

Client Name \_\_\_\_\_

CMBHS Number \_\_\_\_\_

**Yes Waiver Clinical Eligibility** CLI137

- \* Eligibility Type
- \* Performed On
- Notes on Eligibility Type  
(Required when Eligibility Type is Termination)
- \* Start Date
- \* End Date
- \* Has Individual lived in a facility during the last 12 months (i.e RTC, State School, Group Home)?
- If yes, please provide Facility details

Yes  No

Axis I Diagnosis	Description	Code
Level 1		

Axis II Diagnosis	Description	Code

[View Complete Diagnosis Record](#)

**CANS Assessment Criteria**

CANS Assessment Date

Criteria A

Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score
Life Domain Functioning Domain	
Developmental Needs: Cognitive	
Developmental Needs: Developmental	

Criteria B

Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score	Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score
Child Risk Behaviors: Suicide Risk		Caregiver Strengths and Needs: Involvement with Care	
Child Risk Behaviors: Self Mutilation		Caregiver Strengths and Needs: Family Stress	
Child Risk Behaviors: Other Self Harm		Caregiver Strengths and Needs: Safety	

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Child Risk Behaviors: Danger to Others	Life Domain Functioning: School
Child Risk Behaviors: Sexual Aggression	Life Domain Functioning: School Module - School Behavior
Child Risk Behaviors: Fire Setting	Life Domain Functioning: School Module - Attendance
Child Risk Behaviors: Delinquency	Psychiatric Hospitalization: Psychiatric Hospitalization
	Psychiatric Hospitalization: Psychiatric Hospitalization Module - Time Since Most Recent Discharge

View CANS Assessment

**Additional Eligibility Criteria (optional when eligibility type is Termination)**

Criteria C

\* Outpatient therapy or partial hospitalization has been attempted and failed OR a psychiatrist has documented reasons why an inpatient level of care is required. \*  Yes  No

Criteria D

\* Check the Medicaid psychiatric inpatient hospitalization criteria below that the client meets.

[View Criteria Details](#)

Criteria E

\* The Medicaid eligible youth must have a valid Axis I diagnosis as the principle admitting diagnosis. \*  Yes  No

Notes on Clinical Eligibility

System Clinical Eligibility Determination: ELIGIBLE	<input type="checkbox"/> Criteria A (Met)	<input type="checkbox"/> Criteria B (Met)	<input type="checkbox"/> Criteria C (Met)	<input type="checkbox"/> Criteria D (Met)	<input checked="" type="checkbox"/> Criteria E (Met)
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Signatures

\* Treatment Team, by signing below, indicates agreement that the chosen Waiver services for this individual are not available through other resources and are necessary to prevent institutionalized and assure his/her health and society.

Licensed Practitioner of the Healing Arts (LPHA)  
Signature

\* Client \*  Signed  Refused  Unable to Sign  
Unable to Sign Reason

Qualified Mental Health Professional â€œ  
Community Services  
Signature

\* Legally Authorized Representative (LAR)  
 Signed

No LAR, legally emancipated  
 No LAR, over 18 years old  
 Unable to Sign  
LAR Unsigned Reason

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Physician

Comprehensive YES Waiver Provider  
Representative

Physician signature is only required  
when individual is being denied Waiver  
Services  
based on Texas Medicaid Inpatient  
Psychiatric Admission Guidelines.

DSHS Review and Approval

Approved  Approved Based on Appeal  Denied

Reviewer Notes

DSHS Authorized Reviewer

\* Document Status

Document Status Date

**Audit Information**

Created By

Created Date

Last Saved By

Last Saved Date

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

LPHA Signature \_\_\_\_\_

Date \_\_\_\_\_

LAR Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

DSHS CMBHS Help Line: 1-866-806-7806