



NORTH DAKOTA TRANSITION AND DIVERSION SERVICES
PILOT PROJECT BILLING WORKSHEET
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES
SFN 717 (1-2024)

Name of Person Receiving Services	Service Month and Year Billed	Client identification Number (ND Number) ND
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Instructions: Record the number of 15-minute units of each type of services provided for each day

Example:

Date	Units of TDPP Community-Based Services	Units of Nurse Education/Extended Personal Care-Nurse
3rd	40 units	4 units

Date	Units of TDPP Community-Based Services	Units of Nurse Education/Extended Personal Care-Nurse
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
	Total Number of Units:	Total Number of Units:

Qualified Service Provider Signature	QSP Number	Date
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Email completed billing worksheet to: mfpbilling@nd.gov or Mail to MFP Program Staff, 520 3rd Ave NW, Jamestown, ND 58401
Questions can be directed to jwreuter@nd.gov

Internal Office Use Only

Billing Code

TDPP CBS Units	X	Established Rate	=	Total CBS Amount Approved
Total Nurse/EPC Units	X	Established Rate	=	Total Nurse/EPC Amount Approved