

**In-Training Mental Health Professional Attestation Form**

The facility/practice director and enrolling in-training mental health professional must sign this attestation. The attestation must include the completed checklist on page 2.

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Name of Facility/Practice

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Address, City, State, Zip Code

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Telephone Number

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Fax Number

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Facility/Practice NPI

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In-Training Mental Health Professional NPI

Dear State Medicaid Director,

I am the director of the above-named facility or practice setting (hereinafter collectively referred to as "facility") employing the in-training mental health professional enrolling as a Montana Medicaid provider. Based upon my knowledge of the facility and my understanding of the State of Montana's rules governing the services provided by in-training mental health professionals, I hereby attest the facility complies with all of the requirements in Administrative Rule of Montana 37.85.213: *In-Training Mental Health Professional Services Billing Medicaid*, as demonstrated in the completed checklist on page two of this document.

I understand that the Centers for Medicare and Medicaid Services (CMS), the State Medicaid Agency, or their representatives may survey the above-named practice setting or facility to determine compliance with the requirements set forth in the Condition of Participation as established by the interim final rules in accordance with and to the extent authorized by 42 CFR § 431.610.

## In-Training Mental Health Professional Attestation Checklist

I certify that the provider's facility or practice setting:

☐ Is licensed with the state of Montana as a Mental Health Center

Or

☐ Provides medication management

☐ Provides outpatient mental health services

☐ Provides crisis telephone services that comply with the following requirements:

- The service is available 24 hours a day, seven days a week;
- Utilizes an answering service or employee who is trained to respond to crisis calls, or an answering service or employee who answers calls and may transfer calls to individuals trained to respond to crisis calls; and
- Has written policies and procedures that include:
  - Training requirements for individuals responding to crisis calls;
  - A policy requiring a mental health professional to be on-site for consultation and backup for unlicensed individuals receiving crisis calls; and
  - Utilization of community resources.

☐ Employs or contracts with a licensed health care professional who is licensed to prescribe medication for mental health/behavioral health disorders;

☐ Employs or contracts with the licensed mental health professional who is approved by the candidate's licensing board to serve as supervisor to the candidate; and

☐ Has at least one licensed mental health professional on-site or available for face-to-face supervision of the candidate when the supervisor is not available.

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Facility/Practice Director Signature

Date

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Printed Name

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Title/Credentials

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In-Training Mental Health Professional Signature

Date

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Printed Name

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Title/Credentials