

North Dakota Medicaid Enrollment Attestation for Licensed Master Social Worker

Behavioral Health Rehabilitative services ar	nd bill under their own NPI. LMSW's are not able to bill for that are reserved for higher licensed practitioners.
Individual Name	NPI
	ng to provide services under the North Dakota Rehabilitative provide the following behavioral health rehabilitative services
Screening, Triage, and Referral L Behavioral Assessment Crisis Intervention Behavioral Health Counseling and Individual or Group Counseling Intensive In-Home for Children Skills Training and Integration Assessment for Alleged Abuse an	·
I attest that I will provide the above service/s Health Rehabilitative Services policy.	s in accordance with the North Dakota Medicaid Behavioral
Signature of Individual	 Date
Provider Facili	ity/Organization to complete:
I attest that the practitioner mentioned abov with the North Dakota Behavioral Health Se	re will only provide the service(s) marked above in accordance ervices Manual.
	Supervisor Name
	Provider Facility/Organization Name
	Street Address
	City, State, Zip Code
Supervisor Signature	Date
Printed Name of Supervisor	
Please sign and return by Email to NDMe 5956, Attention: NDM Provider Enrollmen	edicaidEnrollment@noridian.com or by fax to 701-433- nt

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