

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.