

TxHmL Initial Meeting Packet Checklist

The initial meeting is to be conducted with the individual or LAR, or actively involved family member. The LA shall provide both an oral and a written explanation of the services and supports for which the individual may be eligible using the documents listed in this table.

| Check box | Required Documents | Purpose |
|-----------|--|---|
| | Explanation of IDD Services and Supports – English Explanation of IDD Services and Supports – Spanish | Use this document to provide the individual or LAR a brief description of intellectual and developmental disability (IDD) services and supports provided by DADS. |
| | Long Term Services and Supports (Form 2121) | Use this document to provide the individual or LAR a description of long term services and supports provided by DADS. |
| | TxHmL Program Brochure - English Texas Program Brochure – Spanish | Use this document to provide the individual or LAR a brief description of the TxHmL program and services available. |
| | Verification of Freedom of Choice, Waiver Program (Form 8601) | Use this form to document the individual or LAR's decision regarding the TxHmL Program. Note: If the individual or LAR's decision is to decline the offer of TxHmL, they should document the reason on the form. (If the program is accepted, the completed form is submitted to DADS after the provider is selected and the Provider Choice form is signed.) |
| | Medicaid Estate Recovery Program Receipt Acknowledgement (Form 8001) - English Medicaid Estate Recovery Program Receipt Acknowledgement (Form 8001-S) - Spanish | This form is used to provide the MERP overview to all individuals or LARs once they have chosen to enroll in TxHmL. The individual or LAR signs the form to confirm their receipt of the information. The LA must provide the individual or LAR and the selected provider a copy of the completed form. |
| | TxHmL Program Provider Information by LA - XPTR HC062097 | This list of contracted TxHmL Program providers should be printed within 7 days of the initial meeting and should be given to the individual or LAR during the meeting if the offer of TxHmL is accepted. This list contains TxHmL program providers in the LA's local service area and includes local "applicant contact" information, if available. |
| | Documentation of Provider Choice English Spanish | This form is consumer specific and is sent to the LA when notified of TxHmL program vacancy. The individual or LAR uses this form to document their choice of TxHmL program provider. |