TARGETED CASE MANAGEMENT AND MENTAL HEALTH REHABILITATIVE SERVICES TRAINING ATTESTATION

_____ ("Provider") is providing the following attestation as requested by Texas Children's Health Plan, Inc. ("TCHP"), a Texas managed care organization, in regards to the Mental Health Targeted Case Management and/or Mental Health Rehabilitative Services ("TCM/MHR") (as defined by the Uniform Managed Care Contract) Provider will provide to TCHP members.

I, _____, attest on behalf of Provider that to the best of my knowledge the following is true and accurate.

Provider has completed the applicable TCM/MHR training requirements outlined in the Uniform Managed Care Manual (UMCM) Chapter 15.3 (or its successor) before delivering any TCM/MHR services to TCHP members.

Provider's licensed personnel who deliver TCM/MHR services have completed the training requirements outlined UMCM Chapter 15.3 (or its successor). Additionally, any personnel supervising clinicians delivering these services have completed these training requirements.

By signing below, I attest that I have carefully reviewed the information provided in this Attestation Statement and attest that is complete, accurate and truthful, and that I have the authority to sign this Attestation Statement on behalf of Provider. I understand that Provider's ability to join the TCHP network is contingent upon the representations made in this attestation.

Provider Name: _____

Signature of Authorized Individual: _____

Print Name: _____

Print Title: _____

Date: _____