

Medicaid Provider Enrollment Attestation Licensed Baccalaureate Social Worker

Practitioner Name (printed)

NPI

As an LBSW enrolling to provide services under the North Dakota Rehabilitative Services State Plan, I attest that I provide only the following service/s:

CHECK ALL THAT APPLY

Screening, Triage, and Referral Leading to Assessment

Crisis Intervention

Behavioral Health Counseling and Therapy (QRTP Only)

Individual or Group Counseling

Intensive In-Home for Children

Forensic Interview

Skills Integration

I attest that I will provide only the above service/s in accordance with the North Dakota Rehabilitative Services State Plan.



Signature of Enrolling Practitioner

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 Rehabilitative State Plan.

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 dhsenrollment@nd.gov or by fax to 701-328-4030, Attention: Provider Enrollment