

MEDICAID BEHAVIORAL HEALTH REHABILITATIVE SERVICES PROVIDER ENROLLMENT ATTESTATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES MEDICAL SERVICES DIVISION SFN 9 (5-2025)

Nan	ne of Entity					
Name of Contact				Contact Email Address	_	
Contact Telephone Number		National Provider Identifier (NPI)		Medicaid ID	_	
	, ,	rovide Behavioral Health Reha t that I understand the followin		ve Services under the North Dakota uirements:		
	Behavioral Health Rehabilitative Services are designed to provide a group of needed mental health services to Medicaid recipients in order to restore individuals to their highest possible functioning level.					
	Recipients of Behavioral Health Rehabilitative Services must be eligible for the North Dakota Medicaid Program.					
	provider's individual N leading to assessmen recommended plan of	lational Provider Identifier (NP it; crisis intervention; and asse f care may be ordered by the re	l) on th ssmer enderi	lering/referring/prescribing (ORP) he claim. Screening, triage, and referral nt for alleged abuse and/or neglect and ing provider, due to the need for abilitative services that may be		
	before services can be (a) The individual must (b) The service must be practice under state	e provided through the North E st be eligible for the Medicaid F be recommended by a practition te law; and st need mental health or behave	Dakota Progra oner of			
	A Plan of Care will be	maintained for each recipient	of Beh	navioral Health Rehabilitative Services.		
	eligible individual(s) is	for the direct benefit of the me	ember	r/collateral and/or other non-Medicaid r, in accordance with the member's needs plan and for assisting the member's	;	
	Dakota Medicaid Beh provided by practition Rehabilitative Service	navioral Health Rehabilitative S ers enrolled with North Dakota	Service Medio	e billing codes published on the North es fee schedule; and are limited to be caid to provide Behavioral Health sed Practitioners, who are able to provide	;	
	Intensive in-home for	Children can only be provided	in the	member's home.		

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Behavioral Health Rehabilitative Services do not inclu	ıde:
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- Room and board services;
- Services provided to residents of institutions for mental disease;
- Services that are covered elsewhere in the State Medicaid plan;
- Educational, vocational and job training services;
- Recreational and social activities;
- Habilitation services;
- Services provided to inmates of public institutions.

Signature, Entity Authorized Representative	Date

Submit by securemail, fax, or mail to:

Fax: Providers may fax the required documentation and this form to 701-433-5956.

ATTN: NDM Provider Enrollment

Email: NDMedicaidEnrollment@Noridian.com (please do not send EFT information, dates of birth or Social Security Numbers by unsecured email)

Mailing Address:

Noridian Healthcare Solutions ATTN: ND Medicaid Provider Enrollment PO Box 6055 Fargo, ND 58121-6055