

**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. In addition, Provider has completed training and is certified to administer, the Adults Needs and Strengths Assessment (ANSA) or the Child and/or Adolescent Needs and Strengths (CANS) assessment tools.

Provider’s licensed personnel who deliver TCM/MHR services have completed the training requirements outlined UMCM Chapter 15.3 (or its successor), including the ANSA or CANS training. 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: _____