

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

Applicant Name \_\_\_\_\_

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

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

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

Is hereby certified as having met the requirements for supervision of adult mental health targeted case management. This individual is employed by an agency certified to provide adult mental health targeted case management services and meets the following criteria:

- A master's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field and three years of full time or equivalent professional experience serving the target population; or
- A bachelor's degree from an accredited university or college and five years of full time or equivalent case management experience serving the target population; and
- Has completed or agreed to complete AHCA-approved mental health targeted case management training within three months of initially supervising Medicaid services. If the training is not completed within three months, the provider agency must request that the Medicaid fiscal agent disenroll the supervisor. The provider agency cannot continue to bill Medicaid for services rendered by the case management supervisor.

\_\_\_\_\_  
Case Management Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Administrator

\_\_\_\_\_  
Date

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