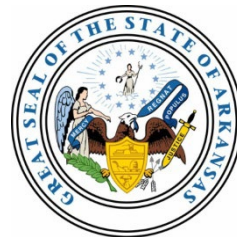




Division of Medical Services
Medicaid Provider Enrollment Unit

DXC Technology
P.O. Box 8105, • Little Rock, AR 72203-8105
501-376-2211 In state WATS 1-800-457-4454 • Fax: 501-374-0746



ATTESTATION LETTER

Facility Name	Facility Address	Facility Phone #	Medicaid Number

Bed size	
Number of individuals currently served within the PRTF who are provided service based on their eligibility for the Medicaid Inpatient Psychiatric Services for Individuals Under 21 Benefit (Psych under 21)	
Number of individuals, if any, whose Medicaid Inpatient Psychiatric Services Under 21 Benefit is paid by any State other than Arkansas	
List all States from which the PRTF has ever received Medicaid payment for the provision of Psych under 21	

The facility currently meets all of the requirements of Part 483, Subpart G governing the use of restraint and seclusion. I understand that the Centers for Medicaid and Medicare Services (CMS), the State Medicaid Agency (SMA), or their representatives may conduct an on-site survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences.

In addition, this facility will submit a new attestation of compliance annually by July 21st and in the event a new facility director is appointed.

Facility Director

Date

Please submit a typed original copy of this form to:

DXC Technology
Provider Enrollment Unit
P.O. Box 8105
Little Rock, AR 72203