

Health & Human Services

**GROUP PROVIDER ATTESTATION**

Targeted Case Management Services

Child Welfare

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Provider Name (printed)

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NPI

Please note that you have requested enrolling as a Case Management provider; however, 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.

**This group provider has met all the following requirements:  
(CHECK ALL THAT APPLY):**

1. Has in place a training process that will ensure that staff have adequate knowledge relating to children involved in unsafe, crisis, and/or unstable situations.
2. Has the ability to be available 24 hours, 7 days a week to eligible clients who are in need of emergency case management services.
3. All Supervisors of case management staff have a minimum of a bachelor s degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice.
4. All Supervisors of case management staff have successfully completed the Department of Human Services approved Wraparound Certification training, or are in Provisionally Certified status of successfully completing Wraparound Certification training within twelve months of beginning to provide case management.
5. All Supervisors of case management staff shall maintain Wraparound Certification status through attending a Department of Human Services approved Wraparound Recertification training at least once every two years.



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I attest that this provider met the above requirements on \_\_\_\_\_.  
(Month/Day/Year).

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

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

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

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

Please sign and return by Email to [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com) or by  
fax to 701-433-5956, ATT: NDM Provider Enrollment