

# 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)  
Family Home Care - Front End User Guide*

April 8, 2024

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# FRONT END USER GUIDE OVERVIEW

## **Introduction:**

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

## **Audience:**

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

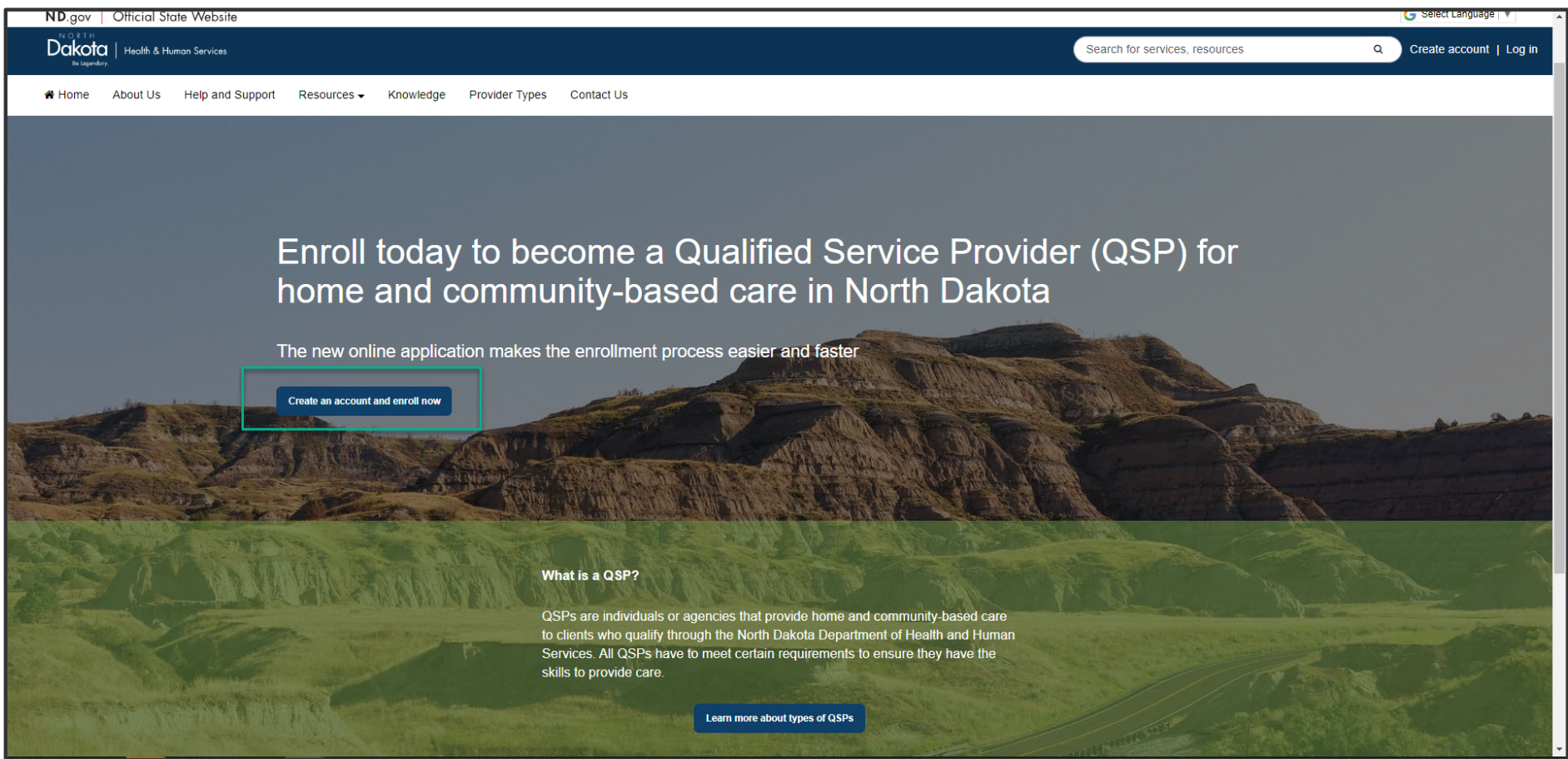
# FIRST TIME LOGIN (APPLICANT)

# FIRST TIME LOGIN

## ND QSP Portal URL:

[hhs.nd.gov/QSP](https://hhs.nd.gov/QSP)

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

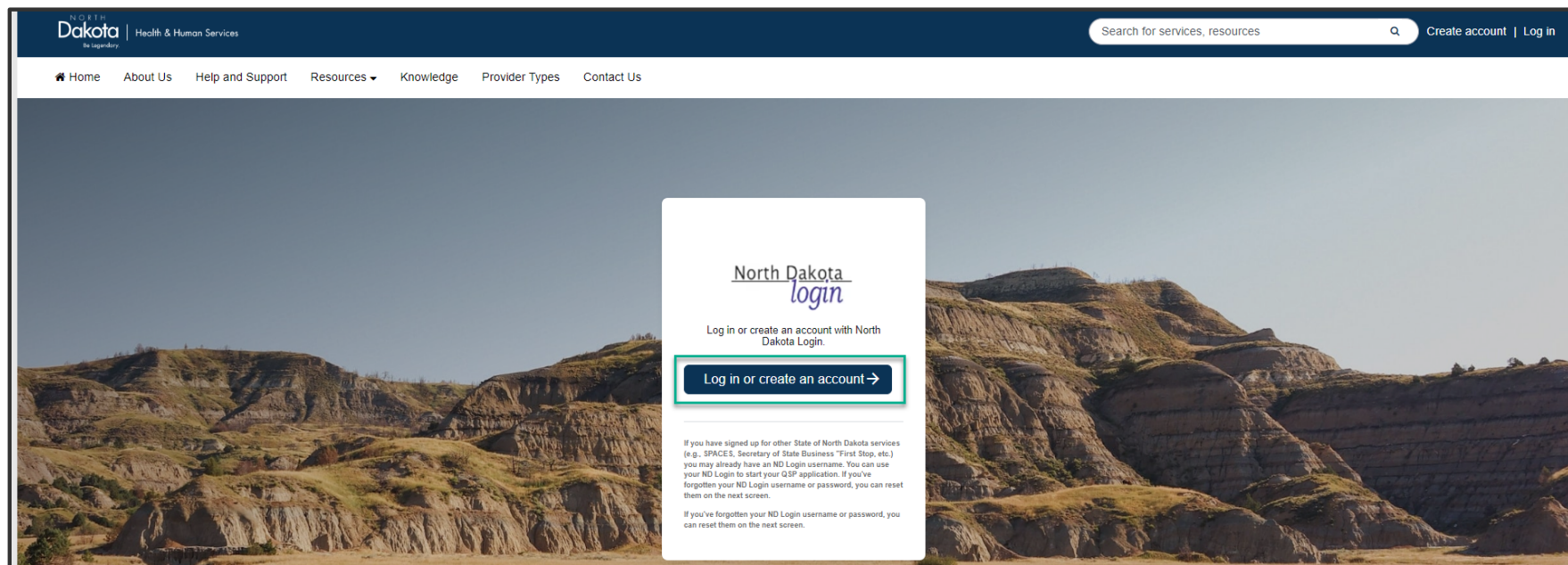


# FIRST TIME LOGIN

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:

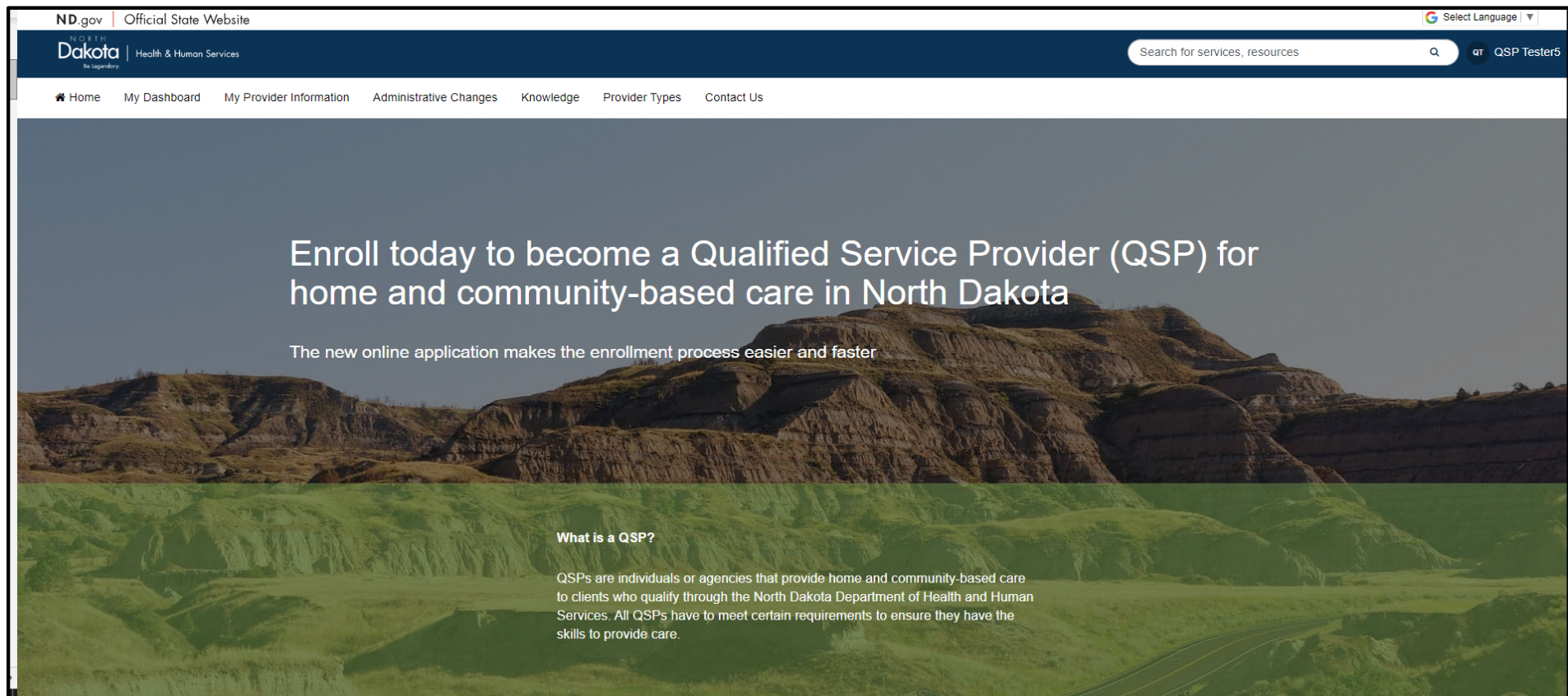
- Your **User ID**
- Your **Password**
- Click **Sign In**

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 FAMILY HOME CARE APPLICATION

# FAMILY HOME CARE APPLICATION OVERVIEW

## The following are Pre-Eligibility requirements to submit a Family Home Care Application:

1. FHC is the provision of room, board, supervisory care, and personal services to an eligible elderly or disabled person by the spouse or by one of the following relatives, or the current or former spouse of one of the following relatives:
  - Spouse
  - Parent
  - Grandparent
  - Adult Child
  - Child
  - Adult Sibling
  - Adult Grandchild
  - Adult Niece
  - Adult Nephew
  - Aunt
  - Uncle
  - Spouse or Former Spouse of Parent
  - Spouse or Former Spouse of Grandparent
  - Spouse or Former Spouse of Adult Child
  - Spouse or Former Spouse of Adult Sibling
  - Spouse or Former Spouse of Adult Grandchild
  - Spouse or Former Spouse of Adult Niece
  - Spouse or Former Spouse of Adult Nephew
2. The provider must enroll as a Family Home Care provider and the client must be preapproved by the Case Manager.

# FAMILY HOME CARE APPLICATION REQUIREMENTS

## Documents/Forms:

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

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

## Trainings:

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

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

# ENTER APPLICATION PORTAL

**Pre-requisite:** Family Home Care applications are initiated by HCBS Case Managers upon approval.

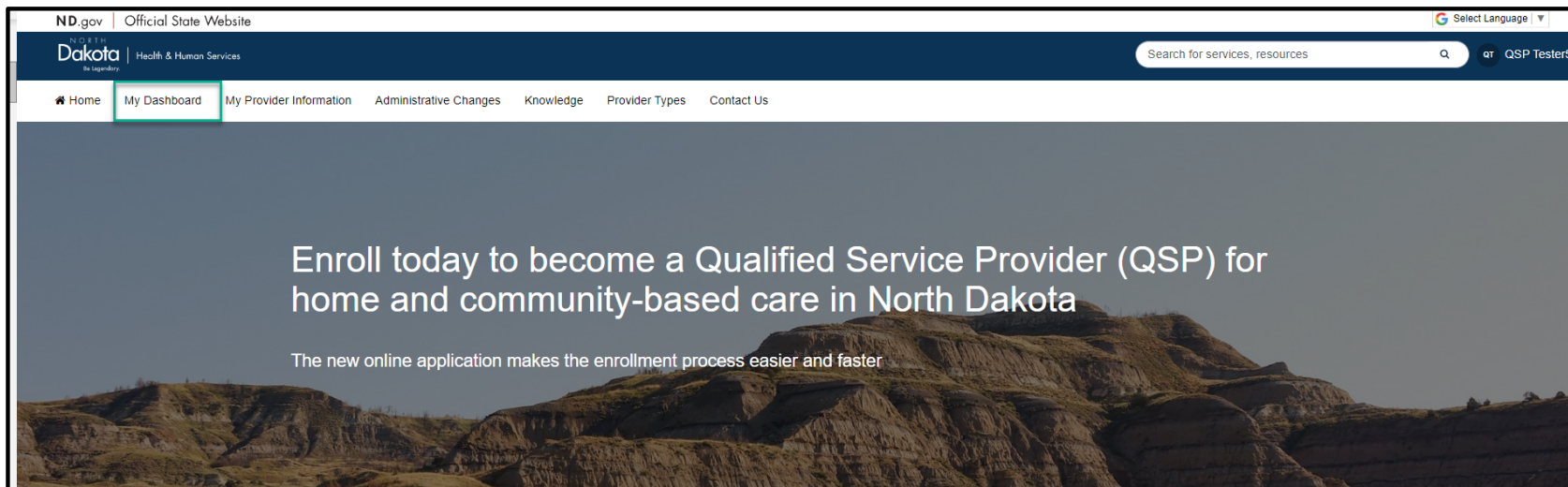
You should have received the **ND QSP Enrollment - Your Family Home Care Enrollment has been initiated** notification informing you of the initiated application

**ND QSP Portal URL:**

[hhs.nd.gov/QSP](https://hhs.nd.gov/QSP)

**Enter the Application Portal.**

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



# COMPLETE APPLICATION

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

The screenshot shows a web interface with a navigation bar at the top containing links for Home, My Dashboard, Knowledge, Provider Types, and Contact Us. Below the navigation bar is a large banner image of hands being held, with the text "Welcome, FHC" overlaid. The main content area is titled "My QSP Applications" and features a search bar with the placeholder text "Enter Search" and a magnifying glass icon. Below the search bar is a table with the following data:

Request Number	Application type	Date started	Status
0088096	Family Home Care Enrollment	12/31/2023	Draft

At the end of the table row, there is a red "Cancel" button. Below the table, there is a "Page Size" dropdown menu set to "10" and the text "Showing 1 to 1 of 1 results".

# COMPLETE APPLICATION

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

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

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

Family Home Care Enrollment  
Request 0090010

- 1 FHC application requirements
- 2 General information
- 3 Background information
- 4 Family member information
- 5 Languages
- 6 Counties served
- 7 Direct deposit/Electronic funds transfer
- 8 Required documents
- 9 Declarations

### Family Home Care application requirements

**i** This application is for Family Home Care (FHC) individual providers who are looking to provide care to their legal spouse.

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

#### Documents/Forms

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

- Copy of a voided check or documentation to verify your account from your financial institution
- Copy of government issued identification (e.g., driver license, tribal ID, etc.)

#### Trainings

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

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

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

Save Next

# COMPLETE GENERAL INFORMATION

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

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

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

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

General information

---

Languages

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

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

Somali

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

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

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

Phone number type\*

Mobile

Landline

Phone number\*

6152458586

Send request

# COMPLETE GENERAL INFORMATION

## Step 2b: Complete Personal Information questions

In the Personal information section enter the following details:

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

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

Personal information

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

First name\* MI Last name\* Suffix

QSP [ ] Tester -Select- v

Date of birth\* Social Security Number\* ? Gender\*

Select date [ ] Male

[ ] Female

Telephone number\* Cell phone number

[ ] [ ]

Email address\*

QSPFPC@email.com

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

Yes

No

Please add any other names you have used

You haven't added any other names yet



# COMPLETE GENERAL INFORMATION

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

Enter the following details:

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

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

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

Do you have a current and valid driver license?\*

Yes  
 No

Driver license number\*

State issued\*

Expiration date\*

Please upload a copy of your driver license\*

**Upload driver license**

Do you have a current and valid driver license?\*

Yes  
 No

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

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

# COMPLETE GENERAL INFORMATION

## Step 2c: Complete Address information questions

In the Address information section enter the following details:

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

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

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

Address information

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

**Physical address\***  
523 4th Ave

**Apartment/Building number** **City\***  
Jamestown

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

Validate address

Confirm address

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

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

Accept Formatted Address

# COMPLETE GENERAL INFORMATION

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

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

Enter the following information

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

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

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

# COMPLETE GENERAL INFORMATION

Review completed **General Information** and move on to the **Background 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 BACKGROUND INFORMATION

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

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

The screenshot shows a web application interface for 'Family Home Care Enrollment' with 'Request 0087996'. The left sidebar lists navigation steps: 1. FHC application requirements, 2. General information, 3. Background information (selected), 4. Family member information, 5. Languages, 6. Counties served, 7. Direct deposit/Electronic funds transfer, 8. Required documents, and 9. Declarations. The main content area is titled 'Background information' and contains a 'QSP information' section. It asks 'Have you ever been or are you currently enrolled as a QSP for the state of North Dakota?' with radio buttons for 'Yes' (selected) and 'No'. Below this is a text input field for 'What is your current/previous provider number?' with a help icon. At the bottom of the form, there is a checkbox for 'I don't remember'.

# COMPLETE BACKGROUND INFORMATION

## Step 3b: Submit disciplinary actions information.

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

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

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

Disciplinary actions

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

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

Yes  
 No

Please provide an explanation\*

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

Yes  
 No

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

Yes  
 No

# COMPLETE BACKGROUND INFORMATION

## Step 3c: Submit criminal convictions information.

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

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

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

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

# COMPLETE BACKGROUND INFORMATION

Review completed **Background Information** and move on to the **Family member 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.





# REVIEW FAMILY MEMBER INFORMATION

**Step 4:** Review the approved family members that you will be providing direct care to.

**Note:** To make changes, please contact your case manager.

**Family Home Care Enrollment**  
**Request 0088096**

- 1 FHC application requirements
- 2 General information
- 3 Background information
- 4 **Family member information >**
- 5 Languages
- 6 Counties served

## Family member information

These are the approved family members that you will be providing direct care to.

**To make changes, please contact your case manager.**

Family Member's First Name	Family Member's Last Name	Relationship	County of residence
Test	Family Member 3	Adult Grandchild	Benson
Test	Family 1	Adult Child	Barnes
Test	Family Member 2	Grandparent	Benson

# COMPLETE BACKGROUND INFORMATION

Review approved **Family member information** and move on to the **Languages** page.

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



# COMPLETE LANGUAGES INFORMATION

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

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

The screenshot shows the 'Languages' section of the 'Family Personal Care Enrollment' application. The left sidebar lists steps 1 through 10, with '6 Languages' selected. 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 you speak English well enough to provide services to an English-speaking individual?\***

Yes  
 No

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

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

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

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

Do you speak a language other than English?\*

Yes

No

Select all languages you speak:

Search languages

- English
- Albanian
- Arabic
- Cantonese

Select all languages you speak:

Search languages

Bangla X Bosnian X Cambodian/Kampuchae X

**Bangla Proficiency\***

Fluent

Conversational

**Bosnian Proficiency\***

Fluent

Conversational

# COMPLETE LANGUAGES INFORMATION

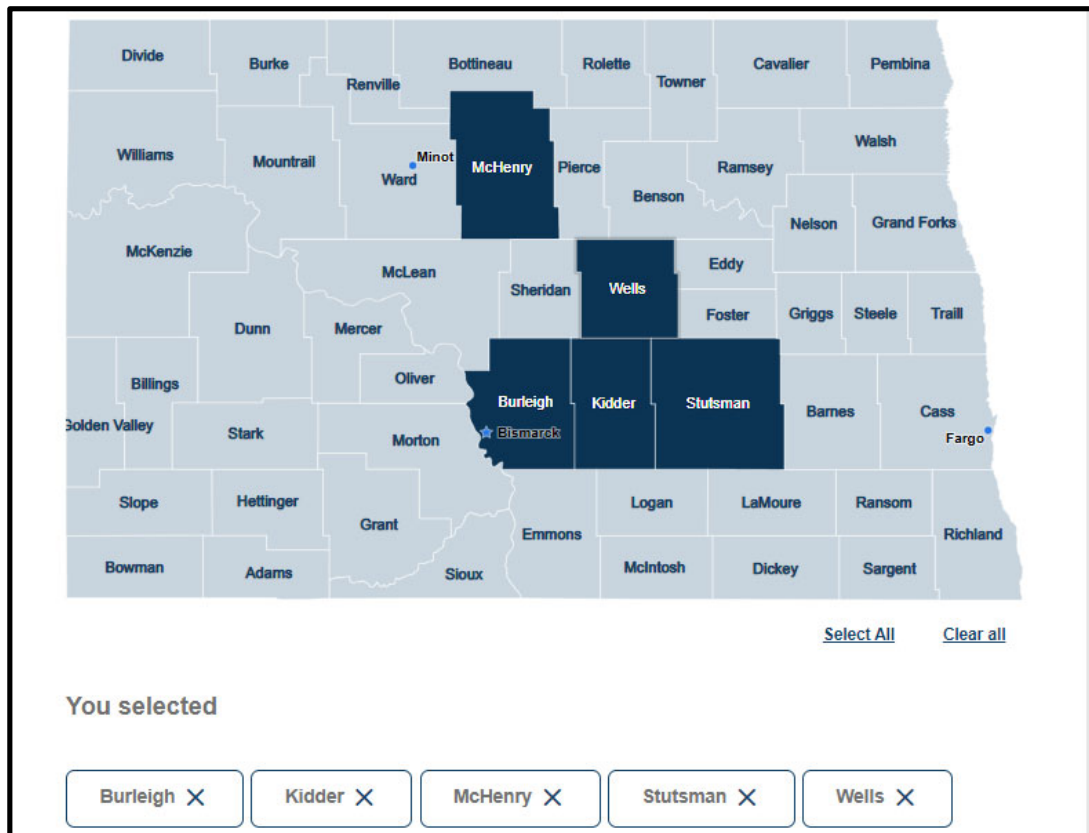
Review completed **Languages information** and move on to the **Counties served** page.

- 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 6:** On the Counties served page, click on the map to select the counties where you plan to serve:



**Note:**

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

# COMPLETE COUNTIES SERVED

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

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



# COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

**Step 7a:** Submit Financial institution information and upload documentation

Enter the following information:

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

The screenshot shows a web application interface for 'Family Home Care Enrollment' with request ID '0087996'. A sidebar on the left contains a list of steps: 1. FHC application requirements, 2. General information, 3. Background information, 4. Family member information, 5. Languages, 6. Counties served, 7. Direct deposit/Electronic funds transfer (highlighted with a right arrow), 8. Required documents, and 9. Declarations. The main content area is titled 'Direct deposit/Electronic funds transfer' and includes a note: 'This information is required for payment. You will also need to upload a voided check or documentation to verify your account from your financial institution. Direct deposit/Electronic funds transfer can take up to two months to go into effect. Paper checks will be mailed to your mailing address.' Below this is a section for 'Financial institution information' with the following fields: 'Name of financial institution (Bank/Credit Union)\*' (text input), 'Telephone number\*' (text input), 'Address of financial institution\*' (text input), 'Apartment/Building number' (text input), 'City\*' (text input), 'State\*' (dropdown menu with '-Select-' selected), and 'ZIP code\*' (text input).



# COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

## Step 7b: Claims submission

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

**Claims submission**

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

Medicaid Management Information System Portal (MMIS)

Paper

# 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 8a:** Review and confirm the information prefilled in the forms.

## 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

Family Home Care Enrollment  
Request 0087996

- 1 FHC application requirements
- 2 General information
- 3 Background information
- 4 Family member information
- 5 Languages
- 6 Counties served
- 7 Direct deposit/Electronic funds transfer
- 8 **Required documents** >
- 9 Declarations

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

---

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

[Review your W-9](#)

---

SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement  
We have prepopulated your SFN 671 using answers from your application. Please review your form and if you need to make any changes, update the applicable fields in your application before accepting your SFN 671.

[Review your SFN 671](#)

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 8b: Upload documents

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

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

### QSP Orientation Certification of Completion

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

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

### Memorandum of Understanding (MOU)

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

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

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

**Upload FWA training certificate** \*

#### QSP Orientation Certification of Completion

Please upload your QSP Orientation Training Certification of Completion.

**Upload QSP Orientation Certificate** \*

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

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

**Upload agreement and MOU** \*

# COMPLETE REQUIRED DOCUMENTS

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

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



# COMPLETE DECLARATIONS

**Step 9:** Applicant must certify and validate declarations with an electronic signature prior to application submission.

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

**Family Home Care Enrollment**  
Request 0090010

1 FHC application requirements  
2 General information  
3 Background information  
4 Family member information  
5 Languages  
6 Counties served

### Declarations

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

- I am aware that in order to provide Family Home Care Services the relative that I provide care for must be my spouse, parent, grandparent, adult child, child, adult sibling, adult grandchild, adult niece, adult nephew, aunt, uncle, spouse or former spouse of parent, spouse or former spouse of grandparent, spouse or former spouse of adult child, spouse or former spouse of adult sibling, spouse or former spouse of adult grandchild, spouse or former spouse of adult niece, or spouse or former spouse of adult nephew. \*
- I understand that if my living situation changes I am required to notify the Department and the case manager immediately. \*
- I am able to provide QSP services (both mentally and physically). \*

Click the **Sign electronically** button

Click the **Submit** button

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

**Sign here \***

**Sign electronically**

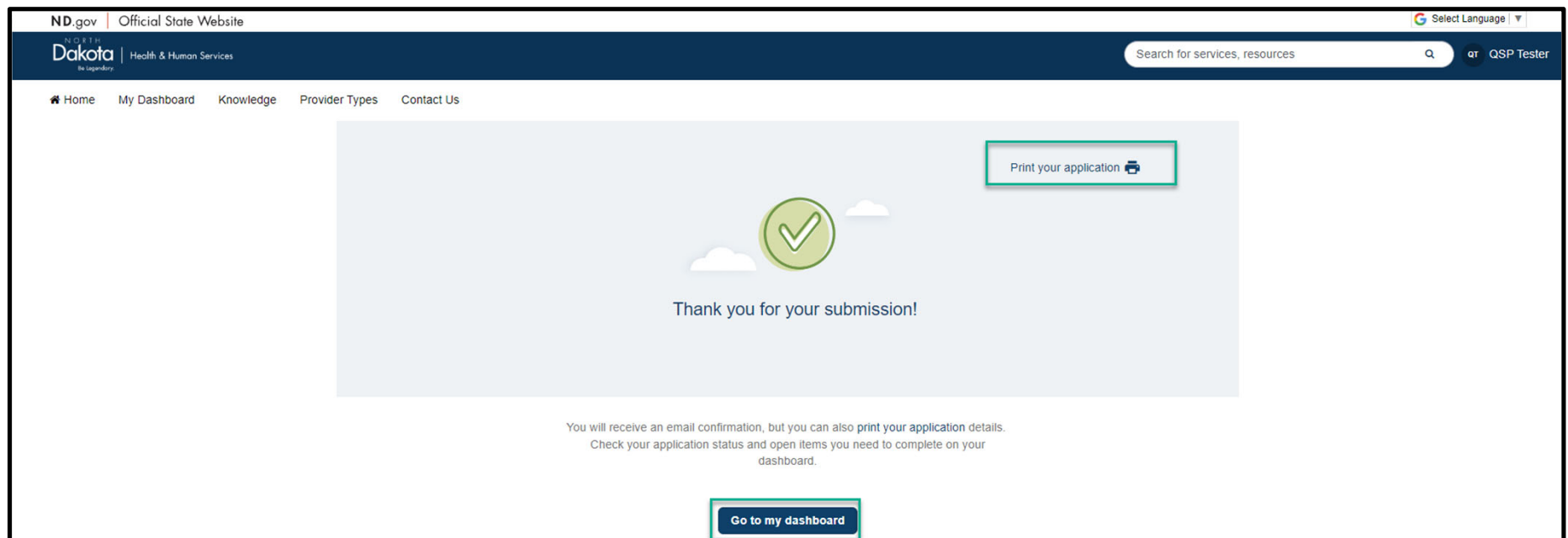
Back Save **Submit**

# COMPLETE CERTIFICATION

**Step 10:** After application submission, you will be redirected to the application submission page confirming the receipt of your application.

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

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



# UPDATE DOCUMENTATION IN RE-REVIEW

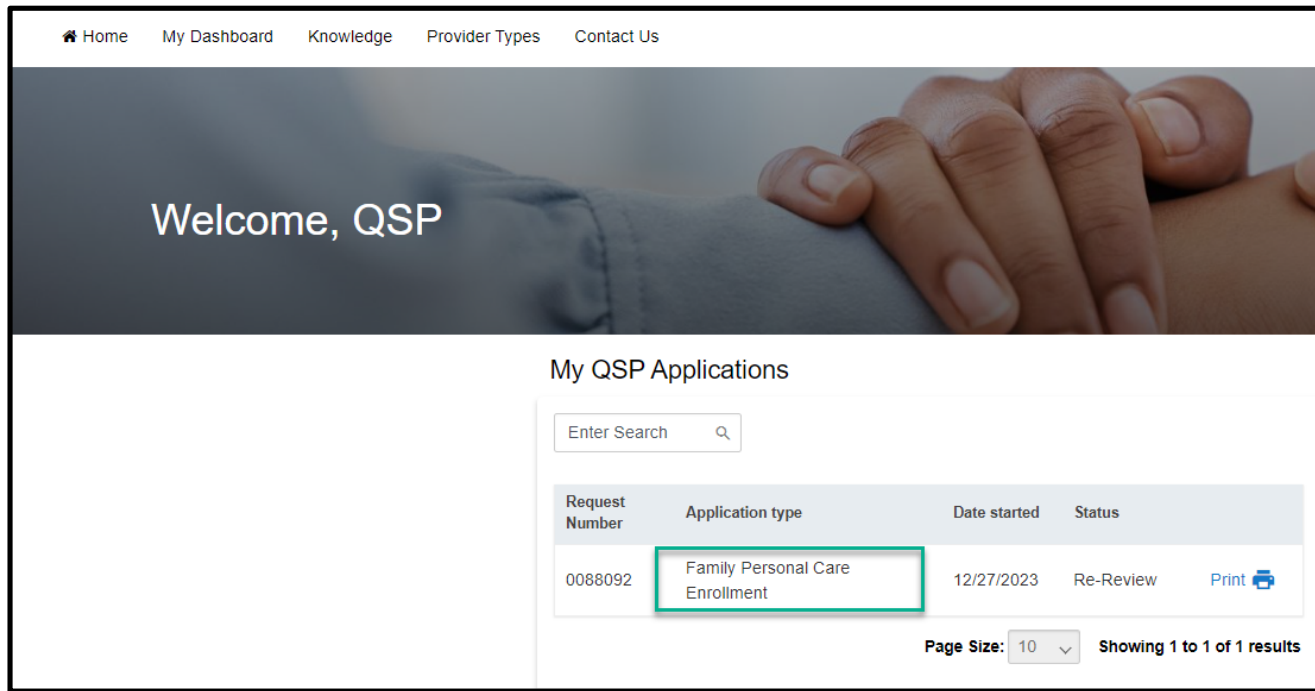


# UPDATE DOCUMENTATION IN RE-REVIEW

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

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

- Click the application



# UPDATE DOCUMENTATION IN RE-REVIEW

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

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

- Click **Submit**.

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

# COMPLETE ADMINISTRATIVE TASKS

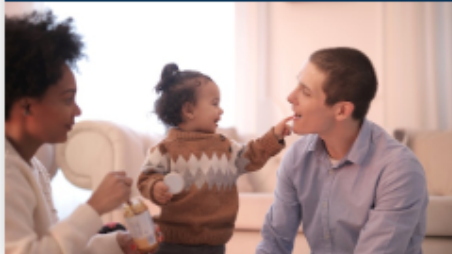
# ADMINISTRATIVE TASKS OVERVIEW

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

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

## QSP Administrative Changes

### Update Provider Information



### Convert Provider Type



### EVV/Claim Submission/Direct Deposit Updates



### Counties Served



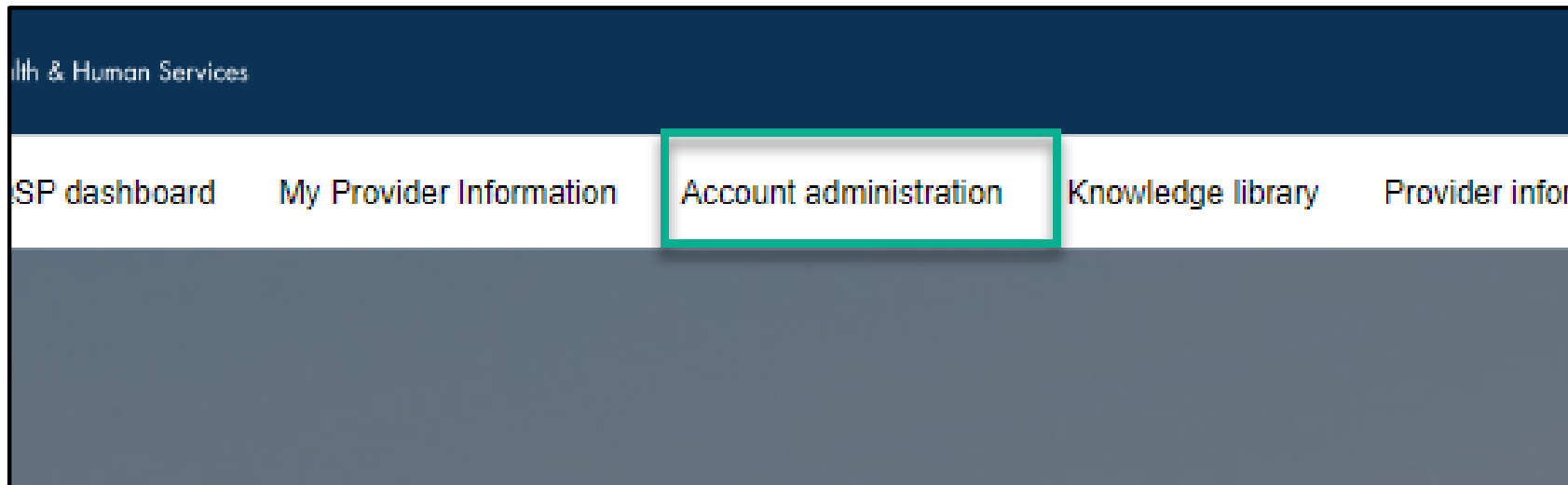
# ENTER APPLICATION PORTAL

## ND QSP Portal URL:

[hhs.nd.gov/QSP](https://hhs.nd.gov/QSP)

## Enter the Application Portal.

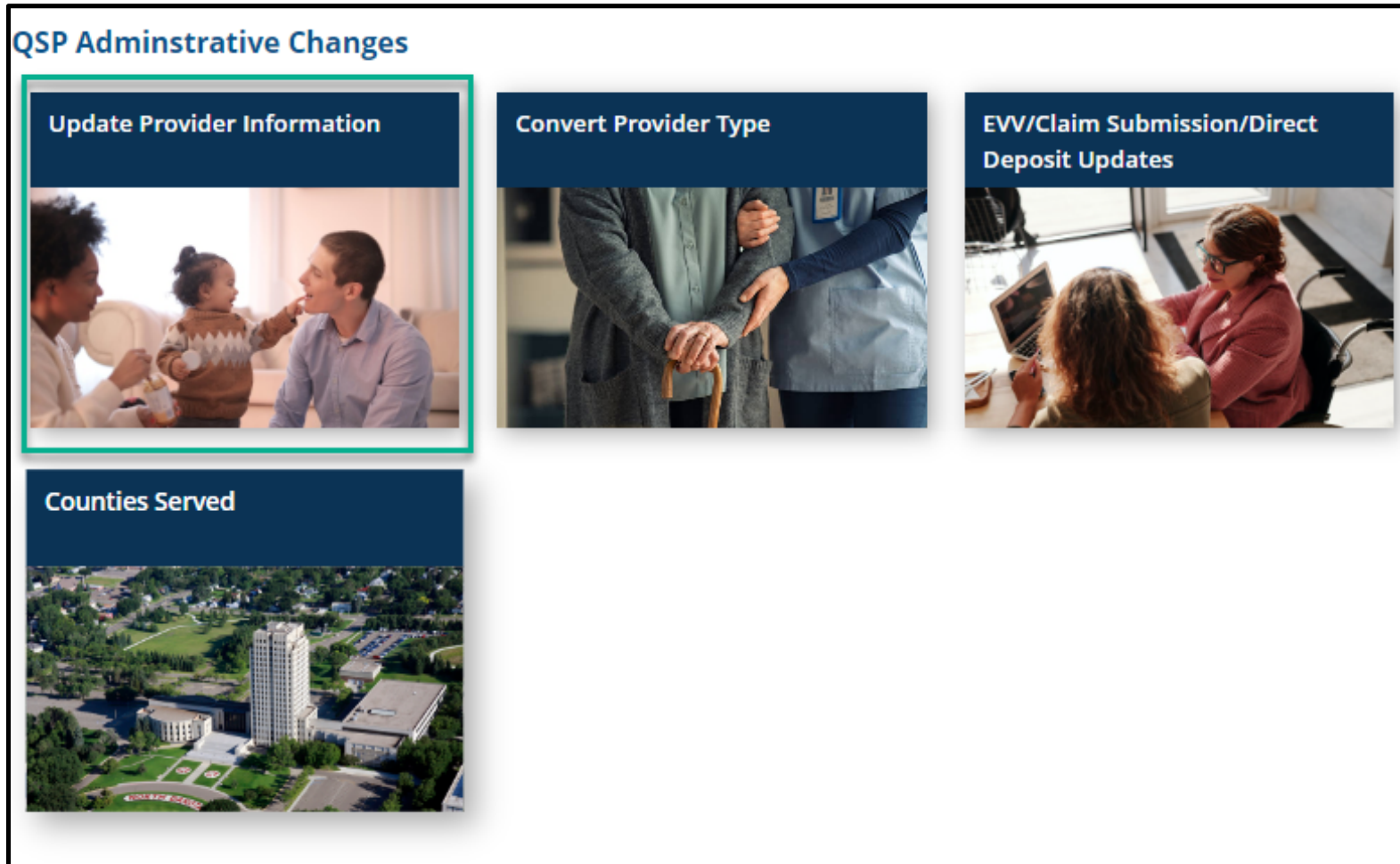
- After logging in, you will be redirected to the home page.
- Click the **Account administration** tab.



# UPDATE PROVIDER INFORMATION

# UPDATE PROVIDER INFORMATION

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



# UPDATE PROVIDER INFORMATION

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

- Basic Information
- License/Documentation of Competency
- Endorsements

Review and validate your information is correct

**BASIC INFORMATION** ✎

---

**My Personal Information**

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

---

**Physical Address**

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

---

**Mailing Address**

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

---

**Provider Information**

<b>Provider type:</b> Family Home Care	<b>NPI number:</b> N/A	<b>MMIS Provider number:</b> N/A
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**LICENSES/DOCUMENTATION OF COMPETENCY** ✎

License Type	Licensing Agency	License Number	Expiration Date
No records			

Showing 0 to 0 of 0 results

---

**ENDORSEMENTS**

Endorsement
Exercise/Maintenance

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

Showing 1 to 1 of 1 results



# UPDATE BASIC INFORMATION: LEGAL NAME CHANGE

# UPDATE BASIC INFORMATION – CHANGE LEGAL NAME

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

BASIC INFORMATION		
My Personal Information		
First name: EW	Last name: IND 1	Gender: M
Email: google@bing.com	Phone number: 8152458588	On public list: true

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

What information do you wish to edit?

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

Change Legal Name →

Change Provider Information →

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

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

# UPDATE BASIC INFORMATION – CHANGE LEGAL NAME

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

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

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

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

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

# COMPLETE PROVIDER INFORMATION – CHANGE LEGAL NAME

Review completed information and submit your request.

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

Change Legal Name  
Request 0091146

Change Legal Name >

### Change legal name

Please note that additional documents will be required for your request

Prior Legal Name

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

New Legal Name

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

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

Add Document

4.jpg

W-9 Request for Taxpayer Identification Number and Certification

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

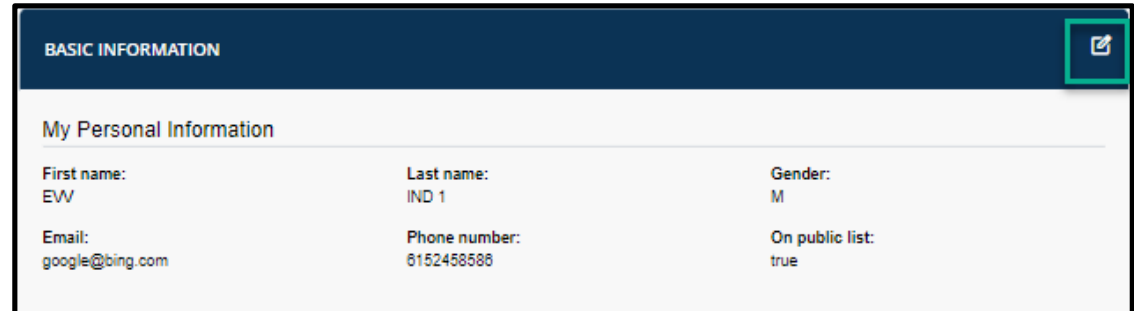
Review your W-9

Cancel Save Submit

## UPDATE BASIC INFORMATION: CHANGE PROVIDER INFORMATION

# UPDATE BASIC INFORMATION – CHANGE PROVIDER INFORMATION

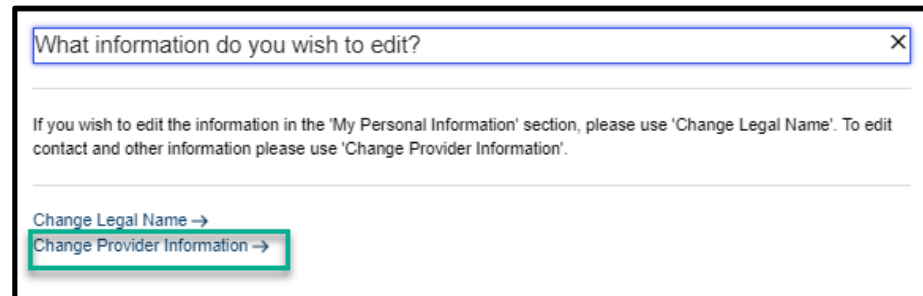
In the **Basic Information** section, click the **Edit** icon



The screenshot shows a dark blue header with the text "BASIC INFORMATION" and a small edit icon (a square with a pencil) in the top right corner. Below the header is a section titled "My Personal Information" with a horizontal line above it. The information is organized into three columns:

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

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



The dialog box has a title bar that says "What information do you wish to edit?" with a close button (X) on the right. Below the title bar is a paragraph of text: "If you wish to edit the information in the 'My Personal Information' section, please use 'Change Legal Name'. To edit contact and other information please use 'Change Provider Information'." At the bottom of the dialog box, there are two options, each with a right-pointing arrow: "Change Legal Name →" and "Change Provider Information →". The "Change Provider Information →" option is highlighted with a red box.

# UPDATE BASIC INFORMATION – CHANGE PROVIDER INFORMATION

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

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

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

- Physical address
- Mailing address

# COMPLETE PROVIDER INFORMATION – CHANGE PROVIDER INFORMATION

Review completed information and submit your request.

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

Change Provider Information  
Request 0051147

Change contact information

Contact information

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

Telephone number\* 6152458508 Email address\* google@bing.com Gender\*  Male  Female

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

Yes  No

Address information

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

Is your mailing address different from your physical address?\*

Yes  No

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

Cancel Save Submit



# CONVERT PROVIDER TYPE

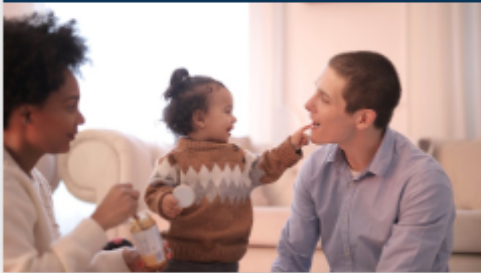
# CONVERT PROVIDER TYPE

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

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

## QSP Administrative Changes

Update Provider Information



Convert Provider Type



EVV/Claim Submission/Direct  
Deposit Updates



Counties Served



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

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

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

## NOTE: Additional requirements:

### Individual QSPs:

- License/Documentation of Competency
- Individual NPI number

### Agency QSPs:

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

**Convert Provider Type**

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

What would you like to do?\*

Close current enrollment and open new enrollment

Maintain current enrollment and open new enrollment

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

Agency

Individual

Cancel Submit

# CONVERT PROVIDER TYPE: MAINTAIN ENROLLMENT & ADD INDIVIDUAL QSP

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

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

**NOTE: Additional requirements:**  
**Individual QSPs:**

- License/Documentation of Competency
- Individual NPI number

**Convert Provider Type**

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

What would you like to do? \*

Close current enrollment and open new enrollment

**Maintain current enrollment and open new enrollment**

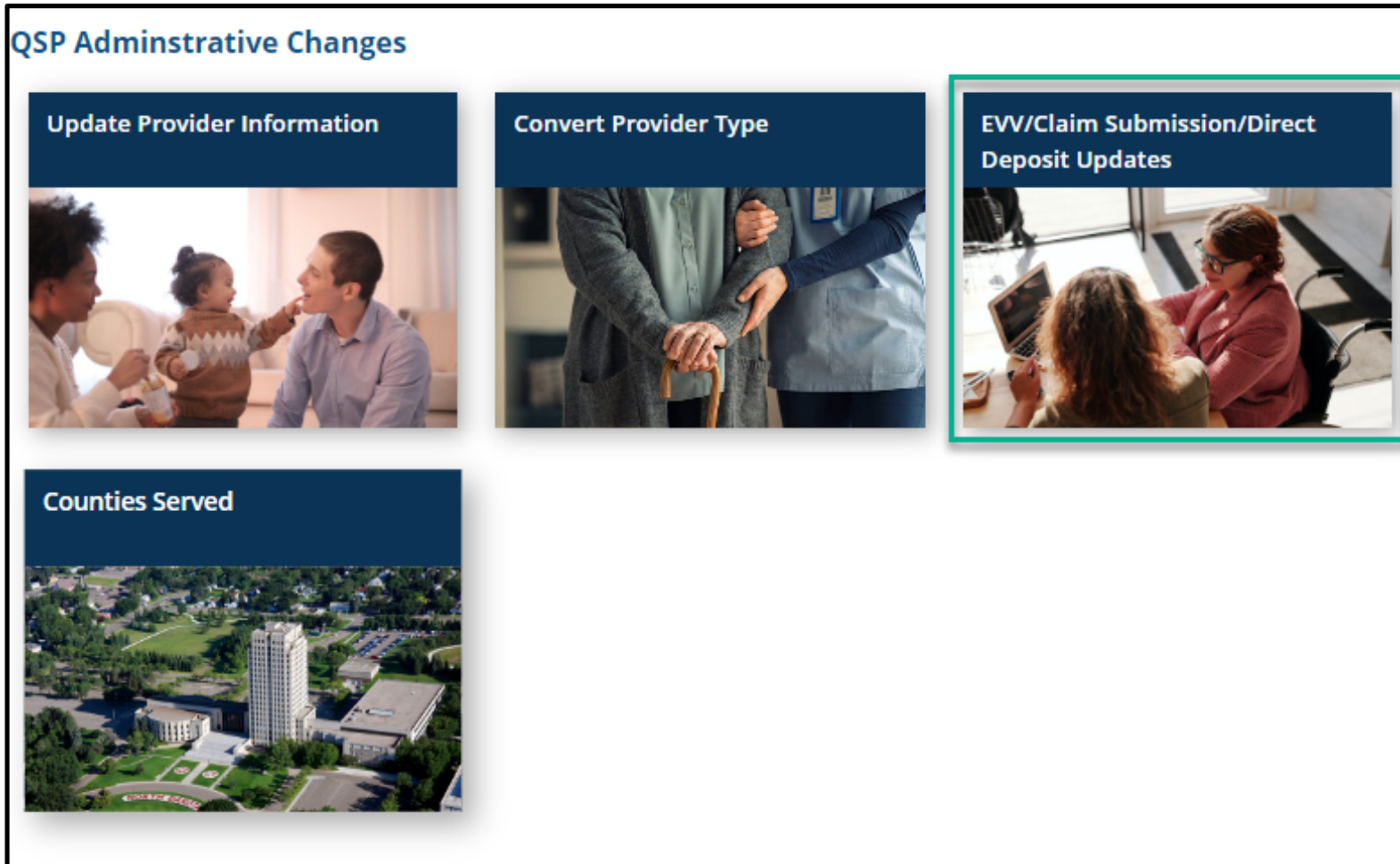
Please click submit to open an Individual enrollment.

Cancel Submit

## UPDATE CLAIMS SUBMISSION/DIRECT DEPOSIT INFORMATION

# UPDATE CLAIMS SUBMISSION/DIRECT DEPOSIT INFORMATION

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



# UPDATE CLAIMS SUBMISSION/DIRECT DEPOSIT INFORMATION



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

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

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

Direct deposit/Electronic funds transfer

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

Financial institution information

**Name of financial institution (Bank/Credit Union)\***

**Telephone number\***

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

Claims submission

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

Medicaid Management Information System Portal (MMIS)

Paper

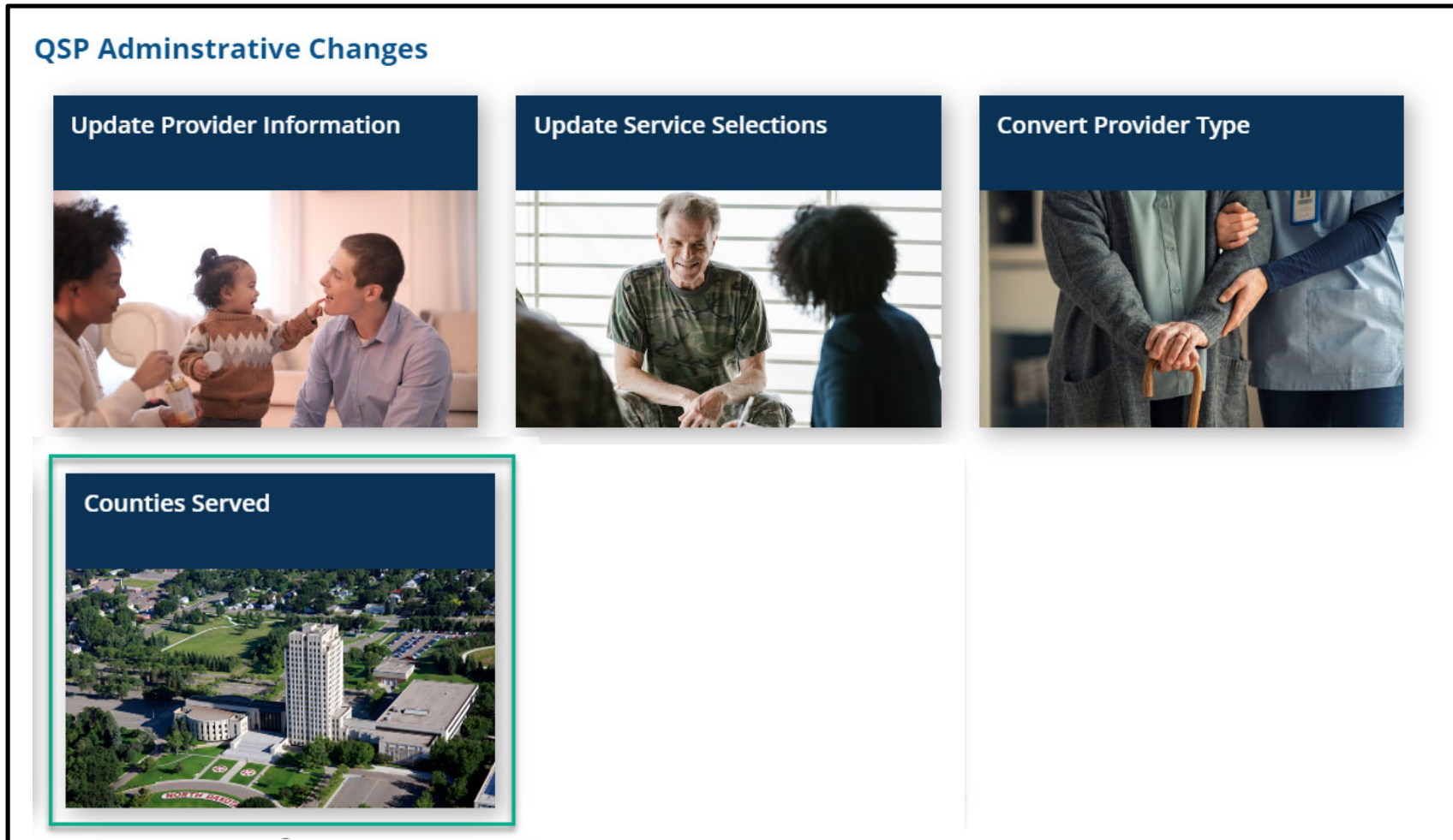
Click the **Submit** button

# UPDATE COUNTIES SERVED



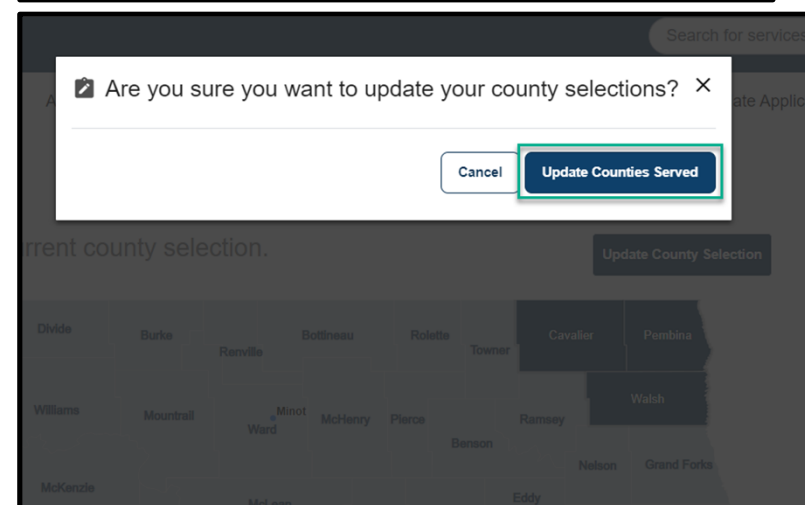
# UPDATE COUNTIES SERVED

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



# UPDATE COUNTIES SERVED

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



# ND QSP SUPPORT INFORMATION

# RESOURCES

## **North Dakota QSP HUB**

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

## **Direct Support**

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