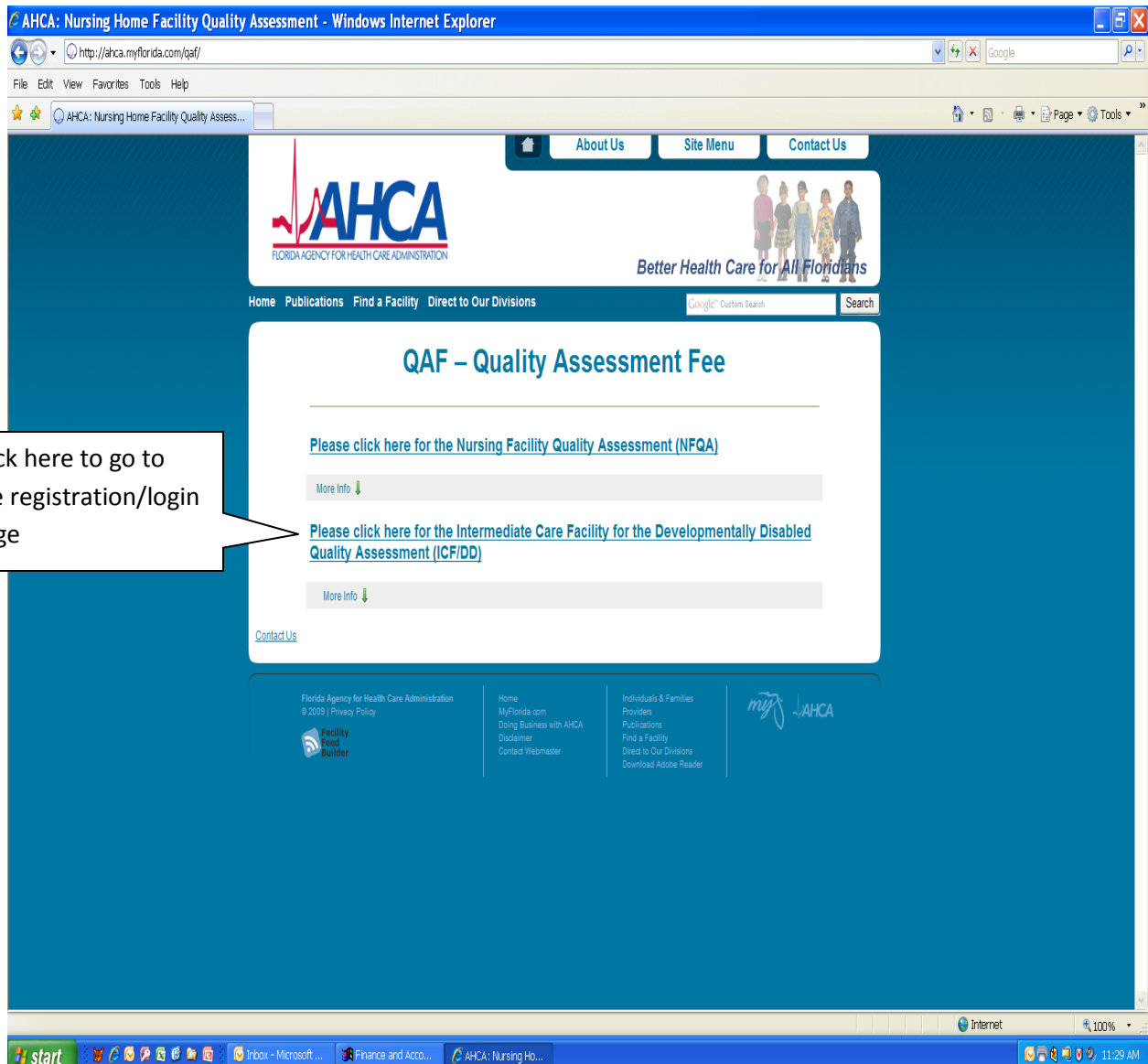


ICF/DD HELP INSTRUCTIONS - REGISTRATION

In order to comply with s. 409.9083, F.S., all Intermediate Care Facilities for the Developmentally Disabled licensed under part VIII of chapter 400, F.S. shall report resident day data. Facilities must register prior to reporting. Registration is a two-part process initiated by the ICF/DD and finalized by the Agency. To register, the ICF/DD must first complete the registration form online at: <http://nfqa.ahca.myflorida.com/>. The link, <Please click here for the ICF/DD Assessment>, takes you to the registration home page. **Registration will not be available until 10/26/2009.**



ICF/DD HELP INSTRUCTIONS - REGISTRATION

Click on <[New Users Register Here](#)>.

The screenshot shows a web browser window titled "AHCA - Nursing Facility Quality Assessment". The address bar displays "http://ahcaxnetdevnew/NFQA/login_new.aspx". The page features the AHCA logo (Florida Agency for Health Care Administration) and the slogan "Better Health Care for All Floridians". A navigation menu includes "Home", "Publications", "Find a Facility", and "Direct to Our Divisions". A search bar is present. The main content area is titled "Facility Quality Assessment" and contains a link "New Users Register Here!". A callout bubble points to this link with the text "Click here to initiate the registration process." Below the link is a login form for existing users with fields for "Enter User ID:" and "Enter Password:", and buttons for "Login", "Cancel", and "Forgot Password". At the bottom, there is a footer with contact information and a "myAHCA" logo.

ICF/DD HELP INSTRUCTIONS - REGISTRATION

Create a User ID and password that meets criteria and complete the registration form data. If you are reporting for more than one facility, you must create a separate User ID for each facility. Your password must have 6-10 characters. Please do not include special characters (!@#\$\$%^ etc...) when creating your user id and password. Once the form is complete click <SUBMIT>. All data must be complete and meet criteria. If not, the website will inform you of any errors before acceptance.

http://ahcaxnetdevnew/AMS/Registration.aspx?id=NFQA - Windows Internet Explorer

http://ahcaxnetdevnew/AMS/Registration.aspx?id=NFQA

File Edit View Favorites Tools Help

http://ahcaxnetdevnew/AMS/Registration.aspx?id=N...

About Us Site Menu Contact Us

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for All Floridians

Publications Find a Facility Direct to Our Divisions Search

Facility Quality Assessment User Registration Form

User ID: * 6-10 Characters

Provider Type: * Please select:

Facility Name: *

First Name: *

Last Name: *

Phone: * () - -

Email: * Email Format: xxxxxx@xxxx.xxxx

Password Recovery Question 1: * Please select:

Security Answer 1: *

Password Recovery Question 2: *

Security Answer 2: *

Password: *

Verify Password: *

Note: After clicking the Submit button, if you registered successfully, you will be direct to the registration agreement form, which is required to print out the user agreement form, fill it out, sign it and mail it or fax it in to the address given.

Submit

User ID and Password must have 6-10 characters.

Click here once all data is entered.

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Download Adobe Reader

my AHCA

Local intranet 100%

ICF/DD HELP INSTRUCTIONS - REGISTRATION

Upon completion of the registration form, a User Agreement Form must be printed out for signature. You are able to view and print in either pdf. or HTML format.

The screenshot shows a web browser window displaying the AHCA website. The page title is "http://ahcaxnetstagenew.fdhc.state.fl.us/AMS/RegistrationResult.aspx - Windows Internet Explorer". The browser address bar shows "http://ahcaxnetstagenew.fdhc.state.fl.us/AMS/RegistrationResult.aspx". The website header includes the AHCA logo (Florida Agency for Health Care Administration) and the slogan "Better Health Care for All Floridians". Navigation links include "Home", "Publications", "Find a Facility", "Direct to Our Divisions", "About Us", "Site Menu", and "Contact Us". A search bar is also present.

The main content area contains the following text:

Your account has been created but it is not yet activated. In order to activate your account you must follow these steps.

1. Click the button below to print the user agreement.
2. Fill out the required parts and sign it.
3. Mail it or fax it in to the address given in the top.

Two callout boxes are present:

- A callout box pointing to the "Click here to print the user agreement using Adobe" button with the text: "Click here to open in pdf. format."
- A callout box pointing to the "Click here to print the user agreement in HTML format" button with the text: "Click here to open in HTML. format."

Below the buttons, a note reads: "NOTE: You will need to have Adobe Reader installed in order to print the agreement in Adobe. If you don't have Adobe Reader please click the Adobe link to download it." Below the note is the Adobe Reader logo.

The footer contains the following information:

- Florida Agency for Health Care Administration © 2009 | Privacy Policy
- Home: MyFlorida.com, Doing Business with AHCA, Disclaimer, Contact Webmaster
- Individuals & Families: Providers, Publications, Find a Facility, Direct to Our Divisions, Download Adobe Reader
- myAHCA logo

The browser status bar at the bottom shows "Done", "Local intranet", and "100%".

ICF/DD HELP INSTRUCTIONS - REGISTRATION

The User Agreement Form should automatically open. If the form does not open, save the file to your desktop and then open. This form includes all the data you just submitted on the registration form. Print and return the signed User Agreement Form by fax to **850/922-3659** or e-mail to NFQA@ahca.myflorida.com. The form must be signed and dated by the user and Administrator. The User and Administrator may be the same person. If that is the case, please sign both signature lines. Upon receipt of the nursing home facility's User Agreement Form, the Agency will approve the nursing home facility's registration. An automatic e-mail is sent confirming registration approval. The nursing home facility will then have the ability to log in and report net patient revenue and patient day data to the Agency.

AHCA Facility Quality Assessment System
 Provider User Account Agreement
 Print Date: 10/15/2009

Mail To: Agency for Health Care Administration
 2727 Mahan Dr, MS #14
 Tallahassee, FL 32308
 Finance & Accounting - NFQAF/ICFDD
 Memo: NFQA/ICFDD Facility User Agreement
 Phone: (850) 921-6999 Fax: (850) 922-3659

Provider Name: Second Street Group Home
 User Type: Health Care Provider

User Name: Street Second
 Phone#: (888)888-8888
 Email Address: fortierj@ahca.myflorida.com
 Address: 3841 S.E. 2ND STREET OCALA, FL 34471

User ID: FACILITY
 License#: 4072095

As an NFQA/ICFDD Facility Quality Assessment System user I agree to abide by the following:

- I will not disclose or lend my USER CODE AND/OR PASSWORD to anyone. These are for my use only and will serve as my "electronic signature". This means that I may be held responsible for the consequences of unauthorized or illegal transactions.
- I will not browse or use this information for unauthorized or illegal purposes.
- I will not make any disclosure of this data that is not specifically authorized.
- I will not intentionally cause corruption or disruption of data.
- If I become aware of any violation of these security requirements or suspect that someone may have used my user code or password, I will immediately contact Agency for Health Care Administration Security Officer at (850) 410-3216.
- I understand that Florida has a very broad public records law. Most information entered into this Application or otherwise in the possession of the Agency for Health Care Administration is available to the public upon request.

I understand that as a User, I can submit information electronically on behalf of this Provider. By accessing this system, I am agreeing to follow the Agency for Health Care Administration policies regarding acceptable use and protection of confidential information. By submitting electronic information, I affirm that the information submitted is true. By agreeing I acknowledge that I have read and understand the terms of this User Account Agreement.

Failure to submit this signed agreement to the Agency shall result in termination of my user account.

User Name: Street Second

User Signature _____ Date _____

Administrator Signature _____ Date _____

AHCA USE ONLY
 DATE AUTHENTICATED: _____ DATE ACTIVATED: _____
 STAFF SIGNATURE: _____ STAFF SIGNATURE: _____

THE REGISTRATION PROCESS IS COMPLETE!