Frequency/ Location	Start Date	End Date	Progress

Brainstorming:

(Successes, progress, barriers, crisis episodes, new strategies/services, and potential CFT members, etc. as discussed and decided upon by the Child and Family Team.)

Celebrating Successes:

Lessons Learned:

Statement of Participation

My signature acknowledges that I have been an active participant in this meeting and in the development of this Wraparound Plan. I have been given choices regarding my provider and the location where I will receive services.

Sign-in Sheet

Relationship to Youth	Printed Name	Signature	Phone Number/Email	Attended (In-person or phone)
Youth				
Parent/LAR				
Wraparound Facilitator				

Flexible Funding Forms and Descriptions

Form 2812: Adaptive Aids and Supports:

Adaptive Aids and Supports are one-time goods and services that have been identified as necessary to assist the participant to remain in the home and community and avoid an out-of-home placement. In accordance with Center for Medicare and Medicaid Services (CMS), adaptive aids must be medically necessary to treat, rehabilitate, prevent, or compensate for conditions related to the participant's mental health condition(s).

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2812-youth-empowerment-services-yes-waiver-adaptive-aids-supports-aas-request>

Form 2813: Minor Home Modification:

Minor home modifications are physical modifications to a participant's home that are medically necessary to support the participant's ability to function independently at home and in the community. MHMs may be used to make necessary accessibility and safety related adaptations to a participant's home.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2813-youth-empowerment-services-yes-waiver-minor-home-modification-mhm-request>

Form 2814: Transitional Funding:

Transitional Services Funding (TSF) assists participants to transition to independent living in the community. A participant can use the funding to establish a basic household if they are transitioning from an institution, provider operated setting or family home, to their own private community residence.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2814-youth-empowerment-services-yes-waiver-transitional-services-funding-tsf-request>

Enrollment Packet Forms

Form 2802: Notice of Participant Rights and Responsibilities

The Notice of Participant Rights and Responsibilities form is used by the Youth Empowerment Services (YES) Waiver program to document that a provider has given a YES Waiver participant and their Legally Authorized Representative (LAR) oral and written notification of the participant's rights and responsibilities.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2802-youth-empowerment-services-yes-waiver-notice-participant-rights>

Form 2805: Comprehensive Service Provider(CSP)/Wraparound Provider Organization(WPO) Selection

The participant and LAR's choice of Comprehensive Waiver Provider must be documented on the Provider Selection Form.

Form available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2805-youth-empowerment-services-waiver-comprehensive-service-provider-csp-wraparound-provider>

Form 2806: Authorization of YES Waiver Services

Form available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2806-authorization-youth-empowerment-services-yes-waiver-services>

Form 2807: Pending Enrollment of YES Waiver Services

Form available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2807-pending-enrollment-youth-empowerment-services-yes-waiver-services>

Form 2808: Youth Empowerment Services Waiver – Waiver Provider Selection

The participant and LAR's choice of Waiver Provider Organization must be documented on the Provider Selection Form.

Form available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2808-youth-empowerment-services-waiver-waiver-provider-selection>

Form 2809: Verification of Freedom of Choice

Form 2809 is used by the Youth Empowerment Services (YES) Waiver program to document the participant's choice to receive the YES Waiver program as an alternative to institutional care.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2809-youth-empowerment-services-waiver-verification-freedom-choice>

Notice of Agency Action Forms

Form 2800: Denial of Eligibility

The Denial of Eligibility Form serves as a formal notice to an individual and/or their LAR of the agency action. This form also notifies the individual of their right to appeal the action taken.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2800-notice-denial-eligibility>

Form 2801: Fair Hearing Request

The Fair Hearing Request Form may be used by the individual and/or their LAR to request a Fair Hearing. This form must be sent with the Denial of Eligibility form.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2801-fair-hearing-request>

Form 2811: Letter of Withdrawal

The Letter of Withdrawal serves as a formal notice to the individual and/or their LAR that the LMHA/LBHA has attempted to complete the eligibility determination process but is unable to complete the assessment. This form must be sent to the individual and/or their LAR anytime an eligibility determination for YES Waiver cannot be completed.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2811-youth-empowerment-services-waiver-letter-withdrawal>

Critical Incident Report

Form 2803: YES Waiver Critical Incident Report

The Critical Incident Report is used to notify HHSC of any critical incidents.

Form and instructions available at: <https://hhs.texas.gov/laws-regulations/forms/2000-2999/form-2803-critical-incident-report>

Reserved Capacity Screening

Form 2804: Reserved Capacity Screening

The Reserved Capacity Screening Form is submitted to HHSC anytime the LMHA/LBHA considers an individual to be at imminent risk of relinquishment.

Form and instructions available at: hhs.texas.gov/laws-regulations/forms/2000-2999/form-2804-waiver-reserved-capacity-screening