

1915(i) PROVIDER AGENCY REVIEW REPORT

North Dakota Department of Health & Human Services

Medical Services Division

1915(i) Form (4-2026)

Report Completed By:	Date Report Completed:
Name of Provider Agency:	Reporting Period:

Purpose

This report contains all requirements for 1915(i) provider agencies outlined in the 1915(i) State Plan Amendment and attested to in the 1915(i) provider enrollment process. This report is used for required CMS reporting and as an internal review by Health & Human Services (HHS) to ensure compliance with 1915(i) regulations.

Instructions

1. The provider agency shall complete a review report if enrolled during the reporting period.
2. The provider agency shall attach to this report supporting documentation relevant to each requirement. The documentation must prove the requirement has been met.
3. If all required documentation is attached for a requirement, select the “Yes” checkbox. If not, select the “No” checkbox and explain the agency’s plan of action to address the noncompliance.
4. The provider agency shall submit annually, along with policy and/or supporting documentation **in one complete email** to the State Medicaid Agency’s 1915(i) Team at nd1915i@nd.gov by June 1st.

Requirement 1 **Yes** **No**

Agency provided documentation that providers of 1915(i) services meet required qualifications per 1915(i) policies initially and ongoing.

If answered “No”, what is the provider agency’s plan of action to address non-compliance?

Requirement 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Agency provided documentation of internal policy that agency adheres to all 1915(i) policies and procedures. Policy should state how the agency and individual providers are knowledgeable in 1915(i) policies and procedures.</p>	
<p>If answered "No", what is the provider agency's plan of action to address non-compliance?</p>	

Requirement 3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><i>Only complete if agency is enrolled in the Non-Medical Transportation service. Select N/A if not applicable.</i></p>	
<p>Agency provided documentation of internal policy that agency adheres to state motor vehicle laws. Policy should state how agency will ensure individual providers have a government-issued driver's license, insurance, and if individual providers will use an agency vehicle or their personal vehicle. If using a personal vehicle, policy should state the agency will keep a copy of the insurance in the individual provider's file. Policy should also outline if agency performs license checks on a regular basis to ensure individual providers have a valid driver's license.</p>	
<p>If answered "No", what is the provider agency's plan of action to address non-compliance?</p>	

Provider Agency

Comments:

Provider Agency Signature:

Date:

Department of Health and Human Services

Is agency in compliance? Yes No

Comments:

HHS Medical Services Signature:

Date: