

NORTH DAKOTA MEDICAID ENROLLMENT ATTESTATION FOR BEHAVIOR MODIFICATION SPECIALIST

Practitioner Name (printed)

NPI

As a Behavior Modification Specialist (BMS) enrolling to provide services under the North Dakota Rehabilitative Services State Plan, I attest that I may only provide the following service(s) to Medicaid Members:

CHECK ALL THAT APPLY:

Screening, Triage, and Referral Leading

Crisis Intervention

Skills Restoration

Skills Integration

Behavioral Intervention

Medical Services needs confirmation that you have the appropriate training or background as required by the Medical Services Division policies or Medicaid State Plan requirements. I attest that I have met the following requirements:

CHECK ALL THAT APPLY:

1. _____ I have a Master's degree in psychology, social work, counseling, education, child development and family science, human services or communication disorders.

OR

2. _____ I have a Bachelors' degree in psychology, social work, counseling, education, child development and family science, human services or communication disorders.

AND

a. _____ I have two years of work experience in the respective discipline. The work experience is in a professional setting and supervised by a licensed practitioner in a related field.

I attest that I will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Signature of Enrolling Practitioner

Date

Provider Facility/Organization to complete:

I attest that the practitioner mentioned above will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Supervisor Name

Provider Facility/Organization Name

Street Address

City, State, Zip Code

Supervisor Signature

Date

Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to

701-433-5956, Attention: Provider Enrollment