

Health & Human Services

## Targeted Case Management Individual

### Individual Application Requirements

Child Welfare      Long Term Care      Behavioral Health  
High Risk Pregnant Women & Infants

**Type of Application:**

**Date Submitted:** \_\_\_\_\_

New Application

Revalidation

Reactivation

**Section 1: Provider Information**

<b>Application Tracking # (New application only):</b>	
<b>Current Medicaid Id Number (only used for Revalidation and Reactivation):</b>	
<b>Provider Name:</b>	
<b>Individual NPI #:</b>	
<b>Service Location:</b>	
<b>Billing Address:</b>	
<b>Mailing Address:</b>	
<b>Contact Person / Title:</b>	
<b>Contact Phone Number:</b>	
<b>Contact Email:</b>	
<b>Provider Phone Number:</b>	
<b>Provider Email:</b>	

Enrolled Billing Group (Add Affiliation Below)

Medicaid Provider ID	Billing Group Name	Facility Phone Number

**Targeted Case Management Individual  
Individual Application Requirements**

Unenrolled Billing Group. Please provide Application Tracking Number  
and/or NPI (if applicable): \_\_\_\_\_

**Provider Type** 017-Other Service Providers

**Specialty** 335-Case Manager/Care Coordinator

**Taxonomy** 171M00000X

This application is not associated with an emergency service. We are requesting  
an effective date of: \_\_\_\_\_

This application is associated with emergent care. We are requesting an effective  
date of: \_\_\_\_\_

\*ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but not to exceed 365 days from the date of service for situations involving emergent care provided to a member. If the application involves an emergency service, an explanation on why enrollment was not able to be submitted within ninety (90) days from the date of service and medical notes must be sent with the application requirements. If you do not submit this information, a date beyond ninety (90) days of receipt of a completed application may not be approved.

**Section 2: Required Documents**

1. Individual Application Requirements (Replaces Individual Attestation)
2. [NPPES Website](#) printout of individual NPI
3. [SFN 615](#) - Medicaid Program Provider Agreement

\*Must be signed and dated by the Individual Provider who is applying

## **Targeted Case Management Individual Individual Application Requirements**

### **Child Welfare Required Documents**

1. Copy of Degree

\*\*\*Degree must be bachelor's or above and be in one of the following fields: Social Work, Psychology, Sociology, Counseling, Human Development, Elementary Education, Early Childhood Education, Special Education, Child Development and Family Science, Human Resource Management (human-service track), or Criminal Justice

2. Copy of Wraparound Certificate

\*\*\*If enrolling before Wraparound Certificate is issued, Wraparound Certificate must be obtained and submitted within 12 months.

### **High Risk Pregnant Women & Infants Required Documents**

1. Copy of Degree and Attestation (if applicable):

\*\*\* Individuals performing case management services for this category must meet one of the following criteria:

- a. Master's degree in social work.
- b. Licensed baccalaureate social worker and a minimum of six months of case management experience. [TCM High Risk Pregnant Women and Infants Individual Attestation](#)
- c. Licensed registered nurse (RN).
- d. Licensed practical nurse (LPN) and a minimum of six months of case management experience. [TCM High Risk Pregnant Women and Infants Individual Attestation](#)
- e. Health Educator with at least a bachelor's degree and a minimum of six months case management experience. [TCM High Risk Pregnant Women and Infants Individual Attestation](#)
- f. Licensed Registered Dietitian or Licensed Nutritionist.

## **Targeted Case Management Individual**

### **Individual Application Requirements**

g. If the individual does not have a bachelor's degree, they will be allowed to enroll to provide TCM if they have at least five years of experience working with high-risk pregnant women in a supervised, clinical setting. [TCM High Risk Pregnant Women and Infants Individual Attestation](#)

Note: Individuals enrolled and providing targeted case management prior to July 1, 2020 will be deemed qualified to provide targeted case management, as long as they remain actively providing targeted case management services.

2. Copy of License

### **Long Term Care Required Documents**

1. Copy of Social Work License OR

2. [TCM Long Term Care Individual Attestation](#) (\*\*\*)only required if Individual does not have a Social Work License)

### **Behavioral Health Required Documents**

1. Copy of Degree

**\*\*\* Individuals performing case management services for this category must meet one of the following criteria:**

- Bachelor's degree
- If the individual does not have a bachelor's degree, they will be allowed to enroll to provide TCM if they have at least five years of supervised experience working with individuals with behavioral health conditions in a role with case management functions such as individual assessment, care plan development and maintenance, referral and appointment scheduling, in addition to monitoring and follow-up activities.
- Individuals enrolled and providing targeted case management prior to May 1, 2020 will be deemed qualified to provide targeted case management, if they remain actively providing targeted case management services.

2. [TCM Behavioral Health Attestation](#)



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**Targeted Case Management Individual  
Individual Application Requirements**

**Application may be submitted by:**

**Email:** [NDMedicaidenrollment@noridian.com](mailto: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 a.m.-5 p.m. CT Monday -Friday.