

North Dakota Medicaid Enrollment Attestation for Licensed Associate Professional Counselor

Behavioral Health Rehabilitative services and bill uservices from the professional fee schedule that ar	
Individual Name	NPI
	LAPC) enrolling to provide services under the North that I may only provide the following behavioral health
Screening, Triage, and Referral Leading Behavioral Assessment Crisis Intervention Behavioral Health Counseling and Thera Individual or Group Counseling Intensive In-Home for Children	
Skills Training and Integration	
Assessment for Alleged Abuse and/or Neglect and Recommended Plan of Care	
I attest that I will provide the above service/s in acc Health Rehabilitative Services policy.	cordance with the North Dakota Medicaid Behavioral
Signature of Individual	Date
Provider Facility/Organization to complete:	
I attest that the practitioner mentioned above will only provide the service(s) marked above in accordance with the North Dakota Behavioral Health Services Manual.	
	Supervisor Name
	Provider Facility/Organization Name
	Street Address
	City, State, Zip Code
Supervisor Signature	Date
Printed Name of Supervisor	

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Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956, Attention: NDM Provider Enrollment

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