

North Dakota



North Dakota's centralized source  
of support and information for  
Qualified Service Providers

2025



# North Dakota Qualified Service Provider Hub Survey Report

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## Executive Summary

In 2022, the Aging Services Division within North Dakota Health and Human Services partnered with the University of North Dakota Center for Rural Health to create a centralized “hub” to support North Dakota’s Qualified Service Providers. Qualified Service Providers or QSPs are individuals such as friends, neighbors, and family members who are committed to providing care for people who want to continue to live in their own homes and communities. QSPs do not need to have a special certificate or license, but they do need to prove they have the necessary skills to provide care. The purpose of the North Dakota QSP Hub is to provide support, educational tools, and training opportunities for individual QSPs and QSP agencies. As part of this effort, QSPs and QSP agencies were surveyed to determine their primary needs, to provide feedback on their experiences, and to assist in directing the focus of the QSP Hub. This report provides an overview of the needs and experiences of individual QSPs and QSP agencies in North Dakota.

## Key Findings

### Individual QSP Survey

- Of those surveyed, 69.4% of individual QSPs reported having a close personal relationship with one or more of the people they provide care for prior to becoming their QSP.
- Over half of individual QSPs reported they have been providing services for three years or less.
- One-third of family/individual QSPs reported providing 24/7 care.
- When asked how influential various factors were in becoming a QSP, the desire to help others/make a difference in people’s lives was most frequently rated as extremely influential.
- Paperwork was the most commonly noted challenge of working as an individual QSP.
- When asked about their motivation to enroll as a QSP, the most common response was someone important to them needed care.

### QSP Agency Survey

- Nearly three quarters of QSP agencies (72.9%) reported employing 0-9 QSPs in an average month over the last year.
- When asked to report the average wage of QSPs employed by their agency, the most common response was \$18.00 - \$19.00 per hour.
- Of those surveyed, 79.5% of QSP agencies reported having current staff capacity to serve more individuals.
- QSP agencies most frequently designated compensation/pay as extremely influential in both recruiting and retaining QSP employees.
- A majority of QSP agencies reported that it takes an average of three months or less to recruit for an open QSP position.
- According to the opinions and experiences of the responding agencies, the most common reason that QSPs leave their role was because they found another job that pays more.

# Table of Contents

<b><i>Executive Summary</i></b> .....	<b>2</b>
<b><i>Key Findings</i></b> .....	<b>2</b>
Individual QSP Survey .....	2
QSP Agency Survey .....	2
<b><i>Introduction</i></b> .....	<b>4</b>
<b><i>Methods</i></b> .....	<b>4</b>
Survey Development.....	4
Survey Dissemination.....	5
<b><i>Results</i></b> .....	<b>5</b>
Individual QSP Survey .....	5
QSP Agency Survey .....	17
<b><i>Discussion</i></b> .....	<b>29</b>
QSP Services.....	29
Documentation of Competency.....	29
Compensation and Benefits.....	29
Trainings.....	30
Rural Differential Rate.....	30
General.....	30
<b><i>Conclusion</i></b> .....	<b>31</b>
<b><i>References</i></b> .....	<b>31</b>
<b><i>Appendix A</i></b> .....	<b>32</b>
2025 Individual QSP Survey .....	32
<b><i>Appendix B</i></b> .....	<b>41</b>
2025 QSP Agency Survey .....	41

## Introduction

Qualified Service Providers (QSPs) are individuals or agencies who provide care and services to adults with physical disabilities and older adults in their own homes. For example, this is often seen as one family member caring for another family member in need. QSPs can provide a wide range of services, including homemaking, transportation, case management, residential care, and personal care services.

There are two types of QSPs, which are differentiated by the source of employment. *Individual or independent QSPs* are self-employed contractors. As such, these QSPs are responsible for their own insurance, record keeping, billing, and taxes. Additionally, these QSPs are required to prove they have competency in all the standards to provide a particular service (North Dakota Health and Human Services, 2025). On the other hand, *agency QSPs* are individuals employed by an agency that is responsible for the training and financial components of the job. Agencies must verify that their employees have the specific skills needed to provide services.

In North Dakota, individuals are not required to have a certain degree or certification in order to work as a QSP. To become a QSP, individuals fill out the required application paperwork and are contacted once they are approved. QSPs must have a current authorization to provide services for each client before providing services. The North Dakota QSP Hub serves a resource center to assist in this process for both QSP agencies and individual QSPs, as well as anyone who would like to become a QSP. The North Dakota QSP Hub also provides assistance and resources to those who are already working as QSPs in the state. The North Dakota QSP Hub provides one-on-one individualized support on numerous topics, such as enrollment, billing, documentation, and renewal. In addition, the North Dakota QSP Hub also has a library of tip sheets and guides and provides various trainings on QSP-related topics.

## Methods

### Survey Development

In order to gather information to guide and enhance the services provided by the North Dakota QSP Hub, two separate surveys were conducted, one for QSP agencies and one for individual QSPs. The surveys gathered information about QSPs themselves, their clients, their services, and their experiences as a QSP. The questions used in these surveys were developed through numerous meetings with stakeholders using feedback from multiple entities to ensure they were appropriate for the designated audiences. The surveys were created using Qualtrics survey software.

## Survey Dissemination

The surveys were disseminated via email to a listserv consisting of 1,161 individual QSPs and 228 QSP agencies. Participants had approximately three weeks to complete the electronic survey that corresponded to their role (i.e., QSP agency or individual QSP). Participants provided informed consent prior to completing the survey.

## Results

### Individual QSP Survey

#### *Response Rate*

Out of the 1,161 electronic invitations sent to individual QSPs, there were 356 records received in Qualtrics. Blank records and records where participants did not respond beyond survey question seven were excluded from analyses. Using these criteria, there were 54 records excluded from the analyses. Thus, 302 records (26.0% of the total invitations sent) were included in the analyses. Missing data were excluded using the pairwise method, and the number of valid responses is indicated for each question. Some of the questions allowed participants to select more than one response option. Therefore, some of the questions may have response totals greater than the number of respondents or percentage totals greater than 100.0%.

#### *Demographics Summary*

Out of the 302 valid responses to the survey, 80.1% (n = 242) of the respondents provided services as an individual QSP (i.e., self-employed), 14.9% (n = 45) of the respondents were employed by a QSP agency, and 5.0% (n = 15) of the respondents provided services as both. Participants were asked to indicate what type(s) of individual QSP they were by selecting all types that applied. Among the 297 respondents, the most common response was individual provider (52.5%, n = 156), followed by family home care (41.4%, n = 123), and family personal care (38.7%, n = 115).

When asked if they have a close personal relationship with any of the people they provide care for that started before becoming their QSP, 69.4% (n = 209) of respondents answered 'Yes' and 30.6% (n = 92) answered 'No.'

Basic demographic information was collected from the survey respondents, such as their age, gender, and race. The age breakdown of respondents (n = 302) was as follows: 24.5% (n = 74) were 55-64 years old, 22.5% (n = 68) were 65 years or older, 20.9% (n = 63) were 45-54 years old, 19.9% (n = 60) were 35-44 years old, 8.9% (n = 27) were 25-34 years old, and 3.3% (n = 10) were 18-24 years old. The gender breakdown revealed an overwhelming majority of the 301 respondents identified as female (80.4%, n = 242), followed by 17.9% (n = 54) who identified as male, 0.3% (n = 1) who identified as non-binary/gender queer, and 1.3% (n = 4) who preferred not to say. The race

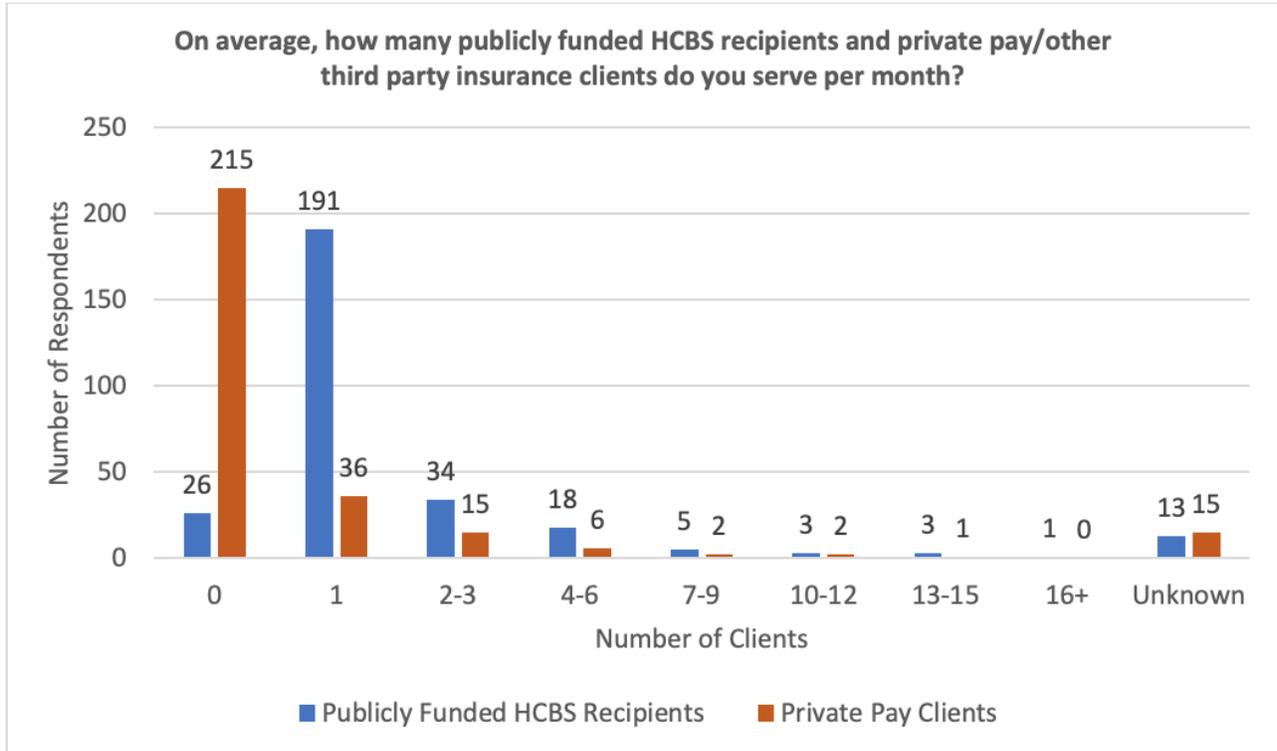
breakdown of respondents (n = 295) was as follows: 75.3% (n = 222) White, 10.8% (n = 32) Black, 9.5% (n = 28) American Indian or Alaska Native, 1.7% (n = 5) Asian, and 2.7% (n = 8) Other.

Examining the highest level of education among respondents (n = 301) revealed that 32.6% (n = 98) received a high school diploma or GED, 26.2% (n = 79) completed some college, 18.3% (n = 55) received an associate's degree or 2-year degree, 11.6% (n = 35) received a bachelor's or 4-year degree, 4.7% (n = 14) completed some high school, 3.7% (n = 11) received a post-graduate degree, and 3.0% (n = 9) preferred not to answer.

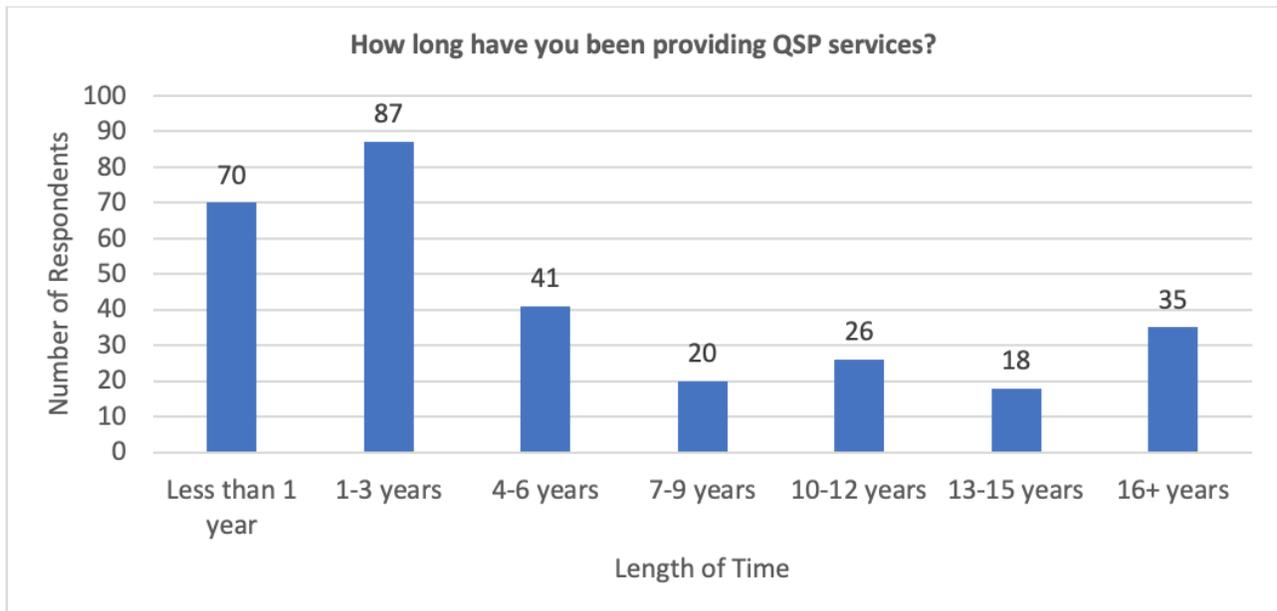
Survey participants were asked if they had any other jobs aside from working as a QSP. Of the 298 responding QSPs, 67.1% (n = 200) indicated they did not have any other jobs, whereas 32.9% (n = 98) indicated they did have one or more other jobs. Those who reported having additional jobs were asked to indicate the average number of hours per week they work at those jobs. Of the 97 responses to that follow-up question, 25.8% (n = 25) of individual QSPs reported working an average of 40-49 hours per week, 23.7% (n = 23) reported working an average of 30-39 hours per week, 16.5% (n = 16) reported working an average of 0-9 hours per week, 15.5% (n = 15) reported working an average of 10-19 hours per week, 14.4% (n = 14) reported working an average of 20-29 hours per week, and 4.1% (n = 4) reported working an average of 60 or more hours per week.

**QSP Services**

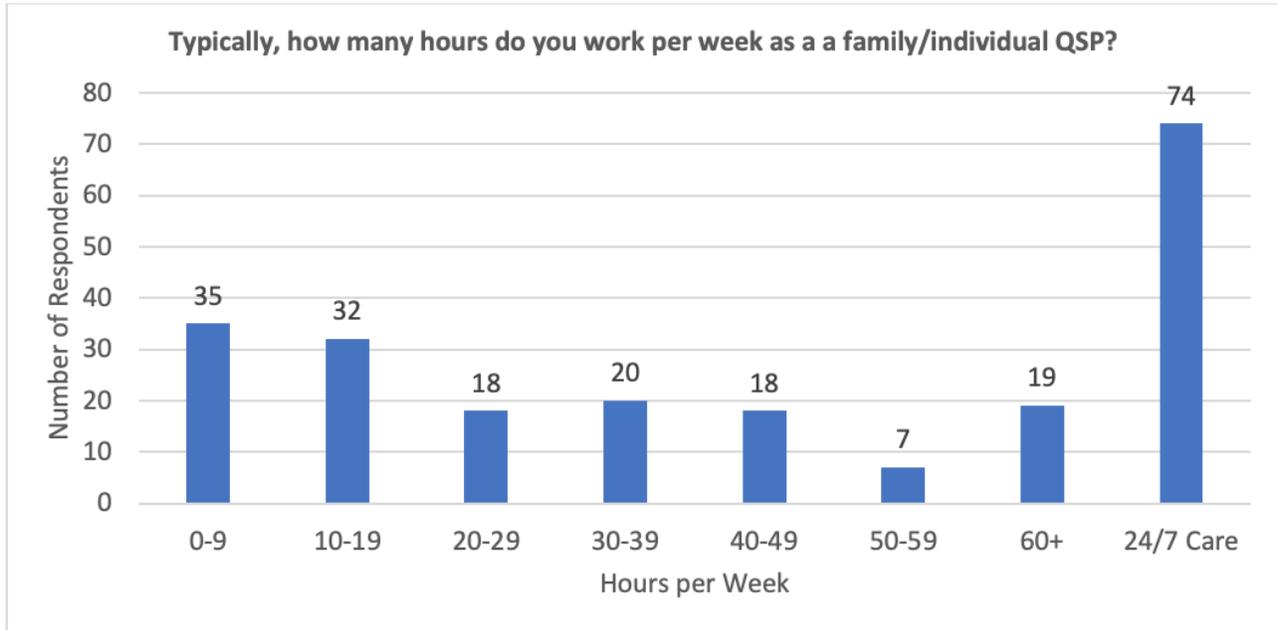
**Figure 1. Average number of publicly funded Home and Community-Based Services (HCBS) recipients (n = 294) and private pay/other third-party insurance clients (n = 292) served per month**



**Figure 2. Length of time providing QSP services (n = 297)**

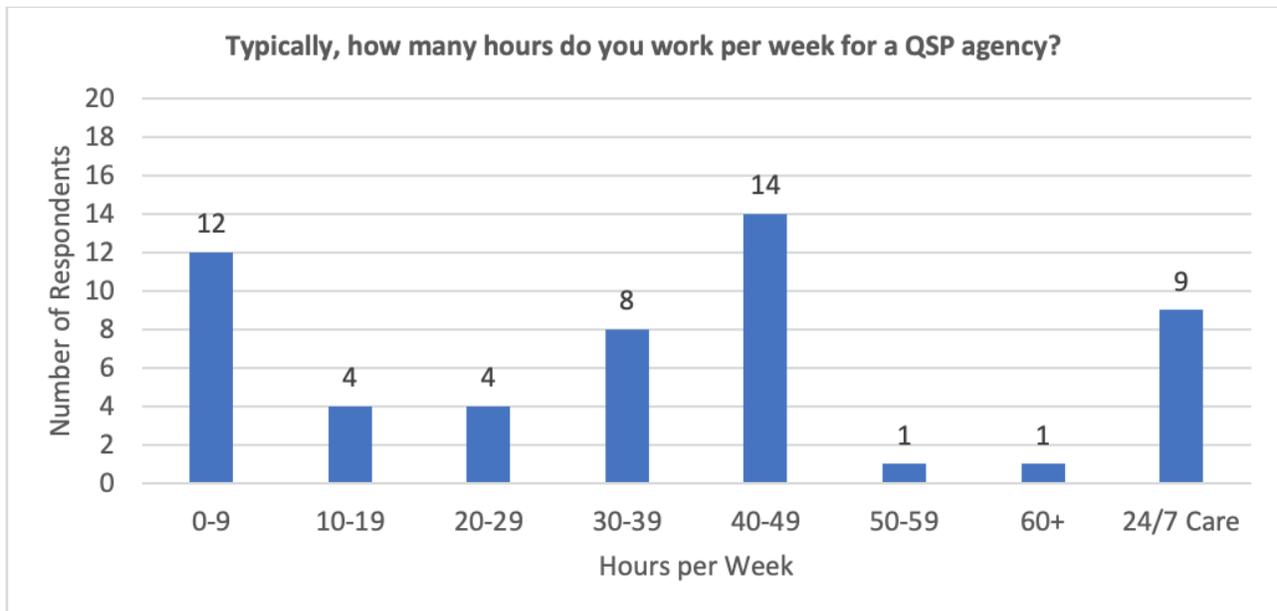


**Figure 3. Typical number of hours worked per week as a family/individual QSP (n = 223)\***



\*Data note: This question was only displayed to the 257 participants who indicated they were an individual QSP.

**Figure 4. Typical number of hours worked per week for a QSP agency (n = 53)\***



\*Data note: This question was only displayed to the 60 participants who indicated they were employed by a QSP agency.

Figure 5. QSPs who have the capacity to serve more individuals (n = 262)

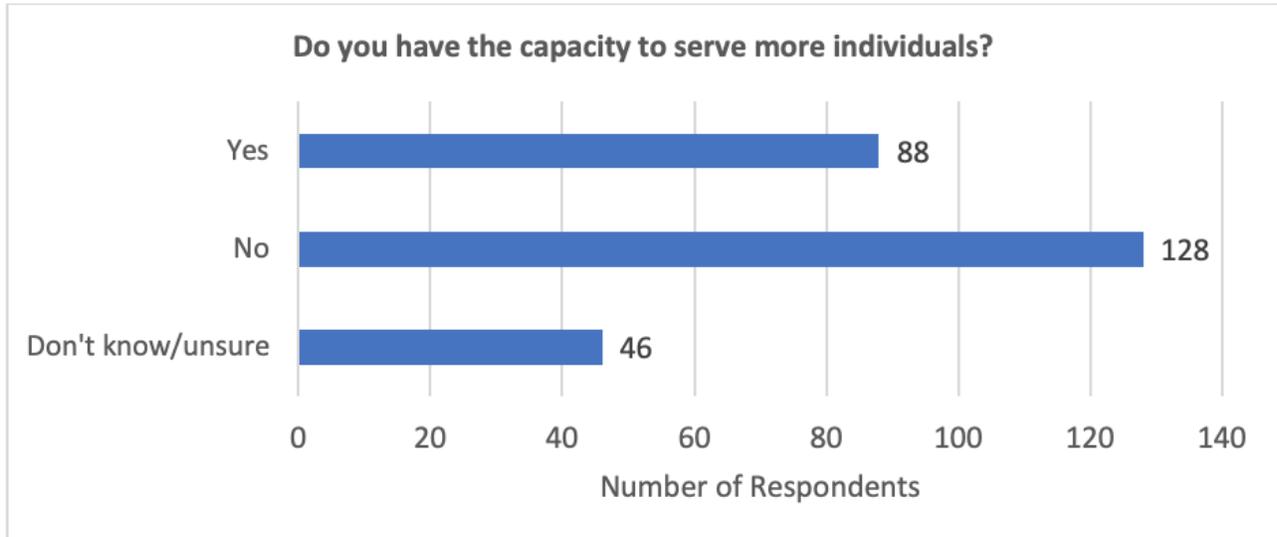
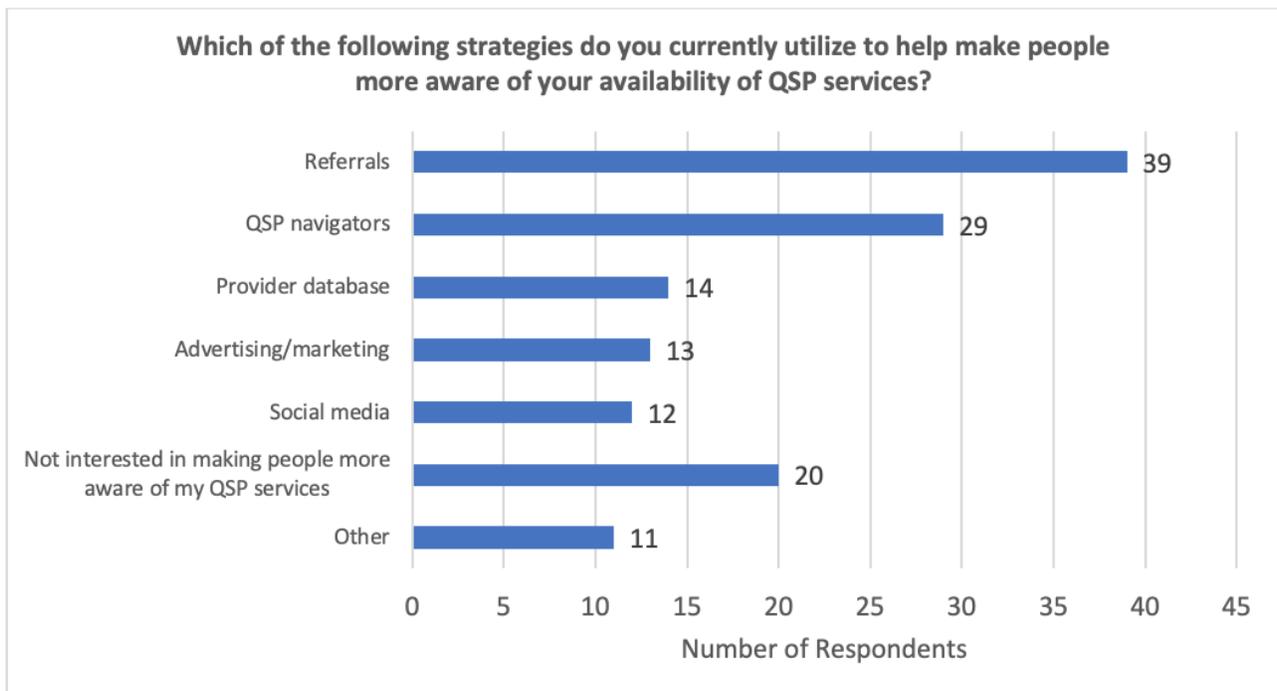


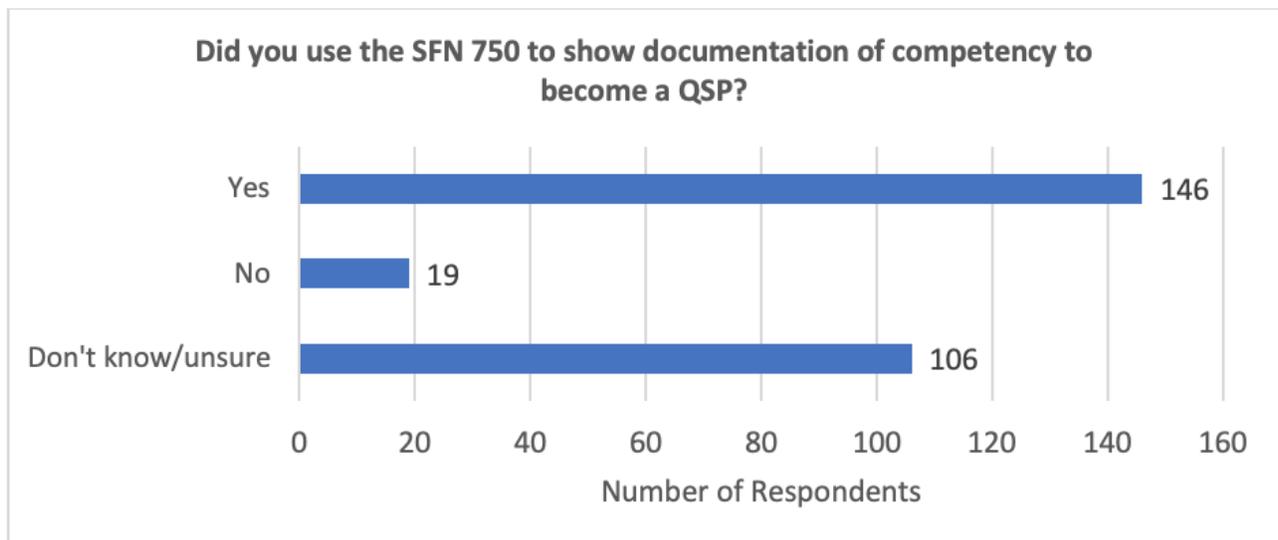
Figure 6. Strategies currently utilized by QSPs to make people more aware of their services (n = 86)\*



\*Data note: This question was only displayed to the 88 participants who indicated they have the capacity to serve more individuals. Participants were able to select more than one response option for this question.

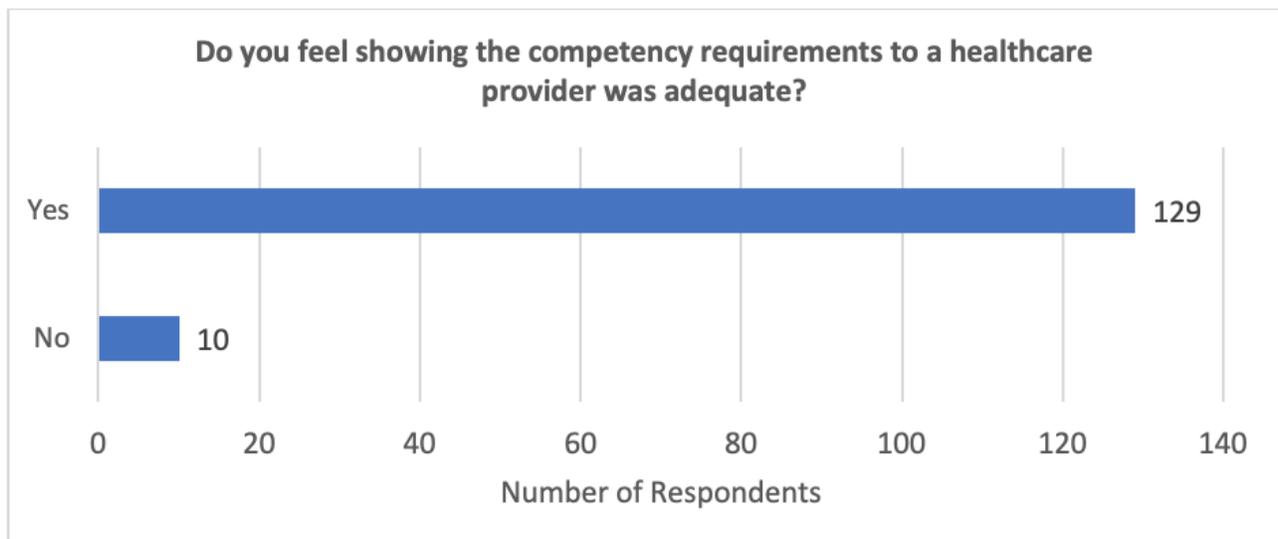
### Documentation of Competency

Figure 7. QSPs who used the SFN 750 to show documentation of competency to become a QSP (n = 271)



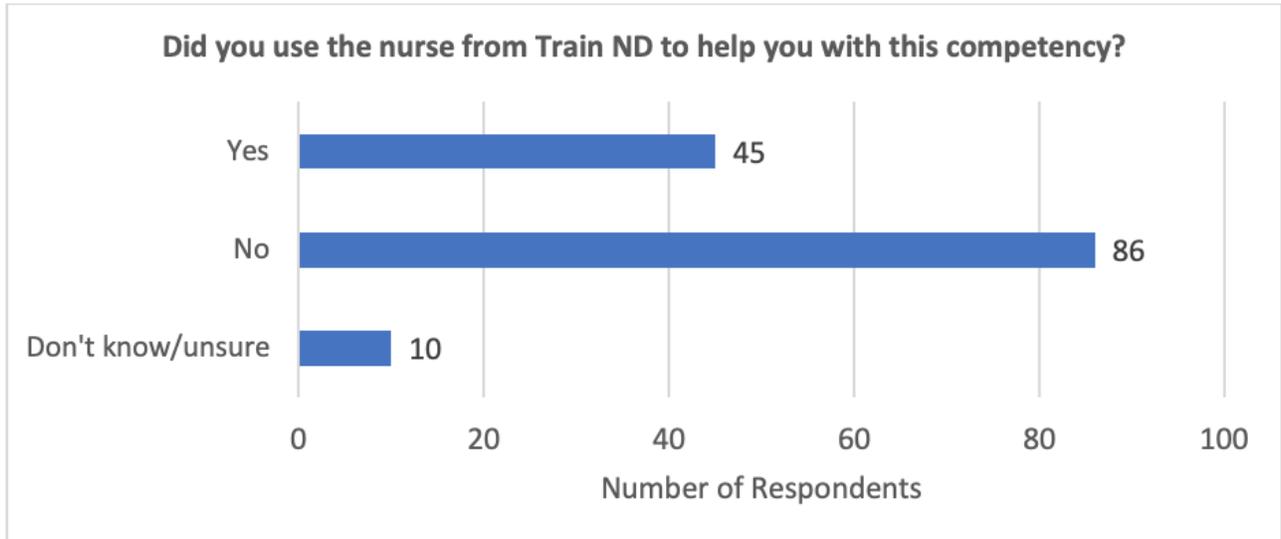
Participants who responded 'Yes' to the question in Figure 7 were asked two follow-up questions to gather more details regarding the documentation of competency process. The results are shown in Figures 8 and 9.

Figure 8. QSPs who felt showing the competency requirements to a healthcare provider was adequate (n = 139)\*



\*Data note: This question was only displayed to the 146 participants who indicated they used the SFN 750 to show documentation of competency.

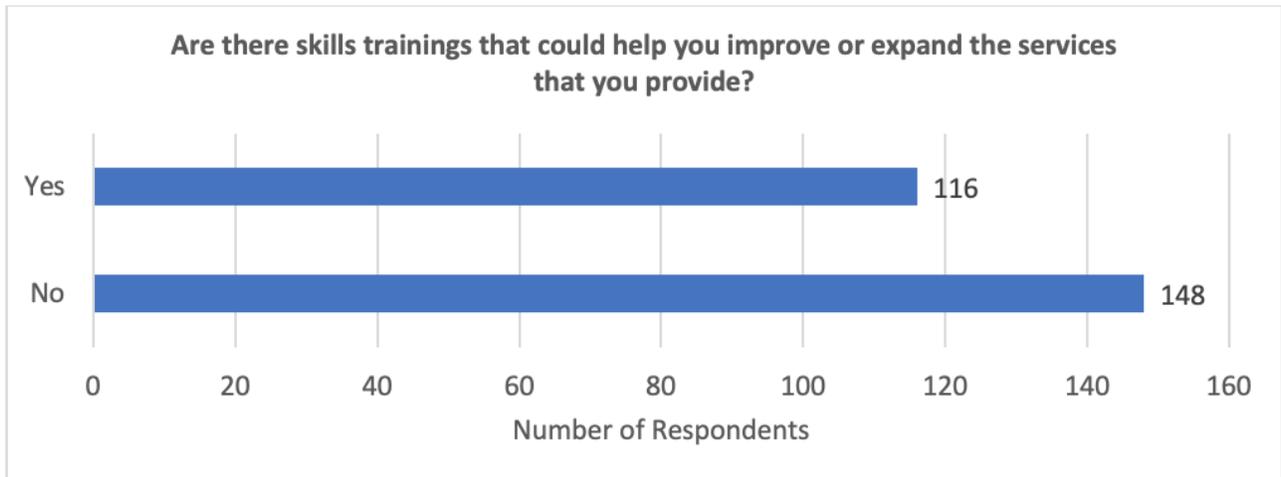
**Figure 9. QSPs who used the nurse from Train ND to help with their competency (n = 141)\***



\*Data note: This question was only displayed to the 146 participants who indicated they used the SFN 750 to show documentation of competency.

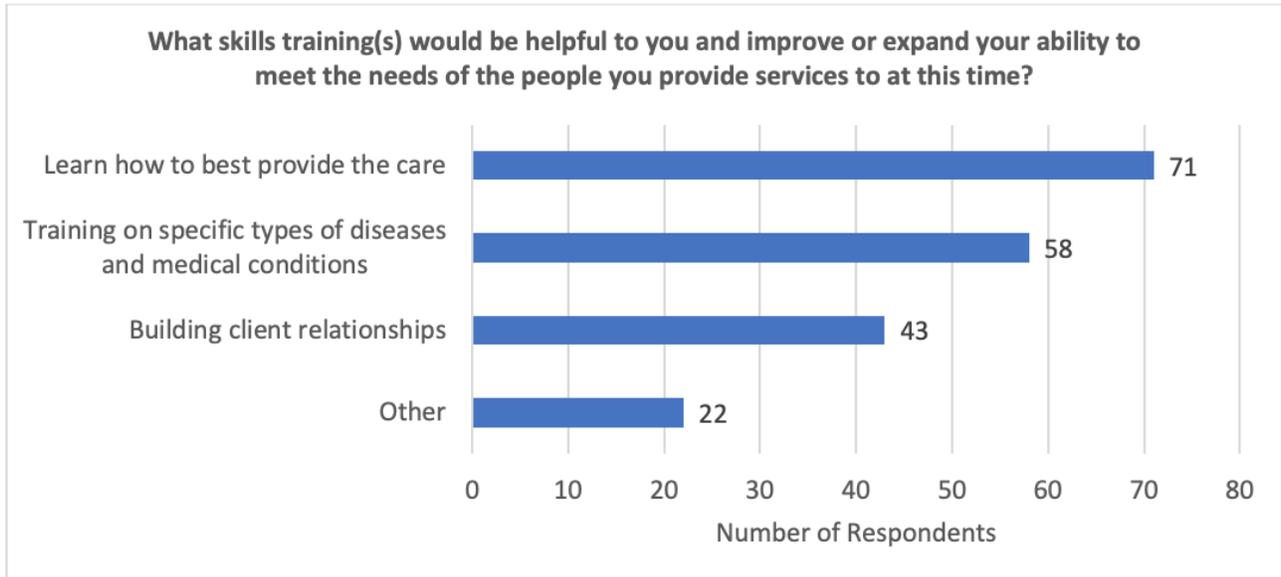
### ***Trainings***

**Figure 10. QSPs who believe there are skills trainings that could help improve or expand the services they provide (n = 264)**



To better understand which skills trainings QSPs believe would be most helpful, the 116 participants who responded 'Yes' in Figure 10 were asked to indicate the specific skills training(s) that would be helpful to improve or expand their ability to meet the needs of those they provide services to at this time. The results of that follow-up question are shown below in Figure 11.

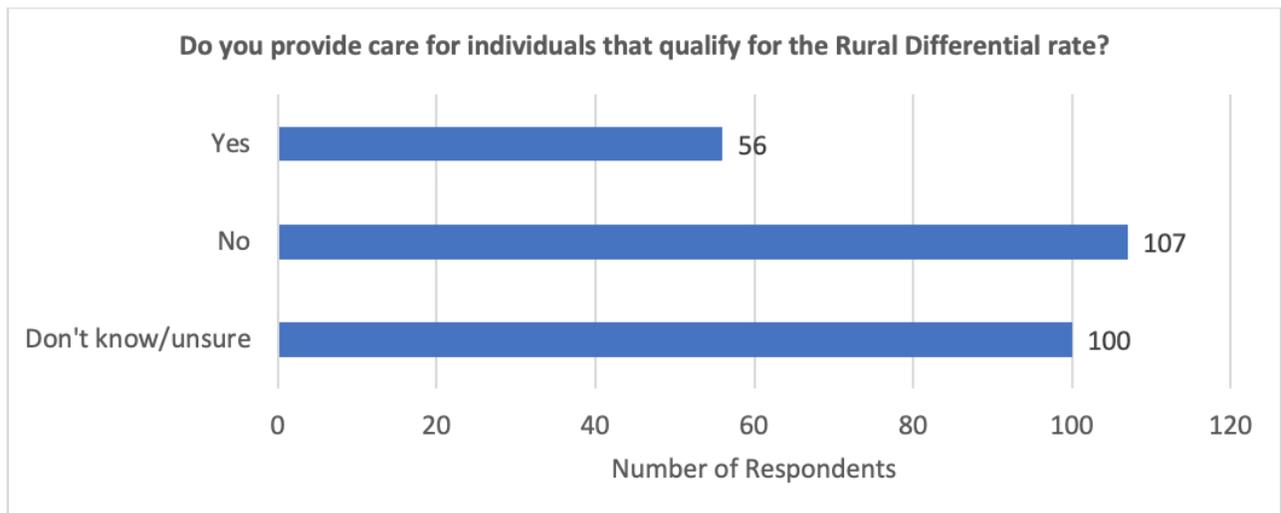
**Figure 11. Skills trainings that would be helpful to improve or expand QSPs' ability to meet their clients' needs (n = 108)\***



\*Data note: This question was only displayed to the 116 participants who indicated there were skills trainings that could help them to improve or expand the services they provide. Participants were able to select more than one response option for this question.

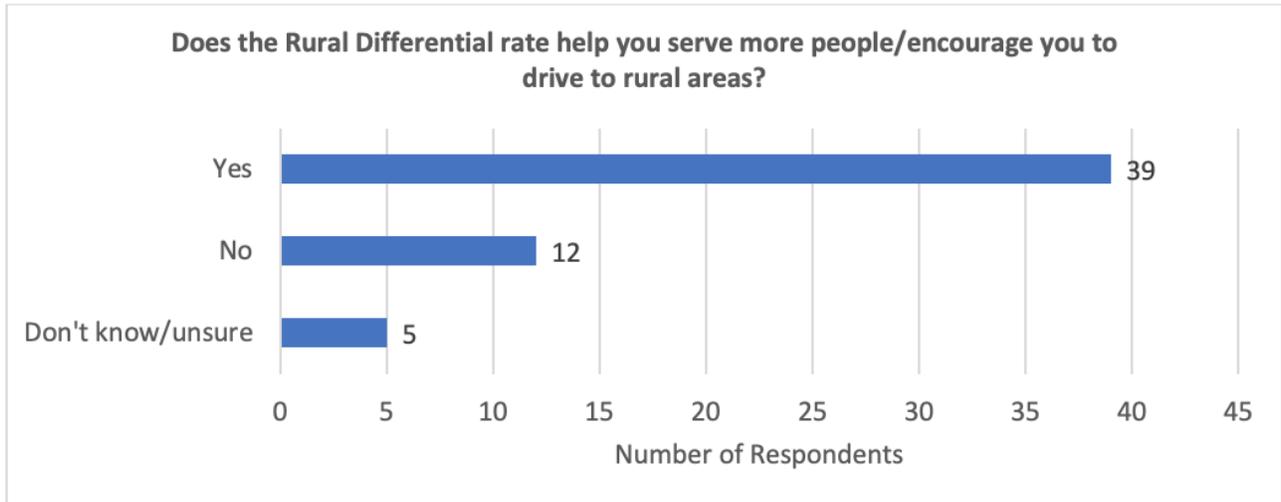
**Rural Differential Rate**

**Figure 12. QSPs that provide care for individuals who qualify for the Rural Differential rate (n = 263)**



Participants who responded 'Yes' to the question in Figure 12 were asked a follow-up question aimed at understanding the helpfulness of the Rural Differential rate. The results are shown in Figure 13.

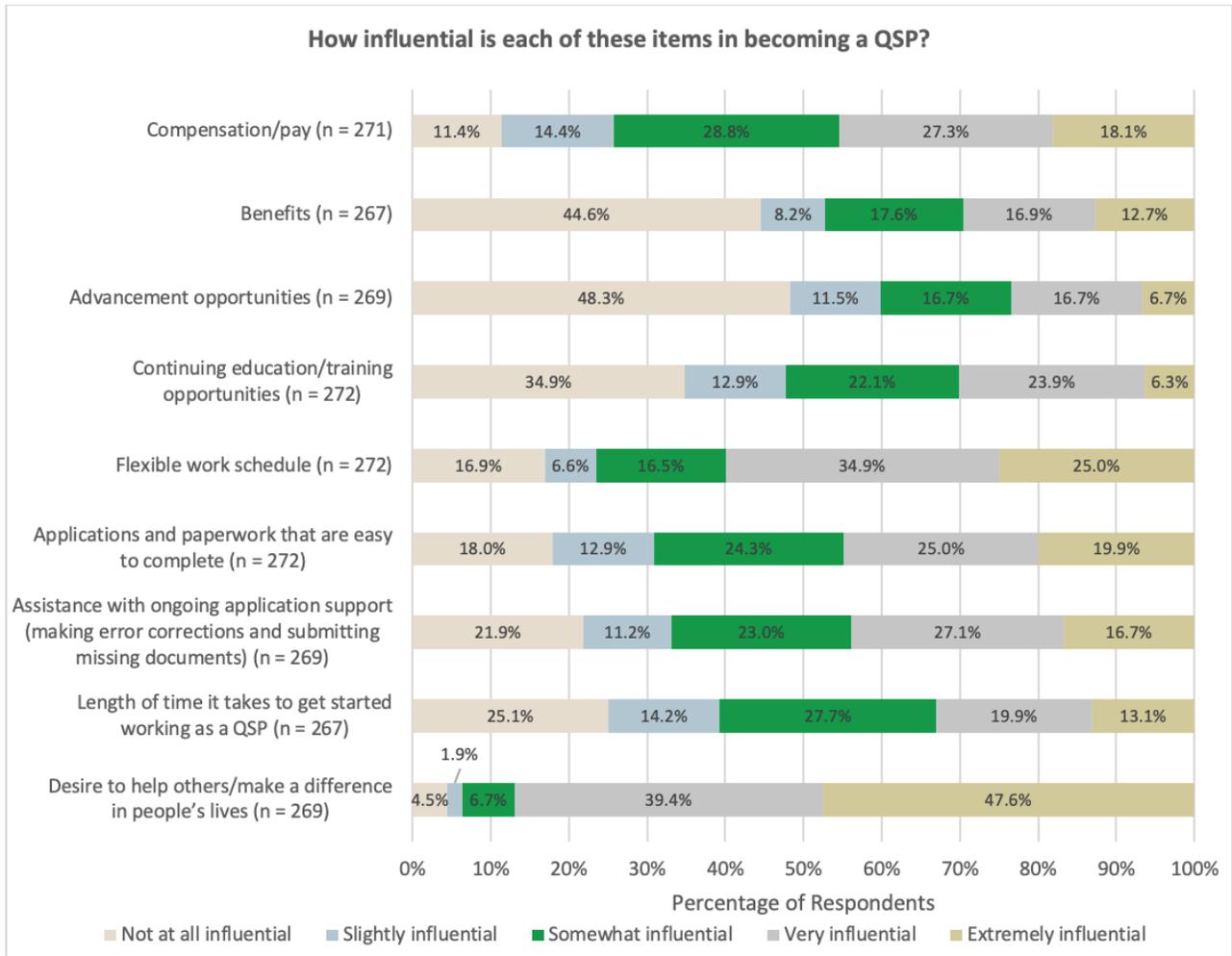
**Figure 13. QSPs that find the Rural Differential rate helps them serve more people and drive to rural areas (n = 56)\***



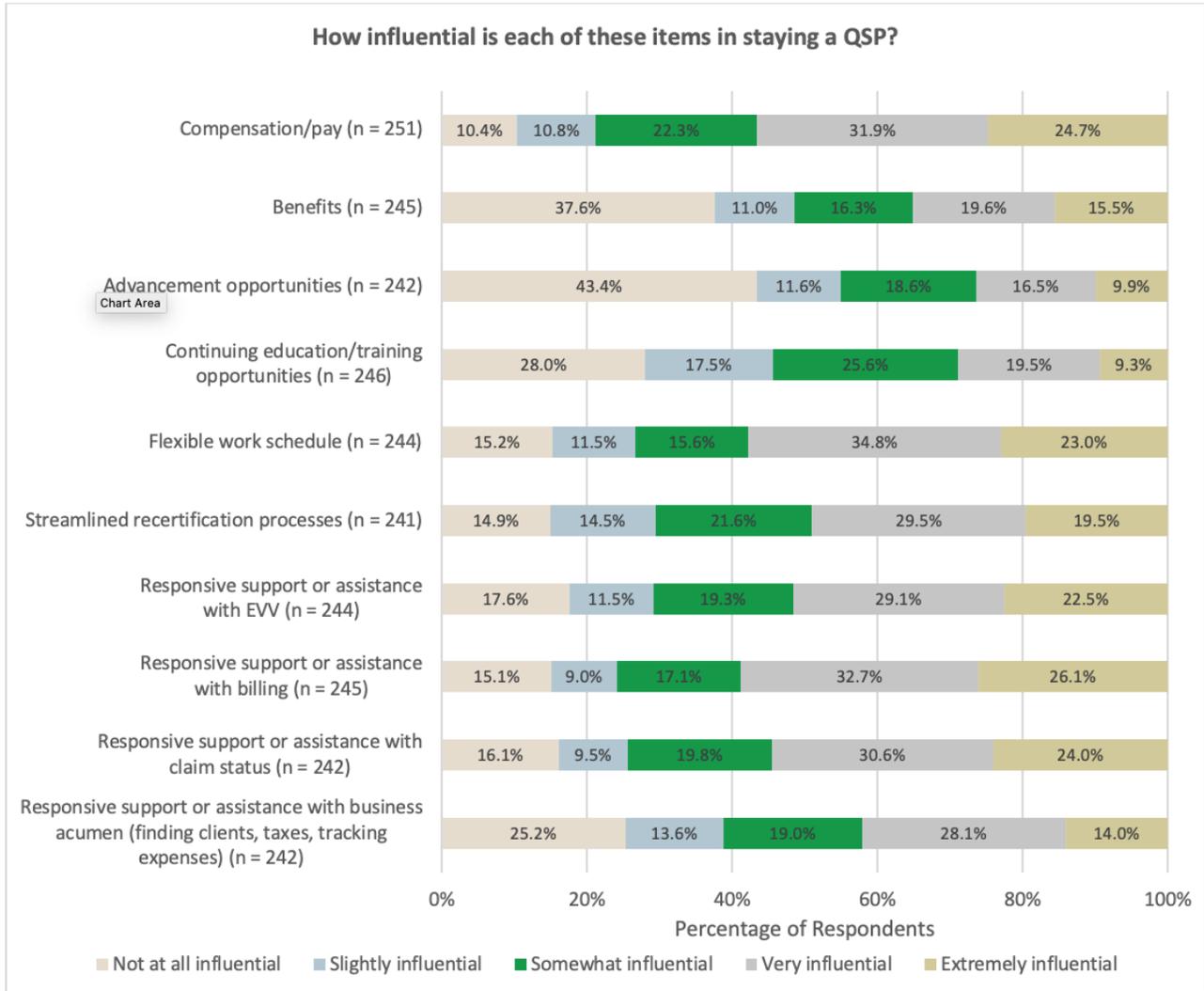
\*Data note: This question was only displayed to the 56 participants who indicated they provide care for individuals that qualify for the Rural Differential rate.

**General**

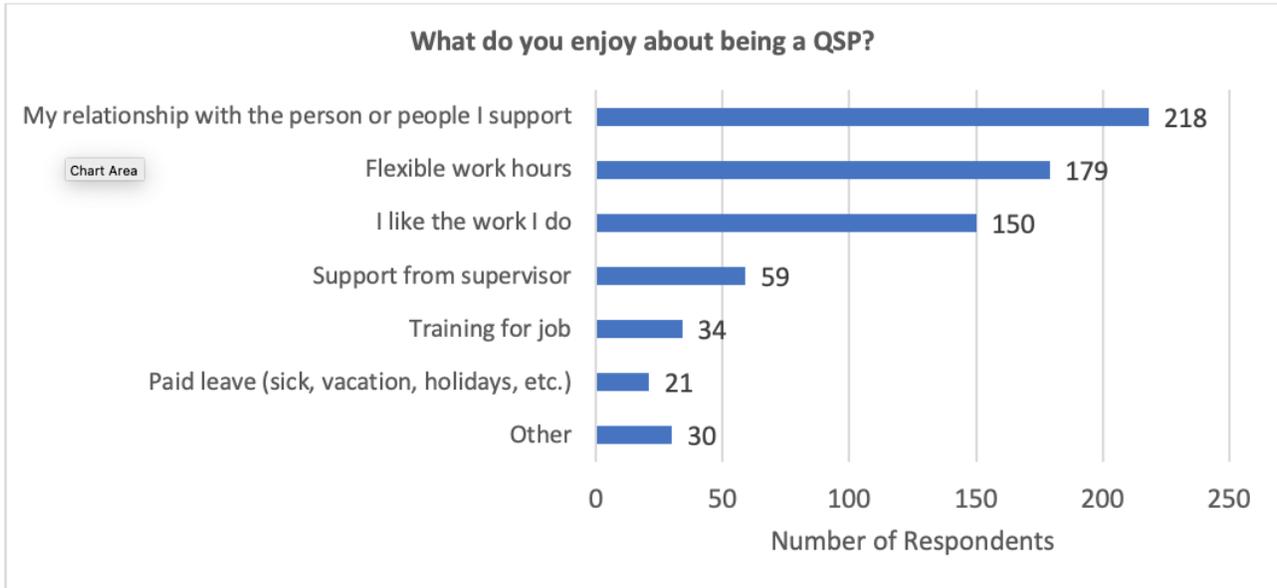
**Figure 14. Rating of how influential each item is in becoming a QSP**



**Figure 15. Rating of how influential each item is in staying a QSP**

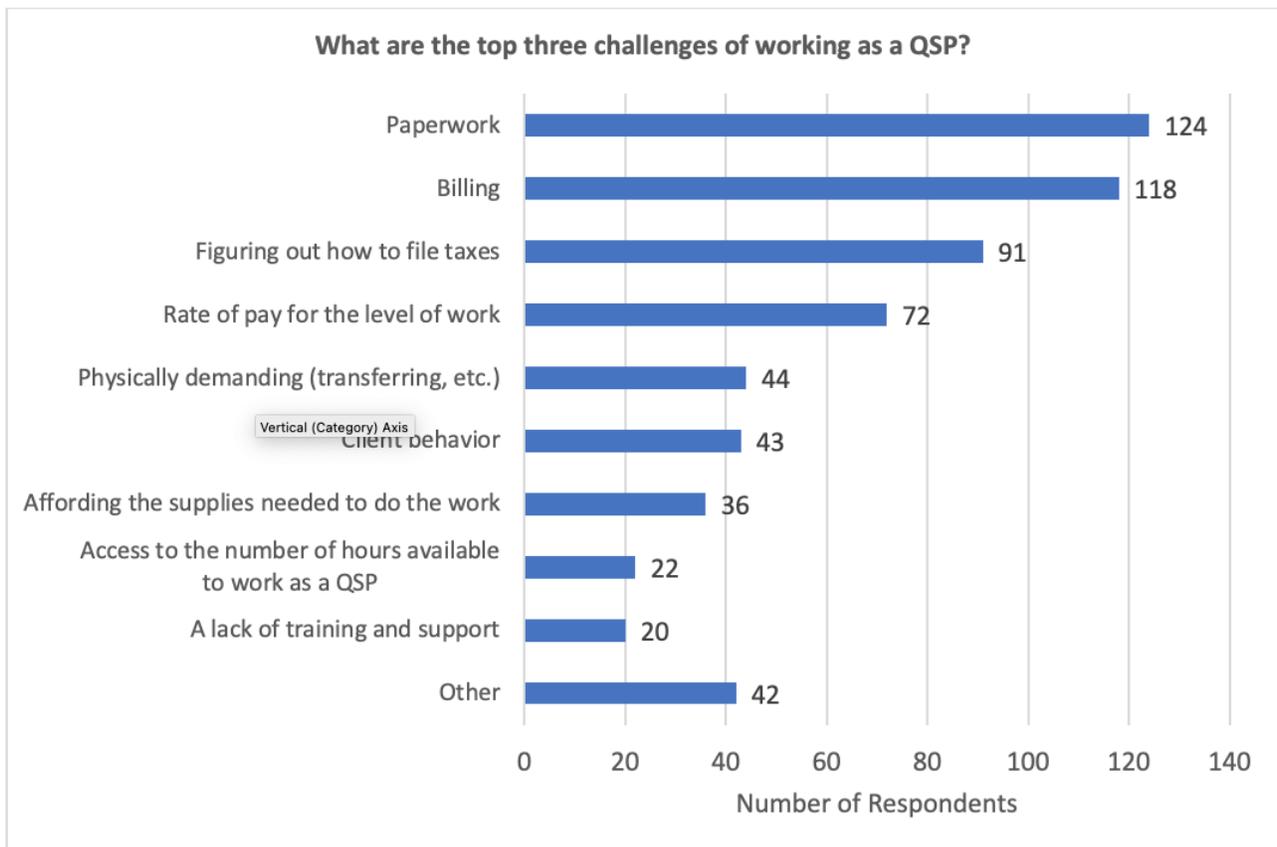


**Figure 16. Enjoyable aspects of working as a QSP (n = 264)\***



\*Data note: Participants were able to select more than one response option for this question.

**Figure 17. Top challenges of working as a QSP (n = 253)\***



\*Data note: Participants were able to select up to three response options for this question.

**Figure 18. Motivation to enroll as a QSP (n = 264)\***



\*Data note: Participants were able to select more than one response option for this question.

At the end of the survey, participants were asked if they had any additional comments. Qualitative analysis was conducted to determine the most prevalent themes among the 88 responses provided. The most common themes were as follows: happy with the job/the program (n = 26), payment/billing/claims concerns (n = 18), no comment (n = 16), insufficient compensation/benefits (n = 8), rural differential rate concerns (n = 5), need more QSPs (n = 4), need more clients (n = 3), and too much paperwork (n = 3). Some responses covered more than one theme, and 11 responses did not fit into any of the themes.

## **QSP Agency Survey**

### ***Response Rate***

Out of the 228 electronic invitations sent to QSP agencies, there were 98 records received in Qualtrics. Blank records and records where participants did not respond beyond survey question three were excluded from analyses. Using these criteria, there were 13 records excluded from the analyses. Thus, 85 records (37.3% of the total invitations sent) were included in the analyses. Missing data were excluded using the pairwise method, and the number of valid responses is indicated for each question. Some of the questions allowed participants to select more than one response option. Therefore, some of the questions may have response totals greater than the number of respondents or percentage totals greater than 100.0%.

### ***Respondents' Demographics***

Participants were asked to identify their role within the QSP agency and were able to select more than one role. Of the 85 responses provided, 47.1% (n = 40) were owners, 23.5% (n = 20) were managers, 17.6% (n = 15) were administrators, 12.9% (n = 11) were nurses, 11.8% (n = 10) were directors, 11.8% (n = 10) were supervisors, 8.2% (n = 7) were CEOs, 7.1% (n = 6) were direct support people, 4.7% (n = 4) were care coordinators, and 5.9% (n = 5) were another role not listed.

Additionally, participants were asked to provide their race, and the breakdown of the 76 responses was as follows: 47.4% (n = 36) identified as White, 43.4% (n = 33) identified as Black, 3.9% (n = 3) identified as American Indian or Alaska Native, 1.3% (n = 1) identified as Asian, and 3.9% (n = 3) identified as another race not listed.

### ***Demographics Summary of QSPs Employed by Agencies***

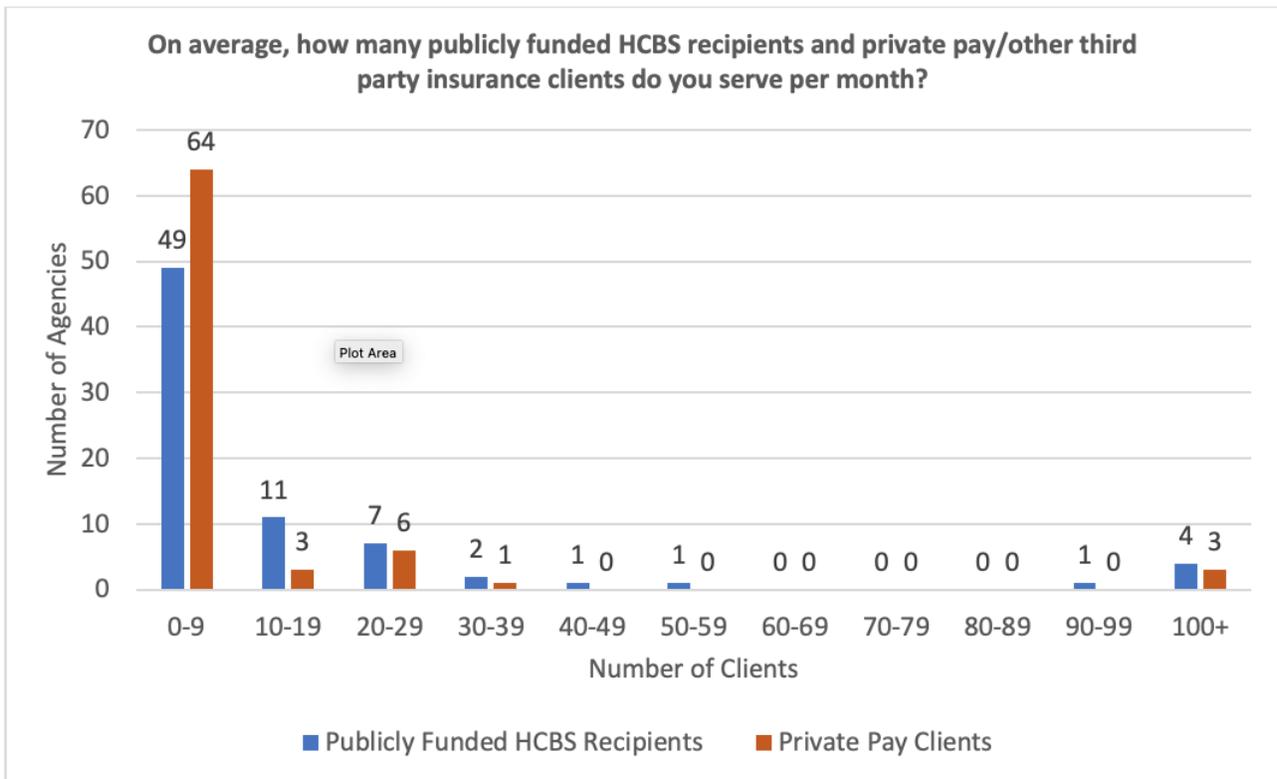
When asked how many QSPs they employed in an average month over the past year, a majority (72.9%, n = 62) of the 85 responding agencies reported employing 0-9 QSPs, followed by 10.6% (n = 9) reporting they employed 10-19 QSPs, 4.7% (n = 4) reporting they employed 20-29 QSPs, and 4.7% (n = 4) reporting they employed 60 or more QSPs. Moreover, 3.5% (n = 3) of agencies reported employing 40-49 QSPs, 2.4% (n = 2) of agencies reported employing 30-39 QSPs, and 1.2% (n = 1) of agencies reported employing 50-59 QSPs in an average month.

Some basic demographic information was collected about QSPs employed by the agencies, such as their age. When asked to indicate the ages of QSPs that they employ, agencies were able to select more than one response option. Of the 80 responses, 67.5% (n = 54) of agencies reported employing QSPs between 25 and 34 years old, 63.8% (n = 51) reported employing QSPs between 35 and 44 years old, 52.5% (n = 42) reported employing QSPs between 18 and 24 years old, 48.8% (n = 39) reported employing QSPs between 45 and 54 years old, 43.8% (n = 35) reported employing QSPs between 55 and 64 years old, and 20.0% (n = 16) reported employing QSPs 65 years and older.

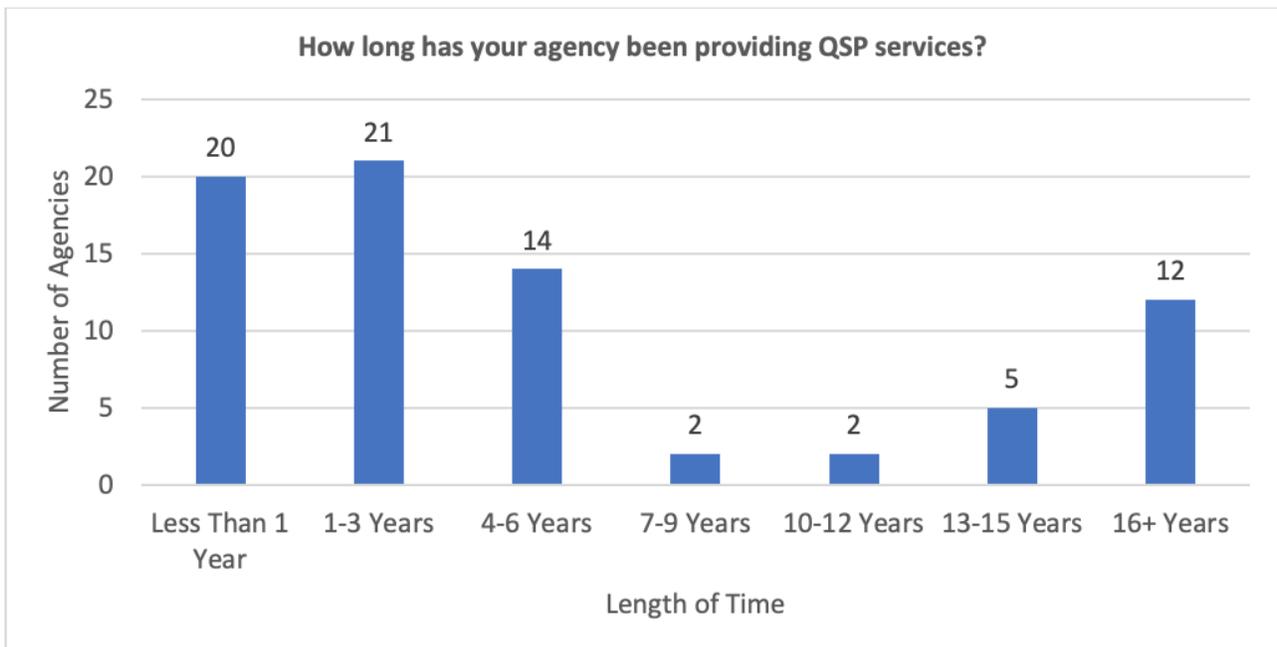
The average length of time QSPs have worked at the agencies was also assessed. Of the 74 responses, 39.2% (n = 29) of agencies reported the average length of time QSPs worked at their agency was 1-2 years, 24.3% (n = 18) reported the average time was less than 1 year, 17.6% (n = 13) reported the average time was 3-4 years, 9.5% (n = 7) reported the average time was longer than 10 years, 5.4% (n = 4) reported the average time was 5-6 years, 2.7% (n = 2) reported the average time was 9-10 years, and 1.4% (n = 1) reported the average length of time was 7-8 years.

**QSP Services**

**Figure 19. Average number of publicly funded HCBS recipients (n = 76) and private pay/other third-party insurance clients (n = 77) served per month by agencies**

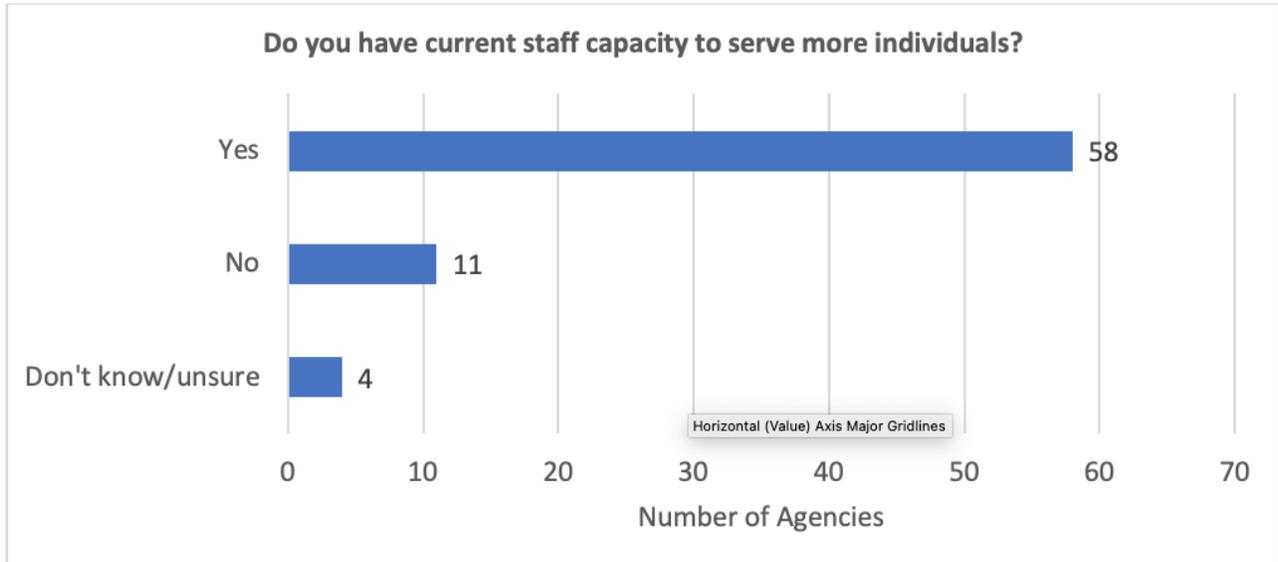


**Figure 20. Length of time agencies have provided QSP services (n = 76)**

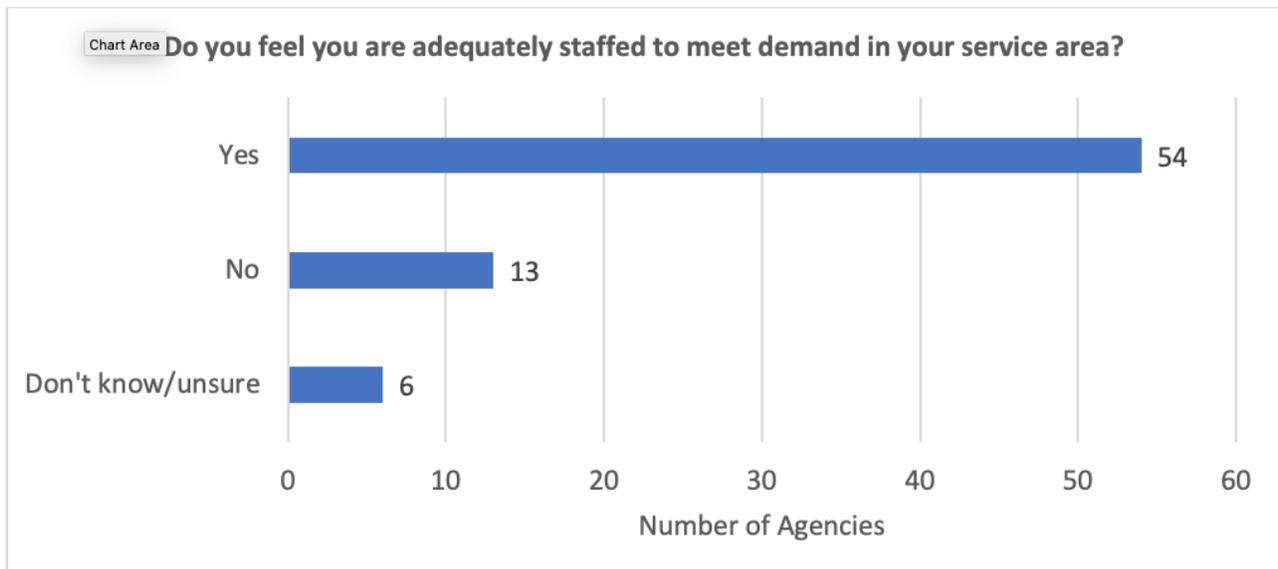


QSP agencies were asked several questions aimed at assessing their current staff capacity, their potential ability to serve more individuals, and their plans to grow their business. The results are shown below in Figures 21 through 25.

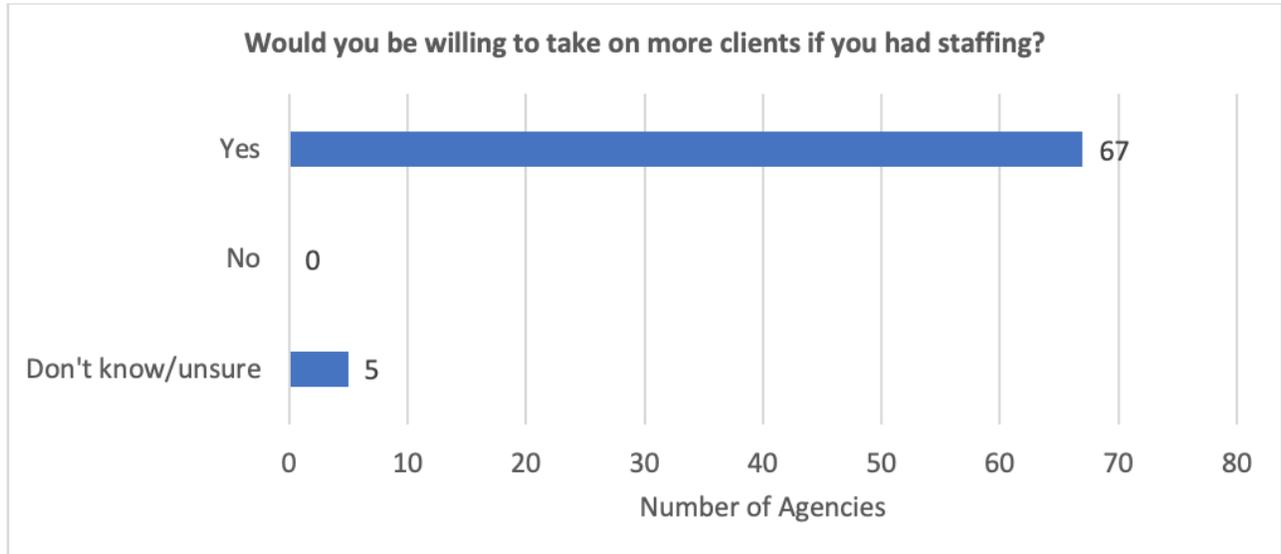
**Figure 21. QSP agencies that have current staff capacity to serve more individuals (n = 73)**



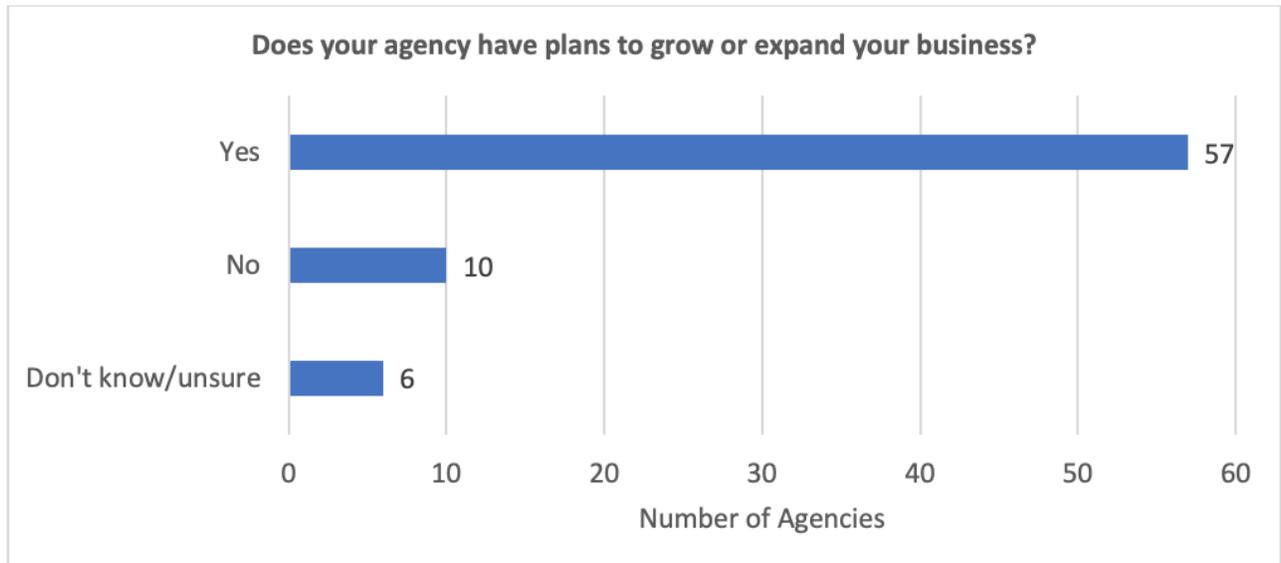
**Figure 22. QSP agencies that feel adequately staffed to meet demand in their service area (n = 73)**



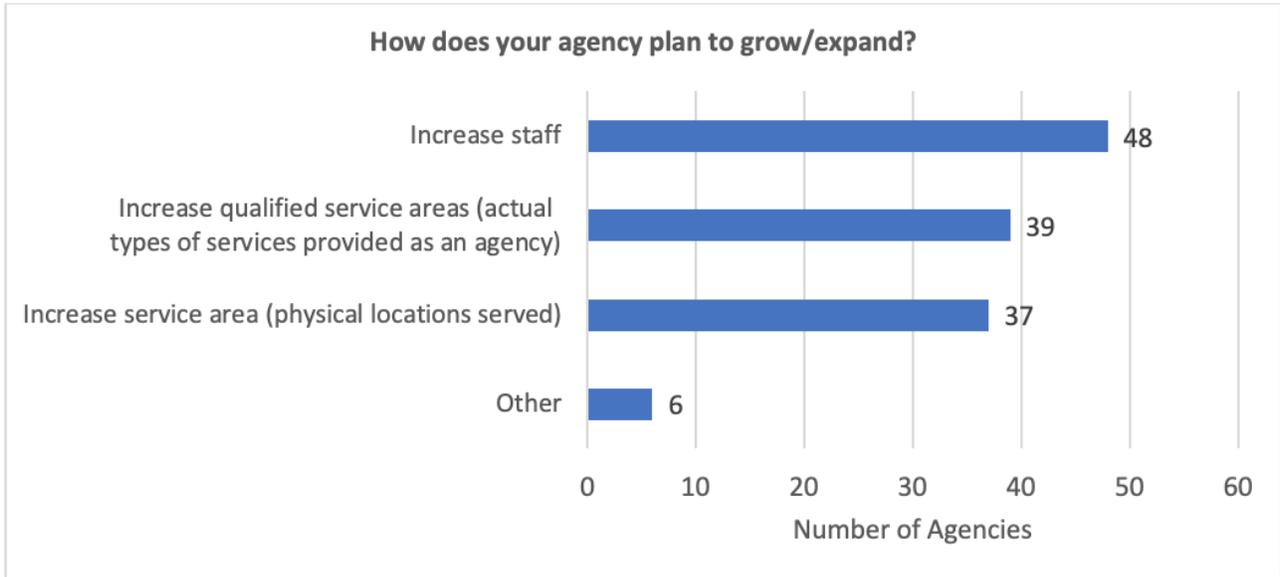
**Figure 23. QSP agencies willing to take on more clients if they had staffing (n = 72)**



**Figure 24. QSP agencies with plans to grow or expand their business (n = 73)**



**Figure 25. Ways QSP agencies plan to grow and expand (n = 57)\***

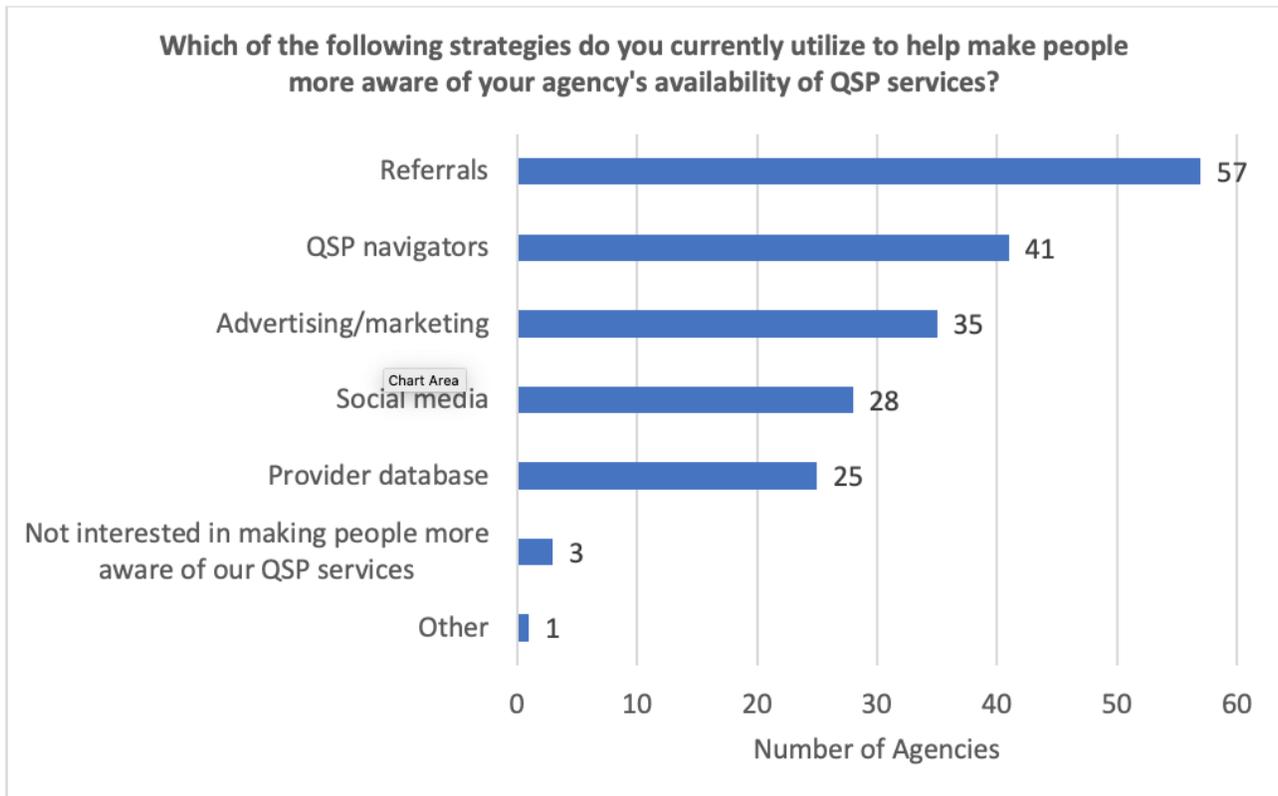


\*Data note: This question was only displayed to the 57 participants who indicated their agency had plans to grow or expand their QSP business. Participants were able to select more than one response option for this question.

**Figure 26. Average length of time it takes to recruit for an open QSP position (n = 72)**



Figure 27. Strategies currently utilized by agencies to make people more aware of their QSP services (n = 69)\*



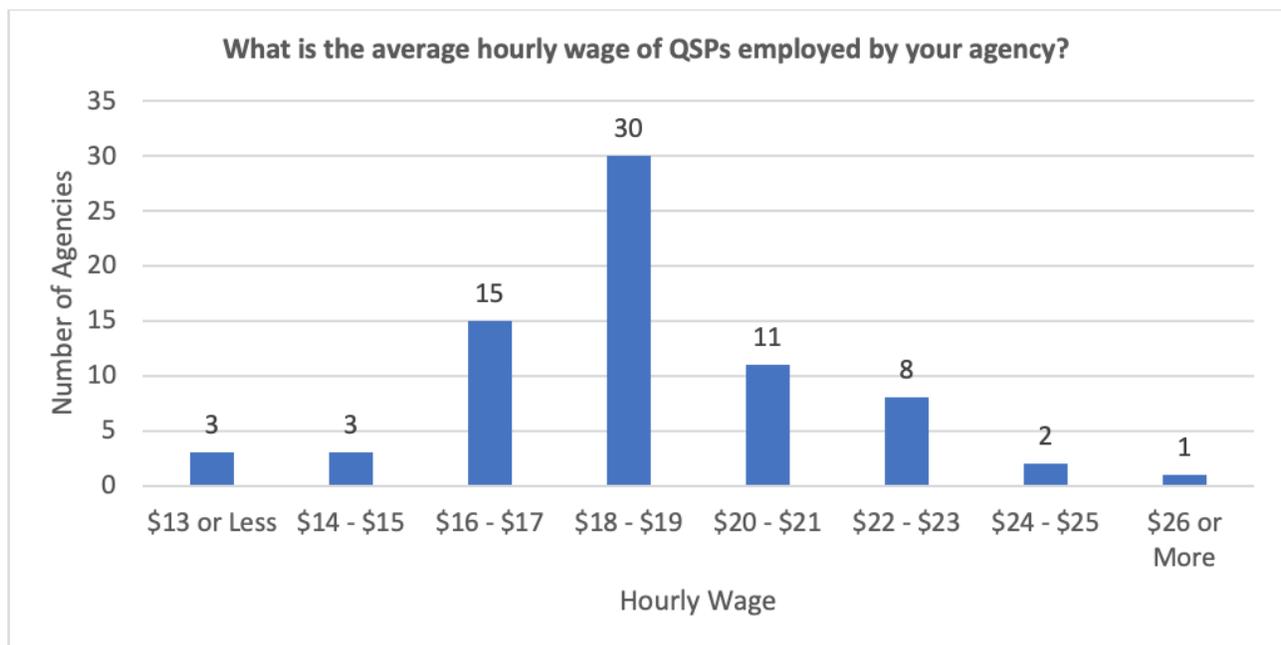
\*Data note: Participants were able to select more than one response option for this question.

**Compensation and Benefits**

**Table 1. Benefits offered by QSP agencies**

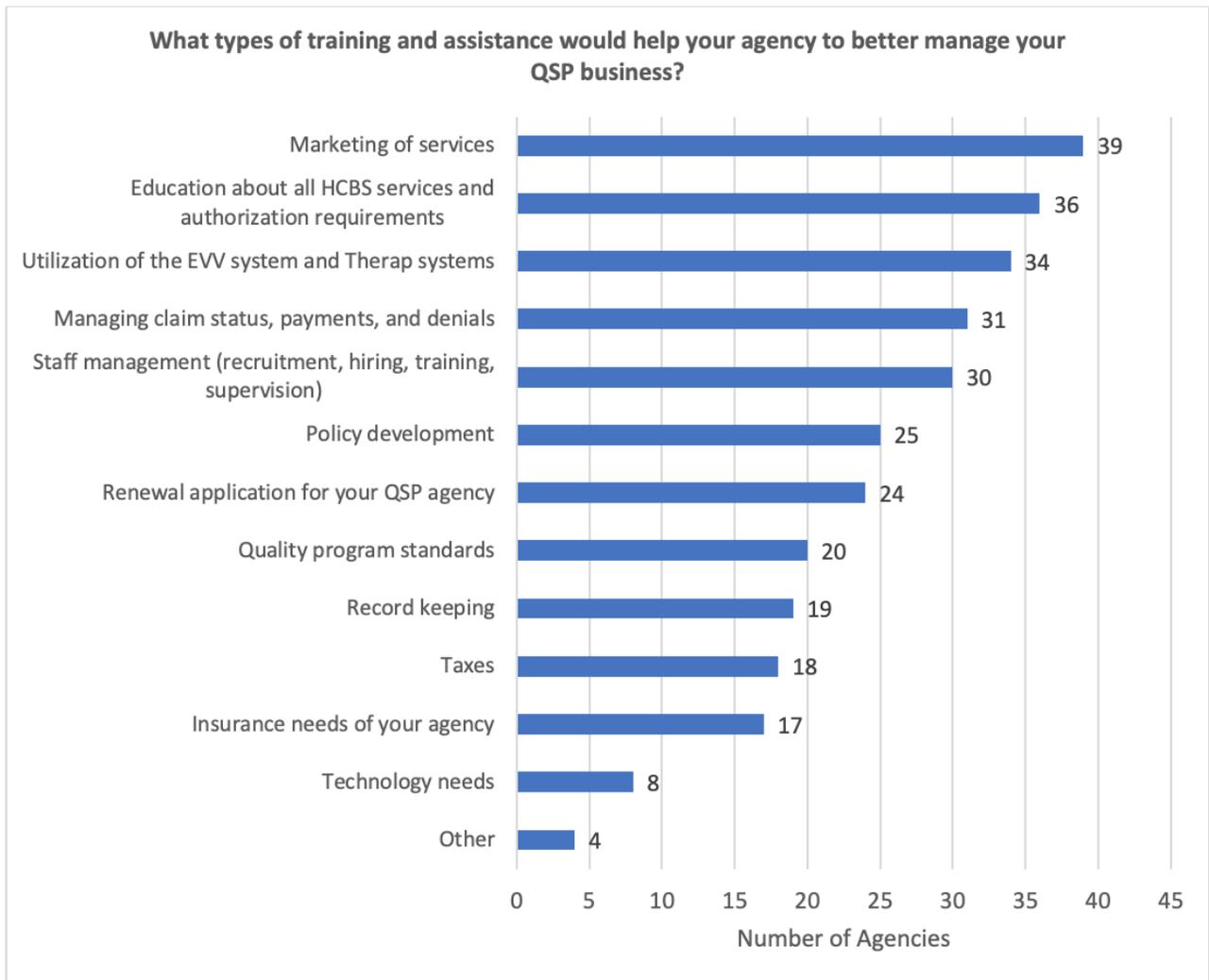
Benefit	Yes (n)	Yes (%)	No (n)	No (%)	Total Responses (n)
Paid time off (PTO), not differentiating between sick and vacation time	33	47.1%	37	52.9%	70
Paid sick leave	24	34.3%	46	65.7%	70
Paid vacation	23	33.8%	45	66.2%	68
Health insurance	30	44.1%	38	55.9%	68
Dental insurance	29	42.6%	39	57.4%	68
Vision insurance	29	42.0%	40	58.0%	69
Life insurance	24	36.4%	42	63.6%	66
Retirement plan	28	41.8%	39	58.2%	67
Short term disability	21	35.0%	39	65.0%	60
Long term disability	20	33.3%	40	66.7%	60
Job advancement opportunities	43	66.2%	22	33.8%	65

**Figure 28. Average hourly wage of QSPs employed by agencies (n = 73)**



**Trainings**

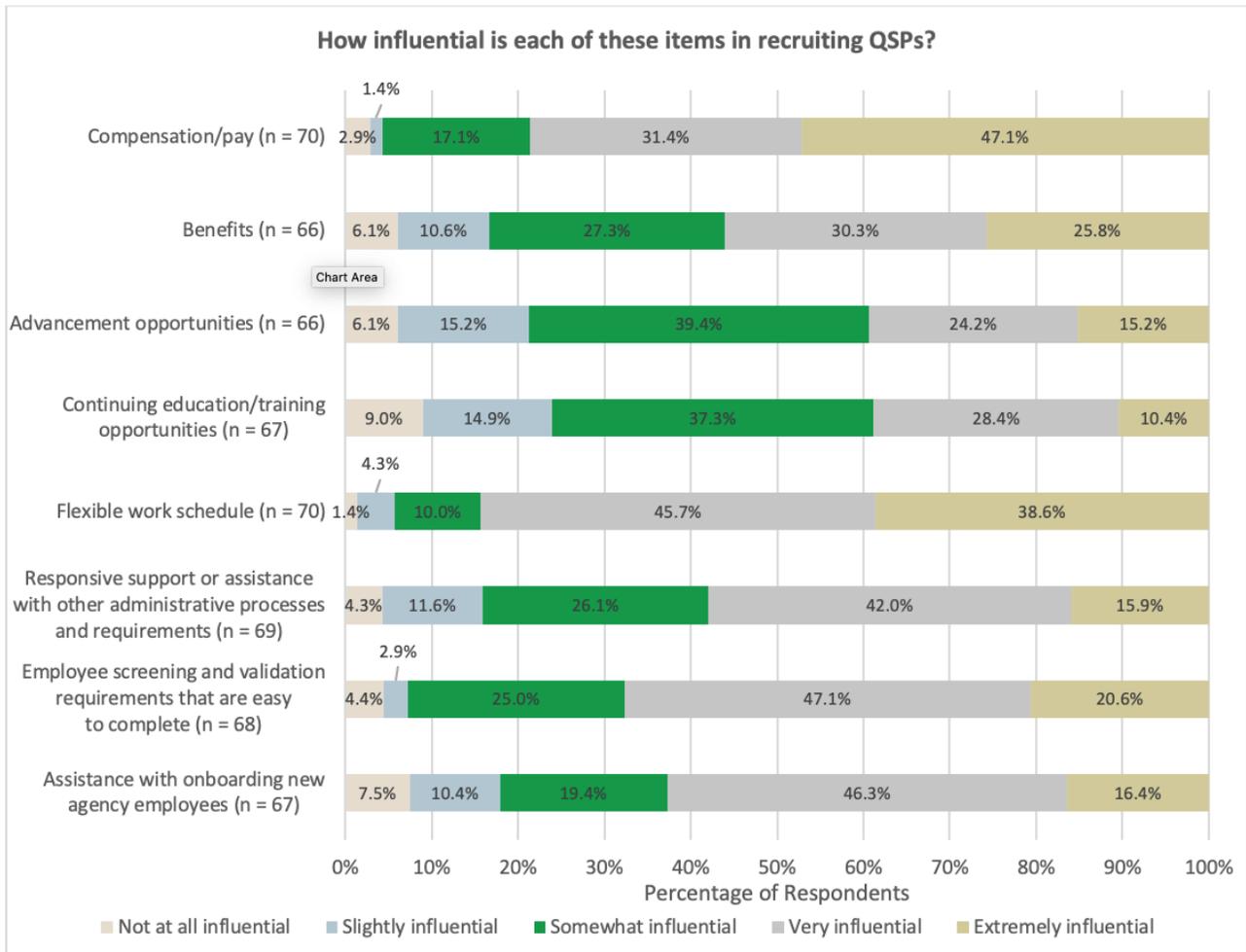
**Figure 29. Types of training and assistance that would help agencies better manage their QSP business (n = 69)\***



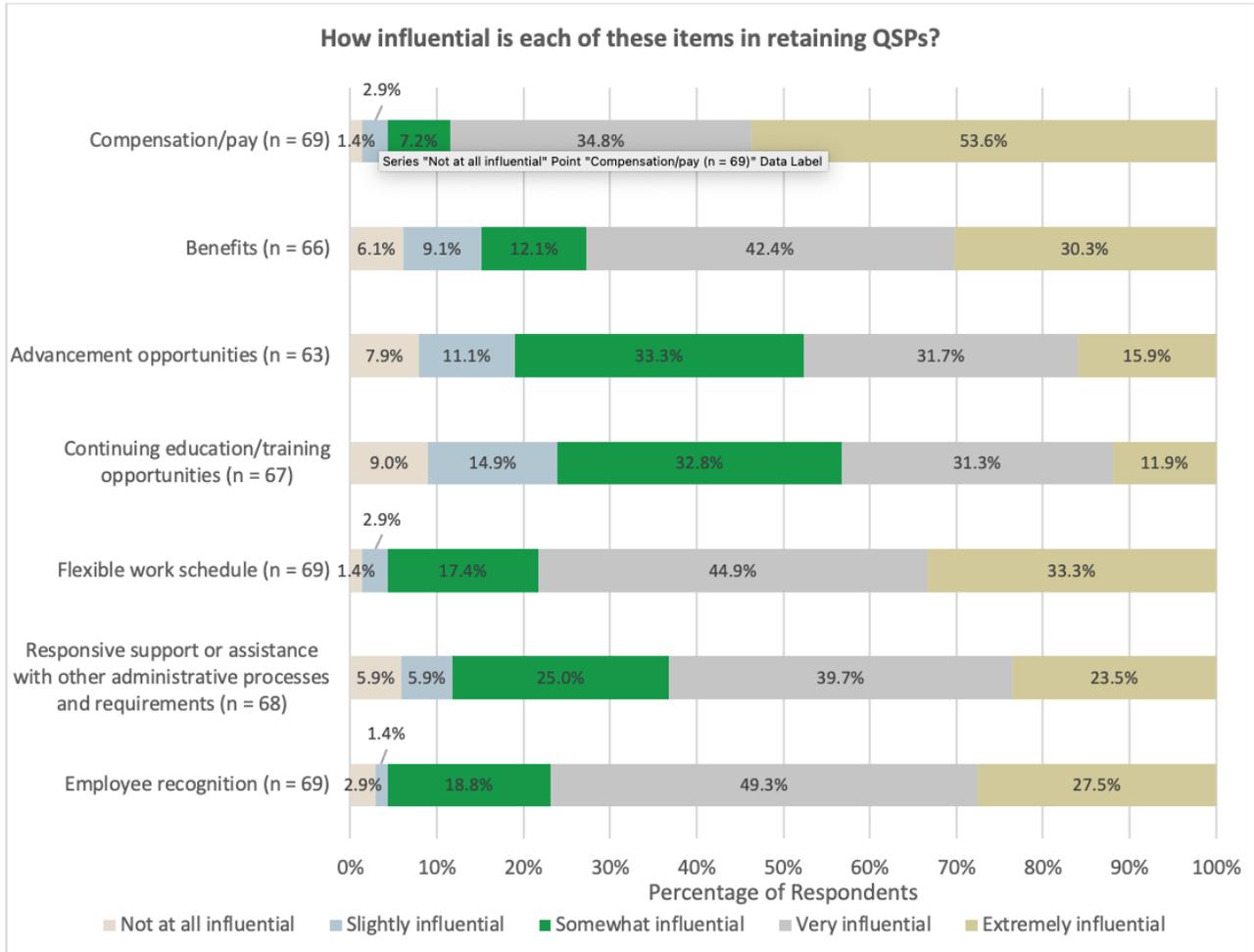
\*Data note: Participants were able to select more than one response option for this question.

**General**

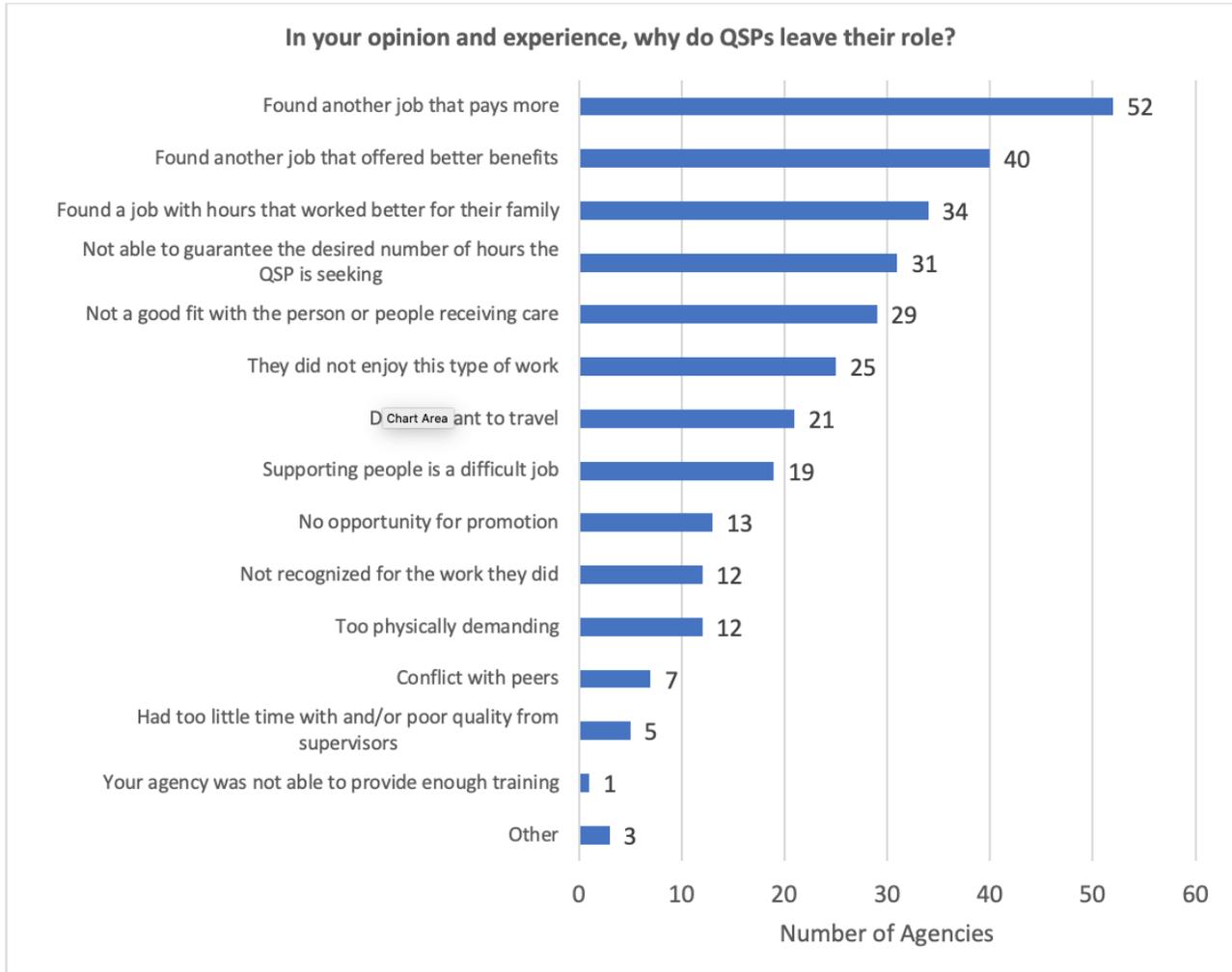
**Figure 30. Rating of how influential each item is in recruiting QSP employees**



**Figure 31. Rating of how influential each item is in retaining QSP employees**



**Figure 32. Reasons why QSPs leave their role (n = 70)\***



\*Data note: Participants were able to select more than one response option for this question.

The one agency that indicated their agency was not able to provide enough training in Figure 32 was asked a follow-up question to assess why that was the case. The agency indicated that they were not able to provide enough training because the cost to train is too high.

At the end of the survey, QSP agencies were asked if they had any additional comments. Qualitative analysis of the 21 responses revealed that the most common themes were issues getting clients/referrals (n = 10), no comment/NA (n = 6), financial issues (n = 3), and need more training (n = 1). Three agencies had other comments that did not fit within any of the themes, and some responses covered more than one theme.

## Discussion

### QSP Services

The majority of individual QSPs reported serving one publicly funded home and community-based services (HCBS) recipient per month and zero private pay or other third-party insurance clients per month on average. The majority of QSP agencies reported serving between 0-9 publicly funded HCBS recipients per month and between 0-9 private pay or other third-party insurance clients per month on average.

Both individual QSPs and QSP agencies most commonly reported providing services for 1-3 years. Family or individual QSPs most commonly reported providing 24/7 care. QSPs who worked for an agency most commonly reported working 40-49 hours per week for the agency. One-third of individual QSPs indicated they had the capacity to serve more individuals. Among those individual QSPs, referrals were most commonly used to help make people more aware of their availability of QSP services. Similarly, QSP agencies most commonly used referrals to help make people more aware of their availability of services.

QSP agencies were asked several questions aimed at assessing their current capacity and potential ability to serve more people. The majority of responding QSP agencies indicated they currently had staff capacity to serve more individuals. Additionally, over two-thirds of QSP agencies indicated they are adequately staffed to meet demand in their service area. The overwhelming majority of responding agencies indicated they would be willing to take on more clients if they had staffing. Over three-fourths of responding agencies indicated their agency has plans to grow or expand their business. Among those agencies who planned to grow or expand, increasing staff was the most common way they planned to do so, followed by increasing their qualified services areas (actual types of services provided as an agency). The majority of QSP agencies indicated that it takes an average of three months or less to recruit for an open QSP position.

### Documentation of Competency

Over half of individual QSPs reported using the SFN 750 to show documentation of competency to become a QSP. Among those who used the SFN 750, an overwhelming majority felt that showing the competency requirements to a healthcare provider was adequate. Moreover, less than one-third of individual QSPs who used the SFN 750 reported using the nurse from Train ND to help with this competency.

### Compensation and Benefits

When asked to indicate whether or not they offered particular benefits, the only benefit offered by over half of responding QSP agencies was job advancement opportunities. The most common average hourly wage for employees reported by QSP agencies was \$18.00 - \$19.00. Three

agencies reported providing an average hourly wage of \$13.00 or less, and one agency reported providing the highest average hourly wage of \$26.00 per hour or more.

## **Trainings**

Less than half of individual QSPs indicated there are skills trainings that could help to improve or expand their services. Among those QSPs who indicated skills training would be helpful, the most commonly desired training topic was learning how to best provide the care, followed by training on specific types of diseases and medical conditions.

QSP agencies were asked what types of training and assistance would help them to better manage their QSP business. The most common response was marketing of services, followed by education about all HCBS services and authorization requirements.

## **Rural Differential Rate**

More individual QSPs reported they did not provide care for individuals that qualify for the rural differential rate than those who did. Moreover, greater than one-third of QSPs were unsure if they provide care for individuals that qualify for the rural differential rate. Among QSPs who reported serving individuals that qualify for the rural differential rate, the majority reported that the rural differential rate helps them to serve more people and encourages them to drive to rural areas.

## **General**

When asked how influential various factors were in becoming a QSP, individual QSPs most commonly responded that the desire to help others/make a difference in people's lives was extremely influential. Individual QSPs most commonly indicated that compensation/pay, a flexible work schedule, streamlined recertification processes, and responsive support or assistance with EVV, billing, claim status, and business acumen were very influential in staying a QSP. When asked to indicate the top three challenges of working as a QSP, paperwork, billing, and figuring out how to file taxes were the response options most commonly chosen by individual QSPs in that order. The most common response to what individual QSPs enjoy about their work was the relationships with the people they support. When asked what motivated them to enroll as a QSP, the most common response among individual QSPs was someone important to them needed care.

When QSP agencies were asked to rate how influential various factors were in recruiting and retaining QSPs, compensation/pay was most commonly chosen as being extremely influential in both instances. Relatedly, agencies most commonly indicated that the reason QSPs leave their role is due to finding another job that pays more.

## Conclusion

Qualified Service Providers (QSPs) fill an important role in healthcare workforce. They allow clients to remain in their homes and communities while receiving vital services. The results of both the individual QSP survey and the agency QSP survey provide valuable insight into the current state of the QSP workforce in North Dakota as well as the needs of that workforce. These survey results will be used to continue to guide and enhance the services provided by the North Dakota QSP Hub.

## References

North Dakota Health and Human Services. (2025). Adults and Aging Qualified Service Providers (QSP). Retrieved from <https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>.

## Appendix A

### 2025 Individual QSP Survey

1. Are you an individual QSP, employed by a QSP agency, or both?

- Individual QSP (self-employed)
- Employed by a QSP agency
- Both

2. What type(s) of individual QSP are you? (Check all that apply)

- Family Home Care
- Family Personal Care
- Individual Provider

3. Do you have a close personal relationship with any of the people you provide care for that started before you became their QSP?

- Yes
- No

4. What is your age?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years or older

5. What is your gender? (Optional)

- Male
- Female
- Transgender woman
- Transgender man
- Non-binary/gender queer

- Two-spirited
- Prefer not to say
- Gender identity not listed (please specify): \_\_\_\_\_

6. What is your race? (Optional)

- White
- American Indian or Alaska Native
- Black
- Asian
- Native Hawaiian or Pacific Islander
- Other (please specify): \_\_\_\_\_

7. What is your highest level of education?

- Some high school
- High school diploma or GED
- Associate's degree or 2-year degree
- Some college
- Bachelor's or 4-year degree
- Post-graduate degree
- Prefer not to answer

8. Do you have any other jobs aside from working as a QSP?

- Yes
- No

9. If you answered 'Yes' to Question 8, on average, how many hours per week do you work at your additional job(s)?

- 0-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours

- 40-49 hours
- 50-59 hours
- 60 or more hours

10. How long have you been providing QSP services?

- Less than 1 year
- 1-3 years
- 4-6 years
- 7-9 years
- 10-12 years
- 13-15 years
- 16 or more years

11. On average, how many publicly funded HCBS recipients do you serve per month as a QSP (i.e., Medicaid waiver, SPED, Ex-SPED, and Medicaid State Plan - Personal Care)?

- 0 clients
- 1 client
- 2-3 clients
- 4-6 clients
- 7-9 clients
- 10-12 clients
- 13-15 clients
- 16 or more clients
- Unknown

12. On average, how many private pay or other third party insurance clients do you serve per month (i.e., not funded by the state or Medicaid)?

- 0 clients
- 1 client
- 2-3 clients

- 4-6 clients
- 7-9 clients
- 10-12 clients
- 13-15 clients
- 16 or more clients
- Unknown

13. Typically, how many hours do you work per week as a family/individual QSP? Check 'Not applicable' if the category does not apply to you.

- 0-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40-49 hours
- 50-59 hours
- 60 or more hours
- 24/7 care
- Not applicable

14. Typically, how many hours do you work per week for a QSP agency? Check 'Not applicable' if the category does not apply to you.

- 0-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40-49 hours
- 50-59 hours
- 60 or more hours
- 24/7 care
- Not applicable

15. How influential is each of these items in becoming a QSP? Please rate each item.

	<b>Not at all influential</b>	<b>Slightly influential</b>	<b>Somewhat influential</b>	<b>Very influential</b>	<b>Extremely influential</b>
Compensation/pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancement opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing education/training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applications and paperwork that are easy to complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with ongoing application support (making error corrections and submitting missing documents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of time it takes to get started working as a QSP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to help others/make a difference in people's lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How influential is each of these items in staying a QSP? Please rate each item.

	<b>Not at all influential</b>	<b>Slightly influential</b>	<b>Somewhat influential</b>	<b>Very influential</b>	<b>Extremely influential</b>
Compensation/pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancement opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing education/training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streamlined recertification processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive support or assistance with EVV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive support or assistance with billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive support or assistance with claim status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive support or assistance with business acumen (e.g., finding clients, taxes, tracking expenses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Did you use the SFN 750 to show documentation of competency to become a QSP?

- Yes
- No
- Don't know/unsure

18. If you answered 'Yes' to Question 17, do you feel showing the competency requirements to a healthcare provider was adequate?

- Yes
- No

19. If you answered 'Yes' to Question 17, did you use the nurse from Train ND to help you with this competency?

- Yes
- No
- Don't know/unsure

20. Are there skills trainings that could help you improve or expand the services that you provide?

- Yes
- No

21. If you answered 'Yes' to Question 20, what skills training(s) would be helpful to you and improve or expand your ability to meet the needs of the people you provide services to at this time? (Check all that apply)

- Learn how to best provide the care
- Building client relationships
- Training on specific types of diseases and medical conditions (please indicate which specific ones):  
\_\_\_\_\_
- Other (please specify): \_\_\_\_\_

22. Do you have the capacity to serve more individuals?

- Yes
- No
- Don't know/unsure

23. If you answered 'Yes' to Question 22, which of the following strategies do you currently utilize to help make people more aware of your availability of QSP services? (Check all that apply)

- Advertising/marketing
- Provider database
- Social media
- Referrals
- QSP navigators
- Other (please specify): \_\_\_\_\_
- I am not interested in making people more aware of my QSP services (please specify why):  
\_\_\_\_\_

24. What do you enjoy about being a QSP? (Check all that apply)

- Flexible work hours
- Support from supervisor
- Paid leave (sick, vacation, holidays, etc.)
- Training for job
- I like the work I do
- My relationship with the person or people I support
- Other (please specify): \_\_\_\_\_

25. What are the top 3 challenges of working as a QSP? (Select up to 3 options)

- Billing
- Paperwork
- Physically demanding (i.e., transferring, etc.)
- Figuring out how to file taxes
- A lack of training and support
- Affording the supplies needed to do the work
- Access to the number of hours available to work as a QSP

- Rate of pay for the level of work
- Client behavior
- Other (please specify): \_\_\_\_\_

26. What motivated you to enroll as a QSP? (Check all that apply)

- Someone important to me needed care
- I love working with/helping people
- I wanted to enable individuals to stay in their homes
- Obtaining additional income
- Having a flexible schedule
- I wanted to provide one on one care
- Other (please specify): \_\_\_\_\_

27. Do you provide care for individuals that qualify for the Rural Differential rate?

- Yes
- No
- Don't know/unsure

28. If you answered 'Yes' to Question 27, does the Rural Differential rate help you serve more people/encourage you to drive to rural areas?

- Yes
- No
- Don't know/unsure

29. Do you have any additional comments?

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## Appendix B

### 2025 QSP Agency Survey

1. What is your role within the QSP agency? (Check all that apply)

- Owner
- Nurse
- Care coordinator
- Manager
- Director
- Supervisor
- CEO
- Direct support person
- Administrator
- Other (please specify): \_\_\_\_\_

2. What is your race? (Optional)

- White
- American Indian or Alaska Native
- Black
- Asian
- Native Hawaiian or Pacific Islander
- Other (please specify): \_\_\_\_\_

3. Over the last year, how many QSPs/direct care employees did you employ in an average month?

- 0-9
- 10-19
- 20-29
- 30-39
- 40-49

- 50-59
- 60 or more

4. What ages of QSPs/direct care employees do you employ? (Check all that apply)

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years or older

5. What is the average length of time QSPs/direct care employees have worked at your agency?

- Less than one year
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 9-10 years
- More than 10 years

6. What is the average hourly wage of QSPs/direct care employees employed by your agency?

- \$13 per hour or less
- \$14 - \$15 per hour
- \$16 - \$17 per hour
- \$18 - \$19 per hour
- \$20 - \$21 per hour
- \$22 - \$23 per hour
- \$24 - \$25 per hour
- \$26 per hour or more

7. How long has your agency been providing QSP services?

- Less than 1 year
- 1-3 years
- 4-6 years
- 7-9 years
- 10-12 years
- 13-15 years
- 16 or more years

8. On average, how many publicly funded HCBS recipients do you serve per month as a QSP agency (i.e., Medicaid waiver, SPED, Ex-SPED, and Medicaid State Plan - Personal Care)?

- 0-9 clients
- 10-19 clients
- 20-29 clients
- 30-39 clients
- 40-49 clients
- 50-59 clients
- 60-69 clients
- 70-79 clients
- 80-89 clients
- 90-99 clients
- 100 or more clients

9. On average, how many private pay or other third party insurance clients do you serve per month (i.e., not funded by the state or Medicaid)?

- 0-9 clients
- 10-19 clients
- 20-29 clients
- 30-39 clients
- 40-49 clients

- 50-59 clients
- 60-69 clients
- 70-79 clients
- 80-89 clients
- 90-99 clients
- 100 or more clients

10. Does your agency offer any of the following benefits? Please respond to each item in the matrix below.

	Yes	No
Paid Time Off (PTO), not differentiating between sick and vacation time	<input type="radio"/>	<input type="radio"/>
Paid sick leave	<input type="radio"/>	<input type="radio"/>
Paid vacation	<input type="radio"/>	<input type="radio"/>
Health insurance	<input type="radio"/>	<input type="radio"/>
Dental insurance	<input type="radio"/>	<input type="radio"/>
Vision insurance	<input type="radio"/>	<input type="radio"/>
Life insurance	<input type="radio"/>	<input type="radio"/>
Retirement plan	<input type="radio"/>	<input type="radio"/>
Short term disability	<input type="radio"/>	<input type="radio"/>
Long term disability	<input type="radio"/>	<input type="radio"/>
Job advancement opportunities	<input type="radio"/>	<input type="radio"/>

11. Do you have current staff capacity to serve more individuals?

- Yes
- No
- Don't know/unsure

12. Do you feel you are adequately staffed to meet demand in your service area?

- Yes
- No
- Don't know/unsure

13. Would you be willing to take on more clients if you had staffing?

- Yes
- No
- Don't know/unsure

14. Does your agency have plans to grow or expand your business?

- Yes
- No
- Don't know/unsure

15. **If you answered 'Yes' to Question 14**, how does your agency plan to grow/expand? (Check all that apply)

- Increase staff
- Increase service area (physical locations served)
- Increase qualified service areas (actual types of services provided as an agency)
- Other (please explain): \_\_\_\_\_

16. On average, how long does it take to recruit for an open QSP/direct care employee position?

- Less than 1 month
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- Longer than 1 year
- Don't know/unsure

17. How influential is each of these items in recruiting QSPs/direct care employees? Please rate each item.

	<b>Not at all influential</b>	<b>Slightly influential</b>	<b>Somewhat influential</b>	<b>Very influential</b>	<b>Extremely influential</b>
Compensation/pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancement opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing education/training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive support or assistance with other administrative processes and requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee screening and validation requirements that are easy to complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with onboarding new agency employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How influential is each of these items in retaining QSPs/direct care employees? Please rate each item.

	<b>Not at all influential</b>	<b>Slightly influential</b>	<b>Somewhat influential</b>	<b>Very influential</b>	<b>Extremely influential</b>
Compensation/pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancement opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing education/training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive support or assistance with other administrative processes and requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In your opinion and experience, why do QSPs/direct care employees leave their role? (Check all that apply)

- Did not want to travel
- Found another job that pays more
- Found another job that offered better benefits
- Found a job with hours that worked better for their family
- Not recognized for the work they did
- No opportunity for promotion
- Conflict with peers
- Had too little time with and/or poor quality from supervisors
- Your agency was not able to provide enough training
- Supporting people is a difficult job

- Too physically demanding
- Not able to guarantee the desired number of hours the QSP is seeking
- Not a good fit with the person or people receiving care
- They did not enjoy this type of work
- Other (please specify): \_\_\_\_\_

**[If 'Your agency was not able to provide enough training' is checked in Question 19]**

20. You indicated that one reason QSPs/direct care employees leave their role is that your agency was not able to provide enough training.

Why was your agency not able to provide enough training? (Check all that apply)

- Too time consuming
- Cost to train is too high
- Do not have someone qualified to provide the training
- Other (please specify): \_\_\_\_\_

21. What types of training and assistance would help your agency to better manage your QSP business? Examples: Assist with marketing, hiring, training, policy development, record keeping, etc. (Check all that apply)

- Utilization of the Electronic Visit Verification (EVV) system and Therap systems
- Education about all HCBS services and authorization requirements
- Staff management including recruitment, hiring, training, and supervision
- Record keeping
- Taxes
- Marketing of services
- Policy development
- Quality program standards
- Insurance needs of your agency
- Renewal application for your QSP agency

- Managing claim status, payments, and denials
- Technology needs (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

22. Which of the following strategies do you currently utilize to help make people more aware of your agency's availability of QSP services? (Check all that apply)

- Advertising/marketing
- Provider database
- Social media
- Referrals
- QSP navigators
- Other (please specify): \_\_\_\_\_
- Not interested in making people more aware of our QSP services (please specify why):  
\_\_\_\_\_

23. Do you have any additional comments?

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