



CCM-CCMS Accredited Employer Status APPLICATION

Program Overview

The Florida Certification Board (FCB) is pleased to open the **Certified Case Manager (CCM) and Certified Case Manager Supervisor (CCMS)** application period for individuals who provide Medicaid reimbursable services as a Targeted Case Manager OR Targeted Case Manager Supervisor, serving the adult and/or child population(s). The program meets the requirements of s. 394.4573, F.S. and will operate under grandparenting standards from May 11, 2017 until March 1, 2018. The primary goal of the grandparenting period is to provide an application and credential award process that assists applicants to hold FCB certification without requiring them to pass an exam or duplicate formal education, approved training, or population-specific job experience requirements.

See the *CCM-CCMS Certification Program Standards and Application Process Overview (5-4-17)* for grandparenting program information, posted at <http://flcertificationboard.org/certification/case-management-credentials/>

Accredited Employer Application

Purpose. The FCB recognizes that a significant number of employers impacted by s. 394.4573, F.S., operate targeted case management programs that are accredited by one of the following authorities:

1. Joint Commission
2. Commission for Accreditation of Rehabilitation Facilities (CARF) – **for Case Management Program specifically**
3. Council on Accreditation (COA)
4. National Committee for Quality Assurance (NCQA)

These nationally-recognized accreditation programs require agencies to demonstrate they meet and maintain specified staffing qualification standards; however, the standards apply to the program, not the individual staff member. In recognition of accredited employer's existing responsibility to document compliance with accreditation standards, the FCB will partner with these employers to:

1. Verify compliance of specified requirements through a streamlined **Employer Attestation** process; and
2. Offer a 2-part certification process that allows employers to hire persons under provisional status, while they gain the on-the-job experience necessary to earn full certification, with all its rights and privileges.

Form Directions: If you have only one location from which you are providing services, only complete one form. If you have multiple locations from which you are providing services, complete a separate form for each location. At a minimum, a separate application must be submitted for each individually accredited agency/location/program.

1. Complete the **CCM/CCMS Accredited Employer Status Application**, attach a copy of documentation verifying current accreditation, and send to the FCB via email to clohi@flcertificationboard.org; or fax (850-222-6247); or US mail at FCB ♦1715 South Gadsden Street ♦ Tallahassee, FL 32301.
2. Identify a standardized format for staff to use when completing the online application for certification. Failure to standardize the employer name will negatively impact the validity of data the FCB can provide to employers regarding the certification status of their staff.
3. Identify a Point of Contact to serve as the main point of communication between the FCB and the employer. The FCB will communicate directly with the Point of Contact about their individual employee's certification application needs/information, who will relay necessary information to the appropriate person in the agency.
4. Disseminate application and communication protocol to employee applicants as follows:
 - a. Applicants must individually create an online profile; create an online application; and will pay the certification application fee, unless the employer is paying fees on behalf of their employees.
 - b. CCM/CCMS Accredited Employers must verify employer-based documentation of certification standards; complete and submit employer attestation form(s) to FCB on behalf of the applicant, serve as the communication portal between employee applicants and the FCB until the credential is issued.

The FCB will provide approved employers with the Employer Attestation Form file upon notification of approval of the **CCM/CCMS Accredited Employer** status.



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Section 1: Agency/Organization Locations	
<input type="checkbox"/> Multiple physical locations. How many locations? _____ Does each location have the same name? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single physical location (Complete one form, only)	
YES: complete one form only, unless you want to be able to run reports by location. NO: complete a separate form for each location.	
Section 2: Employer Contact Information	
Employer/Agency/Organization Name: _____	
Name of CEO/Executive Director: _____	
Mailing/Street Address: _____	
City: _____	State: _____ Zip Code _____
Phone Number: _____	County: _____
Webpage Address: _____	
Section 3: Agency/Organization/Program Accreditation	
<input type="checkbox"/> Joint Commission <input type="checkbox"/> Commission for Accreditation of Rehabilitation Facilities (CARF) <input type="checkbox"/> Council on Accreditation (COA) <input type="checkbox"/> National Committee for Quality Assurance (NCQA)	
For FCB Use Only: Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Accreditation Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No (note action)	
Section 4: Employer Point of Contact	
Name: _____	
Title: _____	
Phone Number: _____	Email: _____
Section 5: Employer Payment Method.	
<input type="checkbox"/> Employer will pay fees in bulk, on behalf of employee applicants, directly to the FCB. (Complete the CCM/CCMS Employer Bulk Payment Application) <input type="checkbox"/> Employer will pay fees on behalf of employee applicants by providing applicants with an agency credit card to pay fees from their individual online certification account. <input type="checkbox"/> Applicants are responsible for paying their own certification related fees.	
Section 6: Signature	
_____	_____
Name of Individual Completing Form	Title
_____	_____
Work Email Address	Work Phone
<i>By my signature, I attest that the above material is true to the best of my knowledge.</i>	
_____	_____
Signature (FCB accepts both manual and electronic signatures)	Date
For FCB Use Only: Application Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FCB CCM/CCMS Accredited Employer Approval Number: _____	