

Health & Human Services

**Sole Proprietor (039)  
Autism Waiver Application Requirements**

*Use this checklist only if the sole proprietor wants to bill ND Medicaid under his/her SSN. If he/she wants to bill under the Tax ID of the business, use the applicable group checklist.*

*For currently enrolled DD, 1915i or QSP providers who are applying to provide Autism Respite, a **new NPI** must be obtained to complete this application in order to establish a new enrollment record.*

Type of Application:

Date submitted: \_\_\_\_\_

- New Application**
- Revalidation**
- Reactivation**

**Section 1: Group Information**

<b>Application Tracking # (New Applications only):</b>	
<b>Current Medicaid ID # (used only for Revalidation and Reactivation):</b>	
<b>Legal Name:</b>	
<b>Individual NPI #:</b>	
<b>Service Location:</b>	
<b>Billing Address:</b>	
<b>Mailing Address:</b>	
<b>Facility Phone:</b>	
<b>Contact person / Title:</b>	
<b>Contact phone number:</b>	
<b>Contact email:</b>	

1. How are you filing taxes with the IRS?

**Filing under SSN**

**Filing under EIN (Tax ID)**

*Sole Proprietor's filing taxes under an SSN submit on individual online application and the documents indicated below.*

*Sole Proprietor's filing taxes under a business Tax ID (EIN) submit a group online application and us the group application that matches the provider type/specialty/taxonomy needed to bill the services provided by the business.*

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Provider Type 039 Developmental Disabilities  
Specialty 508 – Service Management  
Taxonomy – a taxonomy is not required

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

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

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\*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. Sole Proprietor Application Requirements
2. License
3. SFN 661 - Electronic Funds Transfer (EFT)
  - Bank letter or voided check. If submitting a bank letter this must be on bank letterhead and include the name on the account (the name must match the Legal Business Name as it is listed on the IRS documentation), account and routing numbers, type of account and be signed by a bank official.
4. SFN 509 - Out of State/Out of Network Enrollment Clarification
  - \*\*\***Only required if services are more than 50 miles outside of the ND border and located within the United States**
  - For more information on Out of State services, refer to: [Out-of-state services](#)

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5. SFN 1168 - Ownership/Controlling Interest and Conviction Information
  - List of Managing Employees attached to Section IV (Page 2) with dates of birth and SSNs.
  
6. SNF 615 - Medicaid Program Provider Agreement
  - \* *Must be signed and dated by the individual provider applying.*

**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.