

Group Provider Attestation
Targeted Case Management for Behavioral Health

Provider Name (printed)

NPI

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

This group provider meets all the following requirements. **CHECK ALL THAT APPLY**

For dates of service on or after May 1, 2020, an agency must meet all the following criteria:

1. Demonstrate the ability to be available 24 hours, 7 days a week to individuals who need emergency targeted case management services.
2. Ensure supervisors of targeted case management staff have a minimum of a bachelor's degree and experience with case management.
3. Attest that individuals providing targeted case management have reviewed the competencies or standards of practice in one of the following:
 - a. The Substance Abuse and Mental Health Services Administration (SAMHSA) [Core Competencies for Integrated Behavioral Health and Primary Care](#); or
 - b. The [Case Management Society of America Standards of Practice](#).
4. Attest that individuals providing targeted case management have general knowledge, training and/or experience working with individuals with behavioral health conditions.
5. Case managers enrolled with ND Medicaid possess the necessary cultural sensitivity and background knowledge to provide appropriate services.

Health & Human Services

Group Provider Attestation
Targeted Case Management Services

I attest that this provider met the above requirements on

_____ **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