

# Mental Health Professionals Attestation Form

**!** This form is needed in order for Health Care Authority to be in compliance with the requirements of **Medicaid (Title XIX) State Plan, Attachment 3.6, Other Practitioner Services.**

The following mental health professionals can provide mental health services to Medicaid clients:

- 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
- Psychologists

With the exception of child psychiatrist, as defined in **RCW 71.34.020**, qualified practitioners who are diagnosing and treating clients age 18 and younger must complete this attestation form to indicate meeting the education and experience requirements for a child mental health specialist, as defined in **WAC 182-538D-0200**, or be working under the supervision of a practitioner who meets these requirements.

**1**

## Attestation

Please **choose one** of the options below:

I will be providing mental health services for Medicaid clients 18 years and younger. By selecting this option, I attest to having a minimum of one hundred hours of special training in child development and the treatment of children, youth, and their families; and the equivalent of one year experience in the treatment of children, youth, and their families under the supervision of a practitioner who meets these requirements.

I will be providing mental health services for Medicaid clients 18 years and younger. By selecting this option, I attest to working under the supervision of a practitioner who meets these requirements.

I will be providing mental health services only to clients 19 years and older.

**2**

## Provider information

Provider name

Provider NPI

Signature of mental health provider

Date

**3**

## Supervisor information

If you selected option 2 above, please complete the following information.

Supervisor name

Date

### Questions?

Phone: 1-800-562-3022 x16137

Fax: 360-725-1259 Attn: Provider Enrollment

Mail: Provider Enrollment PO Box 45562 Olympia, WA 98504-5562