

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 QSP - 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.,).

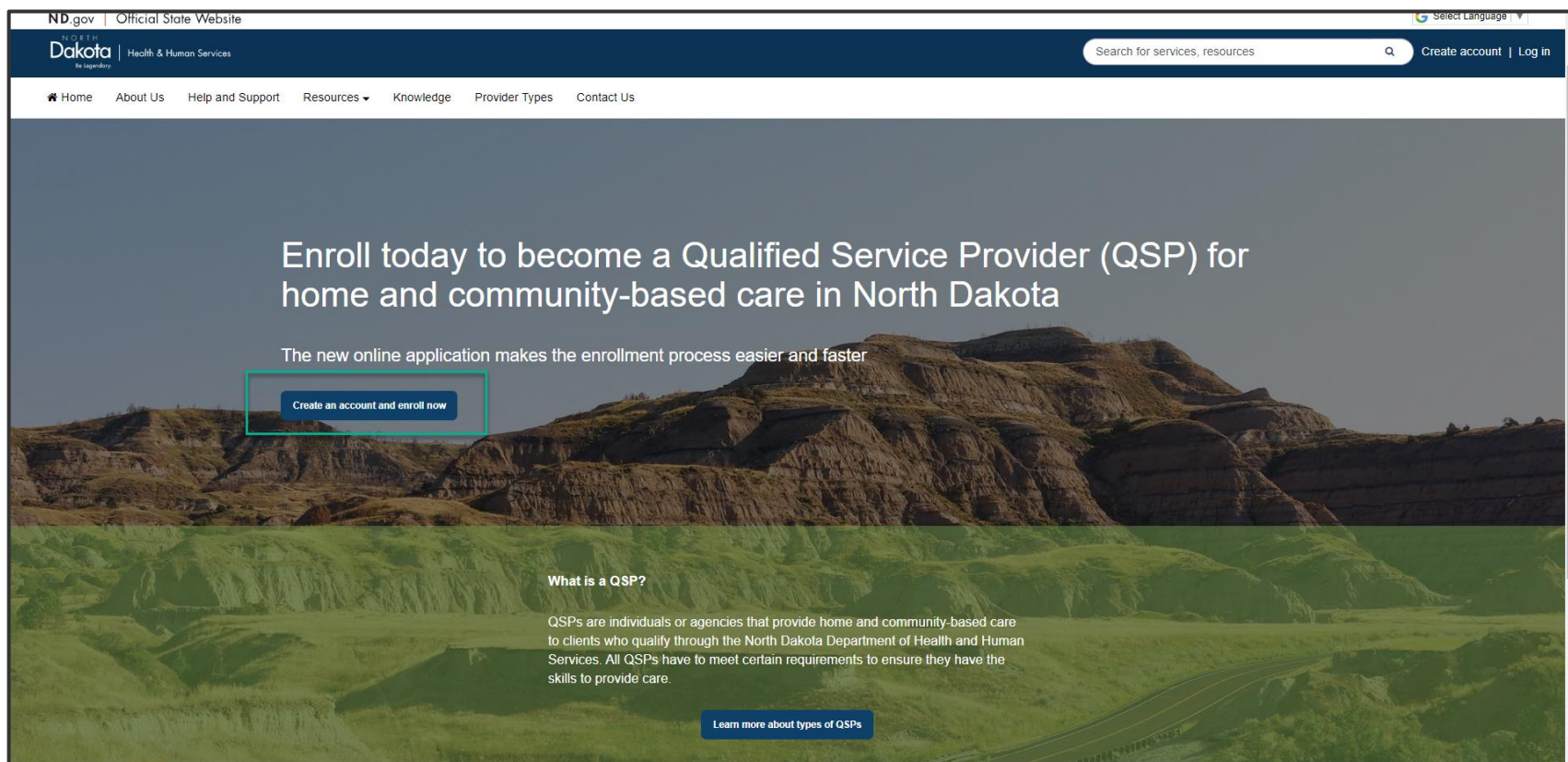
FIRST TIME LOGIN (APPLICANT)

FIRST TIME LOGIN

ND QSP Portal URL:

hhs.nd.gov/QSP

Step 1a: Click Create an account and enroll now

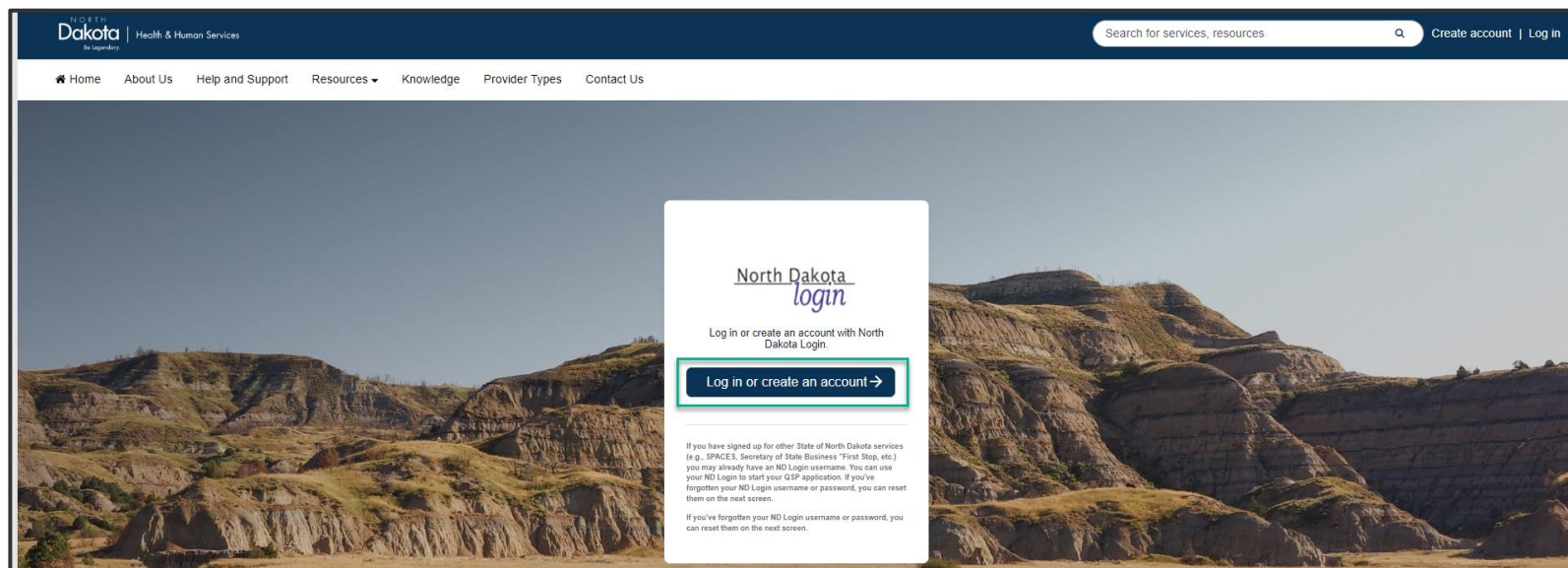


FIRST TIME LOGIN

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



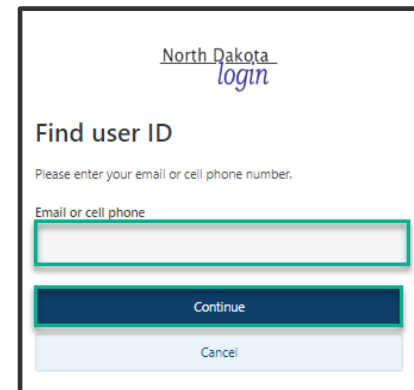
North Dakota
login

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.

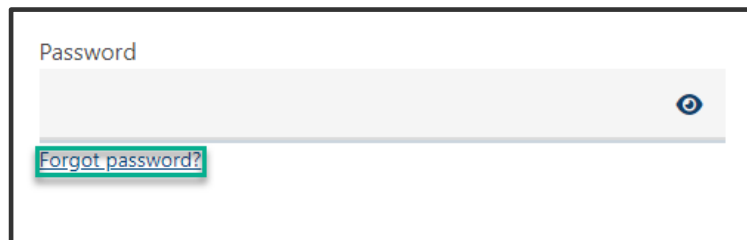
Email or cell phone

Continue

Cancel

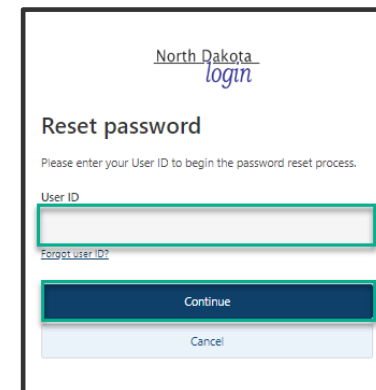
In the event you have forgotten your NDLogin password, click the **Forgot password?** Link

- 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

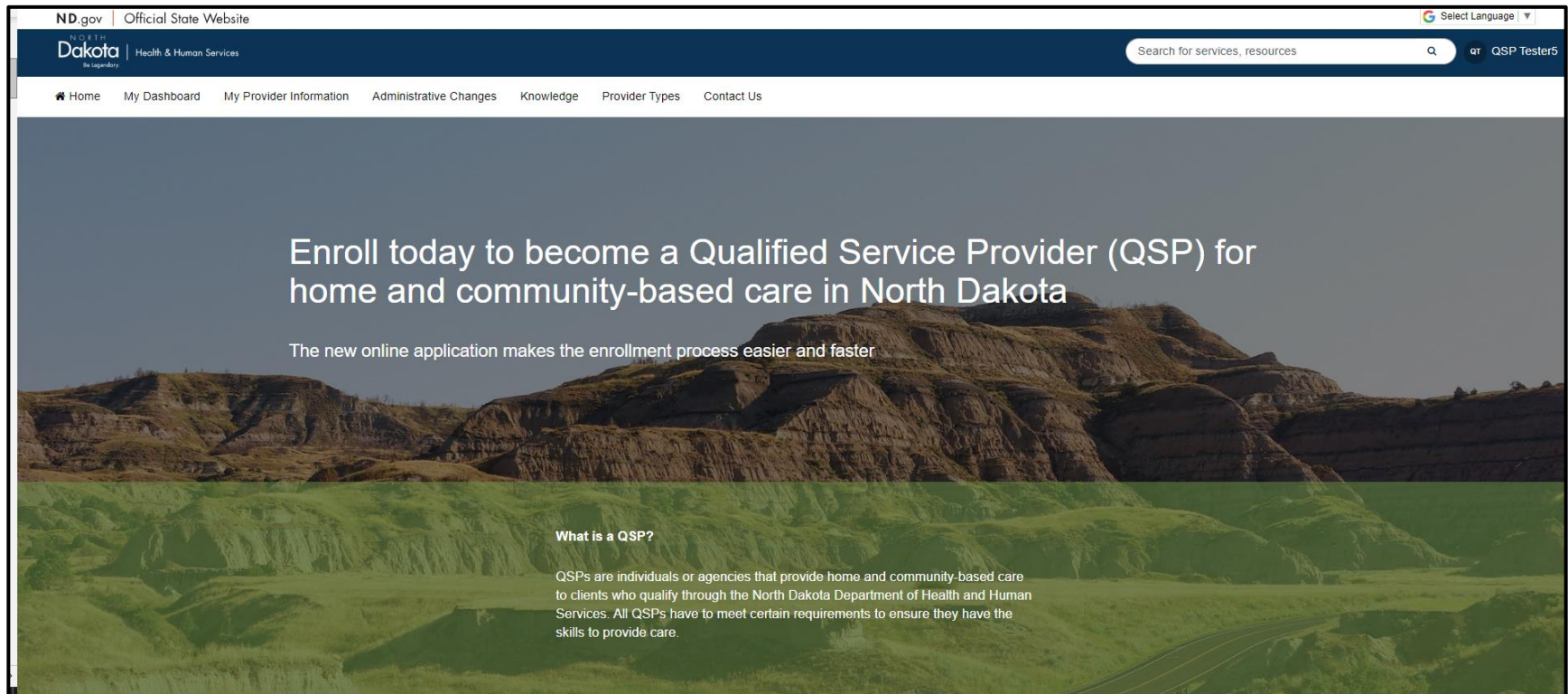
[Forgot user ID?](#)

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 AGENCY QSP APPLICATION

AGENCY QSP APPLICATION OVERVIEW

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

- Basic provider Specialties
 - Personal care
 - Homemaker
 - Non-medical transport – escort
- Cognitive global endorsement services:
 - Supervision
 - Companionship
 - Respite care
- Adult Day care (ADC)
- Adult Residential Care (ARC)
- Case Management
- Chore Services:
 - Lawn care
 - Labor
 - Snow removal
 - Pest Extermination
- Community supports
- Emergency Response Systems (ERS)
- Environmental Modification
- Extended personal care – nurse
- Extended personal care – non-nurse
- Home delivered meals
- Institutional respite care
- Non-medical transportation – driver
- Non-emergency medical transportation
- Nurse Education
- Personal care – assisted living (PC-AL)
- Residential habilitation
- Respite in an adult foster care
- Specialized equipment & supplies
- Supported employment
- Transition coordination
- Transitional living

AGENCY 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. National Provider Identifier (NPI) Number
4. Agency organizational chart
5. Job descriptions for employees with ownership or controlling interest in your agency
6. Private pay service fee schedule
7. Copy of verification of workforce safety and insurance coverage

AGENCY 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](#).

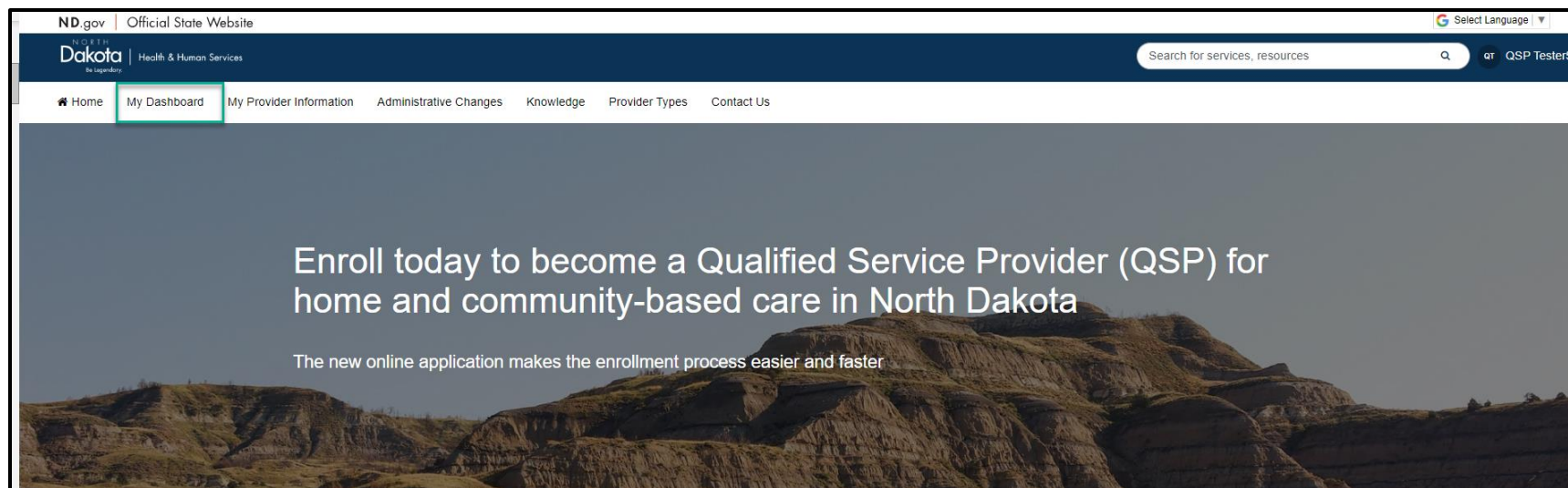
ENTER APPLICATION PORTAL

ND QSP Portal URL:

hhs.nd.gov/QSP

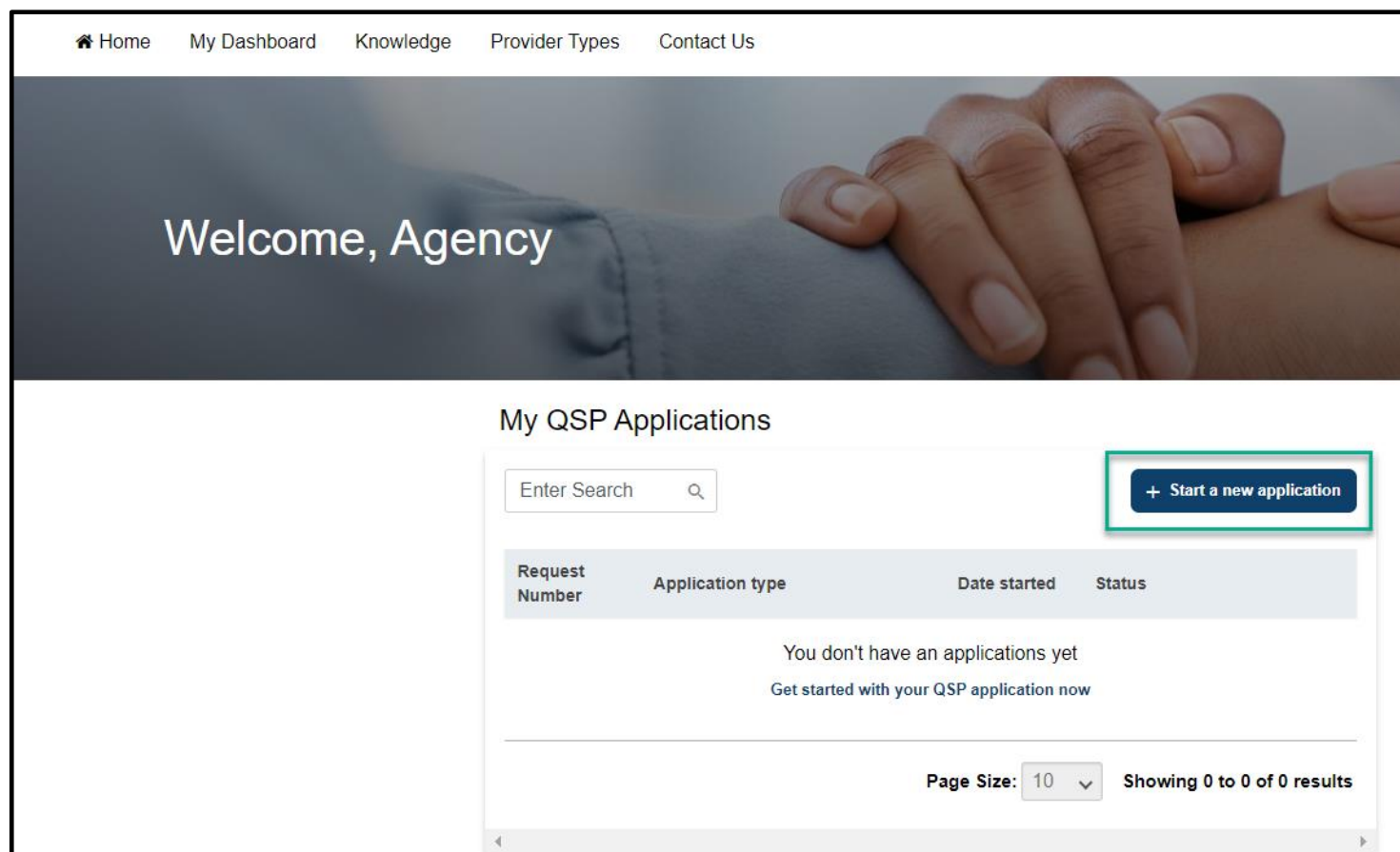
Enter the Application Portal.

- 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 **Start a new application** button in the **My QSP Applications** section

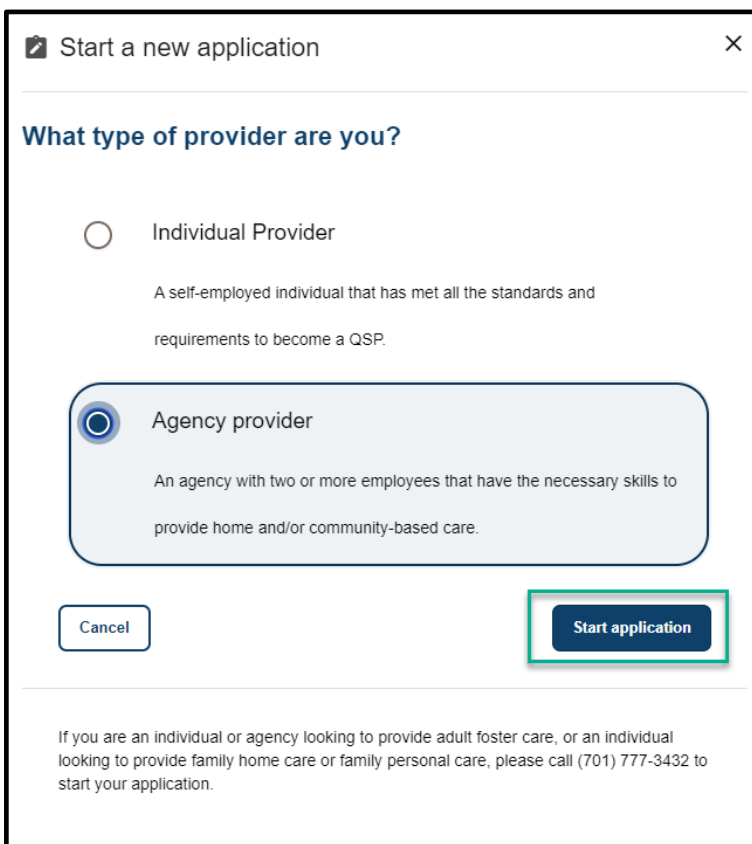


The screenshot shows the 'My Dashboard' page with a navigation bar at the top containing links for Home, My Dashboard, Knowledge, Provider Types, and Contact Us. Below the navigation bar is a large banner image with the text 'Welcome, Agency'. Underneath the banner is the 'My QSP Applications' section. This section includes a search bar with the placeholder text 'Enter Search' and a magnifying glass icon. To the right of the search bar is a blue button with a white plus sign and the text '+ Start a new application', which is highlighted with a red rectangular box. Below the search bar is a table with the following headers: 'Request Number', 'Application type', 'Date started', and 'Status'. The table is currently empty, and the text 'You don't have an applications yet' and 'Get started with your QSP application now' is displayed in the center. At the bottom of the section, there is a 'Page Size' dropdown menu set to '10' and a status message 'Showing 0 to 0 of 0 results'.

COMPLETE APPLICATION

In the **Start a new application** window that opens, in response to the question **What type of provider are you?**, select **Agency provider** .

Click the **Start application** button.



Start a new application [X]

What type of provider are you?

☐ Individual Provider

A self-employed individual that has met all the standards and requirements to become a QSP.

☒ Agency provider

An agency with two or more employees that have the necessary skills to provide home and/or community-based care.

If you are an individual or agency looking to provide adult foster care, or an individual looking to provide family home care or family personal care, please call (701) 777-3432 to start your application.

COMPLETE APPLICATION

Step 1: On the **Agency 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.

The screenshot displays the 'Agency QSP Enrollment Request 0088097' interface. On the left is a dark blue sidebar with a list of 13 steps: 1. Agency application requirements (highlighted with a red circle and a right arrow), 2. Agency information, 3. Contact information, 4. Agency owners/managing employees, 5. Employees, 6. Languages, 7. Services enrollment, 8. Rate selection, 9. Counties served, 10. Electronic Visit Verification/Claims submission, 11. Direct deposit/Electronic funds transfer, 12. Required documents, and 13. Declarations. The main content area is titled 'Agency application requirements'. It features a light blue informational box stating: 'This application is for agencies who are looking to provide care to members that are enrolled with Health and Human Services (HHS). If you are an individual looking to provide care, please return to your dashboard to cancel this application and start an individual application.' Below this, a paragraph reads: 'Please make sure you have all of the documents, completed forms, and completed training certificates below before starting your application.' There are two sections: 'Documents' with a bulleted list including a voided check, government ID, NPI number, organizational chart, job descriptions, pay schedule, and verification of safety/insurance/registration; and 'Completed training certificates' with a bulleted list including FWA training and SFN 749 documentation. At the bottom, a note states: 'You'll also need to attend the QSP Orientation Training before your application is approved.' A link for more information is provided. At the very bottom right are 'Save' and 'Next' buttons, with the 'Next' button highlighted by a red rectangle.

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-
v

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 web application's bottom navigation bar. It features three buttons: a light gray 'Back' button on the left, a white 'Save' button in the center, and a dark blue 'Next' button on the right. All three buttons are highlighted with a red rectangular border. The buttons are positioned below a horizontal line that spans the width of the bar.

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.



The image shows a horizontal bar at the bottom of a form. Inside this bar, there are 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.

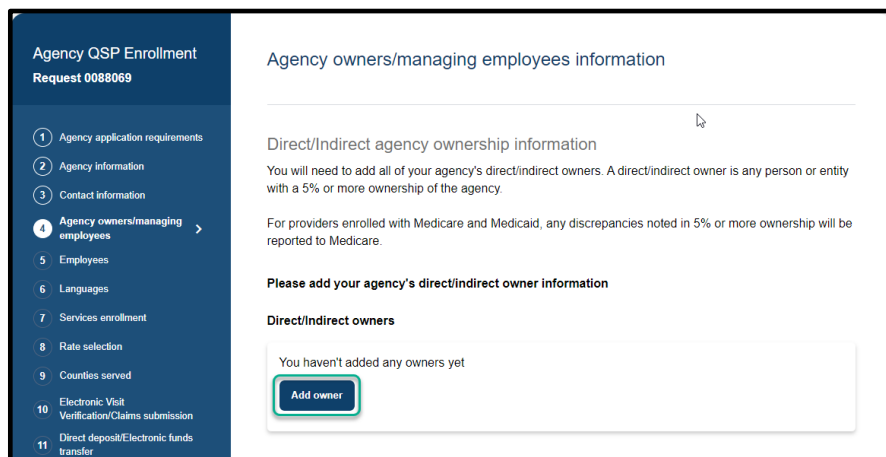
COMPLETE AGENCY OWNERS/MANAGING EMPLOYEES INFORMATION

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 QSP Enrollment
Request 0088069

- 1 Agency application requirements
- 2 Agency information
- 3 Contact information
- 4 **Agency owners/managing employees**
- 5 Employees
- 6 Languages
- 7 Services enrollment
- 8 Rate selection
- 9 Counties served
- 10 Electronic Visit Verification/Claims submission
- 11 Direct deposit/Electronic funds transfer

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

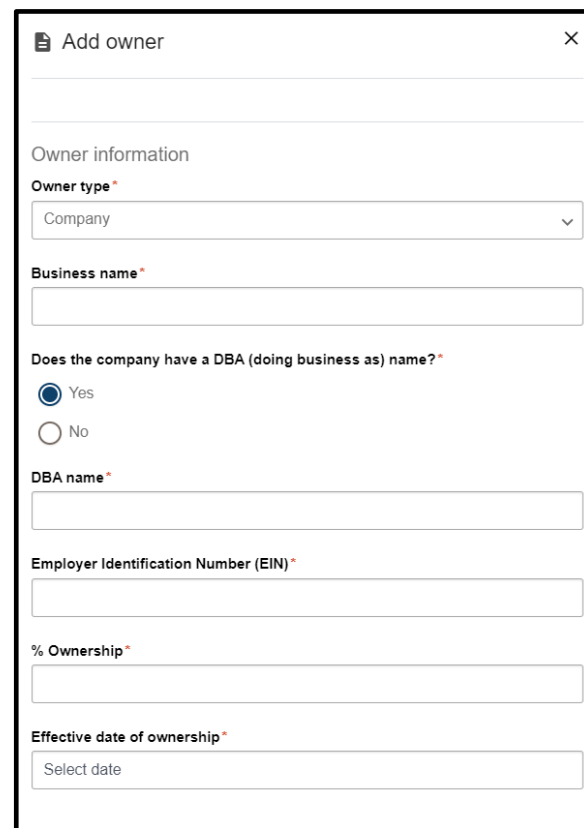
☐ No

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**



The screenshot shows a web form titled "Add owner" with a close button (X) in the top right corner. The form contains several input fields and a radio button group:

- A text input field for the company's business name.
- A section titled "Owner information" containing a dropdown menu for "Owner type" with "Company" selected.
- A text input field for the "Business name".
- A question "Does the company have a DBA (doing business as) name?" with two radio button options: "Yes" (selected) and "No".
- A text input field for the "DBA name" (only visible if "Yes" is selected).
- A text input field for the "Employer Identification Number (EIN)".
- A text input field for the "% Ownership".
- A text input field for the "Effective date of ownership" with a "Select date" placeholder.

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. Below the title, "Steps 1-6" is displayed in red. The form 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*", each with a corresponding input box. Below these is a section titled "Please add all names used by this person in the last 7 years (e.g., maiden name, aliases, alternate spellings, etc.)" with a text area 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 question mark icon. The form is outlined with a black border.

The screenshot shows a question box titled "Does this person have a current and valid driver license?*" with two radio button options: "Yes" and "No". To the right of the options, "Step 7" is displayed in red. The question box is outlined with a black border.

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 red border.

ADD EMPLOYEES

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

Agency QSP Enrollment
Request 0088069

- Agency application requirements
- Agency information
- Contact information
- Agency owners/managing employees
- Employees** >
- Languages
- Services enrollment
- Agency documents
- Rate selection
- Counties served
- Electronic Visit Verification/Claims submission
- Direct deposit/Electronic funds transfer
- Required documents
- Declarations

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 input box for previous names is shown with the placeholder "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 blue information 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 blue information 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. Answer service specific information for services the employee will be providing

- If the employee is a Licensed Master Social Worker and will be providing case management services, select **Yes** in response to the question **Is this employee going to provide case management services?**
- If the employee has a completed SFN 749 or a current ND CNA license or the agency is a DD licensed provider and will be providing extended personal care - non-nurse services, select **Yes** in response to the question **Is this employee going to provide extended personal care - non-nurse services?**
 - Review the declaration and electronically sign in agreement to the declaration
- If the employee has a current ND RN or LPN license and will be providing extended personal care - nurse services, select **Yes** in response to the question **Is this employee going to provide extended personal care - nurse services?**
 - Review the declaration and electronically sign in agreement to the declaration

Service specific information

Is this employee going to provide case management services? * ?

☐ Yes

☐ No

Is this employee going to provide extended personal care - non-nurse services? * ?

In order to provide this service the employee must have a completed SFN 749 or have a current North Dakota CNA license OR if your agency is a DD Licensed Provider.

☐ Yes

☐ No

Is this employee going to provide extended personal care - nurse services? * ?

In order to provide this service the employee must have either a North Dakota RN or LPN license.

☐ 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. Answer service specific information for services the employee will be providing
 - If the employee has a current ND RN license and will be providing nurse education services, select **Yes** in response to the question **Is this employee going to provide nurse educator services?**
 - Review the declaration and electronically sign in agreement to the declaration
 - If the employee will be providing respite in adult foster care services, select **Yes** in response to the question **Is this employee going to provide respite in adult foster care services?**
 - Provide responses to the criminal background check questions
 - If the employee is going to provide Chore services, select **Yes** in response to the question **Is this employee going to provide Chore-labor, lawn care, snow removal, and/or pest extermination/cleaning and restoration services?**
 - Click the check box next to the statement
 - If the employee is going to provide non-medical transportation - driver services, select **Yes** in response to the question **Is this employee going to provide non-medical transportation - driver services?**
 - Click the check boxes next to the statements
 - Upload a copy of the employee's driver license

Is this employee going to provide nurse educator services? * ?

In order to provide this service, the employee must have a North Dakota RN license.

☐ Yes

☐ No

Is this employee going to provide respite in adult foster care services? ?

☐ Yes

☐ No

Is this employee going to provide Chore-labor, lawn care, snow removal, and/or pest extermination/cleaning and restoration services? * ?

☐ Yes

☐ No

Is this employee going to provide non-medical transportation - driver services? *

☐ Yes

☐ No

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

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

Please add all of the employee's 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](#)

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.



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 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.

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

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/Kampuchea 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'. All three buttons are outlined with a red border, indicating they are the focus of the instruction.

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

Agency QSP Enrollment
Request 0088069

- 1 Agency application requirements
- 2 Agency information
- 3 Contact information
- 4 Agency owners/managing employees
- 5 Employees
- 6 Languages
- 7 Services enrollment** >

Services enrollment

Please select which services your agency would like to enroll in.

Services

- ☐ Basic provider services ?
- ☐ Cognitive global specialties ?

Complete any additional requirements such as submitting license information or documents for the services selected

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.



The image shows a horizontal bar representing a form interface. On the left side, there is a light gray button labeled "Back". On the right side, there 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, 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

Agency QSP Enrollment
Request 0088069

- 1 Agency 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 Electronic Visit Verification/Claims submission
- 12 Direct deposit/Electronic funds transfer
- 13 Required documents
- 14 Declarations

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.



The image shows a horizontal bar containing 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 are outlined with a thick green border.

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

Homemaker

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

☒ Yes

☐ No

Personal care

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

☐ Yes

☒ No

What is your private rate? *

0.00

Non-medical transportation escort

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

☐ Yes

☐ No

COMPLETE SERVICES ENROLLMENT

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

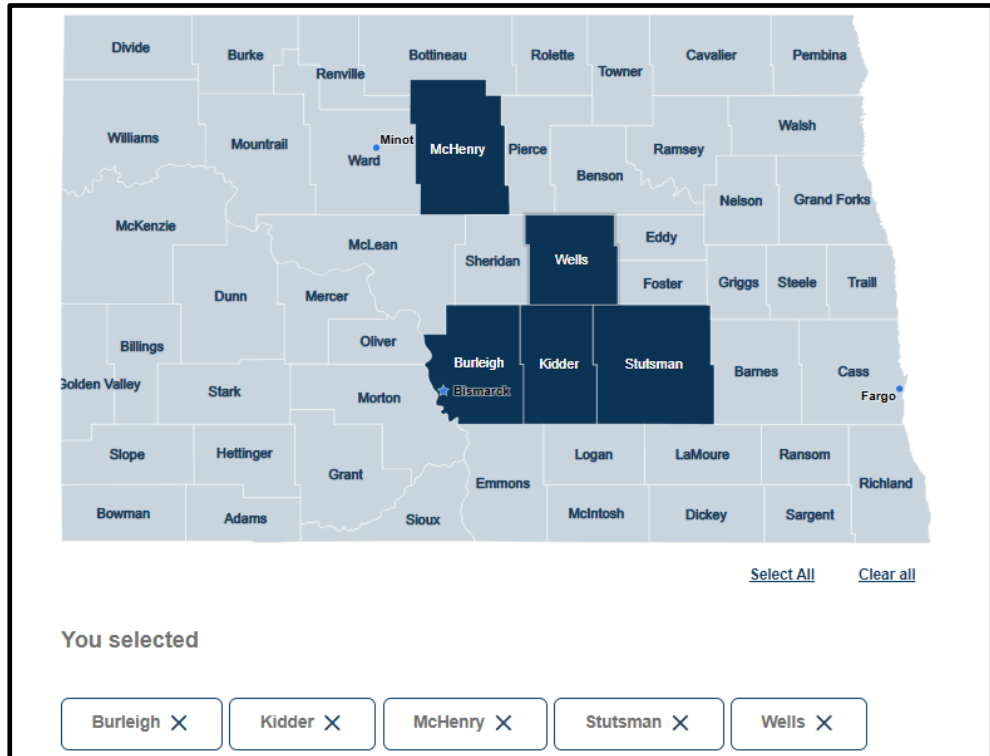
- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



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 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 may be reimbursed at a higher rate.

COMPLETE COUNTIES SERVED

Review completed **Counties Served** and move on to the **Electronic Visit Verification (EVV) and/or Claims submission** page.

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



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 blue border.

COMPLETE ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

Step 11a: Electronic Visit Verification (EVV): is a rule that comes from the 21st Century Cures Act a federal law. It is a system that helps with billing and payment for the services you offer as a qualified service provider (QSP).

All QSPs who enroll in the following services are required to use EVV to track their time and submit claims for payment

- Chore – labor
- Chore – snow removal
- Chore – lawn care
- Companionship
- Extended personal care – nurse
- Extended personal care – non-nurse
- Homemaker
- Non-medical transportation escort
- Non-Medical transportation - driver
- Nurse education
- Personal care
- Respite care
- Supervision
- Transitional living
- Respite in an adult foster care
- In response to the question **Which EVV system will you be using?**, select **Therap (state contracted system)** or **Other**

COMPLETE ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

Step 11b: Select the **EVV system** and **claims submission** application for EVV services

- In response to the question **Which EVV system will you be using?**, select **Therap (state contracted system)** or **Other**
 - If **Therap** is selected, your agency will submit claims for this services using **Therap**
 - If **Other** is selected:
 - Enter the name of the EVV system
 - Select **MMIS** or **Other** for claims submission
 - If Other is selected, enter the name of the claims submission system
 - Respond to the questions regarding the submission of a **SFN 583 Electronic Remittance Advisory (835) Enrollment form**

EVV services

You will need to use an EVV since you chose the following services:

- Chore – labor
- Chore – snow removal
- Chore – lawn care
- Companionship
- Extended personal care – nurse
- Extended personal care – non-nurse
- Homemaker
- Non-medical transportation escort
- Non-Medical transportation - driver
- Nurse education
- Personal care
- Respite care
- Supervision
- Transitional living
- Respite in an adult foster care

Which EVV system will you be using?*

☐ Therap (state contracted system)

☐ Other

COMPLETE ELECTRONIC VISIT VERIFICATION (EVV) AND/OR CLAIMS SUBMISSION

Step 11c: Claims submission

- QSPs that enroll in both EVV and non-EVV services and select Therap for EVV submission, the following systems will be used for claim submission:
 - MMIS will be used for Non-EVV services not billable using Therap
 - Therap will be used for other Non-EVV services
- QSPs that enroll in both EVV and non-EVV services, select Other for EVV submission, and MMIS for EVV claims submission, MMIS will be used as the claims submission system for all Non-EVV services
- QSPs that enroll in both EVV and non-EVV services, select Other for both EVV and claims submission, the Other system will be used as the claims submission system for all Non-EVV services
- QSPs that enroll in only non-EVV services, select **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?**

Non-EVV services

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

- Emergency response system (ERS)
- Home delivered meals

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)
- ☐ Other

COMPLETE COUNTIES SERVED

Review **Electronic Visit Verification (EVV) and/or Claims Submission** and move on to the **Direct deposit/Electronic funds transfer** page.

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



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COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 12: 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

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.

Back

Save

Next

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: Review/Upload documents

Memorandum of Understanding (MOU) for Employees: If your employee(s) will be providing Case management services, a MOU will be generated for each employee

1. Click the **MOU – Employee name** link, to review the MOU

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

Memorandum of Understanding (MOU) for Employees

We have prepopulated the MOU(s) for your employees using answers from your application. Please review the form(s) and if you need to make any changes, update the applicable fields in your application before submitting your application.

- [MOU 0088069 - test employee](#)

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 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 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.

Agency QSP Enrollment
Request 0083069

1 Agency 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 Electronic Visit Verification/Claims submission
12 Direct deposit/Electronic funds transfer
13 Required documents
14 Declarations

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

General declarations

- ☒ Your agency will notify the member's case manager when any of the following occur:*
 - Member is not home at the scheduled time for service
 - Observed change in member's physical, cognitive, emotional, and/or environmental condition
 - Change in the amount or type of services that may be needed by the member
 - Possible abuse or exploitation of member
 - Other circumstances as agreed upon with case manager for specific member(s)
- ☒ Your agency will adhere to applicable federal and state laws.*
- ☒ I understand that my agency cannot be compensated for services provided to a member who is the spouse, parent of child (member) under 18 years of age, or if I have been ordered by the court to provide such care (e.g., guardianship).*
- ☒ Your agency will keep service records and authorizations for a period of 7 years in which the services are delivered. I acknowledge that I am required to keep these records even if I am no longer a provider. I agree to provide records to the Department upon request and understand that the Department will request a refund or process adjustments to take back payment made to a provider if the provider does not submit the requested records or keep appropriate records.*

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

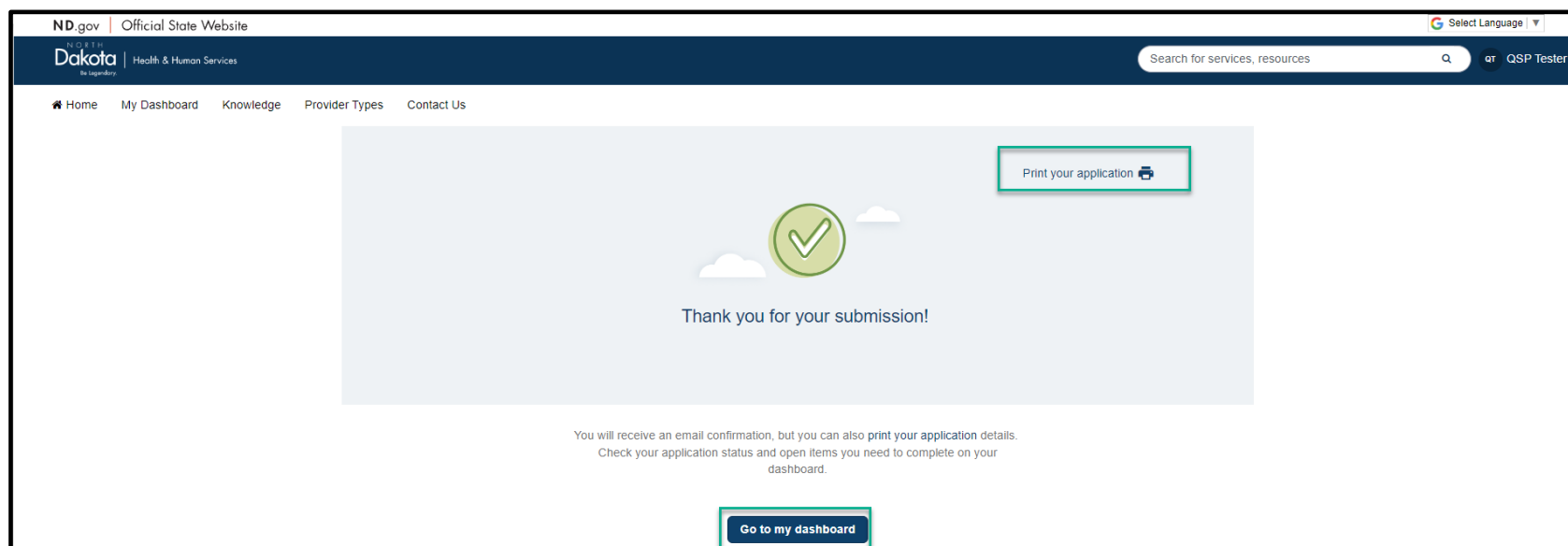
Back **Save** **Submit**

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 displays 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 showing hands clasped together, with the text 'Welcome, QSP' overlaid. 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, 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, and Status Re-Review. 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	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*