Texas | Medicaid

Mental health targeted case management (MHTCM) and mental health rehabilitation (MHR)

Provider training

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Wellpoint

Agenda

- Introduction and overview
- Member eligibility and target population
- Provider network requirements
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Coding disclaimer

The information in this presentation does not guarantee reimbursement, benefit coverage or payment for services.

Coding guidance in this presentation is not intended to replace official coding guidelines or professional coding expertise.

Wellpoint providers are expected to ensure documentation supports all codes submitted for conditions and services

Providers should refer to Texas Medicaid & Healthcare Partnership (TMHP) guidance for applicable billing requirements, claim submission instructions, and updates related to MHTCM and MHR services.

If you have questions regarding billed claims and reimbursement, call Provider Services at 833-731-2162 or use our web form: https://www.wellpoint.com/tx/provider/state-federal/contact-us/email

Mental health targeted case management (MHTCM) and mental health rehabilitation (MHR) services

MHTCM and MHR services are designed to support members with serious mental illness (SMI) and serious emotional disturbance (SED), with the goal of improving functioning, stability, and independence in the community.

Mental health targeted case management (MHTCM)

- Targeted case management focused on care coordination, service linkage, and follow-up.

Mental health rehabilitative (MHR) services

- Community-based rehabilitative interventions and skill-building supports.

Texas Managed Care context

MHTCM and MHR services were implemented as part of Texas Senate Bill 58 (83rd Legislature, effective 2014), which required the Texas Health and Human Services Commission (HHSC) to integrate behavioral health services into the Medicaid managed care program.

MHTCM and MHR and continuum of care

MHTCM and MHR position in continuum:

- Crisis/inpatient care (highest acuity)
- Outpatient therapy/psychiatry
- *MHTCM & MHR (ongoing support in community)*
- Natural supports/recovery maintenance

MHTCM and MHR services are designed to:

- Prevent hospitalization
- Support recovery and independence
- Address social determinants (for example, housing, employment)

Member eligibility and target population

MHTCM and MHR member eligibility criteria

- Medicaid eligible individuals (STAR, STAR Kids, and STAR+PLUS)
- Individuals diagnosed with SMI or SED:
  - Serious mental illness (SMI): someone age 18 years or older having (within the past year) a diagnosable mental, behavioral, or emotional disorder that substantially interferes with a person's life and ability to function; SMIs include conditions like bipolar disorder, major depressive disorder, and schizophrenia
  - Serious emotional disturbance (SED): someone under the age of 18 having (within the past year) a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities
- Member exclusions:
  - Individuals with a single diagnosis of intellectual and developmental disabilities (IDD) or related disorders
  - Individuals with a single diagnosis of substance use disorder (SUD)

MHTCM and MHR member eligibility criteria (cont.)

- Members assessed using the Child and Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths Assessment (ANSA) tools:
  - Standardized assessments (CANS/ANSA) to identify member needs
  - Used to guide level of care and service planning
  - Completed at intake and reassessed as medically necessary
  - Supports outcomes monitoring and quality improvement
  - Intended to:
    - Prevent duplicate assessments by multiple parties.
    - Decrease unnecessary psychological testing.
    - Aid in identifying placement and treatment needs.
    - Inform case planning decisions.

MHTCM and MHR continued member eligibility and reauthorization

Care providers must use the Department of State Health Services (DSHS) Clinical Management for Behavioral Health Services system (CMBHS) to reassess Member needs and recommend levels of care.

Reassessment frequency

90 days

Children/youth
MHTCM: every 90 days
MHR: at least every 90 days; sooner if clinically indicated

180 days

Adults
MHTCM: every 180 days
MHR: at least every 180 days; sooner if clinically indicated

Same in both programs

Diagnosis in CMBHS: Update when DSM diagnosis changes; at least annually from last entry.

Adult eligibility: schizophrenia/bipolar = automatic; Major Depressive Disorder stays eligible if initially qualified on functioning, even after improvement.

Adults with any other mental health diagnoses are eligible for continued services if their level of functioning continues to be significantly impaired, as evidenced by the results of the ANSA standardized assessment tool.

MHR-specific additions

Reassessment may be sooner when clinically indicated.

Licensed Practitioner of the Healing Arts (LPHA) interview is required in person or telemedicine/telehealth.

Record DSM criteria + level of functioning: This information must be included as part of the required assessment information.

Provider network requirements

MHTCM/MHR provider qualification requirements

To participate in Wellpoint's network for mental health targeted case management (MHTCM) and/or mental health rehabilitative services (MHR), care providers must meet and maintain all applicable state, program, training, system, and compliance requirements.

Wellpoint may request documentation at any time to verify compliance as part of routine monitoring, credentialing, or program oversight.

Clinical and program expectations

Care providers must:

- Provide MHTCM and/or MHR services in accordance with UMCM Chapter 15.
- Use the Texas RRUMG to guide service planning, medical necessity, and level-of-care decisions.
- Ensure services are individualized and based on members' assessed needs, goals, functional status, and recovery stage.
- Ensure integration of members' behavioral and physical health needs
- Coordinate referrals and related activities to connect members with needed medical, behavioral, social, educational, and community services aligned with identified needs and plan-of-care goals, including non-capitated services and physical or behavioral health providers.
- For MHR services, ensure a qualified clinician reviews the member's plan of care and updates it when changes in the member's condition or needs require:
  - Reassessment
  - Modification of services
  - A change in service intensity, type, or frequency

Texas Resilience and Recovery model

The *Texas Resilience and Recovery (TRR)* model is Texas's framework for public mental health services. It is designed to support recovery, independence, functioning, and community integration.

Under the TRR model and Texas RRUMG, services must be:

- Person-centered: driven by the member's goals, strengths, needs, and recovery stage
- Individualized: matched to the member's clinical assessment and recommended level of care
- Recovery-oriented: focused on skill building, independence, and improved functioning
- Accessible across the continuum of care: including both MHTCM and MHR services when clinically appropriate
- Free from arbitrary limits: not restricted based on cost, convenience, provider preference, or administrative convenience

Full array of Texas RRUMG services

MHTCM and MHR providers must be able to provide, directly or through subcontract, the full array of medically necessary services available under the Texas RRUMG.

Examples of services within the full array include:

- Skills training and psychosocial rehabilitation;
- Medication training and support;
- Crisis intervention;
- Case management, including linkage, coordination, and advocacy;
- Peer support; and
- Community-based services.

The utilization management expectation is that members receive the right service, at the right time, in the right amount to support recovery and prevent gaps in care.

ANSA/CANS training and certification requirements

Care providers of MHTCM and MHR services must ensure that staff administering assessment tools are trained and currently certified in the applicable assessment instrument:

- ANSA for adults
- CANS for children and adolescents

Certification must be current, documented, and updated annually through an approved entity. Care providers must maintain evidence of certification for all staff administering these tools.

Care providers must use ANSA and/or CANS, as applicable, to assess the member's need for services and recommend a level of care. Level-of-care recommendations must be submitted to Wellpoint using the current DSHS Clinical Management for Behavioral Health Services (CMBHS) web-based system.

CMBHS use requirements

Care providers must ensure that:

- Staff responsible for submitting or reviewing level-of-care recommendations have appropriate CMBHS access and training.
- ANSA and/or CANS assessment information is used to support accurate level-of-care recommendations.
- Level-of-care recommendations are submitted to Wellpoint through CMBHS, when required.
- Information entered into CMBHS is complete, accurate, timely, and consistent with clinical presentation and service needs.
- CMBHS documentation aligns with plans of care, Texas RRUMG requirements, and services billed.
- Records are maintained and available upon request for monitoring, audit, utilization management, or compliance review.

Failure to maintain appropriate CMBHS access, use required workflows, or submit accurate level-of-care information may impact a provider's ability to deliver MHTCM and/or MHR services within the Wellpoint network.

MHTCM/MHR provider responsibilities

Care providers must remain in good standing with Wellpoint's Payment Integrity and Special Investigations Unit (SIU) requirements to participate in the MHTCM and/or MHR network.

Good standing includes but is not limited to:

- Maintaining accurate, complete, and timely documentation to support all billed services.
- Billing only for services that are medically necessary, properly authorized, rendered by appropriately qualified staff, and align with the member's assessed needs and care plan.
- Complying with all applicable state, federal, contractual, and Wellpoint billing requirements.
- Cooperating with audits, reviews, investigations, corrective action plans, and requests for records.
- Promptly addressing identified overpayments, billing errors, or documentation deficiencies.
- Maintaining appropriate oversight of subcontractors, employees, and delegated service arrangements.
- Avoiding fraud, waste, abuse, and billing practices that could trigger recoupment or sanctions.

Unresolved Payment Integrity or SIU concerns, substantiated fraud, waste, or abuse findings, or failure to cooperate with compliance activities may impact a provider's eligibility to participate or continue participating in the network.

MHTCM/MHR provider qualification and attestation requirements

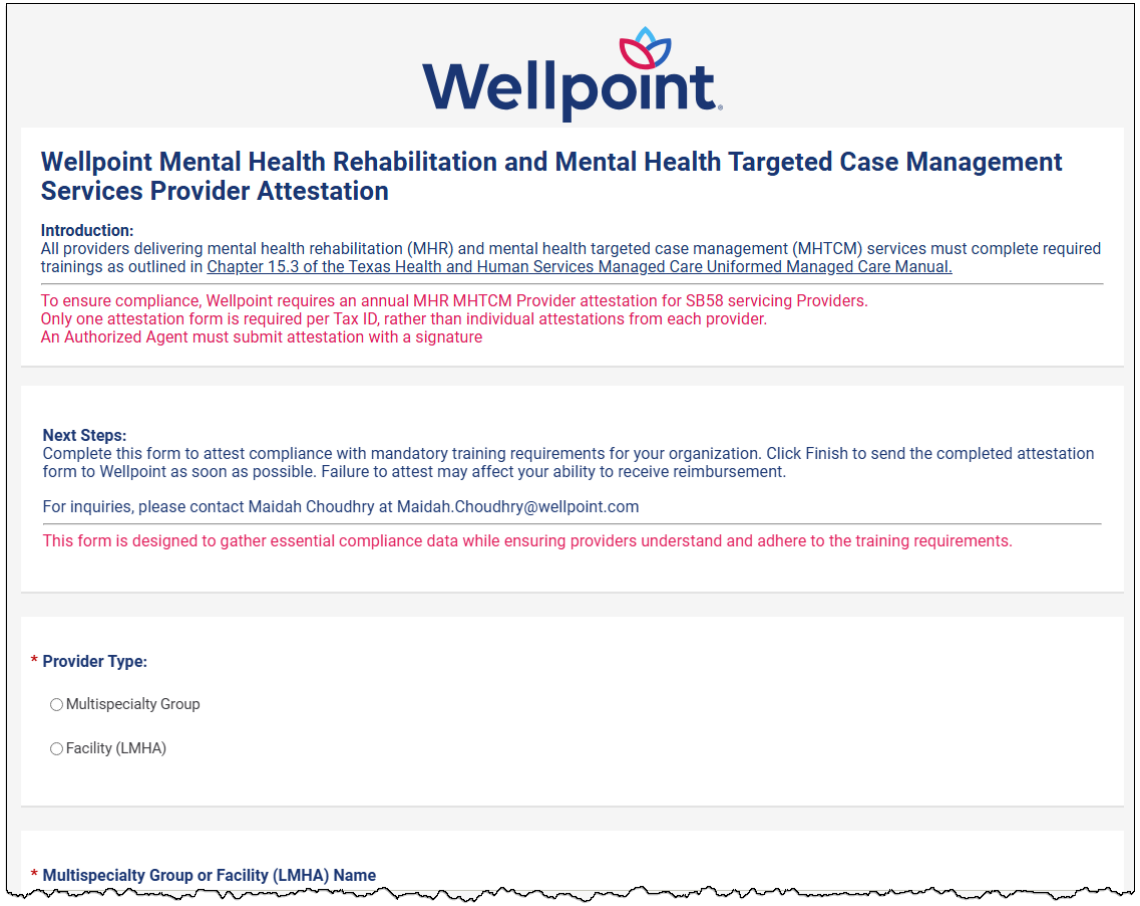
Wellpoint providers delivering MHTCM and MHR services must submit an annual attestation to demonstrate compliance with state guidelines. Care providers must attest compliance with the following requirements:

1. Clinical and Program Compliance: Care providers and their supervisors must comply with applicable state and Wellpoint requirements, deliver MHTCM and/or MHR services in accordance with UMCM Chapter 15 and the Texas Resilience and Recovery Utilization Management Guidelines (Texas RRUMG), and complete all required population-specific training before providing services.
2. Texas RRUMG Service Array Capability: Provider organization has the ability to provide the full array of medically necessary services identified under the Texas RRUMG, either directly or through an approved subcontracted arrangement.
3. ANSA/CANS Use and Certification: Care providers must use the Adult Needs and Strengths Assessment (ANSA) and/or Child and Adolescent Needs and Strengths (CANS) tools, as applicable, to assess member needs and support level-of-care recommendations.
4. CMBHS Use: Care providers must use the current [Texas DSHS Clinical Management for Behavioral Health Services (CMBHS)] system to submit level-of-care recommendations.
5. Payment Integrity/SIU Good Standing: Care providers must remain in good standing with Wellpoint's Payment Integrity and Special Investigations Unit requirements.

Attestation web link

Complete the online provider attestation form here:

[Wellpoint Mental Health Rehabilitation and Mental Health Targeted Case Management Services Provider Attestation]



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Wellpoint Mental Health Rehabilitation and Mental Health Targeted Case Management Services Provider Attestation

Introduction:
All providers delivering mental health rehabilitation (MHR) and mental health targeted case management (MHTCM) services must complete required trainings as outlined in Chapter 15.3 of the Texas Health and Human Services Managed Care Uniformed Managed Care Manual.

To ensure compliance, Wellpoint requires an annual MHR MHTCM Provider attestation for SB58 servicing Providers.
Only one attestation form is required per Tax ID, rather than individual attestations from each provider.
An Authorized Agent must submit attestation with a signature

Next Steps:
Complete this form to attest compliance with mandatory training requirements for your organization. Click Finish to send the completed attestation form to Wellpoint as soon as possible. Failure to attest may affect your ability to receive reimbursement.

For inquiries, please contact Maidah Choudhry at Maidah.Choudhry@wellpoint.com

This form is designed to gather essential compliance data while ensuring providers understand and adhere to the training requirements.

* **Provider Type:**

○ Multispecialty Group

○ Facility (LMHA)

* **Multispecialty Group or Facility (LMHA) Name**

Services overview

MHTCM and MHR provider types

Service	Provider types					
	QMHP-CS*	CSSP	Peer provider	Lic. medical personnel	Family partner	RN
Targeted Case Management	X	X				
Medication Training and Support — Child, Youth, LAR, Primary Caregiver	X	X		X	X	X
Medication Training and Support — adult or LAR	X	X		X	X	X
Psychosocial Rehabilitation (adults only)	X	X	X	X		X
Skills training and development — adult or LAR	X	X	X	X		X
Skills training and development — child/ youth or LAR	X	X	X	X		X
Crisis Intervention	X	X		X	X	X
Day Program for Acute Needs — Symptoms mgt & functioning skills	X			X		
Day Program for Acute Needs — Pharmacology issues	X	X	X	X		X
Day Program for Acute Needs — Psychiatric Nursing services				X		X

MHR/TCM providers must maintain a qualified clinical supervision structure—anchored by an actively licensed Texas physician for medical/psychiatric oversight and LPHA/QMHP-CS supervision for clinical care, medical necessity, and oversight of delegated staff.

MHTCM service components

Component	Description	Example
Assessment	Identifies needs	CANS/ANSA, intake
Care plan	Defines goals and services	Recovery plan
Referral & linkage	Connects to services	Schedule psychiatry
Monitoring	Tracks progress	Follow-up on services
Collateral contacts	Coordinates with others	Call school/provider

Targeted case management (15-minute units)

MHTCM service components (cont.)

Component	Description
Medication training and support	Curriculum-based training and guidance that serves as an initial orientation for the member in understanding the nature of his or her mental illnesses or emotional disturbances and the role of medications in ensuring symptom reduction and the increased tenure in the community
Skills training and development	Skills training or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers, and teachers
Psychosocial rehabilitative services	Social, educational, vocational, behavioral, or cognitive interventions to improve the Member's potential for social relationships, occupational or educational achievement, and living skills development
Crisis intervention	Intensive community-based one-to-one service provided to Members who require services to control acute symptoms that place the member at immediate risk of hospitalization, incarceration, or placement in a more restrictive treatment setting
Day program for acute needs	Short-term, intensive, site-based treatment in a group modality to Members who require multidisciplinary treatment to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting or reduce the amount of time spent in the more restrictive setting

Includes training and services that help members maintain independence in the home and community

MHR practice notes providers should remember

Crisis intervention

Considered emergency behavioral health services. Prior authorization is not required, but providers must follow current RRUMG.

Skills training and development

Employment-related training may be covered when it is not job-specific and focuses on skills to reduce or overcome mental illness symptoms that interfere with vocational choices or employment.

Billing and modifier HZ

Bill MHR using appropriate TMPPM procedure codes and modifiers. The MCO is not responsible for Criminal Justice Agency-funded procedure codes with modifier HZ.

Do not confuse employment-related Skills Training and Development with Employment Assistance or Supported Employment under the HCBS STAR+PLUS Waiver.

What is not covered

- Duplicative services
- Services provided before the establishment of a diagnosis of mental illness and the authorization of services
- Services without medical necessity
- Administrative/non-direct care activities
- Services not in treatment plan
- Psychosocial rehabilitation is not reimbursable on the same day as MHTCM services or MHR skills training and development

MHTCM/MHR billing

MHTCM service codes and modifiers

Service category	Procedure codes	Modifiers 1/2
Routine Targeted Case Management — Adult > 21 Years	T1017	TF — Routine Case Management
Routine or Intensive Targeted Case Management — Child/Youth < 20 Years	T1017	TF/HA — Routine Case Management: Child/Youth TG/HA — Intensive Case Management: Child/Youth

**Services are only covered with the allowed diagnosis codes. Please verify applicable diagnosis requirements via TMHP before billing*.

MHTCM service codes and modifiers (cont.)

Modifier	Description
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

** HZ: Wellpoint is not responsible for services that use Modifier HZ (Funded by criminal justice) because those services are excluded from the capitation.*

MHR service codes and modifiers (cont.)

Service category	Procedure codes	Modifiers 1/2
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	HA: child/youth
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

**Coverage for some services are limited to specific allowed diagnosis codes for coverage. Please verify applicable diagnosis requirements via TMHP before billing.*

MHR service codes and modifiers

Modifier	Description
95	Delivered by synchronous audiovisual technology
ET	Emergent treatment
FQ	Delivered by synchronous telephone (audio-only) technology
HA	Child/adolescent program
HQ	Group setting
HZ*	Funded by criminal justice agency
TD	Services provided by an RN

** HZ: Wellpoint is not responsible for services that use Modifier HZ (Funded by criminal justice) because those services are excluded from the capitation.*

Service delivery rules

Service limits and units

MHTCM billed in 15-minute units

- Must be:
  - Direct contact (member or allowable collateral)
  - Documented with start and end time
- You cannot “round up” time
  - Example: 16 minutes = 1 unit; 30 minutes = 2 units

MHR uses different H-codes; depends on service

- Limits vary by:
  - Service type
  - Level of care (LOC)
- Services must match:
  - Authorized LOC
  - Treatment plan

Same-day restrictions

MHTCM and certain MHR services cannot occur on the same day

- Example: MHTCM cannot be billed with psychosocial rehab on the same day
- Because:
  - These services serve different purposes
  - Billing both = considered duplication

No duplicate services

- Example: two staff documenting the same interaction is not allowed

One service per time block, such as cannot stack services in the same timeframe

- Example: 10:00–10:30 cannot be MHTCM *and* skills training at the same time

Telehealth and telemedicine services

- Telehealth and telemedicine services are covered Medicaid benefits. The use of telemedicine and telehealth services is intended to promote and support Patient-Centered Medical Homes and care coordination. We encourage our network providers to offer telemedicine and telehealth capabilities to our members.
- Wellpoint follows the guidelines set forth by Texas Medicaid & Healthcare Partnership (TMHP) regarding telemedicine and telehealth services.
- TMHP publishes the Texas Medicaid Provider Procedures Manual — Telecommunication Services Handbook on its website. The handbook offers information regarding telemedicine and telehealth services, provider types, billing guidelines, procedure codes and modifiers, and documentation requirements for these services.

Telemedicine and telehealth: MHTCM versus MHR (provider comparison)

Category	MHTCM	MHR
Person-Centered Requirement	Individual choice drives service delivery	Individual choice drives service delivery
Service Types Allowed	T1017	Defined services: H0034, H2014, H2017, H2011
Audiovisual (Modifier 95)	Clinically appropriate, agreed, documented in plan of care	Same + exception for crisis (no prior plan of care required)
Audio-Only (Modifier FQ)	Requires: existing relationship (6 months); clinical appropriateness; documentation of reason	Same for routine services
Crisis Intervention Rules	No special exceptions	Key Difference: Audio-only allowed as backup only; no prior plan of care approval required; existing relationship waived

Telemedicine and telehealth: MHTCM versus MHR (provider comparison)

Category	MHTCM	MHR
Plan of Care Requirement	Always required before service	Required except crisis intervention
Existing Clinical Relationship (Audio-Only)	Required (cannot be waived)	Required except crisis intervention
12-Month In-Person/ Audiovisual Requirement	Required (unless clinically contraindicated)	Required (unless clinically contraindicated)
Documentation for Audio-Only	Must document reason	Same + must justify crisis use specifically
HHSC Preference	In-person or audiovisual over audio-only	Required (unless clinically contraindicated)

Documentation requirements

Documentation and audit readiness

Care providers should maintain complete, accurate, and timely documentation to support all MHTCM and/or MHR services delivered and billed. Documentation should clearly demonstrate the member's assessed needs, medical necessity, services provided, staff qualifications, and compliance with applicable Medicaid and program requirements.

Records may include, as applicable:

- Treatment/recovery plans
- Progress notes
- Medical necessity documentation
- Service authorization records
- Supervision documentation
- Staff training records
- Crisis documentation
- Contact logs
- Discharge summaries

Care providers should be prepared for routine monitoring, audits, or record requests. Insufficient or incomplete documentation may result in payment review, corrective action, or recoupment of Medicaid payments.

Documentation

Progress note requirements

- Date, start/end time
- Service type and intervention
- Goal addressed
- Member response
- Staff credentials/ signature

Plan of care requirements

- Person-centered & trauma-informed
- Goals and measurable objectives
- Updated based on reassessment

Documentation essentials

- Medical necessity
- Service provided
- Time and duration
- Provider credentials

Common documentation errors

- Missing signatures
- Lack of linkage to treatment goals
- Duplicate services
- Insufficient progress notes

Compliance and audit readiness

Policies and procedures

Whether you're preparing to launch or you're already seeing clients, having clear, written policies and procedures helps create consistency across the team, supports quality care, and reduces operational risk as you grow.

At a minimum, consider maintaining formal written policies for:

- Intake
- Eligibility verification
- Medical necessity
- Treatment planning
- Documentation
- Supervision
- Incident reporting
- Crisis response
- HIPAA
- Telehealth
- QA/QI
- Compliance program
- Fraud/waste/abuse
- Cultural competency
- Grievances/appeals

This is essential for both credentialing and audits.

Ensure the right compliance infrastructure is in place

As your program grows, its compliance demands will look less like a small private practice and more like a Medicaid community behavioral health agency.

You may be asked to support routine activities such as:

- Utilization reviews
- Chart audits
- Credentialing audits
- Site audits
- Encounter validation
- Claims audits
- OIG-related compliance risk management
- Overpayment identification and recoupment processes

At a minimum, consider having the following foundational elements in place:

- A designated compliance officer (or compliance lead)
- A formal QA program
- Internal auditing processes
- A structured supervision and documentation review process
- Policy and procedure management
- Billing compliance oversight

Risk areas and practical controls

High-risk areas:

- Overbilling units
- Duplicate services
- Missing signatures
- Services not tied to plan of care

Best practices:

- Document in real time
- Train staff regularly
- Conduct internal audits
- Use checklists

Resources and support

Texas provider orientation

Learn about:

- Claims submission options
- Claims reminders
- Claims payments
- Claims status
- Claims appeals procedures (medical denials and payment disputes)
- Key resources: Provider Services, Nurse HelpLine, Member Services, Availity Essentials
- Policies, guidelines, and manuals

How to access:

- Training Academy (on-demand)
- Live webinar (walkthrough + Q&A)

Visit the Training Academy to review the Texas Provider Orientation or register for an upcoming live webinar.

Key resources

- Texas Medicaid & Healthcare Partnership TMHP website: [Welcome Texas Medicaid Providers | TMHP
- HHSC handbook: Handbooks | Texas Health and Human Services
- CMBHS system: Clinical Management for Behavioral Health Services — Login
- Wellpoint provider manual: https://www.wellpoint.com/tx/provider/state-federal/resources/policies-guidelines-manuals
- Wellpoint provider website: https://www.wellpoint.com/tx/provider/state-federal
- Resource Library: https://www.wellpoint.com/tx/provider/state-federal/resources/training-academy/resource-library

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