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<b>Mental Health Targeted Case Management and Mental Health Rehabilitative Services</b>	<b>September 1, 2015</b>	
	<b>Version 2.2</b>	

**DOCUMENT HISTORY LOG**

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	September 1, 2014	Initial version of Uniform Managed Care Manual Chapter 15.1, "Mental Health Targeted Case Management and Mental Health Rehabilitative Services"  Chapter 15.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-10-0020, 529-12-0002, and 529-13-0042.
Revision	2.1	December 15, 2014	Section I. "Applicability of Chapter 15.1" is modified to add the Medicare-Medicaid Dual Demonstration.  Section VI. "Mental Health Rehabilitative and Mental Health Targeted Case Management Providers" is modified to add requirements regarding Members in STAR Health.  Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-10-0020, 529-12-0002, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.
Revision	2.2	September 1, 2015	Section I. "Applicability of Chapter 15.1" is modified to add the STAR Kids Program.  Section III "Utilization Management Guidelines" was modified to reference the new UCM Chapter 15.4, which includes instructions for completing the Texas Standard Prior Authorization Request Form for Health Care Services developed by Texas Department of Insurance.  Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.
<sup>1</sup> Status is represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions. <sup>2</sup> Revisions are numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision. <sup>3</sup> Brief description of the changes to the document made in the revision.			



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## I. APPLICABILITY OF CHAPTER 15.1

Applicability Modified by Versions 2.1 and 2.2

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, STAR Health, and STAR Kids Programs. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), STAR Health, and STAR Kids Programs. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all programs, except where noted.

## II. PURPOSE AND BACKGROUND

This chapter provides MCO requirements for Mental Health Rehabilitative Services and Mental Health Targeted Case Management for Members with a severe and persistent mental illness (SPMI) or a severe emotional disturbance (SED).

## III. UTILIZATION MANAGEMENT GUIDELINES

Section III Modified by Version 2.2

For State Fiscal Year (SFY) 2015, the MCO must contract with qualified Provider entities to provide Mental Health Rehabilitative Services and Targeted Case Management using the Department of State Health Services (DSHS) Resiliency and Recovery Utilization Management Guidelines (RRUMG) and the Adult Needs and Strengths Assessment (ANSA) or the Child and Adolescent Needs and Strengths (CANS) tools for assessing a Member’s needs for services. The MCO is not responsible for providing any services listed in the RRUMG that are not Covered Services.

During SFY 2015, the MCO must ensure that current authorizations are honored up to 90 days. To determine when reassessments for Mental Health Targeted Case Management and Mental Health Rehabilitation services must be completed, the MCO should refer to the RRUMG.

Also during SFY 2015, the MCO must ensure that Providers of Mental Health Rehabilitative Services and Targeted Case Management use, and are trained and certified to administer, the ANSA and CANS assessment tools. Providers must use these tools to recommend a level of care to the MCO by using the current DSHS Clinical Management for Behavioral Health Services (CMBHS) web-based system. The MCO must also accept the Texas Standard Prior Authorization Request Form for Health Care Services developed by Texas Department of Insurance. Instructions for completing this form are located in UMCM Chapter 15.4. Providers may continue to submit, and MCOs are required to accept the Service Request Authorization (SRF) form (UMCM Chapter 15.2) until January 1, 2016.



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Texas Resilience and Recovery Utilization Management Guidelines for Adult Mental Health Services can be found at [Texas Resilience and Recovery Utilization Management Guidelines—Adult Services](#) (PDF).

Texas Resilience and Recovery Utilization Management Guidelines for Child and Adolescent Services can be found at [Texas Resilience and Recovery Utilization Management Guidelines—Child and Adolescent Services](#) (PDF).

Adult Needs and Strengths Assessment (ANSA), manual, and glossary can be found at [Attachment J ANSA Form—October 2, 2013](#) (PDF), [Attachment K ANSA Manual—October 2, 2013](#) (PDF), and [ANSA Glossary \(Word\)](#).

Child and Adolescent Needs and Strengths (CANS) (several versions), the corresponding manuals, and the interview facilitation guide can be found at [Texas CANS Interview Facilitation Guide](#) (PDF), [Texas CANS 3–5 Manual](#) (PDF), [Texas CANS 3–5](#) (PDF) [Texas CANS 6–17 Manual](#) (PDF) [Texas CANS 6–17](#) (PDF)

#### IV. MENTAL HEALTH REHABILITATIVE SERVICES

The following Mental Health Rehabilitative Services may be provided to individuals with an SPMI or a SED as defined in the DSM and who require rehabilitative services as determined by either the ANSA or the CANS:

- Adult Day Program
- Medication Training and Support
- Crisis Intervention<sup>1</sup>
- Skills Training and Development<sup>2</sup>
- Psychosocial Rehabilitative Services

The above-listed Mental Health Rehabilitative Services, as well as any limitations to these services, are described in the most current Texas Medicaid Provider Procedures Manual (TMPPM), including the Behavioral Health, Rehabilitation, and Case Management Services Handbook. Mental Health Rehabilitative Services must be billed using appropriate procedure codes and modifiers as listed in the TMPPM with the following exception. The MCO is not responsible for providing Criminal Justice Agency-funded procedure codes with modifier HZ because these services are excluded from the capitation.

<sup>1</sup> Crisis Intervention services are considered emergency behavioral health services and do not require prior authorization. However, providers must follow current RRUMG.

<sup>2</sup> Employment-related services that provide training and supports that are not job specific and focus on the development of skills to reduce or overcome the symptoms of mental illness that interfere with the individual's ability to make vocational choices or to attain or retain employment can be provided under Skills Training and Development. These services should not be confused with Employment Assistance or Supported Employment allowed under the

HCBS STAR+PLUS Waiver.



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## V. MENTAL HEALTH TARGETED CASE MANAGEMENT

The following Mental Health Targeted Case Management services may be provided to individuals with a SPMI or a SED as defined in the DSM and who require the service as determined by either the ANSA or the CANS.

- Case management for people who have SED (child, 3 through 17 years of age), which includes routine and intensive case management services.
- Case management for people who have SPMI (adult, 18 years of age or older).

The above-listed Mental Health Targeted Case Management services, as well as any limitations to these services, are described in the most current TMPPM, including the Behavioral Health, Rehabilitation, and Case Management Services Handbook. Mental Health Targeted Case Management services must be billed using appropriate procedure codes and modifiers as listed in the TMPPM with the following exception. The MCO is not responsible for providing Criminal Justice Agency funded procedure codes with a Modifier HZ because these services are excluded from the capitation.

## VI. MENTAL HEALTH REHABILITATIVE and MENTAL HEALTH TARGETED CASE MANAGEMENT PROVIDERS

Section VI  
modified by  
Version 2.1

For Members with SPMI and SED, Mental Health Rehabilitative Services and Targeted Case Management must be available to eligible STAR, STAR Health, and STAR+PLUS Members.

The MCO must maintain a qualified Network of entities, such as Local Mental Health Authorities (LMHAs) and multi-specialty groups, that employ providers of Mental Health Rehabilitative Services and Targeted Case Management. Provider entities must attest to the MCO that the organization has the ability to provide, either directly or through sub-contract, Members with the full array of RRUMG services.

The MCO must credential Provider entities, and any licensed Network Providers providing services through one of these entities, in accordance with the Contract. The MCO is not required to credential Providers of Mental Health Rehabilitative Services and Targeted Case Management who are not licensed provider types enrolled in Medicaid, such as a Peer Provider (PP), Family Partner (FP), Community Services Specialist (CSSP), and Qualified Mental Health Professional for Community Services (QMHP-CS) if the QMHP is not also a Licensed Practitioner of the Healing Arts (LPHA).

Services must generally be provided by an entity that can provide members with the full array of RRUMG services. However, in circumstances where a Member in STAR Health requires Mental Health Rehabilitative services and has an established relationship with a provider for psychiatry or counseling, the Member can continue seeing that provider for psychiatry or counseling services. In this situation, the provider entity must provide all other services in the RRUMG and must coordinate services with the existing psychiatrist or counseling provider.



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HHSC has established the following qualifications and supervisory protocols for providers of Mental Health Rehabilitative Services and Mental Health Targeted Case Management.

**Mental Health Rehabilitative Services Qualified Providers**

**Qualified Mental Health Professionals for Community Services (QMHP-CS)**

The minimum requirement for a QMHP-CS are as follows.

- Demonstrates competency in the work to be performed; and
- Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or
- Is a Registered Nurse (RN).

An LPHA, as defined in Attachment A of the MCO's relevant Contract, is automatically certified as a QMHP-CS. A CSSP, a PP, and a FP, as those terms are defined in Attachment A of the MCO's Contract, can be a QMHP-CS if acting under the supervision of an LPHA. If a QMHP-CS is clinically supervised by another QMHP-CS, the supervising QMHP-CS must be clinically supervised by an LPHA.

Additionally, a PP must be a certified peer specialist, and an FP must be a certified family partner.

**Mental Health Targeted Case Management Qualified Providers**

A qualified provider of mental health targeted case management must:

- Demonstrate competency in the work performed; and
- Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or
- Be an RN.

Individuals authorized to provide case management services prior to August 31, 2004, may provide case management services without meeting the minimum qualifications described above if they meet the following criteria:

- High school diploma or high school equivalency;
- Three continuous years of documented full-time experience in the provision of mental health case management services as of August 30, 2004; and
- Demonstrated competency in the provision and documentation of case management services.



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- A case manager must be clinically supervised by another qualified case manager who meets the qualified provider mental health targeted case management criteria specified.

The MCO is prohibited from establishing additional supervisory protocols with respect to the above-listed provider types. Further, the MCO may not require the name of a performing provider on claims submitted to the MCO if that provider is not a type that enrolls in Medicaid (such as CSSPs, PPs, FPs, non-LPHA QMHPs, and Targeted Case Managers).