

RELEASE NOTES (8.46) – 07.31.2025

Texas Health and Human Service Commission (HHSC) Clinical Management for Behavioral Health Services (CMBHS) Release Information Date: 07/31/2025		
Page or Function	Description of Change and/or User Instructions	Business Entity/User Type Impacted
CCMS	<p>CCMS (Comprehensive Case Management Services): The CCMS (Comprehensive Case Management Services) module within the CMBHS application is designed to support agencies that provide case management services.</p> <p>Below is the list of required documents for the CCMS:</p> <ul style="list-style-type: none">• Client Profile• Screening• Open Case• Service Plan• Close Case <p>Below is the list of Optional documents for the CCMS:</p> <ul style="list-style-type: none">• MEV• Financial Eligibility• Case Management Assessment – Initial• Case Management Assessment – update• Service Plan Review• Progress Notes• Psychoeducational Notes• Administrative Notes• Referral• Consent <p>Business Rule Change: (For CCMS Services Offered Locations Only)</p> <ol style="list-style-type: none">1. Closed Complete Screening or Consented Screening is required before Open Case.<ul style="list-style-type: none">▪ When use try to close complete open case before screening, Validation	All

	<p>message should be: "Screening is required in Close Complete status before Open Case".</p> <ul style="list-style-type: none"> ▪ Screening must be closed completed on or before current system date. <ol style="list-style-type: none"> 2. When Open Case is in closed complete status then Screening document should exist within the 30days of open case date. User will save a open case in closed complete, If Screening is not present or fall within the 30 days of the before open case then system should display error message: "Close Complete Screening Date must be on or before 30 days of Open Case Date." 3. Closed Complete Service Plan or Consented Service Plan is required before Close Case. Validation Message: "Service Plan is required in Close Complete status on or before Close Case Date". 4. Service Plan must be present before Close Case and after Open Case. 5. Service Plan must be closed completed on or before Close Case Date and after Open Case Date. 6. System must check Service Plan is in Close Complete Status before Close Case. 7. Multiple open case cannot be allowed to open at the same time. 	
SHSDP Referral form	<ol style="list-style-type: none"> 1. Substance of Choice: Selecting None: State stepdown referral form: When selecting the option "None" from the checkbox listed under Substance Abuse Treatment History (include most current) the other checkbox options should automatically get either greyed out or un-selectable or hidden so that the user cannot choose it. 2. Commitment Status: add "Other": The system must also provide the option for 'Other' in the drop-down along with other option sets. When choosing the 	<ul style="list-style-type: none"> • (SHSDP Referral Requestor) • HHSC Reviewer Role (HHSC SHSDP Referral Reviewer)

	<p>dropdown value of "Other", provide a text field for Commitment Status Other _____ (with 25 characters long) for the user to explain or small comment. This will be required field when the option "Other" is selected.</p> <p>3. Home Preference: add "Other": The system must also provide the option for 'Other' in the drop-down values. Please add the dropdown option "Other". Also, when choosing the dropdown value of "Other", provide a text field for Home Preference Other _____ (with 25 characters long) for the user to explain or small comment. This will be required field when the option "Other" is selected.</p> <p>4. State step down referral approval process tracker: All Notes/comments between Requestor / Reviewer / Approver should be maintained for audit trail purpose with date and timestamp. This will look consistent across other comments tracker that exists within the CMBHS system.</p> <p>6. In the Step-Down Referral Form, the field Referral Form Date _____ this date should be the actual service date and not the system date.</p>	<ul style="list-style-type: none"> • State Hospital Step Down Approver (SHSDP Referral Approver)
<p>If you have problems using CMBHS please contact the CMBHS Help Line at 1 866 806-7806 Monday - Friday 8:00 am to 4:30 pm</p>		