

THERAPEUTIC GROUP CARE SERVICES PROVIDER AGENCY CERTIFICATION

INITIAL _____

ANNUAL _____

Provider Agency Name: _____ Medicaid No. _____

Provider Agency Address: _____

City: _____ Zip Code _____ Phone No.: () _____

County: _____ District: _____ Area: _____

Name and Address of Site: _____

_____ Zip Code _____

This is to certify that the above named provider agency and site has been surveyed and determined to be in compliance with the certification criteria for the provision of Therapeutic Group Care Services included in Section 6 of the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, including the following:

- Is designated by the Department of Children and Families, District Substance Abuse and Mental Health (SAMH) Program Office as a Therapeutic Group Care Services provider;
- Is properly licensed in accordance with Chapter 409.175, F. S., and Chapter 65C-14, F. A. C., by the district Family Safety Program office. The program must become licensed by AHCA as required under Chapter 65E-9, F.A.C., when it is promulgated.
- Has met the qualifications for certification to be a provider of Therapeutic Group Care Services for children and adolescents, based upon a review by the Department of Children and Families District Substance Abuse and Mental Health Program Offices and the Agency for Health Care Administration Area office, of the following certification criteria as outlined in Chapter 2, Section 6 of the Florida Medicaid Community Behavioral Health Coverage and Limitations Services Handbook

These certification criteria include:

- Required Capabilities for Therapeutic Group Care Providers
- Quality Assurance Program Requirements
- Services to be Provided
- Staff Qualifications and Training
- Required Policies and Procedures

Begin Date: _____ End Date: _____

District Substance Abuse and Mental Health Representative Date

Medicaid Field Office Representative Date

This form must be kept in the provider's records with a copy to area Medicaid Office