



MEDICAID REHABILITATIVE SERVICES PROVIDER ENROLLMENT ATTESTATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 9 (7-2024)

Name of Entity		
Name of Contact		Contact Email Address
Contact Telephone Number	National Provider Identifier (NPI)	Medicaid ID

As an entity enrolling to provide Rehabilitative Services under the North Dakota Medicaid Program, I attest that I understand the following requirements:

- ☐ 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 Rehabilitative Services must be eligible for the North Dakota Medicaid Program.
- ☐ Other than *Screening, Triage, and Referral Leading to Assessment, Forensic Interviews, Behavioral Assessment, and Crisis Stabilization*, the service must be recommended by a practitioner of the healing arts within the scope of their practice under state law.
- ☐ Recipients of Rehabilitative Services must be in need of a mental health or behavioral intervention services that are provided by qualified practitioners; and
 - (a) The individual must be at risk of entering or reentering a mental health facility or hospital and demonstrate a score of 25 or above based on the World Health Organization Disability Assessment Schedule (WHODAS) 2.0 or a Daily Living Activities-20 (DLA-20) score of 5 or less; and/or
 - (b) The individual must need substance use disorder treatment services; and/or
 - (c) The individual must have a mental health disorder and be from a household that is in crisis and at risk of major dysfunction that could lead to disruption of the current family makeup; and/or
 - (d) The individual must have a mental health disorder and be in a family that has experienced dysfunction that has resulted in disruption of the family.
- ☐ A Plan of Care will be maintained for each recipient of Rehabilitative Services.
- ☐ Services that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery.
- ☐ Rehabilitative Services are limited to the billing codes published on the North Dakota Medicaid Rehabilitative Services fee schedule; and are limited to be provided by practitioners enrolled with North Dakota Medicaid to provide Rehabilitative Services, with the exception of Other Licensed Practitioners, who are able to provide any covered service within their scope of practice.
- ☐ Intensive in-home for Children can only be provided in the member's home.

☐ Rehabilitative services do not include:

- 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
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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