

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)

Individual 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.,).

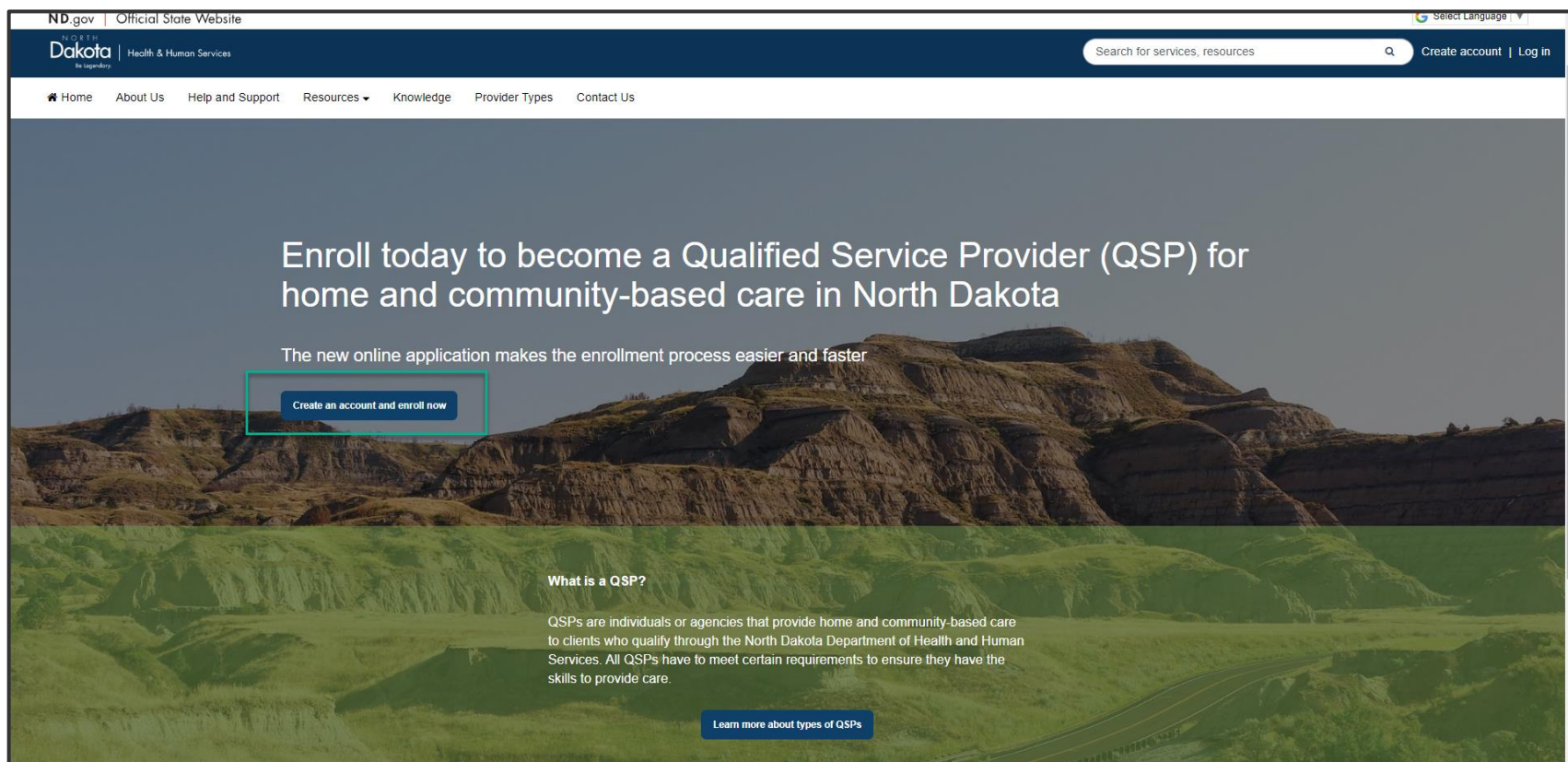
FIRST TIME LOGIN (APPLICANT)

FIRST TIME LOGIN

ND QSP Portal URL:

hhs.nd.gov/QSP

Step 1a: Click Create an account and enroll now

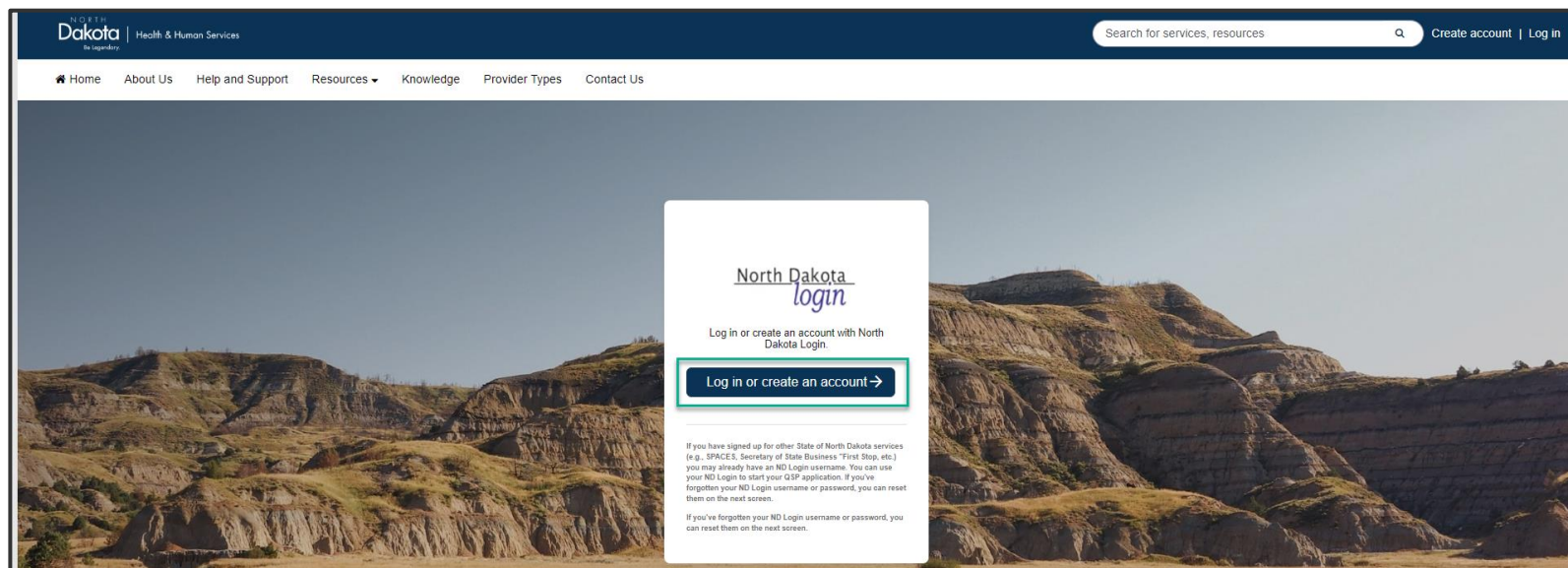


FIRST TIME LOGIN

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



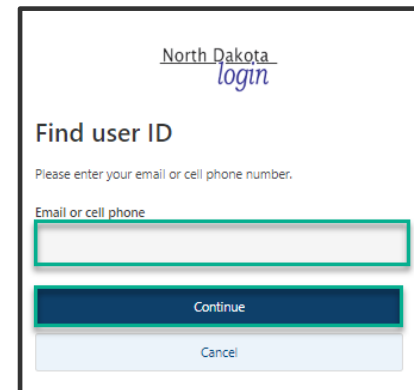
North Dakota
login

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.

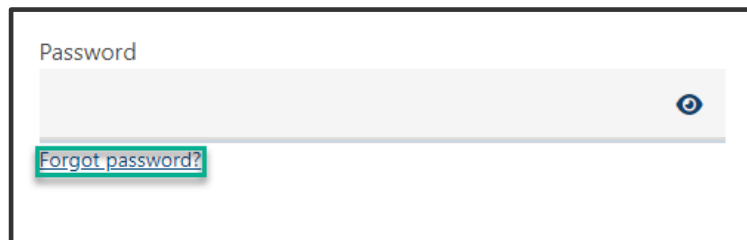
Email or cell phone

Continue

Cancel

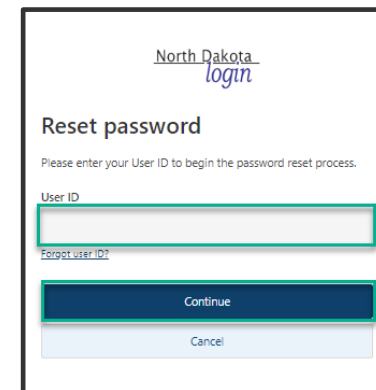
In the event you have forgotten your NDLogin password, click the **Forgot password?** Link

- 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

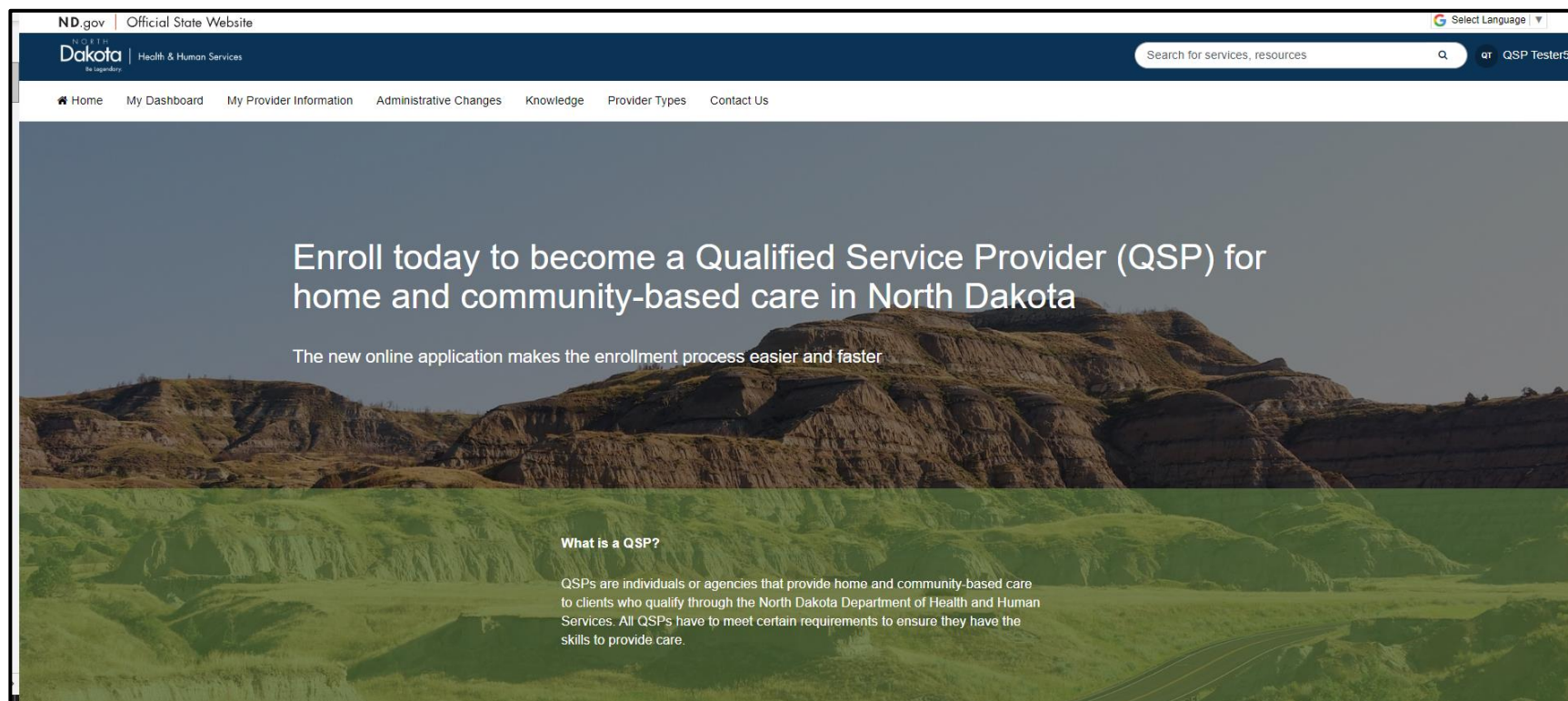
[Forgot user ID?](#)

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 INDIVIDUAL QSP APPLICATION

INDIVIDUAL QSP APPLICATION OVERVIEW

Individual 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 transportation – escort
- Cognitive global endorsement services:
 - Supervision
 - Companionship
 - Respite care
- Adult Day care
- Respite in an adult foster care
- Case management
- Non-medical transportation – driver
- Non-emergency medical transportation
- Chore Services:
 - Lawn care
 - Labor
 - Snow removal
- Extended personal care – nurse
- Extended personal care – non-nurse
- Nurse Education

INDIVIDUAL 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 (e.g., driver license, tribal ID, etc.)
3. SFN 750 – Documentation of Competency OR copy of license/certification
4. National Provider Identifier (NPI) Number

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](#).

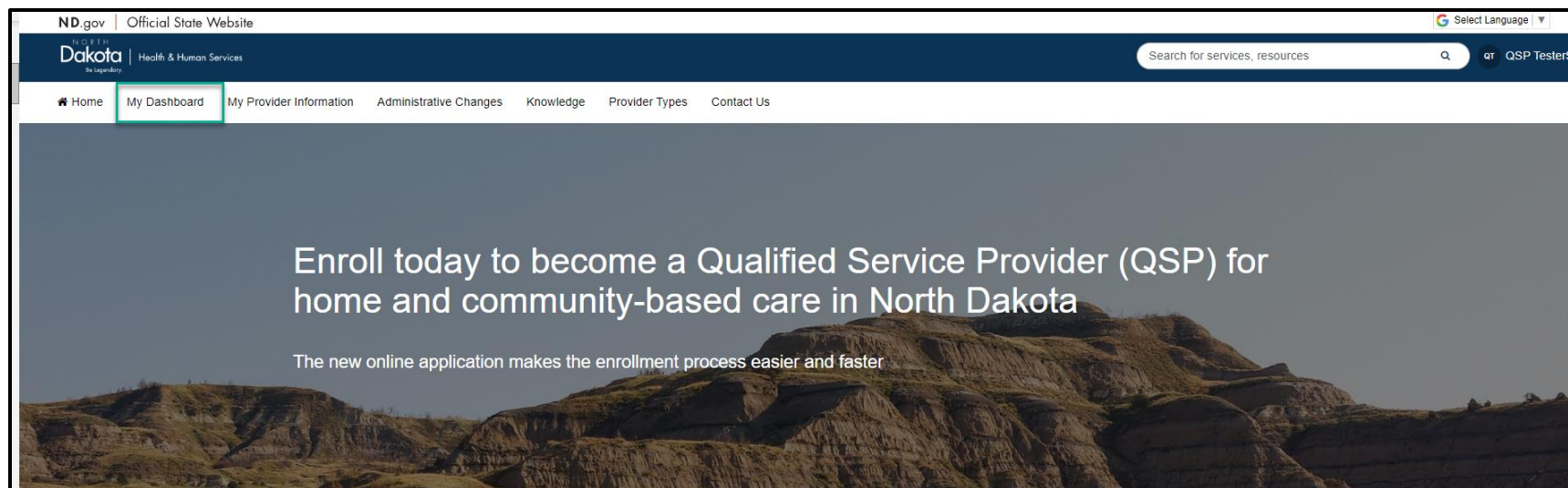
ENTER APPLICATION PORTAL

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

Welcome, Individual

My QSP Applications

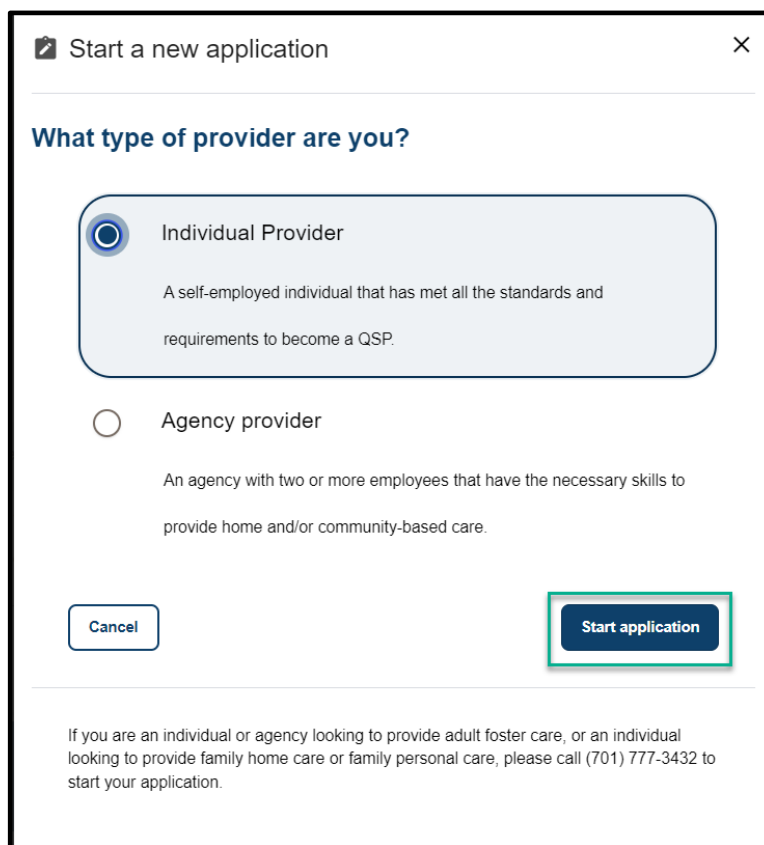
Request Number	Application type	Date started	Status
<p>You don't have an applications yet</p> <p>Get started with your QSP application now</p>			

Page Size: 10 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 **Individual 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.

[Cancel](#) [Start application](#)

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 **Individual 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.

Individual QSP Enrollment
Request 0088095

- 1 Individual application requirements >
- 2 General information
- 3 Licenses
- 4 Background information
- 5 Languages
- 6 Services enrollment
- 7 Rate selection
- 8 Counties served
- 9 Electronic Visit Verification (EVV) and/or Claims submission
- 10 Direct deposit/Electronic funds transfer
- 11 Required documents
- 12 Declarations

Individual application requirements

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

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

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

Documents

- Copy of a voided check or documentation from your financial institution (we need this information in order to enroll you in direct deposit/electronic funds transfer)
- National Provider Identifier (NPI) Number
- Copy of government issued identification (e.g., driver's license, tribal ID, etc.)
 - To learn more about acceptable forms of identification, watch this short video

Completed training certificates

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

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

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

Save Next

COMPLETE GENERAL INFORMATION

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

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

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

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

General Information

Languages

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

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

Somali

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

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

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

Phone number type

☒ Mobile

☐ Landline

Phone number

7014445555

Send request

COMPLETE GENERAL INFORMATION

Step 2b: Complete Personal Information questions

In the Personal information section enter the following details:

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

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

Personal information

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

First name* MI Last name* Suffix

QSP [] Tester -Select- v

Date of birth* Social Security Number* Gender*

Select date [] Male

Female

Telephone number* Cell phone number

[] []

Email address*

QSPFPC@email.com

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

☒ Yes

☐ No

Please add any other names you have used

You haven't added any other names yet

Add Name

COMPLETE GENERAL INFORMATION

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

Enter the following details:

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

Do you have a current and valid driver license?*

☒ Yes

☐ No

Driver license number*

State issued*

-Select- ▼

Expiration date*

Select date

Please upload a copy of your driver license*

Upload driver license

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

Do you have a current and valid driver license?*

☐ Yes

☒ No

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

State issued identification ▼

-Select-

Social Security Card

State issued identification

US issued birth certificate (with current name)

US government military or military dependent ID

US Passport or Passport Card

US Permanent Resident Card (Green Card)

Tribal ID

Employment Authorization Document

I-94 stamped with Employment Authorized

None of these

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

COMPLETE GENERAL INFORMATION

Step 2c: Complete Address information questions

In the Address information section enter the following details:

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

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

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

Address information

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

Physical address *
523 4th Ave

Apartment/Building number

City *
Jamestown

State *
North Dakota

ZIP code *
58401

Validate address

Confirm address

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

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

Accept Formatted Address

COMPLETE GENERAL INFORMATION

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

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

Enter the following information

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

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

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

Mailing address

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

Is your mailing address different from your physical address? *

☒ Yes

☐ No

Mailing address *

523 4th Ave

Apartment/Building number

City *

Jamestown

State *

North Dakota

ZIP code *

58401

Validate address

Confirm address

You entered:

523 4th Ave

Jamestown, North Dakota 58401

US Postal Service format:

523 4TH AVE SE

JAMESTOWN, ND 58401-4222

Accept Formatted Address

COMPLETE GENERAL INFORMATION

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

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



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 LICENSES INFORMATION

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

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

QSP information

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

☒ Yes

☐ No

What is your current/previous provider number? *

☐ I don't remember *

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

☒ Yes

☐ No

NPI Number

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

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)
- Licensed Master Social Worker (Licensed Social Workers can only enroll in the Case Management service. You can enroll in other services if you have one of the other licenses/certificates or a completed and signed SFN 750)

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

In the License section, 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)
- 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

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

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

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

☒ Yes
☐ No

Please add your North Dakota licenses

You haven't added any licenses yet

Add license

Add license

License type*
-Select-

License number*

Licensing agency*

Effective date*
Select date

Expiration date
Select date

Cancel **Save license**

COMPLETE LICENSES INFORMATION

Submit SFN 750 - Documentation of Competency

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

- a) If you have a completed SFN 750 by a TrainND Northeast healthcare professional, select **Yes** in response to the question **Do you have a SFN 750 completed by TrainND Northeast?**
- b) If your SFN 750 was completed by another healthcare professional, select **No** in response to the question **Do you have a SFN 750 completed by TrainND Northeast?**
 - i. Select **Yes** in response to the question **Do you have a SFN 750 completed and signed by one of the following healthcare professionals?**
 - ii. Click the **Upload SFN 750** button
 - iii. Review your completed SFN 750 form and confirm the competencies and global endorsements you were approved for and respond to the questions regarding competencies

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)
- Licensed Master Social Worker

☐ 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

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

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

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

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

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

☐ Yes

☐ No

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

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

Back

Save

Next

COMPLETE BACKGROUND INFORMATION

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

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

Step 4b: Submit disciplinary actions information.

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

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

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

Individual QSP Enrollment
Request 008081

Background information

General information

Do you take care of anyone over the age of 18 who pays you with their own money or whose family pays you for their care? *

☒ Yes
☐ No

How much are you paid for providing this care?

Rate *
0.00

Per hour or per day *
☒ Hour
☐ Day

Disciplinary actions

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

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? *

☒ Yes
☐ No

Please provide an explanation *

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? *

☐ Yes
☐ No

Have you ever been disciplined or terminated from an agency that is enrolled as a Qualified Service Provider? *

☐ Yes
☐ No

Have you ever had your LPN/RN/CNA/PT/OT, etc. license denied, revoked, suspended, restricted, terminated, or surrendered?

☐ Yes
☐ No

COMPLETE BACKGROUND INFORMATION

Step 4c: Submit criminal convictions information.

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

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

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

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

Criminal convictions

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

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

☒ Yes

☐ No

Please add all felonies and misdemeanors

You haven't added any felonies or misdemeanors yet

Add conviction

Are you on probation? *

☒ Yes

☐ No

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

Sign electronically

Please upload evidence of rehabilitation *

Upload document

COMPLETE BACKGROUND INFORMATION

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

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



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

COMPLETE LANGUAGES INFORMATION

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

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

The screenshot shows the 'Family Personal Care Enrollment' application form. On the left is a dark blue sidebar with a list of steps: 1 FPC application requirements, 2 General information, 3 Licenses, 4 Background information, 5 Family member information, 6 Languages (highlighted with a right arrow), 7 Counties served, 8 Direct deposit/Electronic funds transfer, 9 Required documents, and 10 Declarations. The main content area is titled 'Languages' and includes the following text: 'Communication is an important part of providing services and care to others. QSPs need to be able to:' followed by a bulleted list: 'Have a conversation with the individual who is being served', 'Read instructions, medication labels, etc.', and 'Write a description of the care that was provided in order to receive payment from the State'. Below this are three questions, each with 'Yes' and 'No' radio button options. The first question, 'Can you speak English well enough to provide services to an English-speaking individual?', has 'Yes' selected. The second question, 'Can you read and write in English?', has 'No' selected. The third question, 'Do you have access to an interpreter and/or translator who can help you with speaking, reading, and writing in English as needed?', has 'Yes' selected. At the bottom, a note states: 'Please download and complete the written agreement and Memorandum of Understanding (MOU) You will need to upload this document before submitting your application.'

COMPLETE LANGUAGES INFORMATION

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

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

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

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

Do you speak a language other than English? *

☒ Yes

☐ No

Select all languages you speak:

Search languages

English

Albanian

Arabic

Cantonese

Select all languages you speak:

Search languages

Bangla X Bosnian X Cambodian/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'. The 'Next' button is highlighted with a red border.

SELECT SERVICES TO ENROLL IN

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

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

Individual QSP Enrollment

Request 0088081

- 1 Individual application requirements
- 2 General information
- 3 Licenses
- 4 Background information
- 5 Languages
- 6 Services enrollment >**
- 7 Rate selection

Services enrollment

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

- ☐ **Basic Provider Specialties ?**
- ☐ **Cognitive global endorsement services ?**
- ☐ **Adult day care (ADC) ?**
- ☐ **Respite in an adult foster care**

SELECT SERVICES TO ENROLL IN

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

License Type	With a Driver License	Without a Driver License
Licensed CNA	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Non-medical Transportation driver 6. Non-emergency medical transportation 7. Chore services- All 8. Extended personal care – non-nurse 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Chore services- All 6. Extended personal care – non-nurse
Licensed LPN	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Non-medical Transportation driver 6. Non-emergency medical transportation 7. Chore services- All 8. Extended personal care – non-nurse 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Chore services- All 6. Extended personal care – non-nurse
Licensed OT	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Non-medical Transportation driver 6. Non-emergency medical transportation 7. Chore services- All 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Chore services- All

SELECT SERVICES TO ENROLL IN

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

License Type	With a Driver License	Without a Driver License
Licensed PT	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Non-medical Transportation driver 6. Non-emergency medical transportation 7. Chore services- All 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Chore services- All
Licensed RN	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Non-medical Transportation driver 6. Non-emergency medical transportation 7. Chore services- All 8. Extended personal care – nurse 9. Nurse education 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Chore services- All 6. Extended personal care – nurse 7. Nurse education
Licensed Master Social Worker - ONLY	<ol style="list-style-type: none"> 1. Chore services- All 2. Case Management 	<ol style="list-style-type: none"> 1. Chore services- All 2. Case Management

SELECT SERVICES TO ENROLL IN

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

License Type	With a Driver License	Without a Driver License
SFN 750 (Completed by TrainND Northeast)	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Non-medical Transportation driver 6. Non-emergency medical transportation 7. Chore services- All 8. Extended personal care – non-nurse 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Chore services- All 6. Extended personal care – non-nurse
SFN 750 (Lines 5- 26 & E)	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Non-medical Transportation driver 6. Non-emergency medical transportation 7. Chore services- All 8. Extended personal care – non-nurse 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Cognitive global endorsement services 3. Adult Day Care (ADC) 4. Respite in an adult foster care 5. Chore services- All 6. Extended personal care – non-nurse
SFN 750 (Lines 5- 26)	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Non-medical Transportation driver 3. Non-emergency medical transportation 4. Chore services- All 5. Extended personal care – non-nurse 	<ol style="list-style-type: none"> 1. Basic Provider Specialties 2. Chore services- All 3. Extended personal care – non-nurse

SELECT SERVICES TO ENROLL IN



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

License Type	With a Driver License	Without a Driver License
SFN 750 (Lines 5,6, and 12-15 AND E)	<div><div>1. Cognitive global endorsement services</div><div>2. Non-medical Transportation driver</div><div>3. Non-emergency medical transportation</div><div>4. Chore services- All</div></div>	<div><div>1. Cognitive global endorsement services</div><div>2. Chore services- All</div></div>
SFN 750 (5,6, and 12-15)	<div><div>1. Non-medical Transportation driver</div><div>2. Non-emergency medical transportation</div><div>3. Chore services- All</div></div>	<div><div>1. Chore services- All</div></div>

ADDITIONAL REQUIREMENTS FOR SERVICES

Certain services require additional requirements/documentation

- If you select to enroll in **Cognitive global endorsement services- Respite care** and will be providing the care in **your home**, you will need a **home evaluation and a SFN 659** completed by a Home and Community Based Services (HCBS) case manager. (Contact the ARDL intake line at 1-855-462-5465 to connect with a program administrator to start the site visit process)
- If you select to enroll in **ADC**, you will need an **official in-home site visit** completed by a HCBS case manager and a signed off **SFN 1703 Compliance Checklist**. (Contact the ARDL intake line at 1-855-462-5465 to connect with a program administrator to start the site visit process)
- If you select to enroll in **Respite in an adult foster care**, you must complete a criminal background check.
 - Provide your responses to the additional questions
 - For individuals that live in the state of North Dakota for 11 or more years, a SFN 60688 form is required
 - For individuals that live in the state of North Dakota for less than 11 years, two fingerprint cards and a SFN 60688 form is required

Contact the ADRL helpline at 1-855-462-5465 or send an email to CareChoice@ND.gov to request the form

- If you select to enroll in **Case management**, you must complete and submit proof of the State's department policy training. If you need help with this training, contact the Aging and Disability Resource-Link (ADRL) of North Dakota intake line at 1-855-462-5465 to speak to an Aging Services program administrator.

COMPLETE SERVICES ENROLLMENT

Review completed **Services enrollment** 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 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.

RATES SELECTION

Step 7a: 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 Individual QSP				
Effective July 1, 2023				
Code / Modifier	Service	Unit	Rate	Max Amount
00001	Family Home Care	Daily	Specific to individual	\$49.56
S5101	Adult Day Care	1/2 day	Based on cost	
S5108	Nurse Education Care	15 min	\$13.59	
S5115	Extended Personal Care	15 min	\$5.60	
S5115- TD	Extended Personal Care - Nurse	15 min	\$13.59	
S5120	Chore - Labor (includes snow removal)	15 min	\$5.60	\$917.52
S5121	Chore - Job	Per job	Specific to amount of services required	

RATES SELECTION

Step 7b: 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.

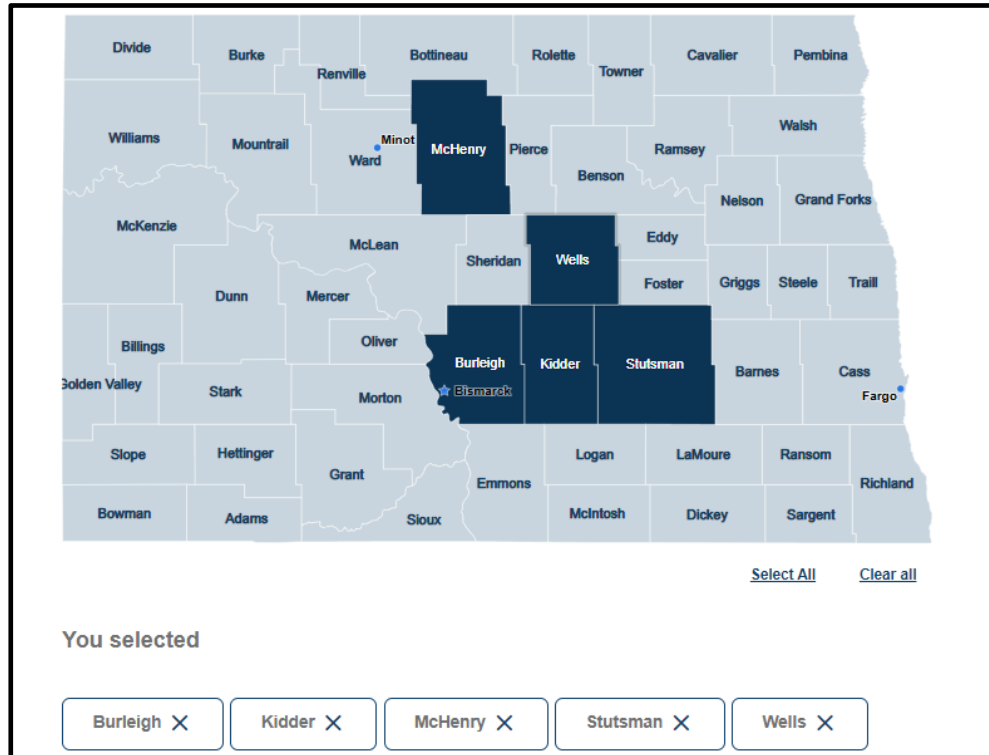
- Once complete, click the **Next** button to move on to the next application page.
- Click the **Save** button to save the application in its current state and complete later.
- Click the **Back** button to review or edit information completed on the prior page.



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, while the "Back" and "Save" buttons have green borders. The buttons are set against a light gray background with a thin horizontal line above them.

COMPLETE COUNTIES SERVED

Step 8: 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 **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.



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.

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

Step 9a: 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
- Respite in an adult foster care

Therap will be used as the EVV submission system

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

Step 9b: Claims submission

- QSPs that enroll in both EVV and non-EVV services, Therap will be used for claims submission
- QSPs that enroll in only non-EVV services (ADC and/or Case Management), select **Medicaid Management Information System Portal (MMIS)** or **Therap** in response to the question **How do you want to submit your claims to the Department of Health and Human Services for payment?***

Electronic Visit Verification (EVV) and/or Claims submission

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

- Adult day care
- Case management

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

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

COMPLETE 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.



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

COMPLETE DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER

Step 10: 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.



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

COMPLETE REQUIRED DOCUMENTS

Step 11a: Review and confirm the information prefilled in the required documents.

W-9 Request for Taxpayer Identification Number and Certification

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

SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement

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

If Therap was 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

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

W-9 Request for Taxpayer Identification Number and Certification

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

[Review your W-9](#)

SFN 671 Medicaid Program Qualified Service Provider (QSP) Agreement

We have prepopulated your SFN 671 using answers from your application. Please review your form and if you need to make any changes, update the applicable fields in your application before accepting your SFN 671.

[Review your SFN 671](#)

SFN 583 North Dakota Medicaid Electronic Remittance Advice (835) Enrollment

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

[Review your SFN 583](#)

COMPLETE REQUIRED DOCUMENTS

Step 11b: 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

Step 11c: Review or upload service specific required documents.

Case Management: Memorandum of Understanding (MOU)

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

Cognitive global endorsement services- Respite care (Your Home): SFN 659 Home Evaluation Form

1. Select **Yes** in response to the question **Do you have a SFN 659 Home Evaluation Form that has been completed and signed by a HCBS case manager?**
2. Click the **Upload SFN 659** button

ADC:

a) SFN 55 Statement of Actual Costs

1. Click the **Upload SFN 55** button

b) SFN 1703 Compliance Checklist

1. Select **Yes** in response to the question **Do you have a completed SFN 1703 Compliance Checklist that is signed by a HCBS case manager?**
2. Click the **Upload SFN 1703** button

SFN 659 Home Evaluation Form

Do you have a SFN 659 Home Evaluation Form that has been completed and signed by a HCBS case manager? *

☒ Yes

☐ No

Please upload your SFN 659 *

Upload SFN 659

SFN 55 Statement of Actual Costs

A completed SFN 55 Statement of Actual Costs is required before submitting your application.

Description/Instructions for SFN 55

- This form is required before submitting your application and will determine the rate you will be allowed to charge for your services
- Include rates for both half-day (one half of facility open hours) and full-day (at least two additional hours above the half-day rate)
- Once the rate is determined, it cannot be changed unless approved by legislative action
- A minimum of three hours per day, up to a maximum of ten hours per day is required for services
- You can fill out and submit an alternate form or spreadsheet instead of the SFN 55
- Please complete and upload your SFN 55 Statement of Actual Costs

Upload SFN 55 *

SFN 1703 Compliance Checklist

Do you have a completed SFN 1703 Compliance Checklist that is signed by a HCBS case manager? *

☒ Yes

☐ No

Please upload your signed SFN 1703 *

Upload SFN 1703

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 12: 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.

Individual QSP Enrollment
Request 0088081

1 Individual application requirements
2 General information
3 Licenses
4 Background information
5 Languages
6 Services enrollment
7 Rate selection
8 Counties served
9 Electronic Visit Verification (EVV) and/or Claims submission
10 Direct deposit/Electronic funds transfer
11 Required documents
12 Declarations

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

General declarations

☐ I agree to read the Fire Safety Checklist, The Invisible Killer Carbon Monoxide Fact Sheet, and Guidelines for Universal Precautions.*

- If you have not reviewed the checklist and/or fact sheet, please review before agreeing:
 - Fire Safety Checklist
 - The Invisible Killer Carbon Monoxide Fact Sheet

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

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

☐ I will make arrangements for member care when I am unable to provide services as scheduled.*

Click the **Sign electronically** button

Click the **Submit** button

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

Sign here *

Sign electronically

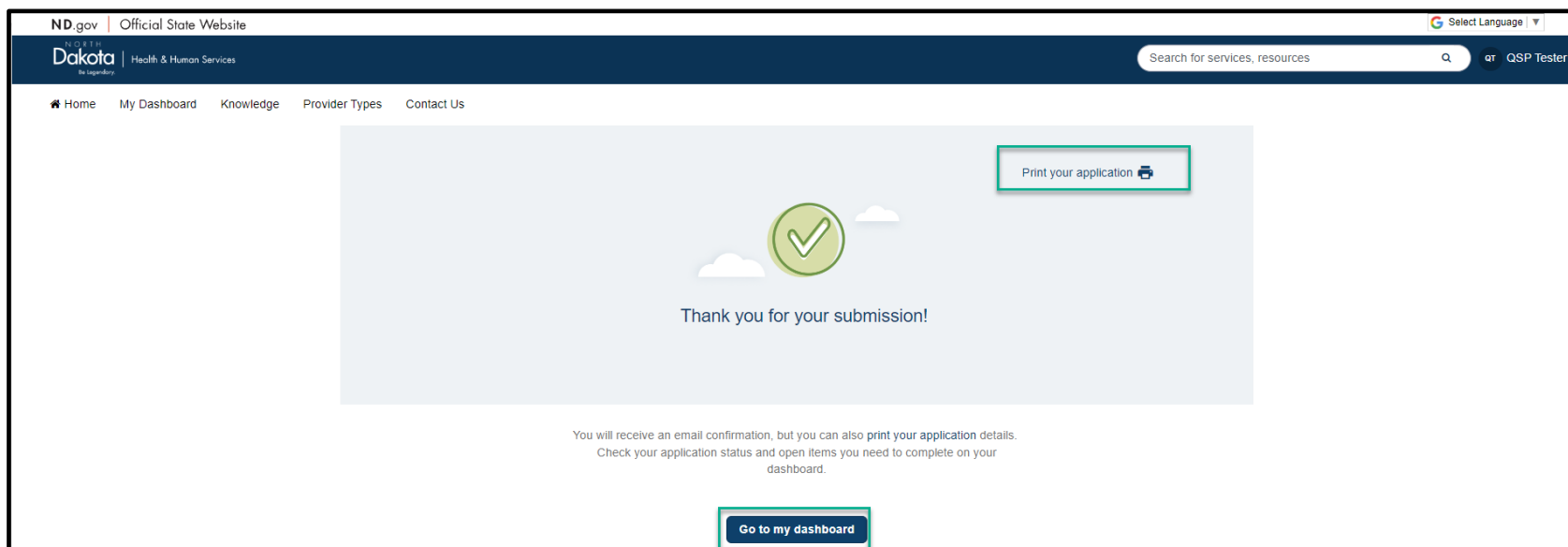
Back **Save** **Submit**

COMPLETE CERTIFICATION

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

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

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



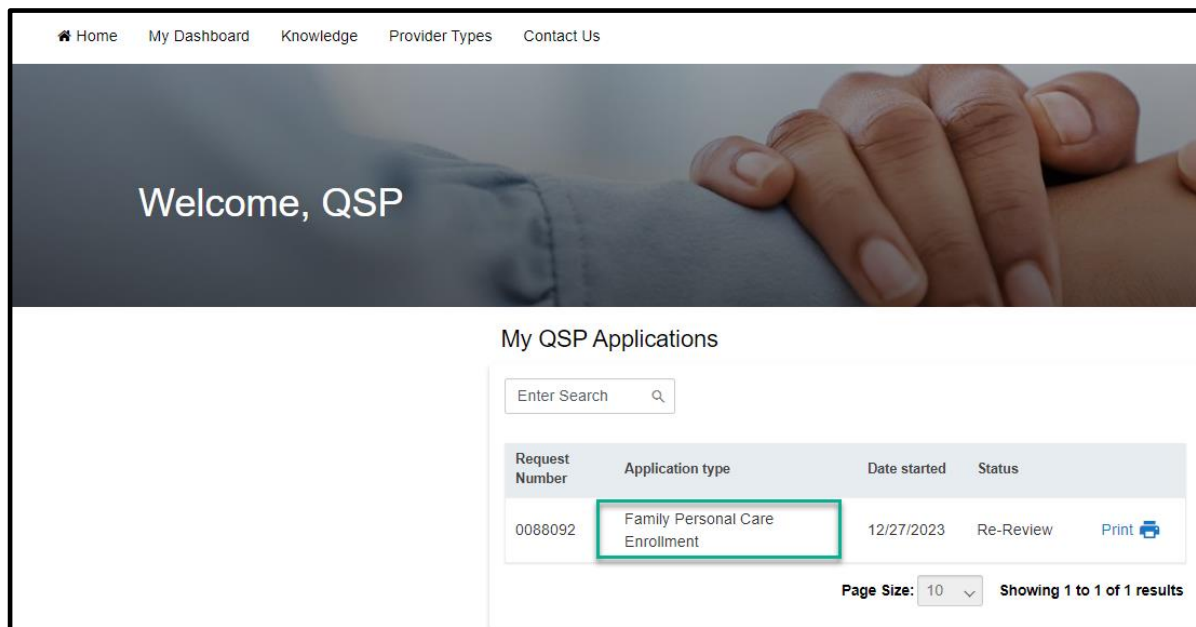
UPDATE DOCUMENTATION IN RE-REVIEW

UPDATE DOCUMENTATION IN RE-REVIEW

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

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

- Click the application



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

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*