



BHCM Approved Employer Program Requirements and Application Form

1. Carefully read the entire document before preparing an application.
2. Complete all sections by typing the information in the appropriate places. Handwritten applications will not be reviewed.
3. Identify all attachments with your agency's name.
4. Submit the application, including all attachments via US Mail or email – Be sure to **KEEP A COPY FOR YOUR RECORDS.**



The Florida Certification Board
1715 S. Gadsden Street
Tallahassee, FL 32301



Email to Carla Lohi at clohi@flcertificationboard.org

The FCB is pleased to offer the Certified Behavioral Health Case Manager (CBHCM) and Certified Behavioral Health Case Manager Supervisor (CBHCMS) credentials.

The credentials are for people who provide or supervise those who provide direct behavioral health case management services to adults or children with serious mental health conditions, substance use disorders, and/or those whose involvement in the child welfare system requires behavioral health case management services. Credentialed individuals are qualified to provide case management services, which are defined in section 394.4573(1)(b), Florida Statutes as “those direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.”

The CBHCM and the CBHCMS credential meets the certification requirement in s. 394.4573, F.S.

The FCB has developed the BHCM Approved Employer program as a means to partner with eligible employers to verify compliance of specified certification requirements and standards through an attestation process (versus documentation of each requirement for each employee).

Although the FCB is partnering with the employer, applicants are still responsible for completing the following activities:

1. Create an online profile in the FCB’s certification database.
2. Create an online application from their online profile.

3. Pay the certification application fee (if not paid by the employer).
4. Coordinate training and certification application requirements with the employer's Single Point of Contact.

BHCM Approved Employers:

1. Submit verification of specified requirements to the FCB on behalf of employee applicants. Verification can be provided in batches or for individual employees. This method eliminates the standard practice of requiring applicants to request and/or directly submit official college transcripts, training certificates & work experience verification and supporting documentation.
2. Pay certification fees in bulk, on behalf of employee applicants. This is not a requirement of BHCM Approved Employers; however, it is an available option.
3. Request and receive status reports on certification issues for employee applicants. Although the credential belongs to the certified individual and not the employer, the employer is able to request information regarding the certification application, award and maintenance status of their FCB certified employees as it relates to the scope of the BHCM Approved Employer program.

BHCM Approved Employer Program Eligibility Requirements

Employers who can provide verifiable documentation of ALL the following requirements are eligible to apply for BHCM Approved Employer status.

1. 50 or more Full Time Employees: Eligible employers must maintain a total staff of 50 full time employees (calculate total full time staff, not just case management staff). Do not include contracted or part-time employees in the staffing count.
2. Current Accreditation: Eligible employers must hold one of the following accreditations in good standing:
 - a. Behavioral Health Care Accreditation issued by the Joint Commission
 - b. Behavioral Health Services Accreditation issued by the Council on Accreditation (COA)
 - c. Behavioral Health Accreditation of the agency's Case Management/Services Coordination Program issued by the Commission for Accreditation of Rehabilitation Facilities (CARF)
 - d. Case Management Accreditation issued by the National Committee for Quality Assurance (NCQA)
3. Mandatory Standardized 50-hour Training Program: Eligible employers must require all employees seeking CBHCM or CBHCMS status to complete a standardized program that meets the 50-hour training requirement. The program may be structured as either:
 - a. A bundle of individual training or curriculum that, when taken together, yield the 50 hours of training, allocated as required across topic areas. All content must be offered by a FCB approved education and training provider; OR
 - b. A FCB Single-Source Approved Curriculum: This is a single provider who offers the complete 50 hours of training, allocated as required across topic areas.

Note: An AHCA approved targeted case management curriculum is not eligible for the Mandatory Standardized 50-hour training program. Training must be delivered by a FCB approved education and training provider. Employers who wish to provide part or all of the required training in-house are

eligible to apply for FCB approved education and training provider status. For additional information, please see our website at <https://flcertificationboard.org/resources/approved-education-providers/>

4. **Single Point of Contact:** Eligible employers must identify at least one employee who will serve as the FCB's Single Point of Contact between the FCB and the employer. Employers with multiple locations or other logical groupings may identify multiple points of contact. The purpose is to streamline communication and documentation submission between the employer and the FCB. The FCB will not accept calls or emails from applicants who are seeking certification under the BHCM Approved Employer program. All communication occurs between the FCB and the Single Point of Contact. The Single Point of Contact is responsible for:
 - a. Communicating certification requirements to employees seeking certification.
 - b. Gathering documentation of compliance with education, training, work and other specified requirements from within the organization for submittal to the FCB on behalf of employee applicants.
 - c. Providing the FCB with required certification forms, supporting documentation and fee payments within specified timelines.
 - d. Contacting the FCB for technical assistance as necessary to assist employees to apply for, earn, and maintain certification.
 - e. Receiving and coordinating agency response to FCB's request for technical assistance as necessary to assist employee applicants to apply for, earn, and maintain certification.
5. **Specified Fee Payment Approach:** As applications are processed in batches, the employer and FCB must establish a fee payment methodology that is also conveyed to employees seeking certification. Regardless of fee payment approach, all fees are non-transferable and non-refundable. Receipt for payment of fees is sent to the applicant via the email address in their profile and will be available for download from the individual's online account. The FCB cannot and will not provide employers with bulk or individual receipts – employers must request the receipt from the employee.
 - a. Individual pay. This means that each applicant is responsible for paying their own certification related fees. *If this method is used, applicants should pay fees using a credit card from their online certification account. If the FCB runs a credit card for an applicant, there is an additional \$5 convenience charge per transaction.*
 - b. Employer pay. This means that the employer is responsible for submitting fees to the FCB on behalf of their employee applicants. If this method is used, employers must:
 - i. Specify the fee(s) they will and will not pay for on behalf of an employee applicant.
 - ii. Specify a check or credit card payment method.
Please note: employers who provide an agency credit card to employees who pay the certification fee from their online account will not incur an additional charge. If the employer provides the agency credit card to the FCB, the FCB must run each charge separately, which incurs a \$5 charge per transaction. There is no additional charge to process a single check for multiple certification fees.
 - iii. Submit payment in a timely manner in the format provided by the FCB. Applications will not be processed until fee payments have been made.

Program Application Directions

To apply for BHCM Approved Employer status, please complete the BHCM Approved Employer Application; attach a copy of proof of accreditation and your agency's proposed training program (see application for required information); and send to the FCB via:

Email: clohi@flcertificationboard.org

US mail: FCB ♦1715 South Gadsden Street ♦ Tallahassee, FL 32301.

The FCB will review the application and attachments to determine initial eligibility. Once eligibility is established, the FCB will:

1. Request supporting documentation for the proposed 50-hour training requirement.
2. Schedule a conference call/webinar to provide training to the employers specified Single Point of Contact and other employees on the process, procedure and mandatory forms for certification application and award through the BHCM Approved Employer process.
3. Establish a timeline for program implementation between the approved employer and the FCB.
4. Grant the employer official BHCM Approved Employer Status.

Please do not submit the four pages of directions with your application and supporting documents.



BHCM Approved Employer Application Form

Directions:

1. Complete all sections by typing the information in the appropriate places. Handwritten applications will not be reviewed.
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Section 1: Employer Contact Information	
Agency/Organization Name:	_____
CEO/Executive Director Name:	_____
Mailing/Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone Number:	_____ County: _____
Webpage Address:	_____
Section 2: Employer Staffing Levels. Please attach a current Organizational Chart or equivalent staffing document.	
Total Approved Full Time Positions (all classifications)	_____
Total <i>Full Time Case Manager</i> Positions	_____
Total <i>Full Time Case Manager Supervisor</i> Positions	_____
Total <i>Part Time Case Manager</i> Positions	_____
Total <i>Part Time Case Manager Supervisor</i> Positions	_____
Total <i>Contracted Case Manager</i> Positions	_____
Total <i>Contracted Case Manager Supervisor</i> Positions	_____

Section 3: Current Accreditation. Please attach a copy of current accreditation.

- Behavioral Health Care Accreditation issued by the Joint Commission
- Behavioral Health Services Accreditation issued by the Council on Accreditation (COA)
- Behavioral Health Accreditation of the agency's Case Management/Services Coordination Program issued by the Commission for Accreditation of Rehabilitation Facilities (CARF)
- Case Management Accreditation issued by the National Committee for Quality Assurance (NCQA)

For FCB Use Only: Documentation Attached? Yes No Accreditation Verified? Yes No (note action)

Section 4: Mandatory Standardized 50-hour Training Program. Please indicate the type of mandatory training that will be required of CBHCM and CBHCMS eligible employees. Attach a separate page responding to the specific questions about the training program. If BHCM Approved Employer status is granted, the FCB will request specific documentation to complete the approval of the proposed training method.

4.1 Training Program Structure (select one):

- Bundled, individual training or curriculum that, when taken together, yields the 50-hours of training, allocated as required across topic areas.
- A FCB single-source approved curriculum.

4.2 Training Program Details (attach a separate page with your response to each question):

1. If you are using a FCB approved single source provider, please identify the provider and specific curriculum you will use. If you are using a bundled approach, please identify the providers and curricula you will use.
2. How did you select the proposed training provider(s) and content?
3. How did you ensure that the proposed training program meets the FCB 50-hour training requirement?
4. How do you ensure that course content is relevant, current, and accurate?
5. How do you ensure that the trainer(s) is/are qualified to deliver the course content?
6. How do you evaluate the effectiveness of delivered courses?
7. What is your process for quality assurance/quality improvement of courses?

Section 5: Employer Single Point of Contact

Name: _____
Position/Title: _____
Phone Number: _____ Email: _____

Section 6: Employer Payment Method.

- Employer will pay fees in bulk, on behalf of employee applicants, directly to the FCB.
- 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.
- Applicants are responsible for paying their own certification related fees.

Section 7: Attestation

Name of Individual Completing Form

Title

Work Email Address

Work Phone

My signature below certifies that I have read the information on this application and the information supplied is true and correct. I understand misinformation will result in revocation of my provider status. I agree to abide by the requirements set forth by the Florida Certification Board for all continuing education programs offered by my organization.

I further consent to an audit or interview by FCB Board/Staff member if deemed necessary by the FCB.

Signature *(FCB accepts both manual and electronic signatures)*

Date

For FCB Use Only

Eligibility Established? Yes No

Notes:

PLEASE PRINT, SIGN, AND EMAIL OR MAIL THIS APPLICATION AND SUPPORTING DOCUMENTATION TO:



The Florida Certification Board
1715 S. Gadsden Street
Tallahassee, FL 32301



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