

Name:

LA Name:

Date:

## HCS Enrollment Training Test

The LA designated staff must complete this test after reviewing the *Enrollment Process for Persons Authorized to Enroll in HCS from the Interest List* training document. The LA designated staff must score at least 92% in order to receive credit for having completed this training.

**Instructions:** Please indicate your answer by checking the appropriate box. You can do this by inserting an "X" with the "X" key on your computer or by using your mouse to click on the box.

### I. Enrollment Timeframes

1. How many calendar days does an LA have to complete the HCS enrollment process after being notified of the program vacancy for an individual residing in his or her own family's home?  
 90 calendar days  
 75 calendar days  
 180 calendar days
2. An individual's enrollment process is complete when the consumer status in CARE screen C61 is "recommended."  
 True  
 False

### II. Notification of HCS Offer

3. Which CARE screens should an LA check to obtain the individual's contact information after the LA receives the notification from DADS to offer the HCS program vacancy to an individual? Mark all that apply.  
 CARE screen 397  
 CARE screen W26  
 CARE screen C63  
 All of the above
4. It is not necessary for the LA to make the offer of program vacancy for HCS in writing to the individual.  
 True  
 False
5. If the individual or LAR does not respond to the notice of the opportunity to enroll within 30 calendar days, then the LA may take steps to withdraw the offer.  
 True  
 False
6. The LA must notify the individual or LAR of the withdrawal of the HCS offer in writing, by certified United States mail.  
 True  
 False
7. What would be the next step for the LA if the individual or LAR responds to the notification letter?  
 Plan the PDP meeting  
 Schedule a time to discuss HCS in more detail with the individual or LAR  
 Document the response and wait for the individual or LAR to call you again

8. LA staff must check SASO prior to the initial meeting with the individual to determine if the individual is enrolled in a Medicaid waiver program.
- True
  - False

### III. Initial Meeting

9. What method should the LA use to provide the explanation of the services and supports for which the individual may be eligible?
- Oral explanation
  - Written explanation
  - Oral and written explanation
10. Which form must be signed by the individual/LAR when declining an HCS slot?
- Documentation of Provider Choice
  - Verification of Freedom of Choice, Waiver Program (Form 8601)
  - Determination of Intellectual Disability (formerly referred to as Determination of Mental Retardation)
11. If an individual is receiving GR services from the LA and is offered HCS services, can they refuse HCS services and keep the GR services similar to services provided under the HCS program?
- Yes
  - No
12. How long does the individual or LAR have to document their choice of program provider using the Documentation of Provider Choice form after their receipt of the contact information for all program providers in the LA's local service area?
- 30 calendar days
  - 10 calendar days
  - 7 calendar days

### IV. Enrollment Process

13. The LA must review records to determine if the individual has a diagnosis of an intellectual disability or verify that the individual has been diagnosed by a licensed physician as having a "related condition" and meets specific requirements for intelligence quotient (IQ).
- True
  - False
14. The LA must administer the Inventory for Client and Agency Planning (ICAP):
- True
  - False
15. It is not necessary for an individual or LAR to be involved in the development of the PDP.
- True
  - False
16. If the individual is under 22 years of age and enrolling into HCS from a family-based setting into an HCS residential setting (i.e. residential support or supervised living services) the LA must conduct permanency planning at the time of the individual's enrollment.
- True
  - False
17. Which services can an individual choose to participate in through the Consumer Directed Services (CDS) option? (mark all that apply)
- Supported Home Living
  - Supported Employment

- Respite
- Day Habilitation
- Nursing

- Cognitive rehabilitation therapy
- Employment Assistance
- All of the above

18. The selected program provider is responsible for developing the initial IPC.

- True
- False

## V. Additional Procedures

19. What should the LA do if an individual's enrollment is not complete within the enrollment time frames?

- Request in writing that DADS grant an extension to the time allowed for the enrollment
- Do nothing as the enrollment timeframes do not matter
- Call DADS staff and report more time will be needed to complete the enrollment

20. After the individual has applied for Medicaid, it is not necessary for the LA to monitor the status of the Medicaid application.

- True
- False

21. If the reason for the delay in enrollment is related to determination of Medicaid eligibility, the LA must proceed with enrollment activities and data entry of all the enrollment screens in CARE, prior to submitting a request for extension.

- True
- False

22. An individual enrolled in the STAR+ PLUS waiver program must be dis-enrolled from the program prior to being enrolled into HCS.

- True
- False

23. DADS notifies the authorized LA when an HCS enrollment is to be offered to an individual. If the individual or LAR selects a provider in a different LA's local service area (LSA), the authorized LA must conduct all pre-enrollment activities before sending enrollment documentation to the receiving LA.

- True
- False

24. What CARE screen is the LA responsible for entering when an individual is discharging from TxHmL to accept an HCS offer?

- C18
- L18
- None of the above

25. There are no specific requirements when naming a document being posted to the LA Enrollment FTP site.

- True
- False

**Once completed, send to your contract manager:** by email at: performance.contracts@dads.state.tx.us **OR**  
by fax to: 512-438-5220.