

Enroll today to become a Qualified Service Provider (QSP) for home and community-based care in North Dakota

The new online application makes the enrollment process easier and faster

[Create an account and enroll now](#)

What is a QSP?

QSPs are individuals or agencies that provide home and community-based care to clients who qualify through the North Dakota Department of Health and Human Services. All QSPs have to meet certain requirements to ensure they have the skills to provide care.

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES

ND Qualified Service Provider (ND QSP)

Adult Foster Care - Front End User Guide

April 8, 2024

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FRONT END USER GUIDE OVERVIEW

Introduction:

This User Guide will provide step-by-step instructions for navigating the North Dakota Qualified Service Provider Enrollment portal, which can be utilized by Applicants, Case Management Staff, Enrollment Staff and other stakeholders who require familiarity with the public facing aspect of the application portal.

Audience:

This User Guide is intended for any potential Adult Foster Care end-users (e.g., Applicants, Case Management staff, Enrollment Staff etc.,).

FIRST TIME LOGIN (APPLICANT)

FIRST TIME LOGIN

ND QSP Portal URL:

hhs.nd.gov/QSP

Step 1a: Click **Create an account and enroll now**

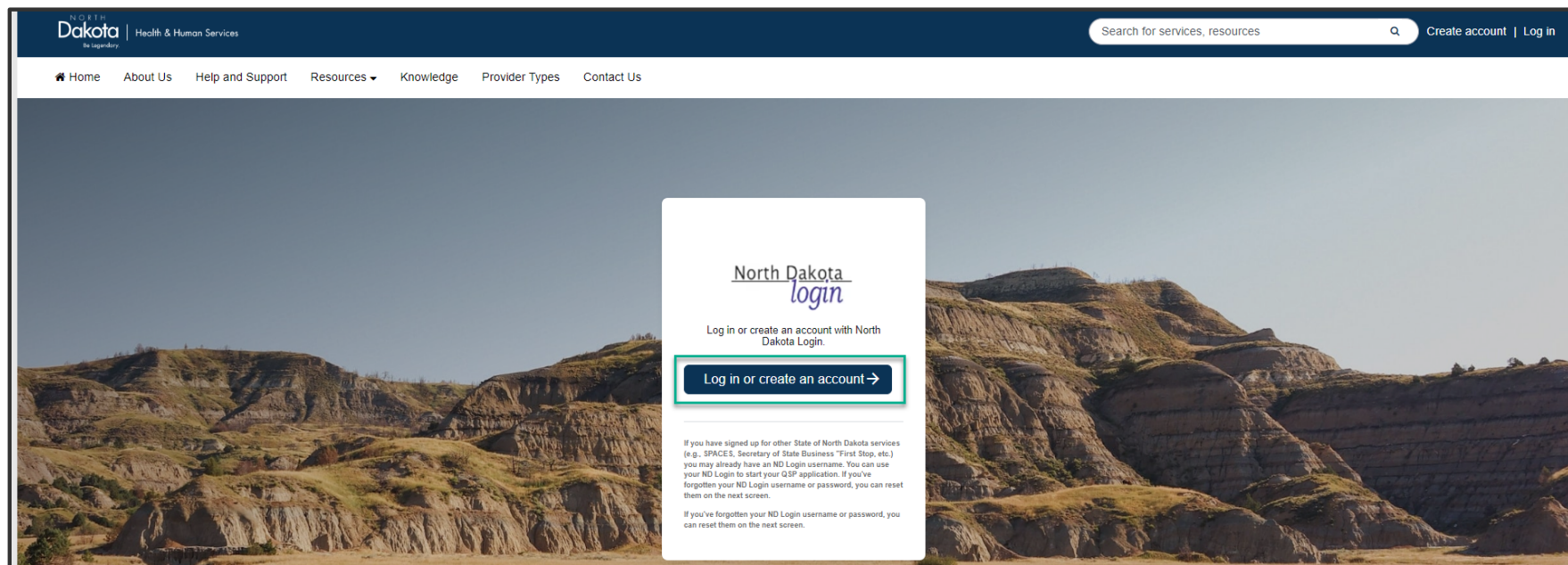
The screenshot shows the ND QSP Portal homepage. At the top, there is a navigation bar with the ND.gov logo, 'Official State Website', and a search bar. Below the navigation bar is a main header with the text 'Enroll today to become a Qualified Service Provider (QSP) for home and community-based care in North Dakota'. A sub-header reads 'The new online application makes the enrollment process easier and faster'. A prominent blue button with white text, 'Create an account and enroll now', is highlighted with a red rectangular box. Below this, there is a section titled 'What is a QSP?' with a brief description of QSPs and a 'Learn more about types of QSPs' button.

FIRST TIME LOGIN

When accessing the website, you will be asked Log in or create an account with North Dakota Login (ND Login).

NOTE: *If you have signed up for other State of North Dakota services (e.g., SPACES, Secretary of State Business "First Stop, etc.) you may already have an ND Login username. You can use your ND Login to start your QSP application.*

Step 1b: Click Log in or create an account to be directed to the ND Login page.



FIRST TIME LOGIN

Step 1b: You will be redirected to the ND Login page, where you will be required to either **Sign in** or **Create an account**.

If you have signed up for other State of North Dakota services, enter the following:

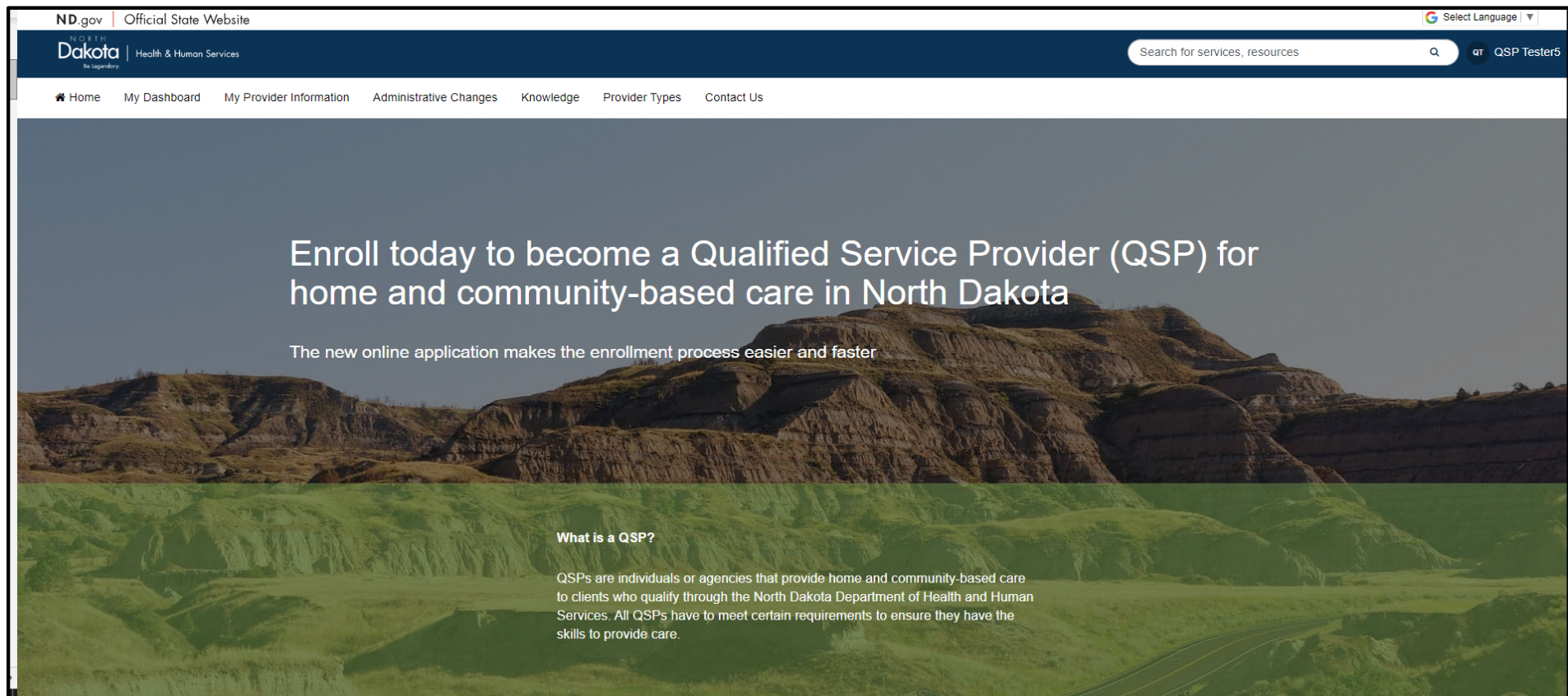
- Your **User ID**
- Your **Password**
- Click **Sign In**

If you don't have a ND Login account, click **Create an account**. You will be redirected to the **Create your account page**, enter the following:

- Account Information
 - Your **First Name**
 - Your **Last Name**
 - Your **User ID**
 - Your **Password**
- Account recovery
 - Your **Email**
 - Your **Cell phone**
 - Answer **Security questions**
 - Click **Create account**

FIRST TIME LOGIN

Step 2: After submitting ND Login account information, you will be directed back to the ND QSP Enrollment portal.



You have now successfully created a new account and are ready to begin the next step!

START A NEW ADULT FOSTER CARE APPLICATION

ADULT FOSTER CARE APPLICATION OVERVIEW

1. The purpose of Adult Foster Care is to offer a choice within a continuum of care to adults who could benefit from living in a home environment, as well as to promote independent functioning to the limit of a person's ability and provide for a safe and secure environment.
2. A person may not provide Adult Foster Care to more than one adult, or to more than two adults who are related to each other by blood or marriage, without first procuring a license to do so from the Aging Services Division.
3. At no time shall the number of persons receiving care exceed four.
4. All applicants and individuals aged 18 and over residing in the Adult Care facility must also have a criminal background check before they can provide this service.

ADULT FOSTER CARE APPLICATION REQUIREMENTS

Documents/Forms:

Please make sure you have all of the documents and completed forms listed below before starting your application:

1. Copy of a voided check or documentation from your financial institution (we need this information in order to enroll you in direct deposit/electronic funds transfer)
2. Copy of government issued identification (e.g., driver license, tribal ID, etc.)
3. SFN 750 – Documentation of Competency OR copy of license/certification

Trainings:

You will need to complete the following trainings before your application is approved:

1. [Fraud, Waste and Abuse \(FWA\) Training](#) (you will need to upload your certificate of completion). To learn more about how to complete the Fraud Waste and Abuse (FWA) training, watch this [short video](#). If you completed the FWA training more than six (6) months ago, a new training must be completed.
2. QSP Orientation Training.

For more information on application requirements, including links to forms, trainings, and more, visit the [QSP Hub](#).

ENTER APPLICATION PORTAL

Pre-requisite: Adult Foster Care applications are initiated by HCBS Case Managers upon approval.

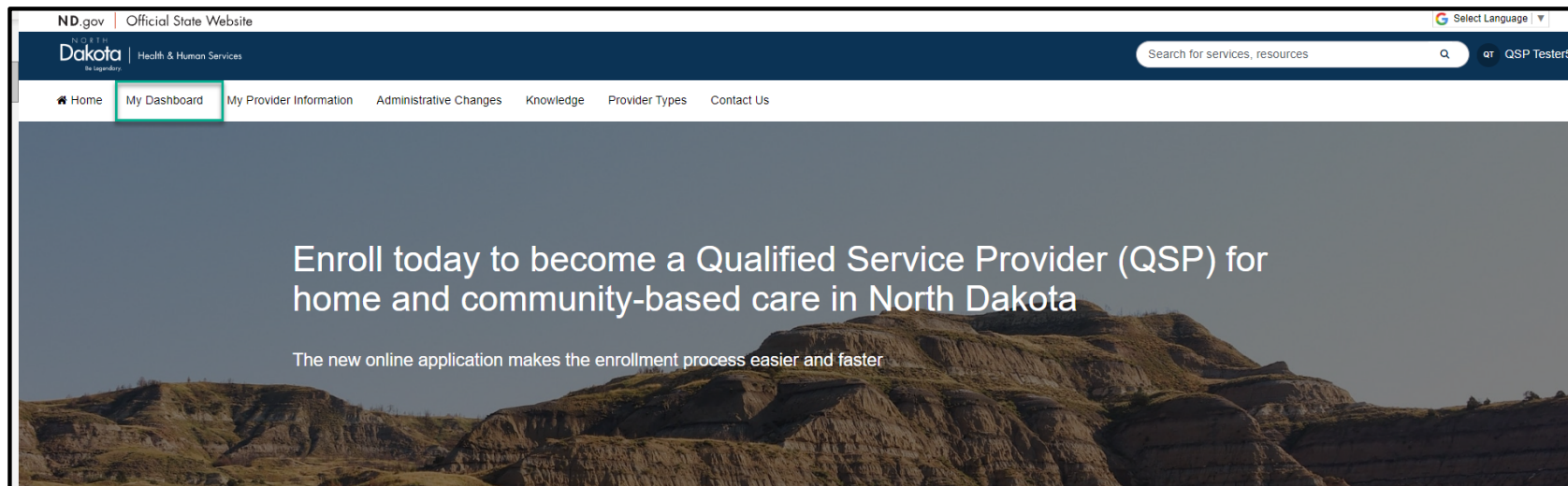
You should have received the **ND QSP Enrollment - Your Adult Foster Care Enrollment has been initiated** notification informing you of the initiated application

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

- After logging in, you will be redirected to the home page.
- Click **My Dashboard**.



COMPLETE APPLICATION

On the **My Dashboard** page that opens, click the 'Draft' **Adult Foster Care Enrollment** application in the **My QSP Applications** section

The screenshot shows a web interface with a navigation bar at the top containing links for Home, My Dashboard, Knowledge, Provider Types, and Contact Us. Below the navigation bar is a large banner image with the text "Welcome, AFC". Underneath the banner is the "My QSP Applications" section, which includes a search bar and a table of applications. The table has columns for Request Number, Application type, Date started, and Status. A single application is listed with the request number 0088094, application type "Adult Foster Care Enrollment", date started 12/29/2023, and status "Draft". A red "Cancel" button is visible next to the application. At the bottom of the table, there is a "Page Size" dropdown set to 10 and a status indicator "Showing 1 to 1 of 1 results".

Request Number	Application type	Date started	Status
0088094	Adult Foster Care Enrollment	12/29/2023	Draft

Page Size: 10 | Showing 1 to 1 of 1 results

COMPLETE APPLICATION

Step 1: On the **Adult Foster Care application requirements** page that opens, review the required documents and training for application submission.

Confirm you have the **‘Required’** forms of documentation readily available to facilitate application submission.

Click the **Next** button to continue with the application process.

Adult Foster Care Enrollment
Request 0090009

- 1 AFC application requirements >
- 2 General information
- 3 Licenses
- 4 Background information
- 5 Languages
- 6 Services enrollment
- 7 Counties served
- 8 Direct deposit/Electronic funds transfer
- 9 Required documents
- 10 Declarations

Adult Foster Care application requirements

i This application is for Adult Foster Care (AFC) individual providers who are looking to provide 24 hour per day care, in their home to a person age 18 or older.

If you are a group or sole proprietorship with an Employer Identification Number (EIN), please return to your dashboard to cancel this application and start either an individual or agency application.

Documents/Forms

Please make sure you have all of the documents and completed forms listed below before starting your application:

- Copy of a voided check or documentation from your financial institution (we need this information in order to enroll you in direct deposit/electronic funds transfer)
- Copy of government issued identification (e.g., driver's license, tribal ID, etc.)
- SFN 750 – Documentation of Competency OR copy of license/certification

Trainings

You will need to complete the following trainings before your application is approved:

- Fraud, Waste and Abuse (FWA) Training certificate of completion. If you completed the FWA training more than six (6) months ago, a new training must be completed.
 - To learn more about how to complete the Fraud Waste and Abuse (FWA) training, watch this short video.
- QSP Orientation Training

For more information on application requirements, including links to forms, trainings, and more, visit the QSP Hub.

Save Next

COMPLETE GENERAL INFORMATION

Step 2a: In the Languages section, respond to the question **What language would you like to watch the application videos in?**

Select **English** if you are fluent in English.

If you need additional language support, select one of the options in the drop-down list and the following question will populate **Do you need the help of an interpreter or translator to help you complete this application?**

- Select **Yes, and I need help finding an interpreter who can help me**
- Provide your phone number so that an enrollment specialist can reach out to you
 - Select the **Phone number type**
 - Enter the **Phone number**
 - Click the **Send request** button

General information

Languages

This application is written in English, but there are videos you can watch that can help answer questions you may have. These videos are available in several languages.

What language would you like to watch the application videos in?*

Somali

Do you need the help of an interpreter or translator to help you complete this application?*

Yes, and I need help finding an interpreter who can help me

i Please provide your phone number below so that an enrollment specialist can reach out to you. If you need help immediately, call (701) 777-3432.

Phone number type*

Mobile

Landline

Phone number*

6152458586

Send request

COMPLETE GENERAL INFORMATION

Step 2b: Complete Personal Information questions

In the Personal information section enter the following details:

1. Confirm your first and last names are pre-filled and correct
2. Date of birth (Calendar selection)
3. Social Security Number (Enter a valid 9-digit SSN without special characters or spaces)
4. Gender
5. Telephone number (Enter a valid 10-digit phone number without special characters or spaces)
6. Cell phone number
7. Confirm your email address is pre-filled and correct
8. If you have officially used other names, select **Yes** in response to the question **Have you ever officially used any other names (e.g., maiden name, married and now divorced, court approved name change, etc.)?**
 - i. Click the **Add name** button to enter other names
 - ii. In the **Add other name** window that opens, enter other first and last name
 - iii. Click the **Save name** button
 - iv. Review the entered names in the **Other names** table

NOTE: To add additional names, click the **Add name** button

Personal information

Please use your legal name as shown on your tax return when entering your name.

First name*
MI
Last name*
Suffix

Date of birth*
Social Security Number* ?
Gender* Male Female

Telephone number*
Cell phone number

Email address*

Have you ever officially used any other names (e.g., maiden name, married and now divorced, court approved name change, etc.)?*

Yes
 No

Please add any other names you have used

You haven't added any other names yet

COMPLETE GENERAL INFORMATION

9. Submit a copy of government issued identification (e.g., driver license, tribal ID, etc.)
- If you have a current and valid driver license, select **Yes** in response to the question **Do you have a current and valid driver license?**

Enter the following details:

- Driver license number
- State issued
- Expiration date
- Click the **Upload driver license** button to upload a copy of your driver license

- If you do not have a current and valid driver license, select **No** in response to the question **Do you have a current and valid driver license?**
 - Select the other type of identification you have from the drop-down list below the question **What other type of government-issued identification can you provide?**
 - Click the **Upload identification** button

10. From the drop-down list, select your **Last grade completed in school**

Do you have a current and valid driver license?*

Yes
 No

Driver license number*

State issued*

Expiration date*

Please upload a copy of your driver license*

Upload driver license

Do you have a current and valid driver license?*

Yes
 No

What other type of government-issued identification can you provide?*

- Select-
- Social Security Card
- State issued identification
- US issued birth certificate (with current name)
- US government military or military dependent ID
- US Passport or Passport Card
- US Permanent Resident Card (Green Card)
- Tribal ID
- Employment Authorization Document
- I-94 stamped with Employment Authorized
- None of these

COMPLETE GENERAL INFORMATION

Step 2c: Complete Address information questions

In the Address information section enter the following details:

1. Physical address information (A physical address is where you live and the address you will give if you call 911 for help). You must inform Medical Services within 14 days of any address changes:
 - a) Physical address
 - b) Apartment/Building number (if applicable)
 - c) City
 - d) State
 - e) ZIP code
 - f) Click the **Validate address** button

Review address information in the **Confirm Address** window and select **Accept Formatted Address**.

NOTE: If the Address Validation is unsuccessful, select **“Retry”** to revise the address information and re-validate. If validation is still unsuccessful after another attempt, the user will be able to move forward with an unvalidated address.

Address information

Physical address
This is where you will provide services and the address you will give if you call 911. You must inform Medical Services within 14 days of any address changes.

Physical address*
523 4th Ave

Apartment/Building number **City***
Jamestown

State* **ZIP code***
North Dakota 58401

Validate address

Confirm address

You entered: 523 4th Ave
Jamestown, North Dakota 58401

US Postal Service format: 523 4TH AVE SE
JAMESTOWN, ND 58401-4222

Accept Formatted Address

COMPLETE GENERAL INFORMATION

2. Respond to criminal background questions for applicants and any individuals aged 18 or over living in the facility
 - i. Select **Yes** or **No** in response to the question **Have you lived at this address for 11 or more years?**
 - If **No** is selected, click the **Add past address** button and enter the following information in the **Add past addresses** window that opens:
 1. Select a date in response to **When did you start living at this address?**
 2. Select a date in response to **When did you stop living at this address?**
 3. Address
 4. City
 5. State
 6. Zip code
 7. Click the **Validate Address** button
 8. Review address information in the **Confirm Address** window and select **Accept Formatted Address.**
 9. Click the **Save address** button

Have you lived at this address for 11 or more years?

Yes

No

As part of the application process, we need all addresses where you have lived over the past 11 years. Please enter past addresses below.

Please enter your past addresses

You haven't added any addresses yet

Add past address

Add past addresses

When did you start living at this address?*

Select date

When did you stop living at this address?*

Select date

Address*

Apartment/Building number

City*

State*

-Select-

ZIP code*

County

Validate address

Cancel **Save address**

NOTE: To add additional addresses, click the **Add past address** button

COMPLETE GENERAL INFORMATION

- ii. Select **Yes** or **No** in response to the question **Have you lived in North Dakota at all times in the past 11 years?**
- If you have resided in North Dakota for 11 years or more, you will need to submit a **SFN 60688** form
 - If you have resided in North Dakota less than 11 years, you will need to submit **two fingerprint cards** and a **SFN 60688** form

Contact the ADRL helpline at 1-855-462-5465 or send an email to CareChoice@ND.gov to receive additional details and request for the SFN 60688 form

- iii. Select **Yes** or **No** in response to the question **Are you on active United States military duty or have you lived full-time in North Dakota since receiving an honorable discharge?**
- iv. Select **Yes** or **No** in response to the question **Is there anyone over the age of 18 residing in the home that is not receiving care?**
- If **Yes** is selected, click the **Add residents** button and complete the required information about the individual
- NOTE:** To add additional residents, click the **Add residents** button

Have you lived in North Dakota at all times in the past 11 years?*

Yes

No

Are you on active United States military duty or have you lived full-time in North Dakota since receiving an honorable discharge?*

Yes

No

Is there anyone over the age of 18 residing in the home that is not receiving care?*

Yes

No

Please add all residents living in this home

You haven't added any residents yet

[Add residents](#)

COMPLETE GENERAL INFORMATION

3. Mailing address information (This is where you'll receive paper checks, bulletins, manuals, etc. Your mailing address can be a PO Box.):

If your mailing address is different from your physical address, select **Yes** in response to the question **Is your mailing address different from your physical address?**

Enter the following information

- Mailing address
- Apartment/Building number (if applicable)
- City
- State
- ZIP code
- Click the **Validate address** button

Review address information in the **Confirm Address** window and select **Accept Formatted Address**.

If your mailing address is the same as your physical address, select **No** in response to the question **Is your mailing address different from your physical address?**

Mailing address
This is where you'll receive paper checks, bulletins, manuals, etc. Your mailing address can be a PO Box.

Is your mailing address different from your physical address? *

Yes
 No

Mailing address *
523 4th Ave

Apartment/Building number City *
Jamestown

State * ZIP code *
North Dakota 58401

Validate address

Confirm address

You entered: US Postal Service format:
523 4th Ave 523 4TH AVE SE
Jamestown, North Dakota 58401 JAMESTOWN, ND 58401-4222

Accept Formatted Address

COMPLETE GENERAL INFORMATION

Review completed **General Information** and move on to the **Licenses** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



COMPLETE LICENSES INFORMATION

Step 3a: Submit QSP information for the state of North Dakota

1. If you are currently or were enrolled as a QSP for the state of North Dakota, select **Yes** in response to the question **Have you ever been or are you currently enrolled as a QSP for the state of North Dakota?**
 - a) Enter your current or previous provider number
 - b) If you don't remember your provider number, click the check box next to **I don't remember**
2. If you are not enrolled as a QSP for the state of North Dakota, select **No** in response to the question

The screenshot displays the 'Family Personal Care Enrollment' application interface. The left sidebar shows a progress list with 'Licenses' selected as step 3. The main content area is titled 'Licenses' and contains the following information:

- Request ID: 0088092
- Section: Licenses
- Section: QSP information
- Question: Have you ever been or are you currently enrolled as a QSP for the state of North Dakota?
 - Yes (selected)
 - No
- Question: What is your current/previous provider number?
 - Input field (empty)
 - I don't remember* (checkbox selected)

COMPLETE LICENSES INFORMATION

Step 3b: Submit copy of License/Certification OR SFN 750 - Documentation of Competency

Competency must be verified by either submitting one of the following licenses or certifications issued by the state of North Dakota:

- Certified Nursing Assistant (CNA)
- Registered Nurse (RN)
- Licensed Practitioner Nurse (LPN)
- Occupational Therapist (OT)
- Physical Therapist (PT)

If you don't have a license or certification issued by the state of North Dakota, you will need to submit a completed [SFN 750 - Documentation of Competency](#) signed by one of the following health professionals:

1. Chiropractor
2. Physician
3. Physician's assistant
4. Nurse practitioner
5. Registered nurse
6. Licensed practical nurse (LPN)
7. Physical therapist
8. Occupational therapist

The SFN 750 can be completed by a [TrainND Northeast](#) healthcare professional.

COMPLETE LICENSES INFORMATION

Submit copy of License/Certification

Select **Yes** in response to the question **Do you have one or more of the following licenses issued by the state of North Dakota?** if you have one or more of the following licenses:

- Certified Nursing Assistant (CNA)
- Registered Nurse (RN)
- Licensed Practitioner Nurse (LPN)
- Occupational Therapist (OT)
- Physical Therapist (PT)

- a) Click the **Add license** button to enter your license information
- b) In the **Add license** window that opens, enter the following information
 - i. License type
 - ii. License number
 - iii. Licensing agency
 - iv. Effective date
 - v. Expiration date
- c) Click the **Save license** button

NOTE: to add additional licenses, click the **Add license** button

Do you have one or more of the following licenses issued by the state of North Dakota?

- Certified Nursing Assistant (CNA)
- Registered Nurse (RN)
- Licensed Practitioner Nurse (LPN)
- Occupational Therapist (OT)
- Physical Therapist (PT)

Yes
 No

Please add your North Dakota licenses

You haven't added any licenses yet

Add license

Add license

License type*

-Select-

License number*

Licensing agency*

Effective date*

Select date

Expiration date

Select date

Cancel Save license

COMPLETE LICENSES INFORMATION

Submit SFN 750 - Documentation of Competency

Select **No** in response to the question **Do you have one or more of the following licenses issued by the state of North Dakota?**

- a) If you have a completed SFN 750 by a TrainND Northeast healthcare professional, select **SFN 750 training completed** in response to the question **Do you have a SFN 750 completed by TrainND Northeast or have a training scheduled?**
 - i. Enter in the date the training was completed in response to the question **When was the training completed?**
- b) If you have a SFN 750 training scheduled, select **SFN 750 training scheduled** in response to the question **Do you have a SFN 750 completed by TrainND Northeast or have a training scheduled?**
 - i. Enter in the date the training is scheduled for in response to the question **When is the training scheduled for?**

Do you have one or more of the following licenses issued by the state of North Dakota?

- Certified nursing assistant (CNA)
- Registered nurse (RN)
- Licensed practitioner nurse (LPN)
- Occupational therapist (OT)
- Physical therapist (PT)

Yes

No

Do you have a SFN 750 completed by TrainND Northeast or have a training scheduled?*

If you do not have a SFN 750 completed or training scheduled with TrainND Northeast, contact the QSP hub at (701) 777-3432 or via email info@ndqspub.org for more information. To learn more about how to complete an SFN 750, watch this short video.

SFN 750 training completed

SFN 750 training scheduled

No

When was the training completed?*

Select date

February 2024

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

list of available qualified service providers?

re a list of providers and agencies who are enrolled as QSPs with

back Save Next

COMPLETE LICENSES INFORMATION

Submit SFN 750 - Documentation of Competency

Select **No** in response to the question **Do you have one or more of the following licenses issued by the state of North Dakota?**

- a) If you do not have a SFN 750 training completed by TrainND Northeast or have a training scheduled, select **No** in response to the question **Do you have a SFN 750 completed by TrainND Northeast or have a training scheduled?**
- b) Select Yes in response to the question Do you have a SFN 750 completed and signed by one of the following healthcare professionals?
 - i. Click the **Upload SFN 750** button
 - ii. Review your completed SFN 750 form and confirm that you were approved as competent for **lines 5-26** and **E**

Do you have a SFN 750 completed by TrainND Northeast or have a training scheduled?*

If you do not have a SFN 750 completed or training scheduled with TrainND Northeast, contact the QSP hub at (701) 777-3432 or via email info@ndqsphub.org for more information. To learn more about how to complete an SFN 750, watch this short video.

SFN 750 training completed

SFN 750 training scheduled

No

Do you have a SFN 750 completed and signed by one of the following healthcare professionals?

- Chiropractor
- Physician
- Physician's assistant
- Nurse practitioner
- Registered nurse
- Licensed practical nurse (LPN)
- Physical therapist
- Occupational therapist

Yes

No

Please upload a copy of your completed SFN 750.*

COMPLETE LICENSES INFORMATION

4. Confirm if you would like to be added to the North Dakota list of available qualified service providers

Select **Yes** or **No** in response to the question **Do you want to be on the North Dakota list of available qualified service providers?**

If **Yes** is selected, you will be added to North Dakota's list of enrolled QSPs which is made available to individuals looking for care.

Do you want to be on the North Dakota list of available qualified service providers?

This list provides individuals looking for care a list of providers and agencies who are enrolled as QSPs with the state of North Dakota.

Yes

No

Review completed **Licenses Information** and move on to the **Background** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.

Back Save Next

COMPLETE BACKGROUND INFORMATION



Step 4a: If you receive payment for anyone over the age of 18 under your care, select **Yes** in response to the question **Do you take care of anyone over the age of 18 who pays you with their own money or whose family pays you for their care?**

Enter the **hourly or daily rate** received for the care

Step 4b: Submit disciplinary actions information.

NOTE: Disciplinary actions will not automatically disqualify you from enrollment. All information will be reviewed on a case-by-case basis.

1. Select **Yes** or **No** in response to the following questions:
 - a) Have you ever had your qualified service provider status or license (AFC, early childhood program license, self-declaration document, etc.) issued by the Department of Health and Human Services denied, revoked, suspended, restricted, or terminated?
 - b) Have you ever submitted inaccurate service records, billing information, or documentation while employed as a staff member of an agency enrolled as a Qualified Service Provider?
 - c) Have you ever been disciplined or terminated from an agency that is enrolled as a Qualified Service Provider?
 - d) Have you ever had your LPN/RN/CNA/PT/OT, etc. license denied, revoked, suspended, restricted, terminated, or surrendered?

If **Yes** is selected, provide an explanation in the text box provided

Adult Foster Care Enrollment
Request 0088094

Background information

General information

Do you take care of anyone over the age of 18 who pays you with their own money or whose family pays you for their care? *

Yes
 No

How much are you paid for providing this care?

Rate* 0.00 Per hour or per day*

Hour
 Day

Disciplinary actions

Disciplinary actions will not automatically disqualify you from enrollment. All information will be reviewed on a case-by-case basis.

Have you ever had your qualified service provider status or license (AFC, early childhood program license, self-declaration document, etc.) issued by the Department of Health and Human Services denied, revoked, suspended, restricted, or terminated? *

Yes
 No

Please provide an explanation *

Have you ever submitted inaccurate service records, billing information, or documentation while employed as a staff member of an agency enrolled as a Qualified Service Provider? *

Yes
 No

Have you ever been disciplined or terminated from an agency that is enrolled as a Qualified Service Provider? *

Yes
 No

Have you ever had your LPN/RN/CNA/PT/OT, etc. license denied, revoked, suspended, restricted, terminated, or surrendered?

Yes
 No

COMPLETE BACKGROUND INFORMATION

Step 4c: Submit criminal convictions information.

NOTE: Prior convictions will not automatically disqualify you from enrollment. All information will be reviewed on a case-by-case basis.

1. If you have ever been convicted of a felony or misdemeanor, select **Yes** in response to the question **Have you ever been convicted of a felony or misdemeanor?**
 - a) Click the **Add conviction** button
 - b) In the **Add felony or misdemeanor conviction** window that opens, enter the following information:
 - i. Felony or misdemeanor
 - ii. Date of felony or misdemeanor
 - iii. Click the **Upload court papers** button for any convictions from the past seven years
 - iv. Click the **Save Conviction** button

NOTE: To add additional felonies or misdemeanors, click the **Add Conviction** button

2. If you are on probation, select **Yes** in response to the question **Are you on probation?**
 - a) Read the attestation and click the **Sign electronically** button
 - b) Click the **Upload document** button to upload evidence of rehabilitation

Criminal convictions

Prior convictions will not automatically disqualify you from enrollment. All information will be reviewed on a case-by-case basis.

Have you ever been convicted of a felony or misdemeanor?*

Yes

No

Please add all felonies and misdemeanors

You haven't added any felonies or misdemeanors yet

Add conviction

Are you on probation?*

Yes

No

I understand that if I am currently on probation, the North Dakota Department of Health and Human Services is unable to consider my application unless evidence of rehabilitation is submitted with my application.*

Sign electronically

Please upload evidence of rehabilitation*

Upload document

COMPLETE BACKGROUND INFORMATION

Review completed **Background Information** and move on to the **Languages** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



COMPLETE LANGUAGES INFORMATION

Step 5a: On the Languages page, respond to the following questions:

1. **Can you speak English well enough to provide services to an English-speaking individual?**
 2. **Can you read and write in English?**
 - a) Click **Yes** if you are fluent in English.
 - b) If you are not fluent in English and will be using the services of an interpreter, click **No** the following question will populate **Do you have access to an interpreter and/or translator who can help you with speaking, reading, and writing in English as needed?**
- Please download and complete the **written agreement and Memorandum of Understanding (MOU)**. You will need to upload this document before submitting your application.

The screenshot shows a web application interface for 'Family Personal Care Enrollment'. The left sidebar contains a navigation menu with 10 items, where '6 Languages' is selected and highlighted with a right-pointing arrow. The main content area is titled 'Languages' and contains the following text: 'Communication is an important part of providing services and care to others. QSPs need to be able to:' followed by a bulleted list: 'Have a conversation with the individual who is being served', 'Read instructions, medication labels, etc.', and 'Write a description of the care that was provided in order to receive payment from the State'. Below this are three questions, each with radio button options: 1. 'Can you speak English well enough to provide services to an English-speaking individual?*' with 'Yes' selected. 2. 'Can you read and write in English?*' with 'No' selected. 3. 'Do you have access to an interpreter and/or translator who can help you with speaking, reading, and writing in English as needed?' with 'Yes' selected. At the bottom, a text box states: 'Please download and complete the written agreement and Memorandum of Understanding (MOU). You will need to upload this document before submitting your application.'

COMPLETE LANGUAGES INFORMATION

Step 5b: If you speak a language other than English select **Yes** in response to the question **Do you speak a language other than English?**

1. From the drop-down list, select all the languages you speak
2. Confirm language **proficiency** by selecting **Fluent** or **Conversational**

If you can provide services to someone who has limited or no English-speaking ability

1. Click **Yes** in response to the question **Are you willing to provide services to someone who has limited or no English-speaking ability?**
2. Select the check box next to the language you are willing to support

Do you speak a language other than English?*

Yes

No

Select all languages you speak:

Search languages

- English
- Albanian
- Arabic
- Cantonese

Select all languages you speak:

Search languages

Bangla X Bosnian X Cambodian/Kampuchae X

Bangla Proficiency*

Fluent

Conversational

Bosnian Proficiency*

Fluent

Conversational

COMPLETE LANGUAGES INFORMATION

Review completed **Languages information** and move on to the **Services enrollment** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



SELECT SERVICES TO ENROLL IN

Step 6: On the Services enrollment page, click the check boxes next to the services you would like to enroll in

NOTE: Users should be able to select multiple services or select all the services based on their approved competencies or licenses

- Licensed RNs or LPNs can enroll in the Extended personal care-nurse service
- Other individuals with either CNA, PT, OT licenses OR a SFN 750 can enroll in the Extended personal care - non-nurse service

Adult Foster Care Enrollment
 Request 0088094

1 AFC application requirements
 2 General information
 3 Licenses
 4 Background information
 5 Languages
 6 **Services enrollment** >
 7 Counties served

Services enrollment

Based on your competencies and licenses, you are eligible to enroll in the following services. Please select which services you would like to enroll in.

- Adult foster care ?
- AFC respite care ?
- Extended personal care - nurse ?
- Extended personal care - non-nurse ?

COMPLETE SERVICES ENROLLMENT

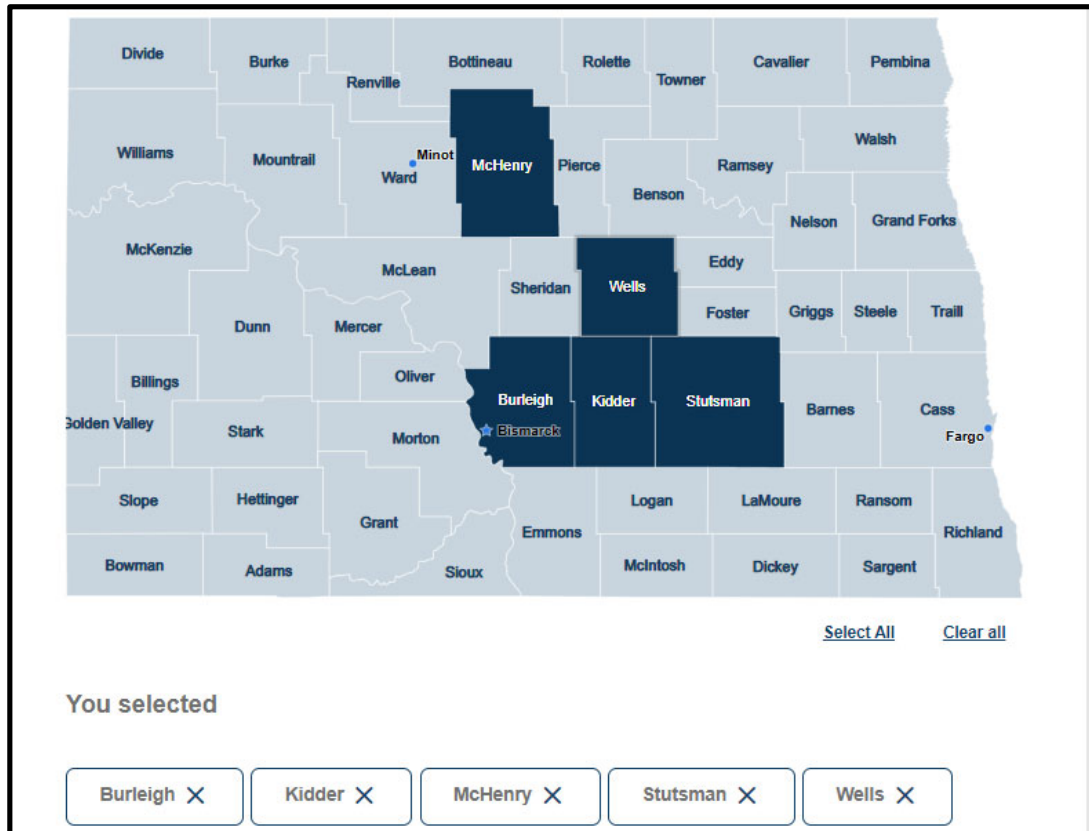
Review completed **Services enrollment** and move on to the **Counties served** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



COMPLETE COUNTIES SERVED

Step 7: On the Counties served page, click on the map to select the counties where you plan to serve:



NOTE:

- QSPs that choose to provide services to individuals in some rural communities may receive an increased rate to provide those services, called a rural differential rate.
- QSPs that travel at least 21 miles round trip to provide care to authorized individuals will be reimbursed at a higher rate.

COMPLETE COUNTIES SERVED

Review completed **Counties Served** and move on to the **Direct deposit/Electronic funds transfer** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 8a: Submit Financial institution information and upload documentation

Enter the following information:

1. Name of financial institution (Bank/Credit Union)
2. Telephone number
3. City
4. State
5. ZIP code
6. Routing number
7. Re-enter Routing number
8. Account number
9. Re-enter Account number
10. Select **Checking** or **Savings** for the Account type
11. Account holder's name
12. Click the **Upload voided check or documentation** button to upload your financial document
13. Click the check box next to the authorization statement

The screenshot displays a web application interface for 'Adult Foster Care Enrollment'. The left sidebar shows a progress menu with 10 steps, where step 8, 'Direct deposit/Electronic funds transfer', is currently selected and highlighted. The main content area is titled 'Direct deposit/Electronic funds transfer' and contains the following text: 'This information is required for payment. You will also need to upload a voided check or documentation to verify your account from your financial institution.' and 'Direct deposit/Electronic funds transfer can take up to two months to go into effect. Paper checks will be mailed to your mailing address'. Below this text are several input fields: 'Name of financial institution (Bank/Credit Union)*', 'Telephone number*', 'Address of financial institution*', 'Apartment/Building number', and 'City*'. Each field is represented by a white rectangular box with a thin border.

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 8b: Claims submission

Select **Medicaid Management Information System Portal (MMIS)** or **Therap** in response to the question **How do you want to submit your claims to the Department of Health and Human Services for payment?***

Claims submission

How do you want to submit your claims to the Department of Health and Human Services for payment for these services?*

- Medicaid Management Information System Portal (MMIS)
- Therap

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Review completed **Direct deposit/Electronic funds transfer information** and move on to the **Required documents** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



COMPLETE REQUIRED DOCUMENTS

Step 9a: Review and confirm the information prefilled in the required documents.

W-9 Request for Taxpayer Identification Number and Certification

1. Click the **Review your W-9** button, and confirm the form is prefilled with answers from your application
2. Click the **Accept and submit** button

SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement

1. Click the **Review your SFN 671** button, and confirm the form is prefilled with answers from your application
2. Click the **Accept and submit** button

If Therap was select for claims submission, the SFN 583 North Dakota Medicaid Electronic Remittance Advice (835) Enrollment form will be generated

1. Click the **Review your SFN 583** button, and confirm the form is prefilled with answers from your application
2. Click the **Accept and submit** button

Upon submission, click on the **View/Download signed** button to view, download or delete the accepted form

NOTE: If you need to make any changes, update the applicable fields in your application before accepting the forms

Adult Foster Care Enrollment
Request 0088094

- 1 AFC application requirements
- 2 General information
- 3 Licenses
- 4 Background information
- 5 Languages
- 6 Services enrollment
- 7 Counties served
- 8 Direct deposit/Electronic funds transfer
- 9 Required documents >
- 10 Declarations

Required documents

View, sign, submit, and upload documents required to complete your application.

W-9 Request for Taxpayer Identification Number and Certification

We have prepopulated your W-9 using answers from your application. Please review your form and if you need to make any changes, update the applicable fields in your application before accepting your W-9.

[Review your W-9](#)

SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement

We have prepopulated your SFN 671 using answers from your application. Please review your form and if you need to make any changes, update the applicable fields in your application before accepting your SFN 671.

[Review your SFN 671](#)

SFN 583 North Dakota Medicaid Electronic Remittance Advice (835) Enrollment

We have prepopulated your SFN 583 using answers from your application. Please review your form and if you need to make any changes, update the applicable fields in your application before accepting your SFN 583. We will automatically save this document with your application. Please disregard the instructions on the last page of the form requesting you to save and email a copy.

[Review your SFN 583](#)

COMPLETE REQUIRED DOCUMENTS

Step 9b: Upload documents

Fraud, Waste and Abuse (FWA) Training Certification of Completion

1. Click the **Upload FWA training certificate** button, to upload the FWA certificate

QSP Orientation Certification of Completion

1. Click the **Upload QSP Orientation Certificate** button, to upload the QSP orientation certificate

If you confirmed having an interpreter, you will be prompted to upload the Interpreter and/or translator **Written Agreement and**

Memorandum of Understanding (MOU)

1. Click the **Upload agreement and MOU** button, to upload the completed and signed MOU

Fraud, Waste and Abuse (FWA) Training Certification of Completion

Please upload your Fraud, Waste and Abuse (FWA) Training Certification of Completion. If you completed the FWA training more than six (6) months ago, a new training must be completed.

Upload FWA training certificate *

QSP Orientation Certification of Completion

Please upload your QSP Orientation Training Certification of Completion.

Upload QSP Orientation Certificate *

Interpreter and/or translator Written Agreement and Memorandum of Understanding (MOU)

Please upload the Written Agreement and Memorandum of Understanding you completed with your interpreter and/or translator.

Upload agreement and MOU *

COMPLETE REQUIRED DOCUMENTS

Review completed **Complete Required documents** and move on to the **Declarations** page.

- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



COMPLETE DECLARATIONS

Step 10: Applicants must certify and validate responses with an electronic signature prior to application submission.

Review and select **all check boxes** next to each declaration.

Adult Foster Care Enrollment
Request 0088094

1 AFC application requirements
2 General information
3 Licenses
4 Background information
5 Languages
6 Services enrollment
7 Counties served
8 Direct deposit/Electronic funds transfer
9 Required documents
10 **Declarations**

Declarations
Check each of the following and sign at the end to indicate your understanding and agreement.

General declarations

- I agree to read the **Fire Safety Fact Sheet, the Carbon Monoxide Fact Sheet, Guidelines for Universal Precautions and Why We Wear Masks** that is included in the provider handbook.*
 - If you have not reviewed the checklist and/or fact sheet, please review before agreeing:
 - Fire Safety Checklist
 - The Invisible Killer Carbon Monoxide Fact Sheet
- I will notify the member's case manager or Home and Community Based Services (HCBS) when any of the following occur: *
 - Member is not home at the time scheduled for service
 - Observed change in member's physical, cognitive, emotional, and/or environmental condition
 - Change in the amount or type of services that may be needed by the member
 - Possible abuse or exploitation of the member
 - Other circumstances as agreed upon with HCBS case manager for specific member
- I will provide care at a level acceptable to the member and the Department of Health and Human Services.*

Click the **Sign electronically** button

Click the **Submit** button

i The information above is true and correct to the best of my knowledge.
Providing false information may be the basis for the Department of Health and Human Services refusing or revoking any Qualified Service Provider agreements.

Sign here *

Sign electronically

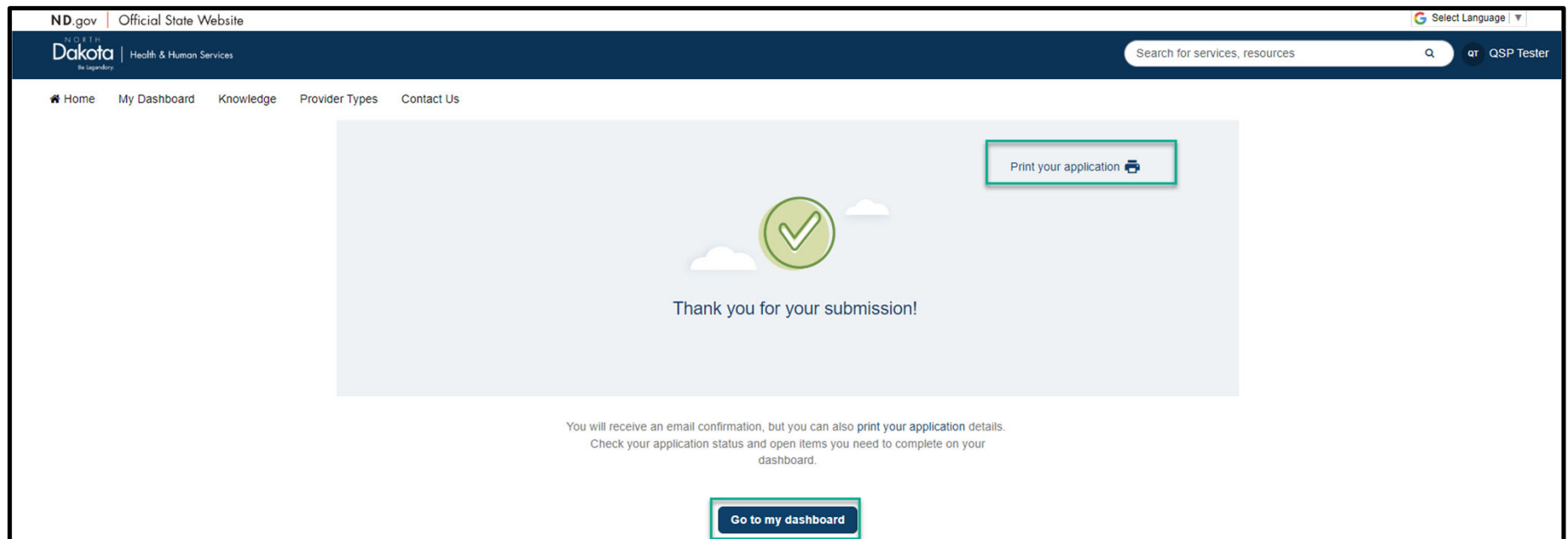
Back Save Submit

COMPLETE CERTIFICATION

Step 11: After application submission, you will be redirected to the application submission page confirming the receipt of your application.

ND QSP Enrollment - Application successfully submitted notification will be sent confirming that your application has been submitted

Click the **Print your application** button to print your application or the **Go to my dashboard** button to navigate to your dashboard



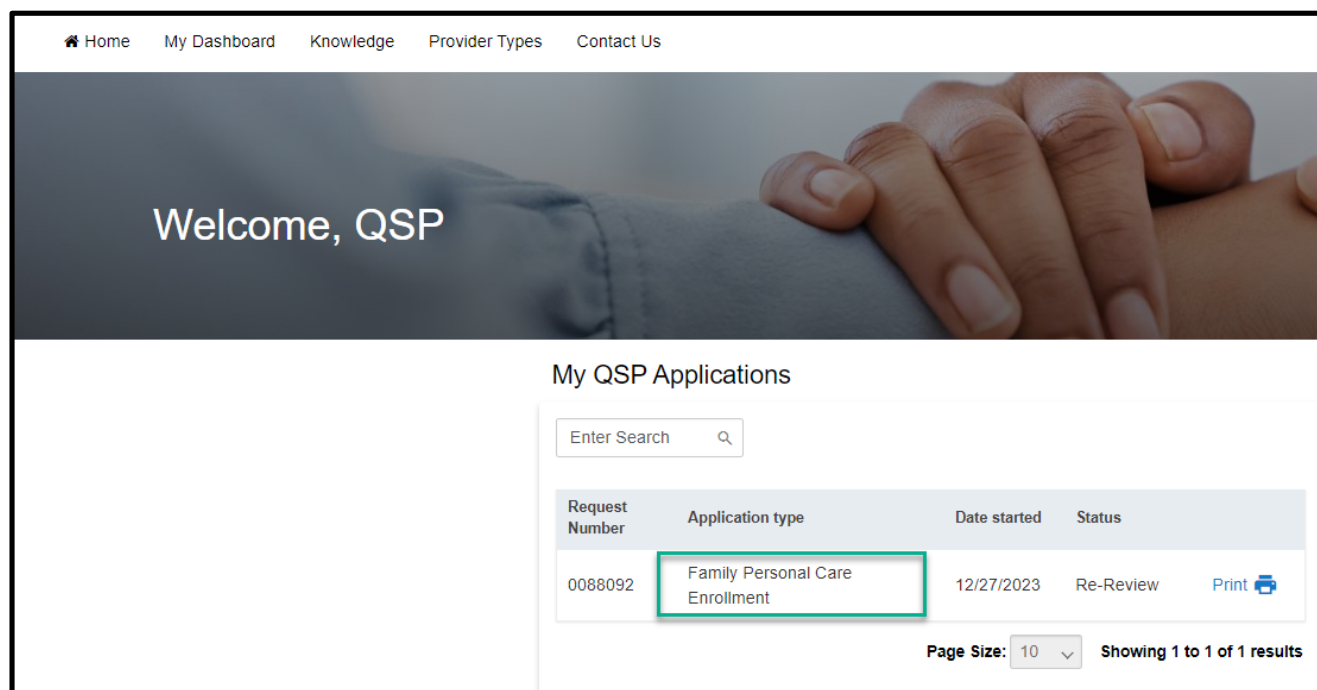
UPDATE DOCUMENTATION IN RE-REVIEW

UPDATE DOCUMENTATION IN RE-REVIEW

In the event you need to resubmit missing information or documentation to complete your application process, you will receive a **ND QSP Enrollment update** notification confirming that the application is in the **Re-Review** Status.

Step1: Follow the instructions in the notification and navigate to your dashboard to access an application in Re-Review Status.

- Click the application



UPDATE DOCUMENTATION IN RE-REVIEW

Step 2: In the Re-review application that opens:

- Click the **Add Document** button to upload all requested documents
- Enter additional details as needed for the re-review

- Click **Submit**.

ND QSP Enrollment – The re-review of your ND QSP application has been initiated
 notification will be sent confirming that an application has been submitted

COMPLETE ADMINISTRATIVE TASKS

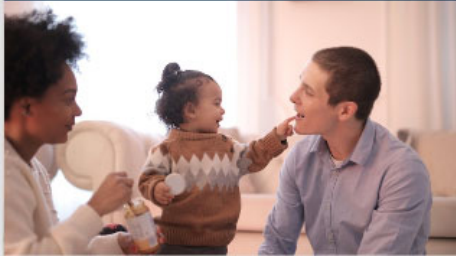
ADMINISTRATIVE TASKS OVERVIEW

In the ND QSP Enrollment Portal, QSPs will be able to complete the following administrative changes :

- Update provider information
- Update Service selections
- Convert provider type
- EVV/Claims submission/Direct deposit updates
- Update counties served

QSP Administrative Changes

Update Provider Information



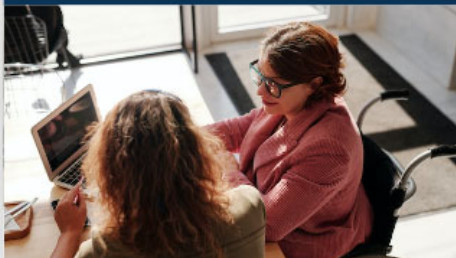
Update Service Selections



Convert Provider Type



EVV/Claim Submission/Direct Deposit Updates



Counties Served



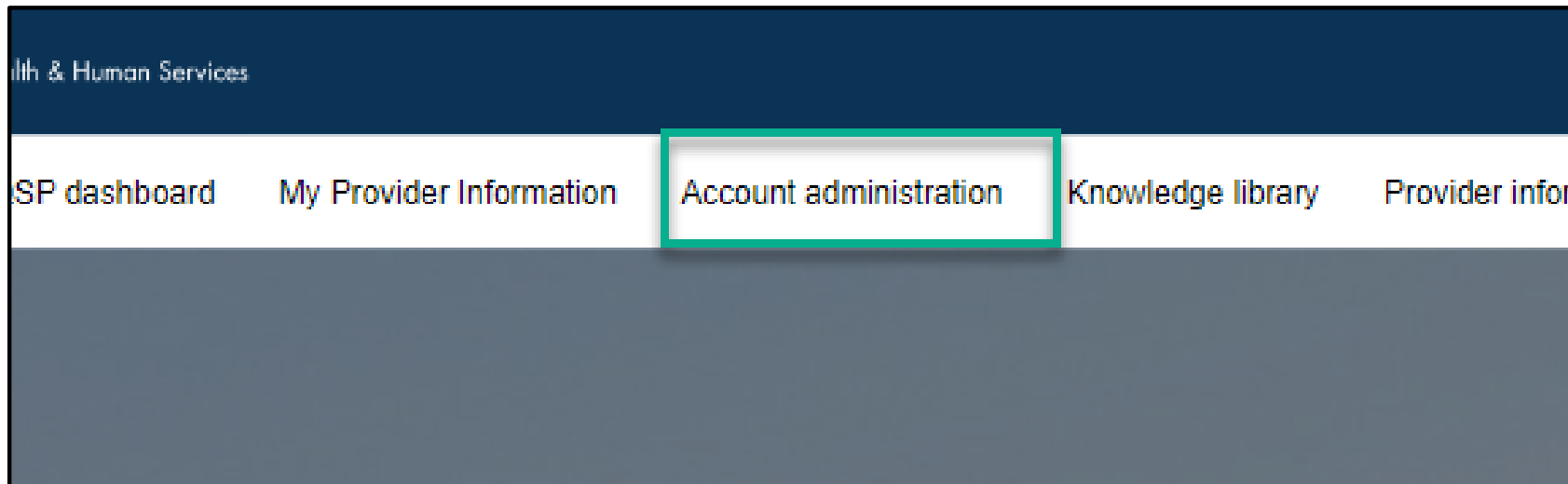
ENTER APPLICATION PORTAL

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

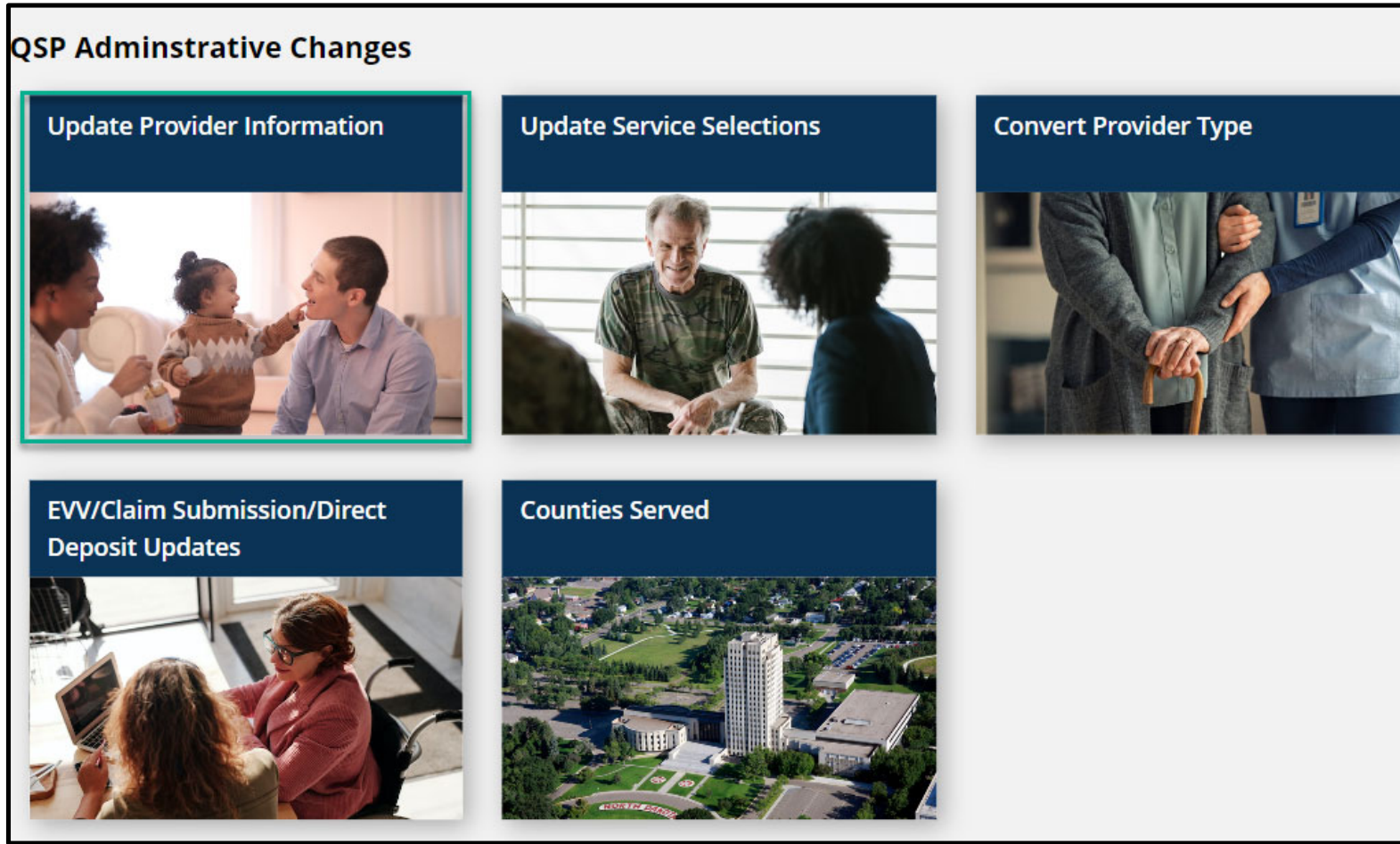
- After logging in, you will be redirected to the home page.
- Click the **Account administration** tab.



UPDATE PROVIDER INFORMATION

UPDATE PROVIDER INFORMATION

On the **QSP Administrative Changes** page that opens, click the **Update Provider Information** tile



UPDATE PROVIDER INFORMATION

The **Provider Information** page opens, with the following sections:

- Basic Information
- License/Documentation of Competency
- Endorsements

Review and validate your information is correct

BASIC INFORMATION ✎

My Personal Information

First name: Claims	Last name: FHC	Gender: M
Email: google@bing.com	Phone number: 6754326976	On public list: false

Physical Address

Street address line 1: 523 4TH AVE SE	Street address line 2: N/A	Street address city: JAMESTOWN
Street address county: Stutsman	Street address state: North Dakota	Street address zipcode: 58401-4222

Mailing Address

Mailing address line 1: 523 4TH AVE SE	Mailing address line 2: N/A	Mailing address city: JAMESTOWN
Mailing address county: Stutsman	Mailing address state: North Dakota	Mailing address zipcode: 58401-4222

Provider Information

Provider type: Family Home Care	NPI number: N/A	MMIS Provider number: N/A
---	---------------------------	-------------------------------------

LICENSES/DOCUMENTATION OF COMPETENCY ✎

License Type	Licensing Agency	License Number	Expiration Date
No records			

Showing 0 to 0 of 0 results

ENDORSEMENTS

Endorsement
Exercise/Maintenance

The list of endorsements is set based on your competencies and can only be adjusted by enrollment staff.

Showing 1 to 1 of 1 results

UPDATE BASIC INFORMATION: LEGAL NAME CHANGE

UPDATE BASIC INFORMATION – CHANGE LEGAL NAME

In the **Basic Information** section, click the **Edit** icon

BASIC INFORMATION

My Personal Information

First name: EVW	Last name: IND 1	Gender: M
Email: google@bing.com	Phone number: 8152458588	On public list: true

In the window that opens, click on **Change Legal Name**

What information do you wish to edit?

If you wish to edit the information in the 'My Personal Information' section, please use 'Change Legal Name'. To edit contact and other information please use 'Change Provider Information'.

[Change Legal Name ->](#)
[Change Provider Information ->](#)

NOTE: In order to change your legal name, you will be required to submit one of the following documents for proof of your legal name change:

1. An updated Social Security Card
2. A passport reflecting your new name
3. Court ordered document

UPDATE BASIC INFORMATION – CHANGE LEGAL NAME

On the **Change legal name** page that opens, enter your new legal first and last name in the **New Legal Name** section.

Click the **Add Document** button to upload proof of your legal name change

Click the **Review your W-9** button to update your name on the W-9 document

In the **Review your W-9** window that opens, review your information and click the **Accept and submit** button

If there are any changes that need to be made, click the **Cancel** button

COMPLETE PROVIDER INFORMATION – CHANGE LEGAL NAME

Review completed information and submit your request.

- Once complete, click the **Submit** button.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Cancel** button to cancel your request

Change Legal Name
Request 0091146

Change Legal Name

Change legal name

Please note that additional documents will be required for your request

Prior Legal Name

First name*	MI	Last name*	Suffix
EVV	IND 1	-Select-	-Select-

New Legal Name

First name*	MI	Last name*	Suffix
Test		EVV	-Select-

In order to change your legal name within the QSP Portal, you will need to provide proof of the legal name change such as a copy of your new Social Security Card, a passport reflecting your new name, or a court ordered document.

Add Document

4.jpg

W-9 Request for Taxpayer Identification Number and Certification

We have prepopulated your W-9 using answers from your initial application and your updated name change request. Please review your form and if you need to make any changes, update the applicable fields in your application before accepting your W-9.

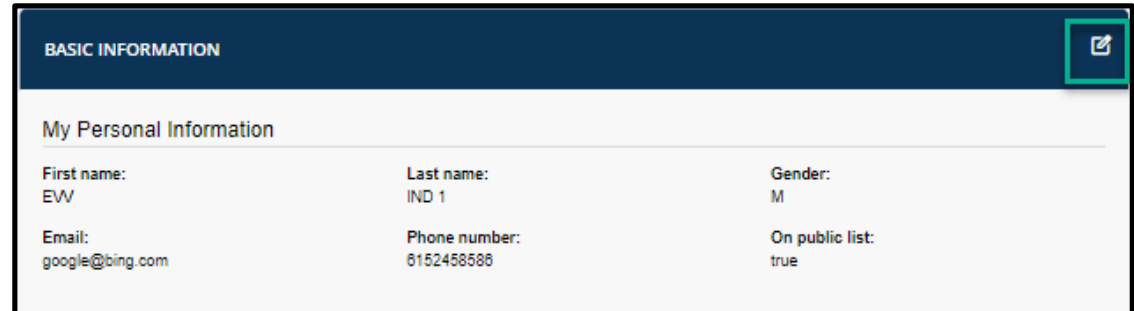
Review your W-9

Cancel Save Submit

UPDATE BASIC INFORMATION: CHANGE PROVIDER INFORMATION

UPDATE BASIC INFORMATION – CHANGE PROVIDER INFORMATION

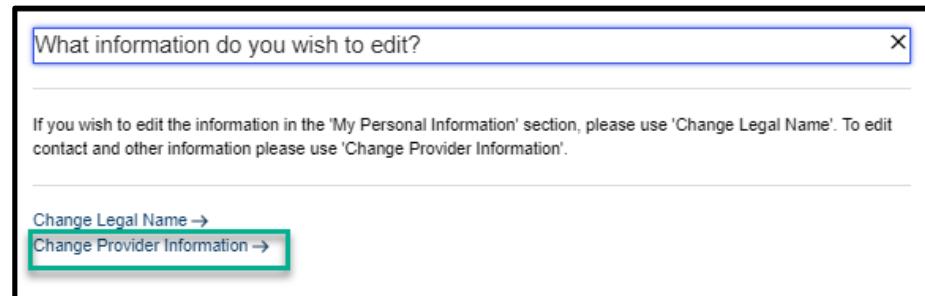
In the **Basic Information** section, click the **Edit** icon



The screenshot shows a dark blue header with the text "BASIC INFORMATION" and a small white edit icon in the top right corner. Below the header is a section titled "My Personal Information" containing a table of personal details.

First name: EVW	Last name: IND 1	Gender: M
Email: google@bing.com	Phone number: 8152458588	On public list: true

In the window that opens, click on **Change Provider Information**



The screenshot shows a dialog box titled "What information do you wish to edit?". It contains a text area with instructions: "If you wish to edit the information in the 'My Personal Information' section, please use 'Change Legal Name'. To edit contact and other information please use 'Change Provider Information'." Below the text are two buttons: "Change Legal Name →" and "Change Provider Information →". The "Change Provider Information →" button is highlighted with a red box.

UPDATE BASIC INFORMATION – CHANGE PROVIDER INFORMATION

On the **Change contact information** page that opens, in the **Contact information** section, you can update the following:

- Telephone number
- Email address
- Gender
- Selection on to be listed on ND’s list of available QSPs

In the **Address information** section, you can update the following:

- Physical address
- Mailing address

COMPLETE PROVIDER INFORMATION – CHANGE PROVIDER INFORMATION

Review completed information and submit your request.

- Once complete, click the **Submit** button.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Cancel** button to cancel your request

Change Provider Information
Request 0051147

Change contact information

Contact information

Please use your legal name as shown on your tax return when entering your name.

Telephone number* 6152458588 Email address* google@bing.com Gender* Male Female

Do you want to be on the North Dakota list of available qualified service providers?
This list provides individuals looking for care a list of providers and agencies who are enrolled as OSPs with the state of North Dakota.

Yes No

Address information

Physical address:
523 4TH AVE SE
JAMESTOWN, North Dakota 58401-4222 [Edit address](#)

Is your mailing address different from your physical address?*

Yes No

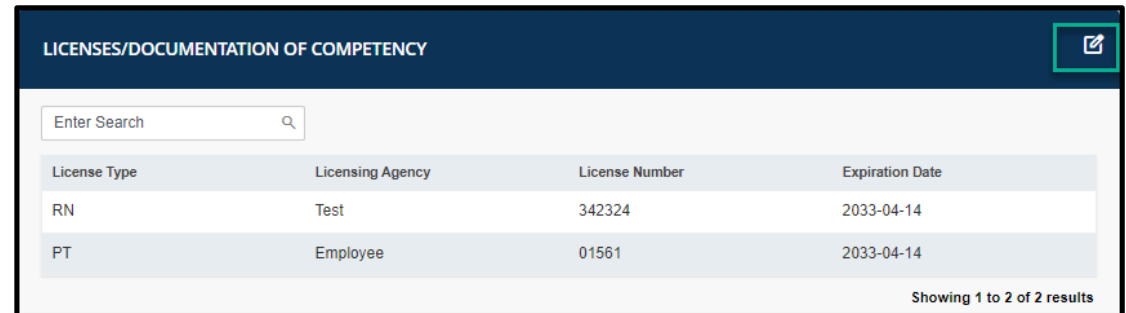
Mailing address
This is where you'll receive paper checks, bulletins, manuals, etc. Your mailing address can be a PO Box.

Cancel Save Submit

UPDATE LICENSES/DOCUMENTATION OF COMPETENCY

UPDATE LICENSES/DOCUMENTATION OF COMPETENCY

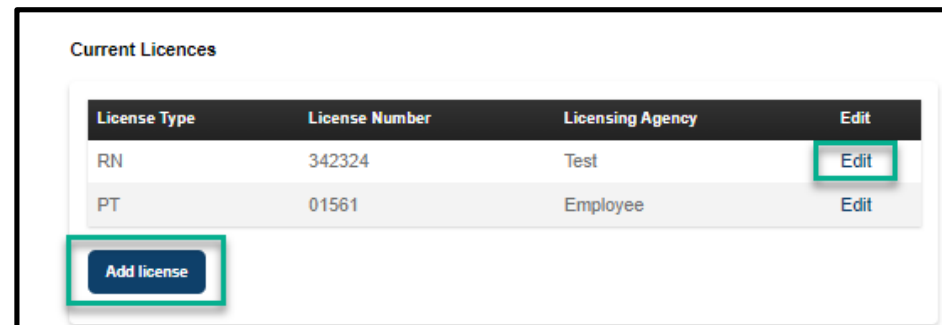
In the **Update Licenses/Documentation of Competency** click the **Edit** icon



License Type	Licensing Agency	License Number	Expiration Date
RN	Test	342324	2033-04-14
PT	Employee	01561	2033-04-14

Showing 1 to 2 of 2 results

- In the Update Licenses page that opens,
- Update your current license information in the **Current Licences** table by clicking **Edit**
 - Add new License information by clicking the **Add License** button

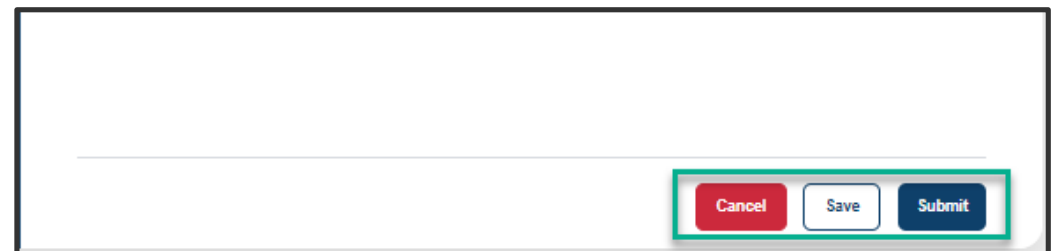


License Type	License Number	Licensing Agency	Edit
RN	342324	Test	Edit
PT	01561	Employee	Edit

Add license

Review completed information and submit your request.

- Once complete, click the **Submit** button.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Cancel** button to cancel your request



Cancel Save Submit

UPDATE SERVICE SELECTIONS

UPDATE SERVICES SELECTION

On the **QSP Administrative Changes** page, click the **Update Services Selection** tile

QSP Administrative Changes


The image shows a grid of five tiles under the heading "QSP Administrative Changes". Each tile has a dark blue header with white text and a corresponding image below. The tiles are: "Update Provider Information" (family with child), "Update Service Selections" (elderly man with caregiver, highlighted with a green border), "Convert Provider Type" (nurse with elderly person), "EVV/Claim Submission/Direct Deposit Updates" (two women at a laptop), and "Counties Served" (aerial view of a university campus).

- Update Provider Information**
- Update Service Selections**
- Convert Provider Type**
- EVV/Claim Submission/Direct Deposit Updates**
- Counties Served**

UPDATE SERVICES SELECTION

The **Services** page opens.

In the **Services** table, review the services you are currently enrolled in.

SERVICES 		
<input type="text" value="Enter Search"/> 		
Service	Service Status	
Adult foster care	Active since 04/05/2024	Unenroll
Extended Personal Care - Nurse	Active since 04/05/2024	Unenroll
Extended Personal Care	Active since 04/05/2024	Unenroll
Respite care	Active since 04/05/2024	Unenroll

Showing 1 to 4 of 4 results

UPDATE SERVICES SELECTION- UNENROLL FROM A SERVICE

In the **Services** table, next to the service you want to unenroll from, click the **Unenroll** button

NOTE: If you remove a service that you have a current authorization for, the payment will also stop for the removed service

In the confirmation window that opens, confirm that you want to unenroll from the service by clicking the **Yes, Cancel** button

If you decide to cancel the unenrollment, click the **No, go back** button

SERVICES		
Enter Search <input type="text"/>		
Service	Service Status	
Personal Care Service - MSP	Active since 04/05/2024	Unenroll
Supervision	Active since 04/05/2024	Unenroll

✕ Unenroll from Service

Are you sure you want to unenroll Supervision?

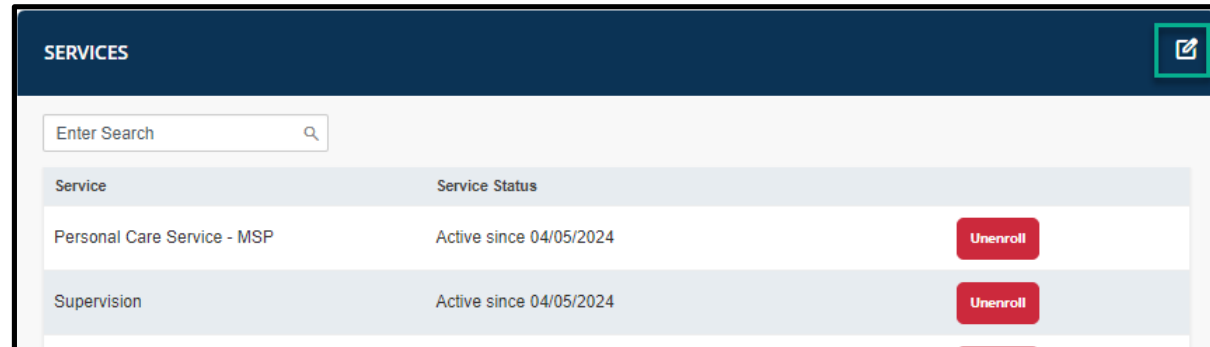
Only unenroll a service if you do not have any active authorizations for this service.

If you remove a service and you do have a current authorization for the service, payment will also stop for the removed service.

No, go back **Yes, cancel**

UPDATE SERVICES SELECTION- ADD A NEW SERVICE

Click the **Edit** icon on the **Services** table.



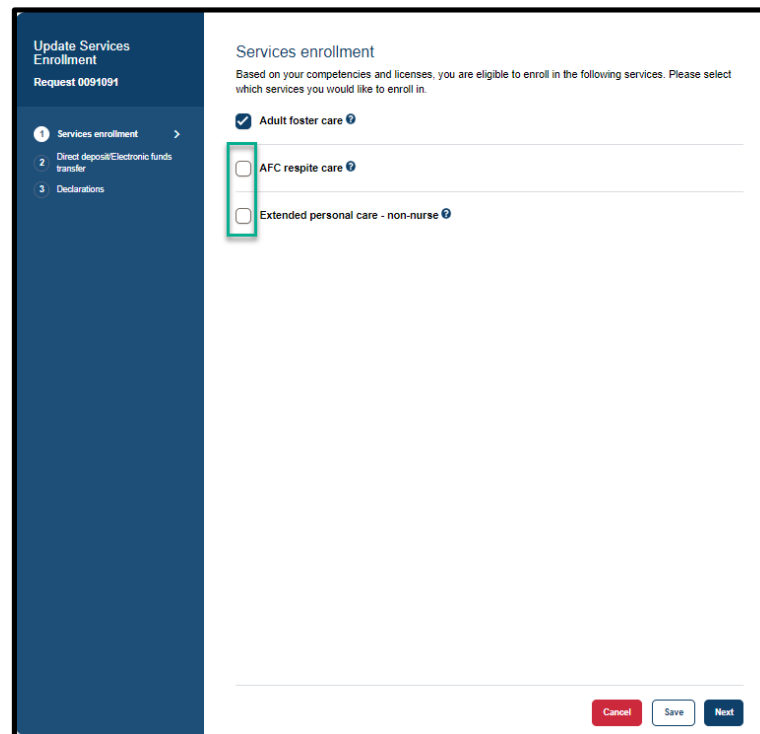
in the **Update Services Enrollment** application that opens, click the checkbox next to the available service you wish to enroll in.

Complete the necessary requirements to enroll in the service.

Click the **Next** button to complete the following actions:

- Claims submission/Direct deposit/Electronic funds transfer
- Declarations

Upon completion of the actions above, click the **Submit** button to submit your request

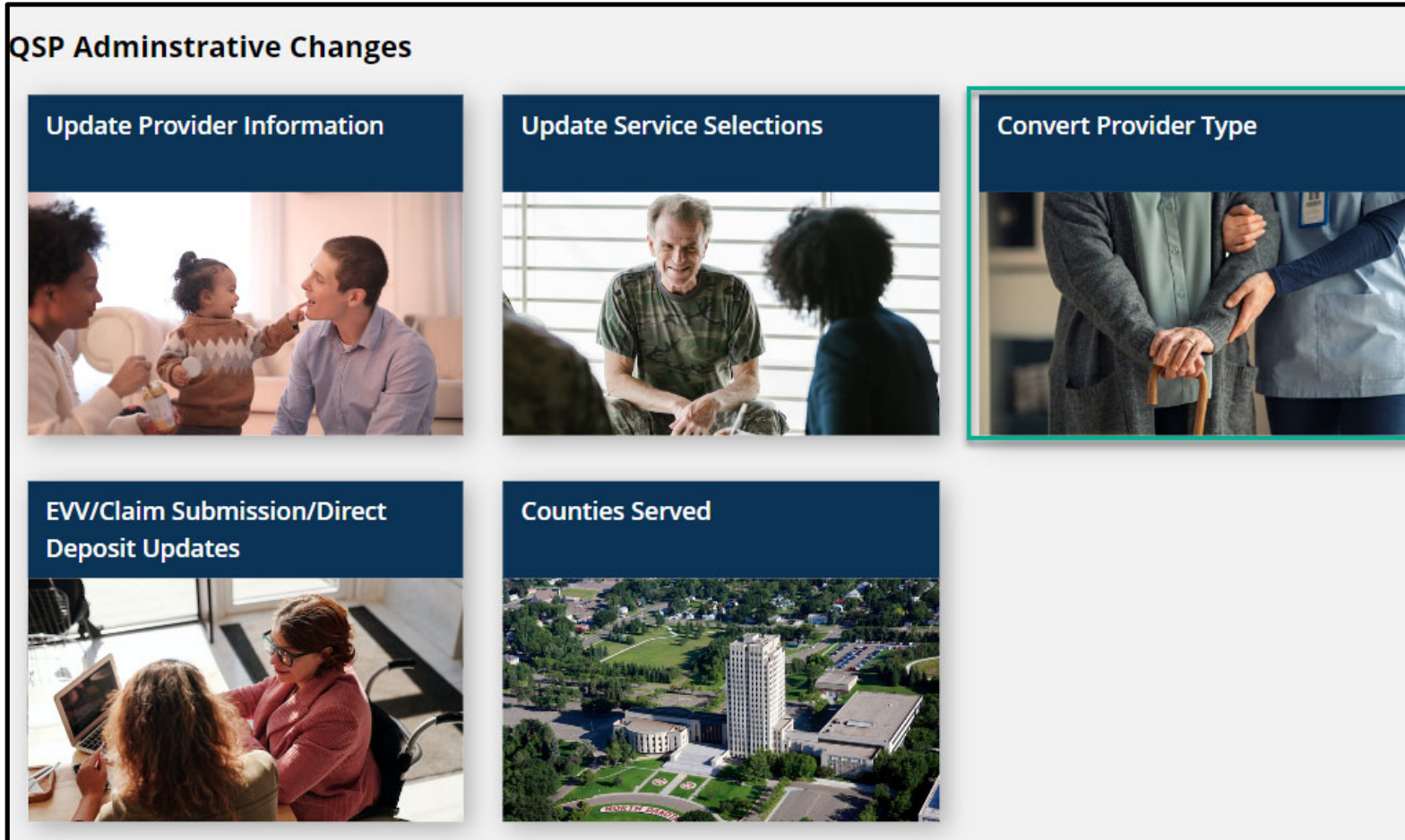


CONVERT PROVIDER TYPE

CONVERT PROVIDER TYPE

On the **QSP Administrative Changes** page, click the **Convert Provider Type** tile

NOTE: As an enrolled AFC QSP, you can either add or change to enroll as an Individual provider or close your enrollment and convert to enroll as an Agency provider in the portal. To enroll as either a **FHC, FPC or AFHA** provider, please call **(701) 777-3432 to start your application.**



CONVERT PROVIDER TYPE: CLOSE ENROLLMENT & CONVERT TO INDIVIDUAL OR AGENCY QSP

In the **Convert Provider Type** window that opens, if you would like to close your current enrollment and enroll as either an Individual QSP or Agency,

- Select **Close current enrollment and open new enrollment**.
- Select **Agency** or **Individual** in response to the question **What type of provider would you like your new enrollment to be?**
- Click the **Submit button** to continue with either an **Agency** or **Individual** enrollment application

NOTE: Additional requirements:

Individual QSPs:

- License/Documentation of Competency
- Individual NPI number

Agency QSPs:

- License/Documentation of Competency for each employee
- Agency ownership information and documentation
- Agency NPI number..

Convert Provider Type

i If you are an individual or agency looking to provide adult foster care, or an individual looking to provide family home care or family personal care, please call (701) 777-3432 to start your application.

What would you like to do?*

Close current enrollment and open new enrollment

Maintain current enrollment and open new enrollment

What type of provider would you like your new enrollment to be?*

Agency

Individual

Cancel Submit

CONVERT PROVIDER TYPE: MAINTAIN ENROLLMENT & ADD INDIVIDUAL QSP

In the **Convert Provider Type** window that opens, if you would like to keep your current enrollment and enroll as either an Individual QSP,

- Select **Maintain current enrollment and open new enrollment**
- Click the **Submit button** to continue with an **Individual** enrollment application

NOTE: Additional requirements:
Individual QSPs:

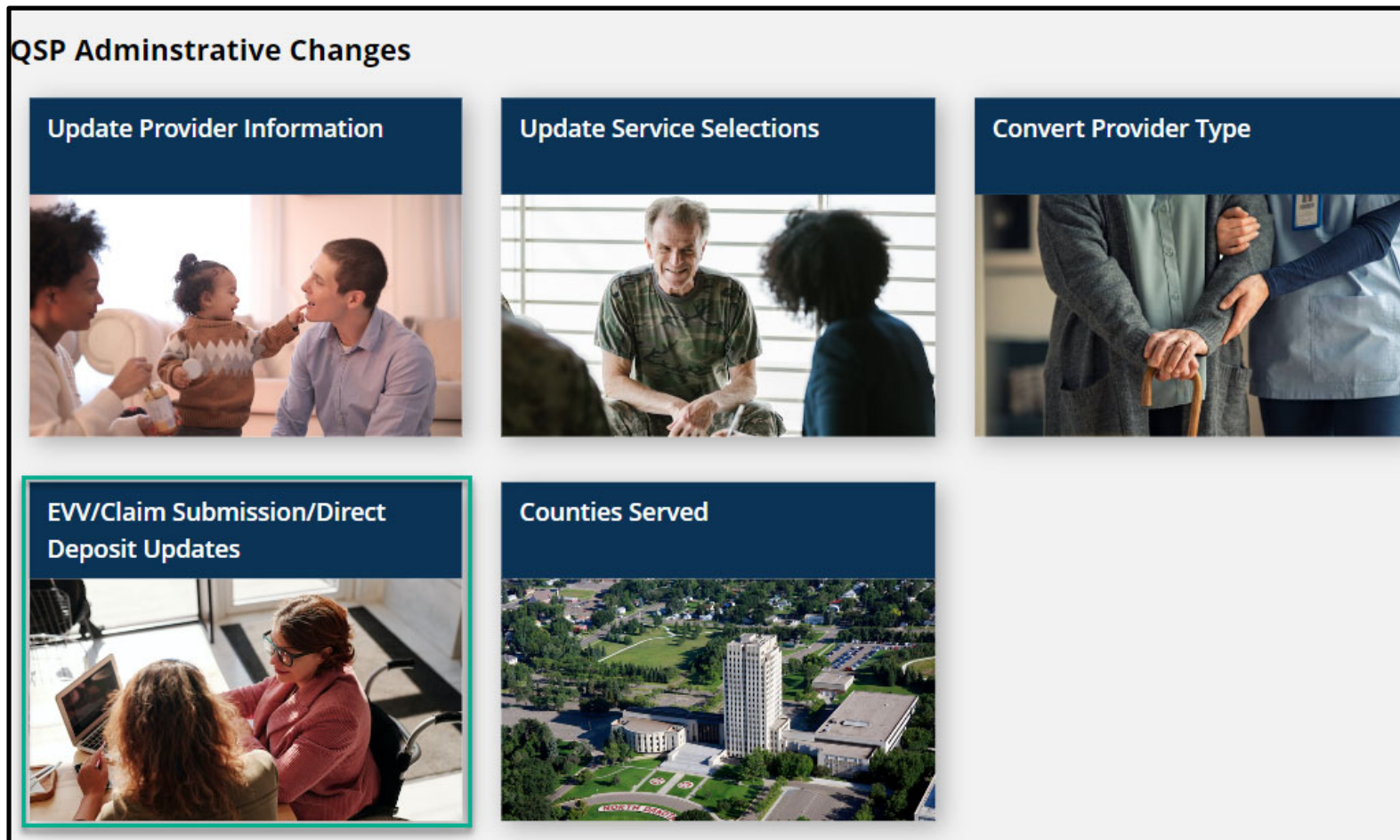
- License/Documentation of Competency
- Individual NPI number

The screenshot shows a web form titled "Convert Provider Type". At the top, there is a header with a checkmark icon and the text "Convert Provider Type". Below this is a light blue information box containing an information icon and the text: "If you are an individual or agency looking to provide adult foster care, or an individual looking to provide family home care or family personal care, please call (701) 777-3432 to start your application." Below the information box is the question "What would you like to do?*" followed by two radio button options. The first option is "Close current enrollment and open new enrollment" with an unselected radio button. The second option is "Maintain current enrollment and open new enrollment" with a selected radio button. This second option is highlighted with a red rectangular border. Below the radio buttons is the instruction "Please click submit to open an Individual enrollment." At the bottom right of the form are two buttons: "Cancel" and "Submit". The "Submit" button is highlighted with a red rectangular border.

UPDATE CLAIMS SUBMISSION/DIRECT DEPOSIT INFORMATION

UPDATE CLAIMS SUBMISSION/DIRECT DEPOSIT INFORMATION

On the **QSP Administrative Changes** page, click the **EVV/Claims Submission/Direct Deposit Information** tile



UPDATE CLAIMS SUBMISSION/DIRECT DEPOSIT INFORMATION



In the **Direct deposit/electronic funds transfer section**, click the **Edit** icon

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER		
Direct Deposit Information		
Bank Name: Bank of USA	Telephone number: 4807771456	Account holder's name: Joe
Account type: Savings	Account number: 1679145882	Routing number: 123456789
Address Line 1: 1919 N Lynn St	Address Line 2: STE 500	
City: Arlington	State: Virginia	Zip Code: 22209

On the **Direct deposit/Electronic funds transfer** page that opens, in the **Financial institution information** section, you can update banking information.

Direct deposit/Electronic funds transfer

This information is required for payment. You will also need to upload a voided check or documentation to verify your account from your financial institution. Direct deposit/Electronic funds transfer can take up to two months to go into effect. Paper checks will be mailed to your mailing address.

Financial institution information

Name of financial institution (Bank/Credit Union)*

Telephone number*

In the **Claims submission** section, update the claims submission system

Claims submission

How do you want to submit your claims to the Department of Health and Human Services for payment?*

Medicaid Management Information System Portal (MMIS)

Paper

Click the **Submit** button

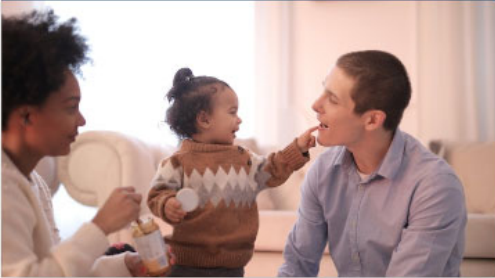
UPDATE COUNTIES SERVED

UPDATE COUNTIES SERVED


On the **QSP Administrative Changes** page, click the **Counties Served** tile

QSP Administrative Changes


Update Provider Information



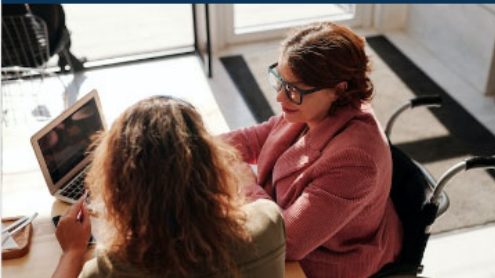
Update Service Selections




Convert Provider Type



EW/Claim Submission/Direct Deposit Updates

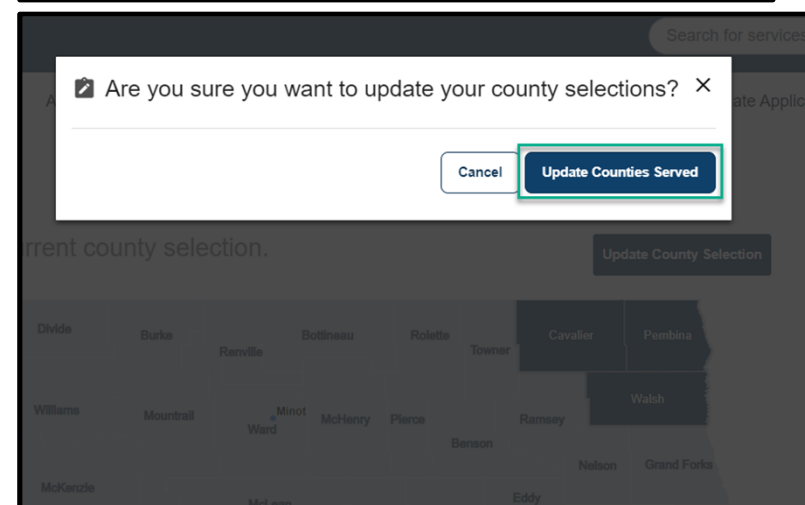
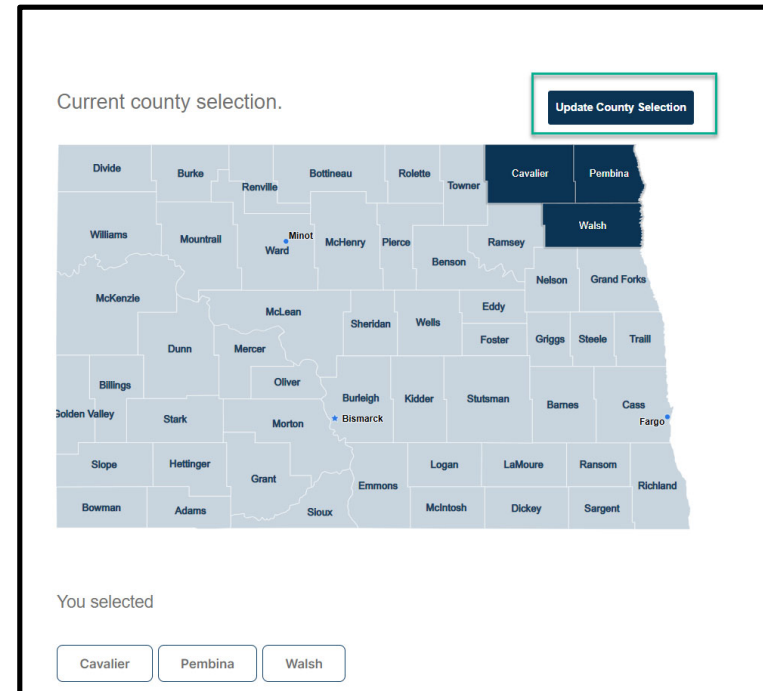


Counties Served



UPDATE COUNTIES SERVED

- The **Counties served** page opens.
- On the map you can see the counties you are currently enrolled to provide services in. To modify the selected counties simply click on new counties to add and click again on selected counties to remove them.
- When you are satisfied with your updates click the **Update County Selection** button
- On the resulting pop-up message click the **Update Counties Served** button to confirm your updates



ND QSP SUPPORT INFORMATION

RESOURCES

North Dakota QSP HUB

Applicant resources are available to you at [ND QSP Hub](#)

Direct Support

*For questions on system navigation or setting user preferences, contact the
Call center at (701) 777-3432 or info@ndqsphub.org*