APPENDIX F CASE MANAGEMENT SUPERVISOR CERTIFICATION ADULT MENTAL HEALTH TARGETED CASE MANAGEMENT

applicant Name	
Agency Name	
Agency Address	
Phone Number ()	Medicaid Provider #
	uirements for supervision of adult mental health targeted case ed by an agency certified to provide adult mental health targeted he following criteria:
psychology, criminal justice, nursing,	ed university or college with a major in counseling, social work, rehabilitation, special education, health education, or a related s of full time or equivalent professional experience serving the
 A bachelor's degree from an accredi case management experience servir 	ited university or college and five years of full time or equivalent ng the target population; and
training within three months of initiall within three months, the provider age	te AHCA-approved mental health targeted case management by supervising Medicaid services. If the training is not completed ency must request that the Medicaid fiscal agent disenroll the nnot continue to bill Medicaid for services rendered by the case
Case Management Supervisor	Date
Provider Administrator	Date

AHCA-Med Serv Form 026, July 2006 (incorporated by reference in 59G-4.199, F.A.C.)

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