

June 30, 2026

## UPDATE TO MENTAL HEALTH TARGETED CASE MANAGEMENT AND MENTAL HEALTH REHABILITATION PROVIDER TRAINING REQUIREMENTS

### BACKGROUND

Uniform Managed Care Manual (UMCM) Chapter 15.3 outlines Medicaid managed care Provider training requirements for Mental Health Targeted Case Management (MHTCM) and Mental Health Rehabilitation (MHR) Services. MCOs are contractually obligated to ensure Provider compliance with training requirements on at least an annual basis. HHSC seeks to clarify training requirements.

### KEY DETAILS

For MHTCM/MHR services, the Provider enrollment type is the facility, either the local mental health/behavioral health authority (LMHA/LBHA) or a non-LMHA. In alignment with UMCM Chapter 15.1, all Providers delivering MHTCM and MHR Services must have the ability to provide, either directly or through sub-contract, Members with the full array of Medicaid covered services outlined in the Texas Resilience and Recovery Utilization Management Guidelines and Manual. To do this, these Providers must have Provider personnel that are trained to deliver these services.

UMCM 15.3 outlines training requirements, and states that “MCOs must ensure Providers have attested to completing all training applicable to the population being served.” This statement means that Provider personnel must complete the training that aligns with their role and the service that they are providing. It does not mean that every staff person is required to complete every training, or even that every staff person working with adults is required to complete every training targeted to serving adults.

The Provider must complete all required training in the aggregate, not each individual personnel.

A policy updated is being initiated to clarify these requirements in the UMCM. Until that time, this notice will serve as the policy clarification.

### SOURCE

[UNIFORM MANAGED CARE MANUAL \(UMCM\) CHAPTER 15.3](#)

### QUESTIONS

For any questions regarding this notice, please contact your Community Provider Performance Manager (provider representative). E-mail: [ProviderRelationsInquiries@CommunityHealthChoice.org](mailto:ProviderRelationsInquiries@CommunityHealthChoice.org)