

# Provider Portal System (PPS)

---

MANAGING THE SUBSTANCE USE DISORDER (SUD) VOUCHER PROGRAM



# PPS

```
graph TD; PPS[PPS] --- A[More Efficient]; PPS --- B[Electronic & Paperless]; PPS --- C[Streamlined communication]; PPS --- D[Easy Tracking for Providers];
```

More Efficient

Electronic  
& Paperless

Streamlined  
communication

Easy Tracking for  
Providers

# Training on the PPS Processes

---

1. Accessing the Portal
2. Provider Account
3. [Individual Application Process](#)
4. [Release of Information Process](#)
5. [Prior Authorization Process](#)
6. [Eligibility Reviews](#)
7. [Outcome Measures](#)
8. [Invoice Process](#)
9. Training & Technical Assistance

# Accessing the PPS

## Obtain a ND Login Account

---

- Each program must have a ND Login Account to access the PPS.
- Your program should already have a ND Login account if you are registered with the North Dakota Secretary of State (SOS). You may use SOS account or create a unique login to access the PPS.
- Each User can register for a ND Login account to access the PPS.

# Accessing the PPS

There can only be one ND Login Account per Program

---

Use Existing ND Login  
Account

<https://portalapps.nd.gov/sud-voucher/provider-portal/>

Create Unique ND Login  
Account

<https://apps.nd.gov/itd/Idap/registration.htm>

**USING  
THE PPS**

**Provider Account**

# Provider Account: Adding New Contact

Under 'Provider Account' tab click the Add Contact button to add staff who will be working within the SUD Voucher Program. It is recommended that programs delegate one person who is responsible for adding or removing contacts.

[Home](#) > [Substance Use Disorder \(SUD\) Voucher Program](#) > [Provider Portal](#) > **Update Provider Account**

## Substance Use Disorder (SUD) Provider Portal

[Active Vouchers](#) [Active Individual Applications](#) [Releases](#) [Invoices](#) [Individual Applications w/o Releases](#) **Provider Account**

Please review information below

### Summary

**Name \***

Community Medical Services - Fargo

**Website**

**Phone**

**Fax**

**Email**

sudvoucher@nd.gov

### Contacts

**Add Contact**


Full Name ↑	Email	
Lori Steele Test	llsteele@nd.gov	▼
Lori Test1	llsteele@nd.gov	▼
Monday Test	llsteele@nd.gov	▼
Test Provider	sudvoucher@nd.gov	▼

< **1** 2 >

# Provider Account: Adding New Contact

Enter First Name, Last Name, Email Address and click Submit

---

 Create

---


**First Name \***

**Last Name \***

**Email \***

**Submit**

---





# Provider Account: Inviting New Contact

Under Provider Account, select from the drop-down list and click Send Invitation Email

---

## Contacts

Add Contact

Full Name ↑	Email	
Bianca Bell	bhbell@nd.gov	▼
Lori Steele	llsteele@nd.gov	▼
Test Provider	sudprovidertest1@o	▼

- Delete Contact
- Update Contact
- Send Invitation Email

# Provider Account: New Invite Received

New contact will click the link in the email



Fri 11/22/2019 10:59 AM

<DHS Behavioral Health> <test.dynamics.ndgov@gmail.com>

Invitation to North Dakota SUD Voucher Portal NDTEST:0000001

To Steele, Lori L.

**CAUTION:** This email originated from an

Dear Lori Steele,

You have been invited to access the North Dakota Substance Use Disorder Voucher Provider Portal.

[Click here to access the SUD Provider Portal.](#)

# Provider Account: Redeem New Invite

Click on 'Redeem Code' within 24 hours of receiving. If code is not redeemed within 24 hours, it will expire, and invitation would need to be resent.

Dakota Be Legendary.™ [Home](#) | [Sign in](#)

[Redeem Invitation](#)

Sign up with an invitation code

\* **Invitation code**

[Redeem Code](#)

# Provider Account: Enter ND Login Info

New contact enters ND Login and password. Each contact can register for their own unique ND Login account or use program's account. It is recommended each contact has their own ND login account for submission identification in the PPS.

**NDDHS Payment Alerts**  
NDDHS Payment Alerts

North Dakota  
*login*

**Already Registered - Not sure?**

North Dakota Login

[Forgot Login](#)

Password

[Forgot Password](#)

**LOGIN**

**New to North Dakota Online Services?**  
[Register Now!](#)

Benefits of North Dakota Login

- One North Dakota Login and password to access multiple [ND Online Services](#)
- Register once for secure access to State services

Need help? Read through the [FAQ](#).

For security reasons, please [log out](#) and exit your web browser when you are done accessing services that require authentication!

# Individual Application Process

---

Individual submits application online

<https://portalapps.nd.gov/sud-voucher/individual-application/>

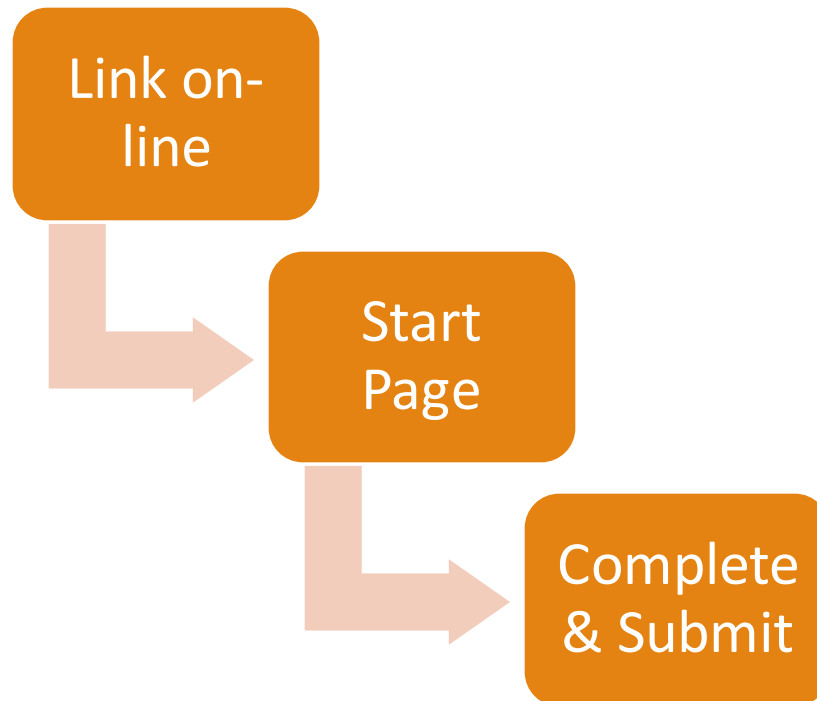
Providers assist individual and submits application through the PPS

<https://portalapps.nd.gov/sud-voucher/provider-portal/>

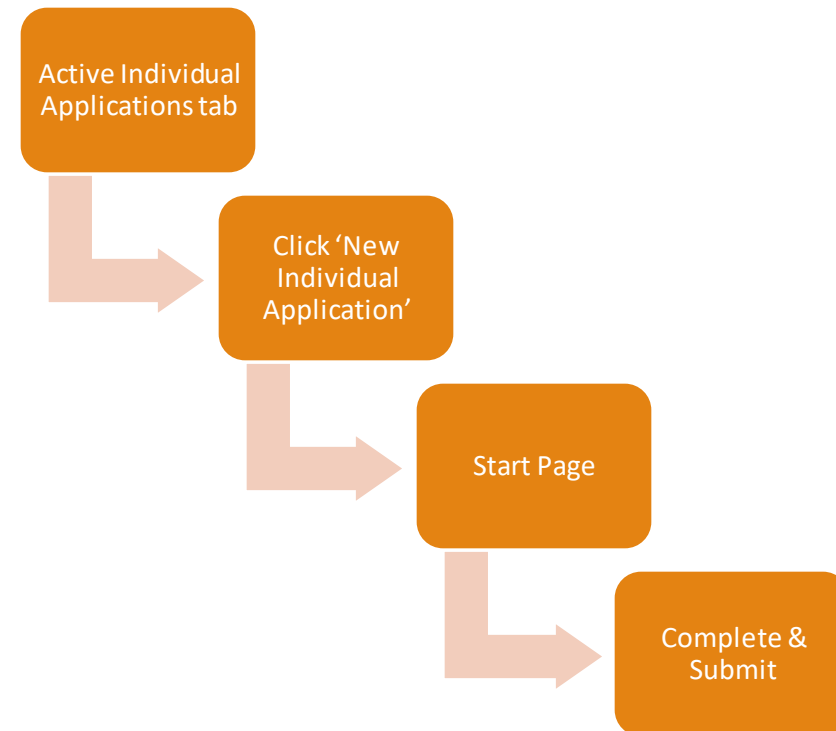
# Individual Application Process

---

## INDIVIDUAL ON-LINE



## PROVIDER IN PORTAL



Once submitted – application is saved in the PPS

BHD is notified a new application has been submitted

BHD reviews and determines eligibility

Once ROI is submitted and approved by BHD – Provider receives email notification of approval and application is linked in the PPS

# Individual Application Process:

# Individual Application Process: Prep

## Information/Documents Needed

---

### ACTIVE MEDICAID

The following is needed in order to complete the application:

1. Social Security Number;
2. Medicaid Number; and
3. Any other secondary health insurance information

### NO ACTIVE MEDICAID

The following is needed in order to complete the application:

1. Social Security Number;
2. Any insurance information
3. Monthly income information (wages, self-employment wages, child support, social security benefits, and other retirement benefits)
4. Proof of monthly income (pay stubs, tax return from previous year for self-employed, etc.)



# Individual Application Process: Provider Portal

In 'Active Individual Applications' Tab click on New Individual Application

Home > Substance Use Disorder (SUD) Voucher Program > Provider Portal > **Active Individual Applications**

## Substance Use Disorder (SUD) Provider Portal

[Active Vouchers](#) [Active Individual Applications](#) [Releases](#) [Invoices](#) [Individual Applications w/o Releases](#) [Provider Account](#)

Active, approved applications with verified Releases of Information are listed below. Click on a record to review and submit Prior Authorizations, Invoices, Outcome Measures, and Releases of Information. As a reminder, an individual may have more than one active, approved application on file. In such instances, it is important a provider select the applicable application line to avoid delays in processing.

[New Individual Application](#)

Record ↑	Applicant Name	Voucher ID	Submitted On	Processed On	Status
IA1135	Thursday Testing	V1036	12/19/2019 9:07 AM	1/7/2020 4:03 PM	Approved
IA1140	Jane Doe	V1034	1/7/2020 3:03 PM	1/7/2020 3:40 PM	Approved
IA1142	Lori Test2	V1035	1/7/2020 4:01 PM		Approved

# Individual Application Process: Start Page

Click the 'Start' button and answer all the questions

[Home](#) > [Substance Use Disorder \(SUD\) Voucher Program](#) > **Individual Application**

## Individual Application

### Instructions

The Substance Use Disorder (SUD) Voucher program was created to help cover the cost of services.


 Start

**The following may be needed to complete the application:**

- Medicaid Number
  - If not receiving Medicaid, proof of income examples include tax returns, pay stubs, etc...
- Other forms of health insurance coverage information including
  - Policy number
  - Deductible information
  - Contact information
  - Explanation of benefits
- Social Security Number

# Individual Application Process: Submit

After answering all questions, type in signature, add date, and click 'Submit' Message will appear your application has been received, allow 5 business days for processing

 Be Legendary.™

Home | SUD Provider Portal | Test Provider

Home > Substance Use Disorder (SUD) Voucher Program > Individual Application

## Individual Application

100%

### Signature

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information.

**Typed Name to Represent Your Signature \*** **Date \***

Home > Substance Use Disorder (SUD) Voucher Program > Individual Application

## Individual Application

### Application Received

Your application has been received. You will receive notification once it has been completed, please allow up to 5 business days for processing.

[Start a New Individual Application](#)

[Substance Use Disorder Voucher Program Information](#)



# **Release of Information Process**

Provider has individual sign physical ROI document(s)



In PPS – go to 'Releases' Tab



Click on 'New Release of Information'



Answer Questions for tracking purposes



Attach physical ROI document(s). Click Submit

# Release of Information Process:

# Release of Information Process: Step 1 Create

In Releases Tab, click on 'New Release of Information' button to create a new ROI

Home > Substance Use Disorder (SUD) Voucher Program > Provider Portal > Releases

## Substance Use Disorder (SUD) Provider Portal

Active Vouchers   Active Individual Applications   **Releases**   Invoices   Individual Applications w/o Releases   Provider Account

Release of Information records are listed below.

Search



New Release of Information

Record	Applicant Name	Voucher ID	Application	Status ↑	Created On ↓	Expiration	Document Type
R1036	Test			Denied	11/24/2020 2:00 PM	10/22/2020	BHD/Provider
R1037	Test			Denied	11/30/2020 11:44 AM	12/22/2020	Third-Party Insurance
R1038	Test2		IA1191	Denied	12/1/2020 9:08 AM	12/31/2020	Third-Party Insurance

# Release of Information Process: Step 2 Attach document

Enter Client Name, click Yes if authorization is 'through payment' or enter an expiration date. Enter signature date of Release. Click on Choose File and upload ROI document from your computer. Click 'Submit'

## New Release of Information

### Client

Carrie Underwood

### Treatment provider to exchange information with

Community Medical Services - Fargo

Please identify if authorization remains in effect through payment or expires on date

### Authorized through payment

No  Yes

### Please identify the date authorization expires \*

6/21/2022

Please identify the signature date on the attached form

### Signature date

6/21/2021

**A physical release of information form is required. Please attach a signed and dated release of information form.**

**The following file types are accepted: pdf, doc, docx, jpg, jpeg, gif, tiff, png \***

No file chosen

# Release of Information Process: Step 3 Notification


Provider will receive autogenerated email once ROI has been reviewed.

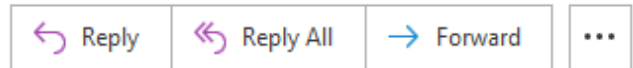
---

Securemail: Re: New Release of Information Approved NDTEST:0051079



<DHS Behavioral Health> <test.dynamics.ndgov@gmail.com>

To  -Adm-DHS SUDVoucher



Mon 6/21/2021 7:55 AM

**\*\*\*\*\* CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they are safe. \*\*\*\*\***

Hi: Community Medical Services - Fargo

A Release of Information R1078 for Carrie Underwood has been approved.

Sincerely,  
SUD Team



# Release of Information Process: Step 4 Status

Provider can check the status of ROI under Active Individual Applications tab

[Home](#) > [Substance Use Disorder \(SUD\) Voucher Program](#) > [Provider Portal](#) > **Individual Application Dashboard**

## Individual Application Dashboard

**Application ID**  
IA1255

**Client**  
Carrie Underwood

**Contact Information**

**Voucher ID**  
V1059

**First Name**  
Carrie

**Middle Name**  
—

**Last Name**  
Underwood

**Releases**

Search

Record <span>↑</span>	App	Vouch	Status	Expiration	
R1040	IA1255	V1059	Valid	1/29/2021	<input type="button" value="v"/>

**Prior Authorizations**

Search

Record	App	Vouch	Type of Service Request	Status	Req	Auth	Avail	Created On <span>↓</span>
There are no records to display.								

# Using the PPS

# Using the PPS: Active Vouchers Tab

Click on an applicant name to review Prior Authorizations, Invoices, Outcome Measures, and Releases of Information for all active applications. Applicants will appear here when there is a verified Release of Information under that voucher. Click on IA Record to review and print approved Individual Application. All submissions for the individual will be listed under Client Dashboard.

Home > Substance Use Disorder (SUD) Voucher Program > Provider Portal

## Substance Use Disorder (SUD) Provider Portal

Active Vouchers | Active Individual Applications | Releases | Invoices | Individual Applications w/o Releases | Provider Account

Active vouchers with verified Releases of Information are listed below. Click on a record to review Prior Authorizations, Invoices, Outcome Measures, and Releases of Information for all active applications with a verified Release of Information under that voucher. See Active Individual Applications for Invoice, Prior Authorization, Outcome Measure, and Release of Information submission.

Search

Applicant Name	Voucher ID
Mary Poppins	V1031
ABC DEF	V1102
Seaside Trio	V1057
Betty Birney	V1054
George Strait	V1053
Carrie Underwood	V1059

### Client Dashboard

**Voucher ID**  
V1059

**Contact Information**

**First Name**  
Carrie

**Middle Name**  
-

**Last Name**  
Underwood

**Primary Phone**  
-

**Alternate Phone**  
-

**Email Address**  
test@test.com

**Preferred Method of Contact**  
Email

**Address 1: Street 1**  
-

**Address 1: City**  
-

**Address 1: State**  
-

**Address 1: Zip**  
-

**Individual Applications**

To view/print application please click on record below

Search

Record	Submitted On	Status
IA1255	4/17/2020 8:14 AM	Approved

**Releases**

Search

Record	App	Vouch	Status	Expiration
R1040	IA1255	V1059	Valid	1/29/2021
R1078		V1059	Valid	6/21/2022

**Prior Authorizations**

Search

Record	App	Vouch	TOSR	Status	Req	Auth	Avail	Created On
PA1115	IA1255	V1059	Initial Request for Treatment	Approved	\$670.28	\$670.28	\$540.00	6/23/202

**Outcomes**

Search

Record	App	Vouch	Outcome Type	Submitted On
PO1021		V1059	Discharge Outcomes	
PO1044	IA1255	V1059	Baseline Measure	6/16/2021
PO1045	IA1255	V1059	Annual Update	6/17/2021

**Invoices**

Search

Record	App	Vouch	Status	Total	Created On	Payment Date
INV1177	IA1255	V1059	Approved	\$130.28	6/24/2021	

## Active Individual Applications Tab

Submit new ROI(s)

Submit Prior Authorizations

Submit Outcome Measures

Submit Invoices

Track authorized funding and payments

# Using the PPS: Active Individual Applications tab

Applicants will appear here when there is a verified Release of Information under that voucher. Click on a record to submit Individual Applications, Releases, Prior Authorizations, Outcome Measures, and Invoices for all active applications.

Home > Substance Use Disorder (SUD) Voucher Program > Provider Portal > Active Individual Applications

## Substance Use Disorder (SUD) Provider Portal

Active Vouchers **Active Individual Applications** Releases Invoices Individual Applications w/o Releases Provider Account

Active, approved applications with verified Releases of Information are listed below. Click on a record to review and submit Prior Authorizations, Invoices, Outcome Measures, and Releases of Information. As a reminder, an individual may have more than one active, approved application on file. In such instances, it is important a provider select the applicable application line to avoid delays in processing.

Search

Record ↑	Applicant Name	Voucher ID	Submitted On	Processed On	Status
IA1131	Mary Poppins	V1031	12/10/2019 4:12 PM	12/13/2019 10:08 AM	Approved
IA1224	George Strait	V1053	4/8/2020 11:54 AM	4/8/2020 12:05 PM	Approved
IA1226	Betty Birney	V1054	4/9/2020 9:45 AM	4/9/2020 10:00 AM	Approved
IA1233	Seaside Trio	V1057	4/13/2020 2:37 PM	4/13/2020 2:39 PM	Approved
IA1255	Carrie Underwood	V1059	4/17/2020 8:14 AM	12/11/2020 7:50 AM	Approved
IA1372	TESTING TESTING	V1074	9/30/2020 10:15 AM	9/30/2020 10:18 AM	Approved
IA1408	FirstTest1214835 LastTest1214835	V1081	12/14/2020 8:42 AM	12/14/2020 8:56 AM	Approved
IA1409	Test1214946First Test1214946Last	V1082	12/14/2020 9:47 AM	12/14/2020 9:49 AM	Approved

## Individual Application Dashboard

**Application ID**  
IA1255

**Client**  
Carrie Underwood

**Voucher ID**  
V1059

**First Name**  
Carrie

**Middle Name**  
-

**Last Name**  
Underwood

**Primary Phone**  
-

**Alternate Phone**  
-

**Email Address**  
test@test.com

**Preferred Method of Contact**  
Email

**Address 1: Street 1**  
-

**Address 1: City**  
-

**Address 1: State**  
-

**Releases**

Record ↑	App	Vouch	Status	Expiration
R1040	IA1255	V1059	Valid	1/29/2021

**Prior Authorizations**

Record	App	Vouch	TOSR	Status	Req	Auth	Avail	Created On ↓
PA1115	IA1255	V1059	Initial Request for Treatment	Approved	\$670.28	\$670.28	\$540.00	6/23/2021

**Outcomes**

Record ↑	App	Vouch	Outcome Type	Submitted On
PO1044	IA1255	V1059	Baseline Measure	6/16/2021
PO1045	IA1255	V1059	Annual Update	6/17/2021

**Invoices**

Record	App	Vouch	Status	Total	Created On ↓	Payment Date
INV1177	IA1255	V1059	Approved	\$130.28	6/24/2021	

# Using the PPS: Invoices tab

All invoice records are listed in this view. Check the status of pending, approved, denied, paid or closed and apply filter. Reports can be downloaded as Excel documents. Use the search field to look for a specific invoice number.

## Substance Use Disorder (SUD) Provider Portal

Active Vouchers   Active Individual Applications   Releases   **Invoices**   Individual Applications w/o Releases

Provider Account

Invoice records are listed below. Click on an invoice record name to view additional details. Providers shall only submit one invoice per month per participant to ensure timely reimbursements can be made. Payments are paid once per calendar month between the first and fifth working day. Check Date and Check Number fields will be displayed after payment has been issued.

Status   Submitted By

Pending    Approved  
 Denied  
 Paid  
 Closed

Apply Filter

Search     

Record	Voucher ID	Application	Created On	Status	Dates Of Service	Total	Check Date	Check Number
INV1021	V1031	IA1132	1/22/2020	Approved	1/1/2020-1/9/2020	\$260.25		
INV1052	V1065	IA1346	8/31/2020	Paid	8/12/2020-8/25/2020	\$165.09		
INV1053	V1065	IA1346	9/1/2020	Paid	7/27/2020-8/30/2020	\$435.00		
INV1054	V1065	IA1346	9/3/2020	Paid	7/27/2020-8/31/2020	\$29.24	9/8/2020	54247130
INV1044	V1051	IA1211	4/8/2020	Paid	3/31/2020-4/8/2020	\$2,900.00		
INV1045	V1054	IA1226	4/9/2020	Pending	1/10/2020	\$130.28		

## Substance Use Disorder (SUD) Provider Portal

Active Vouchers   Active Individual Applications   Releases   **Invoices**   Individual Applications w/o Releases   Provider Account

Invoice records are listed below. Click on an invoice record name to view additional details. Providers shall only submit one invoice per month per participant to ensure timely reimbursements can be made. Payments are paid once per calendar month between the first and fifth working day. Check Date and Check Number fields will be displayed after payment has been issued.

Status   Submitted By

Pending    Denied  
 Approved  
 Paid  
 Closed

Apply Filter

To search on partial text, use the asterisk (\*) wildcard character.

INV1046     

Record	Voucher ID	Application	Created On	Status	Dates Of Service	Total	Check Date	Check Number
INV1046	V1058	IA1234	4/16/2020	Denied	4/1/2020-4/2/2020	\$145.00		

**USING  
THE PPS**

**Prior  
Authorization  
Process**

Prior Auth Submitted by provider  
based on parameters chart



BHD is notified of a new Prior  
Authorization request



BHD reviews



Provider receives autogenerated  
email notification



Available funding can be found in  
Individual Dashboard

## Prior Auth Process:



# Prior Authorization: Step 1 Review Parameters Chart

Review the Prior Authorization parameters chart located in Program Guidance prior to submitting a request. Enter what is medically necessary for the individual. The maximums were set based on flexibility for individual need. Requests submitted outside of parameters will be partially approved.

Level of Care	Initial & Change of Care Requests			Continuation of Care Requests			Comments
	Max Units	Max Days	Total Auth Limit	Max Units	Max Days	Total Auth Limit	
ASAM 1.0	120	120	\$1,740	120	120	\$1,740	SUD Voucher Admins may approve up to 2 continuation of care requests without LAC staffing.
ASAM 2.1	50	120	\$10,875	12	30	\$2,610	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
ASAM 2.1 W R&B	50	120	\$13,949	12	30	\$3,348	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adult ASAM 2.5	30	45	\$9,353	30	45	\$9,353	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adolescent ASAM 2.5	30	45	\$11,411	30	45	\$11,411	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adult ASAM 2.5 w R&B	30	45	\$11,1975	30	45	\$11,197	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adolescent ASAM 2.5 w R&B	30	45	\$13,660	30	45	\$13,660	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adult ASAM 3.5	30	30	\$9,353	30	30	\$9,353	All requests for continuation of care must be staffed with an LAC.
Adolescent ASAM 3.5	30	30	\$11,411	30	30	\$11,411	All requests for continuation of care must be staffed with an LAC.
Adult R&B	30	30	\$1,844	30	30	\$1,844	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adolescent R&B	30	30	\$2,249	30	30	\$2,249	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Transport	Per google map	180	Per google map	Per google map	180	Per google map	SUD Voucher Admins may approve 1 continuation of care requests without Utilization review
MAT Daily	365	365	\$3,256	365	365	\$3,256	MAT authorization requests and approvals encompass daily, weekly, and take-home needs.
MAT Weekly	104	365	\$2,024	104	365	\$2,024	All MAT requests have a total maximum authorization limit of \$3,256
MAT Take Home	353	365	\$353	353	365	\$353	

# Prior Authorization: Step 2 Locate Applicant

Under Active Individual Applications tab, search for the applicant's name and Individual Application (IA) and click on the Record

## Substance Use Disorder (SUD) Provider Portal

[Active Vouchers](#) **[Active Individual Applications](#)** [Releases](#) [Invoices](#) [Individual Applications w/o Releases](#)

[Provider Account](#)

Active, approved applications with verified Releases of Information are listed below. Click on a record to review and submit Prior Authorizations, Invoices, Outcome Measures, and Releases of Information. As a reminder, an individual may have more than one active, approved application on file. In such instances, it is important a provider select the applicable application line to avoid delays in processing.

[New Individual Application](#)

Record ↑	Applicant Name	Voucher ID	Submitted On	Processed On	Status
IA1224	George Strait	V1053	4/8/2020 11:54 AM	4/8/2020 12:05 PM	Approved
IA1226	Betty Birney	V1054	4/9/2020 9:45 AM	4/9/2020 10:00 AM	Approved
IA1233	Seaside Trio	V1057	4/13/2020 2:37 PM	4/13/2020 2:39 PM	Approved
<b>IA1255</b>	Carrie Underwood	V1059	4/17/2020 8:14 AM	12/11/2020 7:50 AM	Approved
IA1372	TESTING TESTING	V1074	9/30/2020 10:15 AM	9/30/2020 10:18 AM	Approved Closed

# Prior Authorization: Step 3 Create

Click on New Prior Authorization tab in Individual Application Dashboard

## Individual Application Dashboard

### Application ID

IA1255

### Client

Carrie Underwood

### Contact Information

#### Voucher ID

V1059

#### First Name

Carrie

#### Middle Name

### Releases



New Release of Information

Record ↑

App

Vouch

Status

Expiration

R1040

IA1255

V1059

Valid

1/29/2021



### Prior Authorizations



New Prior Authorization

Record App

Vouch

Type of  
Service

Request

Status

Req

Auth

Avail

Created On



# Prior Authorization: Step 4 Type of Service Request

Enter DSM 5 Diagnosis, select from drop-down: Initial Request for Treatment, Continuation of Treatment Plan, Change in Treatment Plan or Transportation. Answer next question if this request is related to treatment in residential setting. Click 'Next'

## New Prior Authorization

### Provider Information

**Service Provider \***

Community Medical Services - Faroo

### Recipient Information

**Client \***

Carrie Underwood

**Individual Application \***

IA1255

### Recipient Current Status

**DSM 5 Diagnosis \***

F11.20

**Type of Service Request \***

Initial Request for Treatment

Initial Request for Treatment  
Continuation of Treatment Plan  
Change in Treatment Plan  
Transportation

## New Prior Authorization

### Provider Information

**Service Provider \***

Community Medical Services - Faroo

### Recipient Information

**Client \***

Carrie Underwood

**Individual Application \***

IA1255

### Recipient Current Status

**DSM 5 Diagnosis \***

F11.20

**Type of Service Request \***

Initial Request for Treatment

**Is this authorization request related to treatment provided in a residential setting? \***

No

Next

# Prior Authorization Process: Step 5 Add Service Type

Initial Request for treatment can only be selected once per application. Click on Add Service button

## New Prior Authorization

Name

PA1115

Client \*

Carrie Underwood

Type of Service Request \*

Initial Request for Treatment

Individual Application \*

IA1255

### Services

Add Service

Service Type ↑	Units Requested	Approved Units	Remaining Units	Total Requested	Total Approved	Start Date	End Date
----------------	-----------------	----------------	-----------------	-----------------	----------------	------------	----------

There are no records to display.

Please Upload necessary Documentation

Click 'Add Document' in order to submit this authorization.

Add Document

Previous

Submit

# Prior Authorization Process: Step 6 Enter Units & Dates

Select from drop-down to select a service type. Only the services that require prior authorizations will appear in the drop-down. Depending on which service is selected, total units may be required. Enter Anticipated start and end date from date picker. End date cannot precede start date, Start date cannot exceed end date. Click Submit.

New

## Client

Carrie Underwood

## Individual Application

IA1255

## Service Type \*

ASAM 1 Group Therapy  
ASAM 2.1 Group Therapy  
**ASAM 2.5 Group Therapy-Adult**  
Methadone Maintenance Guest Dosing-Daily  
Methadone Maintenance Guest Dosing-Take Home  
Methadone Maintenance-Daily  
Methadone Maintenance-Weekly  
Out-of-Pocket Expenses

## Anticipated Start Date \*

M/D/YYYY

## Anticipated End Date \*

M/D/YYYY

New

## Client

Carrie Underwood

## Individual Application

IA1255

## Service Type \*

ASAM 2.5 Group Therapy-Adult

## Units (Per Day) \*

30

## Anticipated Start Date

5/16/2022

## Anticipated End Date \*

6/14/2022

Submit

# Prior Auth Process: Step 7 Adding Additional Services

Repeat previous steps to add additional services. Click Submit

## New Prior Authorization

**Name**

PA1264

**Client \***

Carrie Underwood

**Type of Service Request \***

Initial Request for Treatment

**Individual Application \***

IA1255

### Services

Add Service

Service Type ↑	Units Requested	Approved Units	Available Units	Total Requested	Total Authorized	Start Date	End Date	
ASAM 1 Group Therapy	30	30	30	\$435.00	\$435.00	5/16/2022	7/1/2022	▼
ASAM 2.5 Group Therapy-Adult	30	30	30	\$9,351.00	\$9,351.00	5/16/2022	6/14/2022	▼

Previous

Submit

# Prior Auth Process: Step 8 Review Dashboard

Review submission under Individual Application Dashboard. The Status will be 'pending' until reviewed by BHD. The person who submitted the prior authorization will receive automated email notice.

## Individual Application Dashboard

**Application ID**  
IA1255

**Status**  
Approved

**Client**  
Carrie Underwood

**Voucher ID**  
V1059

**Contact Information**

**Primary Phone**  
Provide a telephone number

**Email Address**  
lsteel@nd.gov

**Preferred Method of Contact**  
E-mail

**Address**  
—

**City**  
—

**State**  
—

**Zip Code**  
—

**Releases**

Search

Record ↑	App	Status	Expiration
R1040	IA1255	Valid	1/29/2021

**Insurance Coverages**

Record ↑	Policy Holder Name	Deductible	Effective Date	End Date
	Blue Cross Blue Shield		12/1/2021	

**Eligibility Reviews**

Search



Record ↑	App	Submitted On	Has Address Changed	Has Employment Income Changed	Has Insurance Changed
There are no records to display.					

**Prior Authorizations**

Search

Record	App	TOSR	Status	Req	Auth	Avail	Created On ↓
PA1264	IA1255	Initial Request for Treatment	Approved	\$9,786.00	\$9,786.00	\$9,786.00	5/13/2022
PA1263	IA1255	Initial Request for Treatment	Pending				5/13/2022

Securemail: Re: New Prior Authorization Approved NDTEST:0051145

 <DHS Behavioral Health> <test.dynamics.ndgov@gmail.com>  
To  -Adm-DHS SUDVoucher

\*\*\*\*\* CAUTION: This email originated from an outside source. Do not click links or open attachments

Hi: Community Medical Services - Fargo

A prior authorization request PA1264 for Carrie Underwood has been approved.

Sincerely,  
SUD Team



# Prior Auth Process: Step 9 Transportation Request

Select Transportation from drop-down for type of service request. Click 'Add Service'

## New Prior Authorization

### Provider Information

#### Service Provider \*

Community Medical Services - Faroo

### Recipient Information

#### Client \*

Carrie Underwood

#### Individual Application \*

IA1255

### Recipient Current Status

#### DSM 5 Diagnosis \*

F11.20

#### Type of Service Request \*

Continuation of Treatment Plan  
Change in Treatment Plan  
Transportation

## New Prior Authorization

#### Name

PA1265

#### Client \*

Carrie Underwood

#### Type of Service Request \*

Transportation

#### Individual Application \*

IA1255

### Services

Add Service

Service Type ↑	Units Requested	Approved Units	Available Units	Total Requested	Total Authorized	Start Date	End Date
----------------	-----------------	----------------	-----------------	-----------------	------------------	------------	----------

There are no records to display.

# Prior Auth Process: Step 9 Transportation Request

Click on Service Type and select 'Transportation DOS on or after 10/1/2021' and enter total miles. Enter anticipated start and end date from date picker. End date cannot precede start date, start date cannot exceed end date. Click Submit. Supporting documentation is required for Transportation request. Click 'Add Document'

New

## Client

Carrie Underwood

## Individual Application

IA1255

## Service Type \*

Transportation DOS on or after 10/01/2021

## Units (Total Miles) \*

200

## Anticipated Start Date \*

6/1/2022

## Anticipated End Date \*

8/1/2022

Submit

## New Prior Authorization

### Name

PA1265

### Client \*

Carrie Underwood

### Type of Service Request \*

Transportation

### Individual Application \*

IA1255

## Services

Add Service

Service Type ↑	Units Requested	Approved Units	Available Units	Total Requested	Total Authorized	Start Date	End Date	
Transportation DOS on or after 10/01/2021	200	200	200	\$90.00	\$90.00	6/1/2022	8/1/2022	▼

Please Upload necessary Documentation

Click 'Add Document' in order to submit this authorization.

Add Document

Previous

Submit

# Prior Auth Process: Step 9 Transportation Documentation

Select from drop-down list; google map, travel reimbursement plan or other. Click Choose File and upload document from computer then click 'Add Note' Document will display on screen. Click 'Submit'

Add note

\* Note

\* Attach a file

Google Map  
Travel Reimbursement Plan  
Other (describe below)

Add note Cancel

Add note

\* Note Google Map

\* Attach a file Choose File USE FOR TE...UMENT.docx

Add note Cancel

## New Prior Authorization

Name PA1265 Client \* Carrie Underwood  
Type of Service Request \* Transportation Individual Application \* IA1255

### Services

Add Service

Service Type ↑	Units Requested	Approved Units	Available Units	Total Requested	Total Authorized	Start Date	End Date	
Transportation DOS on or after 10/01/2021	200	200	200	\$90.00	\$90.00	6/1/2022	8/1/2022	▾

### Please Upload necessary Documentation

Documentation: Google Map ▾

USE FOR TEST DOCUMENT.docx (11.58 KB)

Add Document

Previous Submit

# Prior Auth Process: Step 10 Status

All submissions will appear in Individual Dashboard as pending with requested amount. Once reviewed and approved by BHD, status will update and display authorized and available amount.

## Individual Application Dashboard

**Application ID**  
IA1255

**Client**  
Carrie Underwood

**Contact Information**

**Voucher ID**  
V1059

**First Name**  
Carrie

**Middle Name**  
—

**Last Name**  
Underwood

**Primary Phone**

**Releases**

Search

Record ↑	App	Vouch	Status	Expiration
R1040	IA1255	V1059	Valid	1/29/2021

**Prior Authorizations**

Search

Record	App	Vouch	Type of Service Request	Status	Req	Auth	Avail	Created On ↓
PA1115	IA1255	V1059	Initial Request for Treatment	Pending	\$670.28			6/23/2021

**Application ID**  
IA1255

**Status**  
Approved

**Client**  
Carrie Underwood

**Voucher ID**  
V1059

**Contact Information**

**Primary Phone**  
Provide a telephone number

**Email Address**  
llsteele@nd.gov

**Preferred Method of Contact**

E-mail

Address

City

State

Zip Code

**Releases**

Search

Record ↑	App	Status	Expiration
R1040	IA1255	Valid	1/29/2021

**Insurance Coverages**

Record ↑	Policy Holder Name	Deductible	Effective Date	End Date
	Blue Cross Blue Shield		12/1/2021	

**Eligibility Reviews**

Search

Record ↑	App	Submitted On	Has Address Changed	Has Employment Income Changed	Has Insurance Changed
There are no records to display.					

**Prior Authorizations**

Search

Record	App	TOSR	Status	Req	Auth	Avail	Created On ↓
PA1265	IA1255	Transportation	Approved	\$90.00	\$90.00	\$90.00	5/13/2021
PA1264	IA1255	Initial Request for Treatment	Approved	\$9,786.00	\$9,786.00	\$9,786.00	5/13/2021

**USING  
THE PPS**

**Eligibility Reviews**

# Eligibility Reviews:

Allows a provider to notify the Voucher of changes to an individual's address, income, and/or insurance. Best practice is that providers are submitting these proactively as they are made aware of these changes. The Eligibility Review form is located under the Individual Application Dashboard. Insurance Coverages section will display all insurance information the individual has on file. The individual's address is displayed in the left-hand informational section.

## Individual Application Dashboard

**Application ID**  
IA1131

**Status**  
Approved

**Client**  
Mary Poppins

**Voucher ID**  
V1031

**Contact Information**

**Primary Phone**  
Provide a telephone number

**Email Address**  
[TESTsudvoucher@nd.gov](mailto:TESTsudvoucher@nd.gov)

**Preferred Method of Contact**  
E-mail

**Address**  
—

**City**  
—

**State**  
North Dakota

**Zip Code**  
—

**Releases**

Search

Record ↑	App	Status	Expiration
R1085	IA1131	Valid	Through Payment <input type="button" value="↓"/>
R1100	IA1131	Pending	Through Payment <input type="button" value="↓"/>

**Insurance Coverages**

Record ↑	Policy Holder Name	Deductible	Effective Date	End Date
Blue Cross Blue Shield	Sarah	\$500.00	3/3/2022	3/11/2022

**Eligibility Reviews**

Search

Record ↑	App	Submitted On	Has Address Changed	Has Employment Income Changed	Has Insurance Changed
ER1013	IA1131	3/31/2022	No	No	No <input type="button" value="↓"/>

**Prior Authorizations**

Search

Record	App	TOSR	Status	Req	Auth	Avail	Created On ↓
PA1219	IA1131	Initial Request for Treatment	Pending	\$500.00	\$500.00	\$500.00	9/22/20:

# Eligibility Reviews:

Providers will be prompted to review for eligibility changes and submit Eligibility Review form at intervals of every 90 days. Providers will not receive email for these prompts, the prompt will appear under the Individual Application Dashboard. Initial Eligibility Review prompt will occur 90 days following the application approval date. Subsequent prompts will occur 90 days following the most recent Eligibility Review submit date.

## Individual Application Dashboard

**Application ID**  
IA1480

**Status**  
Approved

**Client**  
Tilly Lilly

**Voucher ID**  
V1122

**Contact Information**

**Primary Phone**  
Provide a telephone number

**Email Address**  
[llsteele@nd.gov](mailto:llsteele@nd.gov)

**Preferred Method of Contact**  
E-mail

**Address**  
123 W Main Ave

**City**  
Bismarck

**State**  
North Dakota

**Zip Code**  
58501

**Releases (Must complete eligibility review before submitting release)**

Search

Record ↑	App	Status	Expiration
R1063	IA1480	Valid	3/30/2022

**Insurance Coverages**

Record ↑	Policy Holder Name	Deductible	Effective Date	End Date
There are no records to display.				

**Eligibility Reviews**

Search  [New Eligibility Review](#)

Record ↑	App	Submitted On	Has Address Changed	Has Employment Income Changed	Has Insurance Changed
There are no records to display.					

**Prior Authorizations (Must complete eligibility review before submitting prior auth)**

Search

Record	App	TOSR	Status	Req	Auth	Avail	Created On ↓
PA1244	IA1480	Initial Request for Treatment	Pending	\$14.50	\$14.50	\$14.50	12/30/2021

# Eligibility Status Report Questions

Address changes, employment/income and/or any changes in insurance coverage

---

1. Has this individual's address changed since the last eligibility reporting period?
  - a. Yes
    - i. Provide this individual's most current address
  - b. No
  
1. Has this individual's employment/income status changed since the last eligibility reporting period?
  - a. Yes
    - i. Describe the change in this individual's employment/income
    - ii. What is this individual's income in the past 90 days?
    - iii. What is this individual's projected income in the next 28 days?
  - b. No
  
1. Has this individual's insurance status changed since the last eligibility reporting period?
  - a. Yes
    - i. Type of Change
      1. New insurance obtained
        - a. Health Plan Name
        - b. Subscriber Name
        - c. Member ID
        - d. Effective Date
      2. Existing insurance coverage ended
        - a. Health Plan Name
        - b. Coverage End Date
  - b. No



# Eligibility Status Report Questions

Employment/Income changes require uploading supporting documentation and estimating projected income for the next 28 days. There are options listed for calculating projected income. Enter the projected amount for the next 28 days and how the amount was calculated.

## New Eligibility Review

### Employment and Income Reporting

Has this individual's employment/income status changed since the last eligibility reporting period? \*

Describe the individual's change in employment/income \*

Provide this individual's last 90 days of income and attach any supporting documents you may have

Click 'Add Document' to add proof of income change.

Add Document

Provide this individual's projected income over the next 28 days, including estimate calculation: \*

While this is a subjective measure, options for calculating may include but is not limited to:

- Hourly rate \* anticipated weekly hours \* 4
- Weekly average \* 4
- Bi-weekly average \* 2 Monthly rate

Previous

Next

# Eligibility Reviews:

For applications that have exceeded the 90-day eligibility review timeframe, the PPS will temporarily lock the Release of Information, Prior Authorization, and Invoice sections until an Eligibility Review form has been submitted.

## Individual Application Dashboard

**Application ID**  
IA1480

**Status**  
Approved

**Client**  
Tilly Lilly

**Voucher ID**  
V1122

**Contact Information**

**Primary Phone**  
Provide a telephone number

**Email Address**  
[lilstele@nd.gov](mailto:lilstele@nd.gov)

**Preferred Method of Contact**

**E-mail**

**Address**  
123 W Main Ave

**City**  
Bismarck

**State**  
North Dakota

**Zip Code**  
58501

**Releases (Must complete eligibility review before submitting release)**

Search

Record ↑	App	Status	Expiration	
R1063	IA1480	Valid	3/30/2022	⌵

**Insurance Coverages**

Record ↑	Policy Holder Name	Deductible	Effective Date	End Date
There are no records to display.				

**Eligibility Reviews**

Search   [New Eligibility Review](#)

Record ↑	App	Submitted On	Has Address Changed	Has Employment Income Changed	Has Insurance Changed
There are no records to display.					

**Prior Authorizations (Must complete eligibility review before submitting prior auth)**

Search

Record	App	TOSR	Status	Req	Auth	Avail	Created On ↓
There are no records to display.							

**Outcomes**

Search   [New Provider Outcome](#)

Record ↑	App	Outcome Type	Submitted On
PO1069	IA1480	Baseline Measure	

**Invoices (Must complete eligibility review before initiating billing)**

Search

Record	App	Status	Total	Created On ↓	Payment Date
There are no records to display.					

# Change in Eligibility: Advance Notice

If an individual is no longer eligible for the Voucher program, Advance Notice for discontinuation of eligibility will be 30 calendar days from the date the Eligibility Update is processed. Advance Notice will be sent to the individual and provider.

Date  
Address

RE: Eligibility Review (ERxxxx)  
RE: Individual Application (IAxxxx)

Dear

Due to a reported change in your income, the SUD Voucher Program has completed a review of your continued eligibility in the program. Based on this review, you are no longer eligible for program participation.

As a result, your SUD Voucher benefits will end on <<INSERT END DATE>>.

- The SUD Voucher will pay for approved services occurring on or before this date.
- You will be financially responsible for services received after this date.

Should a change in your eligibility circumstances occur, you may reapply for the voucher program. If you have any questions, please contact us at [sudvoucher@nd.gov](mailto:sudvoucher@nd.gov) or 701-328-8920.

Sincerely,  
SUD Voucher Team

**USING  
THE PPS**

**Outcome  
Measures**

# Outcome Measures: Step 1 Create Baseline Measure

Baseline measures must be submitted prior to initiating billing for every individual. Under 'Active Individual Applications' search for applicant and select Individual Application Record.

Dakota Be Legendary.

Home > Substance Use Disorder (SUD) Voucher Program > Provider Portal > Active Individual Applications

## Substance Use Disorder (SUD) Provider Portal

Active Vouchers **Active Individual Applications** Releases Invoices Individual Applications w/o Releases Provider Account

Active, approved applications with verified Releases of Information are listed below. Click on a record to review and submit Prior Authorizations, Invoices, Outcome Measures, and Releases of Information. As a reminder, an individual may have more than one active, approved application on file. In such instances, it is important a provider select the applicable application line to avoid delays in processing.

Search



New Individual Application

Record ↑	Applicant Name	Voucher ID	Submitted On	Processed On	Status
IA1131	Mary Poppins	V1031	12/10/2019 4:12 PM	12/13/2019 10:08 AM	Approved
IA1224	George Strait	V1053	4/8/2020 11:54 AM	4/8/2020 12:05 PM	Approved
IA1226	Betty Birney	V1054	4/9/2020 9:45 AM	4/9/2020 10:00 AM	Approved
<b>IA1233</b>	Seaside Trio	V1057	4/13/2020 2:37 PM	4/13/2020 2:39 PM	Approved
IA1255	Carrie Underwood	V1059	4/17/2020 8:14 AM	12/11/2020 7:50 AM	Approved
IA1372	TESTING TESTING	V1074	9/30/2020 10:15 AM	9/30/2020 10:18 AM	Approved

# Outcome Measures: Step 2 Create Baseline Measure

Click on 'New Provider Outcome' tab

**Outcomes**

Search   **New Provider Outcome**

---

**Record** ↑ **Outcome Type** **Submitted On**

---

There are no records to display.

**Invoices (Must complete baseline measures before initiating billing)**

Search

---

**Record** **Status** **Total** **Created On** ↓ **Payment Date**

---

There are no records to display.

# Outcome Measures: Step 3 Select Baseline Measure

Select Baseline Measure in drop-down and click 'Next'

---

## New Provider Outcome

**Service Provider \***

Community Medical Services - Fargo

**Client \***

George Strait

**Select the type of data you will be providing: \***

Baseline Measure

Baseline Measure

Annual Update

Discharge Outcomes

# Outcome Measures: Step 4 Submit Baseline Measure

Answer each question on each page and click 'Submit'

## New Provider Outcome

### Substance of Use

#### Treatment Beyond S&A \*

Is this client scheduled to receive, or have they already received, treatment services beyond a screening and/or assessment from your organization under this voucher/episode of care?

No  Yes

#### Primary Substance of Use \*

Identify the individual's primary substance of use:

#### Secondary Substance of Use \*

Identify the individual's secondary substance of use:

#### Tertiary Substance of Use \*

Identify the individual's tertiary substance of use:

[Previous](#) [Next](#)

## Purpose

#### Satisfaction with Family Engagement \*

Within the last 30 days, describe this individual's satisfaction with their family engagement:

Not at all satisfied

#### Employment Situation \*

Describe this individual's employment situation:

Unemployed, seeking employment

#### Opportunity to be Active Level of Satisfaction \*

Within the past 30 days, describe this individual's level of satisfaction with their opportunities to engage in healthy, recreational activities (e.g. exercise, hobbies):

Not at all satisfied

#### Self Esteem \*

Within the past 30 days, this individual's self esteem has been:

Very poor

#### Expressed Exhibited Suicidal Homicidal Behavior \*

Within the past 30 days, this individual has expressed or exhibited suicidal or homicidal behaviors:

None of the time

[Previous](#) [Submit](#)



# Outcome Measures: Step 5 Status

Baseline Measure will appear in Individual Application Dashboard. Billing can now be initiated. Click on 'New Invoice' tab to create invoice

## Individual Application Dashboard

**Application ID**  
IA1255

**Client**  
Carrie Underwood

**Contact Information**

**Voucher ID**  
V1059

**First Name**  
Carrie

**Middle Name**  
—

**Last Name**  
Underwood

**Primary Phone**  
—

**Alternate Phone**  
—

**Email Address**  
test@test.com

**Preferred Method of Contact**  
...

**Releases**

Search

Record ↑	App	Vouch	Status	Expiration
R1040	IA1255	V1059	Valid	1/29/2021 <input type="button" value="v"/>

**Prior Authorizations**

Search

Record	App	Vouch	Status	Req	Auth	Avail	Created On ↓
There are no records to display.							

**Outcomes**

Search

Record ↑	App	Vouch	Outcome Type	Submitted On
PO1044	IA1255	V1059	Baseline Measure	6/16/2021 <input type="button" value="v"/>

**Invoices**

Search

# Outcome Measures: Step 1 Create Discharge Outcomes

Discharge outcomes are required within 30 days after an individual is discharged from a program.

Click on 'New Provider Outcome' tab in Individual Dashboard

## Prior Authorizations

[New Prior Authorization](#)

Record	App	Vouch	Status	Req	Auth	Avail	Created On	↓
--------	-----	-------	--------	-----	------	-------	------------	---

There are no records to display.

## Outcomes

[New Provider Outcome](#)

Record	App	Vouch	Outcome Type	Submitted On
--------	-----	-------	--------------	--------------

PO1044

IA1255

V1059

Baseline Measure

6/16/2021



# Outcome Measures: Step 2 Select Discharge Outcomes

Select Discharge Outcomes in drop-down and click 'Next'

---

## New Provider Outcome

**Service Provider \***

Community Medical Services - Fargo

**Client \***

George Strait

**Select the type of data you will be providing: \***

Discharge Outcomes

Baseline Measure

Annual Update

Discharge Outcomes

# Outcome Measures: Step 3 Submit Discharge Outcomes

Answer each question on each page and click 'Submit'

Home > Substance Use Disorder (SUD) Voucher Program > Provider Portal > **New Provider Outcome**

## New Provider Outcome

### Discharge Reason

**Individual Last Date of Service \***

Provide this individual's last date of service with your organization

**Client Discharge Reason \***

Select the most applicable reason for client discharge from your program

Previous Next

Home > Substance Use Disorder (SUD) Voucher Program > Provider Portal > **New Provider Outcome**

## New Provider Outcome

### Purpose

**Satisfaction with Family Engagement \***

Within the last 30 days, describe this individual's satisfaction with their family engagement:

**Employment Situation \***

Describe this individual's employment situation:

**Opportunity to be Active Level of Satisfaction \***

Within the past 30 days, describe this individual's level of satisfaction with their opportunities to engage in healthy, recreational activities (e.g. exercise, hobbies):

**Self Esteem \***

Within the past 30 days, this individual's self esteem has been:

**Expressed Exhibited Suicidal Homicidal Behavior \***

Within the past 30 days, this individual has expressed or exhibited suicidal or homicidal behaviors:

Previous **Submit**

# Outcome Measures: Step 4 Status

Discharge Outcomes will appear in Individual Dashboard

---

## Outcomes

[New Provider Outcome](#)

Record	App	Vouch	Outcome Type	Submitted On	
PO1042	IA1233	V1057	Discharge Outcomes	6/16/2021	
PO1043	IA1233	V1057	Baseline Measure	6/16/2021	

# Outcome Measures: Create & Submit Annual Update

Annual update is required if no discharge outcomes have been submitted. Follow previous steps and select Annual Update. Answer all questions on each page and click 'Submit'

## New Provider Outcome

### Substance Change Question

**Change in Individual Substance Use \***

Describe the change in this individual's substance use (excluding tobacco) during this episode of care

Previous

Next

## New Provider Outcome

### Purpose

**Satisfaction with Family Engagement \***

Within the last 30 days, describe this individual's satisfaction with their family engagement:

**Employment Situation \***

Describe this individual's employment situation:

**Opportunity to be Active Level of Satisfaction \***

Within the past 30 days, describe this individual's level of satisfaction with their opportunities to engage in healthy, recreational activities (e.g. exercise, hobbies):

**Self Esteem \***

Within the past 30 days, this individual's self esteem has been:

**Expressed Exhibited Suicidal Homicidal Behavior \***

Within the past 30 days, this individual has expressed or exhibited suicidal or homicidal behaviors:

Previous

Submit

# Outcome Measures: Annual Update Submitted

Annual update will appear in Individual Dashboard

---

## Outcomes

[New Provider Outcome](#)

Record ↑	App	Vouch	Outcome Type	Submitted On	
PO1044	IA1255	V1059	Baseline Measure	6/16/2021	▼
PO1045	IA1255	V1059	Annual Update	6/17/2021	▼

**USING  
THE PPS**

**Invoice Process**



# Invoice Process: Step 1 Create

Under Active Individual Applications tab, click on 'New Invoice' tab to create new invoice. Service Provider and Client will auto-populate. Answer both questions by selecting from drop-down. Click 'Next' button

## Outcomes

Search

Record ↑	Outcome Type	Submitted On	
PO1032	Baseline Measure	5/18/2021	<input type="button" value="v"/>

## Invoices

Search

Record	Status	Total	Created On ↓	Payment Date
--------	--------	-------	--------------	--------------

There are no records to display.

## New Invoice

### Service Provider \*

Community Medical Services - Fargo

### Client \*

George Strait

### Final Invoice \*

### Is this service related to treatment provided in a residential setting? \*

# Invoice Process: Step 2 Service type and dates of service

Click drop-down and select a service type. Enter the dates of services from date picker. Months cannot overlap for each service type. Enter Units and click 'Submit'

**Service Type \***

ASAM 1 Group Therapy

**Dates of Service \***

04/12/2021,04/13/2021,04/14/2021,04/16/2021,04/20/2021,04/28/2021,04/30/2021

**Units (Per 15 minutes) \***

10

Submit

<< April 2021 >>

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	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	30	1
2	3	4	5	6	7	8

Today

# Invoice Process: Step 3 Adding additional services

Repeat the same steps to add additional services to Invoice. A start date and end date will appear for each service line item based on dates of services selected. Click 'Submit' button

## New Invoice

**Name**

INV1164

**Client \***

George Strait

Services

Add Service

Service Type ↓	Units	Start Date	End Date	Dates of Service	Total	
Methadone Maintenance - Daily	8	5/3/2021	5/13/2021	05/03/2021,05/04/2021,05/05/2021,05/06/2021,05/10/2021,05/11/2021,05/12/2021,05/13/2021	\$71.44	▼
ASAM 1 Group Therapy	10	4/12/2021	4/30/2021	04/12/2021,04/13/2021,04/14/2021,04/16/2021,04/20/2021,04/28/2021,04/30/2021	\$180.00	▼

Previous

Submit

# Invoice Process: Step 4 status of Payment

In Individual Dashboard, status of invoice will show 'Pending' until reviewed by BHD staff. Reimbursement for services will be paid once per calendar month between the 1<sup>st</sup> and 5<sup>th</sup> working day of each month. Payment date will display when processed by DHS fiscal department.

## Outcomes

[New Provider Outcome](#)

Record

Outcome Type

Submitted On

PO1032

Baseline Measure

5/18/2021



## Invoices

[New Invoice](#)

Record

Status

Total

Created On

Payment Date

INV1164

Pending

\$251.44

5/18/2021



# Technical Assistance

For Portal Payment System errors, please contact the ND Information Technology Department (ITD) by phone or email

(701) 328-4470

<https://www.nd.gov/itd/onlineincident/createincident.aspx>

For all other questions utilizing the Portal Payment System, please contact the SUD Voucher Team by phone or email

(701) 328-8952

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

# Website Links

---

## INDIVIDUAL APPLICATION

<https://portalapps.nd.gov/sud-voucher/individual-application/>

## PROVIDER PORTAL

<https://portalapps.nd.gov/sud-voucher/provider-portal/>

## NDLOGIN ACCOUNT REGISTRATION

<https://apps.nd.gov/itd/ldap/registration.htm>

## SUD VOUCHER PROGRAM

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