

# North Dakota Behavioral Health Program Directory

## Provider Portal Guidance

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## Purpose of the Behavioral Health Program Directory and Requirements

In 2021 Senate Bill 2161 created a new section of North Dakota Century Code, [NDCC 50-06-06.15](#), authorizing the Department of Health & Human Services to create a mental health program registry and requiring Mental Health Programs to provide information at least annually. In 2026 the directory was revised to include Substance Use Disorder (SUD) programs, add additional search filters, and renamed North Dakota Behavioral Health Program Directory.

## Determine Which Program(s) Must be Registered with the Behavioral Health Program Directory

For the purposes of this directory, a Behavioral Health Program is an agency or organization that provides mental health and/or substance use disorder services in North Dakota through a licensed professional. This includes individually licensed mental health or substance use disorder professionals operating as a sole proprietor.

Licensed professionals included for purposes of this directory are North Dakota-licensed Professional Counselors, Marriage and Family Therapists, Clinical Psychologists, Psychiatrists, Advanced Practice Registered Nurse-Mental Health, Clinical Social Workers and Licensed Addiction Counselors.

## Identify the Organizational NPI(s) that will be used to Register your Behavioral Health Program(s)

To support the identification and verification of each Behavioral Health Program the directory utilizes National Provider Identifiers (NPIs). During registration, programs are required to provide an NPI that uniquely identifies their organization. For each NPI, organizations can submit general information about their business, as well as more detailed information about each service location that operates under that NPI.

Below are some pointers for how to identify which NPI(s) to use to register your program(s):

Organizational Structure	How to register the program(s)
<b>Single Organizational NPI used for one or more practice locations</b>	Submit a single Organization Registry submission for that NPI, including all locations that operate under that NPI.
<b>More than 1 Organizational NPI used for a single practice location</b>	Select only 1 NPI to identify your organization and submit a single Organization Registry submission for that NPI, including all locations that operate under it.  <i>Do <b>NOT</b> submit registrations for multiple NPIs that are used at a single location.</i>
<b>More than 1 Organizational NPI used for multiple different practice locations</b>	Submit an Organization Registry submission for each NPI, including all locations that operate under that NPI.  <i>Do <b>NOT</b> submit registrations for multiple NPIs that are used at a single location.</i>

**Individual practitioner that operates as a sole proprietor (business)**

Submit a single Organization Registry submission using your individual NPI.

*Do **NOT** complete registrations for an individual practitioner, unless that individual operates as a sole proprietor (business) and uses their personal NPI to identify themselves as the program (billing entity).*

## Information Needed to Register

You will need the following information to register in the Behavioral Health Directory:

- ✓ your organization NPI number
- ✓ SUD license number if organization provides SUD services
- ✓ agency contact email
- ✓ agency contact phone
- ✓ address and addresses of each location
- ✓ populations served
- ✓ modalities of care
- ✓ types of insurance accepted
- ✓ language/ translation services offered

## Getting Started, Sign-in and ND Login

To access the North Dakota Behavioral Health Program Directory, users must first sign-in to the [Behavioral Health Program Directory Portal](#).

1. Select **Sign-In** in the upper right corner of the screen.



[Home](#) > [Behavioral Health Program Directory](#)

## Behavioral Health Program Directory

### Welcome to the North Dakota Behavioral Health Program Directory Portal

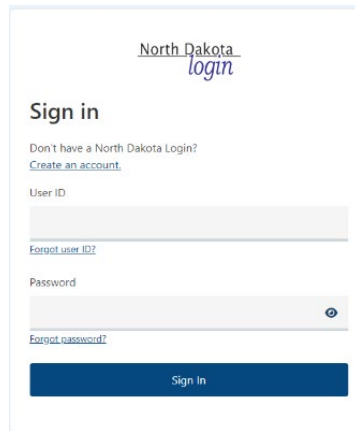
The Behavioral Health Program Directory was developed to assist North Dakota citizens with locating and accessing the behavioral health services available to them within the state.

- Review the [Behavioral Health Program Directory Provider Portal Guidance](#) before completing a new or updating an existing program registration.
- The [Behavioral Health Program Directory website](#) also includes useful information and FAQs, which may be helpful to a program.

The information you enter into this system will be published to a searchable registry that the citizens of North Dakota can use to find the behavioral health services they need. This portal will allow you to create and manage one or more organization profiles, including information about the practice(s) locations where your organization provides behavioral health services in North Dakota.

You will need a North Dakota Login to register and log in to the portal. Click Sign-In in the upper right portion of this screen to either log-in or create a user profile.

2. A North Dakota Login is required to access the directory portal. Users who do not already have an existing account must select "Create an account" and follow the registration. Users with an existing account may enter their User ID and password to sign in.



The screenshot shows the North Dakota Login sign-in page. At the top, it says "North Dakota login". Below that is the heading "Sign in". There is a link "Don't have a North Dakota Login? Create an account." followed by a "User ID" input field with a "Forgot User ID?" link below it. Below that is a "Password" input field with a "Forgot password?" link below it. At the bottom is a blue "Sign in" button.


Users are responsible for maintaining their User ID and password. The Behavioral Health Division does not have access to this information. If login credentials are forgotten, users must follow the prompts within the North Dakota Login system to recover their User ID or reset their password. For additional assistance, users should refer to the [Frequently asked questions - North Dakota Login](#), if issues persist, contact the service desk using the information provided within that resource.

## Create Initial Organization and Locations

Upon initial sign-in to the portal, the screen will appear largely blank. Users must first create an organization record, followed by one or more location records.

### Organizations I manage

Organization ↑	NPI Number	Main Phone	Email	Website	Status
There are no records to display.					

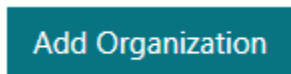


A red arrow points from the bottom of the table to a blue button labeled "Add Organization" located in the top right corner of the page.

### Closed or Deleted Organizations

Account Name ↑	NPI Number	Main Phone	Email	Website	Status
There are no records to display.					

1. Select "Add Organization"



- The initial section of the "Add Organization" form requires entry of the organization's NPI number. Enter the organization's NPI and select **Next** to proceed.

## Behavioral Health Program Directory

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### NPI Information

**This is the organization-level NPI, not the NPI associated with an individual practitioner unless the organization is owned and operated under an individual NPI. If your organization does not have an NPI, please contact BHD at [programregistry@nd.gov](mailto:programregistry@nd.gov).** \*

[Next](#)

**IMPORTANT:** This is not the NPI associated with an individual mental health/substance use disorder professional unless that individual operates as a sole proprietor (business). See chart on page 2.

- Continue filling out the form with your organization's information and click **Next**.

## Behavioral Health Program Directory

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### Organization Information

**Organization Name \***

This is the business name associated with this NPI. You will be able to add specific location name(s) in the next step.

**Website**

**Primary Business Contact Email \***

Provide the email address associated with the business, not an individual, whenever possible.

**Primary Business Contact Name \***

Please provide the name and contact information for the best person BHD staff can work with to answer questions.

**Primary Business Contact Phone \***

[Previous](#)

[Next](#)

**Note:** the primary business contact, phone number, and email can be different than the individual filling out this form. This contact information will be used to facilitate communication between your organization and the ND Behavioral Health Division if questions or concerns arise.

### Add a Location

At least one location record must be added for each organization. Additional locations may be entered as applicable to the organization's NPI. Users should not select "Submit" until all intended location records have been entered.

## Locations

Add Location

Loc ID ↑	Name	Street Address	City	Zip Code	County	Email	Phone Number	Status
----------	------	----------------	------	----------	--------	-------	--------------	--------

There are no records to display.

Previous

Submit

1. Click Add Location

Add Location

2. A question will appear asking if this location has licensed professionals in ND.

**Note:** to be approved in the ND Behavioral Health Program Directory, the location **must have** North Dakota licensed professionals. Upon selecting yes, additional required questions and selection fields will be automatically displayed.

## Licensed Professionals in North Dakota

### Does this location have professionals licensed in ND? \*

A licensed mental health / substance use professional for purposes of this registry includes Professional Counselors, Marriage and Family Therapists, Clinical Psychologists, Psychiatrists, Advanced Practice Registered Nurse-Mental Health, Clinical Social Workers, and Licensed Addiction Counselors

No

Submit

3. Upon selecting yes to confirm the presence of the North Dakota licensed professionals, users will select the **program type** for this location – Mental Health, Substance Use Disorder or Both. If substance use disorder is selected, the location must be a North Dakota licensed substance use program. Users must select the option that best reflects the services provided at this location. Based on the selected program type, additional required fields will be automatically displayed to capture information on the mental health and/or substance use services provided at the location.

### Program Type \*

Loc

Select

Select

Mental Health

Substance Use

Both Mental Health and Substance Use

- Continue completing all required fields and enter the details specific to the location information.

**Note:** information entered for each program location record will be published to the public-facing Behavioral Health Program Directory. Organizations are responsible for ensuring that all contact information and program details are accurate and up to date.

#### Location Information

**Location Name \***

This is the business name that individuals will see on the registry website (eg. Bob's Counseling Services – Fargo)

**Street Address \***

**City \***

**State \***

**Zip Code \***

**County \***

**Telehealth Offered \***

**Location Phone Number \***

**Provider Description \***

This provider description should be brief and unique to the program, and will be published to the website to assist individuals with selecting programs

- Select any populations for which the North Dakota licensed professionals at the location have received specialized training to provide behavioral health services. If no applicable selections are available, proceed to the next section.

#### Special Populations Served

Please indicate the populations that you have received specialized training to provide behavioral health services to

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> American Indian                            | <input type="checkbox"/> Blind  | <input type="checkbox"/> Caregivers                                   |
| <input type="checkbox"/> Deaf and/or Hard of Hearing                | <input type="checkbox"/> Intellectual and/or Developmental Disabilities | <input type="checkbox"/> Law Enforcement and First Responder          |
| <input type="checkbox"/> LGBTQ2S+                                   | <input type="checkbox"/> Military/Veterans/Former Service Members       | <input type="checkbox"/> Older Adults(ages 65 and older)              |
| <input type="checkbox"/> People Unhoused or at Risk of Homelessness | <input type="checkbox"/> Physical Disabilities                          | <input type="checkbox"/> Refugee/New American/Foreign Born/Immigrants |
| <input type="checkbox"/> Rural/Frontier                             |   |   |

- Select all insurance types currently accepted at this location. If an accepted insurance is not listed, select 'other'.

### Insurance Accepted\*

Please indicate the insurances you accept

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aetna                  | <input type="checkbox"/> BCBS Federal Plan | <input type="checkbox"/> BCBS of ND                            |
| <input type="checkbox"/> Cigna                  | <input type="checkbox"/> Humana Part B     | <input type="checkbox"/> Medica                                |
| <input type="checkbox"/> Medica Prime Solutions | <input type="checkbox"/> Medicaid          | <input type="checkbox"/> Medicaid Expansion                    |
| <input type="checkbox"/> Medicare Part A        | <input type="checkbox"/> Medicare Part B   | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Sanford Health         | <input type="checkbox"/> Self Pay          | <input type="checkbox"/> Sliding Fee Scale                     |
| <input type="checkbox"/> SUD Voucher            | <input type="checkbox"/> Tricare West      | <input type="checkbox"/> United Health Care Company of America |
| <input type="checkbox"/> United Healthcare      |  |  |

7. Indicate whether language services are available at locations by selecting 'yes' or 'no' to the language question. If you select yes, a language option list automatically populates. Select all languages applicable to the location.

### Languages

Do you offer services in multiple languages and/or interpretation services? \*

### Languages\*

Please select all that apply to this location

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Arabic           | <input type="checkbox"/> Bosnian    | <input type="checkbox"/> Dari           |
| <input type="checkbox"/> French           | <input type="checkbox"/> German     | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Nepali     | <input type="checkbox"/> Pashto         |
| <input type="checkbox"/> Polish           | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian        |
| <input type="checkbox"/> Somali           | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Swahili        |
| <input type="checkbox"/> Tagalog          | <input type="checkbox"/> Ukrainian  | <input type="checkbox"/> Urdu           |
| <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> Other      |   |

8. Based on the **program type** selected in Step 3 (Mental Health, Substance Use Disorder or Both) specific questions will be required for completion. The screenshot below reflects the required fields when "Both Mental Health and Substance Use Disorder" is selected. If "Mental Health" is selected, only mental health program information will be displayed. If "Substance Use Disorder" is selected, only substance use program information will be displayed.

9. **Note:** If your location provides SUD services, you must enter the SUD program license number. This will be verified by the Behavioral Health Division before approval.

### Mental Health Program Information

Please select all that apply to this location

#### Mental Health Adult Population Served

(Individuals 18 or older) \*

#### Mental Health Children/Adolescents Population Served

(Individuals 17 or younger) \*

### Substance Use Program Information

Please select all that apply to this location

#### SUD Program License Number \*

#### Substance Use Adult Population Served

(Individuals 18 or older) \*

#### Substance Use Children/Adolescents Population Served

(Individuals 17 or younger) \*

10. As part of the program location requirements, organizations must identify whether services at each location are provided to adults, children, or both populations.

**Mental Health Programs:** Selection of "Yes" for a population will require the organization to identify applicable conditions and interventions offered at that location. The conditions included in the directory align with primary DSM-V categories. Organizations may also reference the [Mental Health Conditions Cross-Reference](#) list to assist in selecting appropriate condition categories. See applicable screenshots below.

**Substance Use Programs:** Selection of "Yes" for a population will require the organization to identify applicable ASAM levels of care and SUD services offered at that location. See applicable screenshots below.

## Mental Health Adult Conditions\*

Please select all that apply to this location

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Addiction Disorders - Other Behavioral</b>        | <input type="checkbox"/> <b>ADHD</b>  | <input type="checkbox"/> <b>Anxiety Disorders</b>                                    |
| <input type="checkbox"/> <b>Autism</b>  | <input type="checkbox"/> <b>Bipolar Disorders</b>                           | <input type="checkbox"/> <b>Brain Injury</b>   |
| <input type="checkbox"/> <b>Dementia &amp; Other Neurocognitive Disorders</b> | <input type="checkbox"/> <b>Depressive Disorders</b>                        | <input type="checkbox"/> <b>Disruptive, Impulse Control, &amp; Conduct Disorders</b> |
| <input type="checkbox"/> <b>Dissociative Disorders</b>                        | <input type="checkbox"/> <b>Eating Disorders</b>                            | <input type="checkbox"/> <b>Elimination Disorders</b>                                |
| <input type="checkbox"/> <b>Gender Dysphoria</b>                              | <input type="checkbox"/> <b>Grief &amp; Loss</b>                            | <input type="checkbox"/> <b>Med Induced Movement Disorders</b>                       |
| <input type="checkbox"/> <b>Neurodevelopmental Disorders</b>                  | <input type="checkbox"/> <b>Obsessive Compulsive &amp; Related Disorder</b> | <input type="checkbox"/> <b>Personality Disorders</b>                                |
| <input type="checkbox"/> <b>Phobias &amp; Panic Disorders</b>                 | <input type="checkbox"/> <b>Relationship Problems</b>                       | <input type="checkbox"/> <b>Schizophrenia &amp; Other Psychotic Disorders</b>        |
| <input type="checkbox"/> <b>Self-Injury &amp; Suicidal Behaviors</b>          | <input type="checkbox"/> <b>Sexual Behavior Disorders</b>                   | <input type="checkbox"/> <b>Sexual Dysfunctions</b>                                  |
| <input type="checkbox"/> <b>Sleep-Wake Disorders</b>                          | <input type="checkbox"/> <b>Somatic Symptom &amp; Related Disorders</b>     | <input type="checkbox"/> <b>Trauma &amp; Other Stress/Adjustment Disorders</b>       |

## Mental Health Adult Interventions Utilized\*

Please select all that apply to this location

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Accelerated Resolution Therapy (ART)</b>               | <input type="checkbox"/> <b>Eye Movement Desensitization and Reprocessing (EMDR)</b> | <input type="checkbox"/> <b>Early Psychosis</b>              |
| <input type="checkbox"/> <b>Cognitive Behavioral Therapy (CBT)</b>                 | <input type="checkbox"/> <b>Medication Management</b>                                | <input type="checkbox"/> <b>Multi-systemic Therapy (MST)</b> |
| <input type="checkbox"/> <b>First Episode Psychosis Coordinated Specialty Care</b> | <input type="checkbox"/> <b>Parent/Child Interaction Therapy</b>                     | <input type="checkbox"/> <b>Psychiatry</b>                   |
| <input type="checkbox"/> <b>Neuropsych</b>   | <input type="checkbox"/> <b>Trauma Focused Cognitive Behavioral Therapy (TF-CBT)</b> |  |

## Mental Health Children Conditions\*

Please select all that apply to this location

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Addiction Disorders - Other Behavioral</b>  | <input type="checkbox"/> <b>ADHD</b>   | <input type="checkbox"/> <b>Anxiety Disorders</b>                             |
| <input type="checkbox"/> <b>Autism</b>                                  | <input type="checkbox"/> <b>Bipolar Disorders</b>                                    | <input type="checkbox"/> <b>Brain Injury</b>                                  |
| <input type="checkbox"/> <b>Depressive Disorders</b>                    | <input type="checkbox"/> <b>Disruptive, Impulse Control, &amp; Conduct Disorders</b> | <input type="checkbox"/> <b>Dissociative Disorders</b>                        |
| <input type="checkbox"/> <b>Eating Disorders</b>                        | <input type="checkbox"/> <b>Elimination Disorders</b>                                | <input type="checkbox"/> <b>Gender Dysphoria</b>                              |
| <input type="checkbox"/> <b>Grief &amp; Loss</b>                        | <input type="checkbox"/> <b>Med Induced Movement Disorders</b>                       | <input type="checkbox"/> <b>Neurocognitive Disorders</b>                      |
| <input type="checkbox"/> <b>Neurodevelopmental Disorders</b>            | <input type="checkbox"/> <b>Obsessive Compulsive &amp; Related Disorders</b>         | <input type="checkbox"/> <b>Personality Disorders</b>                         |
| <input type="checkbox"/> <b>Phobias &amp; Panic Disorders</b>           | <input type="checkbox"/> <b>Relationship Problems</b>                                | <input type="checkbox"/> <b>Schizophrenia &amp; Other Psychotic Disorders</b> |
| <input type="checkbox"/> <b>Self-Injury &amp; Suicidal Behaviors</b>    | <input type="checkbox"/> <b>Sexual Behavior Disorders</b>                            | <input type="checkbox"/> <b>Sleep-Wake Disorders</b>                          |
| <input type="checkbox"/> <b>Somatic Symptom &amp; Related Disorders</b> | <input type="checkbox"/> <b>Trauma &amp; Other Stress &amp; Adjustment Disorders</b> |   |

## Mental Health Children Interventions Utilized\*

Please select all that apply to this location

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Accelerated Resolution Therapy (ART)</b>                   | <input type="checkbox"/> <b>Cognitive Behavioral Therapy (CBT)</b>                   | <input type="checkbox"/> <b>Early Psychosis</b>              |
| <input type="checkbox"/> <b>Brief Strategic Family Therapy</b>                         | <input type="checkbox"/> <b>First Episode Psychosis Coordinated Specialty Care</b>   | <input type="checkbox"/> <b>Functional Family Therapy</b>    |
| <input type="checkbox"/> <b>Eye Movement Desensitization &amp; Reprocessing (EMDR)</b> | <input type="checkbox"/> <b>Medication Management</b>                                | <input type="checkbox"/> <b>Multi-systemic Therapy (MST)</b> |
| <input type="checkbox"/> <b>Homebuilders</b>   | <input type="checkbox"/> <b>Parent/Child Interaction</b>                             | <input type="checkbox"/> <b>Parents as Teachers</b>          |
| <input type="checkbox"/> <b>Neuropsych</b>   | <input type="checkbox"/> <b>Trauma Focused Cognitive Behavioral Therapy (TF-CBT)</b> | <input type="checkbox"/> <b>Psychiatry</b>                   |

### SUD Adult Services\*

Please select all that apply to this location

- ASAM Level 1 – Outpatient Services**
- ASAM Level 2.1 - Intensive Outpatient Treatment**
- ASAM Level 2.5 - High-Intensity Outpatient Treatment**
- ASAM Level 3.1 - Clinically Managed Low-Intensity Residential Treatment**
- ASAM Level 3.2WM - Clinically Managed Residential Withdrawal Management**
- ASAM Level 3.5 - Clinically Managed High-Intensity Residential Treatment**
- ASAM Level 3.7 - Medically Managed Residential Treatment**
- Assessment**
- DUI Evaluation**
- DUI Seminar**
- Minor in Possession Seminar**
- Opioid Treatment Program (Methadone Clinic)**

### SUD Child Services\*

Please select all that apply to this location

- ASAM Level 1 – Outpatient Services**
- ASAM Level 2.1 - Intensive Outpatient Treatment**
- ASAM Level 2.5 - High-Intensity Outpatient Treatment**
- ASAM Level 3.1 - Clinically Managed Low-Intensity Residential Treatment**
- ASAM Level 3.2WM - Clinically Managed Residential Withdrawal Management**
- ASAM Level 3.5 - Clinically Managed High-Intensity Residential Treatment**
- ASAM Level 3.7 - Medically Managed Residential Treatment**
- Assessment**
- DUI Evaluation**
- DUI Seminar**
- Minor in Possession Seminar**
- Opioid Treatment Program (Methadone Clinic)**

11. Upon completion of all required fields, select **Submit** to finalize the entry. Upon submission, the system will return the user to the main page.

**Submit**

12. After creating the initial location record, additional locations may be added as needed. Once all locations associated with the organization have been entered, select **Submit** to complete form.

## Locations

Add Location

Loc ID ↑	Name	Street Address	City	Zip Code	County	Email	Phone Number	Status	
LOC-01041	Training Location - Bismarck	600 E Boulevard Ave Dept 325	Bismarck	58505	Burleigh	programregistry@nd.gov	701-328-8920	Pending New	▼

Previous

Submit

13. Upon selecting submit, a confirmation message will be displayed, which will include a link to return to the home screen. At the home screen, users may exit the application or select "Sign Out" located in at the top right corner of the screen.

DHHS - Behavioral Health



Mr Tester ▾

Home > Behavioral Health Program Directory

Profile

Sign out

## Behavioral Health Program Directory

**Note:** All organizational and location records will remain in a pending status while the Behavioral Health Division reviews the submissions for approval. Once approved, the organization will receive an email notification, and the program location records will be published to the public-facing directory the following day.

## Edit Organization or Locations

1. While your organization and locations are either in a pending or approved status, users may continue to edit or add information. To edit a record, select the **organization name** and then choose **Edit** in the upper right corner of the screen.

Organization ↑	NPI Number	Main Phone	Email	Website	Status
Training Organization 1	7854569856	701-328-8920	programregistry@nd.gov	https://www.behavioralhealth.nd.gov/	Approved

# Organization

Edit

## Information

### Organization Name \*

This is the business name associated with this NPI.

Training Organization 1

### NPI Number \*

7854569856

### Primary Business Contact Email \*

[programregistry@nd.gov](mailto:programregistry@nd.gov)

### Primary Business Contact Name \*

Training Contact First and Last Name

### Primary Business Contact Phone \*

701-328-8920

### Website

<https://www.behavioralhealth.nd.gov/>

2. Upon selecting **Edit**, the organization fields will become editable. Users may also expand the associated locations using the arrow icon to edit location specific information.

# Organization

## Information

### Organization Name \*

This is the business name associated with this NPI.

Training Organization 1

### NPI Number \*

7854569856

### Primary Business Contact Email \*

Provide the email address associated with the business, not an individual, whenever possible.

[programregistry@nd.gov](mailto:programregistry@nd.gov)

### Primary Business Contact Name \*

Please provide the name and contact information for the best person BHD staff can work with to answer questions.

Training Contact First and Last Name

### Primary Business Contact Phone \*

701-328-8920

### Website

<https://www.behavioralhealth.nd.gov/>

## Locations

Approved or Pending Locations-

Add New Location

Loc ID ↑	Name	Street Address	City	Zip Code	County	Email	Phone Number	Status
LOC-01041	Training Location - Bismarck	600 E Boulevard Ave Dept 325	Bismarck	58505	Burleigh	programregistry@nd.gov	701-328-8920	Pending New

View details  
Edit  
Delete

3. Selecting **Update** will submit any changes made to the system for review by the Behavioral Health Division. All updates are subject to approval prior to being reflected in the directory.

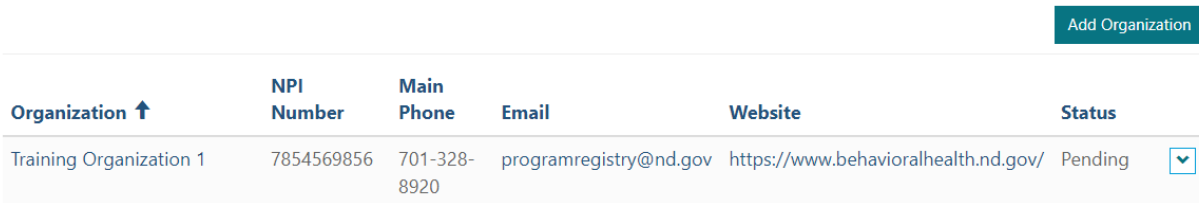
Update

## Add a Location to an Existing Organization

Following the initial creation of organization and location records, additional locations may be added as needed. This may occur, for example if the organization services to a new geographic area within the state.

1. In the portal, select the **organization's name**.

### Organizations I manage



Organization ↑	NPI Number	Main Phone	Email	Website	Status
Training Organization 1	7854569856	701-328-8920	programregistry@nd.gov	https://www.behavioralhealth.nd.gov/	Pending

2. From within the organization record, select the **Edit** button to make changes.

### Organization

#### Information

**Organization Name \***

This is the business name associated with this NPI.  
Training Organization 1

**NPI Number \***

7854569856

**Primary Business Contact Email \***

programregistry@nd.gov

**Primary Business Contact Name \***

test 1

**Primary Business Contact Phone \***

701-328-8920

**Website**

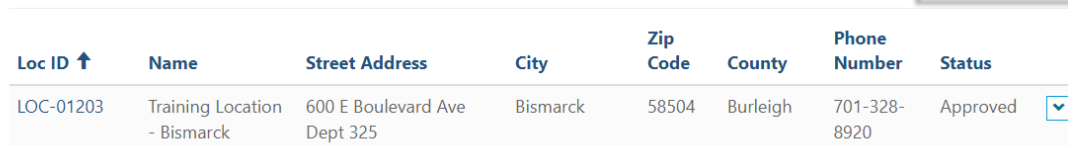
https://www.behavioralhealth.nd.gov/



3. Select **Add New Location** button.

#### Locations

☰ Approved or Pending Locations ▾



Loc ID ↑	Name	Street Address	City	Zip Code	County	Phone Number	Status
LOC-01203	Training Location - Bismarck	600 E Boulevard Ave Dept 325	Bismarck	58504	Burleigh	701-328-8920	Approved

4. Complete the new location form by entering all required information, then select **Submit** at the bottom of the form to finalize the entry.
5. The new location will be in a "Pending New" status and will be reviewed for approval by the Behavioral Health Division. To return to the main portal screen, select the **Update** button located at the bottom of the screen.

## Locations

☰ Approved or Pending Locations-

Add New Location

Loc ID ↑	Name	Street Address	City	Zip Code	County	Phone Number	Status	
LOC-01203	Training Location - Bismarck	600 E Boulevard Ave Dept 325	Bismarck	58504	Burleigh	701-328-8920	Approved	▼
LOC-01204	Training Location - Fargo	200 E Main Ave	Fargo	56563	Cass	701-222-2222	Pending New	▼

Update

## Yearly Review

On an annual basis, organizations will receive an email notification requesting review of their information in the Directory. Organizations are required to sign in and review all associated program location records to ensure information remains accurate and up to date for North Dakota residents seeking behavioral health services. Failure to complete the annual review may result in removal of the organization's information from the directory.

For each location record requiring review, users must select either the "Review with Changes" or "Review with no Changes" by following the steps below:

1. **Sign-in** to the ND Behavioral Health Program Directory: [Behavioral Health Program Directory Portal](#)
2. Select the **organization name** to view all associated location records.

Organizations I manage

Add Organization

Organization ↑	NPI Number	Main Phone	Email	Website	Status	
Training Organization 1	7854569856	701-328-8920	programregistry@nd.gov	https://www.behavioralhealth.nd.gov/	Pending	▼

3. Select **Edit** in the upper right corner of the screen.

# Organization Dashboard

## Organization

Edit

### Information

**Organization Name \***

This is the business name associated with this NPI.  
Training Organization 1

**Primary Business Contact Name \***

Training Contact First and Last Name

**NPI Number \***

7854569856

**Primary Business Contact Phone \***

701-328-8920

**Primary Business Contact Email \***

[programregistry@nd.gov](mailto:programregistry@nd.gov)

**Website**

<https://www.behavioralhealth.nd.gov/>

- Once you are in Edit mode, users may access additional options by selecting the arrow associated with that record.

LOC-01128	Mr Tester Company 2.0 - West Fargo	ABC 123 St	West Fargo	12345	Cass	(555) 111- 5555	Approved	▼
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- View details
- Review with Changes
- Review with no Changes
- Delete
- Close

- Select **View details** to review the information currently entered for the organization. This option is view-only mode and does not allow for edits.
- After reviewing the details, select **Back** at the bottom of the page to return to the previous screen (refer to screenshot in step #4). Then select the arrow next to each location record and choose either **Review with Changes**, or **Review with no Changes**. This process must be completed for each location, if multiple locations are listed.
- Any updates submitted will be reviewed by the Behavioral Health Division. Upon approval, an email confirmation will be sent.

## View Details

This option allows users to review the current information for each program location record. This is a view only mode, and no changes can be made.

## Review with Changes

This option should be selected if updates are needed for the location record. The location form will become editable, allowing users to edit and submit changes for review and approval.

## Review with no Changes

This option should be selected if the location record has been reviewed and no updates are required. Selecting this option will mark the record as reviewed and maintain its approved status for one year from the date of review.

# Organization Ownership Change Request

The North Dakota Behavioral Health Program Directory portal permits one user at a time to manage an organization record associated with an NPI number. This limitation is in place to prevent duplication of records within the system.


If responsibility for maintaining an organization record and its associated locations change, the following steps must be completed:

1. Sign-in to the Behavioral Health Program Directory portal: [Behavioral Health Program Directory Portal](#)

**IMPORTANT:** The individual requesting control of the organization record must complete this process. Requests may not be submitted on behalf of someone else.

2. Select the **Add Organization** button and enter the organization's NPI. A notification will appear indicating that the organization already exists, along with a link to the Organization Change Request form. Select the link to access and complete the form.

Add Organization

 The form could not be submitted for the following reasons:

An organization record already exists under this NPI. If you wish to request ownership of the existing organization record, please fill out the [Organization Change Request Form](#). You may also contact BHD at [programregistry@nd.gov](mailto:programregistry@nd.gov) for assistance.

NPI Information

**This is the organization-level NPI, not the NPI associated with an individual practitioner unless the organization is owned and operated under an individual NPI. If your organization does not have an NPI, please contact BHD at [programregistry@nd.gov](mailto:programregistry@nd.gov). \***

7854569856

3. Complete the Organization Change Request form by entering the NPI number associated with the organization record you are requesting ownership of and all other required fields. Once completed, select **Submit** to finalize the request.

Change Request Information

Are you requesting ownership of the organization record for yourself or for someone else? \*

For Myself

NPI Number \*

7854569856

Requestor Title

Director of Human Resources

Requestor First Name \*

John

Requestor Last Name \*

Doe

Requestor Email \*

[programregistry@nd.gov](mailto:programregistry@nd.gov)

Ownership Change Reason \*

Previous Owner Left Organization

Submit

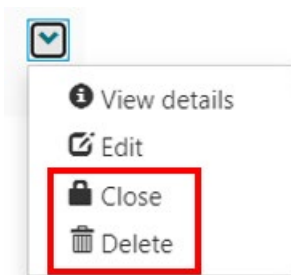
**IMPORTANT:** Transfer of control over the organization record and associated locations will not happen automatically. All requests will be reviewed by the Behavioral Health Division for approval. The requestor will receive email notification once a determination has been made regarding the transfer of ownership.

## Closing or Deleting an Organization

Users have the ability to close or delete entire organization records. These actions should be used sparingly (e.g. when an entire organization closes or was entered in error). It is important to understand the distinction between these two actions prior to proceeding.

1. Select the arrow next to the organization record to display the Close and Delete options.

Organization ↑	NPI Number	Main Phone	Email	Website	Status
Training Organization 1	7854569856	701-328-8920	programregistry@nd.gov	https://www.behavioralhealth.nd.gov/	Approved <span>▼</span>



2. Both the Close and Delete options will display a warning indicating that the action is not reversible. Select Yes to proceed or No to cancel.

Close Organization ×

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Are you sure you want to close this organization? Closing the organization will close all associated location records. You will not have the ability to undo this action.

Yes
No

Delete Organization ×

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Are you sure you want to delete this organization? Deleting the organization will delete all associated location records. You will not have the ability to undo this action.

Yes
No

### Closing an Organization

This option should be used when an organization has permanently ceased operations and is no longer providing services at any associated location. Selecting this option will result in all location records under the organization being closed.

### Deleting an Organization

This option should be used when an organization and all associated locations were created in error and cannot be corrected through editing. Selecting this option will result in all location records under the organization being deleted.

### Viewing Closed, Deleted, Denied Organizations

All closed or deleted organization records will remain accessible within the directory portal under the closed or deleted organizations view.


## Closed or Deleted Organizations

Account Name ↑	NPI Number	Main Phone	Email	Website	Status
Training Organization 1	7854569856	701-328-8920	programregistry@nd.gov	https://www.behavioralhealth.nd.gov/	Closed

## Closing or Deleting a Location

Users may close or delete individual program location records. It is important to understand the distinction between these two actions prior to proceeding.

1. Click on the **organization record**.

Organization ↑	NPI Number	Main Phone	Email	Website	Status
Training Organization 1	7854569856	701-328-8920	programregistry@nd.gov	https://www.behavioralhealth.nd.gov/	Approved 

2. Select **Edit** to access the edit options for the associated location records.

### Organization

#### Information

**Organization Name \***

Training Organization 1

**NPI Number \***

7854569856

**Primary Business Contact Name \***

Training Contact First and Last Name

**Primary Business Email \***

[programregistry@nd.gov](mailto:programregistry@nd.gov)

**Primary Business Phone \***

701-328-8920

**Website**


<https://www.behavioralhealth.nd.gov/>






Edit

3. Select the arrow next to the location record to display the available Close and delete options. Both options will prompt a warning indicating that the operation is not reversible. Select Yes to proceed or No to cancel.

#### Phone

#### Number Status

701-328-8920 Approved 

-  View details
-  Recertify with Changes
-  Recertify with no Changes
-  Delete
-  Close

## Closing a Location

Select this option if the location has stopped operations and is no longer providing services.

Close Location ×

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Are you sure you want to close this location? You will not have the ability to undo this action.

## Deleting a Location

Select this option if the location was added in error and cannot be fixed through editing.

Delete Location ×

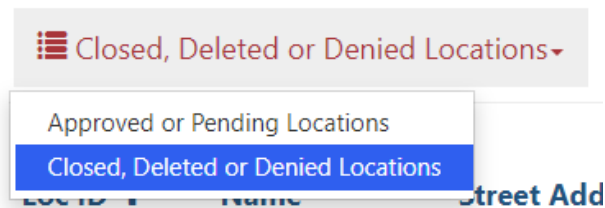
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Are you sure you want to delete this location? You will not have the ability to undo this action.

## Viewing Closed, Deleted, Denied Locations

All closed or deleted location records will continue to be visible under the closed Deleted or Denied Locations view.

### Locations



## Questions and Contact Information

For questions or assistance registering with the ND Behavioral Health Program Directory, please contact the Behavioral Health Division at 701-328-8920 or [programregistry@nd.gov](mailto:programregistry@nd.gov)