

Enroll today to become a Qualified Service Provider (QSP) for home and community-based care in North Dakota

The new online application makes the enrollment process easier and faster

[Create an account and enroll now](#)

What is a QSP?

QSPs are individuals or agencies that provide home and community-based care to clients who qualify through the North Dakota Department of Health and Human Services. All QSPs have to meet certain requirements to ensure they have the skills to provide care.

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES

ND Qualified Service Provider (ND QSP)

Adult Foster Care - Front End User Guide

January 3, 2024

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FRONT END USER GUIDE OVERVIEW

Introduction:

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

Audience:

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

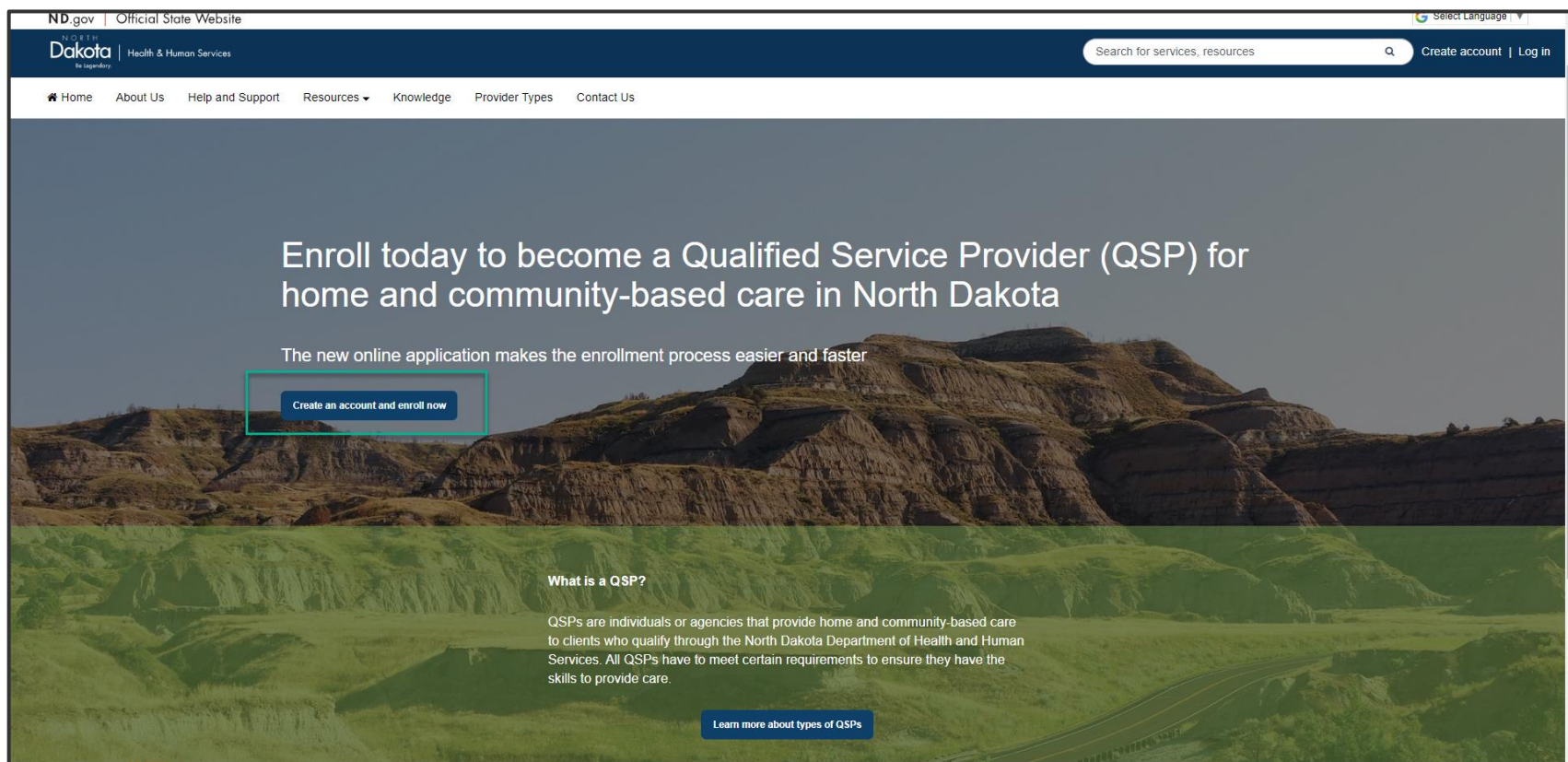
FIRST TIME LOGIN (APPLICANT)

FIRST TIME LOGIN

ND QSP Portal URL:

hhs.nd.gov/QSP

Step 1a: Click Create an account and enroll now

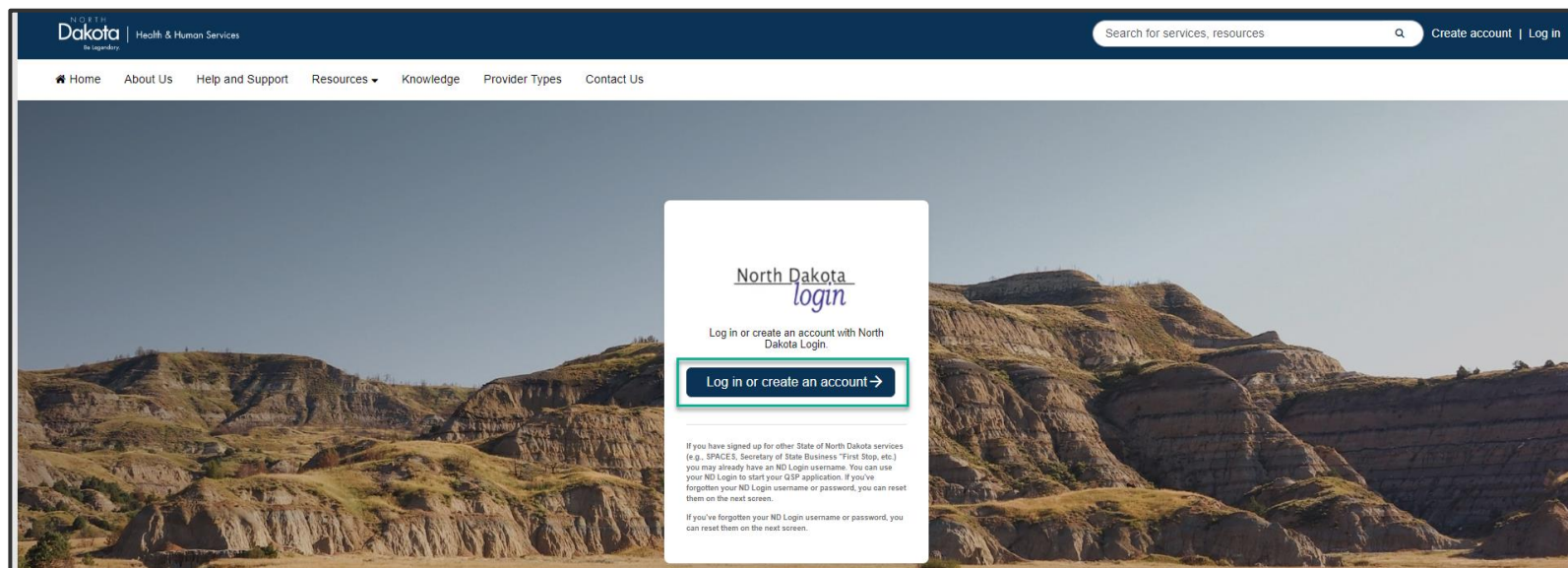


FIRST TIME LOGIN

When accessing the website, you will be asked Log in or create an account with North Dakota Login (ND Login).

NOTE: *If you have signed up for other State of North Dakota services (e.g., SPACES, Secretary of State Business "First Stop, etc.) you may already have an ND Login username. You can use your ND Login to start your QSP application.*

Step 1b: Click Log in or create an account to be directed to the ND Login page.



FIRST TIME LOGIN

Step 1b: You will be redirected to the ND Login page, where you will be required to either **Sign in** or **Create an account**.

If you have signed up for other State of North Dakota services, enter the following:

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

If you don't have a ND Login account, click **Create an account**. You will be redirected to the **Create your account page**, enter the following:

- Account Information
 - Your **First Name**
 - Your **Last Name**
 - Your **User ID**
 - Your **Password**
- Account recovery
 - Your **Email**
 - Your **Cell phone**
 - Answer **Security questions**
 - Click **Create account**

USER ID/PASSWORD RECOVERY

In the event you have forgotten your NDLogin User ID, click the **Forgot User ID?** Link

- In the **Find user ID** window that opens, enter your **Email or cell phone**
- Click the **Continue** button
- Your User ID will be sent to the email or cell phone you entered associated with your NDLogin account



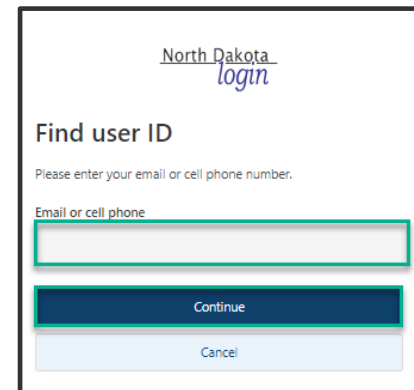
North Dakota
login

Sign in

Don't have a North Dakota Login?
[Create an account.](#)

User ID

[Forgot user ID?](#)



North Dakota
login

Find user ID

Please enter your email or cell phone number.

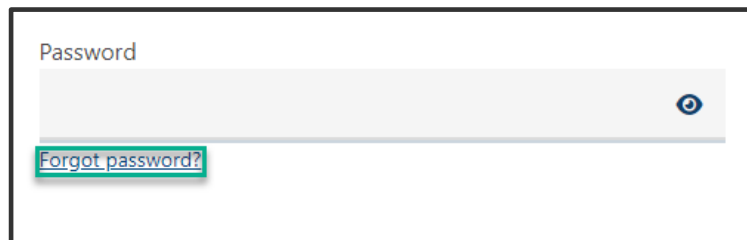
Email or cell phone

Continue

Cancel

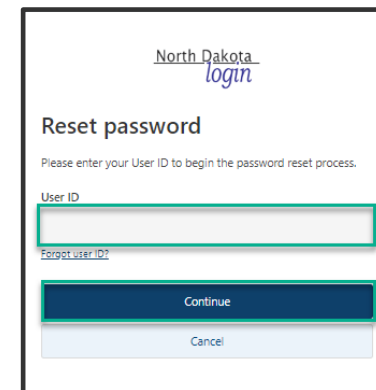
In the event you have forgotten your NDLogin password, click the **Forgot password?** Link

- In the **Reset password** window that opens, enter your **User ID**
- Click the **Continue** button
- Select your **Recovery method**
- Click the **Send codes** button
- A **recovery code** will be sent to the recovery method you selected



Password

[Forgot password?](#)



North Dakota
login

Reset password

Please enter your User ID to begin the password reset process.

User ID

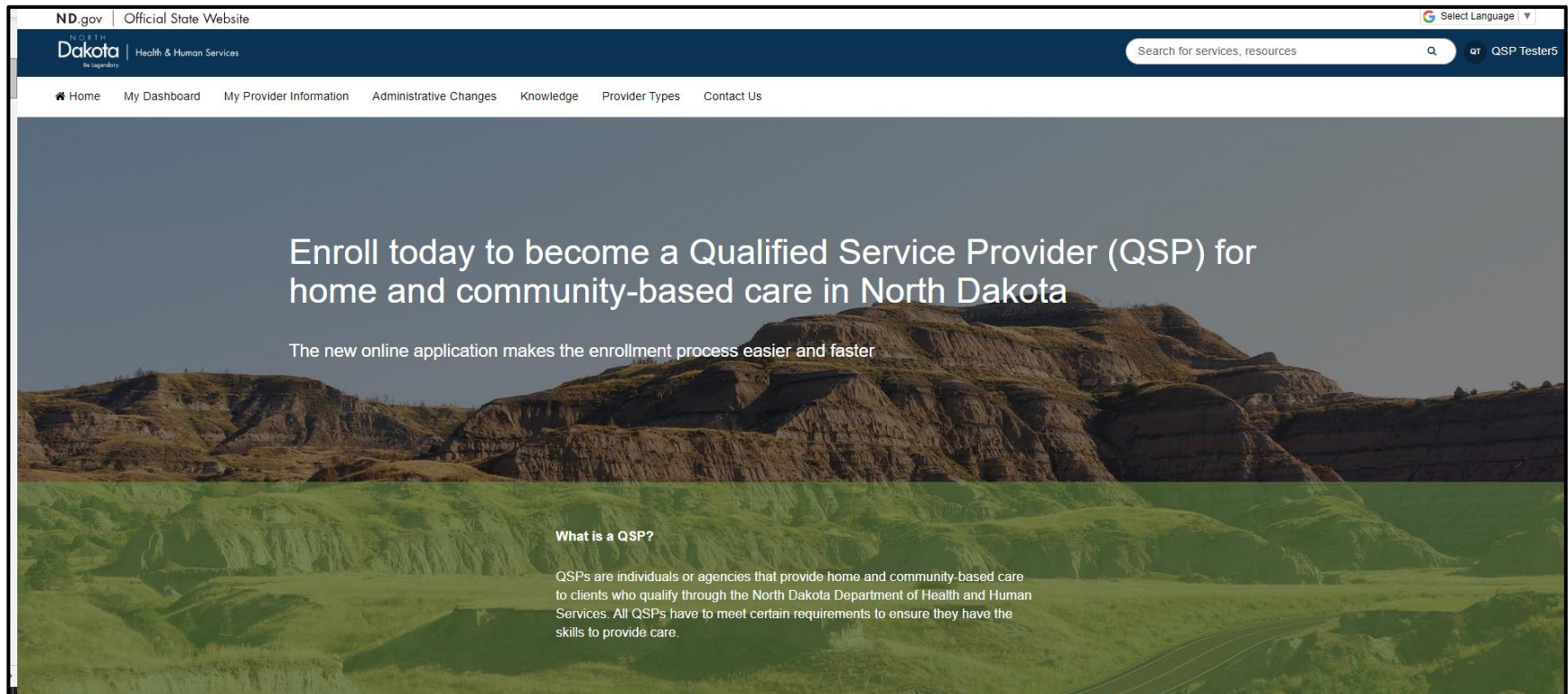
[Forgot user ID?](#)

Continue

Cancel

FIRST TIME LOGIN

Step 2: After submitting ND Login account information, you will be directed back to the ND QSP Enrollment portal.



You have now successfully created a new account and are ready to begin the next step!

START A NEW ADULT FOSTER CARE APPLICATION

ADULT FOSTER CARE APPLICATION OVERVIEW

1. The purpose of Adult Foster Care is to offer a choice within a continuum of care to adults who could benefit from living in a home environment, as well as to promote independent functioning to the limit of a person's ability and provide for a safe and secure environment.
2. A person may not provide Adult Foster Care to more than one adult, or to more than two adults who are related to each other by blood or marriage, without first procuring a license to do so from the Aging Services Division.
3. At no time shall the number of persons receiving care exceed four.
4. All applicants and individuals aged 18 and over residing in the Adult Care facility must also have a criminal background check before they can provide this service.

ADULT FOSTER CARE APPLICATION REQUIREMENTS

Documents/Forms:

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

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

Trainings:

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

1. [Fraud, Waste and Abuse \(FWA\) Training](#) (you will need to upload your certificate of completion). To learn more about how to complete the Fraud Waste and Abuse (FWA) training, watch this [short video](#).
2. QSP Orientation Training.

For more information on application requirements, including links to forms, trainings, and more, visit the [QSP Hub](#).

ENTER APPLICATION PORTAL

Pre-requisite: Adult Foster Care applications are initiated by HCBS Case Managers upon approval.

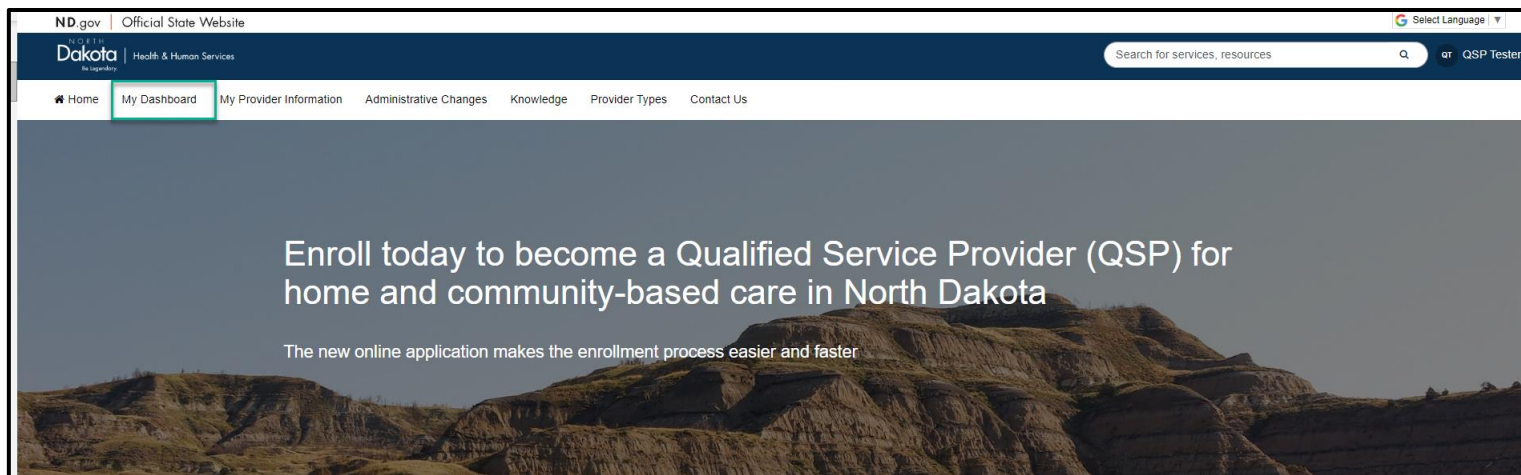
You should have received the **ND QSP Enrollment - Your Adult Foster Care Enrollment has been initiated** notification informing you of the initiated application

ND QSP Portal URL:

hhs.nd.gov/QSP

Enter the Application Portal.

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



COMPLETE APPLICATION

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

The screenshot shows the 'My QSP Applications' section of a web dashboard. At the top, there is a navigation bar with links: Home, My Dashboard, Knowledge, Provider Types, and Contact Us. Below the navigation bar is a large banner image with the text 'Welcome, AFC'. The main content area is titled 'My QSP Applications' and contains a search bar with the placeholder text 'Enter Search'. Below the search bar is a table with the following columns: Request Number, Application type, Date started, and Status. The table contains one row with the following data: Request Number 0088094, Application type Adult Foster Care Enrollment (highlighted with a red box), Date started 12/29/2023, and Status Draft. To the right of the 'Draft' status is a red 'Cancel' button. At the bottom of the table, there is a 'Page Size' dropdown set to 10 and a message 'Showing 1 to 1 of 1 results'.

Request Number	Application type	Date started	Status
0088094	Adult Foster Care Enrollment	12/29/2023	Draft

Page Size: 10 Showing 1 to 1 of 1 results

COMPLETE APPLICATION

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

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

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

Adult Foster Care Enrollment

Request 0088094

1 AFC application requirements

2 General information

3 Licenses

4 Background information

5 Languages

6 Services enrollment

7 Counties served

8 Direct deposit/Electronic funds transfer

9 Required documents

10 Declarations

Adult Foster Care application requirements

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

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

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

Documents

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

Completed training certificates

- SFN 750 – Documentation of Competency OR Copy of License/Certification
- Fraud, Waste and Abuse (FWA) Training certificate of completion
 - To learn more about how to complete the Fraud Waste and Abuse (FWA) training, watch this short video.

You'll also need to attend the QSP Orientation Training before your application is approved.

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

Save

Next

COMPLETE GENERAL INFORMATION

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

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

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

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

General Information

Languages

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

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

Somali

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

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

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

Phone number type

Mobile

Landline

Phone number

7014445555

Send request

COMPLETE GENERAL INFORMATION

Step 2b: Complete Personal Information questions

In the Personal information section enter the following details:

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

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

Personal information

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

First name* MI Last name* Suffix

QSP [] Tester -Select- v

Date of birth* Social Security Number* Gender*

Select date [] Male

Female

Telephone number* Cell phone number

[] []

Email address*

QSPFPC@email.com

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

☒ Yes

☐ No

Please add any other names you have used

You haven't added any other names yet

Add Name

COMPLETE GENERAL INFORMATION

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

Enter the following details:

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

Do you have a current and valid driver license?*

☒ Yes

☐ No

Driver license number*

State issued*

-Select- v

Expiration date*

Select date

Please upload a copy of your driver license*

Upload driver license

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

Do you have a current and valid driver license?*

☐ Yes

☒ No

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

State issued identification v

-Select-

Social Security Card

State issued identification

US issued birth certificate (with current name)

US government military or military dependent ID

US Passport or Passport Card

US Permanent Resident Card (Green Card)

Tribal ID

Employment Authorization Document

I-94 stamped with Employment Authorized

None of these

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

COMPLETE GENERAL INFORMATION

Step 2c: Complete Address information questions

In the Address information section enter the following details:

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

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

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

Address information

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

Physical address *
523 4th Ave

Apartment/Building number

City *
Jamestown

State *
North Dakota

ZIP code *
58401

Validate address

Confirm address

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

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

Accept Formatted Address

COMPLETE GENERAL INFORMATION

2. Respond to criminal background questions for applicants and any individuals aged 18 or over living in the facility
 - i. Select **Yes** or **No** in response to the question **Have you lived at this address for 11 or more years?**
 - If **No** is selected, click the **Add past address** button and enter the following information in the **Add past addresses** window that opens:
 1. Select a date in response to **When did you start living at this address?**
 2. Select a date in response to **When did you stop living at this address?**
 3. Address
 4. City
 5. State
 6. Zip code
 7. Click the **Validate Address** button
 8. Review address information in the **Confirm Address** window and select **Accept Formatted Address**.
 9. Click the **Save address** button

NOTE: To add additional addresses, click the **Add past address** button

Have you lived at this address for 11 or more years?

☐ Yes

☒ No

As part of the application process, we need all addresses where you have lived over the past 11 years. Please enter past addresses below.

Please enter your past addresses

You haven't added any addresses yet

Add past address

Add past addresses

When did you start living at this address?*

Select date

When did you stop living at this address?*

Select date

Address *

Apartment/Building number

City*

State*

-Select-

ZIP code*

County

Validate address

Cancel Save address

COMPLETE GENERAL INFORMATION

- ii. Select **Yes** or **No** in response to the question **Have you lived in North Dakota at all times in the past 11 years?**
- If you have resided in North Dakota for 11 years or more, you will need to submit a **SFN 60688** form
 - If you have resided in North Dakota less than 11 years, you will need to submit **two fingerprint cards** and a **SFN 60688** form

Contact the ADRL helpline at 1-855-462-5465 or send an email to CareChoice@ND.gov to receive additional details and request for the SFN 60688 form

- iii. Select **Yes** or **No** in response to the question **Are you on active United States military duty or have you lived full-time in North Dakota since receiving an honorable discharge?**
- iv. Select **Yes** or **No** in response to the question **Is there anyone over the age of 18 residing in the home that is not receiving care?**
- If **Yes** is selected, click the **Add residents** button and complete the required information about the individual
- NOTE:** To add additional residents, click the **Add residents** button

Have you lived in North Dakota at all times in the past 11 years? *

☐ Yes

☐ No

Are you on active United States military duty or have you lived full-time in North Dakota since receiving an honorable discharge? *

☐ Yes

☐ No

Is there anyone over the age of 18 residing in the home that is not receiving care? *

☒ Yes

☐ No

Please add all residents living in this home

You haven't added any residents yet

Add residents

COMPLETE GENERAL INFORMATION

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

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

Enter the following information

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

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

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

Mailing address

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

Is your mailing address different from your physical address? *

☒ Yes

☐ No

Mailing address *

523 4th Ave

Apartment/Building number

City *

Jamestown

State *

North Dakota

ZIP code *

58401

Validate address

Confirm address

You entered:

523 4th Ave

Jamestown, North Dakota 58401

US Postal Service format:

523 4TH AVE SE

JAMESTOWN, ND 58401-4222

Accept Formatted Address

COMPLETE GENERAL INFORMATION

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

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



A screenshot of a navigation bar containing three buttons: "Back", "Save", and "Next". The "Back" button is on the left, and the "Save" and "Next" buttons are on the right. All buttons are highlighted with a red border.

COMPLETE LICENSES INFORMATION

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

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

Family Personal Care Enrollment
Request 0088092

1 FPC application requirements
2 General information
3 Licenses
4 Background information
5 Family member information
6 Languages
7 Counties served
8 Direct deposit/Electronic funds transfer

Licenses

QSP information

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

☒ Yes
☐ No

What is your current/previous provider number? *

☐ I don't remember *

COMPLETE LICENSES INFORMATION

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

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

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

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

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

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

COMPLETE LICENSES INFORMATION

Submit copy of License/Certification

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

- Certified Nursing Assistant (CNA)
 - Registered Nurse (RN)
 - Licensed Practitioner Nurse (LPN)
 - Occupational Therapist (OT)
 - Physical Therapist (PT)
- a) Click the **Add license** button to enter your license information
 - b) In the **Add license** window that opens, enter the following information
 - i. License type
 - ii. License number
 - iii. Licensing agency
 - iv. Effective date
 - v. Expiration date
 - c) Click the **Save license** button

NOTE: to add additional licenses, click the **Add license** button

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

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

☒ Yes
☐ No

Please add your North Dakota licenses

You haven't added any licenses yet

Add license

Add license

License type*
-Select-

License number*

Licensing agency*

Effective date*
Select date

Expiration date
Select date

Cancel **Save license**

COMPLETE LICENSES INFORMATION

Submit SFN 750 - Documentation of Competency

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

- a) If you have a completed SFN 750 by a TrainND Northeast healthcare professional, select **Yes** in response to the question **Do you have a SFN 750 completed by TrainND Northeast?**
- b) If your SFN 750 was completed by another healthcare professional, select **No** in response to the question **Do you have a SFN 750 completed by TrainND Northeast?**
 - i. Select **Yes** in response to the question **Do you have a SFN 750 completed and signed by one of the following healthcare professionals?**
 - ii. Click the **Upload SFN 750** button
 - iii. Review your completed SFN 750 form and confirm that you were approved as competent for **lines 5-26 and E**

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

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

☐ Yes

☒ No

Do you have a SFN 750 completed by TrainND Northeast? *

☒ Yes

☐ No

Do you have a SFN 750 completed by TrainND Northeast? *

☐ Yes

☒ No

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

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

☒ Yes

☐ No

Please upload a copy of your completed SFN 750 *

[Upload SFN 750](#)

COMPLETE LICENSES INFORMATION

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

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

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

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

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

☐ Yes

☐ No

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

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

Back

Save

Next

COMPLETE BACKGROUND INFORMATION

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

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

Step 4b: Submit disciplinary actions information.

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

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

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

The screenshot shows the 'Background information' section of the 'Adult Foster Care Enrollment' form. The left sidebar lists steps 1 through 10, with '4 Background information' selected. The main content area is titled 'Background information' and includes a 'General information' section. It asks, 'Do you take care of anyone over the age of 18 who pays you with their own money or whose family pays you for their care?'. The 'Yes' radio button is selected. Below this, it asks 'How much are you paid for providing this care?'. There is a 'Rate' input field with '0.00' entered, and two radio buttons for 'Per hour or per day', with 'Hour' selected.

The screenshot shows the 'Disciplinary actions' section of the form. It includes a disclaimer: 'Disciplinary actions will not automatically disqualify you from enrollment. All information will be reviewed on a case-by-case basis.' It then asks, 'Have you ever had your qualified service provider status or license (AFC, early childhood program license, self-declaration document, etc.) issued by the Department of Health and Human Services denied, revoked, suspended, restricted, or terminated?'. The 'Yes' radio button is selected. Below this is a text box for 'Please provide an explanation'. Further down, it asks, 'Have you ever submitted inaccurate service records, billing information, or documentation while employed as a staff member of an agency enrolled as a Qualified Service Provider?'. The 'No' radio button is selected. Below that, it asks, 'Have you ever been disciplined or terminated from an agency that is enrolled as a Qualified Service Provider?'. The 'No' radio button is selected. Finally, it asks, 'Have you ever had your LPN/RN/CNA/PT/OT, etc. license denied, revoked, suspended, restricted, terminated, or surrendered?'. The 'No' radio button is selected.

COMPLETE BACKGROUND INFORMATION

Step 4c: Submit criminal convictions information.

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

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

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

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

Criminal convictions

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

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

☒ Yes

☐ No

Please add all felonies and misdemeanors

You haven't added any felonies or misdemeanors yet

Add conviction

Are you on probation? *

☒ Yes

☐ No

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

Sign electronically

Please upload evidence of rehabilitation *

Upload document

COMPLETE BACKGROUND INFORMATION

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

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



COMPLETE LANGUAGES INFORMATION

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

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

Family Personal Care Enrollment
Request 0088092

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

Languages

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

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

Can you speak English well enough to provide services to an English-speaking individual?*

☒ Yes
☐ No

Can you read and write in English?*

☐ Yes
☒ No

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

☒ Yes
☐ No

Please download and complete the **written agreement and Memorandum of Understanding (MOU)**. You will need to upload this document before submitting your application.

COMPLETE LANGUAGES INFORMATION

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

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

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

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

Do you speak a language other than English? *

☒ Yes

☐ No

Select all languages you speak:

Search languages

English

Albanian

Arabic

Cantonese

Select all languages you speak:

Search languages

Bangla X Bosnian X Cambodian/Kampuchean X

Bangla Proficiency *

☐ Fluent

☐ Conversational

Bosnian Proficiency *

☐ Fluent

☐ Conversational

COMPLETE LANGUAGES INFORMATION

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

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



The image shows a horizontal bar containing three buttons. On the left is a light blue button with the text 'Back'. On the right are two buttons: a light blue button with the text 'Save' and a dark blue button with the text 'Next'. The 'Next' button is highlighted with a red border.

SELECT SERVICES TO ENROLL IN

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

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

- Licensed RNs or LPNs can enroll in the Extended personal care-nurse service
- Other individuals with either CNA, PT, OT licenses OR a SFN 750 can enroll in the Extended personal care - non-nurse service

Adult Foster Care Enrollment

Request 0088094

- 1 AFC application requirements
- 2 General information
- 3 Licenses
- 4 Background information
- 5 Languages
- 6 Services enrollment >**
- 7 Counties served

Services enrollment

Based on your competencies and licenses, you are eligible to enroll in the following services. Please select which services you would like to enroll in.

- ☐ Adult foster care ?
- ☐ AFC respite care ?
- ☐ Extended personal care - nurse ?
- ☐ Extended personal care - non-nurse ?

COMPLETE SERVICES ENROLLMENT

Review completed **Services enrollment** and move on to the **Counties served** page.

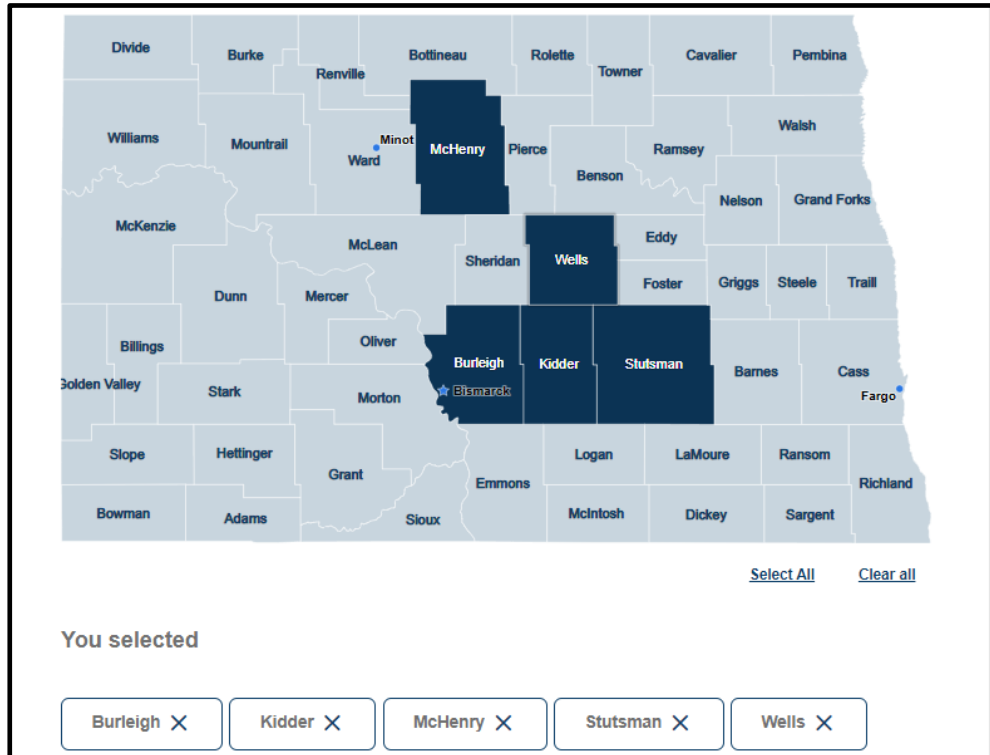
- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



A screenshot of a form's footer area, enclosed in a black rectangular border. At the top of the footer area is a thin horizontal line. Below this line are three buttons. On the left is a light gray button with the text "Back". On the right are two buttons: a light gray button with the text "Save" and a dark blue button with the text "Next". All three buttons have a teal-colored border and a subtle drop shadow.

COMPLETE COUNTIES SERVED

Step 7: On the Counties served page, click on the map to select the counties where you plan to serve:



NOTE:

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

COMPLETE COUNTIES SERVED

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

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



The image shows a horizontal bar containing three buttons. On the left is a light gray button labeled 'Back'. On the right are two buttons: a light gray button labeled 'Save' and a dark blue button labeled 'Next'. All three buttons are outlined with a thick green border.

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 8a: Submit Financial institution information and upload documentation

Enter the following information:

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

Adult Foster Care Enrollment
Request 0088094

1 AFC application requirements

2 General information

3 Licenses

4 Background information

5 Languages

6 Services enrollment

7 Counties served

8 Direct deposit/Electronic funds transfer >

9 Required documents

10 Declarations

Direct deposit/Electronic funds transfer

This information is required for payment. You will also need to upload a voided check or documentation to verify your account from your financial institution.

Direct deposit/Electronic funds transfer can take up to two months to go into effect. Paper checks will be mailed to your mailing address

Financial institution information

Name of financial institution (Bank/Credit Union)*

Telephone number*

Address of financial institution*

Apartment/Building number

City*

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 8b: Claims submission

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

Claims submission

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

- ☐ Medicaid Management Information System Portal (MMIS)
- ☐ Therap

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Review completed **Direct deposit/Electronic funds transfer information** and move on to the **Required documents** page.

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



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COMPLETE REQUIRED DOCUMENTS

Step 9a: Review and confirm the information prefilled in the required documents.

W-9 Request for Taxpayer Identification Number and Certification

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

SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement

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

If Therap was select for claims submission, the **SFN 583 North Dakota Medicaid Electronic Remittance Advice (835) Enrollment form will be generated**

1. Click the **Review your SFN 583** button, and confirm the form is prefilled with answers from your application
2. Click the **Accept and submit** button

Upon submission, click on the **View/Download signed** button to view, download or delete the accepted form

NOTE: If you need to make any changes, update the applicable fields in your application before accepting the forms

Adult Foster Care Enrollment
Request 0088094

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

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

[Review your W-9](#)

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

[Review your SFN 671](#)

SFN 583 North Dakota Medicaid Electronic Remittance Advice (835) Enrollment
We have prepopulated your SFN 583 using answers from your application. Please review your form and if you need to make any changes, update the applicable fields in your application before accepting your SFN 583. We will automatically save this document with your application. Please disregard the instructions on the last page of the form requesting you to save and email a copy.

[Review your SFN 583](#)

COMPLETE REQUIRED DOCUMENTS

Step 9b: Upload documents

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

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

If you confirmed having an interpreter, you will be prompted to upload the Interpreter and/or translator **Written Agreement and Memorandum of Understanding (MOU)**

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

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

Please upload your Fraud, Waste and Abuse (FWA) Training Certification of Completion

Upload FWA training certificate *

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

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

Upload agreement and MOU *

COMPLETE REQUIRED DOCUMENTS

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

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



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COMPLETE DECLARATIONS

Step 10: Applicants must certify and validate responses with an electronic signature prior to application submission.

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

Adult Foster Care Enrollment
Request 008094

1 AFC application requirements
2 General information
3 Licenses
4 Background information
5 Languages
6 Services enrollment
7 Counties served
8 Direct deposit/Electronic funds transfer
9 Required documents
10 Declarations

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

General declarations

☐ I agree to read the Fire Safety Fact Sheet, the Carbon Monoxide Fact Sheet, Guidelines for Universal Precautions and Why We Wear Masks that is included in the provider handbook.*

• If you have not reviewed the checklist and/or fact sheet, please review before agreeing:

- Fire Safety Checklist
- The Invisible Killer Carbon Monoxide Fact Sheet

☐ I will notify the member's case manager or Home and Community Based Services (HCBS) when any of the following occur:*

- Member is not home at the time scheduled for service
- Observed change in member's physical, cognitive, emotional, and/or environmental condition
- Change in the amount or type of services that may be needed by the member
- Possible abuse or exploitation of the member
- Other circumstances as agreed upon with HCBS case manager for specific member

☐ I will provide care at a level acceptable to the member and the Department of Health and Human Services.*

Click the **Sign electronically** button

Click the **Submit** button

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

Sign here *

Sign electronically

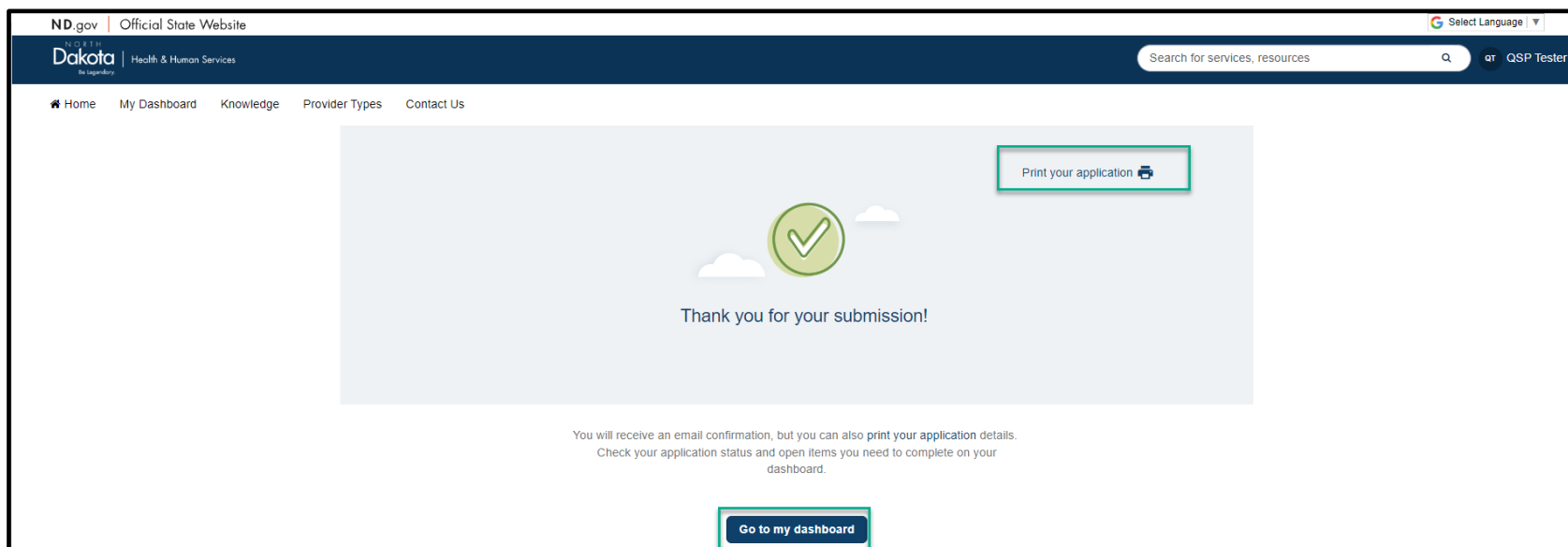
Back **Save** **Submit**

COMPLETE CERTIFICATION

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

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

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



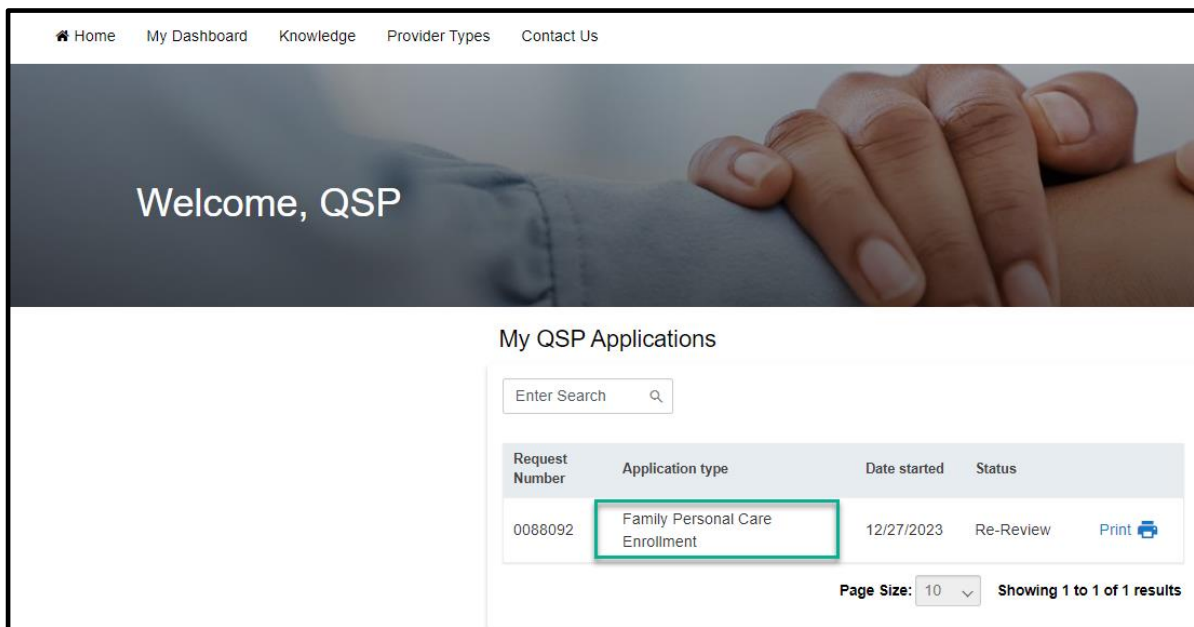
UPDATE DOCUMENTATION IN RE-REVIEW

UPDATE DOCUMENTATION IN RE-REVIEW


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

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

- Click the application



The screenshot shows a web application interface. At the top, there is a navigation bar with links: Home, My Dashboard, Knowledge, Provider Types, and Contact Us. Below the navigation bar is a large banner image of two hands clasped together, with the text "Welcome, QSP" overlaid. Below the banner is a section titled "My QSP Applications". This section contains a search bar with the placeholder text "Enter Search" and a magnifying glass icon. Below the search bar is a table with the following columns: Request Number, Application type, Date started, Status, and a Print icon. The table contains one row with the following data: Request Number 0088092, Application type Family Personal Care Enrollment (highlighted with a green box), Date started 12/27/2023, Status Re-Review, and a Print icon. Below the table, there is a "Page Size" dropdown menu set to 10 and a "Showing 1 to 1 of 1 results" message.

Request Number	Application type	Date started	Status	
0088092	Family Personal Care Enrollment	12/27/2023	Re-Review	Print 

Page Size: 10 Showing 1 to 1 of 1 results

UPDATE DOCUMENTATION IN RE-REVIEW

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

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

Re-Review Application

Reason for denial

Additional notes

Please upload all requested documents below.

Add Document

Please enter in any additional details, if needed, below

Cancel Submit

- Click **Submit**.

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

ND QSP SUPPORT INFORMATION

RESOURCES

North Dakota QSP HUB

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

Direct Support

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