North Dakota Medicaid Enrollment Attestation for Licensed Baccalaureate Social Worker

ND Medicaid enrolls LBSW's as individual providers to render Mental Health Rehabilitative services and bill under their own NPI. LBSW are not able to bill for services from the professional fee schedule that are reserved for higher licensed practitioners.

Practitioner Name (printed	()	NPI
	` ,	enrolling to provide services under the North Dakota only provide the following service(s) to Medicaid Members:
CHECK ALL THAT APPL	Y:	
Screening, Triage,	and Referral Leadi	ng to Assessment
Crisis Intervention		
Behavioral Health (Counseling and The	erapy (QRTP and Therapeutic Foster Care Only)
Individual or Group	Counseling	
Intensive In-Home	for Children	
Skills Restoration		
Skills Integration		
Assessment for All (formerly known as Forer		r Neglect and Recommended Plan of Care
I attest that I will prov Medicaid Behavioral He		rvice/s in accordance with the North Dakota nual.
 		
Signature of Enrolling Pro	actitioner	Date
P	rovider Facility/O	rganization to complete:
•		bove will only provide the service(s) marked ta Behavioral Health Services Manual.
		Supervisor Name Provider Facility/Organization Name Street Address
		City, State, Zip Code
Cumaminan Cimpatura		Deta
Supervisor Signature		Date
Printed Name of Supervi	sor	
Fillited Name of Supervi	301	

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

to 701-433-5956, Attention: NDM Provider Enrollment

Revision Date 7-1-2022