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)

Family Personal Care - Front End User Guide

January 3, 2024

TABLE OF CONTENTS

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 Family Personal Care end-users (e.g., Applicants, Case Management staff, Enrollment Staff etc.,).
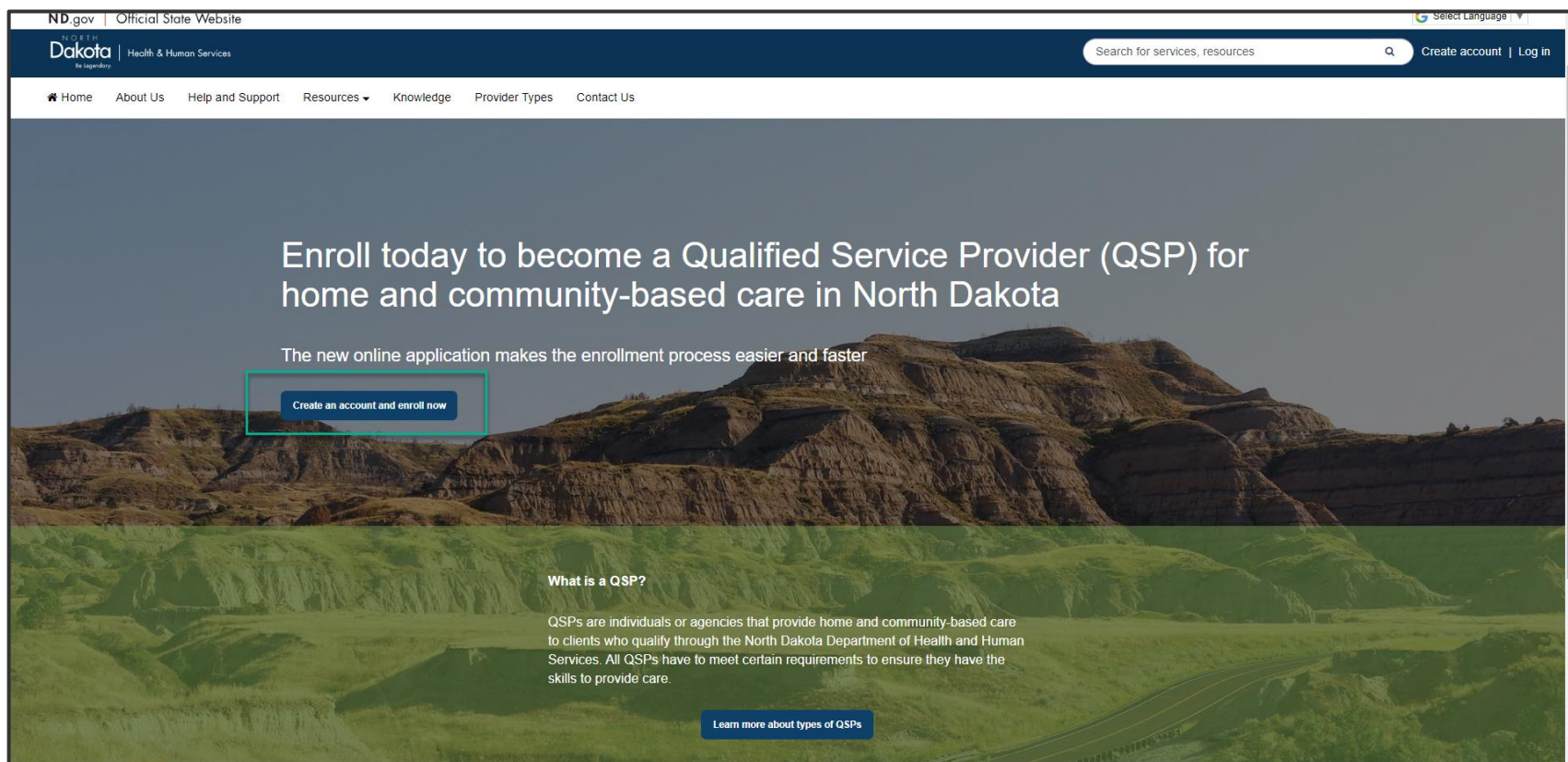
FIRST TIME LOGIN (APPLICANT)

FIRST TIME LOGIN

ND QSP Portal URL:
hhs.nd.gov/QSP

**Step 1a:** Click **Create an account and enroll now**

FIRST TIME LOGIN

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

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

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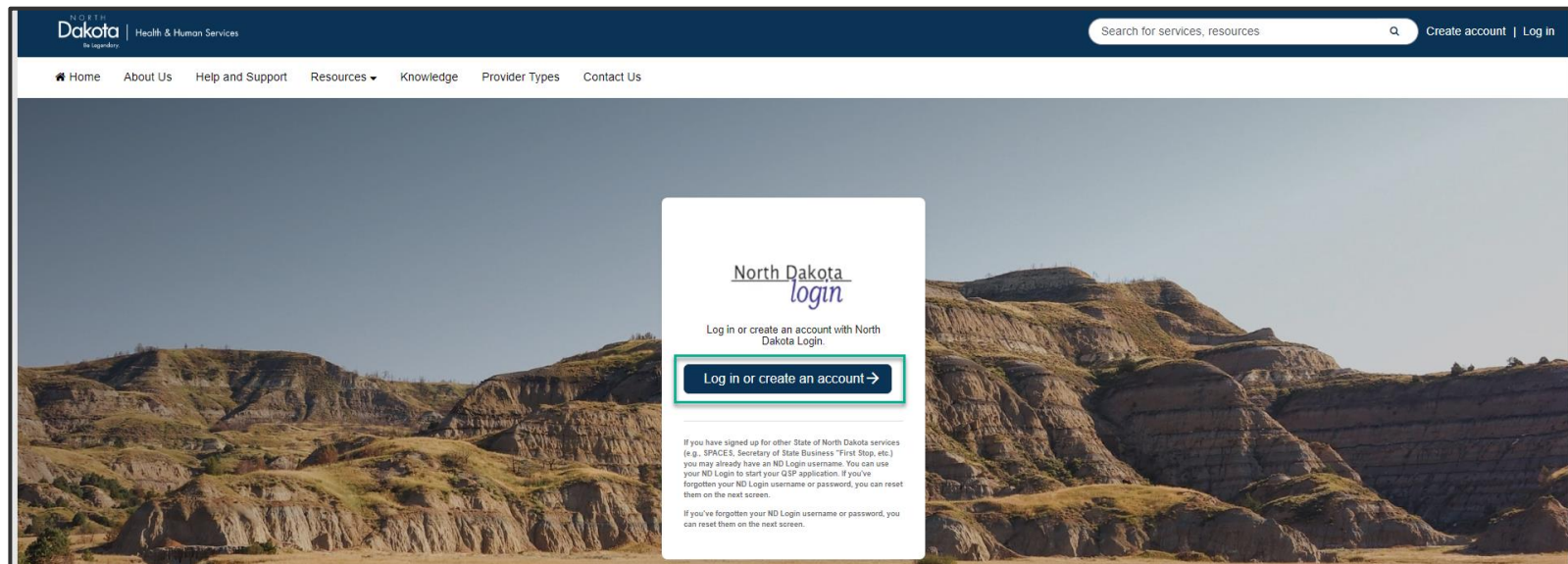
FIRST TIME LOGIN

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

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

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

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

- Account Information
  - Your **First Name**
  - Your **Last Name**
  - Your **User ID**
  - Your **Password**

- Account recovery
  - Your **Email**
  - Your **Cell phone**
  - Answer **Security questions**
  - Click **Create account**

USER ID/PASSWORD RECOVERY

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

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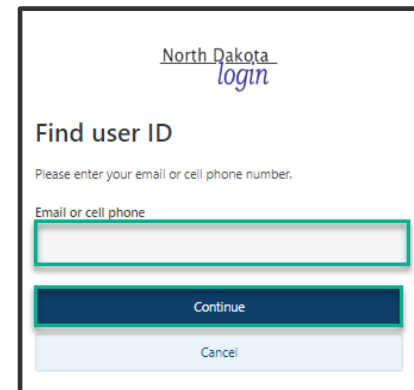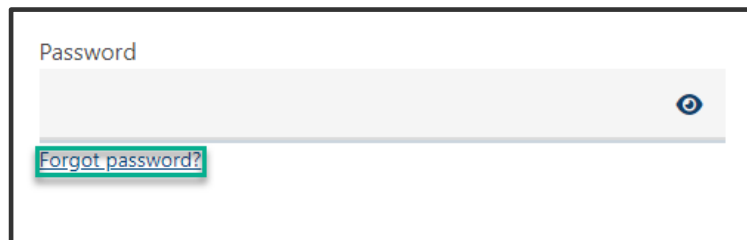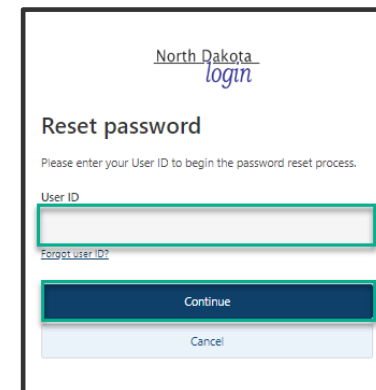
In the event you have forgotten your NDLogin password, click the **Forgot password?** Link

- 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
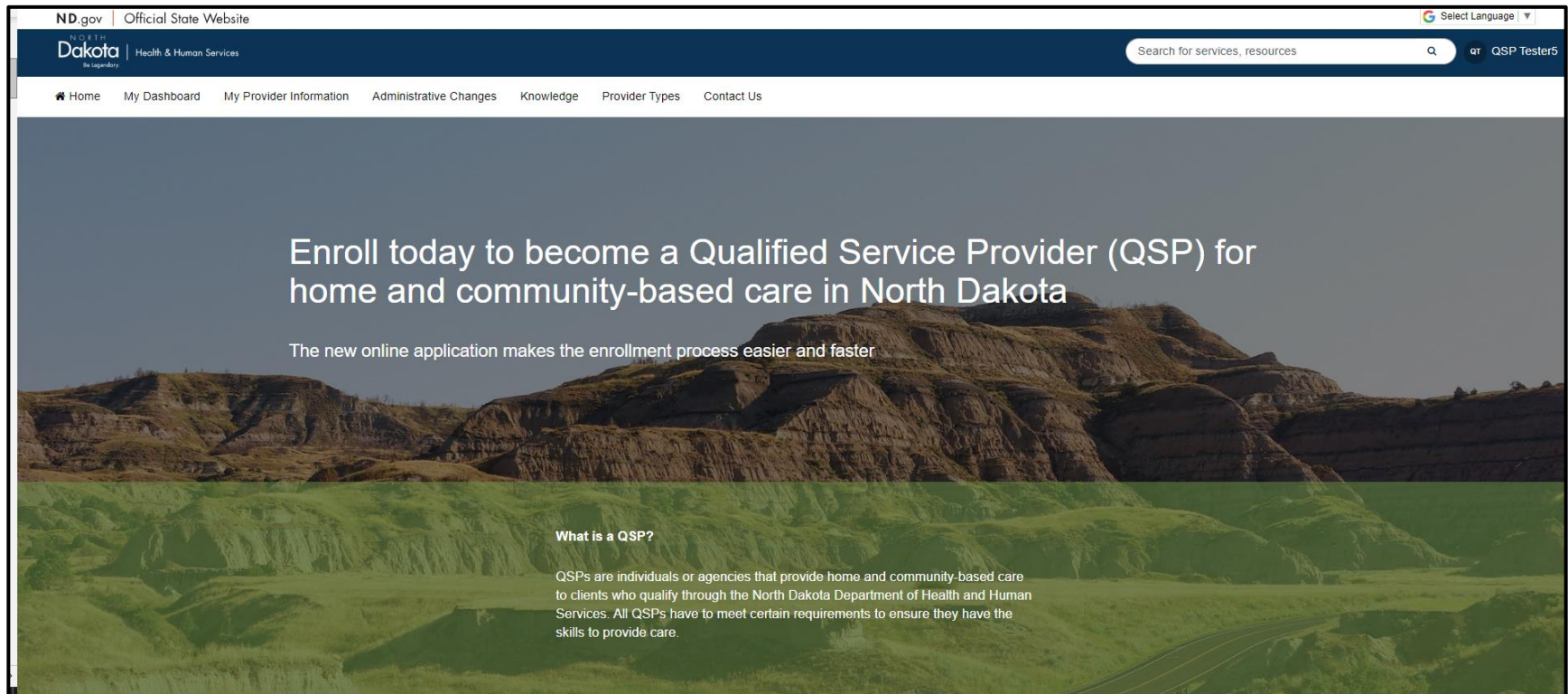
FIRST TIME LOGIN

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 FAMILY PERSONAL CARE APPLICATION

FAMILY PERSONAL CARE APPLICATION OVERVIEW

The following are Pre-Eligibility requirements to submit a Family Personal Care Application:

1. The purpose of FPC is to assist individuals to remain with their family members and in their own communities by allowing individuals who want to choose their spouse or one of the following family members as defined under N.D.C.C. 50.06.2-02:

    *   Parent

    *   Grandparent

    *   Adult Child

    *   Adult Sibling

    *   Adult Grandchild

    *   Adult Niece

    *   Adult Nephew

2. The provider must enroll as a Family Personal Care provider and the client must be preapproved by a HCBS Case Manager.

3. The provider and client must live together to be eligible.

FAMILY PERSONAL CARE APPLICATION REQUIREMENTS

Documents/Forms:

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

1. Copy of a voided check or documentation from your financial institution (we need this information in order to enroll you in direct deposit/electronic funds transfer)

2. Copy of government issued identification (e.g., driver license, tribal ID, etc.)

3. SFN 750 – Documentation of Competency OR copy of license/certification

Trainings:

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

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

2. QSP Orientation Training. For more information on application requirements, including links to forms, trainings, and more, visit the [QSP Hub].

ENTER APPLICATION PORTAL

Pre-requisite: Family Personal Care applications are initiated by HCBS Case Managers upon approval.
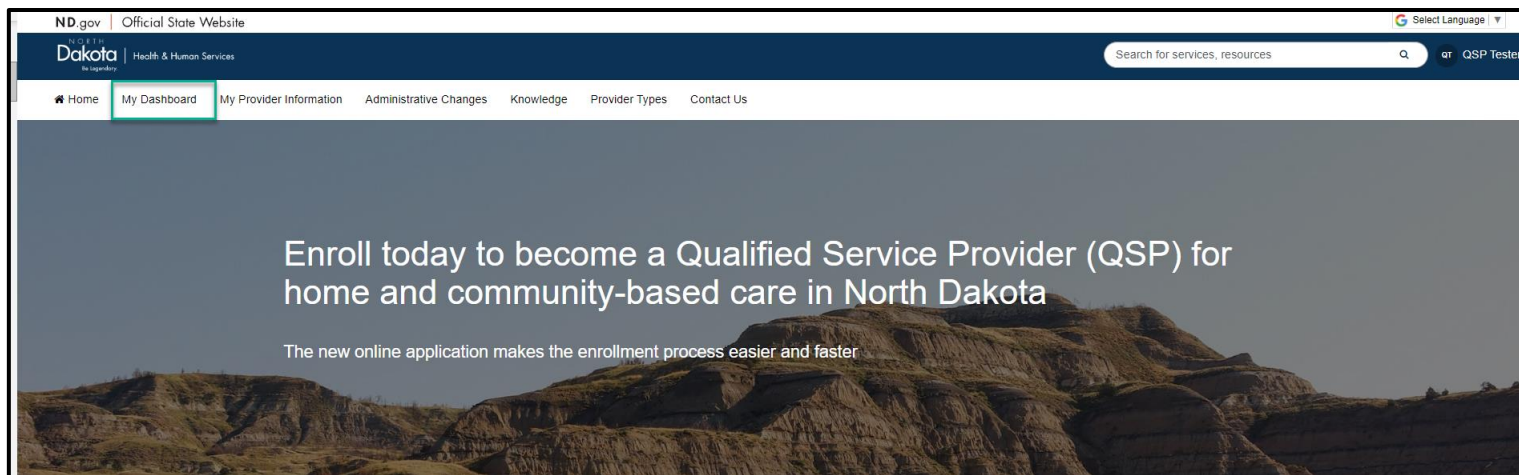
You should have received the **ND QSP Enrollment - Your Family Personal Care Enrollment has been initiated** notification informing you of the initiated application

ND QSP Portal URL:
hhs.nd.gov/QSP

Enter the Application Portal.

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

COMPLETE APPLICATION

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

COMPLETE APPLICATION

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

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

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

Department of Health & Human Services

COMPLETE GENERAL INFORMATION

Step 2a: In the Languages **section** the **physical address of the primary residency** for which assistance is being requested.

- Provide the **address** of the property.
- Provide the **city** the property is in.
- Provide the **zip code** of the property.
- Press **Validate Address.**

Pre-Eligibility

If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application.

Denotes required field

Provide the physical address of the property for which assistance is being requested.

Address line 1: *

Address line 2:

City: *

State: *

North Dakota

Zip code: *

Validate Address

Step 4: Review address information in **the Confirm Address** pop-up 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.

NOTE: The "County" field will auto-fill based on the zip-code identified by the validated address. If the address is unable to be validated, a drop-down selection will generate for the user to manually select the county of residence.

Confirm Address ✕

You Entered:
612 E Boulevard Ave
Bismarck, North Dakota 58505

US Postal Service Format:
612 E BOULEVARD AVE
BISMARCK, ND 58505

Accept Formatted Address

Confirm Address ✕

You Entered:
1919 N Lynn
Fargo, North Dakota 58104

US Postal Service Format:
⚠ Unfortunately, we got a little lost and could not find the address you entered.

Retry

COMPLETE GENERAL INFORMATION

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

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

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

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

- Provide your phone number so that an enrollment specialist can reach out to you

  - Select the **Phone number type**

  - Enter the **Phone number**

  - Click the **Send request** button

COMPLETE GENERAL INFORMATION

Step 2b: Complete Personal Information questions

In the Personal information section enter the following details:

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

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

COMPLETE GENERAL INFORMATION

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

        Enter the following details:
        i.   Driver license number
        ii.   State issued
        iii.   Expiration date
        iv.   Click the **Upload driver license** button to upload a copy of your driver license

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

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

COMPLETE GENERAL INFORMATION

Step 2c: Complete Address information questions

In the Address information section enter the following details:

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

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

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

COMPLETE GENERAL INFORMATION

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

    If your mailing address is different from your physical address, select **Yes** in response to the question **Is your mailing address different from your physical address?** Enter the following information
    a) Mailing 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.**

    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?**

Department of Health & Human Services

COMPLETE GENERAL INFORMATION

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

COMPLETE LICENSES INFORMATION

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

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

Department of Health & Human Services

COMPLETE LICENSES INFORMATION

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

Competency must be verified by either submitting one of the following licenses or certifications issued by the state of North Dakota:
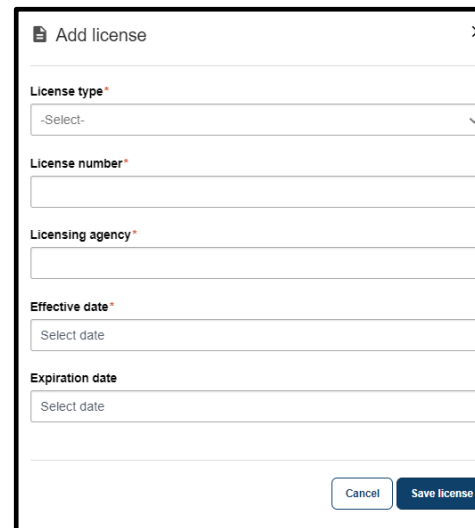
- Certified Nursing Assistant (CNA)
- Registered Nurse (RN)
- Licensed Practitioner Nurse (LPN)
- Occupational Therapist (OT)
- Physical Therapist (PT)

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

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

The SFN 750 can be completed by a TrainND Northeast healthcare professional.

COMPLETE LICENSES INFORMATION
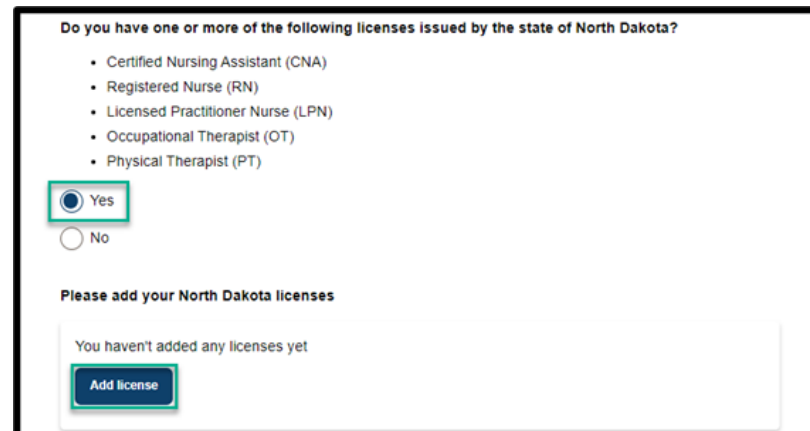
Submit copy of License/Certification

1. Select **Yes** in response to the **question Do you have one or more of the following licenses issued by the state of North Dakota?** if you have one or more of the following licenses:
   - Certified Nursing Assistant (CNA)
   - Registered Nurse (RN)
   - Licensed Practitioner Nurse (LPN)
   - Occupational Therapist (OT)
   - Physical Therapist (PT)
   a) Click the **Add license** button to enter your license information
   b) In the **Add license** window that opens, enter the following information
      i. License type
      ii. License number
      iii. Licensing agency
      iv. Effective date
      v. Expiration date
   c) Click the **Save license** button

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

COMPLETE LICENSES INFORMATION

Submit SFN 750 - Documentation of Competency

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

   a) If you have a completed SFN 750 by a TrainND Northeast healthcare professional, select **Yes** in response to the question **Do you have a SFN 750 completed by TrainND Northeast?**

   b) If your SFN 750 was completed by another healthcare professional, select **No** in response to the question **Do you have a SFN 750 completed by TrainND Northeast?**

      i. Select **Yes** in response to the question **Do you have a SFN 750 completed and signed by one of the following healthcare professionals?**

      ii. Click the **Upload SFN 750** button

      iii. Review your completed SFN 750 form and confirm that you were approved as competent for **lines 5-26**

Do you have one or more of the following licenses issued by the state of North Dakota?
- Certified Nursing Assistant (CNA)
- Registered Nurse (RN)
- Licensed Practitioner Nurse (LPN)
- Occupational Therapist (OT)
- Physical Therapist (PT)

○ Yes
● No

Do you have a SFN 750 completed by TrainND Northeast? *
● Yes
○ No

Do you have a SFN 750 completed by TrainND Northeast? *
○ Yes
● No

Do you have a SFN 750 completed and signed by one of the following healthcare professionals?
- Chiropractor
- Physician
- Physician's assistant
- Nurse practitioner
- Registered nurse
- Licensed practical nurse (LPN)
- Physical therapist
- Occupational therapist

● Yes
○ No

Please upload a copy of your completed SFN 750 *

Upload SFN 750

COMPLETE LICENSES INFORMATION

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

COMPLETE BACKGROUND INFORMATION

Step 4a: Submit disciplinary actions information.

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

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

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

Department of Health & Human Services

COMPLETE BACKGROUND INFORMATION

Step 4b: Submit criminal convictions information.

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

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

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

COMPLETE BACKGROUND INFORMATION

Review completed **Background Information** and move on to the **Family member 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.

REVIEW FAMILY MEMBER INFORMATION

Step 5: Review the approved family members that you will be providing direct care to.

Note: To make changes, please contact your case manager.

COMPLETE BACKGROUND INFORMATION

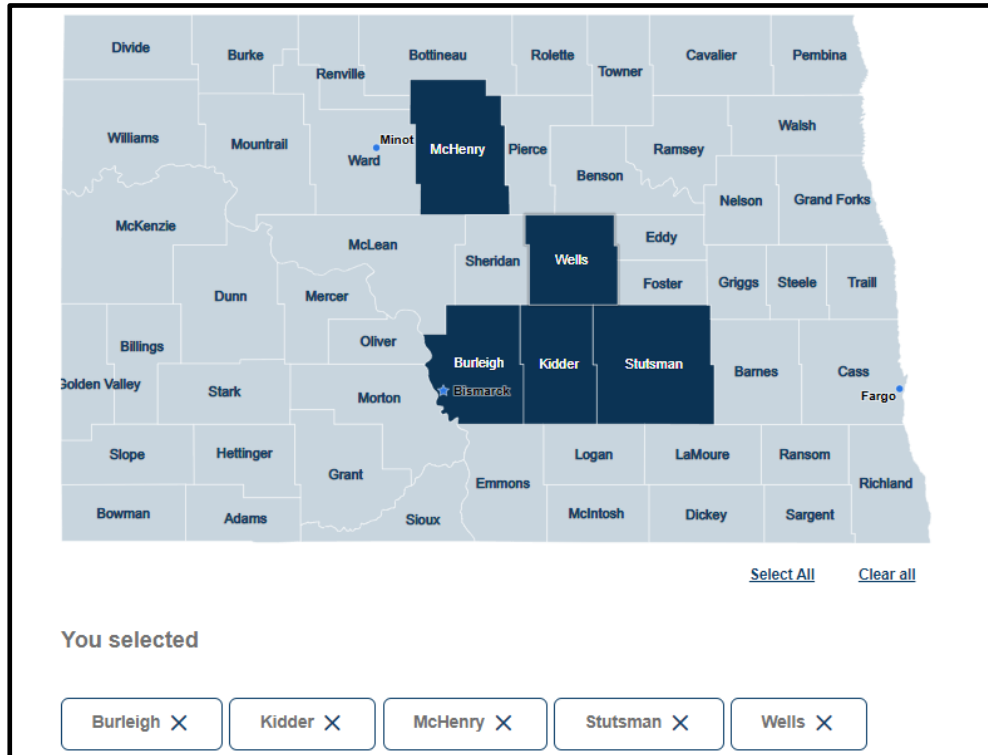Review approved **Family member information** and move on to the **Languages** page.

- 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 you speak English well enough to provide services to an English-speaking individual?**
2. **Can you read and write in English?**
   a) Click **Yes** if you are fluent in English.
   b) If you are not fluent in English and will be using the services of an interpreter, click **No** the following question will populate **Do you have access to an interpreter and/or translator who can help you with speaking, reading, and writing in English as needed?**

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

Department of Health & Human Services

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

COMPLETE LANGUAGES INFORMATION

Review completed **Languages information** 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.

Department of Health & Human Services

COMPLETE COUNTIES SERVED

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

Note:

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

COMPLETE COUNTIES SERVED

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

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

Back   Save   Next

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 8a: Submit Financial institution information and upload documentation

Enter the following information:

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

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 8b: Claims submission

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

Claims submission

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

○ Medicaid Management Information System Portal (MMIS)

○ Paper

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.

COMPLETE REQUIRED DOCUMENTS

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

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

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

Department of Health & Human Services

COMPLETE REQUIRED DOCUMENTS

Step 9b: Upload documents

Fraud, Waste and Abuse (FWA) Training Certification of Completion
1. Click the **Upload FWA training certificate** button, to upload the FWA certificate

If you confirmed having an interpreter, you will be prompted to upload the Interpreter and/or translator **Written Agreement and Memorandum of Understanding (MOU)**
1. Click the **Upload agreement and MOU** button, to upload the completed and signed MOU

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

Upload FWA training certificate *

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

Upload agreement and MOU *

COMPLETE REQUIRED DOCUMENTS

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

Back		Save	Next

COMPLETE DECLARATIONS

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

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

Click the **Sign electronically** button

Click the **Submit** button

Department of Health & Human Services
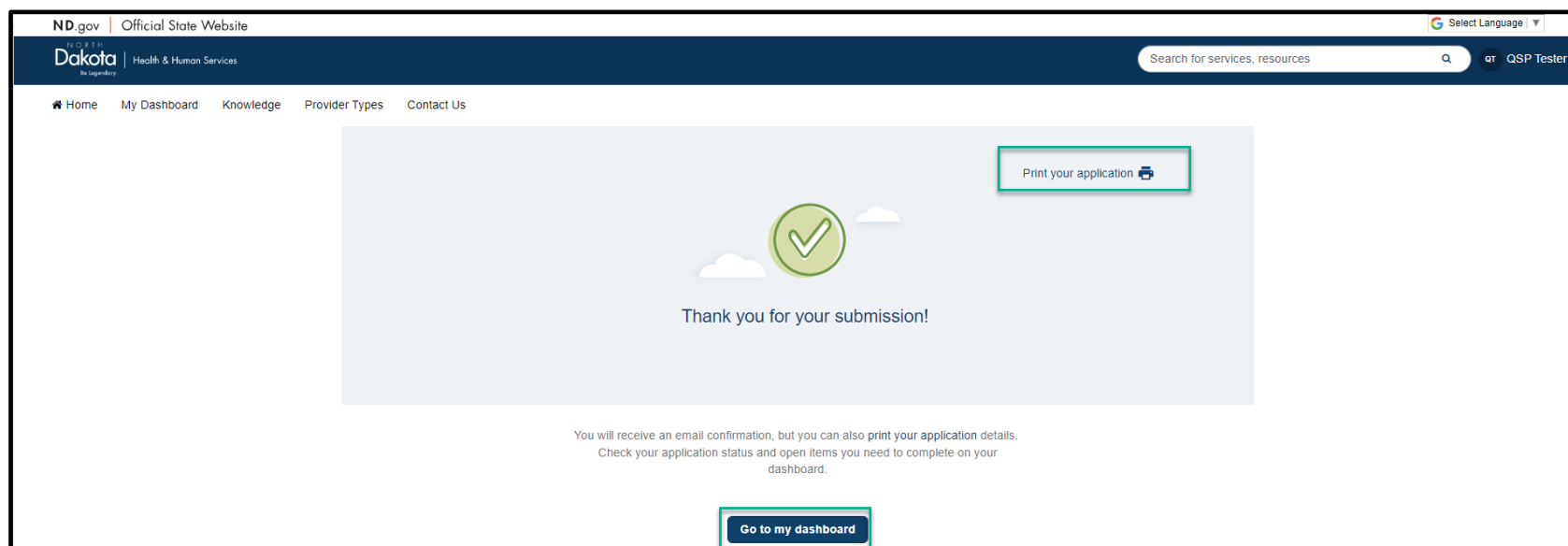
COMPLETE CERTIFICATION

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

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

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

UPDATE DOCUMENTATION IN RE-REVIEW

UPDATE DOCUMENTATION IN RE-REVIEW

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

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

- Click the application

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

- 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 <u>ND QSP Hub</u>

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

Department of Health & Human Services