# Perpetual Licensing: Online Portal Enhancements "The Basics"

# **Provider Training** September, 2019



# Presented by

# **ADHS Bureau of Medical Facilities Licensing**



# Background

- Laws 2017, Chapter 122 made changes to Arizona Revised Statutes § 36-425(C):
- "A health care institution license does not expire and remains valid unless:
- 1. The department subsequently revokes or suspends the license.
- 2. The license is considered void because the licensee did not pay the licensing fee before the licensing fee due date."



# Background

- \$250 late fee when past fee due date.
- 30 day grace period after fee due before license is void.
- Annual Compliance surveys will still occur.
- Facilities continue to be required to be in compliance with Arizona Administrative Code.
- Alternate fee due date may be requested every 3 years.



# Background

- Stakeholder workgroups were held.
- Draft rules were posted soliciting comments.
- Oral proceedings were held.
- Notice of Final rulemaking was published on June 28, 2019.
- Effective date October 1, 2019.



# Warning

With automated portal, failure to pay by end of 30 day grace period <u>will</u> result in automatic **voiding** of license with notification to CMS and/or AHCCCS as applicable.



# **Perpetual Licensing**

- Rulemaking Completed Effective October 1, 2019
- Online Portal updated and enhanced <a href="https://licensing.azdhs.gov/LicensingOnline/MED">https://licensing.azdhs.gov/LicensingOnline/MED</a>



# **Portal Enhancements**

#### Welcome To Division Of Licensing Services Online Web Site

Welcome to the Bureau of Medical Facilities Licensing.

For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email. The information in your Profile is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the Department. When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. If you have any questions, please contact the Bureau of Medical Facilities Licensing at 602-364-3030.

Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If your license will expire today or prior to the next ADHS business day, you MUST contact the

Bureau of Medical Facilities at (602) 364-3030

Failure to do so will or could result in:

Your license becoming invalid;

Delays in reinstating your expired license, during which you are forbidden to provide services; and

An enforcement action taken against your license.

Before you renew your license online, please be sure you have the following items at hand:

Complete ownership and facility information.

A valid credit card. The following credit cards are accepted: MasterCard, VISA, Discover and AMEX.

We also accept electronic checks.

All attachments need to be under 10 MB each.

**Submit Annual Licensing Fee** 



ARIZONA DEPARTMENT OF HEALTH SERVICES

# If using for the first time you must register!

Welcome:

For Child Care Facilities, Long-Term Care Facilities, Residential Facilities, and Medical Facilities: For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email.

In order to use this site to pay your licensure fee or enforcement fees, please select the appropriate bureau on the menu shown on the left. The information you will see is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the appropriate bureau.

Please note:

The following credit cards are accepted: MasterCard, VISA, Discover and AMEX. We also accept electronic checks. All fees
received by the Department are non-refundable.

- Please allow at least 7-10 business days for changes to be processed once the documentation is provided.
- · Please remember to print a copy of your application and receipt for your records.



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#### TEST ONLY

#### You are now logged out.

Home

Child Care Facilities Licensing

Long Term Care Facilities Licensing

Medical Facilities Licensing

Medical Marijuana Cards

Radiation Control Licensing +

Residential Facilities Licensing

Special Licensing 👻

Contact Us

Welcome To Division Of Licensing Services Online Web Site

The ADHS Division of Licensing Services licenses and monitors health and child care facilities and providers throughout Arizona. Licensing inspections, on-site surveys, and complaint investigations are conducted to promote quality care and safety and ensure that performance standards are met for facility operation and maintenance.

Mission Statement: To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services.

#### Welcome:

For Child Care Facilities, Long-Term Care Facilities, Residential Facilities, and Medical Facilities: For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email.

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- · Please remember to print a copy of your application and receipt for your records.

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Home	Log in
Child Care Facilities Licensing	User name
Long Term Care Facilities Licensing	Password
Medical Facilities Licensing	Login
Medical Marijuana Cards	Log In
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Licensing -	Click here for Help
Residential Facilities Licensing	
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Health and Wellness for All Arizonans

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Choose your facility and click on "Submit Fee".

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Changing the name of a HCI will require supportive documentation (example: AZ Trade Name Certification); click "Choose File" to upload document.



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Facility Physical Address – cannot be modified, see message box.

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Accrediting Organization Name Decide Licensing Chief Administrative Officer Name Effective date 12/08/2016 Emergency Contact Information Name Phone number Accrediting Organization Name of accrediting organization (must be from a nationally recognized organization)	Desidential Casilities	Phone number	Email		Fax number (optional	)
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Contact Us       Chief Administrative Officer         Name       Effective date         12/08/2016       12/08/2016         Emergency Contact Information       Phone number         Name       Phone number         Accrediting Organization       Image: Select (optional)         Please select (optional)       Please select (optional)	Special Licensing +	Name		Title	0	
Name       Effective date         12/08/2016         Emergency Contact Information         Name         Phone number         Accrediting Organization         Name of accrediting organization (must be from a nationally recognized organization)         Please select (optional)		Chief Administrative Officer				
Image:		Name		Effective da	ate	
Emergency Contact Information         Name       Phone number         Accrediting Organization         Name of accrediting organization (must be from a nationally recognized organization)         Please select (optional)				12/08/201	6	
Name     Phone number       Accrediting Organization     Name of accrediting organization (must be from a nationally recognized organization)       Please select (optional)     Image: Select (optional)		Emergency Contact Information	n		2	
Accrediting Organization Name of accrediting organization (must be from a nationally recognized organization) Please select (optional)		Name		Phone nun	nber	
Accrediting Organization Name of accrediting organization (must be from a nationally recognized organization) Please select (optional)						
Please select (optional)		Accrediting Organization Name of accrediting organization	(must be from a nationally re	ecognized organizatio	n)	
		Please select (optional)	(			
					Previou	S Continue

![](_page_29_Picture_1.jpeg)

If applicable, choose an Accrediting Organization from the drop down box.

ATGON

![](_page_30_Picture_0.jpeg)

Upload current accreditation report

Choose File No file chosen

![](_page_30_Picture_3.jpeg)

Health and Wellness for all Arizonans

Click on "Choose File" to upload current accreditation report as indicated.

![](_page_31_Picture_0.jpeg)

Health and Wellness for All Arizonans

#### TEST ONLY

Long Term C

Hello, QAMedfac ! Update Profile Log off

Q

Description	Amount
License fees	
Base fee	\$36
Licensed capacity/occupancy (0) x Per unit cost of \$91	+ \$0
Late fee	+ \$(
Total license fees	\$365
Enforcement fees	
Enforcement fees previously owed	\$0
Total enforcement fees	\$ 0
	· · ·

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans home, Arizona state hospital or Adult foster care settings.

I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

![](_page_31_Picture_13.jpeg)

![](_page_31_Picture_14.jpeg)

Review License fees and late fee as applicable.

![](_page_32_Picture_0.jpeg)

Health and Wellness for All Arizonans

#### TEST ONLY

Hello, QAMedfac ! Update Profile Log off

Q

	Description	Amount
License fees		
Base fee		\$365
Licensed capacity/	occupancy (0) x Per unit cost of \$91	+ \$0
Late fee		+ \$0
Total license fees		\$365
Enforcement fees		
Enforcement fees	previously owed	\$0
Tatal aufauranuau		
lotal enforcemen	trees	\$ 0

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

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I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

![](_page_32_Picture_13.jpeg)

![](_page_32_Picture_14.jpeg)

Health and Wellness for all Arizonans

Review Enforcement fees as applicable.

![](_page_33_Picture_0.jpeg)

Health and Wellness for All Arizonans

#### TEST ONLY

Hello, QAMedfac ! Update Profile Log off

Q

Description	Amoun
License fees	
Base fee	\$36
Licensed capacity/occupancy (0) x Per unit cost of \$91	+ \$
Late fee	+ \$
Total license fees	\$36
Enforcement fees	
Enforcement fees previously owed	\$
Total enforcement fees	\$ 0

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans home, Arizona state hospital or Adult foster care settings.

I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

![](_page_33_Picture_13.jpeg)

![](_page_33_Picture_14.jpeg)

Health and Wellness for all Arizonans

Review your Total amount due.

![](_page_34_Picture_0.jpeg)

Health and Wellness for All Arizonans

#### TEST ONLY

Hello, QAMedfac ! Update Profile Log off

Q

Description	Amount
License fees	
Base fee	\$365
Licensed capacity/occupancy (0) x Per unit cost of \$91	+ \$0
Late fee	+ \$0
Total license fees	\$365
Enforcement fees	
Enforcement fees previously owed	\$0
Total enforcement fees	¢ 0
iotal enforcement lees	5 U

Please note that the Department will not receive your submission unless the payment process is complete and approved.

#### ALL FEES ARE NON-REFUNDABLE

NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans home, Arizona state hospital or Adult foster care settings.

![](_page_34_Picture_11.jpeg)

I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

![](_page_34_Picture_14.jpeg)

![](_page_34_Picture_15.jpeg)

Health and Wellness for all Arizonans

## Click on acknowledgement.

Search AZDHS

Health and Wellness for All Arizonans

#### Hello, QAMedfac ! Update Profile Log off

Q

#### TEST ONLY

Description	Amount
License fees	
Base fee	\$36
Licensed capacity/occupancy (0) x Per unit cost of \$91	+ \$(
Late fee	+ \$
Total license fees	\$36
Enforcement fees	
Enforcement fees previously owed	\$
Total enforcement fees	\$ 0

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans home, Arizona state hospital or Adult foster care settings.

I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

![](_page_35_Picture_12.jpeg)

Division Of Licensing Services | Arizona Department of Health Services Copyright © 2014-2019

![](_page_35_Picture_14.jpeg)

Click on Submit fee.

CHECKOUT - PAYMENT INF	ORMATION
------------------------	----------

*First Name	*Last Name
Herman	Munster
*Billing Address	*City
1313 Mockingbird Lane	Mockingbird Heights
*State	*Zip
CA	91608
* Email	*Phone Number
myemail@email.com	602-555-1212
<ul> <li>Credit Card</li> <li>Electronic Check</li> <li>INSA</li> <li>*Credit Card Number</li> <li>4111111111111</li> <li>*Expiration Date</li> </ul>	
August • 2024 • 123	
Clear	Continue

![](_page_36_Picture_2.jpeg)

#### **Order Review**

Please review your order and ensure the information below is correct before proceeding. If you agree with the information as displayed; please click the "Authorize" button to process the payment.

#### BILLING INFORMATION

#### Name:

Herman Munster

#### Address:

1313 Mockingbird Lane, Mockingbird Heights, CA, 91608

#### Phone:

602-555-1212

#### Email:

myemail@email.com

![](_page_37_Picture_11.jpeg)

#### ACCOUNT INFORMATION

VISA 4***********1111 Edit			
ORDER INFO			

Order No	Product ID	Item Description	Amount	Quantity	Total Amount	
1808	HSDLS160	MF NO CAP & 1-59 BEDS	\$365.00	1	\$365.00	

![](_page_37_Picture_15.jpeg)

## Review your order to ensure it is correct.

#### ACCOUNT INFORMATION

VISA	
4**********1111	
Edit	

#### ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1808	HSDLS160	MF NO CAP & 1-59 BEDS	\$365.00	1	\$365.00
Total					\$365.00
Note:					
Annual Licensing	g Fees for OTC7031				
understand that t	the following amount will be	e billed to my credit card. My credit card statemen	nt will show the following merch	ant name(s) and amo	unt(s) for this transaction.
understand that t	the following amount will be	e billed to my credit card. My credit card statemen	nt will show the following merch	ant name(s) and amo	unt(s) for this transaction.
understand that t Merchant AZ DEPT OF HE	the following amount will be EALTH SVCS	e billed to my credit card. My credit card statemen	nt will show the following merch	ant name(s) and amo Amour \$365.0	unt(s) for this transaction. nt 0
understand that t Merchant AZ DEPT OF HE he total amount t	the following amount will be EALTH SVCS to be billed to your credit ca	e billed to my credit card. My credit card statemen	nt will show the following merch	ant name(s) and amo Amour \$365.00	unt(s) for this transaction. nt 0
understand that t Merchant AZ DEPT OF HE he total amount t	the following amount will be EALTH SVCS to be billed to your credit ca	e billed to my credit card. My credit card statemen ard is <b>\$365.00</b> .	nt will show the following merch	ant name(s) and amo Amour \$365.0	unt(s) for this transaction. nt 0
understand that t Merchant AZ DEPT OF HE he total amount t	the following amount will be EALTH SVCS to be billed to your credit ca	e billed to my credit card. My credit card statemen ard is <b>\$365.00</b> .	nt will show the following merch	ant name(s) and amo Amour \$365.0	unt(s) for this transaction. nt 0

![](_page_38_Picture_4.jpeg)

Health and Wellness for all Arizonans

Authorize your payment.

![](_page_39_Picture_0.jpeg)

![](_page_39_Figure_1.jpeg)

![](_page_39_Picture_2.jpeg)

Click on Continue.

#### Payment Receipt

Annual Licensing Fees

# Get Online Form in PDF

Order	Authorization Code:	Partial Card	Card Type:	Payment Stat	us: Payme	nt Date: 9/10/2019
Number: 1826	452642	Number: 1111	Visa	Approved	4:05:47	PM
Name of Health	Care Institution:					
License Numbe	er:			Fee Due Da	te:	09/30/2019
Total Amount P	aid:			\$365		

Return to Facility List Return to Order History List

#### Order History

Total Reco	rds Found: 1				
FAC ID	License #	Facility Name	Submitted Date	Online Form	Receipt
			8/22/2019 11:41:51 AM	Get PDF	Get Receipt

![](_page_40_Picture_7.jpeg)

### INFORMATION VERIFICATION AND ANNUAL LICENSING FEES

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – MEDICAL FACILITIES LICENSING

In accordance with A.A.C. R9-10-107

C. Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:

1. The following information in a Department-provided format:

a. The licensee's name, and

b. The facility's name and license number;

2. Verification of the information in the Department's current records for the health care institution;

3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and

4. The applicable annual licensing fees in R9-10-106.

License Number

Fee Due Date 9/30/2019

![](_page_40_Picture_21.jpeg)

Payment Receipt and Order History.

## Facility List

09/30/2019 0 Submission pending Submission pending   I centry list- Advance Department x + <ul> <li></li></ul>	cense mber	Facility name		Fee due date	Bed count	Fee status		
Feelity List - Arizona Department x				09/30/2019	0	1 Submission pend	ing	Submit Fe
C      O      Icensing-dev.azdhs.gov/LicensingOnline/MED/GetFacilityList     O     O     Icensing-dev.azdhs.gov/LicensingOnline/MED/GetFacilityList     O     O     Icensing-dev.azdhs.gov/LicensingOnline/MED/GetFacilityList     O     Icensing     Icensing	Facility List - /	Arizona Department 🗙 🕂						- @ X
Final Search AZDHS     Leater and Wellness for All Arizonans   Example and Wellness   Example and Wellness for All Arizonans   Example and Wellness   Example and Wellness   Example and Wellness   Example and Wellness Example and Wellness Example and Wellness Example and Wellness Example and Wellness	$\rightarrow$ C (	Iicensing-dev.azdhs.gov/Licen	singOnline/MED/GetFacilityList#				x 🔾 🖉 🚛	9 📀   P
Home   Home   Child car Facilities   Loong Tem Care   Facilities Licensing   Medical Facilities   Licensing   Medical Marijuana   Cards   Radiation Control   Licensing •   Residential Facilities   Special Licensing •   Control Us	(	Arizona De Health and Wellin	partment of Health ess for All Arizonans	n Services	Sea	rch AZDHS	a,	2.GOV
Home Submit Annual Licensing Fee Enforcement Order History - <b>Facility List Total facilities found: 1 Contact Us</b> Home Submit Annual Licensing Fee Enforcement Order History - <b>Facility List Total facilities found: 1 Contact Us</b> Home Submit Annual Licensing Fee Enforcement Order History -		TEST ONLY						
Division Of Licensing Services   Arizona Department of Health Services Copyright © 2014-2019		Child Care Facilities     Hom       Child Care Facilities     Facilities       Licensing     Facilities       Medical Facilities     Licensing       Medical Marijuana     Page 1       Cards     Page 1       Radiation Control     1       Licensing     1       Residential Facilities     1       Special Licensing ~     Contact Us	e Submit Annual Licen lity List acilities found: 1 Facility name	sing Fee Enforcen	ee due License fee h awaiting revie	ory + as been submitted and is w. Submission pending yright © 2014-2019	Submit F	ee

![](_page_41_Picture_2.jpeg)

![](_page_42_Picture_0.jpeg)

# AZ DEPT OF HEALTH SVCS online purchase receipt

Thank you for your payment. Your payment was successful.

Your authorization number is 452659. Please reference this number in any correspondence regarding your transaction.

State of Arizona

![](_page_42_Picture_5.jpeg)

![](_page_43_Picture_0.jpeg)

![](_page_43_Picture_1.jpeg)

An alternate due date may be requested.

![](_page_44_Picture_0.jpeg)

![](_page_44_Picture_1.jpeg)

A prorated fee will be required at the time of submission.

C A 0 d	lhsptl.stagingaz	z.gov/scs/#/pavi	mentSummarv?pu	rchaseId=110387				\$ 0	0		0   1	0
								-		36		
	0	RDER INFO										
		Order No	Product ID	Item Description	Amount	Quantity	Total Amount					
		1831	HSDLS160	MF NO CAP & 1-59 BEDS	\$60.83	1	\$60.83					
		Total					\$60.83					
		Note: Alternate Due	e Date Fees for									
		I understand th merchant nam	hat the following ar le(s) and amount(s	mount will be billed to my credit carc ;) for this transaction.	d. My credit card st	tatement will sh	iow the following					
		I understand th merchant nam Merchant	hat the following ar le(s) and amount(s	nount will be billed to my credit carc	l. My credit card st	tatement will sh Amou	now the following					
		I understand the merchant name Merchant Name AZ DEPT OF	hat the following an le(s) and amount(s	nount will be billed to my credit card	I. My credit card si	tatement will sh Amoun \$60.83	now the following nt					
		I understand th merchant nam Merchant AZ DEPT OF The total amou	hat the following an le(s) and amount(s F HEALTH SVCS unt to be billed to y	nount will be billed to my credit card ) for this transaction. vour credit card is <b>\$60.83</b> .	I. My credit card si	tatement will sh Amou \$60.83	now the following nt 3					
		I understand the merchant name of the merchant name of the merchant of the mer	hat the following an e(s) and amount(s F HEALTH SVCS unt to be billed to y	mount will be billed to my credit card ) for this transaction. our credit card is <b>\$60.83</b> .	I. My credit card st	tatement will sh Amou \$60.83	nt Authorize	4				
		I understand the merchant name of the merchant name of the merchant of the mer	hat the following an le(s) and amount(s F HEALTH SVCS unt to be billed to y	mount will be billed to my credit card ) for this transaction. rour credit card is <b>\$60.83</b> .	I. My credit card st	tatement will sh Amou \$60.83	now the following nt 3 Authorize	¢				
		I understand the merchant name of the merchant name of the merchant of the mer	hat the following ar le(s) and amount(s F HEALTH SVCS unt to be billed to y	mount will be billed to my credit card ) for this transaction. rour credit card is <b>\$60.83</b> .	I. My credit card st	tatement will sh Amou \$60.83	now the following nt 3 Authorize	¢				

![](_page_45_Picture_1.jpeg)

Authorize your payment.

Merchant Name	Total Amount Charged
AZ DEPT OF HEALTH SVCS	\$60.83

# Notes

Alternate Due Date Fees for

![](_page_46_Picture_3.jpeg)

# Contacts

- Main Line: 602-364-3030
- <u>TEAML&C@azdhs.gov</u>
- <u>BMFLoffice.surveyor@azdhs.gov</u>
- <u>https://www.azdhs.gov/licensing/medica</u>
   <u>l-facilities/index.php</u>

![](_page_47_Picture_5.jpeg)

# THANK YOU

Arizona Department of Health Services

azhealth.gov @azdhs facebook.com/azdhs

![](_page_48_Picture_3.jpeg)