



# 30-DAY CERTIFICATION FOR ADULT MENTAL HEALTH TARGETED CASE MANAGEMENT \*\*

Member Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Member 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 or has been identified by AHCA's utilization service as high risk.

This certification is effective for 30 days. To receive reimbursement for services beyond 30 days, the member must be eligible for adult mental health targeted case management services and prior authorization must be obtained.

\_\_\_\_\_  
TCM Case Manager

\_\_\_\_\_  
Date

All 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 member's case record.**

\*\* Form was adapted from the Florida Medicaid, Mental Health Targeted Case Management Coverage and Limitations Handbook, Appendix L; AHCA-Med Serv Form 032, June 2007 (incorporated by reference in 59G-4.199)