AGENCY CERTIFICATION
ADULT 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 all criteria as outlined in the Florida Medicaid Targeted Case Management Services Coverage Policy, incorporated by reference in Rule 59G-4.199, F.A.C.

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.