AGENCY CERTIFICATION

CHILDREN'S MENTAL HEALTH TARGETED CASE MANAGEMENT

Provider Agency Name:

Provider Agency Address:

Provider Phone Number: ( ) Florida Medicaid Provider Number:

Is hereby certified to provide targeted case management services and meets the criteria outlined in the Florida Medicaid Targeted Case Management Services Coverage Policy, incorporated by reference in Rule 59G-4.199, F.A.C.

Agency Administrator: Date:

All fee-for-service providers must have a signed self-certification form on file.