

1915(i) CARE COORDINATION REQUEST REPORT
 Rev (4/2022)

Immediately upon completion,
submit form via email to:
 nd1915i@nd.gov

This form is utilized by the care coordination agency to inform ND Department of Health and Human Services of being contacted by an individual approved to receive 1915(i) services. The provider agency will report the date the individual first made contact regarding potential 1915(i) Care Coordination Services. This includes contact made independently by the individual; or with the assistance of the 1915(i) Navigator, a Case Manager not connected with the provider agency, or a parent/legal guardian. Upon receipt of this form, DHS will provide the contact information for the Eligibility Worker who determined the individual's 1915(i) eligibility, allowing the Care Coordinator to request needed information from the Zone.

The provider agency must respond to the individual within five (5) business days of the first call or contact between the individual and the provider agency.

Provider Agency Information	
Agency Name:	Agency Phone:
Care Coordinator Name:	Care Coordinator E-mail:
Individual Information	
Name:	Phone:
Parent/Guardian Name (if applicable):	Parent/Guardian Phone (if applicable):
Contact Record	
Date individual initiated contact with provider agency:	
Date provider agency attempted initial follow-up:	
Date(s) provider agency attempted additional follow-up:	
Result of Contact/Provider Agency Decision	
<input type="checkbox"/> Not able to contact individual within 5 days *DHHS will attempt to facilitate contact between individual and provider agency	
<input type="checkbox"/> Provider agency has notified individual of request being approved Date of notification: _____ Method of notification: _____	
<input type="checkbox"/> Provider agency has notified individual of request being denied Date of notification: _____ Method of notification: _____ Reason for denial: _____	
Signature of provider agency representative:	Date: