



REHABILITATIVE SERVICES QUESTIONNAIRE
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 32 (12-2015)

Name of Entity			
Address	City	State	ZIP Code
Authorized Representative	Email Address	Telephone Number	

In order to enroll as a Medicaid Rehabilitative Services provider, you must provide answers to the following questions, submitted on letterhead from the entity and signed by an authorized representative of the entity. This will allow the Medical Services Division to make a determination regarding enrollment as a North Dakota Medicaid provider.

Is your program/operation located in North Dakota or within fifty statute miles of North Dakota? Yes No

If No, how does your organization meet the requirements per North Dakota Administrative Code 75-02-02-13 4, which reads:

An out-of-state provider who does not maintain a physical, in-state location or a location within fifty statute miles [80.45 kilometers] of North Dakota will not be enrolled as a Medicaid provider unless the department determines the provider's enrollment is necessary to ensure access to covered services.

Describe how your organization meets these requirements. (ONLY needed if your organization is not located within fifty statute miles of North Dakota)

Provide a Brief Description of the Program

What are the qualifications of the rendering provider(s) that will deliver services?

What license or credentials do the rendering practitioners have?

Provide the detail of the services delivered by each proposed enrolled provider

Who are the target populations of the services provided?

Where will services be delivered?

Office Client Home School Other (describe):

What criteria are used to ensure Medicaid recipients meet the requirements for receipt of rehabilitative services?

What process will be used to inform Medicaid clients of the duration limits allowed for rehabilitative services?

What systems are in place to ensure third-parties are billed for covered services prior to billing Medicaid for services?

Describe your understanding of the transportation challenges of some Medicaid recipients and how your entity will assist recipients with those challenges.

Describe your understanding of the unique needs of the Medicaid population and describe your experience with coordination of services for recipients with similar needs.

Describe how your entity will maintain case files for each Medicaid beneficiary and provide evidence of how your entity will comply with the practitioner qualifications.

Provide information that demonstrates the Rehabilitation services provided to North Dakota Medicaid providers will be (1) provided according to a plan of care; (2) delivered within a quality framework; and (3) measured for outcomes.

Name of Authorized Representative

Signature

Date

Return completed form to:
Medicaid Provider Enrollment
Department of Human Services
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250