

Mental Health Professionals Attestation Form

This form is needed in order for Health Care Authority to be in compliance with the requirements of WAC 182-531-1400 (1)(a)(iii) and RCW 74.09.521.

<p>The following mental health professionals can provide mental health services to Medicaid clients:</p> <ul style="list-style-type: none"> • Licensed psychiatric advanced registered nurse practitioners • Licensed independent clinical social workers • Licensed advanced social workers • Licensed marriage and family therapists • Licensed mental health counselors • Psychiatrists and psychologists (both are exempt from this attestation form requirement) 	
<p>Please choose one of the options below:</p>	
<input type="checkbox"/> I will be providing mental health services for Medicaid clients under age 19 (this selection gives you the option of providing mental health services for adults as well).	<input type="checkbox"/> I will be providing mental health services only to clients 19 and older.
<p><i>By selecting this option, I attest to having a minimum of two years experience in the diagnosis and treatment of children, youth and their families. At least one of these years was under the supervision of a mental health professional trained in child and family mental health.</i></p>	
<p>Provider name</p>	<p>Provider NPI</p>
<p>Signature of mental health provider</p>	

Send completed form to:

Provider Enrollment
 PO Box 45562
 Olympia, WA 98504-5562

Or Fax to 360-725-2144
 Attn: Provider Enrollment

Questions?
 Toll-Free 1-800-562-3022 ext. 16137