

Local Intellectual and Developmental Disability (LIDDA) Initial Meeting Packet Checklist

The initial meeting is to be conducted with the individual or legally authorized representative (LAR), or actively involved family member. The LIDDA shall provide both an oral and a written explanation of the services and supports for which the individual may be eligible using the Health and Human Services Commission (HHSC) documents listed in this table.

Required Documents	Purpose
<p><i>Explanation of IDD Services and Supports</i> English https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/lidda/iddserviceseng.pdf Spanish https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/lidda/iddservicesesp.pdf</p>	<p>Use this document to provide the individual or LAR a brief description of intellectual and developmental disability (IDD) services and supports provided by HHSC.</p>
<p><i>Long Term Services and Supports</i> English https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/shared_appendices/sharedapx01eng-1.pdf Spanish https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/shared_appendices/sharedapx01spa1.pdf</p>	<p>Use this document to provide the individual or LAR a description of long term services and supports provided by HHSC.</p>

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<p>HCS Program Brochure</p> <p>English https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/hcs/what-is-hcs.pdf</p> <p>Spanish https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/hcs/what-is-hcs-es.pdf</p> <p>OR</p> <p>TxHmL Program Brochure</p> <p>English https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/txhtml/what-is-txhtml.pdf</p> <p>Spanish https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/txhtml/what-is-txhtml-es.pdf</p>	<p>Use these documents to provide the individual or LAR a brief description of the Home and Community-based Services (HCS) or Texas Home Living (TxHmL) program and services available.</p>
<p>Form 8601, Verification of Freedom of Choice</p> <p>English https://hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/8601/8601.pdf</p> <p>Spanish https://hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/8601/8601-S.pdf</p>	<p>Use this form to document the individual or LAR's decision regarding the HCS or TxHmL Program. Note: If the individual or LAR's decision is to decline the offer of HCS or TxHmL, they should document the reason on the form. (The completed form is submitted to HHSC after the provider is selected and Form 1049, <i>HCS or TxHmL Documentation of Provider Choice</i>, is signed.)</p>
<p>Form 8001, Medicaid Estate Recovery Program Receipt Acknowledgement</p> <p>English https://hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/8001/8001.pdf</p> <p>Spanish https://hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/8001/8001-S.pdf</p>	<p>This form is used to provide the MERP overview to all individuals or LARs once they have chosen to enroll in HCS or TxHmL. The individual or LAR signs the form to confirm their receipt of the information. The LIDDA must provide the individual or LAR and the selected provider a copy of the completed form.</p>

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<p><i>HCS Program Provider Information by LIDDA</i> XPTR HC062096.W</p> <p>OR</p> <p><i>TxHmL Program Provider Information by LIDDA</i> XPTR HC062097.W</p>	<p>This list of contracted HCS or 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 HCS or TxHmL is accepted. This list contains HCS or TxHmL program providers in the LIDDA's local service area that have not reached their service capacity and includes local "applicant contact" information, if available.</p>
<p><i>Form 1049, HCS or TxHmL Documentation of Provider Choice</i> English https://hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/1049/1049.pdf Spanish https://hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/1049/1049-S.pdf</p>	<p>The individual or LAR uses this form to document their choice of HCS or TxHmL program provider.</p>