TEXAS Health and Human Services

Form 1575
September 2012-E

Medicaid Estate Recovery Program Worksheet

Individual Name			Program/Services ☐ **CBA** ☐ **CWP** ☐ **CAS**
Grandfathered Status ☐ **Yes** ☐ **No** ☐ **Unknown**	If Grandfathered Status is Yes, Program/Service Applied For ☐ **CBA** ☐ **CWP** ☐ **SPW** ☐ **CAS** ☐ **NF** ☐ **ICF/IID** ☐ **CLASS** ☐ **HCS** ☐ **TxHmL** ☐ **DBMD**		
Date Verified	Source of Verification	Date of Application	Dates Program/Services Received

Comments:

DADS Case Manager	Date

Grandfathered Status

The applicant or individual must have applied for one of the following programs/services prior to March 1, 2005:

- Community Based Alternatives (CBA)
- Consolidated Waiver Program (CWP)
- HCBS STAR+PLUS Waiver (SPW)
- Community Attendant Services (CAS)
- Nursing Facility (NF) (institutional Medicaid)
- Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), including state supported living centers
- Community Living Assistance and Support Services (CLASS)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Deaf Blind with Multiple Disabilities (DBMD)