TEXANA

OUTPATIENT BIOPSYCHOSOCIAL INTERVENTION (OBI) SERVICES
REFERRAL FORM

NAME: ______________________ **LOCAL CASE NUMBER:** ______________________

1. **Is the person enrolled in a Waiver Program (HCS, TxHmL, CLASS, DBMD, SPW)?** ☐ **YES** ☐ **NO**

Persons meeting diagnostic criteria who are enrolled in a waiver program **may** be considered based on acuity of need and service enrollment capacity.

2. **Does the person have a diagnosis of an Intellectual Developmental Disability (IDD) or Related Condition, identified on the Approved Diagnostic Codes for Persons with Related Conditions?** ☐ **YES** ☐ **NO**

   List diagnosis: ______________________ Date of DID: ______________________ **If "YES", skip to #4**

3. **Does the person have education or medical records that would show an I/DD diagnosis or other Related Condition?** ☐ **YES** ☐ **NO**

   List diagnosis: ______________________

STOP If you answered "NO" to questions #2 and #3, the person is not eligible for OBI services.

4. **Does the person have a diagnosis of a mental health condition or substance use disorder?** ☐ **YES** ☐ **NO**

   List condition: ______________________

5. **Does the person have symptoms that may be associated with a mental health condition or substance use disorder that has not yet been identified?** ☐ **YES** ☐ **NO**

If Yes, briefly describe those symptoms below:

____

____

____

STOP If you answered "NO" to questions #4 and #5, the person is not eligible for OBI services.

6. **Would this person be able to participate in and benefit from adapted skills training to improve their behavioral health?** ☐ **YES** ☐ **NO**

If Yes, briefly describe the adapted skills the person would like to improve:

____

____

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STOP If you answered "NO" to question #6, a referral to OBI services is **not** recommended.

Name of Referring Entity: ______________________ Date of Referral: ______________

Relationship to Referred Person: ______________________

Referred person and/or primary correspondent Phone: ______________________

Referred person and/or primary correspondent Email: ______________________

EMAIL REFERRAL TO IDD-OBI@texanacenter.com

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