Autism Attestation Notification Form

Return completed form to: Aspirus Health Plan, Attn: Provider Relations, PO Box 1062, Minneapolis, MN 55440 or Fax to 763.847.4010.

PROVIDER INFORMATION

Provider Name	Title	Degree	NPI

License State	License Number	Federal Tax ID/EIN/FEIN/SSN

Clinic Name	Clinic Phone Number	NPI

Clinic Address	City	State	Zip Code

WI Autism Spectrum Disorder (ASD) Verification

Is the outpatient mental health clinic approved by DHS with a signed Medicaid provider agreement to provide autism spectrum disorder services through the Medicaid Home and Community-based Services as granted by the Centers for Medicare & Medicaid Services (Waiver Program)?

☐ Yes ☐ No

If yes, please provide documentation of this relationship and latest certification date: _____

If no, is the above provider a:

☐ Psychiatrist ☐ Psychologist ☐ Social Worker ☐ Board-Certified Behavior Analyst ☐ Other: Non-intensive Autism Provider?

SECTION I: PROVIDING INTENSIVE OR INTENSIVE AND NON-INTENSIVE LEVEL SERVICES

Psychiatrist/Psychologist/Social Worker/Board-Certified Behavior Analyst

I certify that I have had at least 2,080 hours of practicing psychotherapy including at least 1,500 hours supervised training involving direct one-on-one work with individuals with ASD and including all the requirements as stated in 3.36 WI adm. code.

Signature of Qualified Provider	Date

SECTION II: PROVIDING NON-INTENSIVE LEVEL SERVICES ONLY

Non-intensive Autism Provider

I certify that I have a state license as defined in 3.36 WI adm. code and practice within the scope of a current valid license and that I am only providing non-intensive ASD services and working under the supervision of an outpatient mental health clinic certified under 51.038 statutes.

Signature of Qualified Provider	Date

Disclaimer: Please note that this is not a contract. This information is used solely to better allow Aspirus Health Plan to process claims.

HIPAA Disclaimer: The information contained in this form is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, he or she is hereby notified that any reading and dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return this form to us at the address on this page via the U.S. Postal Service.

Prohibition on Re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information, except with the specific written consent of the person to whom it pertains. Federal regulations state that any person who violates any provision of this law shall be fined not more than $500 in the case of a first offense and not more than $5,000 in the case of each subsequent offense.