



Health & Human Services

1915(i) Individual Provider Application Requirements

Type of Application	Date Submitted:
New Application	_____
Revalidation	_____
Reactivation	_____

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:	



Health & Human Services

1915(i) Individual Provider Application Requirements

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 ass a peer support specialist.
- Family Peer Support Documents [Family Peer Support Policy](#)
 - Copy of Health and Human Services Behavioral Health Division certification ass 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)

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@nordian.com

Fax: 701-433-5956 ATTN: NDM Provider Enrollment

Mail: Nordian

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.