

APPENDIX L
MEDICAID 30-DAY CERTIFICATION
FOR CHILDREN'S OR ADULT
MENTAL HEALTH TARGETED CASE MANAGEMENT

Recipient's Name: _____

DOB: _____ Medicaid ID #: _____

Is hereby certified as meeting the following criteria:

_____ The recipient has been referred by Medicaid's utilization management service after a denied admission to or discharge from an inpatient psychiatric unit; or

_____ The recipient has been admitted to an inpatient psychiatric unit and has been identified by AHCA's utilization management service as high risk.

This certification is effective for 30 days. To receive Medicaid reimbursement for services beyond 30 days, the recipient must be determined eligible for children's or adult mental health targeted case management and must receive services in accordance with policy.

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. |

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

| AHCA-Med Serv Form 032, June 2007 (incorporated by reference in 59G-4.199) |