APPENDIX J
ADULT CERTIFICATION
ADULT MENTAL HEALTH TARGETED CASE MANAGEMENT

Recipient's Name _____ Medicaid ID # _____

Is hereby certified as meeting all of the following adult mental health targeted case management criteria.

1. Is enrolled in a Department of Children and Families adult mental health target population
2. Has a mental health disability (i.e., severe and persistent mental illness) which requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice;
4. Lacks a natural support system with the ability to access needed medical, social, educational and other services;
5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Has a mental health disability (i.e., severe and persistent mental illness) duration that, based upon professional judgment, will last for a minimum of one year;
7. Is not receiving duplicate case management services from another provider;
8. Meets at least one of the following requirements (check all that apply):

    a. Is awaiting admission to or has been discharged from a state mental health treatment facility;
    b. Has been discharged from a mental health residential treatment facility;
    c. Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities in the past 12 months;
    d. Is at risk of institutionalization for mental health reasons (provide explanation);
    e. Is experiencing long-term or acute episodes of mental impairment that may put him or her at risk of requiring more intensive services (provide explanation); or

9. Has relocated from a Department of Children and Families district or region where he or she was receiving mental health targeted case management services.

_____ _____
Case Manager Date

_____ _____
Case Manager's Supervisor Date

Form must be filed in the recipient's case record.

AHCA-Med Serv Form 030, July 2006 (incorporated by reference in 59G-4.199, F.A.C.)