NORTH Dakota Be Legendary.

Health & Human Services

1915(i) Group 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: Group Information

Application Tracking # (only used for New application):	
Current Medicaid ID Number (only used for Revalidation and Reactivation):	
Legal Business Name:	
Organization NPI #:	
Service location address (only used for Revalidation or Reactivation):	
Mailing address (only used for Revalidation or Reactivation and 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):	

1. Are you enrolling any other service locations in addition to the location listed in MMIS? ****All service locations must be within the United States.* ☐ Yes ☐ No

*If Yes- List additional service locations below (must have the same Provider Type, NPI, EIN, and billing address).

Address	City	State	Zip Code

2. Current practicing providers affiliated with this group - SFN 1330
****Groups can enroll without completing the SFN 1330 but will not be able to bill until a provider is affiliated.*

Section 2: Required Documents

1. 1915(i) Group Application Requirements

2. CP 575 or 147C **(*Not required if submitting a FEDERAL tax-exempt letter issued by the IRS)**
- The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). The 147C is a replacement letter from the IRS verifying your Legal Business Name and Tax ID. This letter can be used in place of a CP 575. If unable to locate either of these letters, visit Lost or Misplaced Your EIN? | Internal Revenue Service (irs.gov) for direction.

3. IRS Tax Exempt Letter-501(C3) (***If Exempt from FEDERAL Taxes**)
**A State issued letter cannot be substituted. The letter must be issued by the IRS.*
- For more information, refer to: Governmental Information Letter | Internal Revenue Service (irs.gov)

4. 1915(i) Group Attestation

5. Group Membership/License **(*** Only required for Housing Supports and/or Respite services)**
- **Housing Supports:** Member in the NDCOC (North Dakota Continuum of Care)- Email the North Dakota Continuum of Care at hfahomelessprograms@nd.gov, indicating your agency's desire to join the Continuum of Care (CoC) as your agency will be enrolling to provide 1915(i) Housing Support. You will receive a response with documents to be signed and returned to hfahomelessprograms@nd.gov. Once the signed documents are received, the CoC will process your membership, notifying you via email when your membership has been approved.
- **Respite** – submit one of the following documents:
  - Childcare Centers License (NDAC 75-03-10)
  - Division of Developmental Disabilities License (NDAC 75-04-01)
  - QRTP (Qualified Residential Treatment Program) License (NDAC 75-03-40)
  - PRTF (Psychiatric Residential Treatment Facility) License (NDAC 75-03-17)
  - Human Service Center License NDAC 75-05-00.1
  - Supervised Independent Living Programs License (NDAC 75-03-41)
  - Substance Abuse Treatment Program License (NDAC 75-09.1)
  - Licensed Child-Placing Agencies (NDAC 75-03-36)

6. SFN 661- Electronic Funds Transfer (EFT)
- Bank letter or voided check. If submitting a bank letter this must be on bank letterhead and include the name on the account (the name must match the Legal Business Name as it is listed on the IRS documentation), account and routing numbers, type of account, and be signed by a bank official.

7. SFN 509- Out of State/Out of Network Enrollment Clarification
*****Only required if services are more than 50 miles outside of the ND border and located within the United States**
- For more information on Out of State services, refer to: **Out-of-state services**

8. SFN 1168- Ownership/Controlling Interest and Conviction Information
  - List of Managing Employees attached to Section IV (Page 2) with dates of birth and SSNs.
  - List of Board Members attached to Section IV (page 2) with dates of birth and SSNs.

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9. SFN 615- Medicaid Program Provider Agreement
** Must be signed and dated by a Managing Employee*

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.