

MENTAL HEALTH ADDENDUM
TO THE SOUTH DAKOTA MEDICAID PROVIDER AGREEMENT

FOR MENTAL HEALTH SERVICES PROVIDED BY PSYCHOLOGISTS, CSW-PIP,
LPC-MH, AND CLINICAL NURSE SPECIALISTS

This document serves as a formal addendum to the South Dakota Medicaid Provider Agreement and allows your participation as a direct medical assistance provider. Services are limited to those established in chapter 67:16:41 which meet all the following requirements:

- 1) The mental health provider has prepared a diagnostic assessment according to 67:16:41:04;
- 2) The diagnostic assessment contains a primary diagnosis of one of the mental disorders specified in 67:16:41:05;
- 3) The mental health provider has prepared an individual treatment plan which meets the requirements of 67:16:41:06 and 67:16:41:07;
- 4) The mental health provider provides treatment directly to the recipient;
- 5) The treatment is documented in the recipient's clinical record according to 67:16:41:08; and
- 6) The treatment is medically necessary according to 67:16:01:06.02.

Failure to meet all of the above requirements will be cause for the Department of Social Services to determine that the mental health services provided are non-covered services.

A mental health provider must have a national provider identification (NPI) number and may not provide services under a supervisor's national provider identification number.

TO BE COMPLETED BY PROVIDER

I declare and affirm under the penalties of perjury that this Addendum has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further declare and affirm under the penalties of perjury that any claim to be submitted pursuant to this Addendum will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

Provider NPI: _____

Provider Name: _____
Legal Name of Individual Provider

By: _____ Name/Title: _____
Authorized Signature of Provider Printed Name of Signatory

Date: _____

TO BE COMPLETED BY MEDICAL SERVICES

Approved By: _____ Reference Number: _____

Date: _____ New _____ Revalidation _____