

	<p><b>Targeted Case Management &amp; Mental Health Rehabilitation Guideline</b></p>	
<p><b>Guideline #</b> 6672</p>	<p><b>Categories</b> Clinical → Care Management CM, TCHP Guidelines</p>	<p><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:** TCHP will perform authorizations on Targeted Case Management and Mental Health Rehabilitation. This guideline applies only to the TCHP STAR/STAR Kids products.

**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.

**GUIDELINE**

1. Crisis intervention services do not require prior authorization.
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 in its entirety the Mental Health Targeted Case Management and Mental Health Rehabilitative Services Request Form found in Uniform Managed Care Manual (UMCM) Chapter 15.2 form as approved by the Texas Health and Human Services Commission (HHSC) or the State approved TCHP [Targeted Behavioral Health Case Management and Rehabilitative Services Request Form](#) available on the TCHP website.
4. Providers must be compliant with the requirements specified in the TMHP Provider Procedures Manual.

**5. Services rendered by LMHA provider:**

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

5.1.1. If deviation from the Level of Care is requested, The request must include clinical justification for the deviation that must include 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

**6. Services rendered by non-LMHA provider:**

6.1. Members 20 years of age and younger have:

**6.1.1. Initial requests**

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

6.1.1.1.1. a diagnosis of mental illness (excluding a single diagnosis of IDD and related disorders, or a single diagnosis of SUD) or serious emotional disturbance AND

6.1.1.1.2. Have a serious functional impairment; OR

6.1.1.1.3. Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; OR

6.1.1.1.4. Are enrolled in a school system's special education program because of serious emotional disturbance.

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

6.1.1.2.1. 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 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

**6.1.2. Continuation requests**

6.1.2.1. Continued eligibility for MHTCM services is based on a reassessment every 90 calendar days by the provider.

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

6.1.2.2.1. Treatment plan with current medication list and current CANS assessment

6.2. Members 21 and older:

**6.2.1. Initial requests**

- 6.2.1.1. Request must include medical necessity documentation to support that:
  - 6.2.1.1.1. Members have schizophrenia or bipolar disorder OR
  - 6.2.1.1.2. 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.
- 6.2.1.2. TCHP follows the current DSHS Resiliency and Recovery Utilization Management (RRUMG) Guidelines. The individual's Level of Care will be determined by the ANSA.
  - 6.2.1.2.1. 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 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

**6.2.2. Continuation requests**

- 6.2.2.1. Continued eligibility for MHTCM services is based on a reassessment every 180 calendar days by the provider.
    - 6.2.2.1.1. Clients with a diagnosis of schizophrenia, bipolar disorder, or major depressive disorder are automatically eligible for continued services.
    - 6.2.2.1.2. 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.
  - 6.2.2.2. For continued services, the provider should include documentation of medical necessity of the services to include:
    - 6.2.2.2.1. Treatment plan with current medication list and current ANSA assessment
7. Requests must be submitted within 5 business days of the CANS/ANSA assessment. If a request for authorization is not submitted within 5 business days of the assessment, the provider is financially at risk for services occurring more than 5 days before the request was submitted and it may result in a partial denial of requested service dates.
8. 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.
9. MHTCM is not payable when delivered on the same day as psychosocial rehabilitative services.

10. Upon receipt of the Service Request form, TCHP Utilization Management will review the request. If the form is incomplete, TCHP will follow the Information on Which Utilization is Conducted Policy & Procedure.
11. 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 and the Denial Notices Policy and Procedure and Appeals Policy & Procedure is followed whenever a reduction or denial of service occurs according to departmental policy.
12. 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. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

**RELATED DOCUMENTS:**

- **Mental Health Targeted Case Management and Mental Health Rehabilitative Services Request Form found in Uniform Managed Care Manual (UMCM) Chapter 15.2 form**  
<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/15-2.doc>
- **TCHP Targeted Behavioral Health Case Management and Rehabilitative Services Request Form**  
[https://www.texaschildrenshealthplan.org/sites/default/uploadedfiles/For\\_Providers/Resources/SB58%20Mental%20Health%20Service%20Request%20Form\\_2014.pdf](https://www.texaschildrenshealthplan.org/sites/default/uploadedfiles/For_Providers/Resources/SB58%20Mental%20Health%20Service%20Request%20Form_2014.pdf)

**REFERENCES:****Government Agency, Medical Society, and Other Publications:****Last approval by the Clinical & Administrative Advisory Committee (CAAC):****Texas Medicaid and CHIP – Uniform Managed Care Manual**

<https://hhs.texas.gov/services/health/medicaid-chip/provider-information/contracts-manuals/texas-medicaid-chip-uniform-managed-care-manual>

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

[http://www.tmhp.com/Manuals\\_PDF/TMPPM/TMPPM\\_Living\\_Manual\\_Current/2\\_Behavioral\\_Health.pdf](http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Behavioral_Health.pdf)

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