NORTH Dakota Be Legendary.

Health & Human Services

1915(i) Individual Provider Application Requirements

Type of Application

- ☐ New Application
- ☐ Revalidation
- ☐ Reactivation

Date Submitted: _____

Type of 1915i Services provided (Check all you are enrolling to provide):

- ☐ Benefits Planning
- ☐ Care Coordination
- ☐ Non-Medical Transportation
- ☐ Family Peer Support
- ☐ Housing Supports
- ☐ Respite
- ☐ Peer Support
- ☐ Prevocational Training
- ☐ Training & Supports for Unpaid Caregivers
- ☐ Supported Education
- ☐ Supported Employment

Section 1: Provider Information

Application Tracking # (only used for New Application):	
Current Medicaid ID Number (only used for Revalidation or Reactivation):	
Provider Name:	
Individual NPI #:	
Service location address (only used for Revalidation or Reactivation):	
Mailing address (only used for Revalidation or Reactivation and only if different than Service location):	
Billing Address:	
Contact Person / Title (as listed in MMIS):	
Contact Phone Number (as listed in MMIS):	
Contact Email (as listed in MMIS):	
Provider Phone Number:	
Provider Email:	

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☐**Enrolled Billing Group (Affiliation) (if more than 2 groups, attach a separate document)**

**1915(i) Individual Providers must be affiliated with a Group*

Medicaid Provider ID	Billing Group Name	Facility Phone

☐**Unenrolled Billing Group** Please provide Application Tracking Number and/or NPI (if applicable): _____

Section 2: Required Documents

- 1915(i) Individual Provider Application Requirements
- 1915(i) Individual Attestation
- SFN 615 - Medicaid Program Provider Agreement
  **Must be signed and dated by the Individual Provider who is applying*
- Peer Support Documents Peer Support Policy
  - Copy of Health and Human Services Behavioral Health Division certification as a peer support specialist.
- Family Peer Support Documents Family Peer Support Policy
  - Copy of Health and Human Services Behavioral Health Division certification as a peer support specialist.
- Care coordinators Documents Care Coordination Policy
  - *In person state-sponsored care coordination training must be completed within the first 6 months.*
- Benefits Planning Documents Benefits Planning Policy
  - Copy of certification in one of the following
    - Certified Work Incentives Counselor (CWIC)
    - Community Partner Work Incentives Counselor (CPWIC)
    - SSI/SSDI Outreach Access and Recovery (SOAR)

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1915(i) Individual Provider Application Requirements

- Housing Supports Documents Housing Supports Policy
- Non-Medical Transportation Documents Non-Medical Transportation Policy
  - Copy of driver's license
- Prevocational Training Documents Prevocational Training Policy
  - Copy of certification
- Supported Education Documents Supported Education Policy
  - Copy of certification
- Supported Employment Documents Supported Employment Policy
  - Copy of certification
- Training and Support for Unpaid Caregivers Documents Training Support Unpaid Caregivers Policy

1915(i) application documentation may be submitted by:

Email: NDMedicaidenrollment@noridian.com
Fax: 701-433-5956 ATTN: NDM Provider Enrollment
Mail: Noridian
Healthcare Solutions
Attn: ND Medicaid
Provider Enrollment
PO Box 6055
Fargo, ND 58108-6055

For questions concerning Provider Enrollment, please contact (877) 328-7098 (toll- free) or (701) 328-7098. Live support 8 am - 5 pm CST, Monday – Friday.