

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: <https://apps.ahca.myflorida.com/nfqa/>. 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.**

Attached are [registration](#) [1.08MB PDF] and [reporting](#) [3.66MB PDF] [instructions](#) [190KB PDF] providing step-by-step directions and screenshots. If you or your staff have any questions or need further information, please feel free to contact us via email at Blaketon.Rogers@ahca.myflorida.com.

Quarterly Reports: [Updated April - June 2019](#) [16.97MB MS Excel]

[Frequently Asked Questions](#) [81KB PDF]

[Assessment Cost Document, October 2019](#) [126KB MS Excel]

[Assessment Cost Document, October 2019](#) [1.05MB PDF]

Effective for the October 2018 Quality Assessment reporting month, new bed day rates have been assigned to each skilled nursing facility. Please click on the Assessment Cost Document (either the Excel or PDF version) to view your facility's new non-Medicare bed day rate.

Click here to go to the registration/login page

[Please click here for the Intermediate Care Facility for the Developmentally Disabled Quality Assessment \(ICF/DD\)](#)

More Information

Earlier this year, Senate Bill 1658 passed as [Chapter 2009-55, Laws of Florida](#), creating the Quality Assessment on privately owned Intermediate Care Facilities for the Developmentally Disabled in section 409.9083, Florida Statutes and is effective October 1, 2009. The Agency for Health Care Administration is responsible for implementing this assessment which is calculated monthly on a per-resident-day basis. The Agency has developed an online reporting form for ICF/DD's to submit required information each month.

In order to comply with this new statute, it is imperative that each licensed ICF/DD report their data online and remit their monthly assessments no later than the 15th of the following reporting month.

Attached are [registration](#) [1.01MB PDF] and [monthly reporting](#) [1.26MB PDF] instructions providing step-by-step directions and screenshots. If you or your staff have any questions or need further information, please feel free to contact us via email at Blaketon.Rogers@ahca.myflorida.com.

For additional assistance with registration, reporting and remittance, please contact us as directed below:

ICF/DD HELP INSTRUCTIONS - REGISTRATION

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

The screenshot displays the Agency for Health Care Administration website. At the top right, there are links for Public Meetings, Public Records, Contact Us, and Site Map, along with social media icons for Facebook, Twitter, YouTube, and a disability access icon. The main header features the AHCA logo and the text "AGENCY FOR HEALTH CARE ADMINISTRATION". Below this is a navigation menu with links for HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD. The central content area is titled "Facility Quality Assessment" and contains a registration form. The form has a blue header with the text "Existing Users Login Here" and a link "New Users Register Here!". Below this are two input fields: "Enter User ID:" and "Enter Password:". At the bottom of the form are three buttons: "Login", "Cancel", and "Forgot Password". A callout bubble points to the "New Users Register Here!" link with the text "Click here to initiate the registration process." Below the form, there is a link for more information: "http://info.ahca.myflorida.com/". The footer contains links for Privacy Policy, Doing Business with AHCA, Refund Policy, Disclaimer, Contact Webmaster, Find a Facility, and Download Adobe Reader. The copyright notice is "© 2017 Florida Agency for Health Care Administration" and there is a small logo in the bottom right corner.

Public Meetings Public Records Contact Us Site Map

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

Facility Quality Assessment

[New Users Register Here!](#)

Existing Users
Login Here

Enter User ID:

Enter Password:

Login Cancel

Forgot Password

Click here to initiate the registration process.

For more information please visit the website
<http://info.ahca.myflorida.com/>

Privacy Policy Doing Business with AHCA Refund Policy Disclaimer Contact Webmaster Find a Facility Download Adobe Reader

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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.



Better Health Care for All Floridians

User ID and Password must have 6-10 characters.

Facility Quality Assessment User Registration Form

User ID:*

Provider Type:*

Facility Name:*

First Name:*

Last Name:*

Phone:*

Email:*

Password Recovery Question 1:*

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 directed to the registration results page. You will be required to print out the user agreement form, fill it out, sign it and mail it or fax it in to the address given.

Click here once all data is entered.

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.



Better Health Care for All Floridians

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.

Click here to open
in pdf. format.

Click here to print the user agreement using Adobe

Click here to print the user agreement in HTML format

Click here to open in
HTML. format.

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.



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.



**Facility Quality Assessment System
Provider User Account Agreement
Print Date: 10/7/2019**

Mail To:
Agency for Health Care Administration
2727 Mahan Dr, MS #14
Tallahassee, FL 32308
Finance & Accounting - NFQAF/CFDD
Memo: NFQA/CFDD Facility User Agreement
Phone: (850) 412-3858 Fax: (850) 413-0264

Provider Name: Abbey Delray
User Type: Health Care Provider

User Name: Street Second
Phone#: (888)888-8888
Email Address: MPFStree@ahca.myflorida.com
Address: 2105 SW 11TH COURT DELRAY BEACH, FL 33445

User ID: MPFSTREET
License#: 1201096

User Name

User ID

As an NFQA/CFDD 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) 412-4849.
- 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 user of this account sign here

Facility Administrator sign here

THE REGISTRATION PROCESS IS COMPLETE!