

CONTRACTOR CERTIFICATION FOR CHILDREN'S SERVICES COUNCIL

Provider Agency Name: _____

Provider Agency Address: _____

Provider Phone Number: ()

Florida Medicaid Provider Number #- _____

Is hereby approved and certified as a children's services council or local government entity to contract for targeted case management services for children at risk of abuse and neglect and meets all of the following requirements:

- (1) Is a children's services council or local government entity with authority to raise and contract public dollars that are eligible for use as matching funds under the Florida Medicaid program.
- (2) Knowledgeable of and in compliance with state and federal statutes, rules, and policies that pertain to use of public funds as match under the Florida Medicaid program and have the financial management capacity and system to provide documentation of costs.
- (3) Able to contract with local agencies to provide case management services to the target population as evidenced by sufficient administrative capacity to monitor agencies and ensure compliance with regulations, policies, and standards in this coverage policy.
- (4) Agrees to enroll in Florida Medicaid as a case management group provider, with contracted agencies' case manager supervisors comprising the group membership.
- (5) ~~Has Certification that contracted agencies have~~ demonstrated experience and capacity to serve this target population.
- (6) ~~Has Certification that contracted agencies have~~ established linkages with the local network of human services providers, schools, and other resources in the service area.
- (7) ~~Has Certification that contracted agencies have~~ a quality improvement program with written policies and procedures, which include an active case management peer review process and ongoing recipient and family satisfaction surveys.
- (8) ~~Has Certification that contracted agencies have~~ established pre-service and in-service training programs that promote the knowledge, skills, and competency of all case managers.
- (9) ~~Has Certification that contracted agencies have~~ an established credentialing process, which will assess and validate the qualifications of all case managers and supervisors of case managers.
- (10) ~~Has Certification that contracted agencies have~~ the capacity to provide supervision by a qualified practitioner.
- (11) ~~Certification that contracted agencies have~~ Maintains documentation and programmatic records that include clearly identified targeted case management certifications for eligibility, assessments, service plans, and service documentation.
- (12) ~~Cooperates~~ Cooperation and ~~participates~~ participation in monitoring conducted by the Agency for Health Care Administration or its designee.
- (13) ~~Agrees~~ Agreement to reimburse contracted agencies 100% of the fee for targeted case management for children at risk of abuse and neglect.
- (14) ~~Certifies eligible~~ Certification of eligible expenditures to Florida Medicaid and submission of claims through the Florida Medicaid fiscal agent for reimbursement of the federal financial participation share.

Authorized Representative of the
Children's Services Council or Local Government Entity

Date:

~~Name of~~ County:

AHCA Form 5000-3535, Revised (APR 2024) ~~MAY 2014~~ (incorporated by reference in Rule 59G-1.060, F.A.C.)