



Submitting an Application Packet for a Treatment Decision

For each application packet, submit an original for each of the following:

Form Number	Form Title	Special Instructions
Form 2700	Application for a Treatment Decision by a Surrogate Consent Committee	An application must be completed, dated, and signed for each treatment decision requested (Major Medical Treatment, Major Dental Treatment, Psychoactive Medication or Highly Restrictive Procedure).
Form 2725	List of Persons to Receive Notification of Surrogate Consent Committee Hearing	Submit only one when requesting one or more treatment decisions.
Form 2750	Surrogate Decision Making Program Data Form	Submit only one when requesting one or more treatment decisions.

For each application packet submitted, also include an original of the following completed, signed and dated certification of need form, depending on the specific type of treatment decision being requested:

Form Number	Form Title
Form 2705	Certification of Need for Major Medical Treatment
Form 2710	Certification of Need for Major Dental Treatment
Form 2715	Certification of Need for Psychoactive Medication Treatment
Form 2720	Certification of Need for a Highly Restrictive Procedure

When submitting more than one treatment application, a separate application and certification of need form are required.

Required documentation for each application packet:

- A copy of the most recent pharmacy review (not needed for highly restrictive procedures)
- A copy of the most recent lab work (CBC, chemical panel and any other lab values)
- A copy of the most recent EKG and chest x-ray (if available; not needed for highly restrictive procedures)
- Form 2727, Waiver of Designation as Surrogate Decision Maker (only applicable when two or more actively involved family members do not agree who will be the sole SDM. There can only be one SDM at a time)

Required documentation and special instructions for psychoactive medication treatment and highly restrictive procedures:

- A social history that includes information about the prenatal period, birth, early developmental and adolescent years, and any previous psychiatric hospitalizations, residential placements, and the date of admission to facility.
- A copy of the behavior program, goal, and objective or service plan or psychiatric awareness program targeting the reduction of maladaptive behavior or the monitoring of psychiatric symptoms that required the psychoactive medication or highly restrictive procedure to be prescribed.
- A monthly frequency count of target behaviors over the past six months. Do not send observation notes or incident reports. Only send the monthly frequency count total for each target behavior.
- Documentation of any interdisciplinary team meetings for past and current year where the person's maladaptive behavior or behavioral strategies were discussed.
- A brief summary of previously attempted less restrictive behavioral alternatives and the results and an explanation of why these were ineffective. Some examples are redirection, line of sight supervision (LOS), 15-minute checks, body positioning, and stimulus change.

Required documentation and special instructions for psychoactive medication treatment:

- A written statement from the prescribing physician that justifies the need for polypharmacy (two or more psychoactive medications within the same drug family prescribed at the same time), if applicable.
- A cumulative psychoactive medication history that includes start and stop dates of previously prescribed and current psychoactive medications and dates of increases and decreases to medication dosages.
- Copies of all psychiatric consultations for the past and current year.

Required documentation for major medical and dental treatment:

- Copies of all physician or dentist consultations leading up to the proposed treatment or procedure over the past year and current year.
- A history of any previous surgeries or dental treatment performed under IV sedation or general anesthesia and the outcome.
- A list of any alternatives previously attempted and why these were ineffective, if applicable.
- Any consent forms (such as from the physician, dentist, anesthesiologist or hospital.) that need to be signed on the day of the hearing.

Submitting Documentation after the SCC Hearing

A community program provider must mail the following documents to the mailing address given below within three days after the SCC hearing.

A copy of the applicable following consent forms from the SCC hearing:

Form Number	Form Title
Form 2742-A	Consent for Major Medical Treatment
Form 2742-B	Consent for Major Dental Treatment

Form Number	Form Title
Form 2742-C	Consent for Psychoactive Medication
Form 2742-D	Consent for Highly Restrictive Procedure

The original of the applicable following forms from the SCC hearing:

Form Number	Form Title
Form 2734	Opening Statement and Oath
Form 2736	Visit with Individual by Surrogate Consent Committee (SCC) Volunteer(s)
Form 2738	List of Persons Attending Surrogate Consent Committee (SCC) Hearing
Form 2740-A	Treatment Decision of a Surrogate Consent Committee (SCC) for Major Medical Treatment
Form 2740-B	Treatment Decision of a Surrogate Consent Committee (SCC) for Major Dental Treatment
Form 2740-C	Treatment Decision of a Surrogate Consent Committee (SCC) for Psychoactive Medication
Form 2740-D	Treatment Decision of a Surrogate Consent Committee (SCC) for Highly Restrictive Procedure

Additional documents, if applicable:

Form 2726, Notification of a Surrogate Consent Committee Hearing, if applicable.
 Form 2727, Waiver of Designation of Surrogate Decision Maker, if applicable.
 Any written evidence presented at the hearing, if applicable.

Submit all documents to:

Texas Health and Human Services
 Surrogate Decision Making Program
 701 West 51st St., Mail Code W-555
 Austin, Texas 78751

For questions:

Call the Surrogate Decision Making Program: 512-438-4306 (manager), 512-438-4193 (RN)