

Incarceration Services Enrollment and Attestation

02/06/2024

Incarceration Services Enrollment and Attestation Form

Please submit one form per consumer

CONSUMER INFORMATION

Consumer Name (first, middle, last):		
CDS Encounter #		
Medicaid ID#:		
Service Requested:		
Start date of Service:		
Estimated Units Requested:		
Incarceration Period (start and estimated end date):		
Is the individual on house arrest?		
Is the individual in a community corrections program?		
If yes, are they primarily housed in a correctional facility?		

Attestation

I have verified the individual listed above is incarcerated and assessed the client meets the level of care requirements, according to DBH regulations for the service identified above.

Licensed Provider Signature

Date

Directions to Complete Form:

1. This form must be completed by the provider.
2. Services approved for reimbursement in correctional settings include:
 - i. Assessments (MH and SUD)
 - ii. Outpatient Psychotherapy – Individual (MH and SUD)
 - iii. Outpatient Psychotherapy – Group (MH and SUD)
 - iv. Intensive Outpatient (SUD)
3. Enter all consumer demographic information in the first table
 - a. **Forms will not be accepted with missing Medicaid ID and estimated incarceration dates.**
 - b. **Estimated incarceration dates are acceptable.**
4. Enter the provider, service requested, units provided, and date of service in the table. Attach additional pages if necessary.

Individuals will maintain Medicaid eligibility when:

- On parole, probation, or have been released to the community pending trial (including those under pre-trial supervision).
 - On house arrest.
 - Not primarily residing in a correctional facility.
5. Providers must sign and date the form prior to submitting the form via secure email to dhhs.dbhauthorizations@nebraska.gov.