

# 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)*

*Individual QSP - 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 Individual QSP end-users (e.g., Applicants, Case Management staff, Enrollment Staff etc.,).

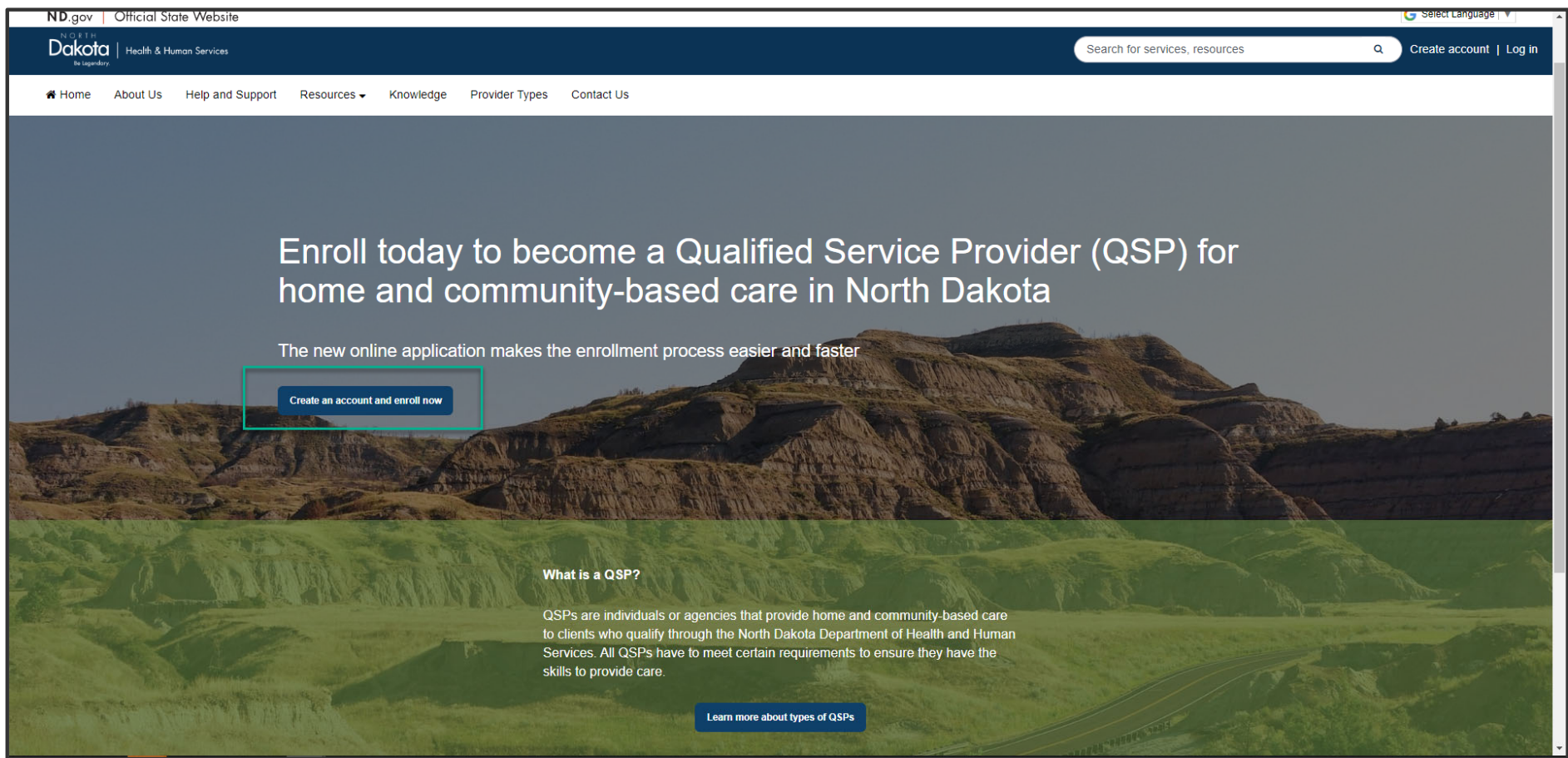
# FIRST TIME LOGIN (APPLICANT)

# FIRST TIME LOGIN

## ND QSP Portal URL:

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

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

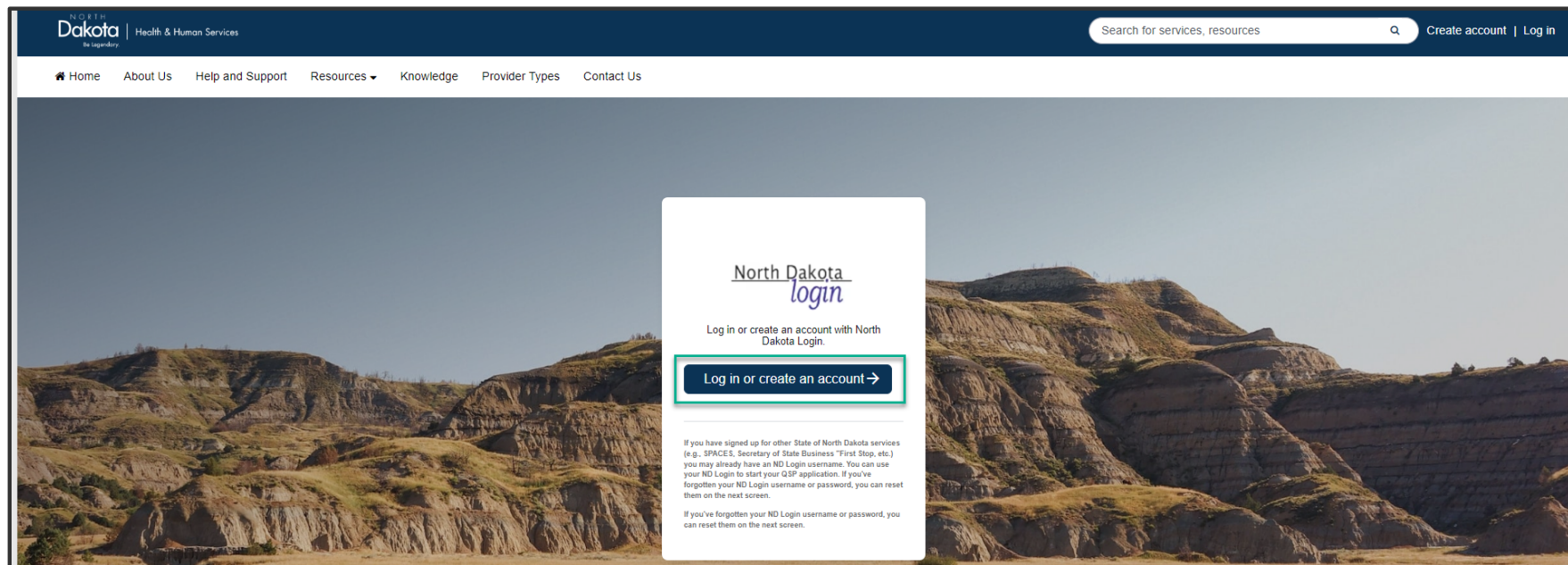


# FIRST TIME LOGIN

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:

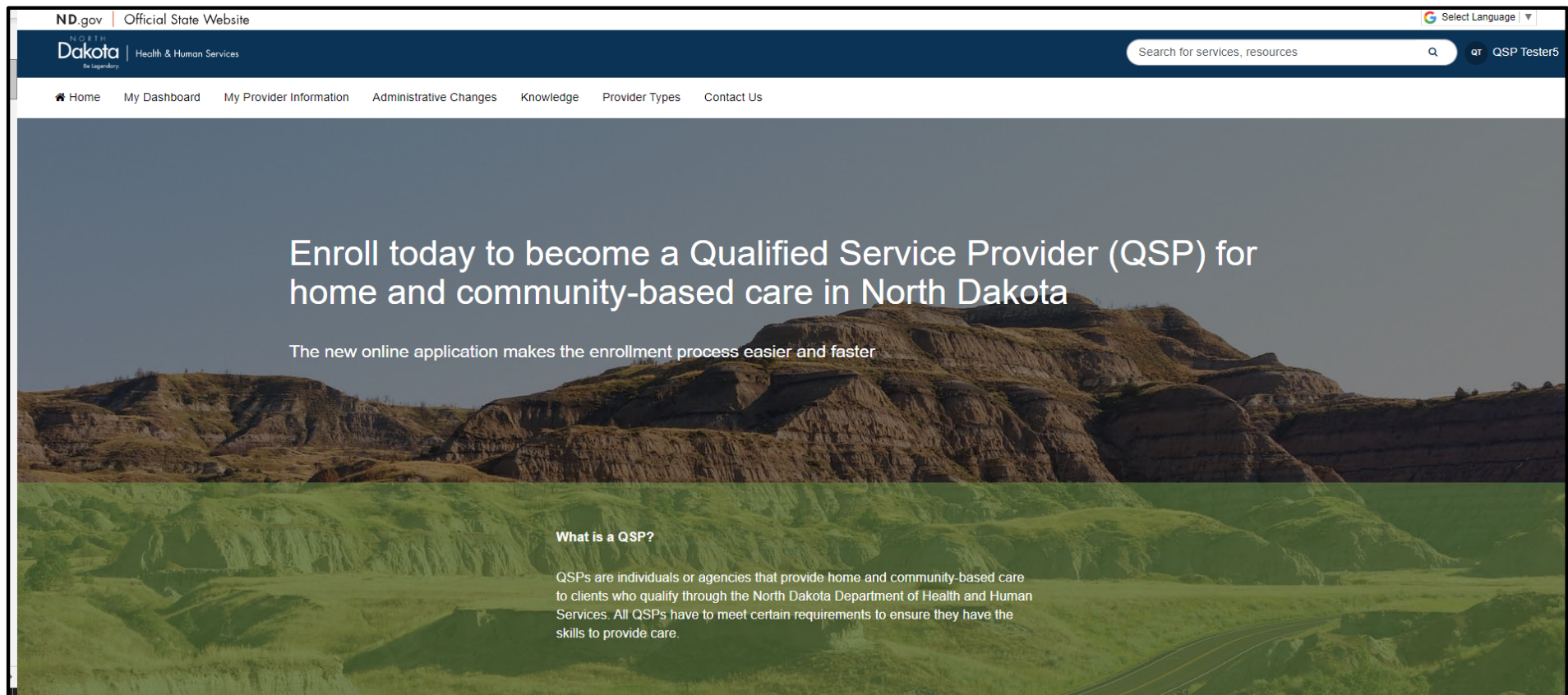
- Your **User ID**
- Your **Password**
- Click **Sign In**

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 INDIVIDUAL QSP APPLICATION

# INDIVIDUAL QSP APPLICATION OVERVIEW

Individual 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 transportation – escort
- Cognitive global endorsement services:
  - Supervision
  - Companionship
  - Respite care
- Adult Day care
- Respite in an adult foster care
- Case management
- Non-medical transportation – driver
- Non-emergency medical transportation – Individual/volunteer services
- Chore Services:
  - Lawn care
  - Labor
  - Snow removal
- Extended personal care – nurse
- Extended personal care – non-nurse
- Nurse Education

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

## 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](#).

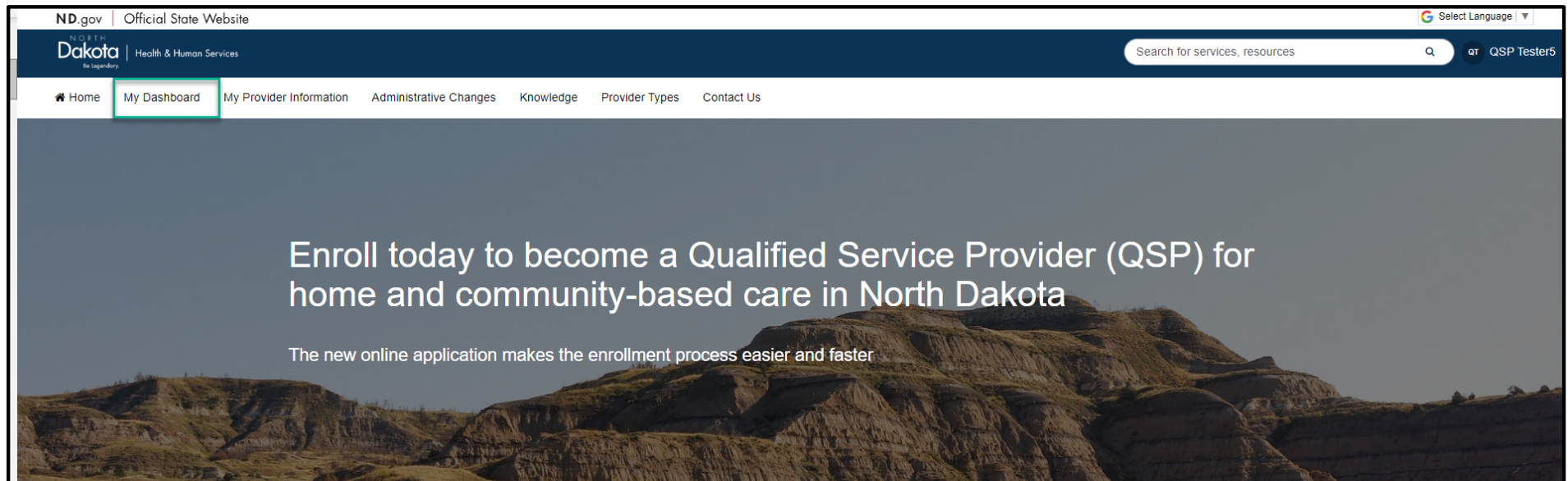
# ENTER APPLICATION PORTAL

## ND QSP Portal URL:

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

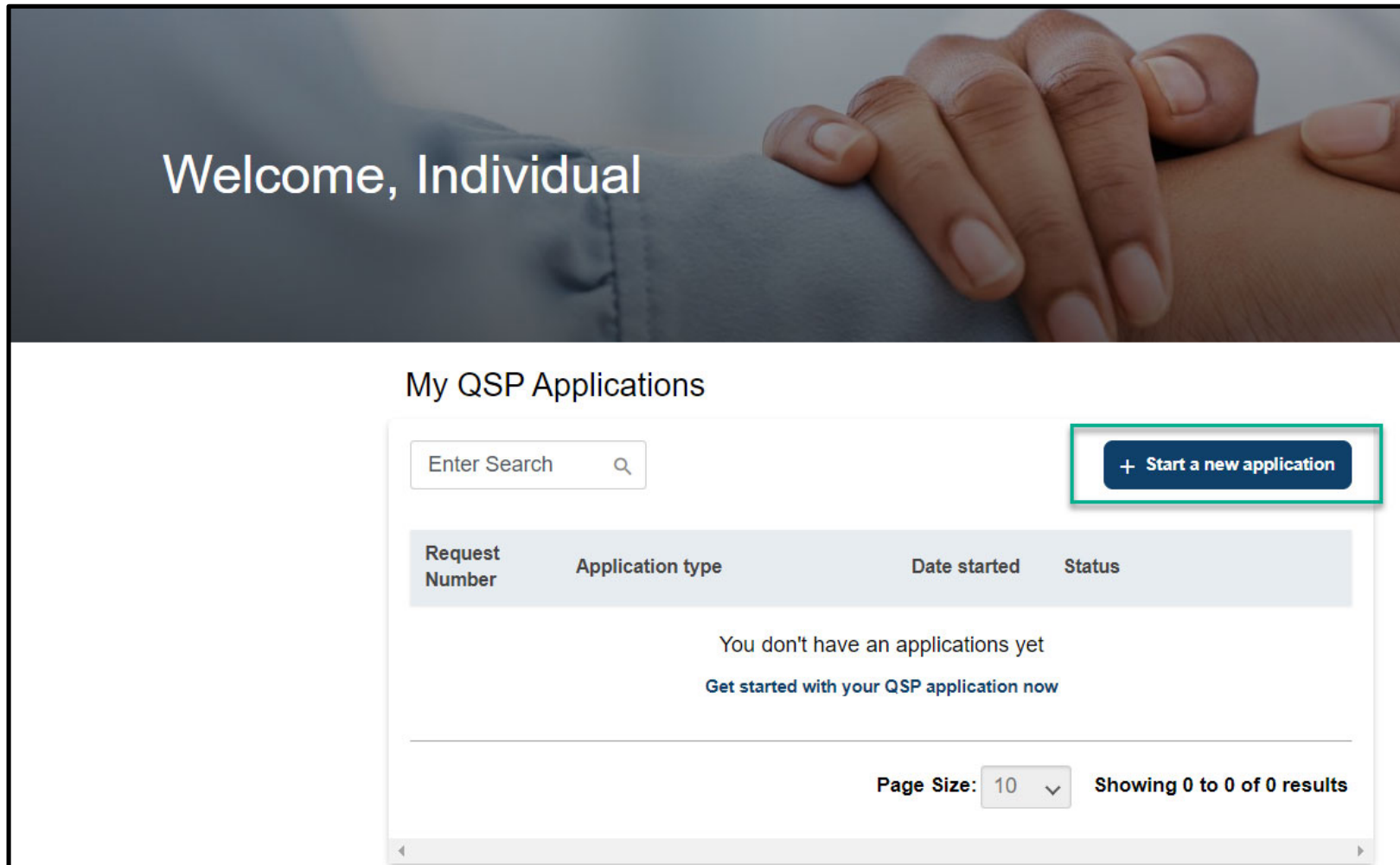
## Enter the Application Portal.

- 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 **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 **Individual 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 rectangular box.

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 **Individual 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.

**Individual QSP Enrollment**  
Request 0090008

1 Individual application requirements >

2 General information

3 Licenses

4 Background information

5 Languages

6 Services enrollment

7 Rate selection

8 Counties served

9 Electronic Visit Verification (EVV) and/or Claims submission

10 Direct deposit/Electronic funds transfer

11 Required documents

12 Declarations

### Individual application requirements

**i** This application is for self-employed individual providers who meet requirements to ensure that they have the skills to provide care.

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 an agency application.

#### Documents/Forms

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

- Copy of a voided check or documentation from your financial institution (we need this information in order to enroll you in direct deposit/electronic funds transfer)
- National Provider Identifier (NPI) Number
- Copy of government issued identification (e.g., driver's license, tribal ID, etc.)
  - To learn more about acceptable forms of identification, watch this short video
- SFN 750 – Documentation of Competency OR copy of license/certification

#### Trainings

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

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

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

Save Next

# COMPLETE GENERAL INFORMATION

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

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

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

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

**General information**

---

**Languages**

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

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

Somali ▼

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

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

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

**Phone number type\***

Mobile

Landline

**Phone number\***

6152458586

**Send request**



# COMPLETE GENERAL INFORMATION

## Step 2b: Complete Personal Information questions

In the Personal information section enter the following details:

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

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

Personal information

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

<b>First name*</b>	<b>MI</b>	<b>Last name*</b>	<b>Suffix</b>
<input type="text" value="QSP"/>	<input type="text"/>	<input type="text" value="Tester"/>	<input type="text" value="-Select-"/>

<b>Date of birth*</b>	<b>Social Security Number*</b> <small>?</small>	<b>Gender*</b>
<input type="text" value="Select date"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

<b>Telephone number*</b>	<b>Cell phone number</b>
<input type="text"/>	<input type="text"/>

**Email address\***

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

Yes

No

Please add any other names you have used

You haven't added any other names yet

# COMPLETE GENERAL INFORMATION

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

Enter the following details:

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

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

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

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

Yes  
 No

Driver license number\*

State issued\*

Expiration date\*

Please upload a copy of your driver license\*

**Upload driver license**

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

Yes  
 No

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

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

# COMPLETE GENERAL INFORMATION

## Step 2c: Complete Address information questions

In the Address information section enter the following details:

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

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

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

Address information

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

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

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

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

Validate address

Confirm address

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

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

Accept Formatted Address

# COMPLETE GENERAL INFORMATION

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

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

Enter the following information

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

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

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

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

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

Yes  
 No

**Mailing address \***  
523 4th Ave

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

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

**Validate address**

**Confirm address**

**You entered:**  
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

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

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



# COMPLETE LICENSES INFORMATION

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

1. If you are currently or were enrolled as a QSP for the state of North Dakota, select **Yes** in response to the question **Have you ever been or are you currently enrolled as a QSP for the state of North Dakota?**

- a) Enter your current or previous provider number
- b) If you don't remember your provider number, click the check box next to **I don't remember**

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

The screenshot shows the 'Individual QSP Enrollment' form for Request 0090008. The sidebar on the left lists the following steps: 1. Individual application requirements, 2. General Information, 3. Licenses (highlighted), 4. Background Information, 5. Languages, 6. Services enrollment, 7. Rate selection, 8. Counties served, 9. Electronic Visit Verification (EVV) and/or Claims submission, and 10. Direct deposit/Electronic funds transfer. The main content area is titled 'Licenses' and contains the following questions and input fields:

- Question: "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".
- Question: "What is your current/previous provider number?\*" with a text input field and a checkbox for "I don't remember\*".
- Question: "Do you have a National Provider Identifier (NPI) number?\*" with radio buttons for "Yes" (selected) and "No".
- Question: "NPI number" with a text input field.

# COMPLETE LICENSES INFORMATION

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

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

- Certified Nursing Assistant (CNA)
- Registered Nurse (RN)
- Licensed Practitioner Nurse (LPN)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Licensed Master Social Worker (Licensed Social Workers can only enroll in the Case Management service. You can enroll in other services if you have one of the other licenses/certificates or a completed and signed SFN 750)

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

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

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

# COMPLETE LICENSES INFORMATION

## Submit copy of License/Certification

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

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

To add additional licenses, click the **Add license** button

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

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

Yes  
 No

Please add your North Dakota licenses

You haven't added any licenses yet

**Add license**

Add license

License type\*  
-Select-

License number\*  
[Text Input]

Licensing agency\*  
[Text Input]

Effective date\*  
Select date

Expiration date  
Select date

Cancel Save license



# COMPLETE LICENSES INFORMATION

## Submit SFN 750 - Documentation of Competency

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

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

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

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

Yes

No

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

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

SFN 750 training completed

SFN 750 training scheduled

No

When was the training completed?\*

Select date

February 2024

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

list of available qualified service providers?

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

back Save Next

# COMPLETE LICENSES INFORMATION

## Submit SFN 750 - Documentation of Competency

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

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

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

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

SFN 750 training completed

SFN 750 training scheduled

No

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

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

Yes

No

Please upload a copy of your completed SFN 750.\*

# COMPLETE LICENSES INFORMATION

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

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

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

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

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

Yes

No

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

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

Back Save Next

# COMPLETE BACKGROUND INFORMATION

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

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

**Step 4b:** Submit disciplinary actions information.

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

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

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

Individual QSP Enrollment  
Request 0088081

Background information

General information

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

Yes  
 No

How much are you paid for providing this care?

Rate\*

Per hour or per day\*

Hour  
 Day

Disciplinary actions

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

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

Yes  
 No

Please provide an explanation\*

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

Yes  
 No

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

Yes  
 No

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

Yes  
 No

# COMPLETE BACKGROUND INFORMATION

## Step 4c: Submit criminal convictions information.

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

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

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

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

Criminal convictions

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

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

Yes

No

Please add all felonies and misdemeanors

You haven't added any felonies or misdemeanors yet

Add conviction

Are you on probation?\*

Yes

No

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

Sign electronically

Please upload evidence of rehabilitation\*

Upload document

# COMPLETE BACKGROUND INFORMATION

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

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



# COMPLETE LANGUAGES INFORMATION

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

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

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

# COMPLETE LANGUAGES INFORMATION

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

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

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

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

Do you speak a language other than English?\*

Yes

No

Select all languages you speak:

Search languages

- English
- Albanian
- Arabic
- Cantonese

Select all languages you speak:

Search languages

Bangla X Bosnian X Cambodian/Kampuchae X

**Bangla Proficiency\***

Fluent

Conversational

**Bosnian Proficiency\***

Fluent

Conversational



# COMPLETE LANGUAGES INFORMATION

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

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



# SELECT SERVICES TO ENROLL IN

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

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

The screenshot displays the 'Services enrollment' page. On the left is a dark blue sidebar with the title 'Individual QSP Enrollment' and 'Request 0088081'. Below this are seven numbered steps: 1. Individual application requirements, 2. General information, 3. Licenses, 4. Background information, 5. Languages, 6. Services enrollment (highlighted with a white circle and a right-pointing arrow), and 7. Rate selection. The main content area is titled 'Services enrollment' and contains the text: 'Based on your competencies and licenses, you are eligible to enroll in the following services. Please select which services you would like to enroll in.' Below this text is a list of five services, each with an unchecked checkbox and a question mark icon: 'Basic Provider Specialties', 'Cognitive global endorsement services', 'Adult day care (ADC)', and 'Respite in an adult foster care'. A light blue rectangular box highlights the first three services. A mouse cursor is positioned over the 'Adult day care (ADC)' checkbox.

# SELECT SERVICES TO ENROLL IN

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

License Type	With a Driver License	Without a Driver License
Licensed CNA	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Non-medical Transportation driver</li> <li>6. Non-emergency medical transportation - individual/volunteer services</li> <li>7. Chore services- All</li> <li>8. Extended personal care – non-nurse</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Chore services- All</li> <li>6. Extended personal care – non-nurse</li> </ol>
Licensed LPN	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Non-medical Transportation driver</li> <li>6. Non-emergency medical transportation - individual/volunteer services</li> <li>7. Chore services- All</li> <li>8. Extended personal care – non-nurse</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Chore services- All</li> <li>6. Extended personal care – non-nurse</li> </ol>
Licensed OT	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Non-medical Transportation driver</li> <li>6. Non-emergency medical transportation - individual/volunteer services</li> <li>7. Chore services- All</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Chore services- All</li> </ol>

# SELECT SERVICES TO ENROLL IN

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

License Type	With a Driver License	Without a Driver License
Licensed PT	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Non-medical Transportation driver</li> <li>6. Non-emergency medical transportation - individual/volunteer services</li> <li>7. Chore services- All</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Chore services- All</li> </ol>
Licensed RN	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Non-medical Transportation driver</li> <li>6. Non-emergency medical transportation - individual/volunteer services</li> <li>7. Chore services- All</li> <li>8. Extended personal care – nurse</li> <li>9. Nurse education</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Chore services- All</li> <li>6. Extended personal care – nurse</li> <li>7. Nurse education</li> </ol>
Licensed Master Social Worker - ONLY	<ol style="list-style-type: none"> <li>1. Chore services- All</li> <li>2. Case Management</li> </ol>	<ol style="list-style-type: none"> <li>1. Chore services- All</li> <li>2. Case Management</li> </ol>

# SELECT SERVICES TO ENROLL IN

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

License Type	With a Driver License	Without a Driver License
SFN 750 (Completed by TrainND Northeast)	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Non-medical Transportation driver</li> <li>6. Non-emergency medical transportation - individual/volunteer services</li> <li>7. Chore services- All</li> <li>8. Extended personal care – non-nurse</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Chore services- All</li> <li>6. Extended personal care – non-nurse</li> </ol>
SFN 750 (Lines 5-26 & E)	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Non-medical Transportation driver</li> <li>6. Non-emergency medical transportation - individual/volunteer services</li> <li>7. Chore services- All</li> <li>8. Extended personal care – non-nurse</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Cognitive global endorsement services</li> <li>3. Adult Day Care (ADC)</li> <li>4. Respite in an adult foster care</li> <li>5. Chore services- All</li> <li>6. Extended personal care – non-nurse</li> </ol>
SFN 750 (Lines 5-26)	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Non-medical Transportation driver</li> <li>3. Non-emergency medical transportation - individual/volunteer services</li> <li>4. Chore services- All</li> <li>5. Extended personal care – non-nurse</li> </ol>	<ol style="list-style-type: none"> <li>1. Basic Provider Specialties</li> <li>2. Chore services- All</li> <li>3. Extended personal care – non-nurse</li> </ol>

# SELECT SERVICES TO ENROLL IN

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

License Type	With a Driver License	Without a Driver License
SFN 750 (Lines 5,6, and 12-15 AND E)	<ol style="list-style-type: none"> <li>1. Cognitive global endorsement services</li> <li>2. Non-medical Transportation driver</li> <li>3. Non-emergency medical transportation - individual/volunteer services</li> <li>4. Chore services- All</li> </ol>	<ol style="list-style-type: none"> <li>1. Cognitive global endorsement services</li> <li>2. Chore services- All</li> </ol>
SFN 750 (5,6, and 12-15)	<ol style="list-style-type: none"> <li>1. Non-medical Transportation driver</li> <li>2. Non-emergency medical transportation - individual/volunteer services</li> <li>3. Chore services- All</li> </ol>	<ol style="list-style-type: none"> <li>1. Chore services- All</li> </ol>

# ADDITIONAL REQUIREMENTS FOR SERVICES

Certain services require additional requirements/documentation

- If you select to enroll in **Cognitive global endorsement services- Respite care** and will be providing the care in **your home**, you will need a **home evaluation and a SFN 659** completed by a Home and Community Based Services (HCBS) case manager. (Contact the ARDL intake line at 1-855-462-5465 to connect with a program administrator to start the site visit process)
- If you select to enroll in **ADC**, you will need an **official in-home site visit** completed by a HCBS case manager and a signed off **SFN 1703 Compliance Checklist**. (Contact the ARDL intake line at 1-855-462-5465 to connect with a program administrator to start the site visit process)
- If you select to enroll in **Respite in an adult foster care**, you must complete a criminal background check.
  - Provide your responses to the additional questions
  - For individuals that live in the state of North Dakota for 11 or more years, a SFN 60688 form is required
  - For individuals that live in the state of North Dakota for less than 11 years, two fingerprint cards and a SFN 60688 form is requiredContact the ADRL helpline at 1-855-462-5465 or send an email to [CareChoice@ND.gov](mailto:CareChoice@ND.gov) to request the form
- If you select to enroll in **Case management**, you must complete and submit proof of the State's department policy training. If you need help with this training, contact the Aging and Disability Resource-Link (ADRL) of North Dakota intake line at 1-855-462-5465 to speak to an Aging Services program administrator.
- If you select to enroll in **Non-emergency medical transportation - individual/volunteer services**, you must select whether you will be providing **Taxi, Wheelchair, or Stretcher** services
  - You will also be asked if the recipients of the service are related to you, and if so, are they under a specific program
  - You will also be asked to provide proof that the recipient is in a certain program. If a recipient is in the **Foster Care** program, then a **SFN 904** and **foster care licenses** are required
  - Additionally, a **SFN 615** is prepopulated for you on the required documents page

# COMPLETE SERVICES ENROLLMENT

Review completed **Services enrollment** and move on to the **Rates 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 7a:** 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 Individual QSP				
Effective July 1, 2023				
Code / Modifier	Service	Unit	Rate	Max Amount
00001	Family Home Care	Daily	Specific to individual	\$49.56
S5101	Adult Day Care	1/2 day	Based on cost	
S5108	Nurse Education Care	15 min	\$13.59	
S5115	Extended Personal Care	15 min	\$5.60	
S5115- TD	Extended Personal Care - Nurse	15 min	\$13.59	
S5120	Chore - Labor (includes snow removal)	15 min	\$5.60	\$917.52
S5121	Chore - Job	Per job	Specific to amount of services required	

# RATES SELECTION

**Step 7b:** 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

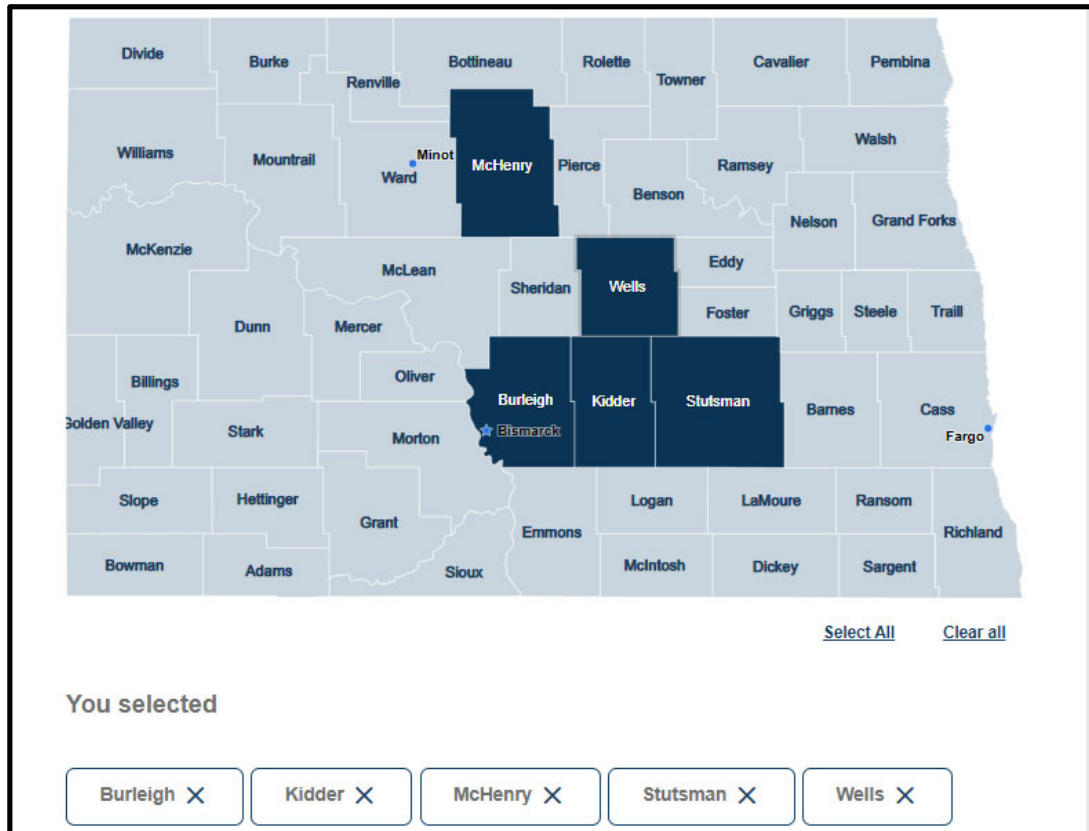
Review completed **Rates selection** and move on to the **Counties served** page.

- 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 8:** 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.



# REVIEW ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

**Step 9a: 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 transport escort
- Non-medical transportation - driver
- Nurse education
- Personal care
- Respite care
- Supervision
- Respite in an adult foster care

Therap will be used as the EVV submission system

# REVIEW ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

## Step 9b: Claims submission

- QSPs that enroll in both EVV and non-EVV services, Therap will be used for claims submission
- QSPs that enroll in only non-EVV services (ADC and/or Case Management), select **Medicaid Management Information System Portal (MMIS)** or **Therap** in response to the question **How do you want to submit your claims to the Department of Health and Human Services for payment?\***

### Electronic Visit Verification (EVV) and/or Claims submission

---

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

- Adult day care
- Case management

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

- Medicaid Management Information System Portal (MMIS)
- Therap

# REVIEW ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

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 10:** Submit Financial institution information and upload documentation

Enter the following information:

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

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

# 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 11a:** Review and confirm the information prefilled in the required documents.

## W-9 Request for Taxpayer Identification Number and Certification

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

## SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement

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

If you chose to enroll in the Non-emergency medical transportation service, the **SFN 615 Medicaid Program Qualified Service Provider (QSP) Agreement form will be generated**

1. Click the **Review your SFN 615** button, and confirm the form is prefilled with answers from your application
2. Click the **Accept and submit** button

If Therap 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

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

### W-9 Request for Taxpayer Identification Number and Certification

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

[Review your W-9](#)

### SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement

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

[Review your SFN 671](#)

### SFN 615 Medicaid Program Provider Agreement

We have prepopulated your SFN 615 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 615.

[Review your SFN 615](#)

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

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

[Review your SFN 583](#)

# COMPLETE REQUIRED DOCUMENTS

## Step 11b: 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

**Step 11c:** Review or upload service specific required documents.

## Case Management: Memorandum of Understanding (MOU)

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

## Cognitive global endorsement services- Respite care (Your Home): SFN 659 Home Evaluation Form

1. Select **Yes** in response to the question **Do you have a SFN 659 Home Evaluation Form that has been completed and signed by a HCBS case manager?**
2. Click the **Upload SFN 659** button

## ADC:

### a) SFN 55 Statement of Actual Costs

1. Click the **Upload SFN 55** button

### b) SFN 1703 Compliance Checklist

1. Select **Yes** in response to the question **Do you have a completed SFN 1703 Compliance Checklist that is signed by a HCBS case manager?**
2. Click the **Upload SFN 1703** button

The screenshot shows a web interface with three sections for document uploads. Each section has a title, a question, radio button options, and an 'Upload' button.

- SFN 659 Home Evaluation Form**  
Do you have a SFN 659 Home Evaluation Form that has been completed and signed by a HCBS case manager? \*  
 Yes  
 No  
Please upload your SFN 659 \*  
**Upload SFN 659**
- SFN 55 Statement of Actual Costs**  
A completed SFN 55 Statement of Actual Costs is required before submitting your application.  
Description/Instructions for SFN 55
  - This form is required before submitting your application and will determine the rate you will be allowed to charge for your services
  - Include rates for both half-day (one half of facility open hours) and full-day (at least two additional hours above the half-day rate)
  - Once the rate is determined, it cannot be changed unless approved by legislative action
  - A minimum of three hours per day, up to a maximum of ten hours per day is required for services
  - You can fill out and submit an alternate form or spreadsheet instead of the SFN 55
  - Please complete and upload your SFN 55 Statement of Actual Costs**Upload SFN 55** \*
- SFN 1703 Compliance Checklist**  
Do you have a completed SFN 1703 Compliance Checklist that is signed by a HCBS case manager? \*  
 Yes  
 No  
Please upload your signed SFN 1703 \*  
**Upload SFN 1703**

# 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 12:** 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.

**Individual QSP Enrollment**  
Request 0088081

- Individual application requirements
- General Information
- Licenses
- Background Information
- Languages
- Services enrollment
- Rate selection
- Counties served
- Electronic Visit Verification (EVV) and/or Claims submission
- Direct deposit/Electronic funds transfer
- Required documents
- 12 Declarations**

### Declarations

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

General declarations

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

Click the **Sign electronically** button

Click the **Submit** button

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

**Sign here**\*

**Sign electronically**

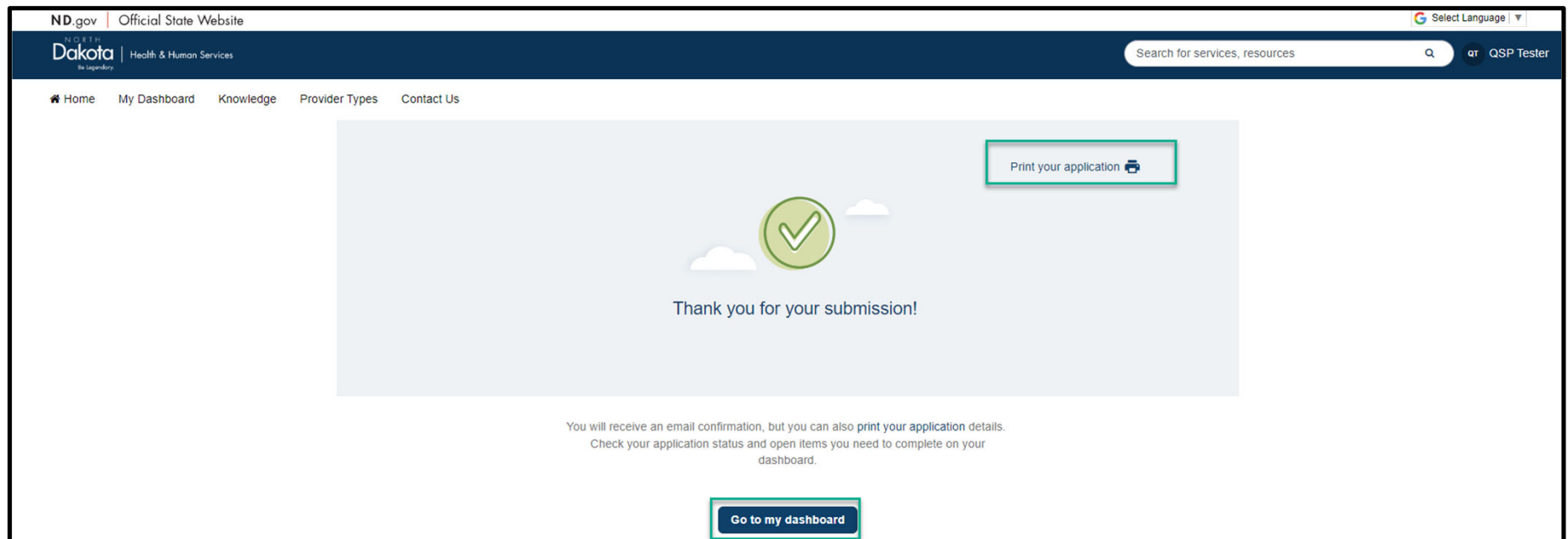
Back Save **Submit**

# COMPLETE CERTIFICATION

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

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

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





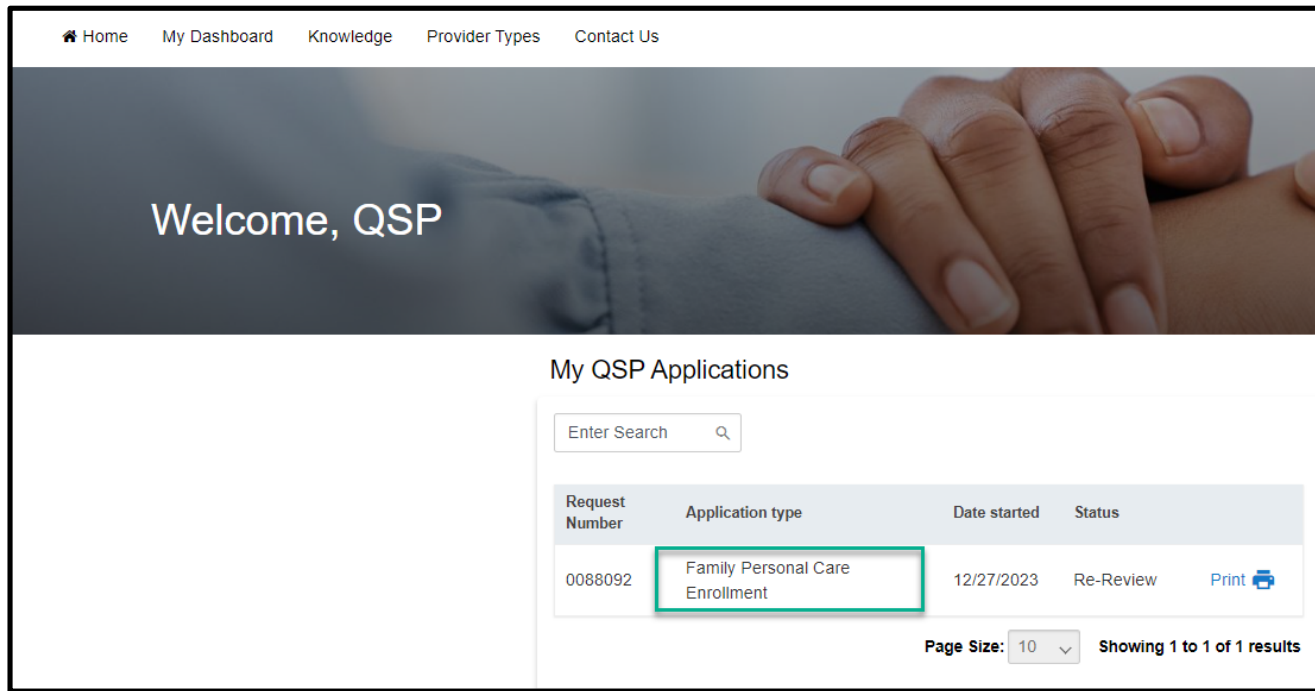
# UPDATE DOCUMENTATION IN RE-REVIEW

# UPDATE DOCUMENTATION IN RE-REVIEW

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

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

- Click the application



# UPDATE DOCUMENTATION IN RE-REVIEW

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

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

- Click **Submit**.

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

# COMPLETE ADMINISTRATIVE TASKS

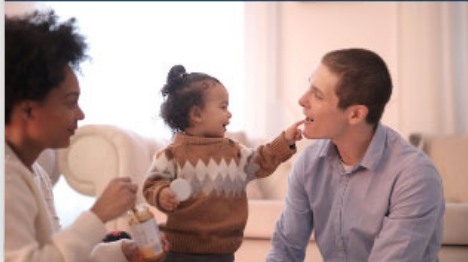
# ADMINISTRATIVE TASKS OVERVIEW

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

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

## QSP Administrative Changes

### Update Provider Information



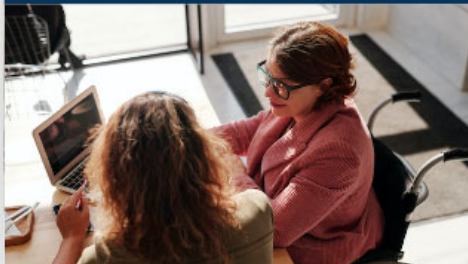
### Update Service Selections



### Convert Provider Type



### EVV/Claim Submission/Direct Deposit Updates



### Counties Served



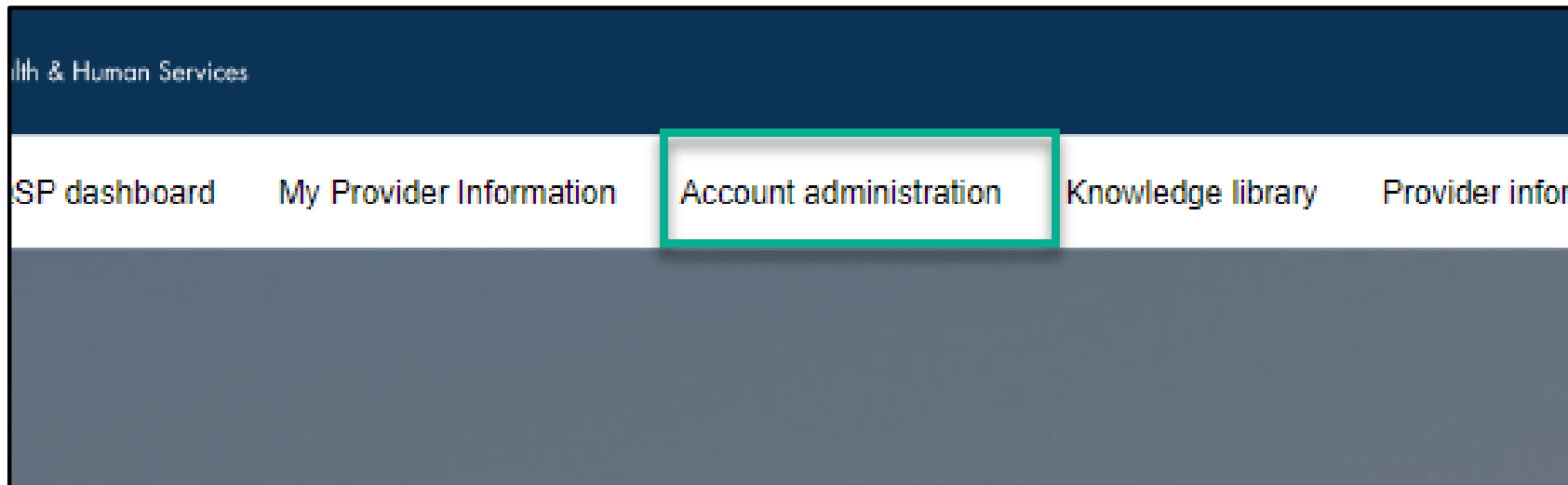
# ENTER APPLICATION PORTAL

## ND QSP Portal URL:

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

## Enter the Application Portal.

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

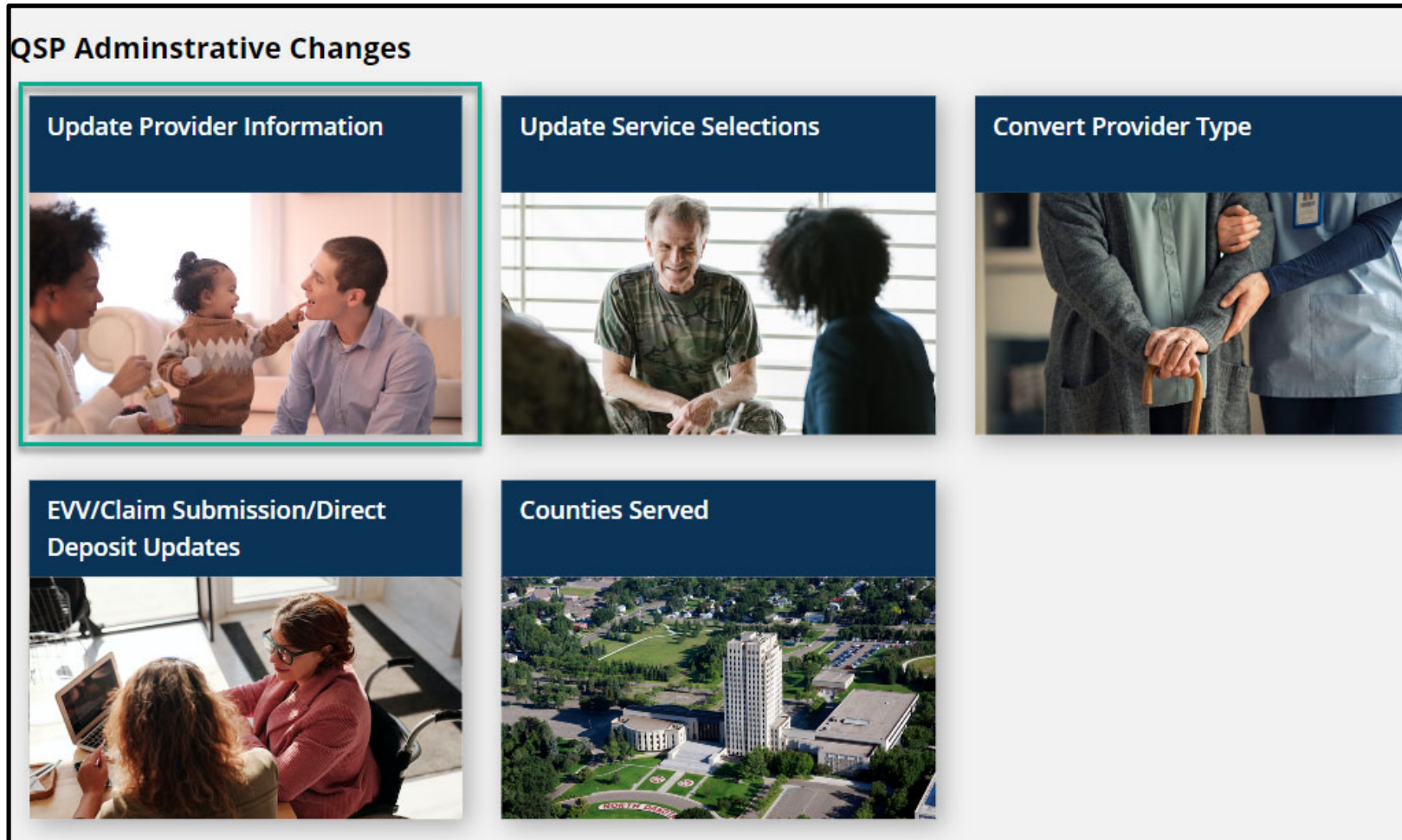


# UPDATE PROVIDER INFORMATION

# UPDATE PROVIDER INFORMATION

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

**QSP Administrative Changes**



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



# UPDATE PROVIDER INFORMATION

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

- Basic Information
- License/Documentation of Competency
- Endorsements

Review and validate your information is correct

**BASIC INFORMATION** ✕

---

**My Personal Information**

First name: EVW	Last name: IND 1	Gender: M
Email: google@bing.com	Phone number: 6152458588	On public list: true

---

**Physical Address**

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

---

**Mailing Address**

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

---

**Provider Information**

Provider type: Individual QSP	NPI number: N/A	MMIS Provider number: N/A
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---

**LICENSES/DOCUMENTATION OF COMPETENCY** ✕

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

Showing 1 to 2 of 2 results

---

**ENDORSEMENTS** ✕

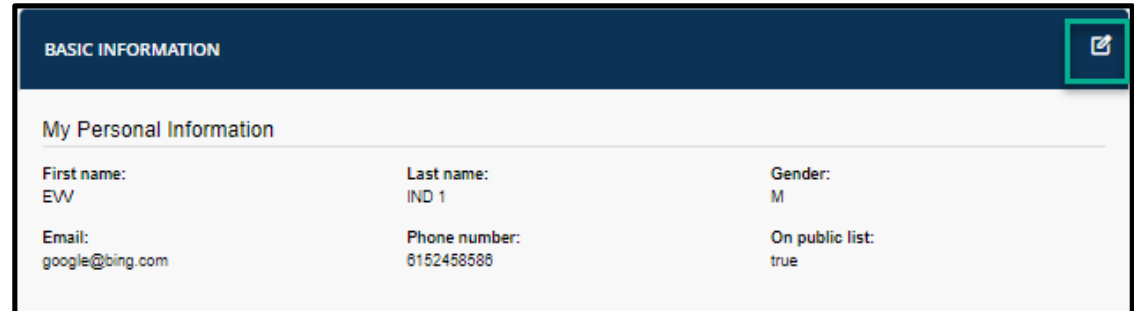
Endorsement
Suppository – Non-prescription

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

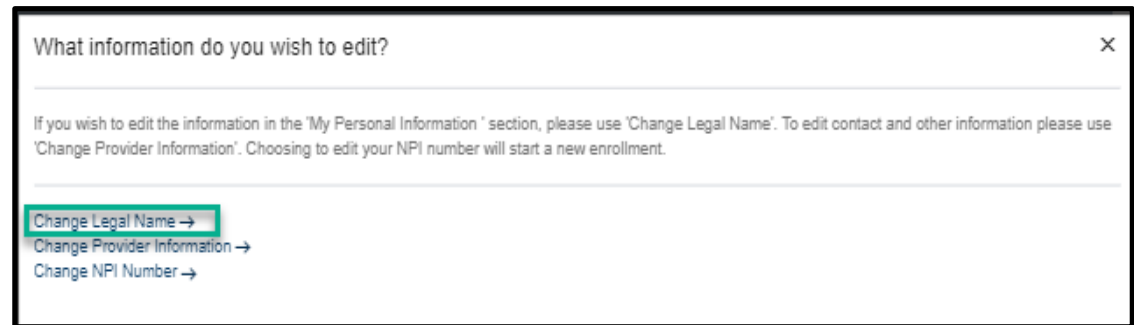
In the **Basic Information** section, click the **Edit** icon



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

<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 Legal Name**



The screenshot shows a modal window with a white background and a dark blue header containing the text "What information do you wish to edit?". Below the header is a text area with the following 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'. Choosing to edit your NPI number will start a new enrollment." Below the text area are three buttons: "Change Legal Name →", "Change Provider Information →", and "Change NPI Number →". The "Change Legal Name →" button is highlighted with a green border.

**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

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-

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

W-9 Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Test EVV

Individual proprietor or single-member LLC

523 4TH AVE SE  
JAMESTOWN ND 58401-422

523 4TH AVE SE

Accept and submit

# COMPLETE PROVIDER INFORMATION – CHANGE LEGAL NAME

Review completed name change information and submit your request.

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

Change Legal Name  
Request 0091146

Change Legal Name >

### Change legal name

Please note that additional documents will be required for your request

Prior Legal Name

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

New Legal Name

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

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

Add Document

4.jpg

### W-9 Request for Taxpayer Identification Number and Certification

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

Review your W-9

Cancel Save Submit

# UPDATE BASIC INFORMATION: CHANGE PROVIDER INFORMATION

# UPDATE BASIC INFORMATION – CHANGE PROVIDER INFORMATION

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

The screenshot shows a dark blue header with the text 'BASIC INFORMATION' and a small white edit icon (a square with a pencil) in the top right corner. Below the header is a section titled 'My Personal Information' with a light gray background. It contains a table of personal details:

<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 screenshot shows a white dialog box with a close button (X) in the top right corner. The title is 'What information do you wish to edit?'. Below the title is a horizontal line, followed by 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'. Choosing to edit your NPI number will start a new enrollment.' Below this text is another horizontal line, followed by three options, each with a right-pointing arrow: 'Change Legal Name →', 'Change Provider Information →' (which is highlighted with a red box), and 'Change NPI Number →'.

# 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

Change Provider Information  
Request 0051147

1 Change Provider Information >

### Change contact information

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#### Contact information

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

**Telephone number\***  **Email address\***  **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 QSPs with the state of North Dakota.

Yes  No

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

- Physical address
- Mailing address
- Email address

### Address information

**Physical address:**  **523 4TH AVE SE** [Edit address](#)

JAMESTOWN, North Dakota 58401-4222

**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.



# COMPLETE PROVIDER INFORMATION – CHANGE PROVIDER INFORMATION

Review completed provider 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

The screenshot shows a web form titled "Change Provider Information" with a sub-header "Request 0051147". The form is divided into several sections:

- Contact information:** Includes fields for "Telephone number\*" (6152458588), "Email address\*" (google@bing.com), and "Gender\*" (radio buttons for Male and Female, with Female selected).
- Do you want to be on the North Dakota list of available qualified service providers?:** Includes a sub-header and a note: "This list provides individuals looking for care a list of providers and agencies who are enrolled as OSPs with the state of North Dakota." Radio buttons for "Yes" (selected) and "No" are present.
- Address information:** Includes a "Physical address:" section with a checkmark icon, the address "523 4TH AVE SE, JAMESTOWN, North Dakota 58401-4222", and an "Edit address" link.
- Is your mailing address different from your physical address?\*** Radio buttons for "Yes" and "No" (selected).
- Mailing address:** A sub-header with a note: "This is where you'll receive paper checks, bulletins, manuals, etc. Your mailing address can be a PO Box." Below this is a large empty text area.

At the bottom right of the form, there are three buttons: "Cancel" (red), "Save" (white), and "Submit" (blue).

# UPDATE BASIC INFORMATION: CHANGE NPI NUMBER

# UPDATE BASIC INFORMATION – CHANGE NPI NUMBER

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

BASIC INFORMATION		
<b>My Personal Information</b>		
<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 NPI Number**

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'. Choosing to edit your NPI number will start a new enrollment.

Change Legal Name →  
Change Provider Information →  
**Change NPI Number →**

## NOTE:

- You can only update your NPI number if you are changing it to another Individual NPI number. If you have an Agency NPI number, please submit a new Agency enrollment application.
- Updating your NPI number will require you to submit a new enrollment application

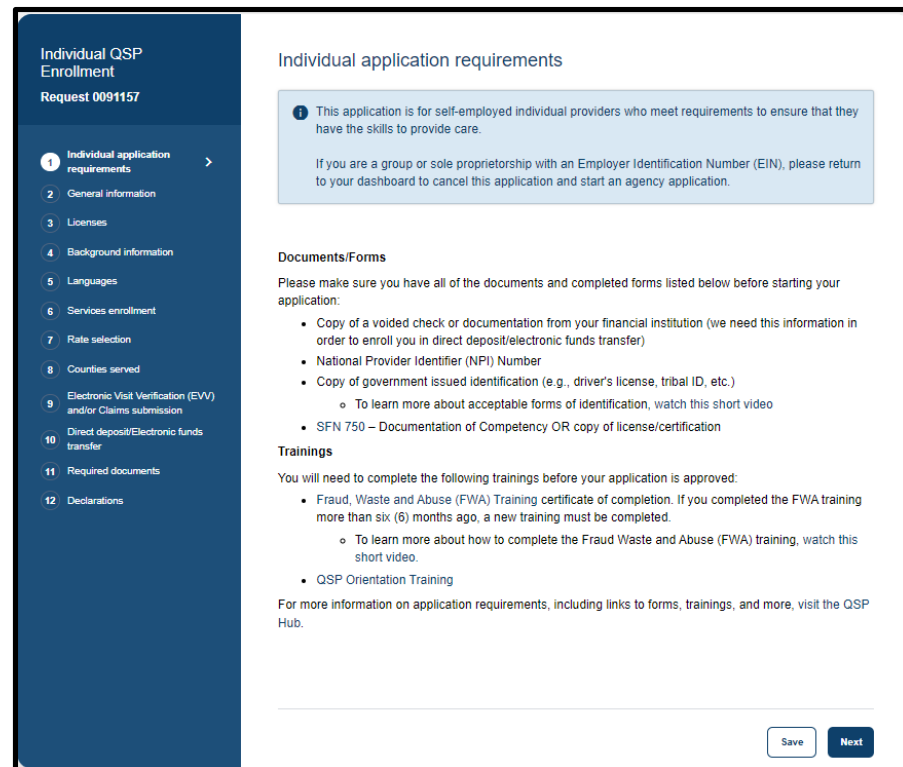
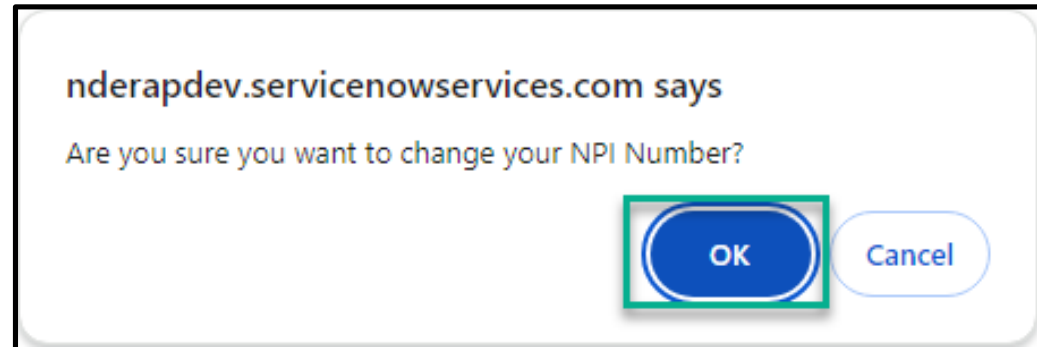
# UPDATE BASIC INFORMATION – CHANGE NPI NUMBER

In the confirmation window that opens, click the **OK** button to confirm your change.

A new **Individual QSP Enrollment** application will open with previously submitted information pre-filled.

Review the information or make updates as needed.

Upon review, submit the application to update your NPI information.



# UPDATE LICENSES/DOCUMENTATION OF COMPETENCY

# UPDATE LICENSES/DOCUMENTATION OF COMPETENCY

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

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

Showing 1 to 2 of 2 results

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

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

Add license

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

Cancel Save Submit

# UPDATE SERVICE SELECTIONS

# UPDATE SERVICES SELECTION

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

**QSP Administrative Changes**

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

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



# UPDATE SERVICES SELECTION

The **Services** page opens.

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

The screenshot shows a web interface titled "SERVICES" with a search bar and a table of services. The table has two columns: "Service" and "Service Status". Each row in the table includes a red "Unenroll" button. At the bottom right of the table area, it says "Showing 1 to 5 of 10 results" with a page navigation indicator "1 2 >".

Service	Service Status	
Personal Care Service - MSP	Active since 04/05/2024	<a href="#">Unenroll</a>
Supervision	Active since 04/05/2024	<a href="#">Unenroll</a>
Personal Care Service - SPED	Active since 04/05/2024	<a href="#">Unenroll</a>
Nurse Education Care	Active since 04/05/2024	<a href="#">Unenroll</a>
Personal Care Service - MSP	Active since 04/05/2024	<a href="#">Unenroll</a>

Showing 1 to 5 of 10 results 1 2 >

# UPDATE SERVICES SELECTION- UNENROLL FROM A SERVICE

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

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

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

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

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

✕ Unenroll from Service

---

Are you sure you want to unenroll Supervision?

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

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

---

**No, go back** **Yes, cancel**



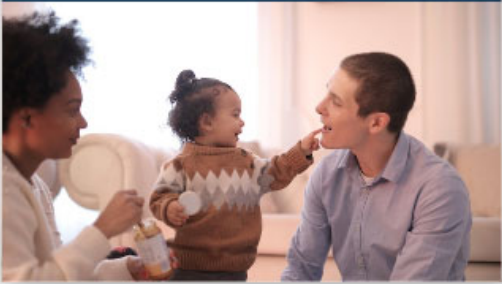




# CONVERT PROVIDER TYPE

# CONVERT PROVIDER TYPE

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

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

**QSP Administrative Changes**

<p><b>Update Provider Information</b></p> 	<p><b>Update Service Selections</b></p> 	<p><b>Convert Provider Type</b></p> 
<p><b>EW/Claim Submission/Direct Deposit Updates</b></p> 	<p><b>Counties Served</b></p> 	


# CONVERT PROVIDER TYPE: INDIVIDUAL TO AGENCY

In the **Convert Provider Type** window that opens, click the **Submit** button to start a new Agency enrollment.

**NOTE:** You will be required to provide **additional agency documentation** as well as a new **Agency NPI** number.

## Convert Provider Type

---

 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.

You are currently enrolled as an Individual QSP. Please click submit to close your Individual enrollment and open an Agency enrollment.

---

# CONVERT PROVIDER TYPE: INDIVIDUAL TO AGENCY

In the **Agency QSP Enrollment application** that opens, review the **Agency application requirements** and begin the application process by clicking the **Next** button

The screenshot displays the 'Agency QSP Enrollment' application interface. On the left is a dark blue sidebar with a navigation menu. The main content area is white and titled 'Agency application requirements'. It contains an information box with a blue background and white text, followed by sections for 'Documents/Forms' and 'Trainings'. At the bottom right, there are 'Save' and 'Next' buttons.

**Agency QSP Enrollment**  
Request 0091190

- 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
- 12 Required documents
- 13 Declarations

### Agency application requirements

**i** 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 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

#### 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

# UPDATE COUNTIES SERVED

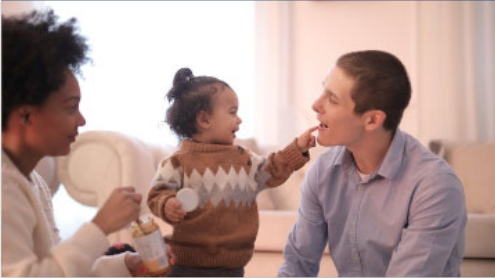


# UPDATE COUNTIES SERVED


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

**QSP Administrative Changes**


**Update Provider Information**



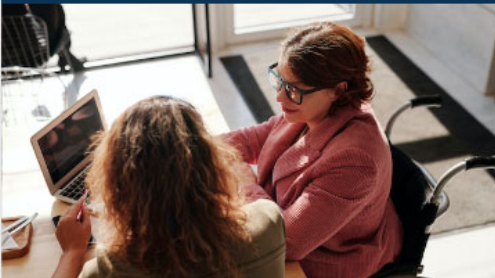
**Update Service Selections**




**Convert Provider Type**



**EW/Claim Submission/Direct Deposit Updates**

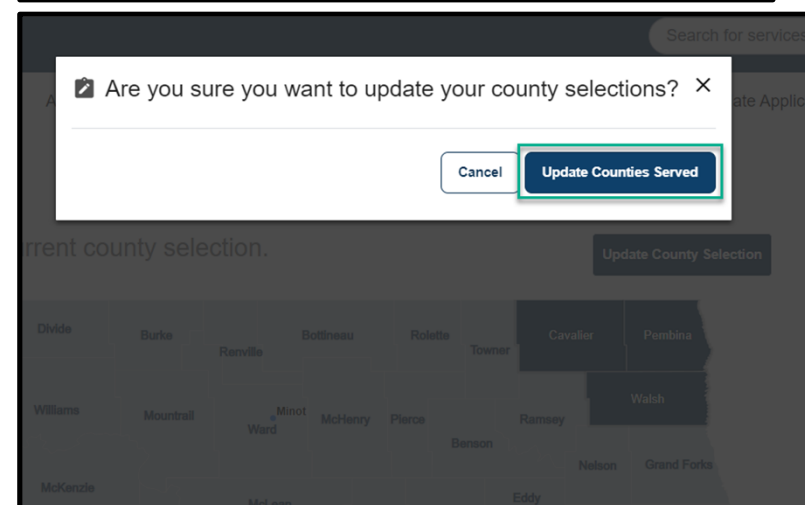


**Counties Served**



# UPDATE COUNTIES SERVED

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



# ND QSP SUPPORT INFORMATION

# RESOURCES

## **North Dakota QSP HUB**

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

## **Direct Support**

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