

**APPENDIX C  
CASE MANAGER SUPERVISOR CERTIFICATION  
TARGETED CASE MANAGEMENT  
FOR CHILDREN AT RISK OF ABUSE AND NEGLECT**

Case Manager Supervisor \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

Is hereby certified as having met the requirements for the supervision of, or the provision of, Targeted Case Management for Children at Risk of Abuse and Neglect services. This individual case manager supervisor meets all of the following criteria:

a. Is employed by or under contract with an agency that has been certified by the Children's Services Council as qualified to provide supervision for case management services to the target population.

b. Has a minimum of the following:

(1) Bachelor's degree in a human services field; and either

(2a) Two years of experience working with children who have been abused, neglected or abandoned or are at risk of abuse, neglect or abandonment; or

(2b) Three years of other professional experience serving this target population.

To meet the experience requirement identified in 2a and 2b, a combination of relevant experience from either category can be utilized including internships, volunteer work, fellowships, professional development training, temporary or temporary to permanent work, part-time employment, board appointments, and full time positions.

c. Has agreed to complete all required training and any other training including periodic retraining.

d. Has completed mandated reporter training that addresses abuse and neglect.

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(continued)**

e. Will be enrolled prior to providing supervision, as a Medicaid approved Social Worker/Case Manager.

f. Specific to the identified service area, has knowledge of the resources that are available for children who are abused, neglected or abandoned or at risk for abuse, neglect or abandonment.

g. Is knowledgeable of, and comply with, the state and federal statues and rules and policies that pertain to this service and target population.

h. Is hereby certified by the certified agency as meeting these requirements.

\_\_\_\_\_

Agency Administrator

\_\_\_\_\_

Date

\_\_\_\_\_

Children's Services Council Authorized Representative

\_\_\_\_\_

Date

District or Region # \_\_\_\_\_