



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)

Agency Foster Home for Adults (AFHA) - 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 Individual QSP end-users (e.g., Applicants, Case Management staff, Enrollment Staff etc.,).

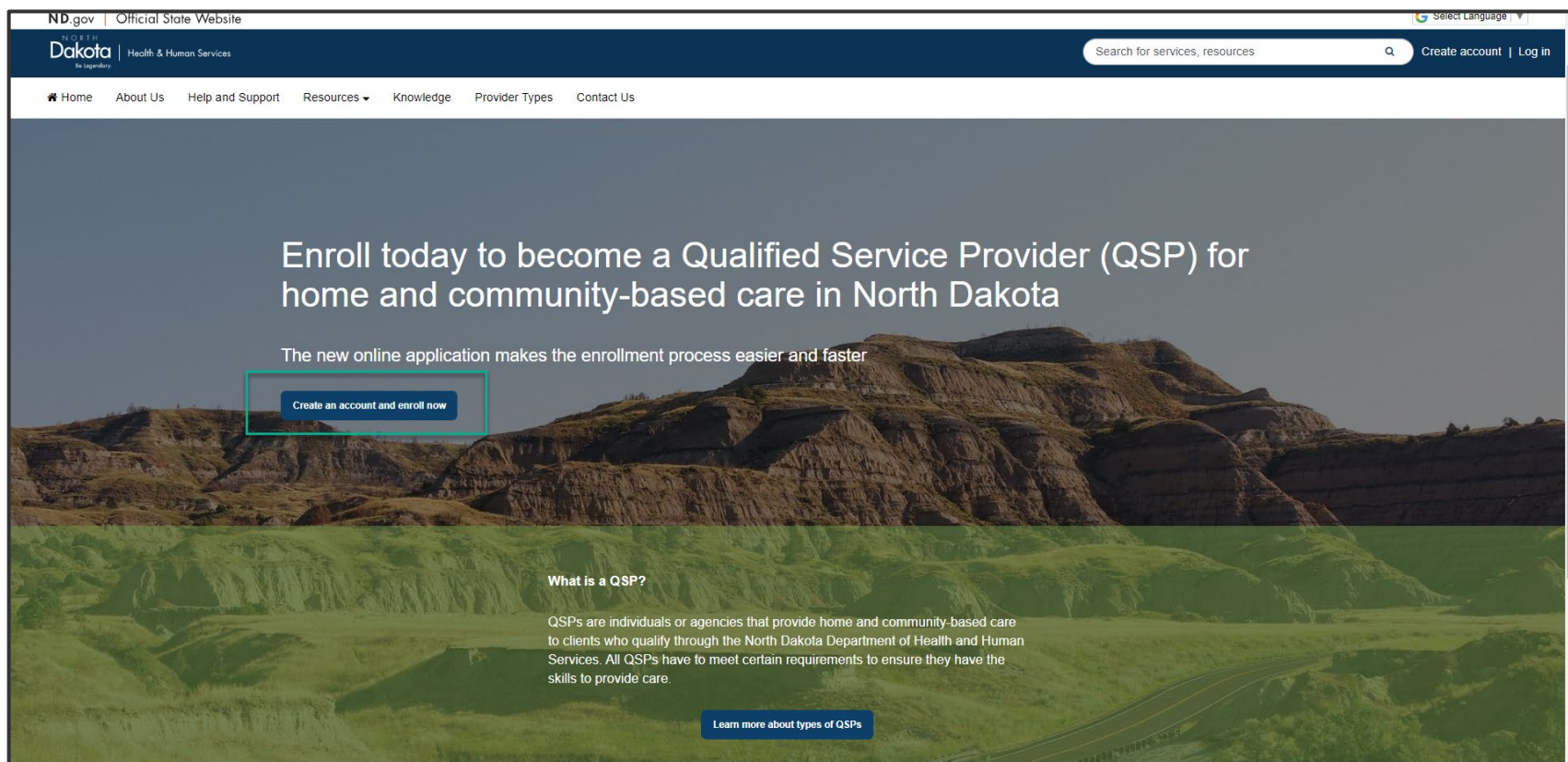
FIRST TIME LOGIN (APPLICANT)

FIRST TIME LOGIN

ND QSP Portal URL:

hhs.nd.gov/QSP

Step 1a: Click Create an account and enroll now

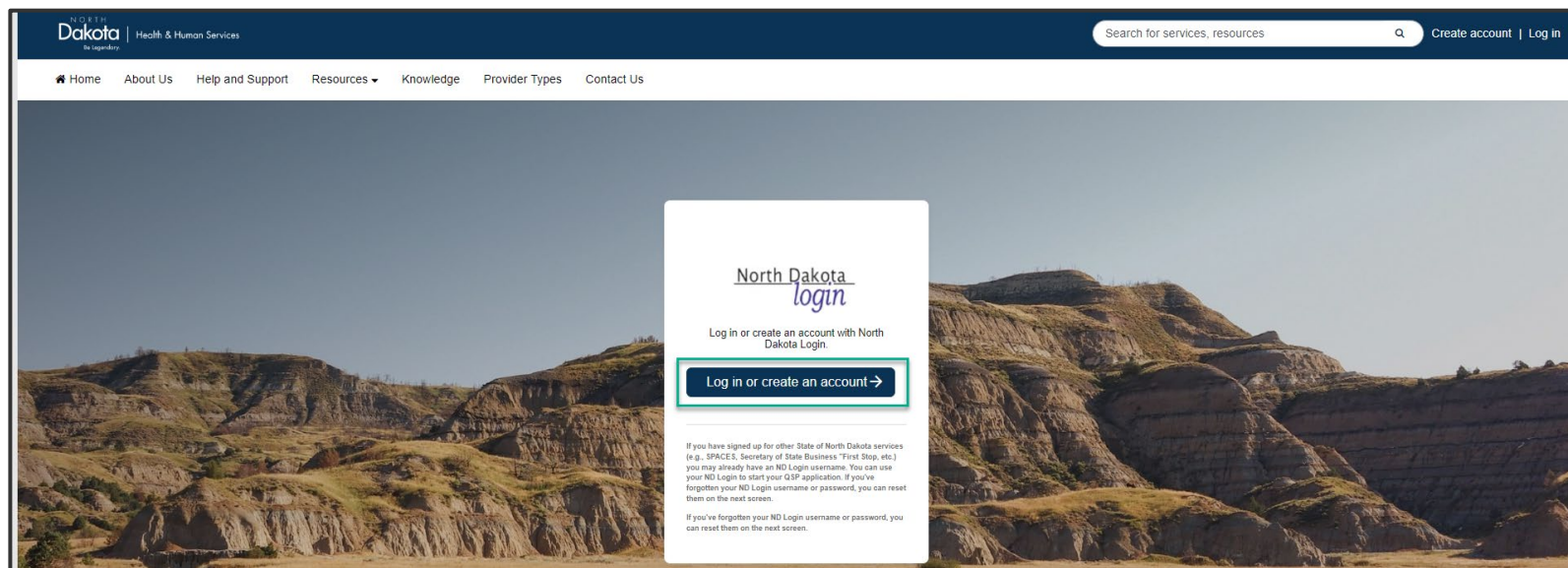


FIRST TIME LOGIN

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



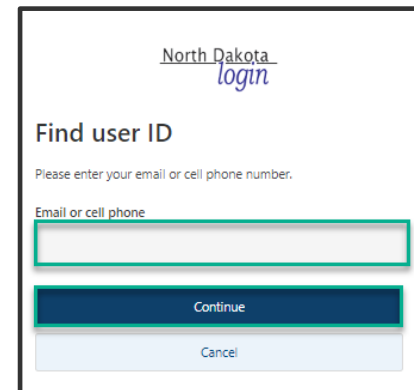
North Dakota
login

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.

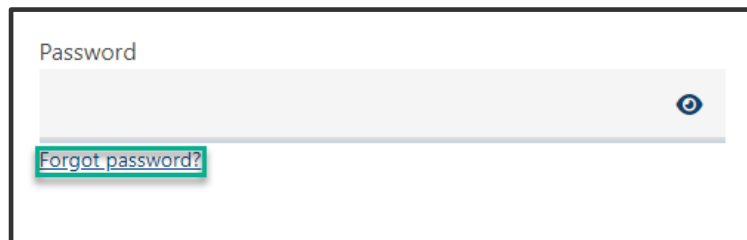
Email or cell phone

Continue

Cancel

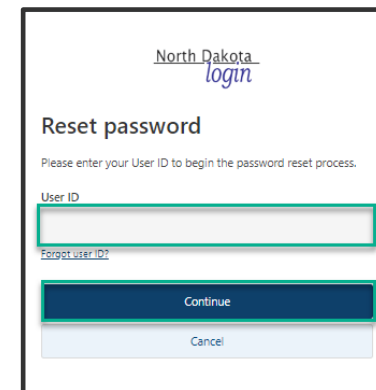
In the event you have forgotten your NDLogin password, click the **Forgot password?** Link

- 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

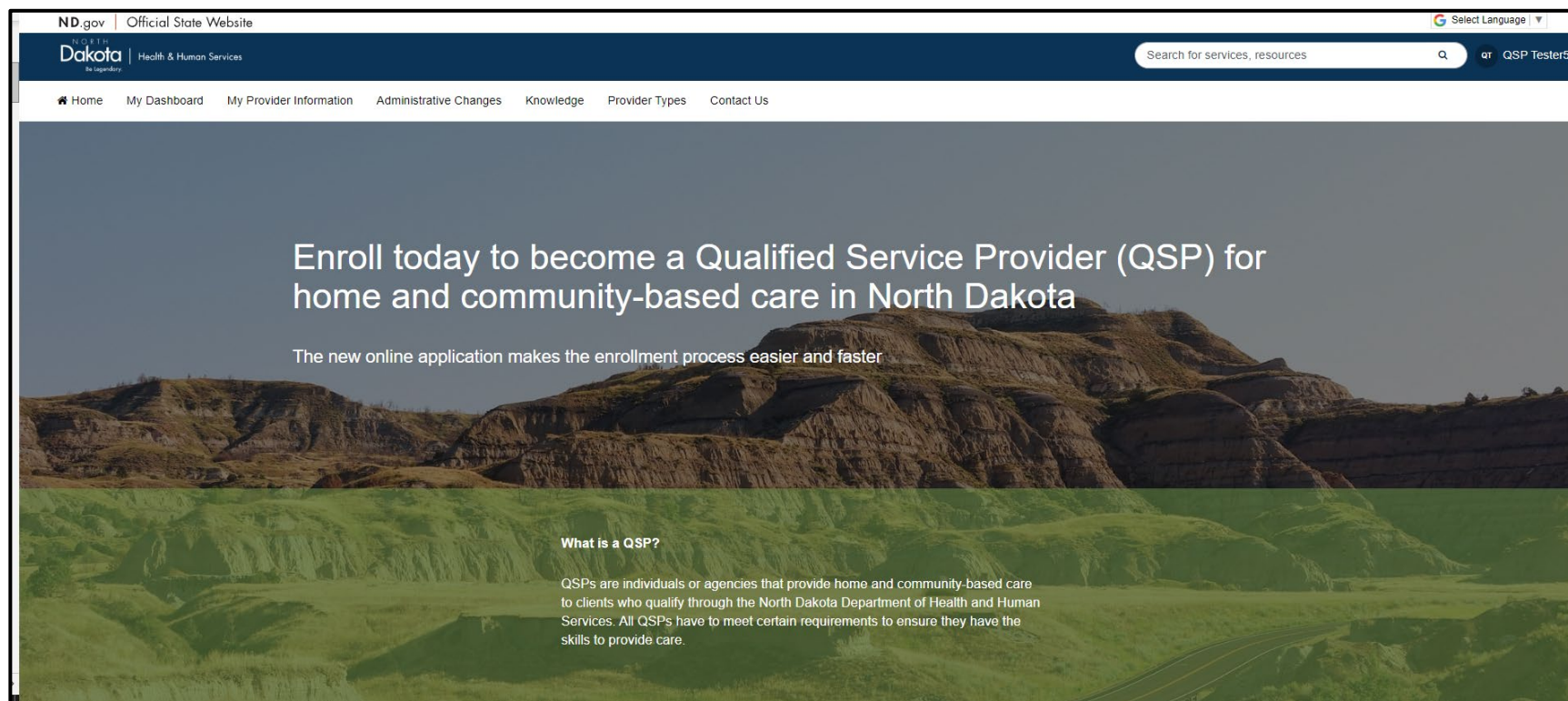
[Forgot user ID?](#)

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 AFHA APPLICATION

AFHA APPLICATION OVERVIEW

AFHA providers approved by the state of North Dakota to provide the following Home and Community based services:

- Community Support Services
 - Targeted population – Individuals with physical disabilities and complex health needs and would not benefit from training.
- Residential Habilitation
 - Targeted population – Individuals with a cognitive impairment such as Traumatic Brain Injury (TBI) and early-stage dementia.
 - The client should have the ability to maintain or improve their skills through training

Both services can be provided in an AFHA, but a client can only receive one of these services at a time.

Some requirements to provide these services include:

- All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
- The agency must complete Level 1 Council on Quality and Leadership (CQL) accreditation prior to receiving their license.

AFHA QSP APPLICATION REQUIREMENTS

Documents/Forms:

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

1. Copy of a voided check or documentation from your financial institution (we need this information in order to enroll you in direct deposit/electronic funds transfer)
2. Copy of government issued identification for employees with ownership or controlling interest in your agency (e.g., driver license, tribal ID, etc.)
3. Agency organizational chart
4. Agency compliance program document
5. National Provider Identifier (NPI) Number
6. Job descriptions for employees with ownership or controlling interest in your agency
7. Private pay service fee schedule
8. Copy of verification of workforce safety and insurance coverage

AFHA QSP APPLICATION REQUIREMENTS

Documents/Forms (continued):

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

9. Copy of verification of unemployment insurance coverage
10. Copy of verification of Registration with ND Secretary of State office
11. SFN 749 – Documentation of Competency OR copy of license/certification OR copy of Developmentally Disabled (DD) licensed provider enrollment with Medicaid

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: AFHA applications are initiated by HCBS Case Managers upon approval.

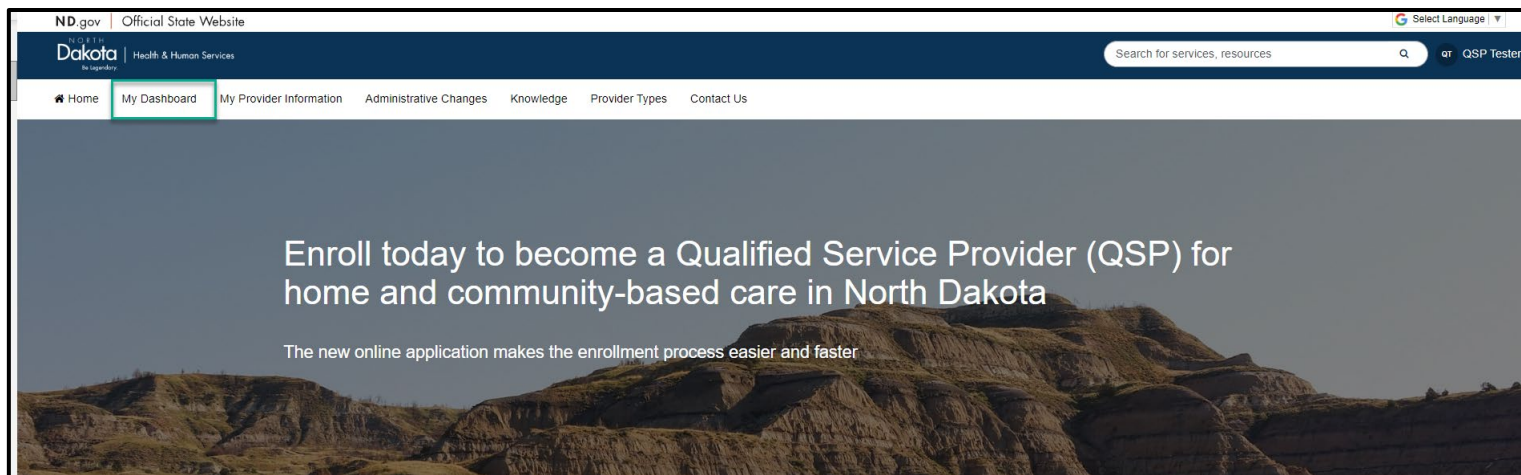
You should have received the **ND QSP Enrollment - Your AFHA Enrollment has been initiated** notification informing you of the initiated application

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' **Agency Foster Home for Adults Enrollment** application in the **My QSP Applications** section

Home My Dashboard Knowledge Provider Types Contact Us

Welcome, AFHA

My QSP Applications

Enter Search 🔍

| Request Number | Application type | Date started | Status |
|----------------|--|--------------|---------------------------|
| 0088098 | Agency Foster Home for Adults Enrollment | 01/02/2024 | Draft Cancel |

Page Size: 10 Showing 1 to 1 of 1 results

COMPLETE APPLICATION

Step 1: On the **AFHA 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.

Agency Foster Home for Adults Enrollment
Request 0088071

1 AFHA application requirements >

2 Agency information

3 Contact information

4 Agency owners/managing employees

5 Employees

6 Languages

7 Services enrollment

8 Agency documents

9 Rate selection

10 Counties served

11 Direct deposit/Electronic funds transfer

12 Required documents

13 Declarations

AFHA application requirements

i This application is for agencies who are looking to provide foster care for adults that are enrolled with Health and Human Services (HHS).
If you are an individual looking to provide care, please return to your dashboard to cancel this application and start an individual application.

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 for employees with ownership or controlling interest in your agency (e.g., driver license, tribal ID, etc.)
- National Provider Identifier (NPI) Number
- Agency organizational chart
- Agency compliance program document
- Job descriptions for employees with ownership or controlling interest in your agency
- Private pay service fee schedule
- Copy of verification of workforce safety and insurance coverage
- Copy of verification of unemployment insurance coverage
- Copy of verification of Registration with ND Secretary of State office

Completed training certificates

- Fraud, Waste and Abuse (FWA) Training certificate of completion for your employees and the trainer.
- Agency DD License OR SFN 749 – Documentation of Competency OR Copy of License/Certification or copy of medical license or certification for each employee

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 AGENCY 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

Agency 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?*

European French

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*

Send request

COMPLETE AGENCY INFORMATION

Step 2b: Complete General information questions

In the General information section enter the following details:

1. Enter your Agency's name (enter the legal name as shown on your tax return when entering your agency name)
2. If you have a DBA (doing business as) agency name, select **Yes** in response to **Does your agency have a DBA (doing business as) agency name?**
 - Enter the **DBA name** in the text box provided
3. Enter the number of years or months in response to **How many years/months have you been doing business under this name?**
4. If you have ever used a different DBA name, select Yes in response to **Have you ever used a different DBA?**
 - Enter the **Previous DBA name** in the text box provided
5. If the application is due to a change of ownership, select Yes in response to **Is this application due to a change of ownership (CHOW)?**
 - Enter the **Previous owner's provider number** in the text box provided

General information

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

Agency name*

Does your agency have a DBA (doing business as) agency name?*

☐ Yes

☐ No

How many years/months have you been doing business under this name?*

Years or months*

☐ Years

☐ Months

Have you ever used a different DBA?*

☐ Yes

☐ No

Is this application due to a change of ownership (CHOW)?*

☐ Yes

☐ No

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

Is your facility a DD Licensed Provider?*

☐ Yes

☐ No

COMPLETE AGENCY INFORMATION

Step 2b: Complete General information questions

In the General information section enter the following details:

- 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.

- If your facility is a DD Licensed Provider, select **Yes** in response to **Is your facility a DD Licensed Provider?**
 - Click the **Upload license** button to upload a copy of your DD license

General information

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

Agency name*

Does your agency have a DBA (doing business as) agency name?*

☐ Yes

☐ No

How many years/months have you been doing business under this name?*

Years or months*

☐ Years

☐ Months

Have you ever used a different DBA?*

☐ Yes

☐ No

Is this application due to a change of ownership (CHOW)?*

☐ Yes

☐ No

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

Is your facility a DD Licensed Provider?*

☐ Yes

☐ No

COMPLETE AGENCY INFORMATION

Step 2c: Complete Tax reporting information questions

In the Tax reporting information section enter the following details:

1. Select your agency's federal tax classification from the drop-down list
2. Enter your agency's **Employer Identification Number (EIN)** in the text box provided
3. Select the date you started using the EIN

Step 2d: Complete Current/Previous QSP provider information

In the Current/Previous QSP provider information section enter the following details:

1. If you are currently or were enrolled as a QSP for the state of North Dakota, select **Yes** in response to the question **Have you ever been or are you currently enrolled as a QSP for the state of North Dakota?**
 - a) Enter your current or previous provider number
 - b) If you don't remember your provider number, click the check box next to **I don't remember**

If you are not enrolled as a QSP for the state of North Dakota, select **No** in response to the question

2. Select **Yes** in response to the question **Do you have a National Provider Identifier (NPI) number?**
 - a) Enter your NPI Number in the text box provided

Tax reporting information
Step 2c

Tax classification

What is your federal tax classification?*

-Select-
▼

Employer Identification Number (EIN)

Your EIN will be linked to your QSP provider number. All claims paid to your QSP provider number will be submitted as income under your EIN to the Internal Revenue Service (IRS). The EIN must be for the group whose information was given.

EIN ⓘ

When did you start using this EIN?*

Select date

Current/Previous QSP provider information
Step 2d

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

☐ Yes
☐ No

Do you have a National Provider Identifier (NPI) number?* ⓘ

☐ Yes
☐ No

To learn more about how to apply for an NPI number, watch this short video

COMPLETE AGENCY INFORMATION

Review completed **Agency Information** and move on to the **Contact information** page.

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



A screenshot of a horizontal navigation bar with a black border. It contains three buttons: a light gray 'Back' button on the left, a white 'Save' button in the middle, and a dark blue 'Next' button on the right. All three buttons are highlighted with a red rectangular border.

COMPLETE CONTACT INFORMATION

Step 3a: Complete Enrollment contact information questions

The enrollment contact person is the person we will contact if we have any questions about this application.

In the Enrollment contact person information section enter the following details:

1. First name
2. Middle initial
3. Last name
4. Telephone number
5. Extension number
6. Job title
7. Cell phone number
8. Email address
9. Fax number

Enrollment contact person information

The enrollment contact person is the person we will contact if we have any questions about this application.

| | | |
|----------------------|----------------------|----------------------|
| First name * | Middle initial | Last name * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone number * | Extension number | |
| <input type="text"/> | <input type="text"/> | |
| Job title * | Cell phone number | |
| <input type="text"/> | <input type="text"/> | |
| Email address * | Fax number | |
| <input type="text"/> | <input type="text"/> | |

COMPLETE CONTACT INFORMATION

Step 3b: Complete Authorized representative contact information questions

The authorized contact person is the someone that can sign legal documents on behalf of the agency applying to become a QSP

In the Authorized representative contact information section enter the following details complete one of the following steps:

If the enrollment contact and the authorized representative is the same person, select **Yes** in response to **Is the enrollment contact person the same as your agency's authorized contact person?**

Enter the following:

- Social Security Number
- Date of birth

If the enrollment contact and the authorized representative are different, select **No** in response to **Is the enrollment contact person the same as your agency's authorized contact person?**

Enter the following:

- First name
- Middle initial
- Last name
- Social Security Number
- Date of birth
- Job title
- Email address
- Telephone number
- Extension number
- Cell phone number
- Fax number

Authorized representative contact information

Is the enrollment contact person the same as your agency's authorized contact person? [?]

☒ Yes

☐ No

Social Security Number [?]

Date of birth ^{*}

Authorized representative contact information

Is the enrollment contact person the same as your agency's authorized contact person? [?]

☐ Yes

☒ No

First name ^{*}

Middle initial

Last name ^{*}

Social Security Number [?]

Date of birth ^{*}

Job title ^{*}

Email address ^{*}

Telephone number ^{*}

Extension number

Cell phone number

Fax number

COMPLETE CONTACT INFORMATION

Step 3c: Complete Address information questions

In the Address information section enter the following details:

1. Service location address information(This is the primary location where you provide services. It cannot be a PO Box):
 - 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.

Select the **primary contact** at your service location from the drop-down list

- Select **Other** if the primary contact at this address is different from the previous contacts entered (enrollment or authorized contacts)

Address information

Service location address
This is the primary location where you provide services. It cannot be a PO Box.

Physical address *
523 4th Ave

Apartment/Building number
[Empty field]

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

Who is the primary contact at your service location? *

Other

-Select-

Enrollment contact person

Authorized representative

Other

COMPLETE CONTACT INFORMATION

2. Mailing address information (This is where you'll receive bulletins, manuals, reports, updates, 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**.

Select the **primary contact** at your mailing address from the drop-down list

- Select **Other** if the primary contact at this address is different from the previous contacts entered (enrollment, authorized, or service location contacts)

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

COMPLETE CONTACT INFORMATION

3. Payment address information (This is where your checks will be mailed. Your payment address can be a PO Box.)

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

Enter the following information

- Payment 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**.

Select the **primary contact** at your payment address from the drop-down list

- Select **Other** if the primary contact at this address is different from the previous contacts entered (enrollment, authorized, service location or mailing location contacts)

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

Payment address
This is where your checks will be mailed. Your payment address can be a PO Box.

Is your payment address different from your physical address? *

☒ Yes
☐ No

Payment Address *

Apartment/Building number City *

State * ZIP code *

-Select- v

Validate address

Confirm address X

You entered: US Postal Service format:

523 4th Ave 523 4TH AVE SE
Jamestown, North Dakota 58401 JAMESTOWN, ND 58401-4222

Accept Formatted Address

Who is the primary contact at your payment address? *

-Select- v

-Select-
Enrollment contact person
Authorized representative
Service location contact person
Other

COMPLETE CONTACT INFORMATION

Review completed **Contact Information** and move on to the **Agency owners/managing employees information** page.

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



A screenshot of a navigation bar with 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 AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4a: Complete Direct/Indirect agency ownership information

A direct/indirect owner is any person or entity with a 5% or more ownership of the agency.

In the Direct/Indirect agency ownership information section, complete the following steps:

1. Click the **Add owner** button

Agency Foster Home for Adults Enrollment
Request 0088071

- 1 AFHA application requirements
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Agency owners/managing employees information

Direct/Indirect agency ownership information

You will need to add all of your agency's direct/indirect owners. A direct/indirect owner is any person or entity with a 5% or more ownership of the agency.

For providers enrolled with Medicare and Medicaid, any discrepancies noted in 5% or more ownership will be reported to Medicare.

Please add your agency's direct/indirect owner information

Direct/Indirect owners

You haven't added any owners yet

Add owner

2. In the **Add owner** window that opens, select Individual or Company from the Owner type drop-down

Add owner

Owner information

Owner type*

-Select-
Individual
Company

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add Individual owners

Complete the following steps to add Individual owners:

1. Enter the owner's **First name**
2. Enter the owner's **Middle initial**
3. Enter the **owner's Last name**
4. Click the **Add name** button to enter previous names used by the owner
5. Select the owner's **Date of birth**
6. Enter the owner's **Social Security Number**
7. Provide the owner's government issued identification
 - For owners with a driver license, select **Yes** in response to the question **Does this person have a current and valid driver license?**
 - Enter the owner's **driver license number**
 - Select the **State issued**
 - Select the **Expiration date**
 - Click the **Upload driver license** button
 - For owners without a driver license, select **No** in response to the question **Does this person have a current and valid driver license?**
 - Select the identification type from the drop-down list below the question **What other type of government-issued identification can you provide?**
 - Click the **Upload identification** button

Add owner
×

Steps 1-6

Owner information

Owner type*

Individual

First name*

Middle initial

Last name*

Please add all names used by this person in the last 7 years (e.g., maiden name, aliases, alternate spellings, etc.)

You haven't added any other names yet

Add name

Date of birth*

Select date

Social Security Number (no dashes or spaces)* ?

Does this person have a current and valid driver license?*

☐ Yes
 ☐ No

Step 7

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add Individual owners

8. Enter the owner's **% Ownership**
9. Select the owner's **Effective date of ownership**
10. Enter the owner's **Physical Address information**
11. Click the **Validate address button**
12. Provide the owner's payment address information
 - If the owner's payment address is different from their physical address, select Yes in response to the question **Is this individual's/company's payment address different from their physical address?**
 - **Enter the owner's payment address information**
 - **Click the Validate address button**
 - If the owner's payment address is not different from their physical address, select No in response to the question **Is this individual's/company's payment address different from their physical address?**
13. Provide the owner's PO Box address
 - If the owner's PO Box address is different from their physical address, select Yes in response to the question **Does the individual/company have a PO Box address that is different from their physical address?**
 - **Enter the owner's PO Box address information**
 - **Click the Validate address button**
 - If the owner's PO Box address is not different from their physical address, select No in response to the question **Does the individual/company have a PO Box address that is different from their physical address?**
14. Click the **Save owner** button

% Ownership* **Steps 8-11**

Effective date of ownership*

Select date

Address information

Physical address*

Apartment/Building number

City*

State*

-Select- v

ZIP code*

Validate address

Is this individual's/company's payment address different from their physical address? * ?

☐ Yes

☐ No

Steps 12-13

Does the individual/company have a PO Box address that is different from their physical address? *

☐ Yes

☐ No

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add Company owners

Complete the following steps to add Individual owners:

1. Enter the company's **Business name**
2. Provide the company's **DBA (Doing Business As) name**
 - If the company has a **DBA name**, select **Yes** in response to the question **Does the company have a DBA (doing business as) name?**
 - Enter the company's **DBA name** in the text box provided
 - If the company does not have a **DBA name**, select **No** in response to the question **Does the company have a DBA (doing business as) name?**
3. Provide the company's **Employer Identification Number (EIN)**
4. Provide the company's **% Ownership**
5. Select the company's **Effective date of ownership**

Add owner

Owner information

Owner type *

Company

Business name *

Does the company have a DBA (doing business as) name? *

☒ Yes

☐ No

DBA name *

Employer Identification Number (EIN) *

% Ownership *

Effective date of ownership *

Select date

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add Company owners

6. Enter the company's **Physical Address** information
7. Click the **Validate address** button
8. Provide the owner's payment address information
 - If the owner's payment address is different from their physical address, select Yes in response to the question **Is this individual's/company's payment address different from their physical address?**
 - **Enter the owner's payment address information**
 - **Click the Validate address button**
 - If the owner's payment address is not different from their physical address, select No in response to the question **Is this individual's/company's payment address different from their physical address?**
9. Provide the owner's PO Box address
 - If the owner's PO Box address is different from their physical address, select Yes in response to the question Does the individual/company have a PO Box address that is different from their physical address?
 - **Enter the owner's PO Box address information**
 - **Click the Validate address button**
 - If the owner's PO Box address is not different from their physical address, select No in response to the question Does the individual/company have a PO Box address that is different from their physical address?
10. Click the **Save owner** button

Address information **Steps 6-7**

Physical address *

Apartment/Building number

City *

State *

-Select-

ZIP code *

Validate address

Is this individual's/company's payment address different from their physical address? *

☐ Yes

☐ No

Does the individual/company have a PO Box address that is different from their physical address? *

☐ Yes

☐ No

Steps 8-9

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

To add additional owners, click the **Add owner** button

If there are 2 or more individuals with ownership, confirm if the individuals are related to each other

- If there are individual owners with a relationship, select **Yes** in response to the question **Are any of the individuals with an ownership or controlling interest in the provider's company related to one another as a spouse, parent, child, sibling, or household member?**
 - Search for the individual in the search bar under the question **Who is this for?**
 - Select the relationship from the **Relationship** drop-down list
- If there are no individual owners with a relationship, select No in response to the question **Are any of the individuals with an ownership or controlling interest in the provider's company related to one another as a spouse, parent, child, sibling, or household member?**

Address information **Steps 6-7**

Physical address *

Apartment/Building number

City *

State *

ZIP code *

Validate address

Is this individual's/company's payment address different from their physical address? *

☐ Yes

☐ No

Does the individual/company have a PO Box address that is different from their physical address? *

☐ Yes

☐ No

Steps 8-9

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4b: Complete Managing employees/control interest information

A managing employee/individual with control interest is any one of the following:

- Managing employees (CFE, CIO, CEO, office manager, PIC, DON, etc.)
- Board of directors (board members are required for corporate entities only)
- Trustee members
- Personnel authorized to sign on behalf of the organization
- Individuals who have signed any legal documents for this application

In the Managing employees/control interest information section, complete the following steps:
Click the **Add managing employees/individual with controlling interest** button

Managing employees/control interest information

You will need to add all of your agency's managing employees and individuals with control interest. A managing employee/individual with control interest is any one of the following:

- Managing employees (CFE, CIO, CEO, office manager, PIC, DON, etc.)
- Board of directors (board members are required for corporate entities only)
- Trustee members
- Personnel authorized to sign on behalf of the organization
- Individuals who have signed any legal documents for this application

Please add your agency's managing employees and individuals with control interest

You haven't added anyone yet

Add managing employee/individual with control interest

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add managing employees/individual with controlling interest

In the **Add managing employee/individual with control interest** window that opens:

1. Enter the individual's **First name**
2. Enter the individual's **Middle initial**
3. Enter the individual's **Last name**
4. Click the **Add name** button to enter previous names used by the individual
5. Select the individual's **Date of birth**
6. Enter the individual's **Social Security Number**
7. Provide the individual's government issued identification
 - For individuals with a driver license, select **Yes** in response to the question **Does this person have a current and valid driver license?**
 - Enter the individual's **driver license number**
 - Select the **State issued**
 - Select the **Expiration date**
 - Click the **Upload driver license** button
 - For individuals without a driver license, select **No** in response to the question **Does this person have a current and valid driver license?**
 - Select the identification type from the drop-down list below the question **What other type of government-issued identification can you provide?**
 - Click the **Upload identification** button

The screenshot shows a web form titled "Add managing employee/individual with control interest" with a close button (X) in the top right corner. The form is labeled "Steps 1-6" in red. It contains several input fields: a large empty text box at the top, followed by a section titled "Personal information" with fields for "First name*", "Middle initial", and "Last name*". Below these is a section for "Please add all names used by this person in the last 7 years (e.g., maiden name, aliases, alternate spellings, etc.)" which includes a text input field and a blue "Add name" button. Further down is a "Date of birth*" field with a "Select date" dropdown. At the bottom of this section is a "Social Security Number or Tax Identification Number (no dashes or spaces)*" field with a help icon. The form is partially obscured by a larger window in the foreground.

The screenshot shows a question box titled "Does this person have a current and valid driver license?*" in red. It contains two radio button options: "Yes" and "No". To the right of the options, the text "Step 7" is displayed in red. The question box is partially obscured by a larger window in the foreground.

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add managing employees/individual with controlling interest

8. In response to the question **What is this person's relationship to your agency?** select the individual's relationship to the agency from the drop-down list
9. Provide the individual's North Dakota Medicaid provider number
 - For individuals with a ND Medicaid provider number, select **Yes** in response to the question **Has the managing employee ever had a Medicaid provider number in the State of North Dakota?**
 - Enter the individual's **Medicaid provider name**
 - Enter the **EIN/SSN** for the Medicaid provider
 - Select the **Effective date of provider number**
 - Select the **End date of provider number** (If applicable)
 - Enter the **Current Medicaid provider number**
 - Enter the **Previous Medicaid provider number** (If applicable)
 - For individuals without a ND Medicaid provider number, select **No** in response to the question **Has the managing employee ever had a Medicaid provider number in the State of North Dakota?**

What is this person's relationship to your agency?* **Steps 8-9a**

-Select-

Has the managing employee ever had a Medicaid provider number in the State of North Dakota?*

☒ Yes

☐ No

Name of Medicaid provider*

EIN/SSN*

Effective date of provider number*

Select date

End date of provider number

Select date

Current Medicaid provider number*

State issued*

North Dakota

Prior Medicaid provider number

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Add managing employees/individual with controlling interest

10. Enter the individual's **Physical Address information**
11. Click the **Validate address** button
12. Enter the individual's **Work telephone number**
13. Click the **Save** button

To add additional managing employees/individual with controlling interest , click the **Add managing employees/individual with controlling interest** button

Address information

Physical address *

Apartment/Building number

City *

State *

-Select- ▾

ZIP code *

Validate address

Work telephone number *

Cancel Save

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add Medicaid provider ownership information for individuals, businesses, or organizations with an ownership or controlling interest

In the Other information section, provide details of owners with controlling interest of 5% or more in another Medicaid provider

- For individuals controlling interest of 5% or more in another Medicaid provider, select **Yes** in response to the question **Does any individual, business, or organization with an ownership or controlling interest in your agency have an ownership or controlling interest of five percent (5%) or more in any other Medicaid provider?**
 - Click the **Add Medicaid provider ownership/controlling interest** button

Other information

Does any individual, business, or organization with an ownership or controlling interest in your agency have an ownership or controlling interest of five percent (5%) or more in any other Medicaid provider?*

☒ Yes
 ☐ No

Please add all Medicaid provider ownership/controlling information.

You haven't added anyone yet

Add Medicaid provider ownership/controlling interest

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add Medicaid provider ownership information for individuals, businesses, or organizations with an ownership or controlling interest

In the **Add Medicaid provider ownership/controlling interest** window that opens, the following:

1. In the search bar under **Name of the individual or corporation that has an ownership or controlling interest of five percent (5%) or more of another Medicaid provider** type the name either the owners or managing employees
2. Select **Yes** or **No** in response to the question **Does the individual or corporation own or have controlling interest in one of the following structures?**
 - If **Yes** is selected, enter the following:
 - Name of other disclosing entity, FA, or MCE
 - North Dakota Medicaid Provider Number (if applicable)
 - What relationship does this person have to the individual or corporation that has controlling interest, the subcontractor, or other disclosing entity, FA, or MCE?
 - Social Security Number

Add Medicaid provider ownership/controlling interest ✕

Name of the individual or corporation that has an ownership or controlling interest of five percent (5%) or more of another Medicaid provider*

Search

Does the individual or corporation own or have controlling interest in one of the following structures?

- **Disclosing entity**
A disclosing entity is a corporation or organization that is required to provide ownership and enrollment.
- **Fiscal agent (FA)**
A fiscal agent is an organization, such as a bank or trust company, that acts on behalf of another party performing various financial duties.
- **Managed care entity (MCE)**
A managed care entity is an entity that enters into a contract to provide services in a statewide managed care system.

OR are they a subcontractor of one of the above
OR are they the spouse, parent, child or sibling to a person with ownership or controlling interest

☒ Yes
☐ No

Please include the information for the other provider(s). If more space is needed, attach a separate document.

Name of other disclosing entity, FA, or MCE*

North Dakota Medicaid Provider Number (if applicable)

What is relationship does this person have to the individual or corporation that has controlling interest, the subcontractor, or other disclosing entity, FA, or MCE? *

-Select-

Social Security Number or Tax Identification Number (no dashes or spaces) *

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add Medicaid provider ownership information for individuals, businesses, or organizations with an ownership or controlling interest

- For individuals without a controlling interest of 5% or more in another Medicaid provider, select **No** in response to the question **Does any individual, business, or organization with an ownership or controlling interest in your agency have an ownership or controlling interest of five percent (5%) or more in any other Medicaid provider?**
- 3. Enter Address information
- 4. Click the **Save** button

To add additional ownership information, click the **Add Medicaid provider ownership/controlling interest** button

Address information

Physical address *

Apartment/Building number

City *

State *

-Select-

ZIP code *

Validate address

Is their payment address different from their physical address? *

☐ Yes

☐ No

Is there a PO Box address that is different from their physical address? *

☐ Yes

☐ No

If you need more space to provide details or contact information, please upload a separate document with that information

Upload document

Cancel

Save

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add conviction information for owners, directors, officers, agents, or managing individuals

In the Other information section, provide details of owners, directors, officers, agents, or managing individuals with convictions

- For owners, directors, officers, agents, or managing individuals with convictions, select **Yes** in response to the question **Are there any owners, directors, officers, agents, or managing individuals who have been convicted of a misdemeanor, felony, or who are currently on probation?**
- Click the **Add conviction** button

Are there any owners, directors, officers, agents, or managing individuals who have been convicted of a misdemeanor, felony, or who are currently on probation?*

☒ Yes
 ☐ No

Please add any owners, directors, officers, agents, or managing individuals who have been convicted of a misdemeanor, felony, or who are currently on probation

You haven't added any felonies or misdemeanors yet

Add conviction

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Step 4c: Complete Other information

Add conviction information for owners, directors, officers, agents, or managing individuals

- In the **Add felony or misdemeanor conviction** window that opens, enter the following:
 - In the search bar **under Which owner/managing employee/individual with control interest is this for?** type the name of any of the individuals entered
 - Enter **Felony or misdemeanor**
 - Select **Date of felony or misdemeanor**
 - Click the **Upload court papers** button to upload a document
 - If the individual is on probation, select **Yes** to the question **Is this individual currently on probation?**
 - Click the **Upload court papers** document to upload a document
 - Click the **Save conviction** button

To add additional felonies or misdemeanors click the **Add conviction** button

Add felony or misdemeanor conviction

If available, please provide the following information and upload the court related documents for this person's North Dakota and out-of-state misdemeanors and or felonies. Please only enter one at a time.

Which owner/managing employee/individual with control interest is this for? *

Search

Felony or misdemeanor *

Date of felony or misdemeanor *

Select date

Please upload court papers for all felony and misdemeanor convictions from the past seven years

Upload court papers

Is this person currently on probation? *

☐ Yes
 ☐ No

Cancel

Save conviction

COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

Review completed **Agency owners/managing employees information** and move on to the **Employees** 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 with three buttons: "Back", "Save", and "Next". The "Back" button is on the left, and the "Save" and "Next" buttons are on the right. The "Next" button is highlighted with a green border.

ADD EMPLOYEES

Step 5a: Review information in the **Background screenings** and **Other requirements** sections

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Employees

You will need to add all of your agency employees that will be providing direct services to members (including any owners or managing employees).

Background screenings

Please make sure you have completed background screenings at the following sites for each employee before they start their employment. We will also do a second screening once your application is submitted. It is important that employees continue to meet standards of enrollment during their employment.

- National sex offender registry
- ND Sex Offender Registry
- ND Sex Offender Registry — offenders against children (scroll to the "Offenders Against Children" link)
- ND Medicaid Exclusions list — (scroll to the "ND Medicaid Exclusions List" link)
- System for Award Management (SAM) — (click on the "Search Records" tab)
- HHS Office of Inspector General
- North Dakota Courts Records Inquiry

Other requirements

At least two employees must have the same global endorsements and client specific endorsements to be approved for an endorsement.

Make sure to keep documents that are required for this application for each employee in your records. In the event of an audit, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services performed by an employee(s) missing the required verifications.

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)

1. In the **Add employees** section, click on the **Add employee** button
2. In the **Add employee** window that opens, enter the employee's personal information:
 - Employee's **First name**
 - Employee's **Last name**
 - Enter previous names used by the employee by clicking the **Add Name** button
 - Select the employee's **Date of birth**
 - Enter the employee's **Social Security Number**
 - Enter the employee's **Telephone number**
 - Select the employee's **Employment start date**
 - Confirm the employee's completion of the FWA training by clicking the check box next to the statement **Please confirm that you have a Fraud, Waste, and Abuse training certificate on file for this employee.**
 - Enter the employee's address information

The screenshot shows a web form titled "Add employee" with a close button (X) in the top right corner. The form is organized into several sections:

- Personal information:** Includes fields for "First name*" and "Last name*", each with a text input box. Below these is a note: "Please add all names used by this employee in the last 7 years (e.g., maiden name, aliases, alternate spellings, etc.)". A text area for previous names is present, followed by the message "You haven't added any previous names yet" and a blue "Add name" button.
- Date of birth*:** A dropdown menu with the text "Select date".
- Social Security Number*:** A text input box with a help icon.
- Telephone number*:** A text input box.
- Employment start date*:** A dropdown menu with the text "Select date".
- Confirmation:** A checkbox followed by the text "Please confirm that you have a Fraud, Waste, and Abuse training certificate on file for this employee.*" with a help icon.
- Address information:** Includes a "Current address*" text input box, an "Apartment/Building number" text input box, and a "City*" text input box.

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)

3. Respond to criminal background questions for each employee
 - Select **Yes** or **No** in response to the question **Has this person lived at this address for 11 years or more?**
 - If **No** is selected, click the **Add past address** button and enter previous address information
- NOTE:** To add additional addresses, click the Add past address button
- Select **Yes** or **No** in response to the question **Has this person lived in North Dakota at all times in the past 11 years?**
 - A **SFN 60688** form will need to be submitted for an employee that has resided in North Dakota for 11 years or more
 - A **SFN 60688** form and **two fingerprint cards** will need to be submitted for an employee that has resided in North Dakota for less than 11 years

NOTE: 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

Has this person lived at this address for 11 years or more? *

☐ Yes
 ☒ No

As part of the application process, we need all addresses where this person has lived over the past 11 years.

Please add this employee's past addresses

You haven't added any addresses yet

[Add past address](#)

Has this person lived in North Dakota at all times in the past 11 years? *

☐ Yes
 ☐ No

ADD EMPLOYEES

Step 5b: Add all of your agency employees that will be providing direct services to members (including any owners or managing employees)

3. Respond to criminal background questions for each employee
 - Select **Yes** or **No** in response to the question **Is this person on active United States military duty or have they lived full-time in North Dakota since receiving an honorable discharge?**
 - Click the check box next to one of the following statements
 - This person has never been arrested or convicted of any crimes in any state, city, or federal court.
 - This person has been arrested or convicted of a crime(s). I am providing a description of the court(s), crime(s) and the details of the arrest(s), the conviction(s), and/or dismissal(s).

Is this person on active United States military duty or have they lived full-time in North Dakota since receiving an honorable discharge? *

☐ Yes
 ☐ No

Please select one of the following options:

☐ This person has never been arrested or convicted of any crimes in any state, city, or federal court. *

☐ This person has been arrested or convicted of a crime(s). I am providing a description of the court(s), crime(s) and the details of the arrest(s), the conviction(s), and/or dismissal(s). *

ADD EMPLOYEES

Step 5c: Submit copy of License/Certification OR SFN 749 - Documentation of Competency for each employee
Competency for each employee must be verified by either submitting one of the following licenses or certifications issued by the state of North Dakota:

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

If you don't have a license or certification issued by the state of North Dakota, you will need to submit a completed [SFN 749- 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.

NOTE: If the agency is not a DD Licensed provider, you will need to submit a copy of License/Certification OR SFN 749 - Documentation of Competency for each employee

ADD EMPLOYEES

Submit copy of License/Certification

Select **Yes** in response to the question **Does this person have one or more of the following licenses issued by the state of North Dakota?** if the employee has one or more of the following licenses:

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

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

The screenshot shows the 'Licenses' section of a form. It asks, 'Does this person have one or more of the following licenses issued by the state of North Dakota?'. Below the question is a list of license types: Certified nursing assistant (CNA), Registered nurse (RN), Licensed practitioner nurse (LPN), Occupational therapist (OT), Physical therapist (PT), and Licensed master social worker. There are two radio buttons: 'Yes' (which is selected and highlighted with a red box) and 'No'. Below the radio buttons, it says 'Please add all of the employee's North Dakota licenses'. Underneath that, it says 'You haven't added any licenses yet' and there is a blue 'Add license' button highlighted with a red box.

The screenshot shows the 'Add license' window. It has a title bar with a close button. Inside, there are five fields: 'License type*' with a dropdown menu showing '-Select-'; 'License number*' with a text input field; 'Licensing agency*' with a text input field; 'Effective date*' with a date picker showing 'Select date'; and 'Expiration date' with a date picker showing 'Select date'. At the bottom right, there are two buttons: 'Cancel' and 'Save license'.

ADD EMPLOYEES

Submit SFN 749- Documentation of Competency

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

- a) If the employee has a completed SFN 749 by a TrainND Northeast healthcare professional, select **Yes** in response to the question **Does the employee have a SFN 749 completed by TrainND Northeast?**
- b) If the employee's SFN 749 was completed by another healthcare professional, select **No** in response to the question **Does the employee have a SFN 749 completed by TrainND Northeast?**
 - i. Select **Yes** in response to the question **Do this employee have a SFN 749 completed and signed by one of the following healthcare professionals?**
 - ii. Click the **Upload SFN 749** button

Click the **Save employee** button

NOTE: To add additional employees, click the **Add employee** button

Licenses

Does this person have one or more of the following licenses issued by the state of North Dakota?

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

☐ Yes

☒ No

Does this employee have a SFN 749 completed by TrainND Northeast? *

☒ Yes

☐ No

Does this employee have a SFN 749 completed by TrainND Northeast? *

☐ Yes

☒ No

Do this employee have a SFN 749 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 this employee's completed SFN 749 *

Upload SFN 749

COMPLETE EMPLOYEE INFORMATION

Review completed **Employee 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 6a: On the Languages page, respond to the following questions:

1. **Can your agency's employees speak English well enough to provide services to an English-speaking individual?**
 2. **Can your agency's employees read and write in English?**
 - a) Click **Yes** if your employees are fluent in English.
 - b) If your employees are not fluent in English and you 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.

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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 your agency's employees speak English well enough to provide services to an English-speaking individual?*

☒ Yes
☐ No

Can your agency's employees 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 6b: 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 gray button labeled 'Back'. On the right are two buttons: a light gray button labeled 'Save' and a dark blue button labeled 'Next'. The 'Next' button is highlighted with a teal border.

SELECT SERVICES TO ENROLL IN

Step 7: On the Services enrollment page, click the check boxes next to the services you would like to enroll in

1 AFHA application requirements

2 Agency information

3 Contact information

4 Agency owners/managing employees

5 Employees

6 Languages

7 Services enrollment >

8 Agency documents

9 Rate selection

10 Counties served

Services

You are able to provide both services listed below, but a member can only receive one of these services at a time.

☐ Community supports ?

☐ Residential habilitation ?

NOTE: These services require service specific training and accreditation, contact the ADRL intake line at 1-855-462-5465 to begin training for this service or for more information.

COMPLETE SERVICES ENROLLMENT

Review completed **Services enrollment** and move on to the **Agency 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.



A screenshot of a web form interface. At the bottom of the form, there are three buttons: 'Back', 'Save', and 'Next'. The 'Back' button is on the left, and the 'Save' and 'Next' buttons are on the right. The 'Next' button is highlighted with a red border, indicating it is the recommended action.

SUBMIT AGENCY DOCUMENTS

Step 8: On the Agency documents page, click the document upload buttons to submit the following documents:

1. Organizational chart with key positions (include names of staff):
2. Job description
3. Private pay service fee schedule/fee statement
4. Verification of unemployment insurance coverage
5. Verification of workforce safety and insurance coverage
6. Verification of registration with North Dakota Secretary of State office
7. Fraud, Waste and Abuse (FWA) Training certificate of completion

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Agency documents

Organizational chart with key positions (include names of staff)
Please upload your organizational chart. If your agency is organized as a corporation or non-profit, please also include information for all board members. Make sure to provide their names, addresses, dates of birth, and Social Security Numbers.

Upload organizational chart

Job descriptions
Please upload job descriptions for each employee that has ownership or controlling interest in your agency.

Upload job descriptions

Private pay service fee schedule/fee statement
Please upload your agency's private pay service fee schedule. If you choose to follow the state-issued rates, you can upload a document stating your agency intends to charge the same rate as the state OR stating you will not charge private pay members a lower rate than the state-issued rate.

Upload fee schedule/statement

COMPLETE SUBMISSION OF AGENCY DOCUMENTS

Complete the submission of **Agency documents** and move on to the **Rates selection** page.

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



RATES SELECTION

Step 9a: On the Rates selection page, view the rates table to review the HCBS approved rate for the specific you enrolled in

NOTE: The amount paid for services provided by both agency and individual Qualified Service Providers (QSPs) is specified in the service authorization issued by the HCBS case manager. QSPs acknowledge the Department's rate structure (displayed here) when they agree to provide authorized care. Rates may vary depending on the specific service being provided. The Department's QSP rates are posted [here](#).

| HCBS Billing Codes Agency QSP | | | | |
|-------------------------------|---------------------------------------|---------|---|------------|
| Effective July 1, 2023 | | | | |
| Code / Modifier | Service | Unit | Rate | Max Amount |
| S5101 | Adult Day Care | 1/2 day | At cost | |
| S5108 | Nurse Education Care | 15 min | At cost | \$17.13 |
| S5115 | Extended Personal Care | 15 min | At cost | \$7.70 |
| S5115- TD | Extended Personal Care - Nurse | 15 min | At cost | \$17.13 |
| S5120 | Chore - Labor (includes snow removal) | 15 min | \$7.70 | |
| S5121 | Chore - Job | Per job | Specific to amount of services required | |
| S5126 | Community Support Services | Day | \$38.23/hr \$9.56/unit | \$917.52 |

RATES SELECTION

Step 9b: In the Services selected section, acknowledge the Department's rate structure.

- To accept the Department's approved rate, select **Yes** in response to the question **Do you agree to the rate in the above table?**
- To submit your private pay rate for review and approval,
 - Select **No** in response to the question **Do you agree to the rate in the above table?**
 - Enter your **Private rate** in the text box provided

Selected Services

Community supports

Do you agree to the rate in the above table?*

☐ Yes

☐ No

Residential habilitation

Do you agree to the rate in the above table?*

☐ Yes

☒ No

What is your private rate?*

0.00

COMPLETE SERVICES ENROLLMENT

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

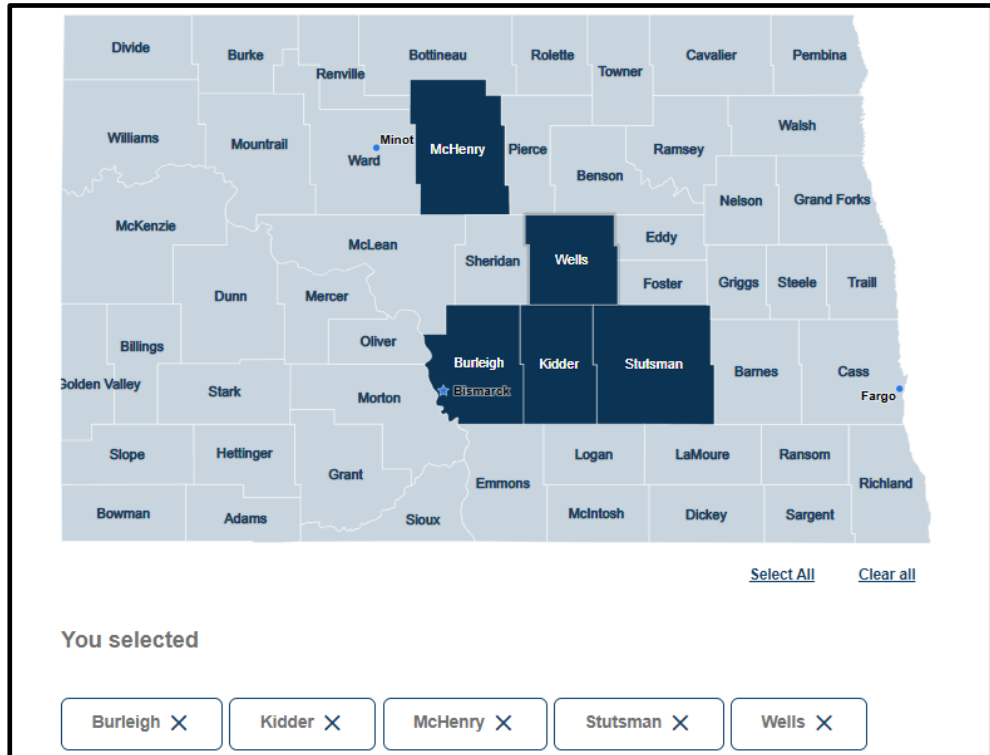
- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



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'. The 'Next' button is highlighted with a teal border.

COMPLETE COUNTIES SERVED

Step 10: 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 selected **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 11a: 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

The screenshot shows a web application interface for 'Adult Foster Care Enrollment'. On the left is a dark blue sidebar with a list of steps: 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 (highlighted with a white circle and a right arrow), 9 Required documents, and 10 Declarations. The main content area is white and titled 'Direct deposit/Electronic funds transfer'. It contains two paragraphs of instructional text: 'This information is required for payment. You will also need to upload a voided check or documentation to verify your account from your financial institution.' and 'Direct deposit/Electronic funds transfer can take up to two months to go into effect. Paper checks will be mailed to your mailing address'. Below the text is a section titled 'Financial institution information' with four input fields: 'Name of financial institution (Bank/Credit Union)*', 'Telephone number*', 'Address of financial institution*', and a split field for 'Apartment/Building number' and 'City*'. Each field has a corresponding text input box.

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 11b: Claims submission

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

Claims submission

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

☐ Therap

☐ Medicaid Management Information System Portal (MMIS)

☐ Other

If **Other** is selected, provide responses to the **SFN 583 Electronic Remittance Advisory (835) Enrollment form**

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.



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'. The 'Next' button is highlighted with a teal border.

COMPLETE REQUIRED DOCUMENTS

Step 13a: 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 or Other was selected for claims submission, the **SFN 583 North Dakota Medicaid Electronic Remittance Advice (835) Enrollment form will be generated**

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

SFN 1168 Request for Taxpayer Identification Number and Certification

1. Click the **Review your SFN 1168** button, and confirm the form is prefilled with answers from your application
2. Click the **Accept and submit** button

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

SFN 1168 Request for Taxpayer Identification Number and Certification

We have prepopulated your SFN 1168 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 1168.

Review your SFN 1168

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

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

COMPLETE REQUIRED DOCUMENTS

Step 13b: Upload documents

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

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.



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'. All three buttons are outlined with a red border.

COMPLETE DECLARATIONS

Step 14: Applicants must certify and validate responses to general and service specific declarations with an electronic signature prior to application submission.

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

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

- ☐ While providing Driver with Vehicle Services, your agency affirms that the vehicle(s) used to provide transportation is/are in good operating order, including the brakes, lights, tires and seatbelts. I understand and agree that the State of North Dakota shall not be liable for any damages which may arise out of or result from the operation of the vehicle.*
- ☐ If employees are providing their own vehicle to transport member, my agency agrees to maintain a current, signed statement in the employee file attesting to the condition of their vehicle. If an employee will be driving the member's vehicle, the agency will maintain a signed statement from the member agreeing to the use of their vehicle.*
- ☐ All agency representatives and employees providing this service are required to maintain a current driver license and verify with their insurance carrier to ensure current and appropriate coverage for this service. Agencies are not required to submit insurance information to the Department.*
- ☐ I agree to notify the Department if our agency no longer meets the standards for this service.*
- ☐ Your agency will notify the member's case manager when any of the following occur: *
 - Observed change in member's physical, cognitive, emotional, and/or environmental condition
 - Change in the amount or type of services that may be needed by the member
 - Possible abuse or exploitation of member
 - Other circumstances as agreed upon with case manager for specific member(s)

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

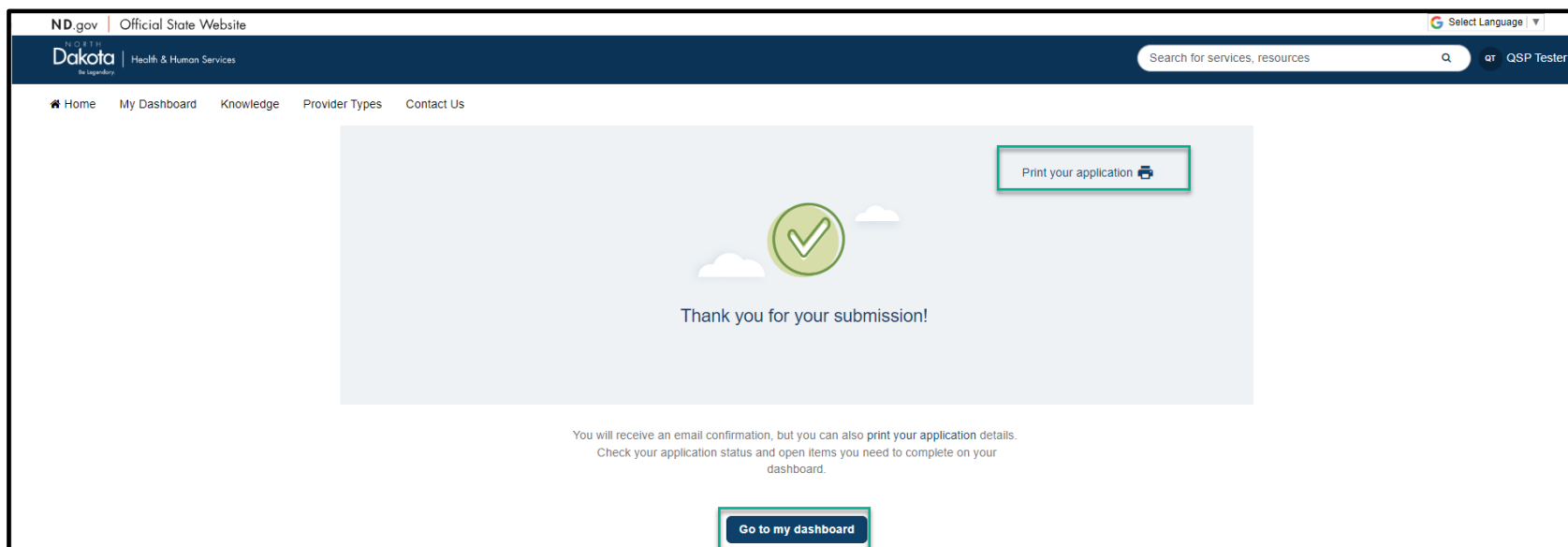
Back Save **Submit**

COMPLETE CERTIFICATION

Step 15: 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



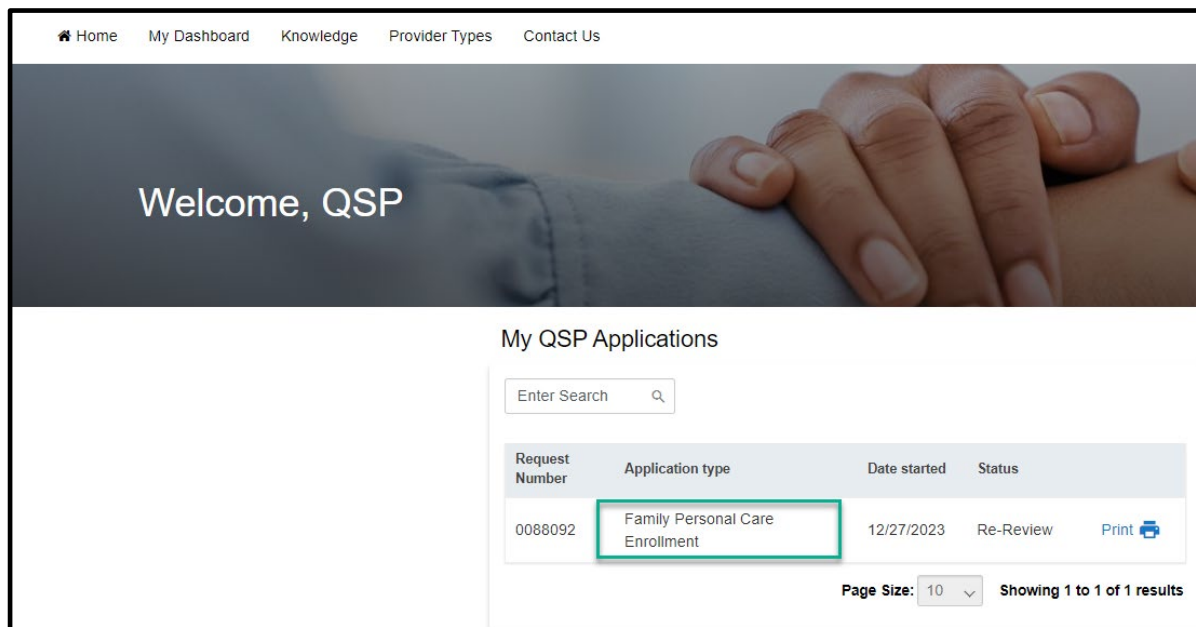
UPDATE DOCUMENTATION IN RE-REVIEW

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 the 'My QSP Applications' 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, QSP'. Underneath the banner, the title 'My QSP Applications' is displayed. A search bar with the placeholder 'Enter Search' and a magnifying glass icon is located below the title. 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 0088092, Application type Family Personal Care Enrollment (highlighted with a green box), Date started 12/27/2023, and Status Re-Review. To the right of the status is a 'Print' button with a printer icon. 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 |
|----------------|---------------------------------|--------------|-----------|
| 0088092 | Family Personal Care Enrollment | 12/27/2023 | Re-Review |

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*