PROCEDURE

Texas Children's	**Targeted Case Management & Mental Health Rehabilitation Guideline**	
Procedure # 12420	***Categories*** Administration / Non-Clinical →TCHP Case Management	***This Procedure Applies To:*** Texas Children's Health Plan ***Document Owner*** Lisa Fuller

The purpose of this document is to outline the procedure for TCHP when performing authorizations on Targeted Case Management and Mental Health Rehabilitation. This guideline applies to the TCHP STAR/ CHIP and STAR Kids products.

GENERAL INFORMATION:

DEFINITIONS:

Mental Health Targeted Case Management means services designed to assist Members with gaining access to needed medical, social, educational, and other services and supports. Members are eligible to receive these services based on a standardized assessment (the Child and Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths Assessment (ANSA) and other diagnostic criteria used to establish medical necessity.

Mental Health Rehabilitative Services are those age-appropriate services determined by HHSC and Federally-approved protocol as medically necessary to reduce a Member's disability resulting from severe mental illness for adults, or serious emotional, behavioral, or mental disorders for children, and to restore the Member to his or her best possible functioning level in the community. Services that provide assistance in maintaining functioning may be considered rehabilitative when necessary to help a Member achieve a rehabilitation goal as defined in the Member's rehabilitation plan.

Local Mental Health Authority (LMHA) Providers: Community mental health service providers authorized by the HHSC to provide targeted case management services and mental health rehabilitative services.

Non-local Mental Health Authority Providers: Non-LMHAs are private providers of both mental health (MH) case management and MH rehabilitative services, but they are not LMHAs.

TCHP: Texas Children's Health Plan

Level of Care: LOC

PROCEDURE

Texas Resiliency and Recovery (TRR): The service delivery system in Texas for community-based mental health services. This public mental health service design establishes who is eligible to receive services through a uniform assessment, ways to manage the use of services as outlined in the TRRUMG, which determines a Level of Care Authorized (LOC-A).

Texas Resiliency and Recovery Utilization Management Guidelines (TRRUMG): Utilization review guidelines that under TRR, guide the selection of levels of care and services, and serve as a reference tool for service providers.

- Ensure the delivery of mental health services are properly tailored to the individual's needs and strengths in order to achieve the best possible results, while utilizing limited available resources in the most efficient and cost-effective manner possible.

Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning. The assessment is a comprehensive trauma-informed behavioral health evaluation and communication tool. It is intended to prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions. CANS assessments help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring.

- Serves as the psychosocial assessment, as well as a trauma screening and suicide screening tool, for all youth entering community mental health services in Texas
- Used to determine eligibility for community mental health services and to determine the appropriate level of care recommended under TRR services
- Used for assessment of functioning in Members 17 years of age and younger

Adult Needs and Strengths Assessment (ANSA) is a multi-purpose tool developed for adult's behavioral health services to support decision making, including level of care and service planning. It is intended to prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions. Its assessments help support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for outcomes monitoring. Used for assessment of functioning in Members 18 years of age and older.

PROCEDURE

1. Crisis intervention services do not require prior authorization.
    1.1. Crisis services (LOC-0 per TRRUMG) are subject to retrospective review.
    1.2. Crisis services offered must meet medical necessity criteria.
2. All requests for prior authorization for Targeted Case Management and Mental Health Rehabilitation are received via fax, phone, online submission, or mail by the Utilization Management Department and processed during normal business hours.
3. In order to process a request, a provider must complete the Texas Standard Prior Authorization form as approved by the Texas Health and Human Services Commission (HHSC) and available on the TCHP website.

PROCEDURE

4. 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 by using the current DSHS Clinical Management for Behavioral Health Services (CMBHS) web-based system (UMCM Chapter 15.1).
5. Documentation and submission of a completed CANS/ANSA is required for prior authorization.
6. Providers must be compliant with the requirements specified in the Texas Medicaid Provider Procedures Manual (TMPPM).
7. Services rendered by LMHA provider:
    - 7.1. TCHP follows the current Texas Resiliency and Recovery Utilization Management Guidelines (TRRUMG) for determination of medical necessity of requested services, the number of units/hours and duration of service delivery. The individual's Level of Care will be determined by the ANSA/CANS.
        - 7.1.1. If deviation from the Level of Care is requested, the request must include clinical justification for the deviation with documentation of the specific reasons why the client requires interventions outside the recommended LOC. Client refusal of recommended LOC may be noted as part of the justification.
        - 7.1.2. Submission of the current CANS/ANSA assessment is required.

8. Services rendered by non-LMHA provider:
    - 8.1. Members 20 years of age and younger have:
        - 8.1.1. Initial requests
            - 8.1.1.1. Request must include medical necessity documentation to support that:
                - 8.1.1.1.1. a diagnosis of mental illness (excluding a single diagnosis of Intellectual or Developmental Disability (IDD) and related disorders, or a single diagnosis of Substance Use Disorder (SUD) or serious emotional disturbance AND
                - 8.1.1.1.2. Have a serious functional impairment, OR
                - 8.1.1.1.3. Are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms, OR
                - 8.1.1.1.4. Are enrolled in a school system's special education program because of serious emotional disturbance.
            - 8.1.1.2. TCHP follows the current DSHS Resiliency and Recovery Utilization Management (RRUMG) Guidelines for determination of medical necessity of requested services, the number of units/hours and duration of service delivery. The individual's Level of Care will be determined by the CANS/ANSA.
                - 8.1.1.2.1. If deviation from the Level of Care is requested, the request must include clinical justification including for the deviation that must include the full CANS/ANSA with documentation of the specific reasons why the member requires interventions outside the recommended LOC. Client refusal of recommended LOC may be noted as part of the justification.

8.1.1.2.2. For initial requests, submission of the current CANS/ANSA assessment is required.

8.1.2. Recertification requests

8.1.2.1. Continued eligibility for MHTCM services is based on a reassessment by the provider at least every 90 calendar days for Members 17 years and younger and at least 180 calendar days for Members 18 years and older.

8.1.2.2. For continued services, the provider should include documentation of medical necessity of the services to include:

8.1.2.2.1. Submission of the current CANS/ANSA assessment

8.2. Members 21 and older:

8.2.1. Initial requests

8.2.1.1. Request must include medical necessity documentation to support that:

8.2.1.1.1. Members have schizophrenia or bipolar disorder OR

8.2.1.1.2. have severe and persistent mental illnesses such as major depression, post-traumatic stress disorder, or other severely disabling mental disorders (excluding a single diagnosis of IDD and related disorders, or a single diagnosis of SUD) which require crisis resolution or ongoing and long-term support and treatment.

8.2.1.1.3. Adults with a diagnosis of schizophrenia or bipolar disorder are automatically eligible for services.

8.2.1.1.4. Adults with any other mental health diagnosis require evidence of significant difficulty functioning across one or more domains, such as work or school, to be eligible for services.

8.2.1.2. TCHP follows the current DSHS Resiliency and Recovery Utilization Management (RRUMG) Guidelines. The individual's Level of Care will be determined by the ANSA.

8.2.1.2.1. If deviation from the Level of Care is requested, The request must include clinical justification including for the deviation that must include the full CANS/ANSA and the specific reasons why the member requires interventions outside the recommended LOC. Client refusal of recommended LOC may be noted as part of the justification

8.2.1.2.2. Submission of the current ANSA assessment is required.

8.2.2. Continuation requests

8.2.2.1. Continued eligibility for MHTCM services is based on a reassessment at least every 180 calendar days by the provider.

8.2.2.1.1. Clients with a diagnosis of schizophrenia, bipolar disorder, or major depressive disorder are automatically eligible for continued services.

8.2.2.1.2. Clients with any other mental health diagnoses are eligible should their level of functioning continue to be significantly impaired, as evidenced by the results of a standardized assessment tool.

8.2.2.2. For continued services, the provider should include documentation of medical necessity of the services to include:

8.2.2.2.1. Submission of a current ANSA assessment is required.

9. Requests must be submitted within 10 business days of the CANS/ANSA assessment.
10. MHTCM is a benefit for clients transitioning to a community setting for up to 180 consecutive days prior to leaving a nursing facility; however, MHTCM services are coordinated with and do not duplicate activities provided as part of nursing facility services and discharge planning activities.
11. MHTCM is not payable when delivered on the same day as psychosocial rehabilitative services.
12. Upon receipt of the Service Request form, TCHP Utilization Management will review the request. If the form is incomplete, TCHP will follow the Authorization and Verification Process Procedure.
13. All requests for Targeted Case Management that do not meet the guidelines referenced here will be referred to a TCHP Medical Director/Physician Reviewer for review.
14. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service.
15. All services are subject to benefit limitations and exclusions in the most current TMPPM. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

15.1. Covered services for Targeted Case Management (T1017) and Mental Health Rehabilitation (H0034, H2012, H2014, and H2017) include those in Table 1.

15.2. Covered diagnoses for TCM (T1017) and Mental Health Rehabilitation (H0034, H2012, H2014, and H2017) include those indicated in the most current TMPPM.

Table 1 Covered Services for Targeted Case Management and Mental Health Rehabilitation

Service Category	Procedure Codes	Modifiers
Targeted Case Management	T1017	95 Delivered by synchronous audiovisual technology FQ Delivered by synchronous telephone (audio-only technology) HA Child/Adolescent Program HZ Funded by criminal justice agency TF Routine Case Management TG Intensive Case Management

PROCEDURE		
Day Program for Acute Needs	H2012	
Medication Training and Support	H0034	HQ: group services for adults HA/HQ: group services for child/youth
Crisis Intervention	H2011	
Skills Training and Development	H2014	HQ: group services for adults HA: individual services for child/youth HA/HQ: group services for child/youth
Psychosocial Rehabilitation Services	H2017	TD: individual services provided by RN HQ: group services HQ/TD: group services provided by RN ET: individual crisis services

RELATED DOCUMENTS:

REFERENCES:

HHSC Uniform Managed Care Manual Chapter 15.1, Mental Health Targeted Case Management and Mental Health Rehabilitative Services

https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/15-1.pdf

HHSC Uniform Managed Care Manual Chapter 15.4, Mental Health Targeted Case Management and Mental Health Rehabilitative Services

https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/15-4.pdf

Government Agency, Medical Society, and Other Publications:

Texas Resilience and Recovery Utilization Management Guidelines: Child and Adolescent Services

PROCEDURE

TRR Utilization Management Guidelines: Child and Adolescent Services (texas.gov)

Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services

Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services

Texas Medicaid Provider Procedures Manual Volume 2: Behavioral Health and Case Management Services Handbook

https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2025-09-TMPPM.pdf

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