

## INDIVIDUAL ATTESTATION

TARGETED CASE MANAGEMENT SERVICES

SERIOUS MENTAL ILLNESS (SMI) OR SERIOUS EMOTIONAL DISTURBANCE (SED)

\_\_\_\_\_  
Individual Name

\_\_\_\_\_  
NPI

Please fill out this form to confirm required training or background requirements for enrollment as a Targeted Case Management individual provider (practitioner). Requirements are per Medical Services Division policies or Medicaid State Plan requirements.

I meet the following requirements. **CHECK ALL THAT APPLY**

Bachelor's degree AND two years of experience working with special population group in a direct care setting. Please list special population group(s) you have worked with:

Have a master's degree.

Have at least five years of paid supervised experience working with individuals with SMI/SED in a role with case management functions such as individual assessment, care plan development and maintenance, referral and appointment scheduling, monitoring, and follow-up activities.

I attest that I met the above requirement on \_\_\_\_\_

\_\_\_\_\_  
Signature of Enrolling Individual

\_\_\_\_\_  
Date

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### Provider Facility/Organization to complete:

I attest that the practitioner above has met the established criteria as indicated above.

\_\_\_\_\_  
Provider Facility/Organization Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Supervisor

Please sign and return by email to [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com) or by fax to 701-433-5956.

Special population groups include individuals with a broad array of behavioral health conditions, whether the services are provided in a facility setting or in a home or community-based location.