

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

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

Meets the following criteria for intensive case management team services:

1. Is certified to provide adult mental health targeted case management services.
2. Serves recipients who meet the eligibility requirements for intensive case management team services as specified in the Mental Health Targeted Case Management Coverage and Limitations handbook.
3. Certifies individuals to receive intensive case management team services.
4. Responds 24 hours a day, seven days a week to the needs of recipients served by the team.
5. The maximum average caseload size for a team with four or more case managers shall be 15 persons per each team case manager. The maximum average caseload size for a team with three case managers shall be seven persons per each team case manager. The maximum average caseload size for a team with less than three case managers shall be six persons per each team case manager.
6. Transfers an individual from an intensive case management team to an individual case manager when the recipient and the team agree that intensive case management team services are no longer needed or when the individual refuses intensive case management team services.

\_\_\_\_\_  
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.

AHCA-Med Serv Form 024, June 2007 (incorporated by reference in 59G-4.199)