

A large, stylized white 'X' is centered on a solid purple background. The 'X' is formed by two intersecting diagonal lines that create a series of triangles. The word 'maximus' is written in a white, lowercase, sans-serif font, positioned to the left of the 'X' and partially overlapping its left arm.

**maximus**

# North Dakota QRTP CANS Assessments

September 2023

# Qualified Individual (QI) and Independent Assessment:

## Timeline of 30-Day Assessment:

Must be completed prior to or within 30 days of a youth's admission to a QRTP; for completion of a Continued Stay Review, referral must be submitted to Maximus at least 20 days prior to the expiration of original approval.



## Who should submit a referral to Maximus for QRTP placement:

ANY child considering residential level of care in North Dakota

**Applies to:** Custodians – Zones, DJS, and Tribes

What if the QRTP has informed they will not accept the child?

**Refer for assessment regardless!**



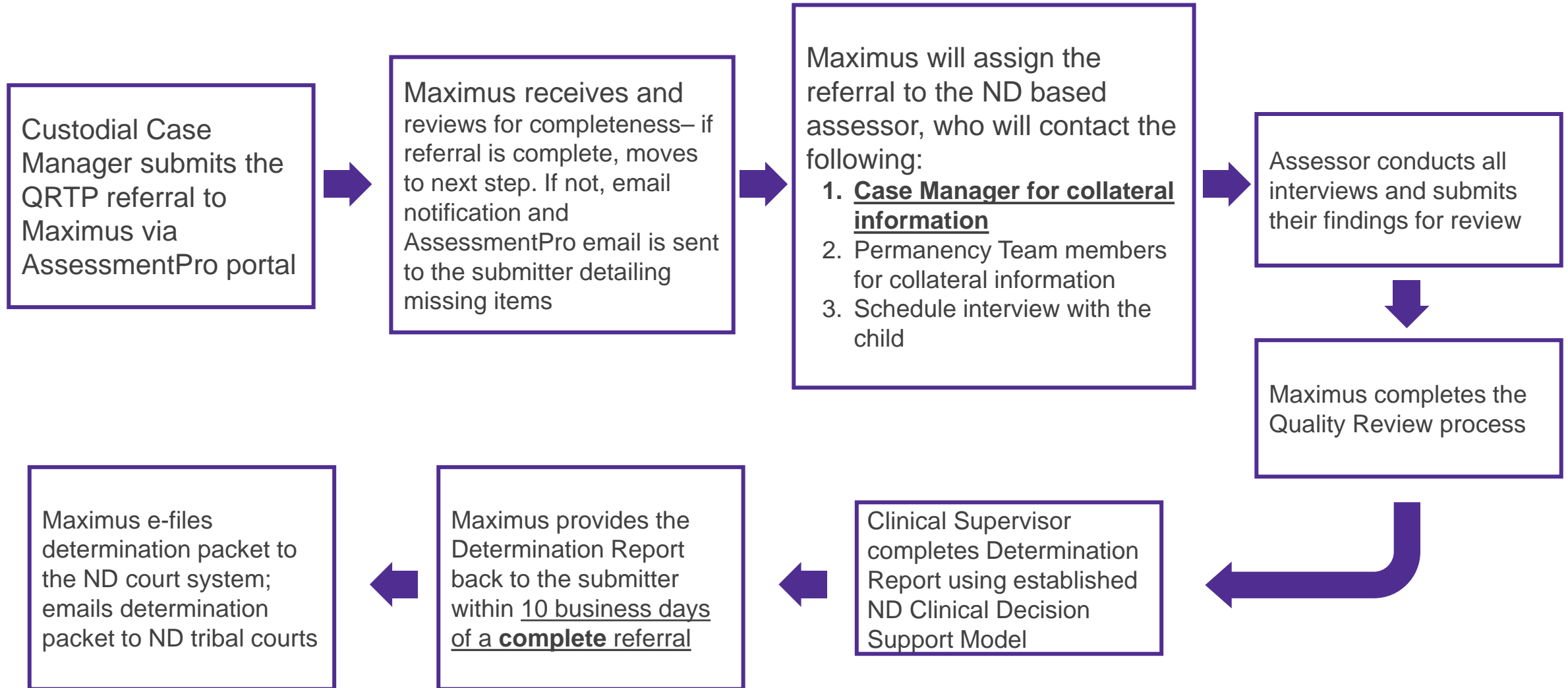
## The QI:

**Completes an assessment** of the child's strengths and needs using an age-appropriate, evidence-based, validated, functional assessment tool approved by ND CFS

**Determines** whether the child's needs can be met in a family or foster family setting

If the child's needs cannot be met in a foster home, determines **which setting would provide the best care** in the least restrictive environment consistent with the child's short- and long-term goals (also developed by the QI)

# Maximus Assessment Workflow



# Maximus Assessment Completion Turn Around Time

- Maximus Turn Around Time (TAT) begins from the time in which a **complete** referral is received. If a referral is missing information (incomplete form or missing supporting documentation), the referral is placed on hold and TAT doesn't begin until items are provided.
- To be considered complete: Updated 824/826 form, all fields are filled out and **typed**, and supporting documentation is provided. Supporting documentation includes:
  - Child and family team meeting notes or most recent permanency plan/case (if in public custody);
  - Any recent discharge information (if previously placed in a facility/treatment setting);
  - Any assessment, testing, IEP, medication list, diagnosis detail, or specialist evaluations;
  - if the child was placed in a QRTP in the past 6 months attach all aftercare documentation;
  - If no previous history is available, attach a narrative with any pertinent information known and detail why treatment is being requested.
- **For 3-month and 9-month Continue Stay Reviews:** Document Based Review and ONLY a phone interview with custodian. However, QRTP staff and/or family are welcome to join the call if the custodian/case worker wants to coordinate this with those team members. The custodian/case worker will just need to let them know what day and time the call is scheduled for
- **How long does it take Maximus to complete a QRTP Independent Assessment (expected to complete within 10 business days):**
  - For 2023: Average of 8.5 business days (expected to be complete within 10 business days)
  - Reconsideration Request decisions have averaged 2 business days (expected to complete within 5 business days)

# Assessment Interviews

**Initial and 6-Month Continued Stay Review Interviews: Child AND collateral sources are interviewed.**

**For 3 month and 9 month Continued Stay Reviews: The custodian is ONLY interviewed**

- **For the child:** Typically completed face to face; however, based on location of assessment and timing, Zoom (virtual) interviews are an alternative for interview
- **For the Custodian:** Expect to be contacted by Maximus team members, such as Maximus Support Staff, the assessor and potentially a Clinical Supervisor
- Provide current details during the interview (e.g., current behaviors, recent events leading up to the referral)
- Provide context pertaining to the child's current needs (NOT historical but rather within the last 90 days)
- Describe all behavioral and emotional needs, legal involvement (even if not charged), any involvement demonstrating a level of violence or substance use.
- Describe behavioral patterns with frequency and intensity details

# Are you considering residential treatment for a child in your custody?

If so, follow these steps:

1. Go to [www.AssessmentPro.com](http://www.AssessmentPro.com) (the Maximus online assessment system) and register for an account. Already have an account and haven't logged in within 90 days? Send an email to the Maximus Help Desk ([ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com)) and request they reinstate your account

2. Are you submitting for initial placement or is the child already placed?

If submitting for initial placement, complete the Universal Application <https://www.nd.gov/eforms/Doc/sfn00824.pdf>

If you're submitting for a continued stay of a child already placed, complete the Continued Stay Review

<https://www.nd.gov/eforms/Doc/sfn00826.pdf>

- All forms **MUST** be typed
- Please **ALWAYS** include the child's Court Case Number and Medicaid ID Number
- Please do not leave **ANY** items blank— if you don't have specific information, please indicate.

3. Collect supporting documentation:

- ✓ Child and family team meeting notes or most recent permanency plan/case (if in public custody);
- ✓ Recent discharge information (if previously placed in a facility/treatment setting);
- ✓ Assessment, testing, IEP, medication list, diagnosis detail, or specialist evaluations;
- ✓ Progress notes specific to therapeutic intervention.
- ✓ If the child was placed in a QRTP in the past 6 months attach all aftercare documentation

The CFT and QRTP can be **considered a resource of information**, you can request treatment plans, behavioral notes, clinical team notes, to assist in providing supporting documentation for a referral

# Referring a child to a ND QRTP:

## Supporting documentation:

- Universal Assessment
- Completed IQ testing
- Psychiatric evaluation and psychiatric notes
- IEP
- Treatment Plan and incident reports, Specialist evaluation
- \*Aftercare documentation if previously placed in a QRTP in the past 6 months


## If emergency, also submit from the QRTP:

- Suicide risk assessment
- Behavioral assessment
- Medical assessment

The CFT and QRTP can be considered a resource of information and you can request treatment plans, behavioral notes, clinical team notes, etc. to assist in providing supporting documentation for the child's referral

## If child is placed at a QRTP at the time of referral:

- QRTP is responsible for submitting the QRTP- Attestation and additional supporting documentation



Health & Human Services

**CFS Licensing Unit**  
**QRTP - Attestation**

*Children and Family Services has created this document specific for Qualified Residential Treatment Programs (QRTP) initial and continued stay reviews. This document is specific to children placed in a ND QRTP and documents that shall be submitted from the QRTP to Maximus Ascend with a copy sent to the custodial case manager as supporting documentation for the initial or continued stay review.*

<b>QRTP</b>	
<b>Child Name</b>	
<b>Child's QRTP Admission Date</b>	
<b>Custodial Case Manager/Worker</b>	
<b>QRTP Approval expiration date</b>	
<b>Assessment Type</b>	
<input type="checkbox"/> Initial- Emergency Placement <input type="checkbox"/> Continued Stay Review	
<b>Initial assessment documentation</b>	
<input type="checkbox"/> Suicide risk screening <input type="checkbox"/> Mental health screening	
<input type="checkbox"/> Health screening <input type="checkbox"/> Other (please describe) <small>Enter Text</small>	
<b>Continued stay review documentation (pertinent to the last 90 days in treatment) – check all that apply</b>	
<input type="checkbox"/> QRTP Treatment Plan(s) <input type="checkbox"/> Documentation of discharge planning	
<input type="checkbox"/> Assessment(s) or Specialist Evaluations <input type="checkbox"/> Behavior Logs	
<input type="checkbox"/> Individual/Group/Family therapy notes <input type="checkbox"/> Psychiatric Notes	
<input type="checkbox"/> Incident Reports	
<input type="checkbox"/> Visitation Documentation	
<input type="checkbox"/> Other (please describe) <small>Enter text</small>	
<b>Summary of child's current symptoms and behaviors pertinent to the last 90 days that require QRTP Treatment:</b>	



# How to Register for AssessmentPro

## Obtaining Access

### STEP 1:

Visit [www.assessmentpro.com](http://www.assessmentpro.com)

Click **New User?**

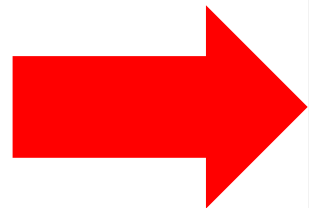
The image shows the AssessmentPro login interface. At the top is the AssessmentPro logo. Below it are two input fields: 'Login Email' and 'Password'. A 'Log in' button is positioned between these fields. To the left of the 'Log in' button is a link for 'Forgot Password?'. To the right of the 'Log in' button is a link for 'New User?'. The 'New User?' link is highlighted with a red box.

### STEP 2:

Complete the **Registration Form**.

Select your project from the state drop down.

Select your Zone, DJS, or Tribal Community under the Facility dropdown.

The image shows the AssessmentPro registration form. It includes fields for 'First Name', 'Last Name', 'Email Address', and 'Re-enter Email Address'. There are also fields for 'Phone - Business', 'Phone - Direct', 'Phone - Mobile', and 'Phone - Fax'. At the bottom, there are two dropdown menus: 'State' (with 'North Dakota Q RTP' selected) and 'Facility' (with 'Region 1: North Central' selected). The 'Facility' dropdown is highlighted with a red box.

Check the **Request AssessmentPro Access Coordinator** access checkbox to become an Access Coordinator.

Create and confirm a password. Hover over the **i** for password requirements.

Click **Save** to finalize your registration.

The image shows the AssessmentPro registration form with several annotations. A red box highlights the 'Request AssessmentPro Access Coordinator Access' checkbox. Another red box highlights the 'Save' button. A red circle highlights the 'i' icon next to the password field. A red box highlights the 'Facility' dropdown menu.

*The access coordinator is responsible for assigning roles to registered users within their facility/agency, terminating users who are no longer with their facility/agency, and providing simple support with system use.*

You will receive an instructional email to confirm your email address. Follow the instructions in the email.

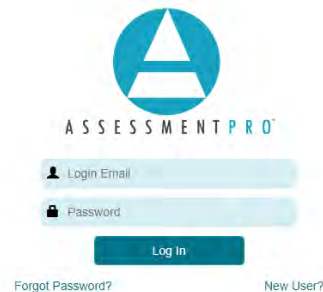
Your Access Coordinator must approve your registration before you can log in.

## Do you know who your agency's Access Coordinator is?

- **If you do**, please request they log into AssessmentPro and approve your access once you register (you won't have access until they do this step)
- **If you don't**, please send an email to the ND Q RTP Help Desk and request they identify the "Access Coordinator" for your agency
  - If you would like to be an Access Coordinator, please check the box during registration OR email the ND Q RTP Help Desk

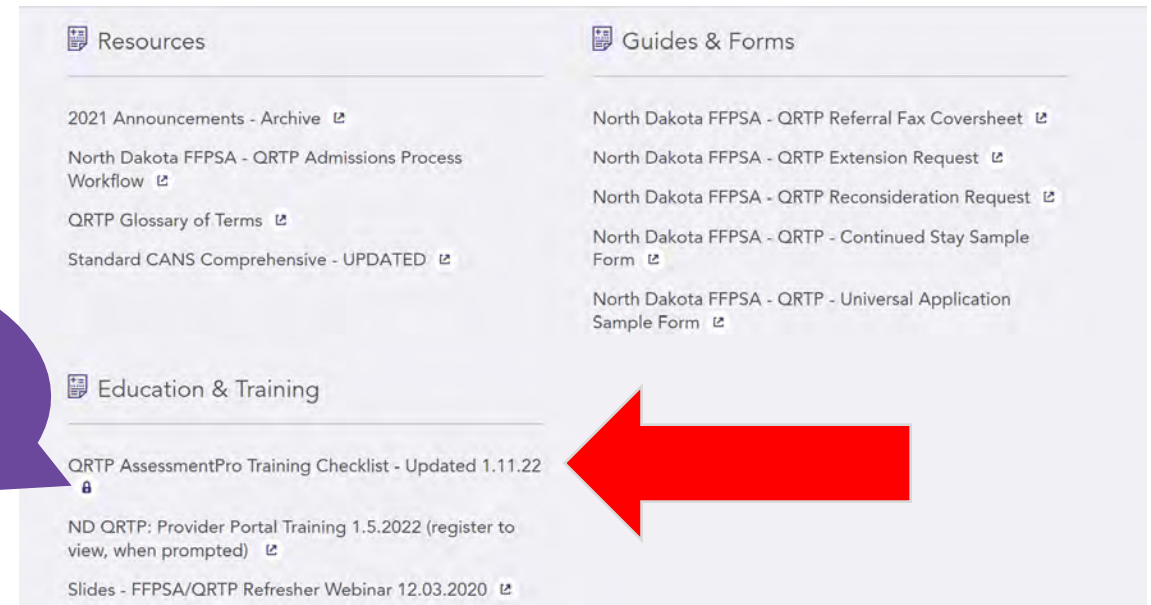
# Use the AssessmentPro Provider Portal for All Referrals (Initials and Continued Stay Reviews)

[www.AssessmentPro.com](http://www.AssessmentPro.com)



Powered by  
**ASCEND**  
A MAXIMUS COMPANY  
[WWW.MAXIMUS.COM](http://WWW.MAXIMUS.COM)

If you see the “lock” icon,  
you will need an  
AssessmentPro account  
to view.  
Go to  
[www.AssessmentPro.com](http://www.AssessmentPro.com)  
to create an account



[https://maximusclinicalservices.com/svcs/north\\_dakota\\_ffpsa](https://maximusclinicalservices.com/svcs/north_dakota_ffpsa)

## USER REGISTRATION TRAINING

✓	TRAINING TOPIC	USER GUIDE: <i>Click to open</i>	AUDIENCE
<input type="checkbox"/>	1. Establishing Access as an AssessmentPro System User	<a href="#">PDF</a>	All Users
<input type="checkbox"/>	2. Becoming a System Access Coordinator	<a href="#">PDF</a>	Access Coordinators
<input type="checkbox"/>	3. Approving Access as an Access Coordinator for System Users	<a href="#">PDF</a>	Access Coordinators
<input type="checkbox"/>	4. Maintaining an Accurate System User List for Access Coordinators	<a href="#">PDF</a>	Access Coordinators
<input type="checkbox"/>	5. Change System User Email Address for Access Coordinators	<a href="#">PDF</a>	Access Coordinators
<input type="checkbox"/>	6. Change System User Email Address for System Users	<a href="#">PDF</a>	All Users
<input type="checkbox"/>	7. Adding Additional Users to System	<a href="#">PDF</a>	Access Coordinators
<input type="checkbox"/>	8. Changing/Adding System User Roles to Existing System Users	<a href="#">PDF</a>	All Users



# AssessmentPro Administrator: Action Items for registering

**STEP 8:**  
Complete the form on your screen.

**STEP 9:**  
Click the option **Request AssessmentPro Access Coordinator access**.

VIEWING LOGIN

OR NEW LOGIN

ASSESSMENTPRO

ASSESSMENTPRO

First name

Last name

Email address

Phone - Business

Phone - Direct

Phone - Mobile

Phone - Fax

State

North Dakota Under 21

Facility

Select facility

Request AssessmentPro Access Coordinator access

Custom credential

Select credentials

Custom credentials

Continue

Sign out

**STEP 13:**  
Log into AssessmentPro using the credential you created.

**STEP 14:**  
Click the Download AssessmentPro Access Coordinator Agreement link to download the agreement.

**STEP 15:**  
Complete the agreement and upload to your computer.

**STEP 16:**  
Upload the signed and completed agreement file to AssessmentPro.

**STEP 17:**  
Wait for approval or contact your facility's existing Access Coordinators for approval.

ASSESSMENTPRO

ASSESSMENTPRO

You require further documentation to continue.

Download and complete the document below, then return to this page to upload.

Select file for upload

Download AssessmentPro Access Coordinator Agreement

Sign out

**STEP 10:**  
Click **Continue** at the bottom of the screen.

**STEP 11:**  
Retrieve email from AssessmentPro using the email account you used to register.

**STEP 12:**  
Open the Access Coordinator agreement in your email. Complete the agreement by obtaining the appropriate signatures.

Facility

Prarie St. John's Hospital

Request AssessmentPro Access Coordinator access

Credentials

Custom credential

LSW

Custom credentials

Continue

Sign out

ASSESSMENTPRO

Thank you for registering.

Your account is pending approval.

AssessmentPro Administrator Request Received

AssessmentPro Administrator Request Received

MAXIMUS

ASSESSMENTPRO® ACCESS COORDINATOR ROLE AGREEMENT

Each individual who will be granted access to the AssessmentPro® Access Coordinator Role (Facility Admin) must review and agree to the terms listed in this Agreement.

By signing this agreement, I understand that that:

The Access Coordinator is responsible for gathering and maintaining the documentation required for approving user access requests to and assigning the appropriate user in the AssessmentPro® system (System).

Documentation shall: (1) consist of access request forms completed by users who did not self-register; and (2) documentation requesting the termination of any user accounts.

Documentation shall be made available to Ascend within 3 business days after notice has been provided to your site's AssessmentPro® Executive Contact (Executive Contact).

The Access Coordinator will:

Grant or revoke user access to the System in accordance with approved requests.

Not grant themselves any additional System roles or privileges.

Comply with any of your employer and/or Maximus guidelines, policies or procedures regarding access to systems containing Protected Health Information (PHI).

The granting of access to the System shall be governed by the principle of "least privilege" in that only staff with a need to work in the System to perform their assigned job responsibilities will be assigned a user role appropriate to their need.

The System contains PHI which is governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as subsequently amended pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act part of the American Recovery and Reinvestment Act of 2009 (ARRA) as well as any applicable state laws and regulations.

Misuse of the Access Coordinator role may result in immediate loss of access to the System and will be reported to the designated Executive Contact at your facility. Misuse resulting in the inappropriate release of PHI may lead to the imposition of civil and/or criminal penalties.

I have read the AssessmentPro® Access Coordinator Role Agreement and agree to the terms specified above.

Signature

Date

Print Name

Title

To be granted Access Coordinator access to AssessmentPro®, the facility's Executive Contact must approve this Agreement. The Executive Contact must be a supervisor of or person of authority to the AssessmentPro® Access Coordinator, they cannot be the same person. A signature below indicates such approval for the individual listed above. Maximus may contact the individual below for further validation of approval.

Signature

Date

Print Name


Title

North Dakota Q RTP CANS Assessments

maximus

# What's the difference between roles?

Role Type	Responsibilities and Access
Access Coordinator	<p><b>System Access:</b></p> <ol style="list-style-type: none"><li>1. Begin referrals</li><li>2. Submit referrals</li><li>3. Upload attachments</li><li>4. Access/complete draft referrals or referrals placed on hold (facility screens)</li><li>5. Access/view recent outcomes</li><li>6. Respond to requests from Maximus</li><li>7. Search for assessment records for your agency/facility</li><li>8. Timely review of system notifications and resources</li></ol> <p><b>Additional Responsibilities:</b></p> <ol style="list-style-type: none"><li>1. Assigning user role to system users within your facility/agency</li><li>2. Maintaining an accurate user list, including terminating user access for system users who have left your facility/agency</li><li>3. Reactivating system users who are already registered but who have not logged in recently and their account has been deactivated</li><li>4. Supporting system users with high-level system education, including accessing resources when needed</li></ol>
Referral Submitter	<p><b>System Access:</b></p> <ol style="list-style-type: none"><li>1. Begin referrals</li><li>2. Submit referrals</li><li>3. Upload attachments</li><li>4. Access/complete draft referrals or referrals placed on hold (facility screens)</li><li>5. Access/view recent outcomes</li><li>6. Respond to requests from Maximus</li><li>7. Search for assessment records for your agency/facility</li><li>8. Timely review of system notifications and resources</li></ol>



Access Coordinators can address action required for referrals on hold for other users within their Zone, DJS office, or tribal partners. Access Coordinators can also reinstate accounts if a user hasn't logged in for 90 days

# AssessmentPro: How to respond to missing information requests



Hello and thank you for the referral submitted on 9/23/2022 on behalf of [REDACTED]. After an initial review, it is confirmed that **additional information is necessary** to complete this determination report. Please log into AssessmentPro and Click on your Action Required queue. Please review the information in the box in the upper corner of the screen and enter your response to the Maximus request in the bottom field. Click the send icon to submit the response and click the upload icon to submit additional documentation.



Thank you, and please let me know if you have any questions.

Sincerely,  
Amanda Adams  
Senior Admin Project Support Specialist, Clinical Services

Maximus  
840 Crescent Centre Drive, Suite 400  
Franklin, TN 37067  
Office: 629-230-5032  
Fax: 877-431-9568  
amandaadams@maximus.com

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# AssessmentPro: Documentation Upload Options

When choosing ***I cannot upload all required documents***, select the following under these circumstances

The screenshot shows the 'Episode Documents' upload screen. A table at the top lists documents with a 'File' column and a 'Status' column. Below the table, there's a section for 'Required Documents\*' with a 'Select files...' button. A checkbox labeled 'I cannot upload all required documents' is checked. Below this checkbox, there are three radio button options: 'I cannot upload. I will fax.', 'This is in-process/scheduled to be completed and will be forwarded at that time.', and 'This is unobtainable.'. To the right of these options are three 'Select document type(s)...' dropdown menus. At the bottom, there is a text box for 'Explanation for unobtainable document types\*' and a 'Submit Document' button. Five callout boxes provide additional context: 1. A box pointing to the 'I cannot upload all required documents' checkbox explains that the referral remains in the 'My Action Required' queue until the Universal Application is uploaded and 'Submit Document' is clicked. 2. A box pointing to the 'I will fax...' option explains that the referral remains in the 'My Action Required' queue until Maximus receives the Universal Application, after which it is removed from the queue. 3. A box pointing to the 'This is unobtainable...' option explains that the assessment is submitted to Maximus but may not be processed because the required document is not obtainable. 4. A box pointing to the 'This is unobtainable...' option explains that the assessment is submitted to Maximus and processed, but additional documentation may be needed. 5. A box pointing to the 'Explanation for unobtainable document types\*' text box explains that this text box must be completed and that users must also choose from the options above.

**The document is not complete yet.**  
Your referral remains in your My Action Required queue until **you** upload the Universal Application and **click Submit Document**

**I will fax the required documentation.**  
Your referral remains in your My Action Required queue until Maximus receives the Universal Application. Then, Maximus removes it from your queue.

**1. Universal Application is unobtainable.**  
Your assessment is submitted to Maximus but may not be processed because the required document is not obtainable.

**2. The Universal Application has been uploaded, but other documentation is not obtainable.**  
Your assessment is submitted to Maximus and processed. We may reach out if additional documentation is needed.

**If you check, I cannot upload the required documentation; this text box must be completed.** You cannot only complete this box. You **must** also choose from the options above.

# How to Check The Status of An Assessment

Action Required

Drafts

Queued for Review

Recent Outcomes

My Screens

Facility Screens

Facility Recent Outcomes

Individual Name	Assessment Type	Created By	Outcome	Determination Date	Unprinted Letters	Print
	QRTP Provider Referral			09/21/2022	No	Assessment in progress
	QRTP Provider Referral			09/15/2022	No	Assessment in progress
	QRTP Provider Referral		QRTP Appropriate, Difficulty of Care Level: 2	09/02/2022	No	
	QRTP Provider Referral		QRTP Appropriate, Difficulty of Care Level: 2	08/30/2022	No	
	QRTP Provider Referral		QRTP Appropriate, Difficulty of Care Level: 2	08/15/2022	No	
	QRTP Provider Referral			08/13/2022	No	



# Deactivated Due to Inactivity: Call/email the Maximus Help Desk or your Access Coordinator

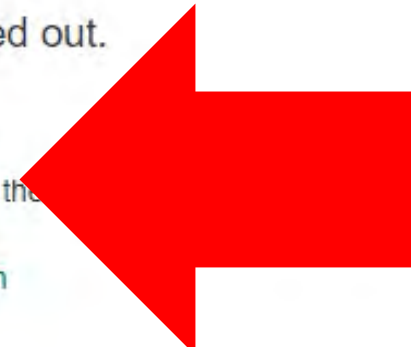
My account has been **deactivated** and I can't get in (I haven't logged in for over 90 days), what should I do?



You have signed out.

Your account has been deactivated due to inactivity. Please use the link below to reactivate your account.

[Sign in again](#)



# Update: Entering Demographics In AssessmentPro

Demographics

Document Upload

Submitter Information

First Name\*

Middle Initial

Last Name\*

Suffix

Location Name\*Home on the Range

Permanent Mailing Address\*

Address Line Two

City\*

State\*ND

County\*

Zipcode\*

Does the individual have a phone number?

No

Yes

Phoneext.

Type of Identification\*

Social security number

Other

Passport ID

Temporary resident ID

State specific ID

Medicaid ID

AssessmentPro IID

The individual doesn't have any of these IDs


ID #

XXXXXX

When entering the “Type of Identification”, please select “other” and then “Medicaid ID”– then enter their Medicaid ID Number

# Medicaid ID Number, Court Case File Number, and FC Case Number

- To process a referral, the child's **FC (Foster Care) Case Number, Medicaid ID** and **Court Case File Number** are required.
- Obtain these numbers prior to submission of the referral.
- If a child does NOT have a FC Case number, their SSN will be requested in place of this.

 **UNIVERSAL APPLICATION**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES  
SFN 824 (1-2023)

Clear Fields

Directions: This form is completed by the custodian (public agency case manager or a parent if child is not in North Dakota foster care) detailing current and immediate need for out of home treatment. In addition to this form; the custodian must attach additional information to determine placement and best meet the needs of the child. This form must be submitted to the treatment provider (first) and the Qualified Individual, Ascend, only if applying for a Q RTP.

CHILD DEMOGRAPHICS AND INFORMATION SOURCES				
Last Name		Name (First, Middle Initial)		Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify):		FC Case Number (FRAME)		
Court Case File Number(s)				
Race and Ethnicity (check one) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other (specify):				
Primary Language/Mean of Communication		Age	Home Address	
Eligibility: Check all that apply <input type="checkbox"/> Title IV-E <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Unknown				
ND Medicaid Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		ND Medicaid Number		
Third Party Insurance <input type="checkbox"/> None <input type="checkbox"/> Yes (provide requested details)		Name of Insurance Policy Holder		
Insurance Policy Number	Name of Insurance Company		Telephone Number	
Address		City	State	ZIP Code
Date Entered into Foster Care	Age at Entry Into Foster Care	Financially Responsible County/Zone		

If the child does not have a Medicaid ID number, please use this box to inform

# X Universal Application – Important Items for Review: Informational Sources Section

- Clearer picture of primary supports to ensure all relevant interviews take place
- Please always remember to complete the Involvement Box
- Please always include a phone number, as these are the individuals that will be contacted for interview

<b>INFORMATION SOURCES (continued)</b>				
Include on this chart primary supports or Child and Family Team (CFT) members who are involved in the child's case plan.				
<b>Name of Primary Support or Child &amp; Family Team Member</b>	<b>Relationship to Child</b> (mother, father, sibling, grandparent, guardian ad litem, foster parent, teacher, etc.)	<b>Telephone Number</b>	<b>Involvement</b> 1 = Minimal 2 = Inconsistent 3 = Involvement Pending 4 = Consistent with Limited Engagement 5 = Consistent and Engaged	<b>Types of Supports</b> C = Calls L = Letters V = Visits O = Other (describe)
Example #1	Guardian	(111)-111-1111	5	C; V; previously resided with
Example #1	Therapist	(111)-111-1111	4	C; V

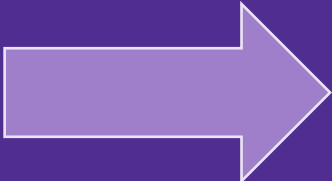
**Involvement -** If rated 1,2,3, or 4 above, describe each primary support's involvement in further detail, giving specific examples.  
 Example 1: Child previously resided with guardian (last 10 years) who is primary support. Example #1 will act as primary support if/when approved for QRTP. Child was placed at shelter due to on-going violent behavior in guardian's home (e.g., Child has struck the other children in the home, attempted to strike guardian as well); she is worried about the safety of herself and the other children.  
 Example 2: Child meets with therapist on a weekly basis (assigned therapist for last 2 years) to discuss previous trauma



# Universal Application – Important Items for Review: Placement History Section

If the child is placed in a treatment setting:

If the child is APPROVED and placed in a QRTP, what is the anticipated discharge plan once ready for discharge?



PLACEMENT HISTORY					
Placement History (Beginning with the most current placement, describe the child's placement history)					
Setting Type (e.g. TFC, QRTP, PRTF, Foster Care, Bio Home, etc.)	Provider (if applicable)	Start to End Dates	Reason for Placement	Treatment Plan Completed?	Describe why the placement ended (provide details)
Detention	Grand Forks	11/20/22-present	Legal charges, substance use	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Shelter		10/20/22-11/20/22	aggressive behaviors	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Runaway, substance use
Relative Home/ Guardianshp	Maternal Grandmother (Mary Jones)	2012-10/20/22	Neglect by Mother	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Physical aggression
Biological Parental Home	Biological Mother (Katie Doe)	2009-2012		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother using substances, neglect
If the child is placed in a treatment setting, explain in detail the child's discharge plan: (If the child is APPROVED and placed in a QRTP, what is the anticipated discharge plan once ready for discharge?) Current plan entails transitioning into grandparents' home. Child will also continue therapeutic interventions such as weekly individual therapy and family therapy to support long term goal to return to her mother.					

If the child was placed in a QRTP within the last six months please describe in detail what community services and supports have been provided to the child and family and what about these services has not met need:

The child has not been in a QRTP within the last 6 months.

If the child was in a QRTP within the past 6 months, an example may be:

In-home family therapy, individual therapy, medication management, psychological evaluation, partial hospitalization, inpatient hospitalization, juvenile probation including detention, informal placement with relatives, IEP, and shelter placement have all been provided. The child's behaviors have continued to escalate despite supports and aftercare services placing herself and others at risk.



If the child was placed in a QRTP within the last six months:

Supporting documentation also required, such as all aftercare documentation

# Universal Application – Important Items for Review:

*Only include relevant details for the last 90 days (not 1 year) except for question 2, which asks for only the last 30 days*

## REASON FOR REFERRAL AT THIS LEVEL OF CARE

Why are treatment services being sought now? Create a timeline providing details of pertinent events (within the last 90 days that led to this referral):

Child was placed in a shelter on 10/2/2020 and 11/1/2020 due to being a risk to self and the other children in her home (e.g., hitting other children and guardian). Child also began experiencing suicidal ideation with a plan and intent, disclosed to current therapist on 11/15/2020. She was then detained for use of marijuana and methamphetamine use on 11/20/2020 with pending legal charges.

What are the current behaviors or safety risks (last 30 days) that require treatment placement for the child?

On 11/1/2020, the child hit other children and guardian.

On 11/15/2020, the child held a knife to her neck and threatened to harm herself.

On 11/20/2020, the child was detained for illegal substances, even though treatment services were provided to her.

What services and supports would be necessary for the child to remain in a family setting?

The family and youth would require family therapy, given guardian has requested child to relocate due to physical harm; re-assessed and engaged into services. Child would require therapy focused on self-regulation, suicidal prevention, and substance abuse.

Why is a least restrictive treatment option insufficient to meet the child's needs?

The following treatment options have been provided and didn't provide adequate treatment or support for the child given continued behaviors (e.g., striking out, suicidal ideation, illegal substance abuse): In-home family therapy, individual therapy, medication management, psychological evaluation, partial hospitalization, inpatient hospitalization, juvenile probation including detention, informal placement with relatives, IEP.

# Universal Application - Ways To NOT Respond

REASON FOR REFERRAL AT THIS LEVEL OF CARE
<p>Why are treatment services being sought now? Create a timeline providing details of pertinent events (within the last 90 days that led to this referral:</p> <p>Not sure</p>
<p>What are the current behaviors or safety risks (last 30 days) that require treatment placement for the child?</p> <p>See attached</p>
<p>What services and supports would be necessary for the child to remain in a family setting?</p> <p>Not sure now to answer this question</p>
<p>Why is a least restrictive treatment option insufficient to meet the child's needs?</p> <p>Ask guardian when contacted for interview</p>

It's never appropriate to respond with the following on the Universal Application. Providing unclear responses will delay processing a referral

- Not sure
- See attached
- Ask the guardian or therapist when therapist



# Continued Stays: Child Continuing Treatment in a QRTP

- Following the 90-approval period, if continued treatment in a QRTP is needed
- All Continued Stay Referrals must contain a completed copy of the Continued Stay Review Form found at: <https://www.nd.gov/eforms/Doc/sfn00826.pdf>
- Submit completed form at: [www.AssessmentPro.com](http://www.AssessmentPro.com)

**The QRTP is responsible for submitting the QRTP Attestation and supporting documentation. Please also plan to submit:**

- Treatment plan
- Permanency plan
- Progress, psychiatric and therapy notes
- Assessments, testing, IEP, medication and diagnosis
- Any specialist assessment not previously submitted to Maximus

**NORTH Dakota** | Health & Human Services  
Be Legendary.

**CFS Licensing Unit  
QRTP - Attestation**

*Children and Family Services has created this document specific for Qualified Residential Treatment Programs (QRTP) initial and continued stay reviews. This document is specific to children placed in a ND QRTP and documents that shall be submitted from the QRTP to Maximus Ascend with a copy sent to the custodial case manager as supporting documentation for the initial or continued stay review.*

<b>QRTP</b>	
<b>Child Name</b>	
<b>Child's QRTP Admission Date</b>	
<b>Custodial Case Manager/Worker</b>	
<b>QRTP Approval expiration date</b>	
<b>Assessment Type</b>	
<input type="checkbox"/> Initial- Emergency Placement	<input type="checkbox"/> Continued Stay Review
<b>Initial assessment documentation</b>	
<input type="checkbox"/> Suicide risk screening	<input type="checkbox"/> Mental health screening
<input type="checkbox"/> Health screening	<input type="checkbox"/> Other (please describe) <small>Enter Text</small>
<b>Continued stay review documentation (pertinent to the last 90 days in treatment) – check all that apply</b>	
<input type="checkbox"/> QRTP Treatment Plan(s)	<input type="checkbox"/> Documentation of discharge planning
<input type="checkbox"/> Assessment(s) or Specialist Evaluations	<input type="checkbox"/> Behavior Logs
<input type="checkbox"/> Individual/Group/Family therapy notes	<input type="checkbox"/> Psychiatric Notes
<input type="checkbox"/> Incident Reports	
<input type="checkbox"/> Visitation Documentation	
<input type="checkbox"/> Other (please describe) <small>Enter text</small>	
<b>Summary of child's current symptoms and behaviors pertinent to the last 90 days that require QRTP Treatment:</b>	



# Continued Stay Review Form (Form 826): Important Items For Review

REASON FOR CONTINUED STAY
<p>What current (within the last 90 days) /consistent behaviors and symptoms require continued treatment in a QRTP?</p> <p>Continued struggle with anger, multiple occasions w/ involvement in physical altercations w/ peers and staff; child recognizes need for anger management. Child also experiences frequent thoughts of self-harm and substance use.</p>
<p>What are the least restrictive options being ruled out or determined insufficient (such as a family setting) ?</p> <p>The family home is being ruled out due to child requiring continued treatment in QRTP to address: drug and alcohol treatment, anger management and self-harm prevention.</p>
<p>What service and supports would be necessary for the child to return to a family setting? (<b>Note:</b> Completion of QRTP treatment is not an acceptable response without specific goals identified)</p> <p>Regular individual, group and family therapy; substance abuse therapeutic interventions; emotional regulation treatment; self-harm prevention treatment.</p>
<p>What is the anticipated discharge date and detailed discharge plan? If the discharge date has changed since admissions, explain why:</p> <p>December, 2020. Current plan entails transitioning into grandparent's home. Child will also continue therapeutic interventions, such as weekly individual therapy and family therapy to support long term goal to return w/ parents.</p>
<p>Describe all discharge planning action steps that have occurred since QRTP admission.</p> <p>Participation in family therapy to re-establish family relationships. Regular contact via phone and visits with grandparents and parents. Attending group therapy has assisted with identifying seriousness of actions.</p>

Only include relevant details for **the last 90 days** on Continued Stay Review forms

# Reconsideration Request: Denied QRTP

**maximus**

NORTH DAKOTA QRTP  
RECONSIDERATION REQUEST FORM

In alignment with [ND Policy QRTP Placements 624-05-20-17](#):

If a child receives a denial for the QRTP level of care, it is the responsibility of the custodial case manager to reconvene necessary parties to identify local or in-state resources to meet the child's needs. If it is determined, information needed for the QRTP approval was missing, the custodial case manager may choose to submit a reconsideration request.

**If requesting a reconsideration, the custodial case manager must:**

- Submit a reconsideration request form;
- Identify any documentation not previously submitted resulting in the denial or any new supporting information;
- Detail rationale as to why the QRTP level of care is most appropriate; and
- Submit the request within 5 working days of receiving the initial denial.

The Qualified Individual will review the information within 5 working days of receipt of the reconsideration and determine an approval or denial for QRTP. While awaiting the decision of the reconsideration, custodial case managers must simultaneously work to identify a plan, resources and supports to best meet the needs of the child.

Referring Child's Name: \_\_\_\_\_

Client ID from original assessment: \_\_\_\_\_

Reason for Document Based Review Reconsideration Request:

☐ Additional Information for Review (Include any additional clinical supporting documentation, such as treatment plans, incident reports and therapy notes. Please note, letters will no longer be accepted/considered during Reconsideration Process)

☐ Change in Behavior or Symptoms since Determination was issued (Please provide brief summary below and include any supporting documentation)

Additional considerations to support your request:

Requested by: \_\_\_\_\_ Request Date: \_\_\_\_\_

Please submit completed form with any additional clinical information to Maximus via email at:  
[ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com).

Supporting documentation must be provided to support reconsideration

- Additional information for review or change in behavior/symptoms since determination was issued
- Based on department policy, Maximus does not take personal letters into consideration
- All Reconsideration Requests must include the QRTP Qualified Individual Desk Reconsideration Request Form:  
[https://maximus.com/sites/default/files/pasrr/documents/ND-FFPSA-Desk-Reconsideration-Request\\_1.pdf](https://maximus.com/sites/default/files/pasrr/documents/ND-FFPSA-Desk-Reconsideration-Request_1.pdf)
- Email completed form to the Maximus ND Help Desk:  
[ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com)

# QRTP Extension Request Form

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- Requests for extensions of QRTP approval periods may be made for a period of up to 14 days. This request can be found at:  
<https://maximus.com/sites/default/files/pasrr/documents/ND-FFPSA-QRTP-Extension-Request.pdf>
- Email completed form to the Maximus ND Help Desk:  
ND\_FFPSA@maximus.com
- If approval is needed for longer than 14 additional days, please complete the Continued Stay Review
- This form may NOT be used if a child will soon meet their placement maximum

**Required for consideration:**  
Discharge Date Identified  
Discharge Plan Identified with Specified  
Location

**maximus**

NORTH DAKOTA QRTP  
QUALIFIED INDIVIDUAL EXTENSION REQUEST FORM

Child's Name \_\_\_\_\_

Client IID \_\_\_\_\_

Requests for extension of QRTP approval periods can be made for up to 14 days. If the request requires for an approval longer than 14 days, please submit a Continued Stay Request at [www.AssessmentPro.com](http://www.AssessmentPro.com) along with the completed Continued Stay Review ([SFN 826](#)) form.

In order to be considered for QRTP Extension Request, both of the following must apply:

☐ Discharge Date Identified (specify the updated discharge date, which would be up to 14 days past the original approval period): \_\_\_\_\_

☐ Discharge Plan Identified (specify the child's updated and anticipated discharge plan from current QRTP placement): \_\_\_\_\_

This request will be reviewed by Maximus and outcome notification will be provided within 5 business days from submission of request.

Requested by: \_\_\_\_\_ Email Address: \_\_\_\_\_

Request Date: \_\_\_\_\_

Please submit completed form together with any additional discharge plan via the Maximus ND QRTP Help Desk at: [ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com)



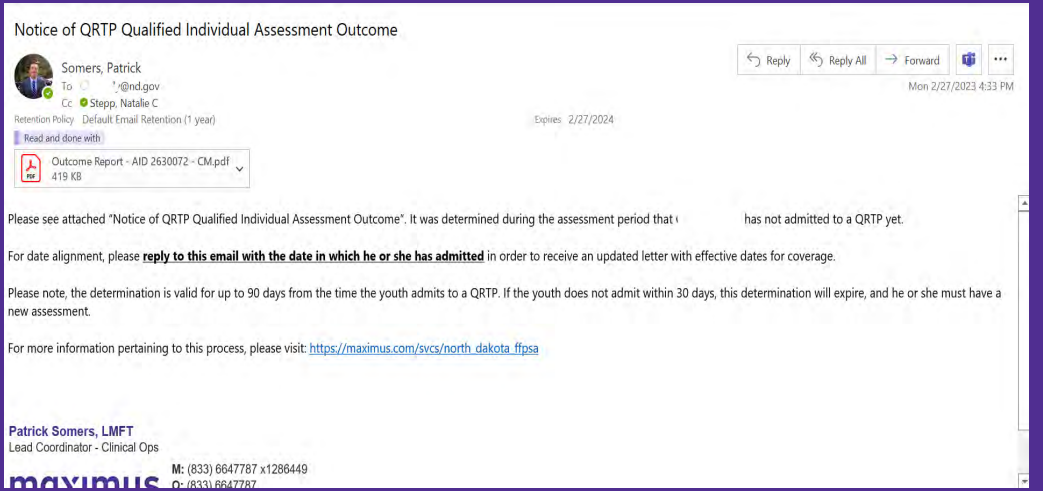
# How do I receive the QRTP Assessment Report?

Maximus will provide a determination outcome via SECURE email to the address listed in AssessmentPro

Maximus will upload outcomes to the North Dakota e-file court system; for Tribal Courts, Maximus will send a secure email with final report

Any questions regarding an outcome, call or email the Maximus FFPSA Help Desk:

- Phone: 844.93.FFPSA
- Email: ND\_FFPSA@Maximus.com



Facility Recent Outcomes							
Individual Name	Assessment Type	Created By	Outcome	Determination Date	Unprinted Letters	Print	
[redacted]	QRTP Provider Referral	[redacted]		09/21/2022	No	Assessment in progress	
[redacted]	QRTP Provider Referral	[redacted]		09/15/2022	No	Assessment in progress	
[redacted]	QRTP Provider Referral	[redacted]	QRTP Appropriate, Difficulty of Care Level: 2	09/02/2022	No		
[redacted]	QRTP Provider Referral	[redacted]	QRTP Appropriate, Difficulty of Care Level: 2	08/30/2022	No		
[redacted]	QRTP Provider Referral	[redacted]	QRTP Appropriate, Difficulty of Care Level: 2	08/15/2022	No		
[redacted]	QRTP Provider Referral	[redacted]		08/13/2022	No		

# X Notification of Outcome & Reminder:

## For payment alignment, please reply with entry dates

### Notice of Q RTP Qualified Individual Assessment Outcome



Somers, Patrick

To [redacted]@nd.gov

Cc [redacted] Stepp, Natalie C

Retention Policy Default Email Retention (1 year)

Expires 2/27/2024

Read and done with



Outcome Report - AID 2630072 - CM.pdf  
419 KB

Reply Reply All Forward [Share icon] [More icon]

Mon 2/27/2023 4:33 PM

Please see attached "Notice of Q RTP Qualified Individual Assessment Outcome". It was determined during the assessment that [redacted] has not completed a Q RTP yet.

For date alignment, please **reply to this email with the date in which he or she has admitted** in order to re-assess [redacted].

Please note, the determination is valid for up to 90 days from the time the youth admits to a Q RTP. If the youth does not admit within 90 days, this determination will expire, and he or she must have a new assessment.

For more information pertaining to this process, please visit: [https://maximus.com/svcs/north\\_dakota\\_ffpsa](https://maximus.com/svcs/north_dakota_ffpsa)

**Patrick Somers, LMFT**

Lead Coordinator - Clinical Ops

**maximus**

M: (833) 6647787 x1286449

O: (833) 6647787

North Dakota Q RTP CANS Assessments

**maximus**

# X Maximus ND QRTP Website

[https://maximusclinicalservices.com/svcs/north\\_dakota\\_ffpsa](https://maximusclinicalservices.com/svcs/north_dakota_ffpsa)

\*Google: *Maximus ND QRTP* and the link will appear in your search

## NORTH DAKOTA FFPSA - QRTP Tools and Resources

North Dakota's Department of Human Services provides a structured Individual assessment process for QRTPs as part of the Family First Prevention Services Act. Assessments are conducted to determine

North Dakota as an independent contractor?

### CONTACT THE HELPLINE

#### Phone, Fax & Email

📞 844.933.3772

📠 877.431.9568

✉️ ND\_FFPSA@maximus.com

#### Business Hours

🕒 8:00 am - 5:00 pm

# FAQ 1:

I cannot locate the assessment Maximus sent to me. What should I do?

Contact the Maximus FFPSA Help Desk by phone or email:  
Phone: 844.93.FFPSA  
Email: ND\_FFPSA@Maximus.com

Action Required

Drafts

Queued for Review

Recent Outcomes

My Screens

Facility Screens

Facility Recent Outcomes						
Individual Name	Assessment Type	Created By	Outcome	Determination Date	Unprinted Letters	Print
	Q RTP Provider Referral			09/21/2022	No	Assessment in progress
	Q RTP Provider Referral			09/15/2022	No	Assessment in progress
	Q RTP Provider Referral		Q RTP Appropriate, Difficulty of Care Level: 2	09/02/2022	No	
	Q RTP Provider Referral		Q RTP Appropriate, Difficulty of Care Level: 2	08/30/2022	No	
	Q RTP Provider Referral		Q RTP Appropriate, Difficulty of Care Level: 2	08/15/2022	No	
	Q RTP Provider Referral			08/13/2022	No	



# x FAQ 2:

## I disagree with the QRTP denial. What should I do?

Custodial case managers have **five (5) business days from the denial notice's date** to request a reconsideration. The reconsideration process includes the following:

1. Complete a Desk Reconsideration Request Form (Available at [https://maximus.com/svcs/north\\_dakota\\_ffpsa](https://maximus.com/svcs/north_dakota_ffpsa))
2. Submit the Desk Reconsideration Request Form and supporting documentation to Maximus via email at [ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com)
3. Maximus will review the request and re-issue a determination that the initial determination was either upheld or overturned within 5 business days

**maximus**

NORTH DAKOTA QRTP  
RECONSIDERATION REQUEST FORM

In alignment with [ND Policy QRTP Placements 624-05-20-17](#):

If a child receives a denial for the QRTP level of care, it is the responsibility of the custodial case manager to reconvene necessary parties to identify local or in-state resources to meet the child's needs. If it is determined, information needed for the QRTP approval was missing, the custodial case manager may choose to submit a reconsideration request.

**If requesting a reconsideration, the custodial case manager must:**

- Submit a reconsideration request form;
- Identify any documentation not previously submitted resulting in the denial or any new supporting information;
- Detail rationale as to why the QRTP level of care is most appropriate; and
- Submit the request within 5 working days of receiving the initial denial.

The Qualified Individual will review the information within 5 working days of receipt of the reconsideration and determine an approval or denial for QRTP. While awaiting the decision of the reconsideration, custodial case managers must simultaneously work to identify a plan, resources and supports to best meet the needs of the child

Referring Child's Name: \_\_\_\_\_

Client ID from original assessment: \_\_\_\_\_

Reason for Document Based Review Reconsideration Request:

- ☐ Additional Information for Review (Include any additional clinical supporting documentation, such as treatment plans, incident reports and therapy notes. Please note, letters will no longer be accepted/considered during Reconsideration Process)
- ☐ Change in Behavior or Symptoms since Determination was issued (Please provide brief summary below and include any supporting documentation)

Additional considerations to support your request:

Requested by: \_\_\_\_\_ Request Date: \_\_\_\_\_

Please submit completed form with any additional clinical information to Maximus via email at:  
[ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com).



# x FAQ 3:

## When do I complete an Extension Request versus a Continued Stay Request?

If the child is discharging within 14 days, complete an Extension Request for an approval period of up to 14 days. A discharge plan and date is required for approval. If QRTP is needed for longer than 14 additional days, complete a Continued Stay Review through the AssessmentPro portal.

An Extension Request form can be found on the Maximus website:

[https://maximusclinicalservices.com/svcs/north\\_dakota\\_ffpsa](https://maximusclinicalservices.com/svcs/north_dakota_ffpsa)

**maximus**

NORTH DAKOTA QRTP  
QUALIFIED INDIVIDUAL EXTENSION REQUEST FORM

Child's Name \_\_\_\_\_

Client IID \_\_\_\_\_

Requests for extension of QRTP approval periods can be made for up to 14 days. If the request requires for an approval longer than 14 days, please submit a Continued Stay Request at [www.AssessmentPro.com](http://www.AssessmentPro.com) along with the completed Continued Stay Review (SFN 826) form.

In order to be considered for QRTP Extension Request, both of the following must apply:

☐ Discharge Date Identified (specify the updated discharge date, which would be up to 14 days past the original approval period): \_\_\_\_\_

☐ Discharge Plan Identified (specify the child's updated and anticipated discharge plan from current QRTP placement): \_\_\_\_\_

This request will be reviewed by Maximus and outcome notification will be provided within 5 business days from submission of request.

Requested by: \_\_\_\_\_ Email Address: \_\_\_\_\_

Request Date: \_\_\_\_\_

Please submit completed form together with any additional discharge plan via the Maximus ND QRTP Help Desk at: [ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com).

# x FAQ 4:

I submitted a request for a Continued Stay Review (CSR) via AssessmentPro, 30 days prior to placement expiration. I only have 10 days left and have not heard back from Maximus, what do I do?

You can ALWAYS check the status of an assessment by logging into AssessmentPro and verifying status by queue.

Maximus has 10 business days, from the time in which the referral is **complete**, to complete the assessment.

AssessmentPro tracks all referrals, even in draft mode, as well as maintains notes if a referral was placed on hold for missing information, a member of the Maximus team can look into this on your behalf and identify why the referral hasn't moved forward.

Contact the Ascend FFPSA Help Desk by phone or email:

Phone: 844.93.FFPSA

Email: ND\_FFPSA@Maximus.com

### Change View from Personal View to Facility View

From the AssessmentPro Home Page

**\*\* In AssessmentPro your agency screens will be found under the title *Facility Screens*\*\***

Click any tab in the ribbon to view **Facility Screens** and My Screens tabs.

Click **My Screens** to change the view to screens associated with your login.

Select **Facility Screens** to change the view to screens associated with your facility.

Create New Screen

Action Required Drafts Clinical Screens Recent Outcomes

My Screens Facility Screens

Facility Screen = the agency you represent

# FAQ 5:

What if the referring child moves after I submitted the referral to Maximus? Who do I contact?

Contact the ND FFPSA Help Desk **immediately**, to update the Maximus Project Support, to ensure the assessment can proceed face to face. In these cases, it might be the interview with referring child would occur via Zoom given the change in location.

Email: [ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com)

Phone: 844. 933.3772

## FAQ 6:

I have not needed to refer a child to a QRTP assessment in the last 90 days. I just tried to submit a new referral I am locked out. What do I need to do?

Contact the ND FFPSA Help Desk **immediately**, to reinstate your account. Maximus will complete this typically within 1 hour of notification, or at the very least within 1 business day. AssessmentPro automatically deactivates accounts with inactivity after 90 days. Just contact the email desk via email/phone and we can immediately reactivate it for you.  
Email: [ND\\_FFPSA@maximus.com](mailto:ND_FFPSA@maximus.com)  
Phone: 844. 933.3772

# FAQ 7:

I received this email, and I can't open it. What should I do?

Before you can use secure email through Cisco, you will have to register. You can only register after receiving a secure email from Maximus.

1. Add @maximus.com to your email's safe sender's list or whitelist. Directions depend on your email client
2. Open the secure email from Maximus
3. Open the email's attachment. The email attachment's name will begin with "securedoc\_"

## FAQ 8:

The documentation I required for my referral was not completed on time. What will happen?

- If you choose *This is in process/scheduled to be completed and will be forwarded at that time*, the screen **will remain** in your *My Action Required Screens* queue until you submit the documentation.
- Once you upload your document(s), don't forget to hit *Submit Document*. This submits your referral to Maximus.

The image displays two screenshots of the QRTP Referral Screen, illustrating the document upload process. The left screenshot shows the 'Document Upload' section with a 'Required Documents' list and a 'Select files...' button. A large blue arrow points from this section to the right screenshot. The right screenshot shows the 'Document Upload' section after a document has been uploaded, with a 'Submit Document' button highlighted. A large blue arrow points from this button to the bottom right corner of the screen.

**QRTP Referral Screen**

First Name: Test, Last Name: Test02, Medicaid ID: XXXX0007, Individual ID: 1540751, Contract: North Dakota QRTP, Address: 310 GLENDA COURT PLEASANT VIEW, ND 57146, Assessment ID: 2952181

**Document Upload**

Required Documents: Universal Application

Select files...

I cannot upload all required documents. This is in-process/scheduled to be completed and will be forwarded at that time. This is unobtainable. Explanation for unobtainable document types: I will attach it once complete on 1.26.24.

**Document Upload**

Episode Documents

File	Status	Document types	Created By	Created Date	Document Viewed?
Pending upload	In process	Universal Application	Soden Aubree	01/26/2024	

Required Documents: Universal Application

Select files... Done

BLANK.pdf Universal Application

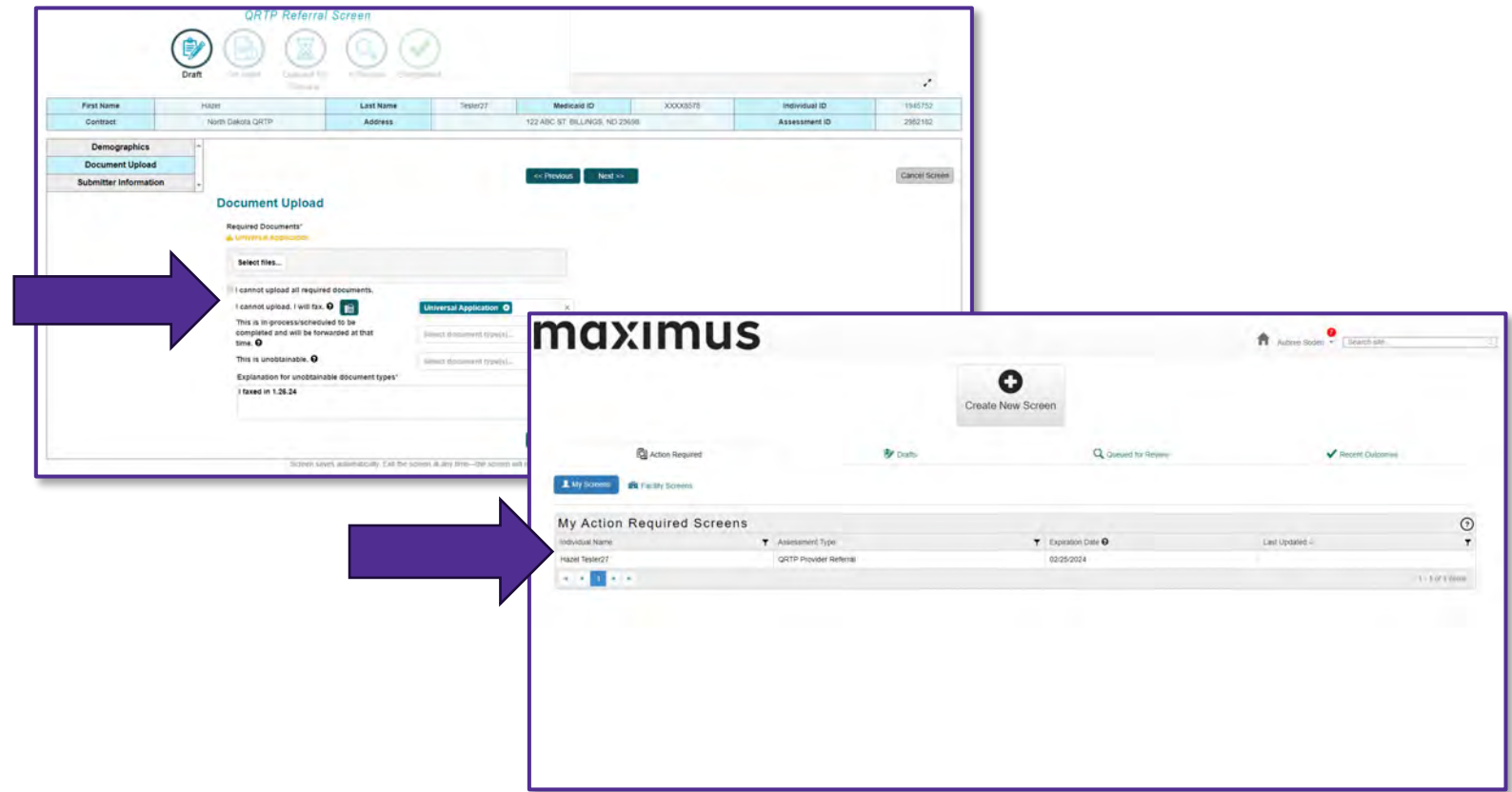
I cannot upload all required documents. I cannot upload, I will fax. This is in-process/scheduled to be completed and will be forwarded at that time. This is unobtainable. Explanation for unobtainable document types: I will attach it once complete on 1.26.24.

**Submit Document**

## FAQ 9:

The documentation I required for my referral must be faxed in. What will happen?

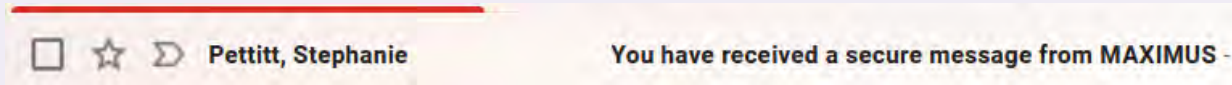
- If you choose, *I cannot upload. I will fax.*, your screen **will remain** in your *My Action Required Screens* queue until Maximus receives your fax.
- Once we upload your document(s), your screen will leave your *My Action Required Screens* queue





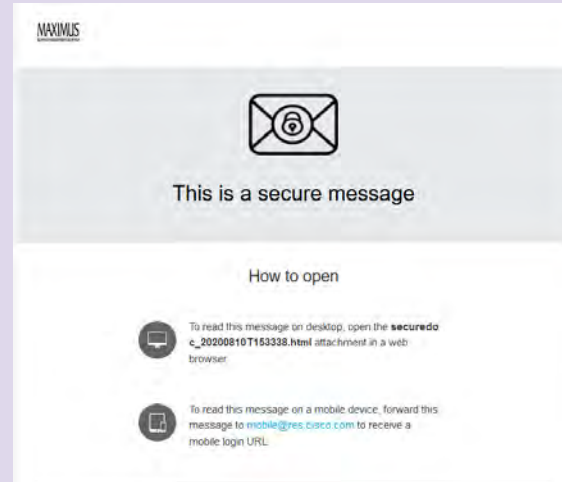
# x Reading a Secure Email

1. Open the secure email

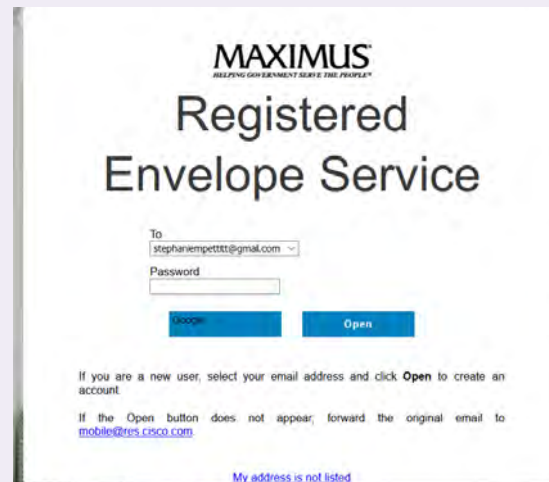


2. Follow the instructions in the email to open the contents

2a. For computers, open the attachment. It will redirect to a login screen



3. If you are a new user, select your email address and click **Open** to create an account.







4. The first time you open an email, you will be prompted to register

You are not registered

To open this message, you must first register and create a password.

Register

5. Complete the registration form  
Click I agree to CRES's terms of service.  
Click Register

## New User Registration

### Enter Personal Information

Email Address

stephaniempettitt@gmail.com

First Name\*

Stephanie

Last Name\*

Pettitt

### Create a Password

Password\*

••••••••

Confirm Password\*

••••••••

☒ I agree to CRES's [Terms of Service](#)

Register



## 6. Follow the activation instructions emailed to you

### Final Step: Account Activation

Your Cisco Registered Envelope Service account was successfully created.

**Instructions to activate your account have been emailed to stephaniempettitt@gmail.com.**

Please check your inbox. If you do not see an account activation email, check your junk email folder.



**CRES Do Not Reply**

**Please activate with CRES - )**

## 7. Click Activate Account



### Account Activation

Dear Stephanie Pettitt,

Thank you for registering with Cisco Registered Envelope Service.

[Activate Account](#)

To stop the registration process you can [cancel](#) this account.

#### IMPORTANT

To help keep your personal information safe, Cisco recommends that you never give your CRES password to anyone, including Cisco employees.

Welcome to CRES!

[About Registered Envelope Service](#) | [Terms of Service](#) | [Privacy Policy](#) | [Customer support](#)

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8. You will receive notice your email address is confirmed.

Email address confirmed

You have activated the account for stephaniempettitt@gmail.com. Registration for this email address is now complete. To exit this page, close your browser window. After exiting this page, return to your Registered Envelope and enter your password to open it.

9. Return to the original email and open the attachment

   Pettitt, Stephanie

You have received a secure message from MAXIMUS -

10. Enter the password you created and click Open. This will open the email

**MAXIMUS**  
HELPING GOVERNMENT SERVE THE PEOPLE®

# Registered Envelope Service

To  
stephaniempettitt@gmail.com

Password  
••••••••

 Sign in with Google

Open

**Help Desk Email**

ND\_FFPSA@maximus.com

**Helpdesk Phone**

844. 933.3772

844.93.(FFPSA)

**Referral Fax**

877.431.9568

**MAXIMUS Website**

[https://maximus.com/svcs/north\\_dakota\\_ffpsa](https://maximus.com/svcs/north_dakota_ffpsa)