

**AGENCY CERTIFICATION
INTENSIVE CASE MANAGEMENT TEAM SERVICES
ADULT MENTAL HEALTH TARGETED CASE MANAGEMENT**

Provider Agency Name:

Provider Agency Address:

Provider Phone Number: ()

Florida Medicaid Provider Number:

Meets the criteria for intensive case management team services 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.