

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)

Agency QSP - Front End User Guide

September 16, 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 Agency QSP end-users (e.g., Applicants, Case Management staff, Enrollment Staff etc.,).

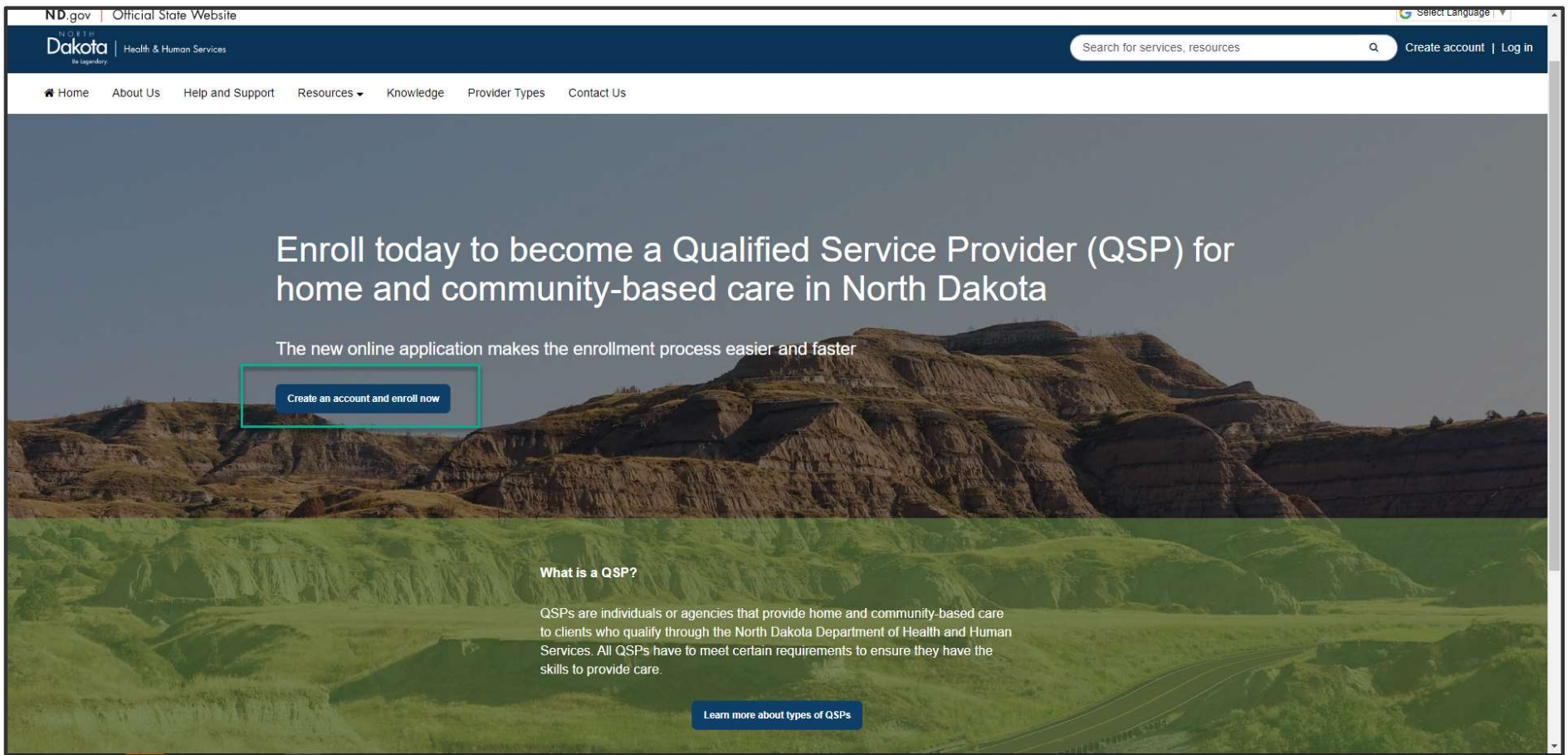
FIRST TIME LOGIN (APPLICANT)

FIRST TIME LOGIN

ND QSP Portal URL:

hhs.nd.gov/QSP

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

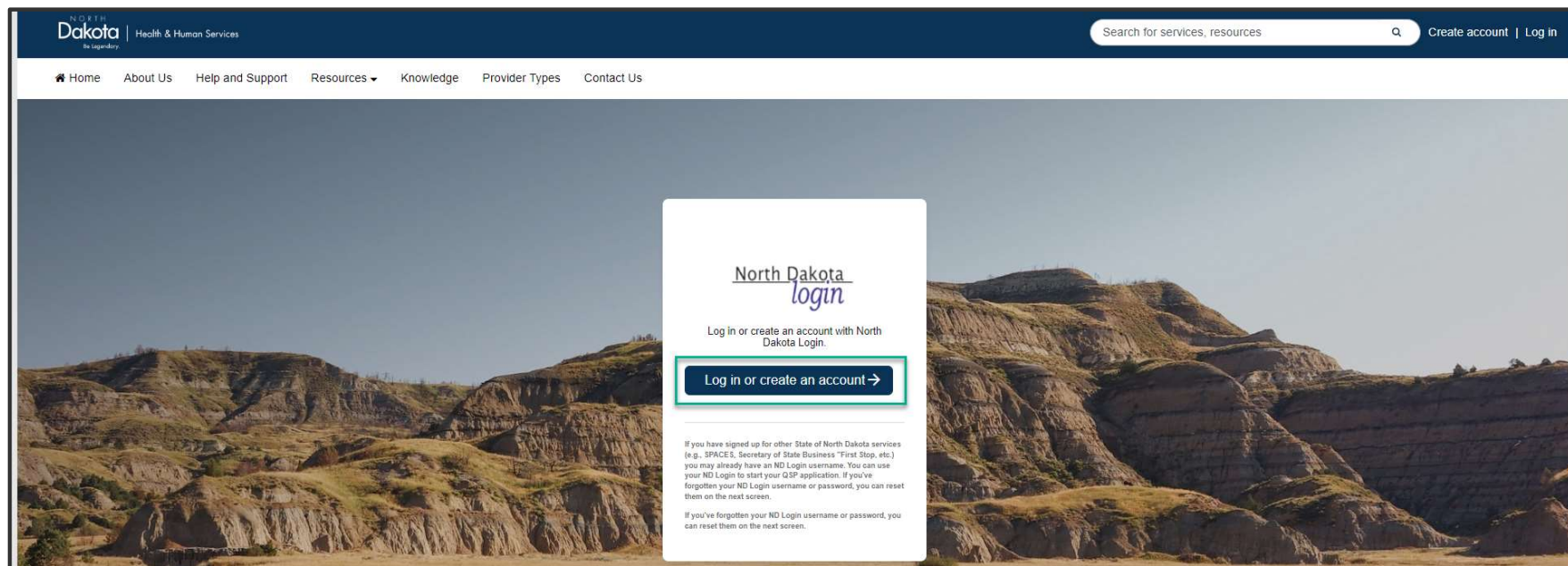


FIRST TIME LOGIN

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:

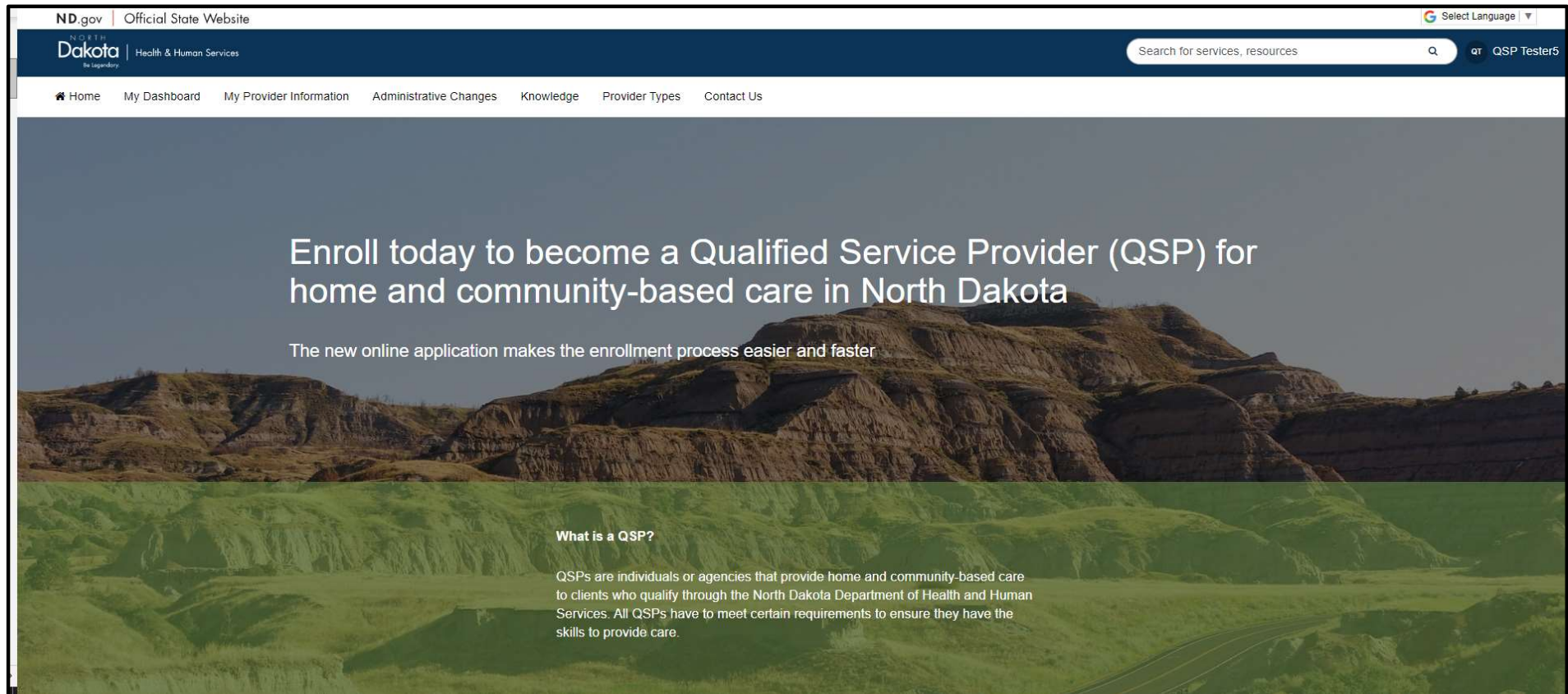
- Your **User ID**
- Your **Password**
- Click **Sign In**

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 AGENCY QSP APPLICATION

AGENCY QSP APPLICATION OVERVIEW

Agency QSPs are providers approved by the state of North Dakota to provide the following Home and Community based services:

- Basic provider Specialties
 - Personal care
 - Homemaker
 - Non-medical transport – escort
- Cognitive global endorsement services:
 - Supervision
 - Companionship
 - Respite care
- Adult Day care (ADC)
- Adult Residential Care (ARC)
- Case Management
- Chore Services:
 - Lawn care
 - Labor
 - Snow removal
 - Pest Extermination/cleaning and restoration
 - Job
- Community supports
- Emergency Response Systems (ERS)
 - ERS Monthly service fee
 - ERS Monthly service fee - Cell Phone
 - ERS Monthly service fee - Mobile
 - ERS Monthly service fee - GPS
 - ERS Install
 - ERS Install - Cell Phone
 - ERS Install - Mobile
 - ERS Install - GPS

AGENCY QSP APPLICATION OVERVIEW

Agency QSPs are providers approved by the state of North Dakota to provide the following Home and Community based services:

- Environmental Modification
- Extended personal care – nurse
- Extended personal care – non-nurse
- Family Caregiver
 - Institutional respite care
 - Respite care
- Home delivered meals
- Institutional respite care
- Non-medical transportation
 - Non-medical transportation (Local-
OOT Driver)
- Non-emergency medical transportation –
commercial services
- Nurse Education
- Personal care – assisted living (PC-AL)
- Residential habilitation
- Respite in an adult foster care
- Specialized equipment & supplies
- Supported employment
- Transition coordination
 - One-time Transition Costs
- Transitional living

AGENCY QSP 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 government issued identification for all employees, including Qualified Service Providers (QSPs)
2. 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)
3. Copy of government issued identification for employees with ownership or controlling interest in your agency (e.g., driver license, tribal ID, etc.)
4. National Provider Identifier (NPI) Number
5. Agency organizational chart
6. Job descriptions for employees with ownership or controlling interest in your agency
7. Private pay service fee schedule
8. Copy of verification of workforce safety and insurance coverage

AGENCY QSP APPLICATION REQUIREMENTS

Documents/Forms (continued):

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

9. Copy of verification of unemployment insurance coverage
10. Copy of verification of Registration with ND Secretary of State office
11. SFN 749 – Documentation of Competency OR copy of license/certification OR copy of Developmentally Disabled (DD) licensed provider enrollment with Medicaid
12. Employer Identification Number (EIN)

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](#).

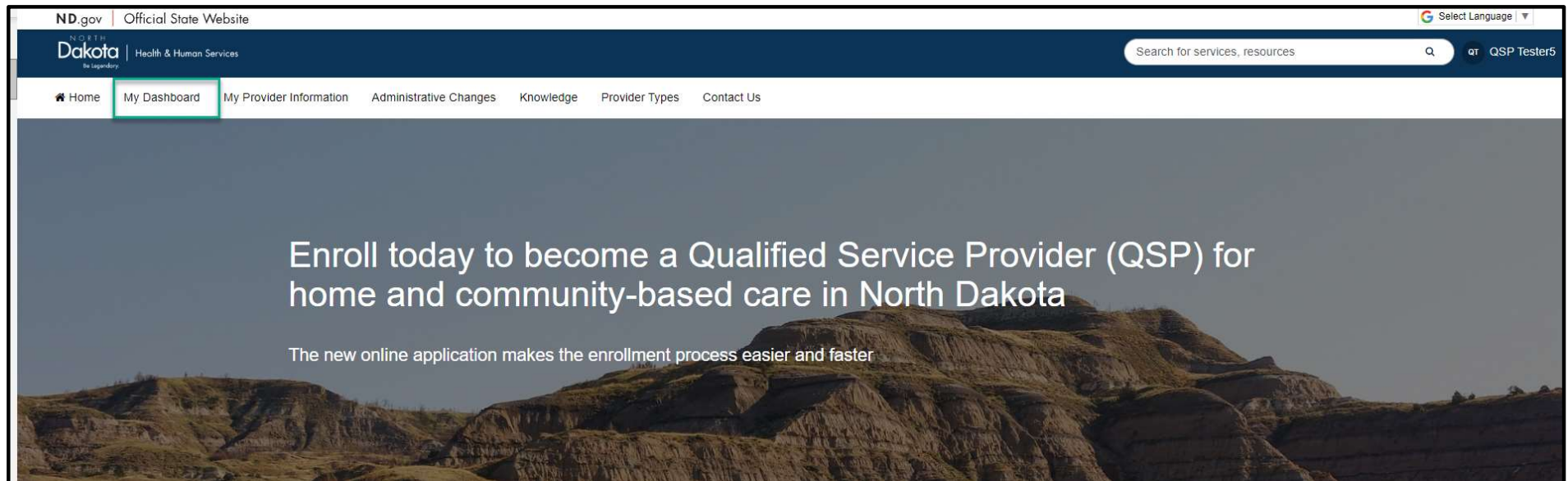
ENTER APPLICATION PORTAL

ND QSP Portal URL:

hhs.nd.gov/QSP

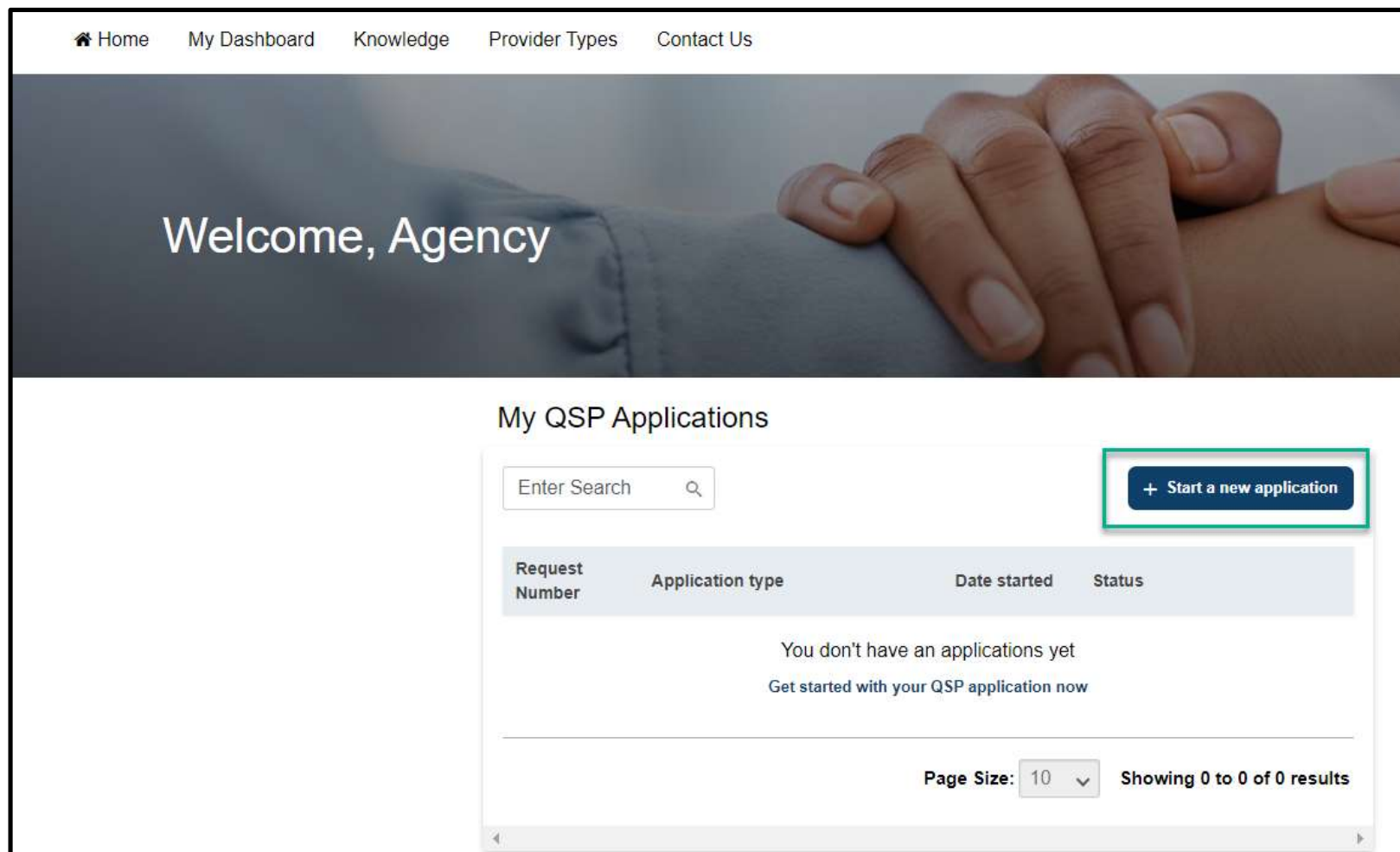
Enter the Application Portal.

- 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 **Start a new application** button in the **My QSP Applications** section



COMPLETE APPLICATION

In the **Start a new application** window that opens, in response to the question **What type of provider are you?**, select **Agency provider** .

Click the **Start application** button.

The screenshot shows a window titled "Start a new application" with a close button (X) in the top right corner. The main heading is "What type of provider are you?". There are two radio button options:

- Individual Provider
A self-employed individual that has met all the standards and requirements to become a QSP.
- Agency provider
An agency with two or more employees that have the necessary skills to provide home and/or community-based care.

At the bottom, there are two buttons: "Cancel" and "Start application". The "Start application" button is highlighted with a red border. Below the buttons, there is a note: "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."

COMPLETE APPLICATION

Step 1: On the **Agency 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.

Agency QSP Enrollment
Request 0091922

Agency application requirements

1 Agency application requirements >

2 Agency information

3 Contact information

4 Agency owners/managing employees

5 Employees

6 Languages

7 Services enrollment

8 Additional assurances

9 Rate selection

10 Counties served

11 Electronic Visit Verification/Claims submission

12 Direct deposit/Electronic funds transfer

13 Required documents

14 Declarations

Agency application requirements

1 This application is for agencies who are looking to provide care to members that are enrolled with Health and Human Services (HHS).

If you are an individual looking to provide care, please return to your dashboard to cancel this application and start an individual application.

QSP agency names cannot include the following terms: "home health agency" or "home health services" per ND Administrative Code 33-03-10.1-03 "group home" per ND Administrative Code 75-04-01-01(14).

Documents/Forms

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

- Copy of government issued identification for all employees, including Qualified Service Providers (QSPs)
- 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 for employees with ownership or controlling interest in your agency (e.g., driver license, tribal ID, etc.)
- National Provider Identifier (NPI) Number
- Agency organizational chart
- Job descriptions for employees with ownership or controlling interest in your agency
- Private pay service fee schedule
- Copy of verification of workforce safety and insurance coverage
- Copy of verification of unemployment insurance coverage
- Copy of verification of Registration with ND Secretary of State office
- SFN 749 – Documentation of Competency OR copy of license/certification
- Employer Identification Number (EIN)

Trainings

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

- Fraud, Waste and Abuse (FWA) Training certificate of completion for your employees and the trainer. If FWA training was completed more than six (6) months ago, a new training must be completed.
- QSP Orientation Training

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

Save Next

COMPLETE AGENCY 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

Agency 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?*

European French ▼

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*

Send request

COMPLETE AGENCY INFORMATION


Step 2b: Complete General information questions

In the General information section enter the following details:

1. Enter your Agency's name (enter the legal name as shown on your tax return when entering your agency name)
2. If you have a DBA (doing business as) agency name, select **Yes** in response to **Does your agency have a DBA (doing business as) agency name?**
 - Enter the **DBA name** in the text box provided
3. Enter the number of years or months in response to **How many years/months have you been doing business under this name?**
4. If you have ever used a different DBA name, select Yes in response to **Have you ever used a different DBA?**
 - Enter the **Previous DBA name** in the text box provided
5. If the application is due to a change of ownership, select Yes in response to **Is this application due to a change of ownership (CHOW)?**
 - Enter the **Previous owner's provider number** in the text box provided

General information

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

Agency name* 

Does your agency have a DBA (doing business as) agency name?*

Yes
 No

How many years/months have you been doing business under this name?*

Years or months*

Years
 Months

Have you ever used a different DBA?*

Yes
 No

Is this application due to a change of ownership (CHOW)?*

Yes
 No

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

Is your facility a DD Licensed Provider?*

Yes
 No

COMPLETE AGENCY INFORMATION

Step 2b: Complete General information questions

In the General information section enter the following details:

- 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.

- If your facility is a DD Licensed Provider, select **Yes** in response to **Is your facility a DD Licensed Provider?**
 - Click the **Upload license** button to upload a copy of your DD license

General information

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

Agency name* 

Does your agency have a DBA (doing business as) agency name?*

Yes

No

How many years/months have you been doing business under this name?*

Years or months*

Years

Months

Have you ever used a different DBA?*

Yes

No

Is this application due to a change of ownership (CHOW)?*

Yes

No

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

Is your facility a DD Licensed Provider?*

Yes

No

COMPLETE AGENCY INFORMATION

Step 2c: Complete Tax reporting information questions

In the Tax reporting information section enter the following details:

1. Select your agency's federal tax classification from the drop-down list
2. Enter your agency's **Employer Identification Number (EIN)** in the text box provided
3. Select the date you started using the EIN

Step 2d: Complete Current/Previous QSP provider information

In the Current/Previous QSP provider information section enter the following details:

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 you provider number, click the check box next to **I don't remember**

If you are not enrolled as a QSP for the state of North Dakota, select **No** in response to the question

2. Select **Yes** in response to the question **Do you have a National Provider Identifier (NPI) number?**
 - a) Enter your NPI Number in the text box provided

Step 2c

Tax reporting information

Tax classification ⏏

What is your federal tax classification?*

-Select-
⏏

Employer Identification Number (EIN)

Your EIN will be linked to your QSP provider number. All claims paid to your QSP provider number will be submitted as income under your EIN to the Internal Revenue Service (IRS). The EIN must be for the group whose information was given.

EIN ?

When did you start using this EIN?*

Select date

Step 2d

Current/Previous QSP provider information

Have you ever been or are you currently enrolled as a QSP for the state of North Dakota?* ?

Yes

No

Do you have a National Provider Identifier (NPI) number?* ?

Yes

No

To learn more about how to apply for an NPI number, watch this short video

COMPLETE AGENCY INFORMATION

Review completed **Agency Information** and move on to the **Contact information** 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 CONTACT INFORMATION

Step 3a: Complete Enrollment contact information questions

The enrollment contact person is the person we will contact if we have any questions about this application.

In the Enrollment contact person information section enter the following details:

1. First name
2. Middle initial
3. Last name
4. Job title
5. Email address
6. Telephone number
7. Extension number
8. Cell phone number
9. Fax number

Enrollment contact person information

The enrollment contact person is the person we will contact if we have any questions about this application.

First name*	Middle initial	Last name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job title*	Email address*	
<input type="text"/>	<input type="text"/>	
Telephone number*	Extension number	
<input type="text"/>	<input type="text"/>	
Cell phone number	Fax number	
<input type="text"/>	<input type="text"/>	

COMPLETE CONTACT INFORMATION

Step 3b: Complete Authorized representative contact information questions

The authorized contact person is the someone that can sign legal documents on behalf of the agency applying to become a QSP

In the Authorized representative contact information section enter the following details complete one of the following steps:

If the enrollment contact and the authorized representative is the same person, select **Yes** in response to **Is the enrollment contact person the same as your agency's authorized contact person?**

Enter the following:

- Social Security Number
- Date of birth

If the enrollment contact and the authorized representative are different, select **No** in response to **Is the enrollment contact person the same as your agency's authorized contact person?**

Enter the following:

- First name
- Middle initial
- Last name
- Social Security Number
- Date of birth
- Job title
- Email address
- Telephone number
- Extension number
- Cell phone number
- Fax number

Authorized representative contact information

Is the enrollment contact person the same as your agency's authorized contact person? ^{*} ⓘ

Yes

No

Social Security Number ^{*} ⓘ

Date of birth ^{*}

Authorized representative contact information

Is the enrollment contact person the same as your agency's authorized contact person? ^{*} ⓘ

Yes

No

First name ^{*} Middle initial Last name ^{*}

Social Security Number ^{*} ⓘ Date of birth ^{*}

Job title ^{*} Email address ^{*}

Telephone number ^{*} Extension number

Cell phone number Fax number

COMPLETE CONTACT INFORMATION

Step 3c: Complete Address information questions

In the Address information section enter the following details:

1. Service location address information (This is the primary location where you provide services. It cannot be a PO Box):
 - 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.

Select the **primary contact** at your service location from the drop-down list

- Select **Other** if the primary contact at this address is different from the previous contacts entered (enrollment or authorized contacts)

Address information

Service location address
This is the primary location where you provide services. It cannot be a PO Box.

Physical address*
523 4th Ave

Apartment/Building number
[Empty field]

City*
Jamestown

State*
North Dakota

ZIP code*
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

Who is the primary contact at your service location?*

Other

-Select-

Enrollment contact person

Authorized representative

Other

COMPLETE CONTACT INFORMATION

2. Mailing address information (This is where you'll receive bulletins, manuals, reports, updates, 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**.

Select the **primary contact** at your mailing address from the drop-down list

- Select **Other** if the primary contact at this address is different from the previous contacts entered (enrollment, authorized, or service location contacts)

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?**

COMPLETE CONTACT INFORMATION

3. Payment address information (This is where your checks will be mailed. Your payment address can be a PO Box.)

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

Enter the following information

- Payment 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**.

Select the **primary contact** at your payment address from the drop-down list

- Select **Other** if the primary contact at this address is different from the previous contacts entered (enrollment, authorized, service location or mailing location contacts)

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

COMPLETE CONTACT INFORMATION

Review completed **Contact Information** and move on to the **Agency owners/managing employees information** 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 AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4a: Complete Direct/Indirect agency ownership information

A direct/indirect owner is any person or entity with a 5% or more ownership of the agency.

In the Direct/Indirect agency ownership information section, complete the following steps:

1. Click the **Add owner** button

Agency QSP Enrollment
Request 0088069

- 1 Agency application requirements
- 2 Agency information
- 3 Contact information
- 4 Agency owners/managing employees**
- 5 Employees
- 6 Languages
- 7 Services enrollment
- 8 Rate selection
- 9 Counties served
- 10 Electronic Visit Verification/Claims submission
- 11 Direct deposit/Electronic funds transfer

Agency owners/managing employees information

Direct/Indirect agency ownership information

You will need to add all of your agency's direct/indirect owners. A direct/indirect owner is any person or entity with a 5% or more ownership of the agency.

For providers enrolled with Medicare and Medicaid, any discrepancies noted in 5% or more ownership will be reported to Medicare.

Please add your agency's direct/indirect owner information

Direct/Indirect owners

You haven't added any owners yet

Add owner

2. In the **Add owner** window that opens, select Individual or Company from the Owner type drop-down

Add owner

Owner information

Owner type*

-Select-
Individual
Company

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION



Add Individual owners

Complete the following steps to add Individual owners:

1. Enter the owner's **First name**
2. Enter the owner's **Middle initial**
3. Enter the **owner's Last name**
4. Click the **Add name** button to enter previous names used by the owner
5. Select the owner's **Date of birth**
6. Enter the owner's **Social Security Number**
7. Provide the owner's government issued identification
 - For owners with a driver license, select **Yes** in response to the question **Does this person have a current and valid driver license?**
 - Enter the owner's **driver license number**
 - Select the **State issued**
 - Select the **Expiration date**
 - Click the **Upload driver license** button
 - For owners without a driver license, select **No** in response to the question **Does this person have a current and valid driver license?**
 - Select the identification type from the drop-down list below the question **What other type of government-issued identification can you provide?**
 - Click the **Upload identification** button

Add owner [Close]

Steps 1-6

Owner information

Owner type*
Individual

First name*
[Text input]

Middle initial
[Text input]

Last name*
[Text input]

Please add all names used by this person in the last 7 years (e.g., maiden name, aliases, alternate spellings, etc.)

You haven't added any other names yet

Add name

Date of birth*
Select date

Social Security Number (no dashes or spaces)* ⓘ
[Text input]

Does this person have a current and valid driver license?*

Yes

No

Step 7

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add Individual owners

8. Enter the owner's **% Ownership**
9. Select the owner's **Effective date of ownership**
10. Enter the owner's **Physical Address information**
11. Click the **Validate address button**
12. Provide the owner's payment address information
 - If the owner's payment address is different from their physical address, select Yes in response to the question **Is this individual's/company's payment address different from their physical address?**
 - **Enter the owner's payment address information**
 - **Click the Validate address button**
 - If the owner's payment address is not different from their physical address, select No in response to the question **Is this individual's/company's payment address different from their physical address?**
13. Provide the owner's PO Box address
 - If the owner's PO Box address is different from their physical address, select Yes in response to the question Does the individual/company have a PO Box address that is different from their physical address?
 - **Enter the owner's PO Box address information**
 - **Click the Validate address button**
 - If the owner's PO Box address is not different from their physical address, select No in response to the question Does the individual/company have a PO Box address that is different from their physical address?
14. Click the **Save owner** button

Steps 8-11

% Ownership*

Effective date of ownership*

Address information

Physical address*

Apartment/Building number

City*

State*

ZIP code*

Validate address

Is this individual's/company's payment address different from their physical address?*

Yes

No

Steps 12-13

Does the individual/company have a PO Box address that is different from their physical address?*

Yes

No

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add Company owners

Complete the following steps to add Individual owners:

1. Enter the company's **Business name**
2. Provide the company's **DBA (Doing Business As) name**
 - If the company has a **DBA name**, select **Yes** in response to the question **Does the company have a DBA (doing business as) name?**
 - Enter the company's **DBA name** in the text box provided
 - If the company does not have a **DBA name**, select **No** in response to the question **Does the company have a DBA (doing business as) name?**
3. Provide the company's **Employer Identification Number (EIN)**
4. Provide the company's **% Ownership**
5. Select the company's **Effective date of ownership**

The screenshot shows a web form titled "Add owner" with a close button (X) in the top right corner. The form contains several input fields and a radio button selection:

- Owner information** section:
- Owner type***: A dropdown menu currently showing "Company".
- Business name***: A text input field.
- Does the company have a DBA (doing business as) name?***: A radio button selection with "Yes" selected and "No" unselected.
- DBA name***: A text input field.
- Employer Identification Number (EIN)***: A text input field.
- % Ownership***: A text input field.
- Effective date of ownership***: A date selection field with the text "Select date".

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add Company owners

6. Enter the company's **Physical Address** information
7. Click the **Validate address** button
8. Provide the owner's payment address information
 - If the owner's payment address is different from their physical address, select Yes in response to the question **Is this individual's/company's payment address different from their physical address?**
 - **Enter the owner's payment address information**
 - **Click the Validate address button**
 - If the owner's payment address is not different from their physical address, select No in response to the question **Is this individual's/company's payment address different from their physical address?**
9. Provide the owner's PO Box address
 - If the owner's PO Box address is different from their physical address, select Yes in response to the question Does the individual/company have a PO Box address that is different from their physical address?
 - **Enter the owner's PO Box address information**
 - **Click the Validate address button**
 - If the owner's PO Box address is not different from their physical address, select No in response to the question Does the individual/company have a PO Box address that is different from their physical address?
10. Click the **Save owner** button

Address information **Steps 6-7**

Physical address*

Apartment/Building number

City*

State*

-Select-

ZIP code*

Validate address

Is this individual's/company's payment address different from their physical address?*

Yes

No

Does the individual/company have a PO Box address that is different from their physical address?*

Yes

No

Steps 8-9

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

To add additional owners, click the **Add owner** button

If there are 2 or more individuals with ownership, confirm if the individuals are related to each other

- If there are individual owners with a relationship, select **Yes** in response to the question **Are any of the individuals with an ownership or controlling interest in the provider's company related to one another as a spouse, parent, child, sibling, or household member?**
 - Search for the individual in the search bar under the question **Who is this for?**
 - Select the relationship from the **Relationship** drop-down list
- If there are no individual owners with a relationship, select **No** in response to the question **Are any of the individuals with an ownership or controlling interest in the provider's company related to one another as a spouse, parent, child, sibling, or household member?**

Address information **Steps 6-7**

Physical address*

Apartment/Building number

City*

State*

-Select- ▾

ZIP code*

Validate address

Is this individual's/company's payment address different from their physical address?*

Yes

No

Does the individual/company have a PO Box address that is different from their physical address?*

Yes

No

Steps 8-9

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4b: Complete Managing employees/control interest information

A managing employee/individual with control interest is any one of the following:

- Managing employees (CFE, CIO, CEO, office manager, PIC, DON, etc.)
- Board of directors (board members are required for corporate entities only)
- Trustee members
- Personnel authorized to sign on behalf of the organization
- Individuals who have signed any legal documents for this application

In the Managing employees/control interest information section, complete the following steps:
 Click the **Add managing employees/individual with controlling interest** button

Managing employees/control interest information

You will need to add all of your agency's managing employees and individuals with control interest. A managing employee/individual with control interest is any one of the following:

- Managing employees (CFE, CIO, CEO, office manager, PIC, DON, etc.)
- Board of directors (board members are required for corporate entities only)
- Trustee members
- Personnel authorized to sign on behalf of the organization
- Individuals who have signed any legal documents for this application

Please add your agency's managing employees and individuals with control interest

You haven't added anyone yet

Add managing employee/individual with control interest

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add managing employees/individual with controlling interest

In the **Add managing employee/individual with control interest** window that opens:

1. Enter the individual's **First name**
2. Enter the individual's **Middle initial**
3. Enter the individual's **Last name**
4. Click the **Add name** button to enter previous names used by the individual
5. Select the individual's **Date of birth**
6. Enter the individual's **Social Security Number**
7. Provide the individual's government issued identification
 - For individuals with a driver license, select **Yes** in response to the question **Does this person have a current and valid driver license?**
 - Enter the individual's **driver license number**
 - Select the **State issued**
 - Select the **Expiration date**
 - Click the **Upload driver license** button
 - For individuals without a driver license, select **No** in response to the question **Does this person have a current and valid driver license?**
 - Select the identification type from the drop-down list below the question **What other type of government-issued identification can you provide?**
 - Click the **Upload identification** button

Add managing employee/individual with control interest Steps 1-6

Personal information

First name*

Middle initial

Last name*

Please add all names used by this person in the last 7 years (e.g., maiden name, aliases, alternate spellings, etc.)

You haven't added any other names yet

Add name

Date of birth*

Social Security Number or Tax Identification Number (no dashes or spaces)* ?

Does this person have a current and valid driver license?*

Yes

No

Step 7

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION



Add managing employees/individual with controlling interest

8. In response to the question **What is this person's relationship to your agency?** select the individual's relationship to the agency from the drop-down list
9. Provide the individual's North Dakota Medicaid provider number
 - For individuals with a ND Medicaid provider number, select **Yes** in response to the question **Has the managing employee ever had a Medicaid provider number in the State of North Dakota?**
 - Enter the individual's **Medicaid provider name**
 - Enter the **EIN/SSN** for the Medicaid provider
 - Select the **Effective date of provider number**
 - Select the **End date of provider number** (If applicable)
 - Enter the **Current Medicaid provider number**
 - Enter the **Previous Medicaid provider number** (If applicable)
 - For individuals without a ND Medicaid provider number, select **No** in response to the question **Has the managing employee ever had a Medicaid provider number in the State of North Dakota?**

What is this person's relationship to your agency? * **Steps 8-9a**

-Select-

Has the managing employee ever had a Medicaid provider number in the State of North Dakota? *

Yes

No

Name of Medicaid provider *

EIN/SSN *

Effective date of provider number *

Select date

End date of provider number

Select date

Current Medicaid provider number *

State issued *

North Dakota

Prior Medicaid provider number

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add managing employees/individual with controlling interest

10. Enter the individual's **Physical Address information**
11. Click the **Validate address button**
12. Enter the individual's **Work telephone number**
13. Click the **Save** button

To add additional managing employees/individual with controlling interest , click the **Add managing employees/individual with controlling interest** button

Address information

Physical address *

Apartment/Building number

City *

State *

ZIP code *

Validate address

Work telephone number *

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add Medicaid provider ownership information for individuals, businesses, or organizations with an ownership or controlling interest

In the Other information section, provide details of owners with controlling interest of 5% or more in another Medicaid provider

- For individuals controlling interest of 5% or more in another Medicaid provider, select **Yes** in response to the question **Does any individual, business, or organization with an ownership or controlling interest in your agency have an ownership or controlling interest of five percent (5%) or more in any other Medicaid provider with the following structures?**
 - Click the **Add Medicaid provider ownership/controlling interest** button

Other information

Does any individual, business, or organization with an ownership or controlling interest in your agency have an ownership or controlling interest of (5%) or more in any other Medicaid provider with the following structures?*

- **Disclosing entity**
A disclosing entity is a corporation or organization that is required to provide ownership and enrollment.
- **Fiscal agent (FA)**
A fiscal agent is an organization, such as a bank or trust company, that acts on behalf of another party performing various financial duties.
- **Managed care entity (MCE)**
A managed care entity is an entity that enters into a contract to provide services in a statewide managed care system.

OR are they a subcontractor of one of the above
OR are they the spouse, parent, child or sibling to a person with ownership or controlling interest

Yes

No

Please add all Medicaid provider ownership/controlling information.

You have not added anyone yet.

[Add Medicaid provider ownership/controlling interest](#)


COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add Medicaid provider ownership information for individuals, businesses, or organizations with an ownership or controlling interest

In the **Add Medicaid provider ownership/controlling interest** window that opens, the following:

1. In the search bar under **Name of the individual or corporation that has an ownership or controlling interest of five percent (5%) or more of another Medicaid provider** type the name either the owners or managing employees
2. Enter the **Name of other disclosing entity, FA, or MCE**
3. Enter the **North Dakota Medicaid Provider Number (if applicable)**
4. Answer **What relationship does this person have to the individual or corporation that has controlling interest, the subcontractor, or other disclosing entity, FA, or MCE?**
5. Enter the **Social Security Number or Tax Identification Number**
6. Enter the **Date of Birth** (if added individual is not a business)

 Add Medicaid provider ownership/controlling interest ✕

Name of the individual or corporation that has an ownership or controlling interest of five percent (5%) or more of another Medicaid provider*

🔍

Please include the information for the other provider(s). If more space is needed, attach a separate document.

Name of other disclosing entity, FA, or MCE*

North Dakota Medicaid Provider Number (if applicable)

What relationship does this person have to the individual or corporation that has controlling interest, the subcontractor, or other disclosing entity, FA, or MCE?*

-Select- ▾

Social Security Number or Tax Identification Number (no dashes or spaces)* ?

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add Medicaid provider ownership information for individuals, businesses, or organizations with an ownership or controlling interest

- For individuals without a controlling interest of 5% or more in another Medicaid provider, select **No** in response to the question **Does any individual, business, or organization with an ownership or controlling interest in your agency have an ownership or controlling interest of five percent (5%) or more in any other Medicaid provider?**
- Enter Address information
 - Click the **Save** button

To add additional ownership information, click the **Add Medicaid provider ownership/controlling interest** button

Address information

Physical address*

Apartment/Building number

City*

State*

ZIP code*

[Validate address](#)

Is their payment address different from their physical address?*

Yes

No

Is there a PO Box address that is different from their physical address?*

Yes

No

If you need more space to provide details or contact information, please upload a separate document with that information

[Upload document](#)

[Cancel](#) [Save](#)

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add conviction information for owners, directors, officers, agents, or managing individuals

In the Other information section, provide details of owners, directors, officers, agents, or managing individuals with convictions

- For owners, directors, officers, agents, or managing individuals with convictions, select **Yes** in response to the question **Are there any owners, directors, officers, agents, or managing individuals who have been convicted of a misdemeanor, felony, or who are currently on probation?**
- Click the **Add conviction** button

Are there any owners, directors, officers, agents, or managing individuals who have been convicted of a misdemeanor, felony, or who are currently on probation?*

Yes

No

Please add any owners, directors, officers, agents, or managing individuals who have been convicted of a misdemeanor, felony, or who are currently on probation

You haven't added any felonies or misdemeanors yet

Add conviction

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION



Step 4c: Complete Other information

Add conviction information for owners, directors, officers, agents, or managing individuals

- In the **Add felony or misdemeanor conviction** window that opens, enter the following:
 - In the search bar **under Which owner/managing employee/individual with control interest is this for?** type the name of any of the individuals entered
 - Enter **Felony or misdemeanor**
 - Select **Date of felony or misdemeanor**
 - Click the **Upload court papers** button to upload a document
 - If the individual is on probation, select **Yes** to the question **Is this individual currently on probation?**
 - Click the **Upload court papers** document to upload a document
 - Click the **Save conviction** button

To add additional felonies or misdemeanors click the **Add conviction** button

The screenshot shows a web form titled "Add felony or misdemeanor conviction" with a close button (X) in the top right corner. The form contains the following elements:

- A paragraph of instructions: "If available, please provide the following information and upload the court related documents for this person's North Dakota and out-of-state misdemeanors and or felonies. Please only enter one at a time."
- A dropdown menu labeled "Which owner/managing employee/individual with control interest is this for?*" with a search bar and a magnifying glass icon.
- A text input field labeled "Felony or misdemeanor*" which is currently empty.
- A date selector labeled "Date of felony or misdemeanor*" with a dropdown menu showing "Select date".
- A paragraph of instructions: "Please upload court papers for all felony and misdemeanor convictions from the past seven years".
- A blue button labeled "Upload court papers".
- A radio button question "Is this person currently on probation?*" with two options: "Yes" and "No".
- At the bottom right, there are two buttons: "Cancel" and "Save conviction".

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Review completed **Agency owners/managing employees information** and move on to the **Employees** 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.



ADD EMPLOYEES

Step 5a: Review information in the **Background screenings** and **Other requirements** sections

Agency QSP Enrollment
Request 0088509

- 1 Agency application requirements
- 2 Agency information
- 3 Contact information
- 4 Agency owners/managing employees
- 5 Employees >
- 6 Languages
- 7 Services enrollment
- 8 Additional assurances
- 9 Rate selection
- 10 Counties served
- 11 Electronic Visit Verification/Claims submission
- 12 Direct deposit/Electronic funds transfer
- 13 Required documents
- 14 Declarations

Employees

You will need to add at least 2 agency employees that will be providing direct services to members (including any owners or managing employees) in order to submit your application.

Background screenings

Please make sure you have completed background screenings at the following sites for each employee before they start their employment. We will also do a second screening once your application is submitted. It is important that employees continue to meet standards of enrollment during their employment.

- National sex offender registry
- ND Sex Offender Registry
- ND Sex Offender Registry — offenders against children (scroll to the "Offenders Against Children" link)
- ND Medicaid Exclusions list — (scroll to the "ND Medicaid Exclusions List" link)
- System for Award Management (SAM) — (click on the "Search Records" tab)
- HHS Office of Inspector General
- North Dakota Courts Records Inquiry

Other requirements

At least two employees must have the same global endorsements and client specific endorsements to be approved for a service.

Make sure to keep documents that are required for this application for each employee in your records. In the event of an audit, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services performed by an employee(s) missing the required verifications.

Please see additional employee requirements to be approved for the following services when adding employees:

- Case management service: In the Add Employees section you will need to choose at least one employee that will offer this service.
- Extended personal care - non-nurse: In the Add Employees section you will need to choose at least two employees that will offer this service
- Extended personal care - nurse: In the Add Employees section you will need to choose at least two employees that will offer this service
- Nurse education: In the Add Employees section you will need to choose at least one employee that will offer this service.
- Respite in adult foster care: In the Add Employees section you will need to choose at least two employees that will offer this service
- Chore - labor, lawn care, snow removal, and/or pest extermination/cleaning and restoration: In the Add Employees section you will need to choose at least two employees that will offer this service
- Non-medical transportation - driver: In the Add Employees section you will need to choose at least two employees that will offer this service

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)

1. In the **Add employees** section, click on the **Add employee** button
2. In the **Add employee** window that opens, enter the employee's personal information:
 - Employee's **First name**
 - Employee's **Last name**
 - Enter previous names used by the employee by clicking the **Add Name** button
 - Select the employee's **Date of birth**
 - Enter the employee's **Social Security Number**
 - Enter the employee's **Telephone number**
 - Enter the employee's **Email address**
 - Select the employee's **Employment start date**

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)

3. Provide the individual's government issued identification
 - For individuals with a driver license, select **Yes** in response to the question **Does this person have a current and valid driver license?**
 - Enter the individual's **driver license number**
 - Select the **State issued**
 - Select the **Expiration date**
 - Click the **Upload driver license** button
 - For individuals without a driver license, select **No** in response to the question **Does this person have a current and valid driver license?**
 - Select the identification type from the drop-down list below the question **What other type of government-issued identification can you provide?**
 - Click the **Upload identification** button
4. Confirm the employee's completion of the FWA training by clicking the check box next to the statement **Please confirm that you have a Fraud, Waste, and Abuse training certificate on file for this employee.**
 - Click the **Upload Fraud, Waste, and Abuse training certificate**

5. Enter the employee's address information

Employment start date*

Select date

Does this person have a current and valid driver license?*

Yes

No

Please confirm that you have a Fraud, Waste, and Abuse training certificate on file for this employee.* ?

Please upload this employee's Fraud, Waste, and Abuse training certificate.*

Upload Fraud, Waste, and Abuse training certificate

Address information

Current address*

Apartment/Building number

City*

State*

-Select- ▾

ZIP code*


Validate address

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)


3. Answer service specific information for services the employee will be providing
 - If the employee is a Licensed Master Social Worker and will be providing case management services, select **Yes** in response to the question **Is this employee going to provide case management services?**
 - If the employee has a completed SFN 749 or a current ND CNA license or the agency is a DD licensed provider and will be providing extended personal care - non-nurse services, select **Yes** in response to the question **Is this employee going to provide extended personal care - non-nurse services?**
 - Review the declaration and electronically sign in agreement to the declaration
 - If the employee has a current ND RN or LPN license and will be providing extended personal care - nurse services, select **Yes** in response to the question **Is this employee going to provide extended personal care - nurse services?**
 - Review the declaration and electronically sign in agreement to the declaration

Service specific information

Is this employee going to provide case management services?* 

Yes


No

Is this employee going to provide extended personal care - non-nurse services?* 

In order to provide this service the employee must have a completed SFN 749 or have a current North Dakota CNA license OR if your agency is a DD Licensed Provider.

Yes

No

Is this employee going to provide extended personal care - nurse services?* 

In order to provide this service the employee must have either a North Dakota RN or LPN license.


Yes

No

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)


3. Answer service specific information for services the employee will be providing
 - If the employee has a current ND RN license and will be providing nurse education services, select **Yes** in response to the question **Is this employee going to provide nurse educator services?**
 - Review the declaration and electronically sign in agreement to the declaration
 - If the employee will be providing respite in adult foster care services, select **Yes** in response to the question **Is this employee going to provide respite in adult foster care services?**
 - Provide responses to the criminal background check questions
 - If the employee is going to provide family caregiver services, select **Yes** in response to the question **Is this employee going to provide family caregiver service?**
 - Click the check box next to the statement

Is this employee going to provide nurse educator services?* 

In order to provide this service, the employee must have a North Dakota RN license.


Yes

No

Is this employee going to provide respite in adult foster care services?* 

Yes

No

Is this employee going to provide family caregiver service?* 

Yes

No

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)

3. Answer service specific information for services the employee will be providing
 - If the employee is going to provide Chore services, select **Yes** in response to the question **Is this employee going to provide Chore-labor, lawn care, snow removal, and/or pest extermination/cleaning and restoration services?**
 - Click the check box next to the statement
 - If the employee is going to provide non-medical transportation - driver services, select **Yes** in response to the question **Is this employee going to provide non-medical transportation - driver services?**
 - Click the check boxes next to the statements
 - Upload a copy of the employee's driver license if not already uploaded

Is this employee going to provide Chore-labor, lawn care, snow removal, and/or pest extermination/cleaning and restoration services? * [?](#)

Yes

No

Is this employee going to provide non-medical transportation - driver services? *

Yes

No

ADD EMPLOYEES

Step 5c: Submit copy of License/Certification OR SFN 749 - Documentation of Competency for each employee
 Competency for each employee 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)
- Licensed Master Social Worker

If you don't have a license or certification issued by the state of North Dakota, you will need to submit a completed [SFN 749- 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 749 can be completed by a [TrainND Northeast](#) healthcare professional.

NOTE: If the agency is not a DD Licensed provider, you will need to submit a copy of License/Certification OR SFN 749 - Documentation of Competency for each employee

ADD EMPLOYEES

Submit copy of License/Certification

Select **Yes** in response to the question **Does this person have one or more of the following licenses issued by the state of North Dakota?** if the

employee has one or more of the following licenses:

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

- 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

Licenses

Does this person 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)
- Licensed master social worker

Yes
 No

Please add all of the employee's 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

ADD EMPLOYEES

Submit SFN 749- Documentation of Competency

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

- a) If the employee has a completed SFN 749 by a TrainND Northeast healthcare professional, select **SFN 749 training completed** in response to the question **Does the employee have a SFN 749 completed by TrainND Northeast?**

- a) Enter the date the training was completed
- b) Upload a copy of the completed SFN 749 if you have it available

Licenses

Does this person 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)
- Licensed master social worker

Yes

No

Does this person have a SFN 749 completed by TrainND Northeast or have a training scheduled?*

If this person does not have a SFN 749 completed or training scheduled with TrainND Northeast, contact the QSP hub at (701) 777-3432 or via email info@ndqspclub.org for more information. To learn more about how to complete an SFN 749, watch this short video.

SFN 749 training completed

SFN 749 training scheduled

No

When was training completed?*

Select date

Please upload a copy of your completed SFN 749 below

ADD EMPLOYEES

Submit SFN 749- Documentation of Competency

- b) If the employee has their training scheduled, but not completed yet, select **SFN 749 training scheduled** in response to the question **Does the employee have a SFN 749 completed by TrainND Northeast?**
- a) Enter the date the training is scheduled for

Licenses

Does this person 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)
- Licensed master social worker

Yes

No

Does this person have a SFN 749 completed by TrainND Northeast or have a training scheduled? *

If this person does not have a SFN 749 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 749, watch this short video.

SFN 749 training completed

SFN 749 training scheduled

No

When is the training scheduled for? *

Select date

ADD EMPLOYEES

Submit SFN 749- Documentation of Competency

- c) If the employee's SFN 749 was completed by another healthcare professional, select **No** in response to the question **Does the employee have a SFN 749 completed by TrainND Northeast?**
- i. Select **Yes** in response to the question **Do this employee have a SFN 749 completed and signed by one of the following healthcare professionals?**
 - ii. Click the **Upload SFN 749** button
 - iii. Answer which lines the employee was deemed competent in

Click the **Save employee** button

NOTE: To add additional employees, click the **Add employee** button

Licenses

Does this person 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)
- Licensed master social worker

Yes

No

Does this person have a SFN 749 completed by TrainND Northeast or have a training scheduled?*

If this person does not have a SFN 749 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 749, watch this short video.

SFN 749 training completed

SFN 749 training scheduled

No

Does this person have a SFN 749 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 this employee's completed SFN 749*

Please check your SFN 749 and use the answers on the form to answer the following questions. Were you approved as competent on the following lines of the SFN 749:

Lines 6-26*

Yes

No

Line E*

Yes

No

COMPLETE EMPLOYEE INFORMATION

Review completed **Employee 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 6a: On the Languages page, respond to the following questions:

1. **Can your agency's employees speak English well enough to provide services to an English-speaking individual?**
 2. **Can your agency's employees read and write in English?**
 - a) Click **Yes** if your employees are fluent in English.
 - b) If your employees are not fluent in English and you 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 the 'Languages' section of the application form. The left sidebar lists 13 steps, with '6 Languages' highlighted. The main content area contains the following text and questions:

Languages

Communication is an important part of providing services and care to others. QSPs need to be able to:

- Have a conversation with the individual who is being served
- Read instructions, medication labels, etc.
- Write a description of the care that was provided in order to receive payment from the State

Can your agency's employees speak English well enough to provide services to an English-speaking individual?*

Yes
 No

Can your agency's employees read and write in English?*

Yes
 No

Do you have access to an interpreter and/or translator who can help you with speaking, reading, and writing in English as needed?

Yes
 No

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 6b: 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 7: On the Services enrollment page, click the check boxes next to the services you would like to enroll in

Agency QSP Enrollment
 Request 0091922

- 1 Agency application requirements
- 2 Agency information
- 3 Contact information
- 4 Agency owners/managing employees
- 5 Employees
- 6 Languages
- 7 Services enrollment >**
- 8 Additional assurances
- 9 Rate selection
- 10 Counties served
- 11 Electronic Visit Verification/Claims submission
- 12 Direct deposit/Electronic funds transfer
- 13 Required documents
- 14 Declarations

Services enrollment

Please select which services your agency would like to enroll in. Please note that you must have at least two employees approved for this service in order to enroll in the service.

Services

- Basic provider services ?
- Cognitive global specialties ?

Services requiring additional information

These services require additional information to be uploaded (licenses, documentation, etc.). If you choose a service and do not have the required information, please deselect the service and come back to this step later to finish enrollment for that service.

- Adult day care (ADC) ?
- Adult residential care (ARC) ?

Complete any additional requirements such as submitting license information or documents for the services selected

COMPLETE SERVICES ENROLLMENT

Review completed **Services enrollment** and move on to the **Agency 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.



SUBMIT AGENCY DOCUMENTS

Step 8: On the Agency documents page, click the document upload buttons to submit the following documents:

1. Organizational chart with key positions (include names of staff)
 1. Click **Add key individual**
 1. Add each person exactly as you entered on the Agency owners/managing employees page
 2. Add the following fields for each user
 1. **Full name**
 2. **Date of birth**
 3. **Social Security Number**
 3. Click the **Save** button
 4. NOTE: To add additional key individuals, click the **Add key individual** button
 2. Job description
 3. Private pay service fee schedule/fee statement
 4. Verification of unemployment insurance coverage
 5. Verification of workforce safety and insurance coverage
 6. Verification of registration with North Dakota Secretary of State office
 7. Fraud, Waste and Abuse (FWA) Training certificate of completion

Agency QSP Enrollment
Request 0091922

Agency documents

Organizational chart with key positions (include names of staff)

Please upload your organizational chart. If your agency is organized as a corporation or non-profit, please also include information for all board members. Make sure to provide their names, addresses, dates of birth, and Social Security Numbers.

Upload organizational chart *

Please enter all the names of individuals with key positions as listed in your organization chart

You have not added anyone yet.

Please make sure all key individuals listed in your organizational chart have also been added into either the owners/managing employees sections on the Agency owners/managing employees page

Add key individual

Job descriptions

Please upload job descriptions for each employee that has ownership or controlling interest in your agency.

Upload job descriptions

Add key individual

Full name *

Date of birth *

Select date

Social Security Number (no dashes or spaces) * ?

Cancel Save

COMPLETE SUBMISSION OF AGENCY DOCUMENTS

Complete the submission of **Agency documents** and move on to the **Additional assurances** 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 ADDITIONAL ASSURANCES

Step 9: On the Additional assurances page, answer each of the additional assurances

- Answer either **Yes** or **No** to each additional assurance question
- If **Yes** selected provide the **date of occurrence** and **provide a description of the occurrence**

Agency QSP Enrollment
Request 0091922

- 1 Agency application requirements
- 2 Agency information
- 3 Contact information
- 4 Agency owners/managing employees
- 6 Employees
- 6 Languages
- 7 Services enrollment
- 8 Additional assurances**
- 9 Rate selection
- 10 Counties served
- 11 Electronic Visit Verification/Claims submission
- 12 Direct deposit/Electronic funds transfer
- 13 Required documents
- 14 Declarations

Additional assurances

Have you ever had an administrative sanction imposed or pending by any federal or state agency (including agencies for states other than North Dakota) or program?*

Yes
 No

Please enter the date of occurrence*

Select date

Please provide a description of the occurrence*

Have you ever had a professional board disciplinary action imposed or pending by any federal or state agency (including agencies for states other than North Dakota) or program?*

Yes
 No

Have you ever had a program exclusion imposed or pending by any federal or state agency (including agencies for states other than North Dakota) or program?*

Yes
 No

Please enter the date of occurrence*

Select date

Please provide a description of the occurrence*

Have you ever had a suspension of payments imposed or pending by any federal or state agency (including agencies for states other than North Dakota) or program?*

Yes
 No

Have you ever had a civil monetary penalty imposed or pending by any federal or state agency (including agencies for states other than North Dakota) or program?*

Yes
 No

COMPLETE ADDITIONAL ASSURANCES

Review completed **Additional assurances** and move on to the **Rate selection** 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.



RATES SELECTION

Step 10a: On the Rates selection page, view the rates table to review the HCBS approved rate for the specific you enrolled in

NOTE: The amount paid for services provided by both agency and individual Qualified Service Providers (QSPs) is specified in the service authorization issued by the HCBS case manager. QSPs acknowledge the Department’s rate structure (displayed here) when they agree to provide authorized care. Rates may vary depending on the specific service being provided. The Department’s QSP rates are posted [here](#).

HCBS Billing Codes Agency QSP				
Effective July 1, 2024				
Code / Modifier	Service	Unit	Rate	Max Amount
S5100	Personal Care Service - MW	15 min	\$8.05	
S5101	Adult Day Care	1/2 day	At cost	
S5108	Nurse Education Care	15 min	At cost	\$17.64 Max
S5115	Extended Personal Care	15 min	At cost	\$7.93 Max
S5115-TD	Extended Personal Care - Nurse	15 min	At cost	\$17.13
S5120	Chore - Labor	15 min	\$7.93	
S5126	Community Support Services	Day	\$39.38/hr	\$945.12 (24-hour max)
S5130	Homemaker Service	15 min	\$7.14	70 units/month

RATES SELECTION

Step 10b: In the Services selected section, acknowledge the Department's rate structure.

- To accept the Department's approved rate, select **Yes** in response to the question **Do you agree to the rate in the above table?**
- To submit your private pay rate for review and approval,
 - Select **No** in response to the question **Do you agree to the rate in the above table?**
 - Enter your **Private rate** in the text box provided

Selected Services

Homemaker

Do you agree to the rate in the above table? *

Yes

No

Personal care

Do you agree to the rate in the above table? *

Yes

No

What is your private rate? *

0.00

Non-medical transportation escort

Do you agree to the rate in the above table? *

Yes

No

COMPLETE SERVICES ENROLLMENT

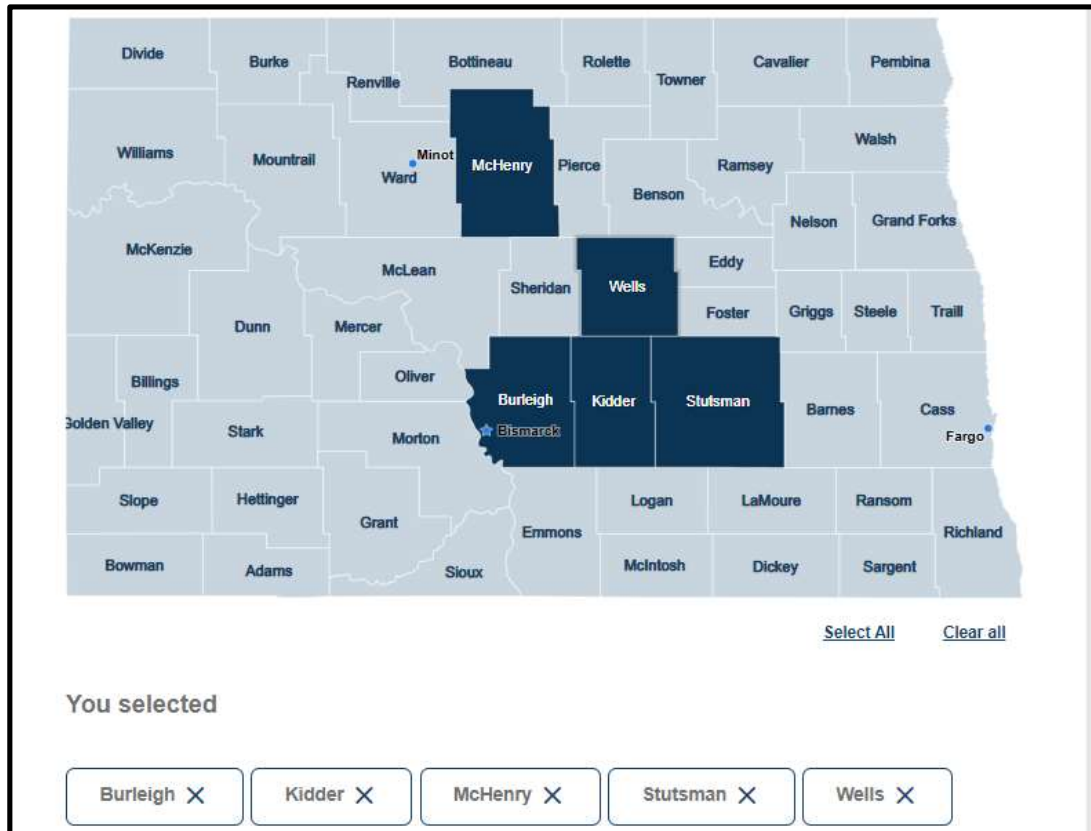
Review completed **Rates selection** and move on to the **Counties served** page.

- 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 11: 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 **Electronic Visit Verification (EVV)** and/or **Claims submission** 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 ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

Step 12a: Electronic Visit Verification (EVV): is a rule that comes from the 21st Century Cures Act a federal law. It is a system that helps with billing and payment for the services you offer as a qualified service provider (QSP).

All QSPs who enroll in the following services are required to use EVV to track their time and submit claims for payment

- Chore – labor
- Chore – snow removal
- Chore – lawn care
- Companionship
- Extended personal care – nurse
- Extended personal care – non-nurse
- Homemaker
- Non-medical transportation escort
- Non-Medical transportation
- Nurse education
- Personal care
- Respite care
- Supervision
- Transitional living
- Respite in an adult foster care
- In response to the question **Which EVV system will you be using?**, select **Therap (state contracted system)** or **Other**

COMPLETE ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

Step 12b: Select the **EVV system** and **claims submission** application for EVV services

- In response to the question **Which EVV system will you be using?**, select **Therap (state contracted system)** or **Other**
 - If **Therap** is selected, your agency will submit claims for this services using **Therap**
 - If **Other** is selected:
 - Enter the name of the EVV system
 - Select **MMIS** or **Other** for claims submission
 - If Other is selected, enter the name of the claims submission system
 - Respond to the questions regarding the submission of a **SFN 583 Electronic Remittance Advisory (835) Enrollment form**

EVV services

You will need to use an EVV since you chose the following services:

- Chore – labor
- Chore – snow removal
- Chore – lawn care
- Companionship
- Extended personal care – nurse
- Extended personal care – non-nurse
- Homemaker
- Non-medical transportation escort
- Non-Medical transportation - driver
- Nurse education
- Personal care
- Respite care
- Supervision
- Transitional living
- Respite in an adult foster care

Which EVV system will you be using?*

Therap (state contracted system)

Other

COMPLETE ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

Step 11c: Claims submission

- QSPs that enroll in both EVV and non-EVV services and select Therap for EVV submission, the following systems will be used for claim submission:
 - MMIS will be used for Non-EVV services not billable using Therap
 - Therap will be used for other Non-EVV services
- QSPs that enroll in both EVV and non-EVV services, select Other for EVV submission, and MMIS for EVV claims submission, MMIS will be used as the claims submission system for all Non-EVV services
- QSPs that enroll in both EVV and non-EVV services, select Other for both EVV and claims submission, the Other system will be used as the claims submission system for all Non-EVV services
- QSPs that enroll in only non-EVV services, select **MMIS** or **Other** in response to the question **How do you want to submit your claims to the Department of Health and Human Services for payment for these services?**

Non-EVV services

You do not need to use an EVV for the following services:

- Emergency response system (ERS)
- Home delivered meals

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)

Other

COMPLETE COUNTIES SERVED

Review **Electronic Visit Verification (EVV) and/or Claims Submission** 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 13a: Submit Financial institution information and upload documentation

Enter the following information:

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

Step 13b: Select payment method for family caregiver service only

If you enrolled in **Family caregiver** service only then provide an answer for **What type of payment method would you like to choose for the family caregiver service only?** If you are enrolled in any other services, then this question will be read-only for you

Financial institution information

Name of financial institution (Bank/Credit Union) *

Telephone number *

Address of financial institution *

Apartment/Building number City *

State * ZIP code *

Routing number *

Re-enter Routing number *

Account number *

Re-enter Account number *

Account type *

Checking

Savings

Account holder's name *

Please upload financial institution supporting documents. This may include a copy of a voided check or a bank letter from your financial institution. Note: Documentation submitted should match the account information entered on this page.

I hereby authorize the North Dakota Department of Health and Human Services to directly deposit funds owed to me to the bank account listed. This authorization is to remain in effect until I notify the Department in writing of its cancellation or change and allow the Department and the financial institution a reasonable amount of time to act upon the cancellation. I also hereby grant the North Dakota Department of Health and Human Services the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. *

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 14a: Review and confirm the information prefilled in the required documents.

NPI Number

1. Enter your NPI number and click **Validate NPI number** if not already entered

Memorandum of Understanding (MOU) for Employees: If your employee(s) will be providing Case management services, a MOU will be generated for each employee

1. Click the **MOU – Employee name** link, to review the MOU

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 or Other was selected 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

The screenshot displays a series of validation and review steps in a web application:

- Validate NPI number:** A text input field contains "1295468700". Below it is a "Validate NPI number" button. A green confirmation message states "NPI number is valid."
- Memorandum of Understanding (MOU) for Employees:** A section with a heading and a paragraph of text. Below the text are two links: "MOU 0091922 - First employee" and "MOU 0091922 - Second employee".
- W-9 Request for Taxpayer Identification Number and Certification:** A section with a heading and a paragraph of text. Below the text is a blue button labeled "Review your W-9".
- SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement:** A section with a heading and a paragraph of text. Below the text is a blue button labeled "Review your SFN 671".
- SFN 583 North Dakota Medicaid Electronic Remittance Advice (835) Enrollment:** A section with a heading and a paragraph of text. Below the text is a blue button labeled "Review your SFN 583".

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

COMPLETE REQUIRED DOCUMENTS

Step 14b: Review/Upload documents

SFN 1168 Request for Taxpayer Identification Number and Certification

1. Click the **Review your SFN 1168** button, and confirm the form is prefilled with answers from your application
2. Click the **Accept and submit** button

SFN 1168 Request for Taxpayer Identification Number and Certification

We have prepopulated your SFN 1168 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 1168.

[Review your SFN 1168](#)

QSP Orientation Certification of Completion

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

QSP Orientation Certification of Completion

Please upload your QSP Orientation Training Certification of Completion.

[Upload 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

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

Step 14c: Review/Upload documents

If you enroll in **Family caregiver** service only:

a) SFN00128 North Dakota Family Caregiver Support Program (FCSP) Provider Agreement

a) Click the **Review your SFN 00128** button

b) SFN53656 Substitute IRS form W-9

a) Click the **Review your SFN 53656** button

SFN00128 North Dakota Family Caregiver Support Program (FCSP) Provider Agreement

We have prepopulated your SFN00128 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 SFN00128.

[Review your SFN 00128](#)

SFN53656 Substitute IRS form W-9

We have prepopulated your SFN53656 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 SFN53656.

[Review your SFN 53656](#)

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 15: Applicants must certify and validate responses to general and service specific declarations with an electronic signature prior to application submission.

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

Click the **Sign electronically** button

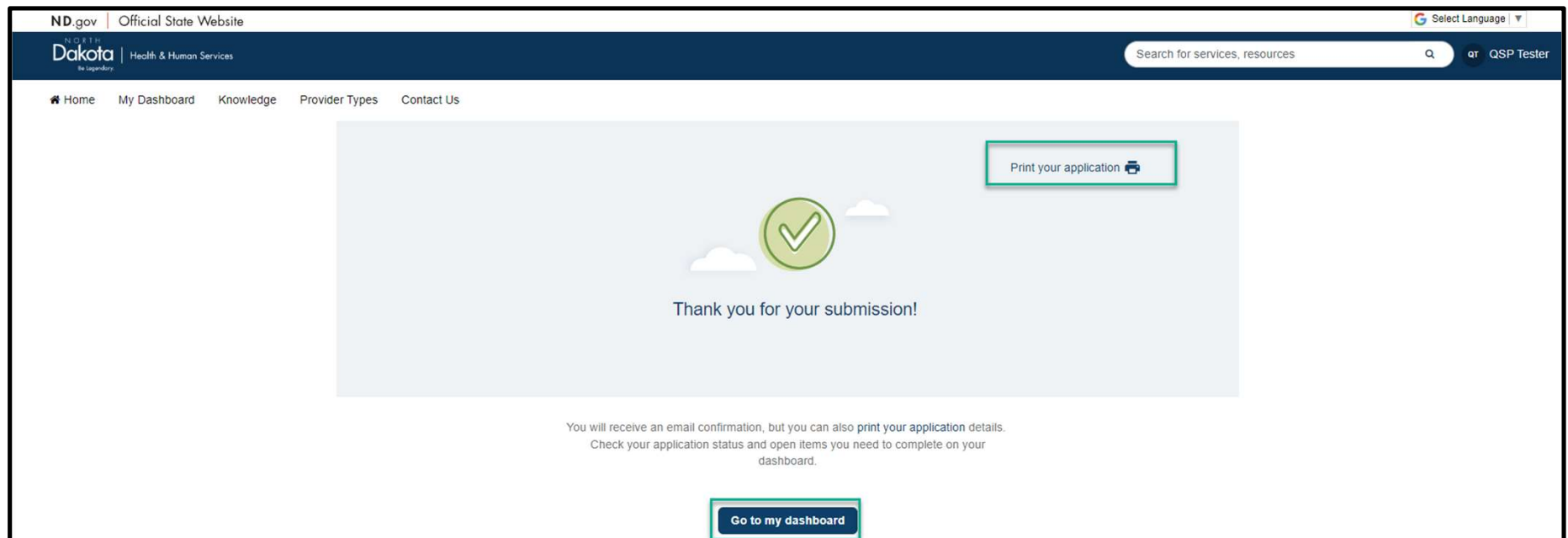
Click the **Submit** button

COMPLETE CERTIFICATION

Step 15: 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



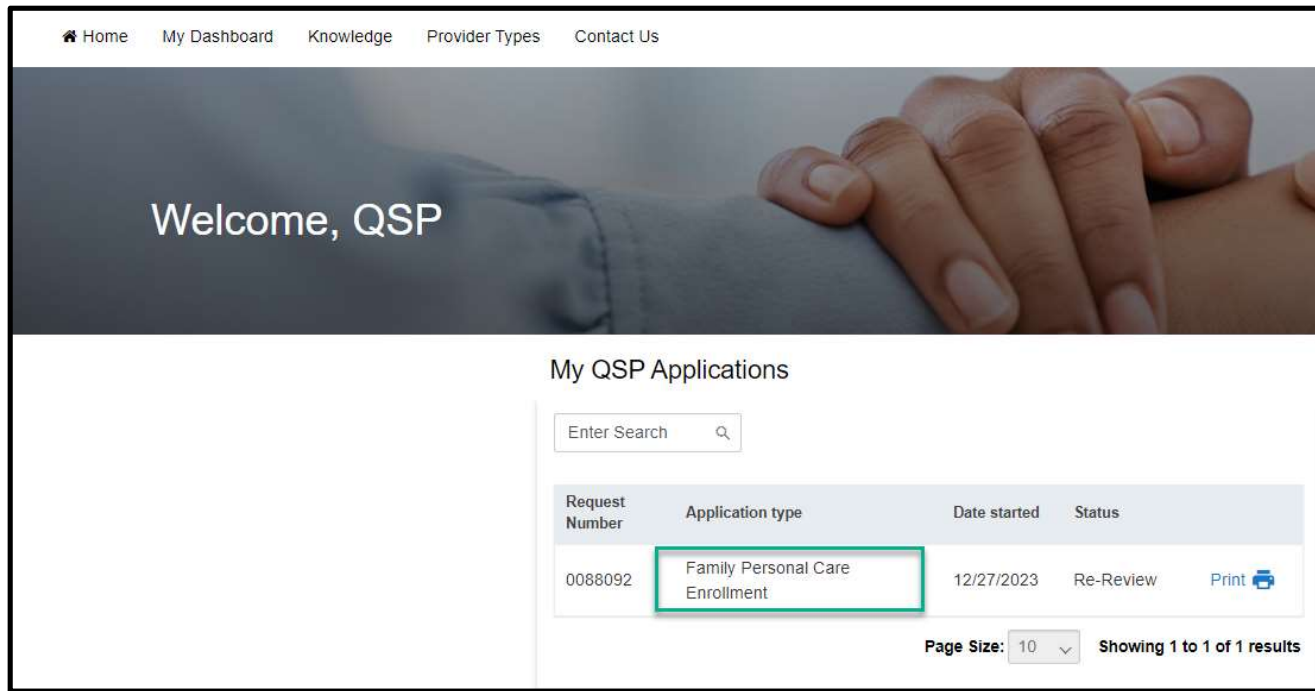
UPDATE DOCUMENTATION IN RE-REVIEW

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.

Step 1: 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 A 5-YEAR RE-ENROLLMENT

COMPLETE 5-YEAR RE-ENROLLMENT

The Department of Health and Human Services requires QSPs to revalidate their status as a QSP every 5 years.

A reminder notification **ND QSP Enrollment – QSP 5-year Re-enrollment notice** will be sent 60 days prior to your re-enrollment date.

When you receive this notice, login to the [NDQSP](#) portal and complete the following steps:

Step 1:

1. On the **My QSP Dashboard** page, navigate to the **To-Do List** table
2. Click the **View** button next to the **Complete 5-Year re-enrollment** to launch the re-enrollment application
3. In the application window that opens, complete the application steps the application as described in the [Start a New Agency QSP Application](#) section of this guide

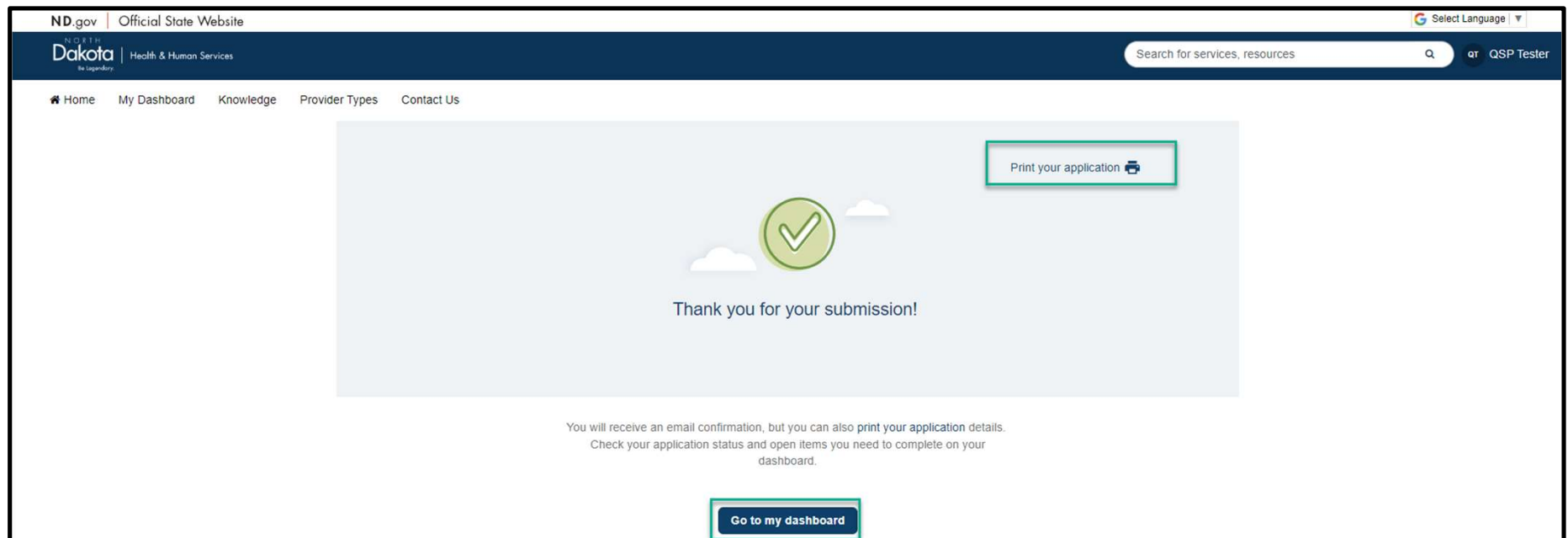
To-Do List		
Short Description	Due Date	Status
Complete 5-Year re-enrollment	08/29/2024	Draft

Page Size: 5 Showing 1 to 4 of 4 results

SUBMIT YOUR 5-YEAR RE-ENROLLMENT

Step 3:

1. Upon successful submission of your 5-year re-enrollment you will see the ‘Thank you for your submission’ message
 1. From here you can elect to print your application if you desire by clicking the **Print your application** button or you can return to your dashboard by clicking the **Go to my dashboard** button
2. When you revisit your home landing page, you will notice that there is no longer a task in your To-Do List table with a short description of **Complete 5-Year re-enrollment**



UPDATE AGENCY LICENSE INFORMATION

UPDATE AGENCY LICENSE INFORMATION

In the event you need to update your Agency's license information, a reminder notification **ND QSP Enrollment – Revalidate your agency's license information** will be sent 60 days prior to your license expiration date.

When you receive this notice, login to the [NDQSP](#) portal and complete the following steps:

1. On the **My QSP Dashboard** page, navigate to the **To-Do List** table
2. Click the **View** button next to the **Update Agency License** task to launch the task
3. In the **Update Agency Licenses** window that opens, enter the **New Expiration Date**
4. Click the **Add proof of renewal** button to upload documentation
5. Click **Submit**

Short Description	Due Date	Status	
Update Agency License - Facility License	05/01/2024	Draft	View
Update Agency License - Specialized Basic Care Facility	04/30/2024	Draft	View
Update Agency License - Assisted Living Facility License	03/28/2024	Draft	View

Update Agency Licenses

Please update your QSP License.

License: Assisted Living Facility License - 20 days

Service: Personal care - assisted living (PC-AL)

Current Expiration Date: 2024-03-29

Please enter the new expiration date.*

09-23-2033

[Add Proof of Renewal](#)

[Cancel](#) [Submit](#)

UPDATE EMPLOYEE LICENSE INFORMATION

UPDATE EMPLOYEE LICENSE INFORMATION

Agencies are required to update competency requirements for each employee at expiration of licensure or documentation of competency.

A reminder notification **QSP Agency Emp Comp Reval Reminder** will be sent 60 days prior to your employees license expiration date.

When you receive this notice, login to the [NDQSP](#) portal and complete the following steps:

1. On the **My QSP Dashboard** page, navigate to the **To-Do List** table
2. Click the **View** button next to the **Update license information for employees** to launch the task
3. In the **Update Licenses** window that opens, enter the **New Expiration Date** for the employee's license
4. Click the **Add proof of renewal** button to upload documentation
5. Click **Submit**

Short Description	Due Date	Status
Update license information for employees	04/29/2024	Draft

Please update the licenses for these employees below.

Employee: Licensed Employee

Type: PT

License Agency: Test License 2

Current Expiration Date: 04/28/2024

New Expiration Date *
09-26-2029

Add proof of renewal

Cancel **Submit**

UPDATE SFN 749 FOR EMPLOYEES

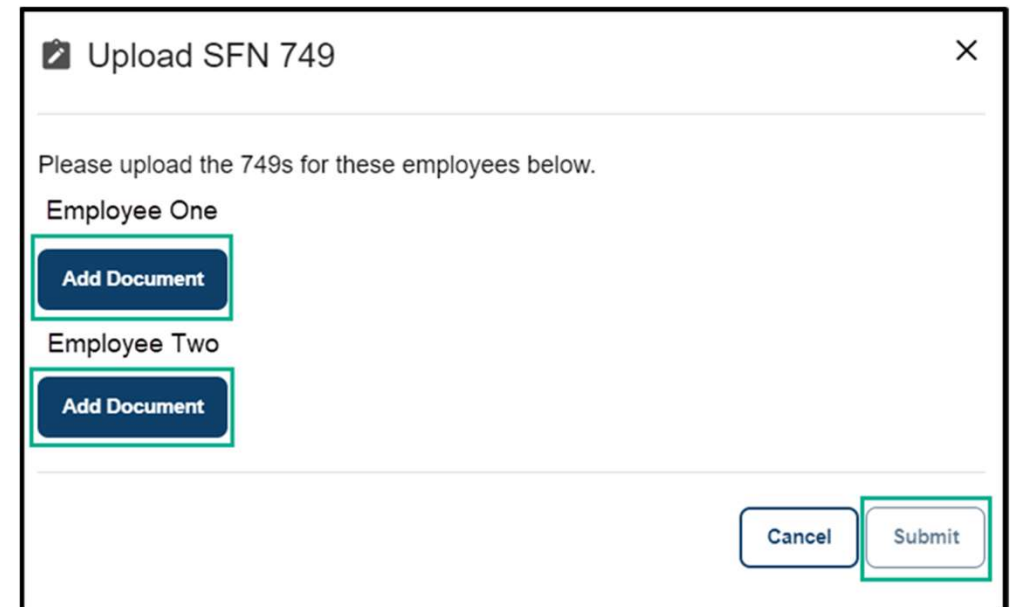
UPDATE SFN 749 FOR EMPLOYEES

Agencies are required to update competency requirements for each employee at expiration of licensure or documentation of competency.

A reminder notification **QSP Agency Emp Comp Reval Reminder** will be sent 60 days prior to your employees license expiration date.

When you receive this notice, login to the [NDQSP](#) portal and complete the following steps:

1. On the **My QSP Dashboard** page, navigate to the **To-Do List** table
2. Click the **View** button next to the **Update SFN 749 for employees** to launch the task
3. In the **Upload SFN 749** window that opens, click the **Add Document** button to upload the updated SFN 749 document
4. Click **Submit**



ACCOUNT ADMINISTRATION

ACCOUNT ADMINISTRATION OVERVIEW

The enrollment portal allows QSPs to complete maintenance tasks such as:

- Update your provider information
- Update services you are enrolled in
- Convert your provider type
- Update EVV and/or direct deposit information
- Update counties you serve
- Manage employee information
- Manage ownership information



UPDATE PROVIDER INFORMATION

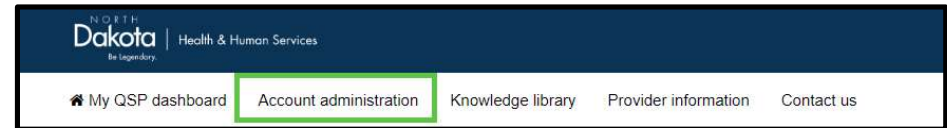
UPDATE PROVIDER INFORMATION

ND QSP Portal URL:

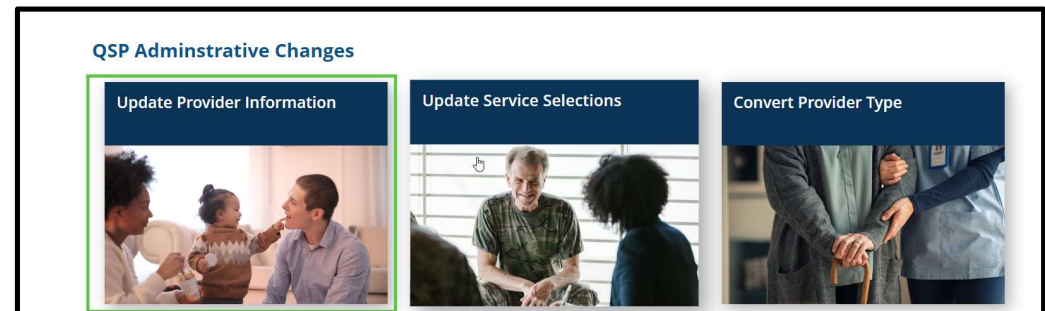
hhs.nd.gov/QSP

Enter the Application Portal.

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



On the **Account administration** page that opens, click the **Update Provider Information** tile in the **QSP Administrative Changes** section



UPDATE PROVIDER INFORMATION

On the **Provider information** page that opens, review the **Basic information** and **Licenses/documentation of competency** tables.

BASIC INFORMATION
[Edit](#)

Agency Information

Agency name: Employee	Alias: N/A	Federal tax classification: S corporation
LLC tax classification: N/A	Tax ID: 878778789	NPI number: 1871538041
On public list: No		

Primary Contact Information

Primary contact first name: erte	Primary contact last name: rtre	Primary contact job title: Employee
Primary contact email address: google@bing.com	Primary contact telephone number: 5418756025	Primary contact extension number: N/A
Primary contact cell phone number: N/A	Primary contact fax number: N/A	

Authorized Representative

Authorized representative first name: N/A	Authorized representative last name: N/A	Authorized representative job title: N/A
Authorized representative email address: N/A	Authorized representative telephone number: N/A	Authorized representative extension number: N/A
Authorized representative cell phone number: N/A	Authorized representative fax number: N/A	

LICENSES/DOCUMENTATION OF COMPETENCY
[Edit](#)

Number	License Number	License Type	Licensing Agency	Expiration Date	Certification/license expiration date
	QSP-LICENSE-0002590	Exterminator License			

UPDATE BASIC INFORMATION

Click the **Edit** button in the **Basic Information** table to update your provider information such as:

- Addresses
- Contact information
- National Provider Identifier (NPI)
- Employer Identification Number (EIN)

The screenshot shows a table titled "BASIC INFORMATION" with an "Edit" button in the top right corner, highlighted with a green box. The table is divided into three sections: Agency Information, Primary Contact Information, and Authorized Representative. Each section contains several fields with their current values.

Agency Information		
Agency name: Employee	Alias: N/A	Federal tax classification: S corporation
LLC tax classification: N/A	Tax ID: 878778789	NPI number: 1871538041
On public list: No		
Primary Contact Information		
Primary contact first name: erte	Primary contact last name: rte	Primary contact job title: Employee
Primary contact email address: google@bing.com	Primary contact telephone number: 5418756025	Primary contact extension number: N/A
Primary contact cell phone number: N/A	Primary contact fax number: N/A	
Authorized Representative		
Authorized representative first name: N/A	Authorized representative last name: N/A	Authorized representative job title: N/A
Authorized representative email address: N/A	Authorized representative telephone number: N/A	Authorized representative extension number: N/A
Authorized representative cell phone number: N/A	Authorized representative fax number: N/A	

In the pop-up window that opens, select:

1. **Update Provider Information** to update addresses or contact information
2. **Change NPI or EIN Number** to update your NPI or EIN information

The screenshot shows a pop-up window titled "What information do you wish to edit?". It contains a text area with instructions: "For all address or contact information, please 'Update Basic Information'. Selecting 'Change NPI or EIN Number' will create a new Enrollment Application." Below the text area are two buttons: "Update Provider Information" and "Change NPI or EIN Number", both highlighted with green boxes.

UPDATE LICENSES/DOCUMENTATION OF COMPETENCY

Click the **Edit** button in the **Licenses/Documentation Of Competency** table to update your Agency's license information



LICENSES/DOCUMENTATION OF COMPETENCY

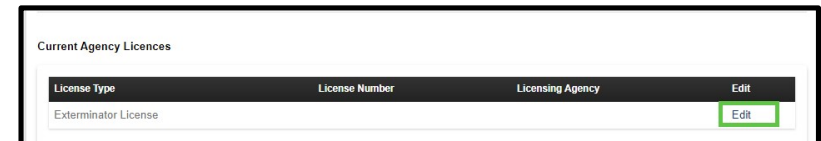
Enter Search

Number	License Number	License Type	Licensing Agency	Expiration Date	Certification/license expiration date
GSP-LICENSE-0002590		Exterminator License			

Edit

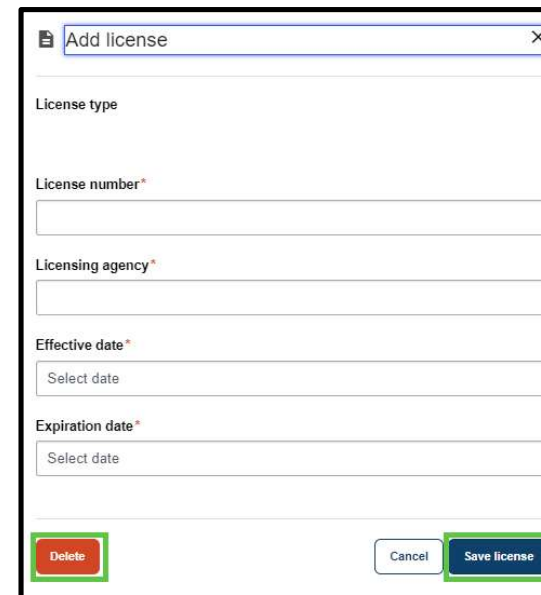
In the **Update Agency Licenses** request page that opens:

1. Click **Edit** next to the license you wish to update. In the **Add license** window that opens:
 - a) Enter the updated license information and click the **Save license** button OR
 - b) Click the **Delete** button to delete the license,
2. Click the **Submit** button to submit your request



Current Agency Licenses

License Type	License Number	Licensing Agency	Edit
Exterminator License			Edit



Add license

License type

License number*

Licensing agency*

Effective date*

Expiration date*

Delete Cancel Save license

UPDATE SERVICE SELECTIONS

UPDATE SERVICE SELECTIONS

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

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



On the **Account administration** page that opens, click the **Update Service Selections** tile in the **QSP Administrative Changes** section



UPDATE SERVICE SELECTIONS

On the **Services** page that opens, review the **Services** table to view all services you are enrolled in.

The screenshot shows a web interface titled "SERVICES" with an "Edit" button. Below the title is a search bar with the placeholder text "Enter Search". The main content is a table with two columns: "Service" and "Service Status". The table lists five services, all of which are "Active since 05/03/2024". At the bottom right of the table area, it says "Showing 1 to 5 of 12 results" followed by pagination controls "1 2 3 >".

Service	Service Status
Non-Medical Transportation (Local-OOT Driver)	Active since 05/03/2024
Chore - Snow Removal	Active since 05/03/2024
Extended Personal Care - Nurse	Active since 05/03/2024
Chore - Labor	Active since 05/03/2024
Higher Level Case Management - Assessment	Active since 05/03/2024

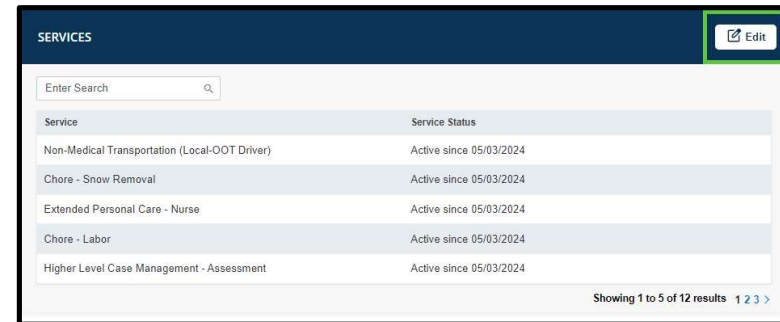
Showing 1 to 5 of 12 results 1 2 3 >

UPDATE SERVICE SELECTIONS

Click the **Edit** button in the **Services** table.

In the **Update Services Enrollment** window that opens, click **Yes, submit** to start a request to update your service enrollments.

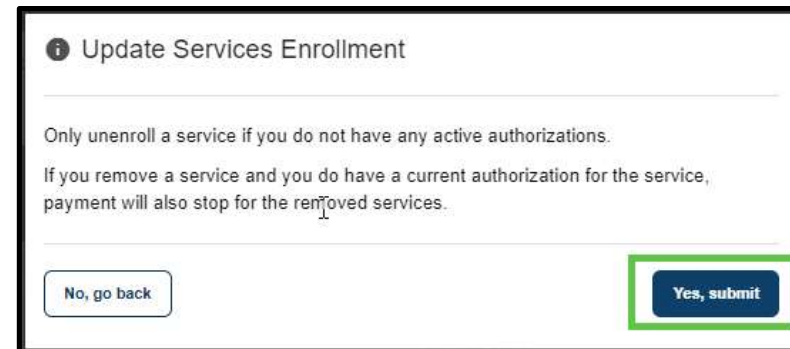
Note: Only unenroll a service if you do not have any active authorizations. If you remove a service and you do have a current authorization for the service, payment will also stop for the removed services.



The screenshot shows a table titled "SERVICES" with a search bar and an "Edit" button highlighted with a green box. The table contains the following data:

Service	Service Status
Non-Medical Transportation (Local-OOT Driver)	Active since 05/03/2024
Chore - Snow Removal	Active since 05/03/2024
Extended Personal Care - Nurse	Active since 05/03/2024
Chore - Labor	Active since 05/03/2024
Higher Level Case Management - Assessment	Active since 05/03/2024

Showing 1 to 5 of 12 results 1 2 3 >



The screenshot shows the "Update Services Enrollment" window. It contains the following text:

Update Services Enrollment

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

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

Buttons: "No, go back" and "Yes, submit" (highlighted with a green box).

CONVERT PROVIDER TYPE

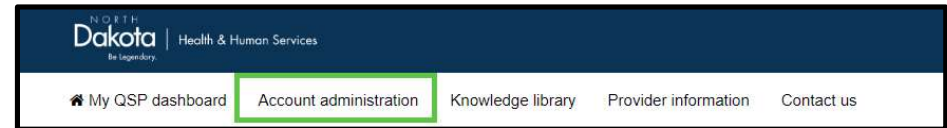
CONVERT PROVIDER TYPE

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

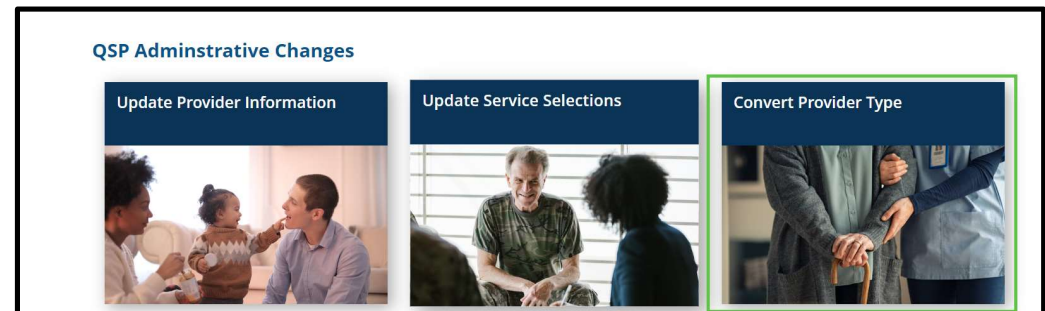
- After logging in, you will be redirected to the home page.
- Click **Account administration**.



On the **Account administration** page that opens, click the **Update Service Selections** tile in the **QSP Administrative Changes** section

Note: QSPs can't be enrolled as both an Agency QSP and an Individual QSP.

1. To provide adult foster care services, call (701) 777-3432 to start your application.
2. To convert to an Individual QSP,
 1. You will need to provide a new individual NPI number
 2. Your current Agency enrollment will be closed



CONVERT PROVIDER TYPE

In the **Covert Provider Type** window that opens, click the **Submit** button to start a provider conversion request.

In the Individual QSP enrollment application that opens, complete the application steps the application as described in the Individual QSP training guide

EVV/CLAIM SUBMISSION/DIRECT DEPOSIT UPDATES

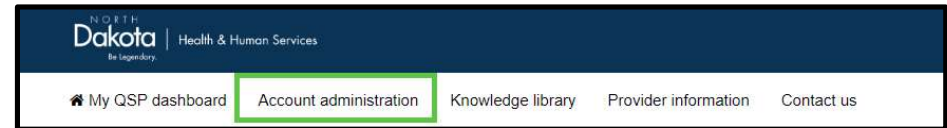
EVV/CLAIM SUBMISSION/DIRECT DEPOSIT UPDATES

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

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



On the **Account administration** page that opens, click the **EVV/Claim Submission/Direct Deposit Updates** tile in the **QSP Administrative Changes** section



EVV/CLAIM SUBMISSION/DIRECT DEPOSIT UPDATES

On the **EVV/Claim Submission/Direct Deposit Updates** page that opens, review the **Direct deposit/electronic funds transfer** table.

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER Edit		
Electronic Visit Verification		
Your EVV submission system: Other	Enter EVV system: ALternate EVV	
Claims Submission		
Your Claims Submission System: Other	Please enter the name of the other claims submission system you will be using: Alternate Claims	Does your claims submission system required you to submit a SFN 583: Yes
Clearing House Name: Alternate Clearinghouse	Is your Clearing House/Billing Agent enrolled with ND Medicaid: No	
Direct Deposit Information		
Bank Name: Joe	Telephone number: 6754328976	Account holder's name: Joe
Account type: Checking	Routing number: 123456798	Account number: 1234567
Address Line 1: 523 4th Ave SE	Address Line 2: N/A	
City: Arlington	State: Alaska	Zip Code: 85248

EVV/CLAIM SUBMISSION/DIRECT DEPOSIT UPDATES

Click the **Edit** button in the **Direct deposit/electronic funds transfer** table to update your:

- Electronic Visit Verification
- Claims Submission
- Direct Deposit Information

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER Edit

Electronic Visit Verification

Your EVV submission system: Other Enter EVV system: Alternate EVV

Claims Submission

Your Claims Submission System: Other Please enter the name of the other claims submission system you will be using: Alternate Claims Does your claims submission system required you to submit a SFN 583: Yes

Clearing House Name: Alternate Clearinghouse Is your Clearing House/Billing Agent enrolled with ND Medicaid: No

Direct Deposit Information

Bank Name: Joe Telephone number: 6754328976 Account holder's name: Joe

Account type: Checking Routing number: 123456798 Account number: 1234567

Address Line 1: 523 4th Ave SE Address Line 2: N/A

City: Arlington State: Alaska Zip Code: 85248

In the **EVV/Claim Submission/Direct deposit** pop-up window that opens, select:

1. **Update direct deposit information** to update direct deposit information
2. **Update EVV and claims submission information** to update your EVV/Claims submission information

EVV/Claim Submission/Direct deposit

What would you like to do?*

Update direct deposit information

Update EVV and claims submission information

Cancel Submit

UPDATE COUNTIES SERVED

UPDATE COUNTIES SERVED

ND QSP Portal URL:

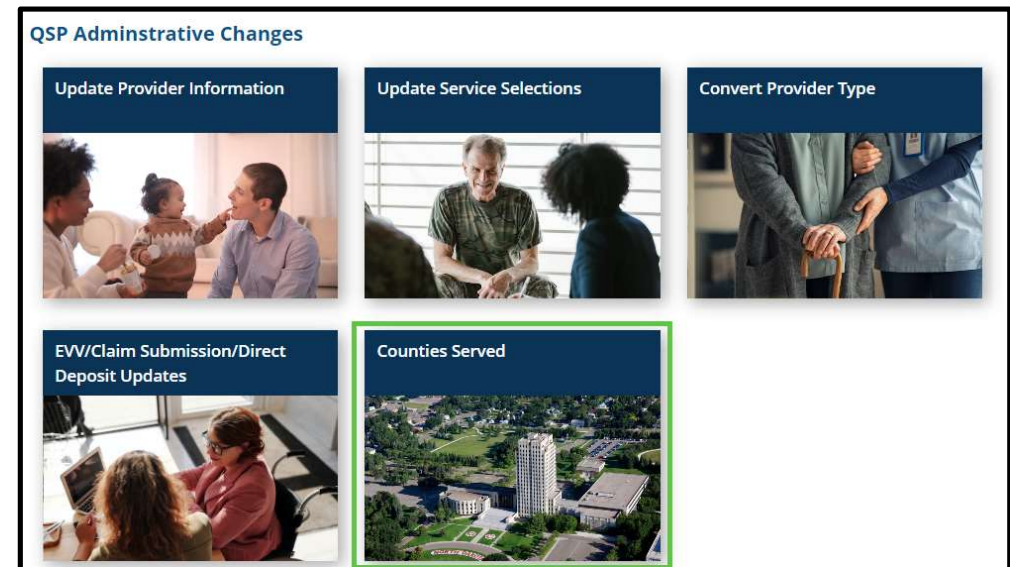
hhs.nd.gov/QSP

Enter the Application Portal.

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



On the **Account administration** page that opens, click the **Counties Served** tile in the **QSP Administrative Changes** section



UPDATE COUNTIES SERVED

On the **Counties served** page that opens,

- To add new counties, click on the map to select new counties where you plan to serve
- To remove counties, click the **X** in the box next to the county you selected



MANAGE EMPLOYEES

MANAGE EMPLOYEE INFORMATION

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

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








On the **Account administration** page that opens, click the **Manage Employees** tile in the **Agency QSP Changes** section



MANAGE EMPLOYEE INFORMATION



On the **Manage Employee** page that opens, review the **Employees** table.

EMPLOYEES					 Edit
<input type="text" value="Enter Search"/> 					
First name	Last name	Telephone Number	Employment start date	Documents	
EMP	one	4807771456 	2024-05-01		
Woe	KOE	6754328976	2024-05-01		

Showing 1 to 2 of 2 results

MANAGE EMPLOYEE INFORMATION

To add or remove documents for employees, click the **Folder** icon in the **Documents** column of the **Employee table**.




First name	Last name	Telephone Number	Employment start date	Documents
EMP	one	4807771456	2024-05-01	
Woe	KOE	6754328976	2024-05-01	


Showing 1 to 2 of 2 results


- In the **Documents** window that opens,
 - To remove documents, click the **X** next to the document you want to remove from the **Uploaded documents** section
 - To Add documents,
 - Select the document from the document list
 - Click the **Add document** button to upload the document

Documents for EMP one

Uploaded documents:

- Employee Driver's License.png 
- FWA Certificate.png 
- SFN - 577.png 

Please select which document you would like to upload. 

Internal training documents 

Add Document

Close

MANAGE EMPLOYEE INFORMATION

To add or remove employees, click the **Edit** icon in **Employee table**.

- In the **Manage Employees** request that opens,
 - To update employee information:
 - Click the **Edit** button next to the employee you want to update,
 - In the **Add employee** window that opens, make the updates and click the **Save** button
 - To remove an employee, navigate to the bottom of the **Add Employee** window and click the **Delete** button
 - To add a new Employee:
 - Click the **Add Employee** button on the **Manage Employee** page
 - In the **Add Employee** window that opens, complete all the employee information
 - Click the **Save Employee** button
- Upon completion of the updates, click the **Submit** button on the **Manage Employee** page to submit your request

EMPLOYEES Edit

Enter Search

First name	Last name	Telephone Number	Employment start date	Documents
EMP	one	4807771456	2024-05-01	
Woe	KOE	6754328976	2024-05-01	

Showing 1 to 2 of 2 results

Add employees

Please add all agency employees that will be providing direct services to members (including any owners or managing employees).

First Name	Last Name	Edit
EMP	one	Edit
Woe	KOE	Edit

Add employees

Please add all agency employees that will be providing direct services to members (including any owners or managing employees).

First Name	Last Name	Edit
EMP	one	Edit
Woe	KOE	Edit

Add employee

MANAGE OWNERSHIP INFORMATION

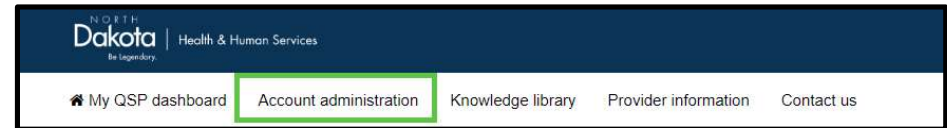
MANAGE OWNERSHIP INFORMATION

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

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



On the **Account administration** page that opens, click the **Manage Ownership Information** tile in the **Agency QSP Changes** section



MANAGE OWNERSHIP INFORMATION

On the **Manage Employee** page that opens, review the **Direct/Indirect Owners** and **Managing Employees** tables.

Submit a change of ownership (CHOW)
Modify Ownership Information

DIRECT/INDIRECT OWNERS

Name	% Ownership	Work Telephone	SSN/TIN
Joe Employee	23		*****4532

Showing 1 to 1 of 1 results

MANAGING EMPLOYEES

Name	% Ownership	Work Telephone	SSN/TIN
DON Person		4807771456	*****4532
CFE Person		6754328976	*****4532
CIO Person		6754328976	*****4532
PIC Person		6754328976	*****4725
CEO Person		4807450784	*****4532

Showing 1 to 5 of 6 results 1 2 >

MODIFY OWNERSHIP INFORMATION

To update ownership or managing employee information, click the **Modify Ownership** button in.

- In the **Manage Ownership** request that opens,
 - To update owner/managing employee information:
 - Click the **Edit** button next to the owner/managing employee you want to update
 - In the **Add owner/managing employee** window that opens, make the updates and click the **Save** button
 - To remove an owner/managing employee, navigate to the bottom of the **Add owner/managing employee** window and click the **Delete** button

Submit a change of ownership (CHOW) **Modify Ownership Information**

DIRECT/INDIRECT OWNERS

Enter Search

Name	% Ownership	Work Telephone	SSN/TIN
Joe Employee	23		*****4532

Showing 1 to 1 of 1 results

Direct/Indirect agency ownership information

You will need to add all of your agency's direct/indirect owners. A direct/indirect owner is any person or entity with a 5% or more ownership of the agency.

For providers enrolled with Medicare and Medicaid, any discrepancies noted in 5% or more ownership will be reported to Medicare.

Please add your agency's direct/indirect owner information.

Name	Edit
Joe Employee	Edit

Add owner

Please add your agency's managing employees and individuals with control interest.

Name	Edit
PIC Person	Edit
OM Person	Edit
CEO Person	Edit
DON Person	Edit
CFE Person	Edit
CIO Person	Edit

Add managing employee/individual with control interest

MODIFY OWNERSHIP INFORMATION

To update ownership or managing employee information, click the **Modify Ownership** button in.

- To add a new owner/managing employee:
 - Click the **Add owner/managing employee** button on the **Manage ownership** page
 - In the **Add owner/managing employee** window that opens, complete all the required information
 - Click the **Save** button
- Click the **Next** button to complete the **Required documents** page
- On the **Required documents** page, click the **Review your SFN 1168** button to review and accept all the changes made
- Click the **Submit** button to submit your request

Direct/Indirect agency ownership information

You will need to add all of your agency's direct/indirect owners. A direct/indirect owner is any person or entity with a 5% or more ownership of the agency.

For providers enrolled with Medicare and Medicaid, any discrepancies noted in 5% or more ownership will be reported to Medicare.

Please add your agency's direct/indirect owner information.

Name	Edit
Joe Employee	Edit

Add owner

Please add your agency's managing employees and individuals with control interest.

Name	Edit
PIC Person	Edit
OM Person	Edit
CEO Person	Edit
DON Person	Edit
CFE Person	Edit
CIO Person	Edit

Add managing employee/individual with control interest

SUBMIT A CHANGE OF OWNERSHIP (CHOW) REQUEST

To submit a CHOW, click the **Submit change of ownership (CHOW)** button.

- In the pop-up window that opens, Select Yes or No in response to the question **Will the provider's NPI or EIN be changing?**
 - If **Yes** is selected, a Change of Ownership request opens
 - Upload a letter on company letter head from the previous owner stating the effective date of CHOW and date of closure of the old QSP number.
 - Enter Effective Date of Change
 - Date of closure of the old QSP number
 - Click the **Submit** button
 - Notify the new owner to submit a new Agency QSP enrollment application for approval
 - If **No** is selected, a Change of Ownership request opens
 - Complete the steps on slides 123-124

The screenshot shows a table titled 'DIRECT/INDIRECT OWNERS' with a search bar and a table of owner information. The 'Submit a change of ownership (CHOW)' button is highlighted in green.

Name	% Ownership	Work Telephone	SSN/TIN
Joe Employee	23		*****4532

Showing 1 to 1 of 1 results

The dialog box asks 'What information do you wish to edit?' and 'Will the provider's NPI or EIN be changing?'. The 'Yes →' button is highlighted in green.

The form is titled 'Change of Ownership Details' and contains instructions and input fields for the effective date of change and the date of closure of the old QSP number. An 'Add Document' button is also present.

Please submit a letter on company letter head from the previous owner stating the effective date of CHOW and date of closure of the old QSP number.*

Add Document

Enter Effective Date of Change*
Select date

Date of closure of the old QSP number*
Select date

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*