

APPENDIX B
AGENCY CERTIFICATION
CHILDREN'S MENTAL HEALTH TARGETED CASE MANAGEMENT

Agency Name _____

Agency Address _____

Phone Number () _____ Medicaid Provider # _____

Is hereby certified to provide targeted case management services and meets the following criteria:

Administrative:

1. Is knowledgeable of and agrees to comply with the statutes, rules and policies that affect the target population.
2. Has the ability to administer case management services to the target population.
3. Has established linkages within the local network of mental health treatment providers and other resources in the service area.
4. Has a quality improvement program with written policies and procedures.
5. Will ensure that case managers are certified within three months from their date of hire
6. Will provide mental health targeted case managers with supervision (as described in the Mental Health Targeted Case Management Coverage and Limitations Handbook).
7. Will cooperate with and participate in monitoring conducted by the Agency for Health Care Administration and the Department of Children and Families, Mental Health Program Office and the district or regional Substance Abuse and Mental Health program office.
8. Has the capacity to manage utilization of mental health targeted case management services and to conduct utilization review of these services on a regular basis.
9. Has the financial management capacity and system to provide documentation of costs.
10. Has the ability to maintain and produce documentation that verifies that mental health targeted case managers have participated in case management training as required and approved by AHCA.

Programmatic:

1. Ensures that all mental health targeted case management services are provided by certified case managers.
2. Provides mental health targeted case management for recipients who ask or are referred for service and who meet eligibility requirements.
3. Maintains average caseloads of 20 or fewer recipients per mental health targeted case manager.
4. Maintains programmatic records that include clearly identified mental health targeted case management certifications for eligibility, assessments, service plans and service documentation.

Provider Administrator

Date

Area Medicaid Office Designated Representative

Date

All fee-for-service providers must have a fully executed certification form on file and all managed care organizations must ensure all certification criteria are met.

AHCA-Med Serv Form 022, June 2007 (incorporated by reference in 59G-4.199)