NORTH Dakota | Health & Human Services

Be Legendary.

1915(i) GROUP ATTESTATION

Provider Name (printed): _____ Group NPI: _____

As an entity enrolling to provide 1915(i) services under the North Dakota Medicaid Program, I attest that I understand and will adhere to all 1915(i) state and federal standards and requirements as outlined in the North Dakota Medicaid State Plan, including, but not limited to the following:

- All individual practitioner providers of services to Medicaid recipients meet required qualifications.
- All individual practitioner providers of services have required competencies.
- All services provided will be within the scope of practice of the individual provider.
- Will conduct training per state policies/procedures.
- All enrolled Medicaid providers and providers who have applied for Medicaid enrollment will adhere to all 1915(i) standards and requirements.
- Required policies are available for NDDHS review.

Provider Facility/Organization Name: _____

Street Address: _____

City, State, Zip Code: _____

_____ _____

Signature of Authorized Representative Signature Date

_____

Printed Name of Authorized Representative

Attestation must be signed, dated, and returned by email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956.

For questions concerning your application, please contact Noridian at (701) 277-6999.
Live support 9 a.m. - 3 p.m. CT, Monday – Friday. After hours voicemail available.