

TARGETED CASE MANAGEMENT SERVICES PROVIDER APPLICATION AND ATTESTATION

_____ (“Provider”) hereby attests to the Behavioral and Physical Health and Aging Services Administration of the Michigan Department of Health and Human Services (MDHHS) that the Provider will, if approved to provide Targeted Case Management (“TCM”) services, adhere to the Michigan Medicaid Provider Manual and the Michigan Medicaid policy regarding the TCM program for individuals recently released from incarceration.

TCM services are furnished to assist individuals in gaining access to needed medical, social, educational, and other services. Through coordination and linking, TCM services help facilitate an individual’s access to care, support, and community resources. Eligible individuals are 18 years of age and older who meet Medicaid eligibility requirements; have a chronic or complex physical or behavioral health care need; and were a recent inmate or involuntarily residing in a prison or jail. The TCM program is a Medicaid benefit provided by select Medicaid providers. Approved targeted case management provider organizations (TCM providers) may include a:

- Community Mental Health Services Program (CMHSP);
- Federally Qualified Health Center (FQHC);
- Rural Health Center (RHC);
- Tribal Health Center (THC); or a
- Tribal Federally Qualified Health Center (Tribal FQHC).

TCM providers are expected to practice in accordance with the accepted standards of care and professional guidelines applicable to medical and behavioral health services. The TCM provider shall assume full responsibility for maintaining proper and complete documentation to verify services provided.

Provider hereby attests to the following:

- I fully understand all the requirements of the TCM program, including, but not limited to, all elements of the definition, eligibility criteria, staff training requirements, and staff qualifications.
- I understand the responsibility for ensuring the service is provided as defined, and I am attesting to my compliance to the services required for the TCM program.

Failure to meet and maintain any and all terms and conditions may result in possible termination of the TCM provider from the TCM program. This attestation is effective for services delivered on or after the signing date of this attestation. The undersigned individual or officer certifies, by his or her signature, that he or she is authorized to sign this attestation on behalf of the Provider.

Organization Name: _____

Contact Person: _____

Title: _____

Email: _____

NPI Number: _____

Check Organization Type: CMHSP FQHC RHC THC Tribal FQHC

Address: _____

 Signature

 Date