

Individual Attestation

Targeted Case Management for Behavioral Health

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. Individuals enrolled and providing targeted case management prior to May 1, 2020 will be deemed qualified to provide targeted case management if they remain actively providing targeted case management services.

I meet the follow requirements. **CHECK ALL THE APPLY**

Bachelor's degree

Have at least five years of supervised working with individuals with behavioral health conditions in a role with case management functions such as individual assessment, care plan development and maintenance, referral and appointment scheduling, in addition to monitoring and follow-up activities.

I attest that I met the above requirement on _____

Signature of Enrolling Individual

Date

Health & Human Services

Individual Attestation

Targeted Case Management of Behavioral Health

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 or by fax to (701) 433-5956.