

Mental Health Rehabilitation Services and Mental Health Targeted Case Management

Provider Attestation *Senate Bill 58*

WHEREAS, Integrated Mental Health Services d/b/a Superior HealthPlan (“Superior”), has executed an Agreement with _____ (“Entity”) dated _____ pursuant to which Entity has agreed to provide Covered Services to Superior Covered Persons through Entity Clinicians (the “Agreement”); and

WHEREAS, Superior has requested that the undersigned (“Entity”) annually attest to the ability to provide Mental Health Rehabilitative Services and Mental Health Targeted Case Management as required by Senate Bill 58 of the 83rd Legislative Session; and

WHEREAS, as a condition of such participation and Entities designation under this Agreement, entity provider must satisfy Superior’s training and certification requirements and execute this Attestation acknowledging their agreement to comply with, and be bound by, the terms and conditions of the Attestation.

NOW THEREFORE, Entity hereby agrees as follows, and attests that:

1. Participating Providers are trained and certified to administer, the Adult Needs and Strengths Assessment (ANSA) or the Child and/or Adolescent Needs and Strengths (CANS) assessment tools, agrees to use these tools to recommend a level of care by using the current DSHS Clinical Management for Behavioral Health Services (CMBHS) web-based system.
2. The Participating Provider has completed all training requirements outlined in the HHSC Uniform Managed Care Manual (UMCM) Chapter 15.3 before delivering any Mental Health Rehabilitation and Mental Health Target Case Management Services.
3. The Participating Entity will complete the Texas Standard Prior Authorization Request Form for all Level of Care (LOC) 4 and LOC deviations and will submit to Superior.
4. The Participating Entity will provide Mental Health Rehabilitative Services and Targeted Case Management using the Department of State Health Services (DSHS) (DSHS) Texas Resiliency and Recovery (TRR) Utilization Management Guidelines and the ANSA or the CANS tools for assessing a member’s needs for services.
5. The Participating Entity has the ability to provide Covered Persons with the full array of TRR services either directly or through sub-contract.
6. The Participating Entity is familiar with HHSC’s cost reporting process and will participate in this process.

Signature Block to Follow

Entity Name (print): _____

Facility Signature: _____

Signature Date: _____

Tax ID Number: _____

NPI Number: _____

State Medicaid Number: _____

For questions, please contact Superior Provider Services at 1-877-391-5921.