Electronic Submission of License Applications

Effective September 30, 2006, the Department of Health's Plan of Correction system will include on-line submission of license applications and payment of license fees. This change will also include a requirement that facilities must meet the Governor's Office of Administration's password standards. All facilities' passwords used to access the Plan of Correction and On Line Licensing site will now require the following:

1. Passwords must be comprised of a minimum of six alphanumeric characters.

2. Accounts that are inactive for 180 consecutive days will be disabled.

3. Accounts will be disabled after three consecutive invalid access attempts.

4. Passwords must be changed every 60 days.

5. The system will retain three prior passwords to prevent the re-use of prior passwords.

6. If an account is disabled or you forgot your password, there is a link "Forget your password or account disabled" that you can click in order to get a password or to enable your account.

The first time a facility attempts to log into the POC or On Line Licensing system, they will be required to change their password as indicated above.
Submission of license applications will now be accomplished on-line via the facility Add Response page, the same site where Plans of Correction are submitted. When a license is due for renewal, or another licensing action such as change of address, ownership, number of beds, etc. occurs, an email message will be sent to the facility stating that the license application is available on the web for submission to the Department of Health. Additionally, the capability to pay on the web via credit/debit card is provided.

TO ACCESS THE FACILITY WEB SITE:

1. Enter this address into the Address Field of your web browser; or, if you have received this message electronically you may click on the site address: www.health.state.pa.us/facility

NOTE: This address is only for health care facilities and is not available via public web site links. To save this address in your browser, click on "Favorites" on your browser tool bar menu and then click on Add to Favorites. Also, you may wish to keep this message for a quick reference to the site address.

2. When you first log on, the first page that you will see is the ADD Response page. Once on this page, click the square under "Click here to begin entry".

3. The next page is called the **POC/Online Licensing - Login** page.

**Note:** This page also provides access to the Facility Message Board, this message Board contains information provided by the Department of Health to keep Pennsylvania Providers informed. The information contained on the Message Board can range from regulatory issues to product recalls and health alerts. It is highly recommended that the message board be reviewed on a regular basis by all Pennsylvania Providers.
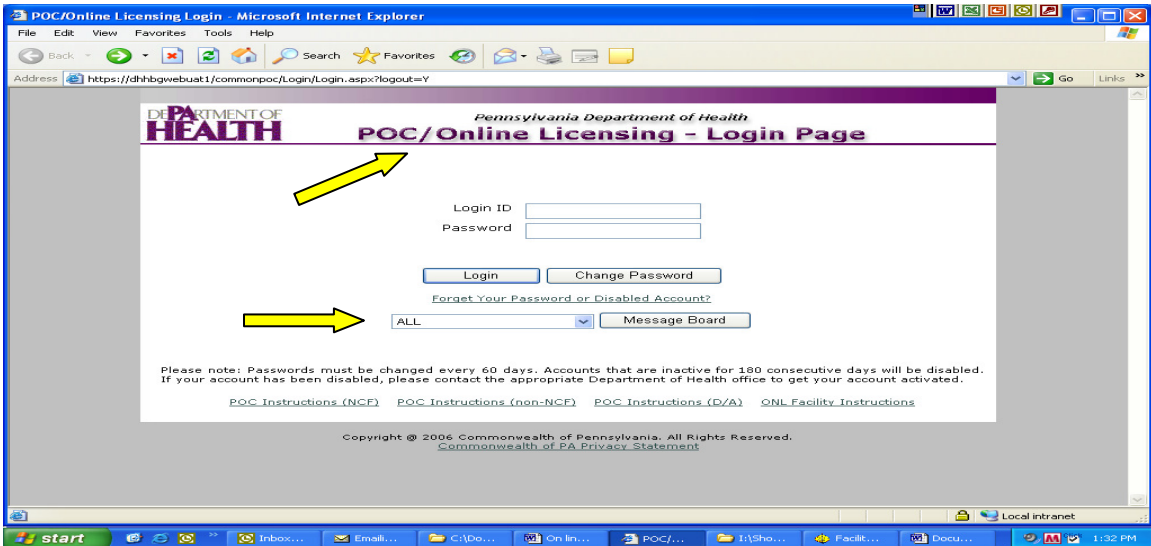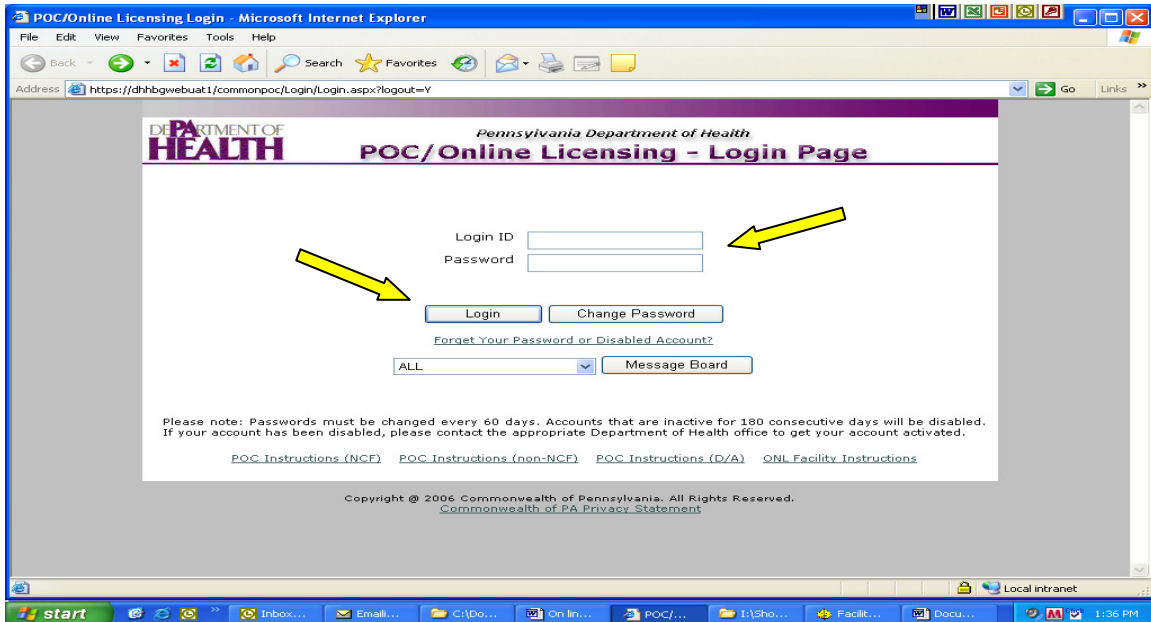


3.a. The drop down screen for the message board.

Open the drop down box and choose your facility type to review only messages that pertain to you or view all the messages for all facility types.
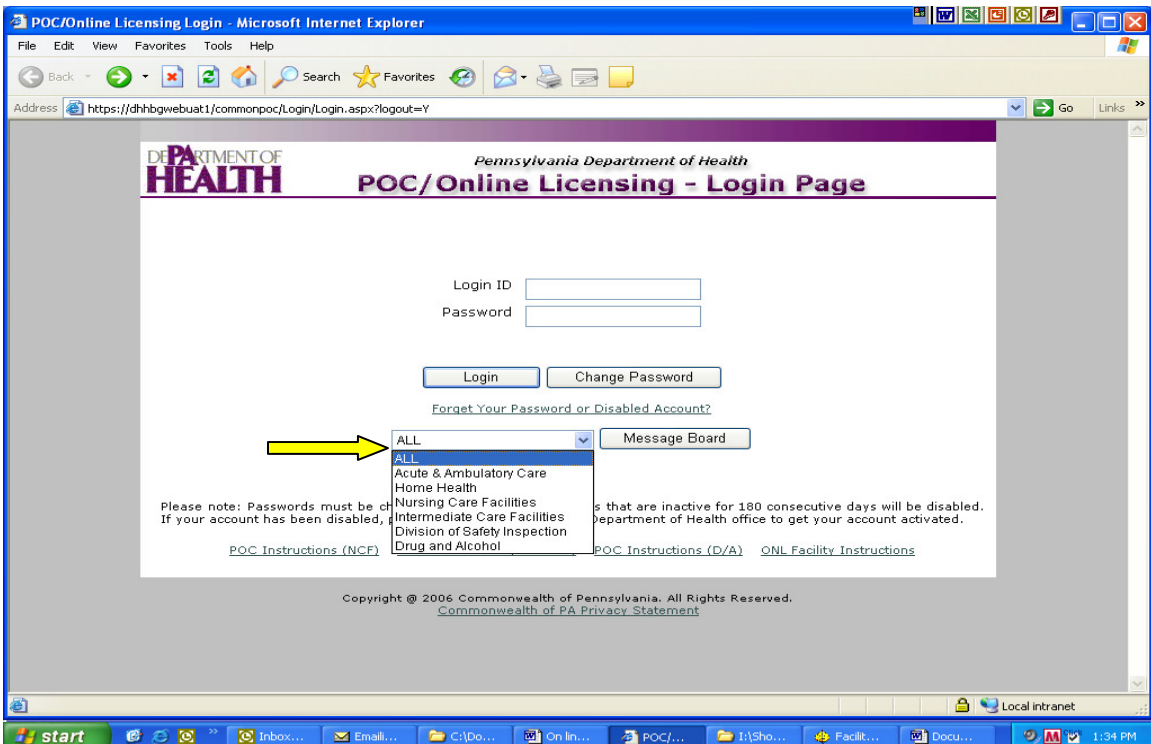
3.b.  Enter your facility Login ID and Password and press the login bar.  If everything was entered correctly you will see the next slide, (3.c.).



3.c.  The POC and Online Licensing entry page has been launched.  If you have this page on your screen, place your cursor over Online Licensing and click your mouse to enter the program.  Proceed to page **6** of the instructions if you are at this point.

If you have received other messages please continue for further instructions.
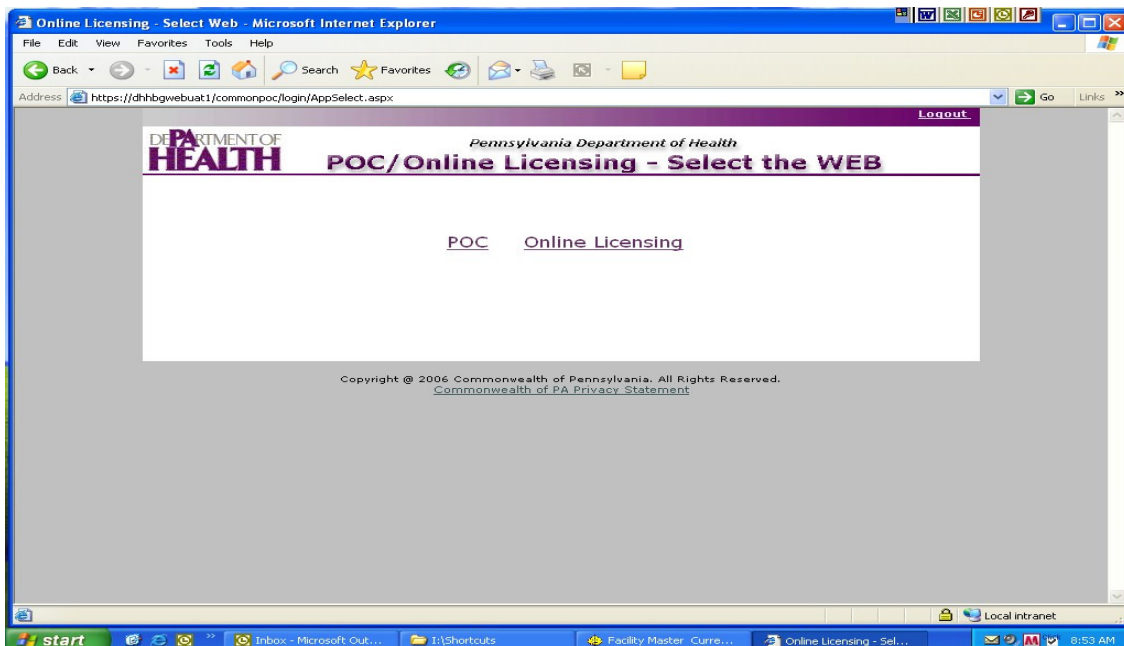
4. If the following message is received the password must be changed to enter the system. "It has been more than 60 days since the password for facility 123456 (Any Facility) has changed. You must change the password before logging in." Facilities are able to change their passwords using the Change Password Button; this button will launch the POC/Online Licensing – Change Password Page. Please push the change password button.

4.a. The following screen will be launched. Enter your login ID and your current password. Using the information in the paragraph beside the arrow, select and enter a new password. Press the change password button beside the arrow and this returns the user to the Log-in page.
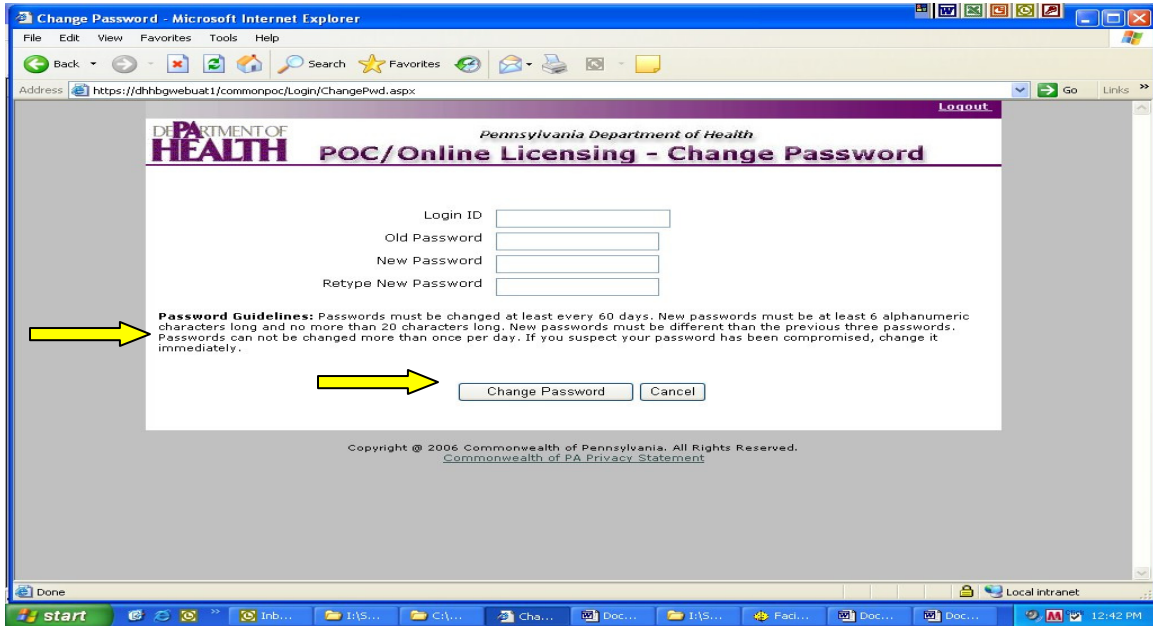


4.b. The following screen will be launched. The password was successfully changed. Enter the **Login ID** and **New Password** and be taken to the POC and Online Licensing screen.
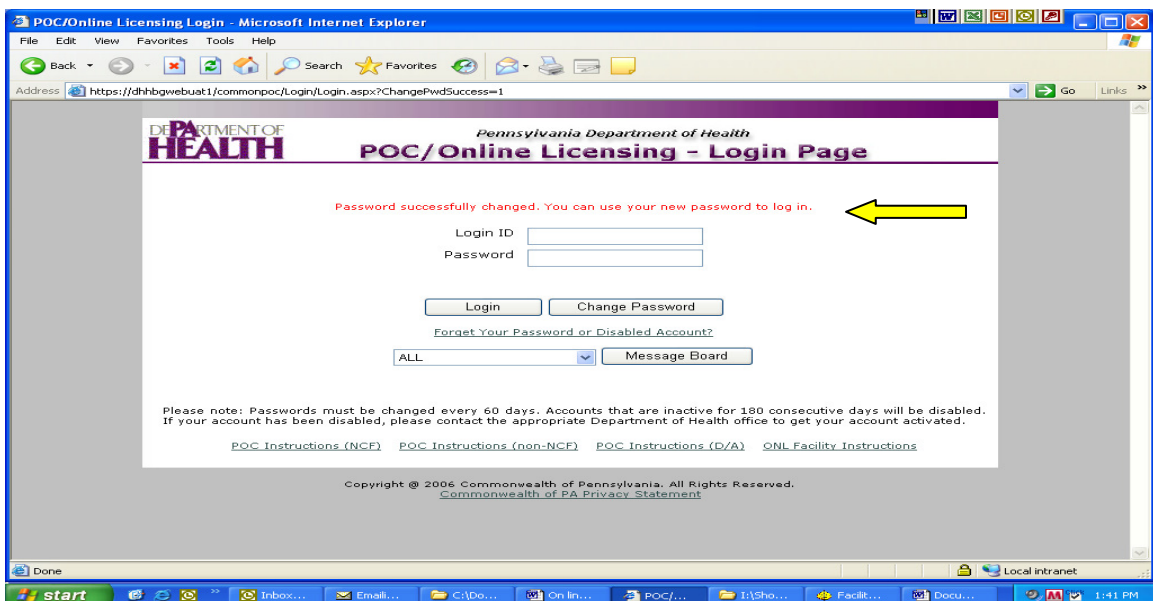
4.c.  If the user enters either of the new passwords incorrectly, the following page/error is displayed and they must try again making sure the new password matches in both spaces.
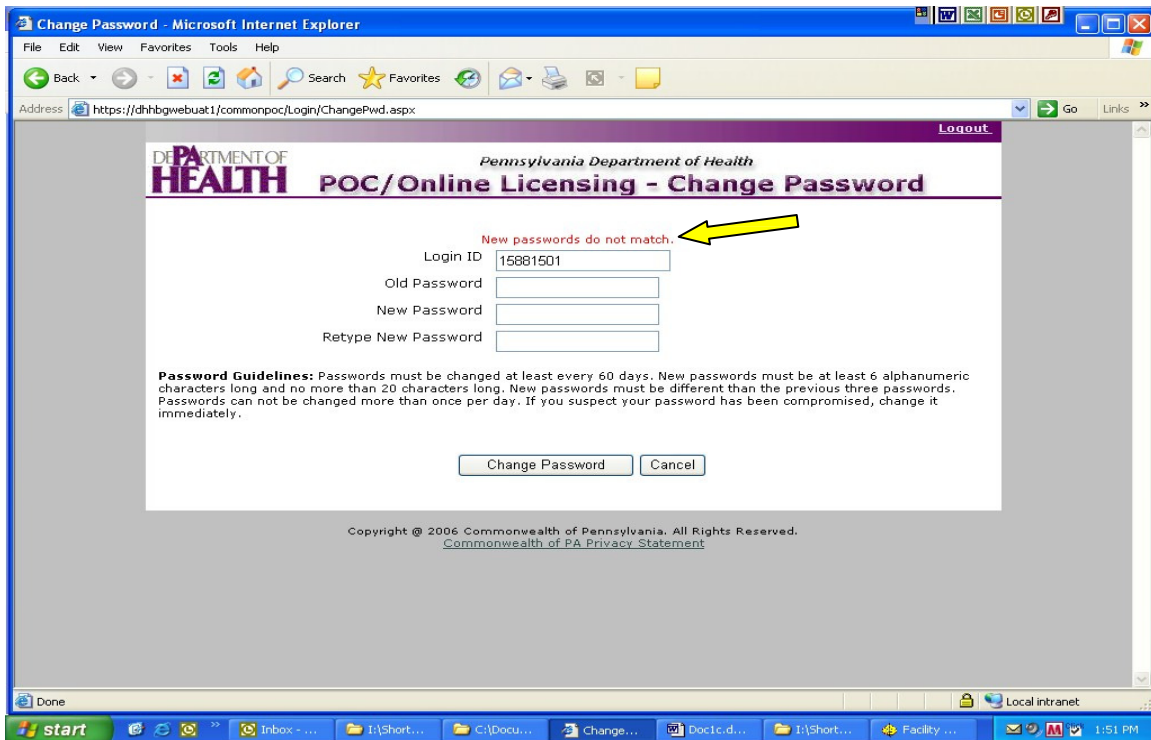


5.a.  If the user enters an incorrect Login ID the following message will appear and the user must try again and re-enter the information.
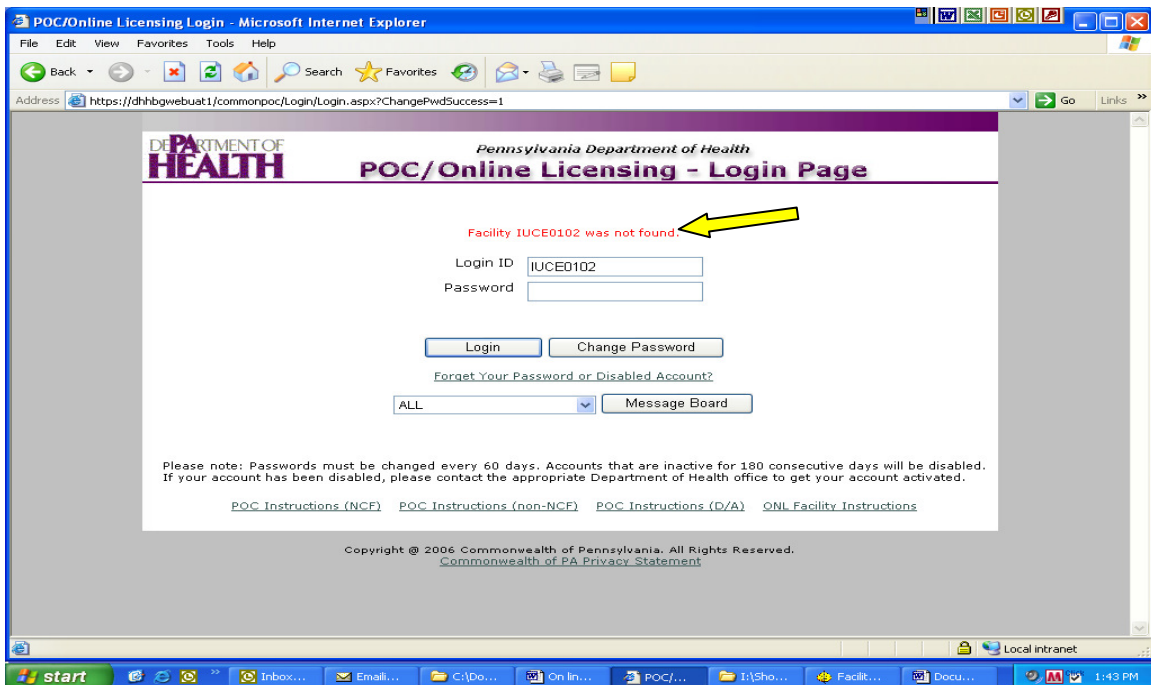
5.b.  If a user enters an invalid password the following screen will be displayed and the user must re-enter the password and try again.
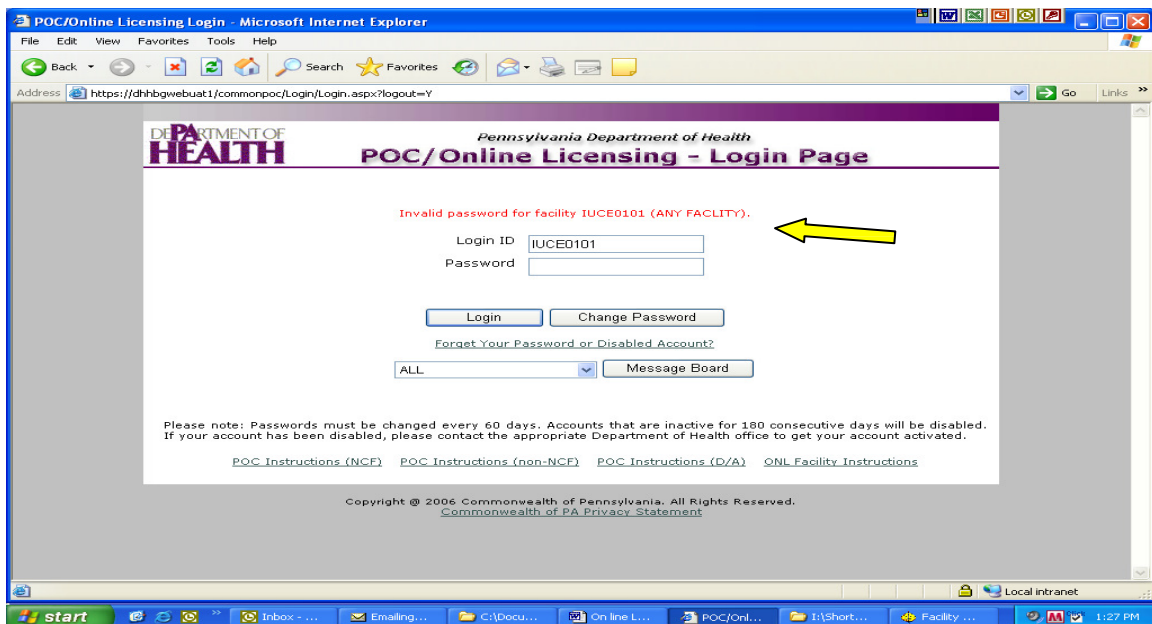


5.c.  If a facility account has not been accessed for 180 days or more, the account becomes disabled and the following message will be displayed. "The login for facility 123456 (Any Facility) has expired.  The user must follow the instructions on the screen to have the account re-activated.

6.  After the facility has logged in to the system, a new menu page will be launched.  The user will need to select from either "POC" or "On-Line Licensing" on this page.  The user will then be routed to the appropriate function.
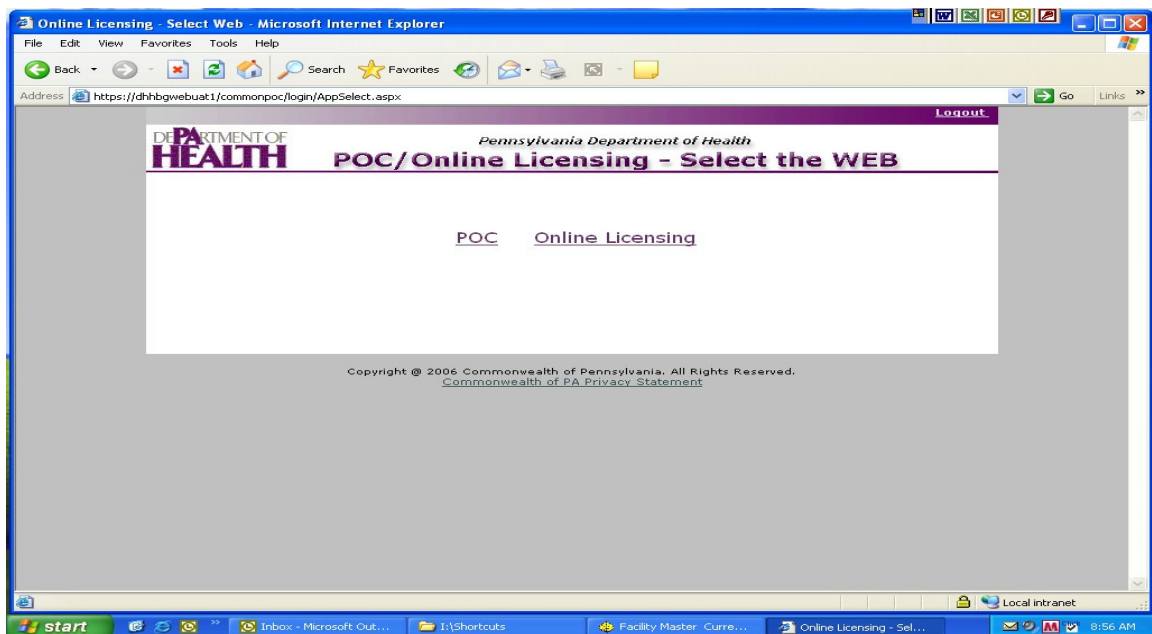
7. Clicking the Online Licensing link will launch the "Online Licensing – Main View" page. The user is able to see what "Application Type" is pending completion in the left hand column.

The Main View page provides the facility name, address, facility ID and License number at the top.

Other data elements are the application type, status, effective date, license type, and license status.

Additionally, the "Action" column to the right of the screen has four action links:

1. The Launch Application link provides the application for completion;
2. The Submit Payment link allows an on-line payment via credit/debit card;
3. The Print License link allows the facility to print the most current license;
4. The View History link shows the licensing history for the facility.

7.a.  Clicking the Launch Application action link on the right side of the screen will generate the On-line Licensing application form.

Please note:  The required fields on the application are identified with red asterisks (*).  The questions regarding ownership, trustees and board members, financial interests in other health care facilities and satellite clinics all provide the capability to attach electronic files such as Microsoft Word or Adobe Acrobat PDF files that are located on the applicant's computer or network.

8.  The user should complete the application.  The following slides will provide brief descriptions on how to complete certain areas of the application.

9.a. After a facility is entered into the system and opens the application, the application will always open with the demographic information already populated on the application. Please review this information to assure that it is correct prior to moving to the next area.

Note:  The demographic information can only be changed by the Department of Health, please notify us if you find an error.

9.b.  The following area of the application is where the facility will enter the bed complement.    Please note that in the center of your application it will show the "Former Status" and "Former Count" of your facility's beds.   This information reflects your most recent bed count by the Department.
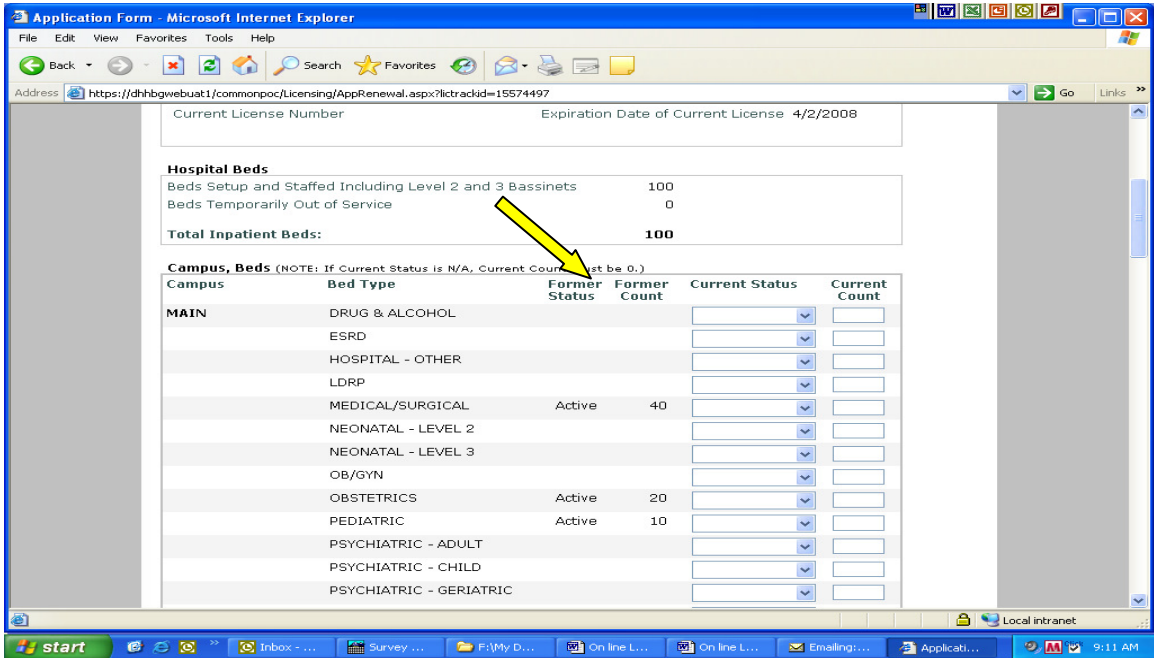


9.c.  To enter the current beds on the application do the following:
Open the dropdown box and select the current status of the beds by clicking the mouse over the status.  Enter the number of beds in the "Current Count" box.
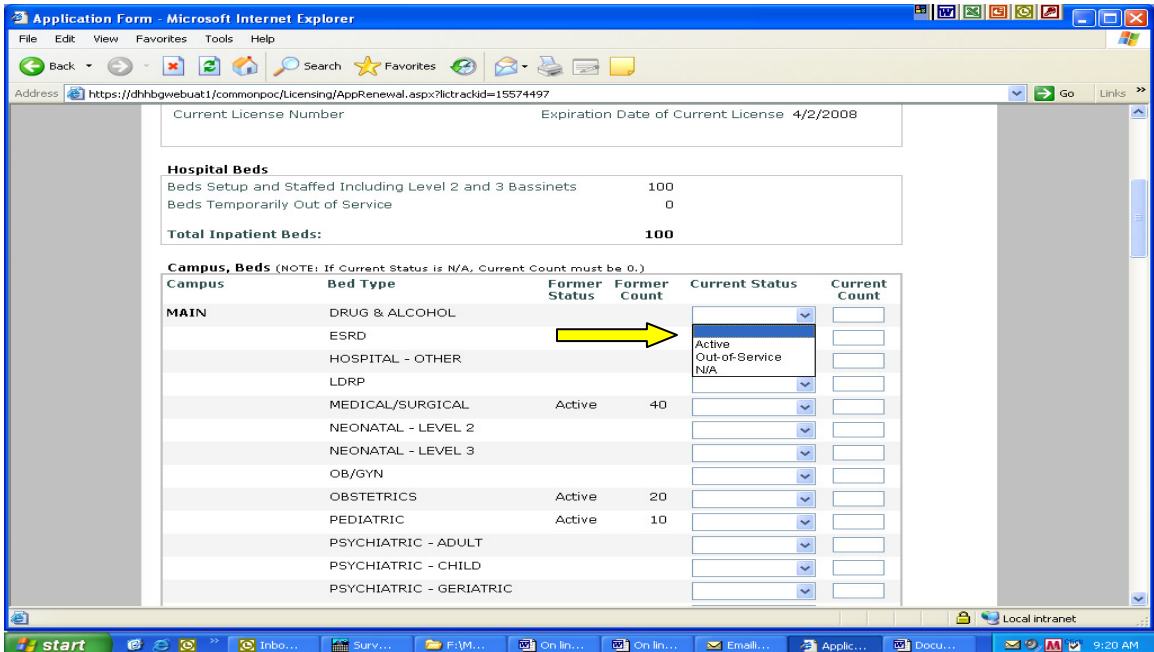
9.c.1.  The current status and the current count have been completed for this bed category.



9.c.2.  Note:  All of the fields must be completed even if the facility has no beds that match a category on the listing (enter 0).

10.  The name of the current Administrator/CEO/Director, and an effective date will be already populated.   Please enter the current Medical Director and Director of Nursing and complete the other sections as instructed on the application.



11.  The questions regarding ownership, trustees or board members, financial interests in this and other health care facilities and satellite clinics all provide the capability to respond by attaching electronic files such as Microsoft Word or Adobe Acrobat PDF files that are located on the applicant's computer or network.

11.a.  Several of those areas only provide the ability to attach documents if the answer to the question is yes.
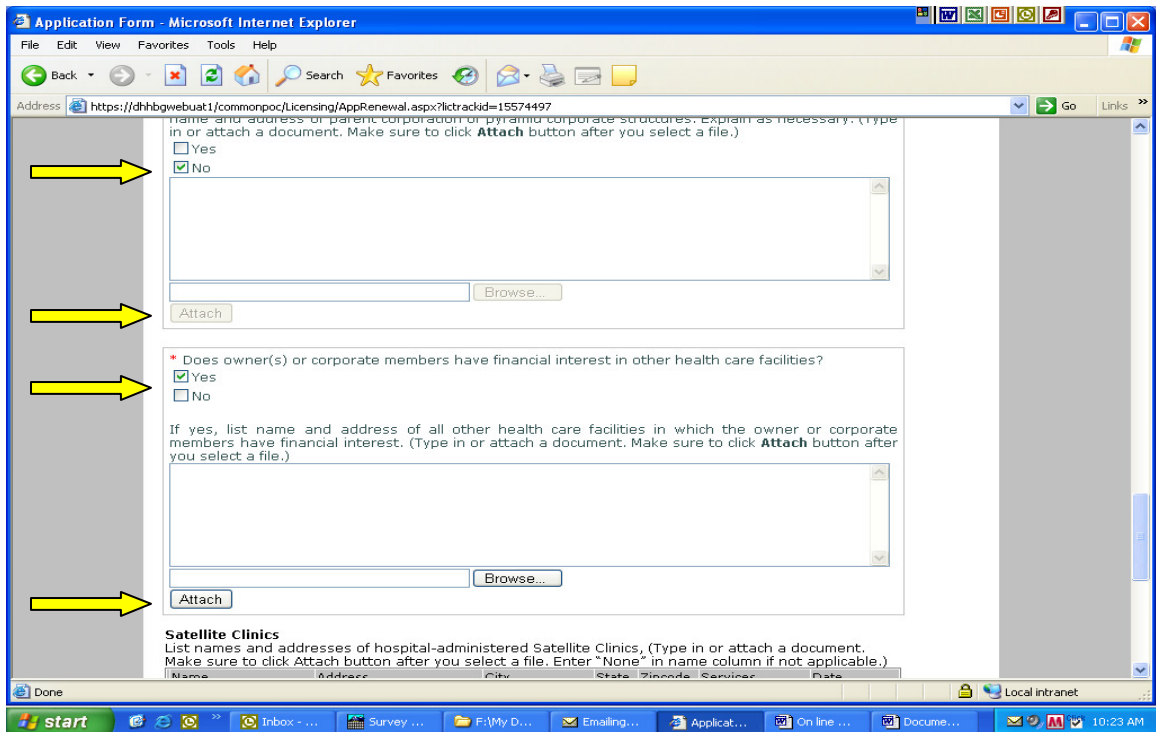


11.b.  Select the "Browse" button and the system will go to the document files on the computer being used to complete the application.
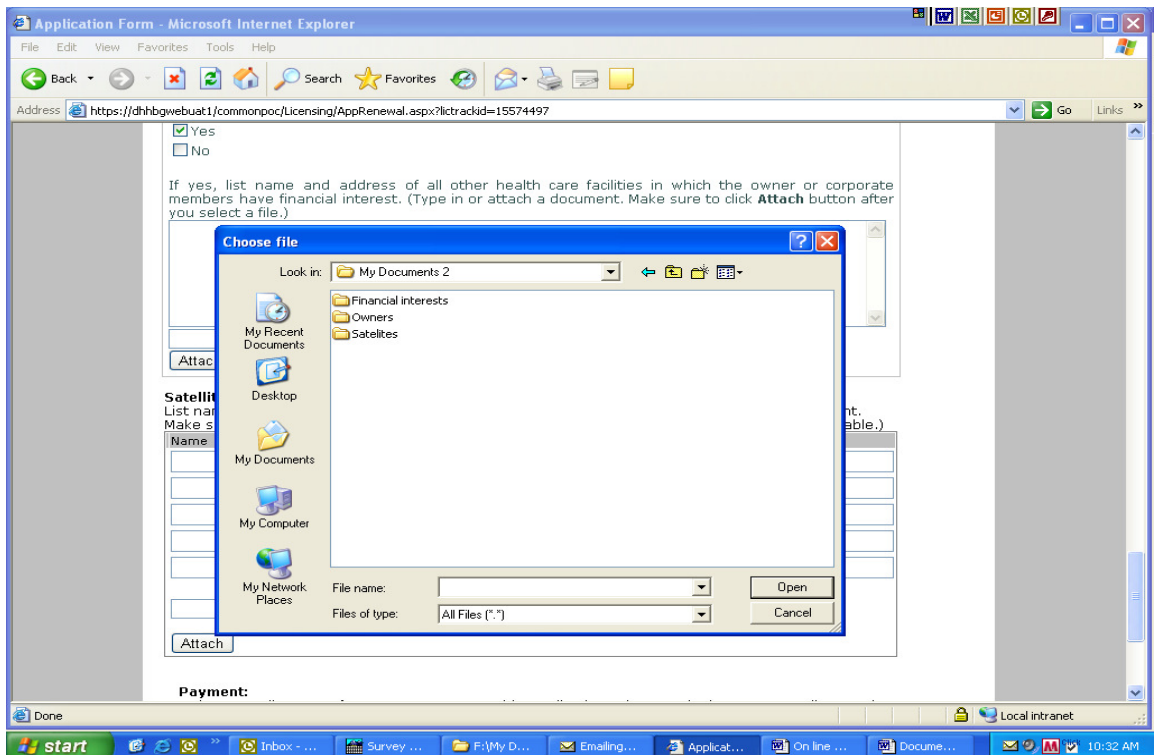
11.c.    Open the folder with the documents you wish to attach.   Highlight the document then right click the mouse over it and click on select.
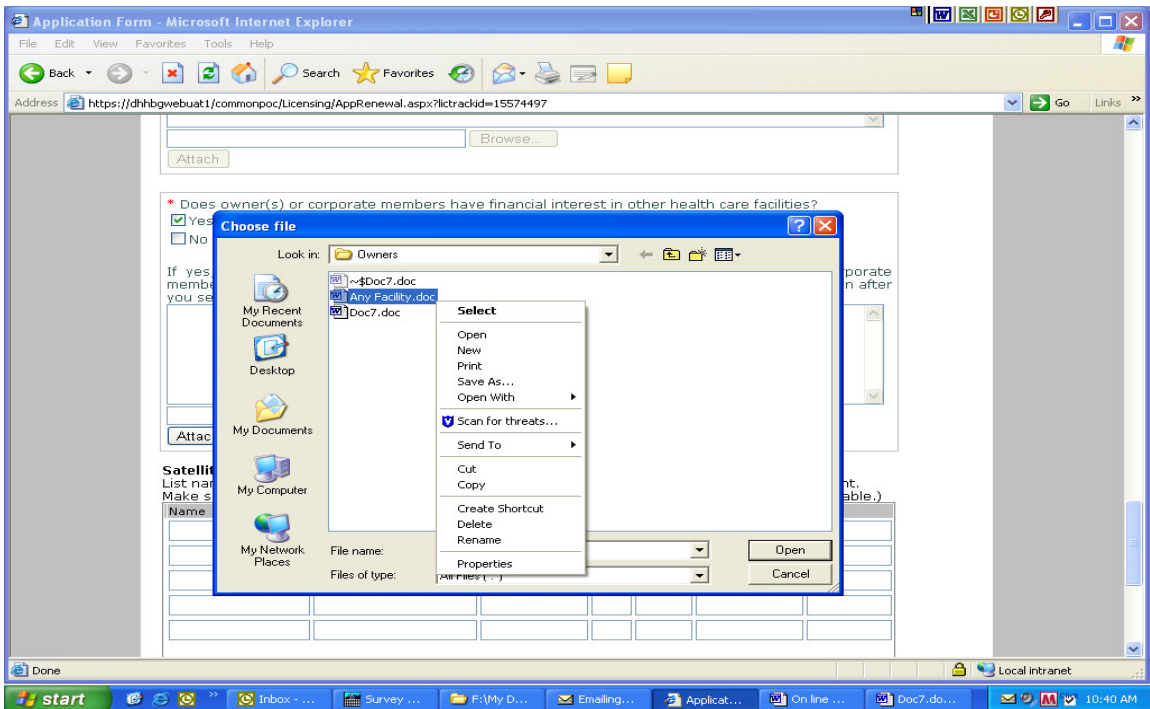


11.d.  The screen returns to the application and you will note the document selected is now listed in the box to the left of the browse button.  To attach the document to the application you must now click the "Attach" Button.
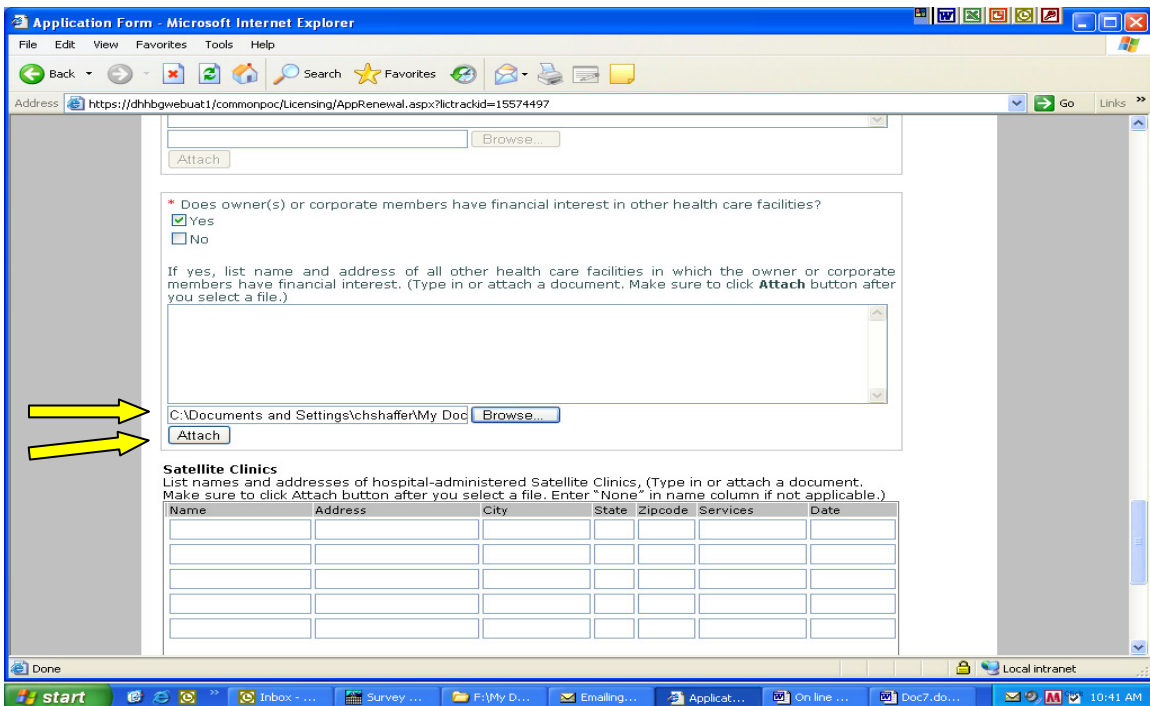
11.e The screen that appears should appear like the following slide.  The application now provides the ability to review the document to ensure it is the correct document or the ability to remove the document if incorrect.  This will occur at any place on the application that a document is attached.
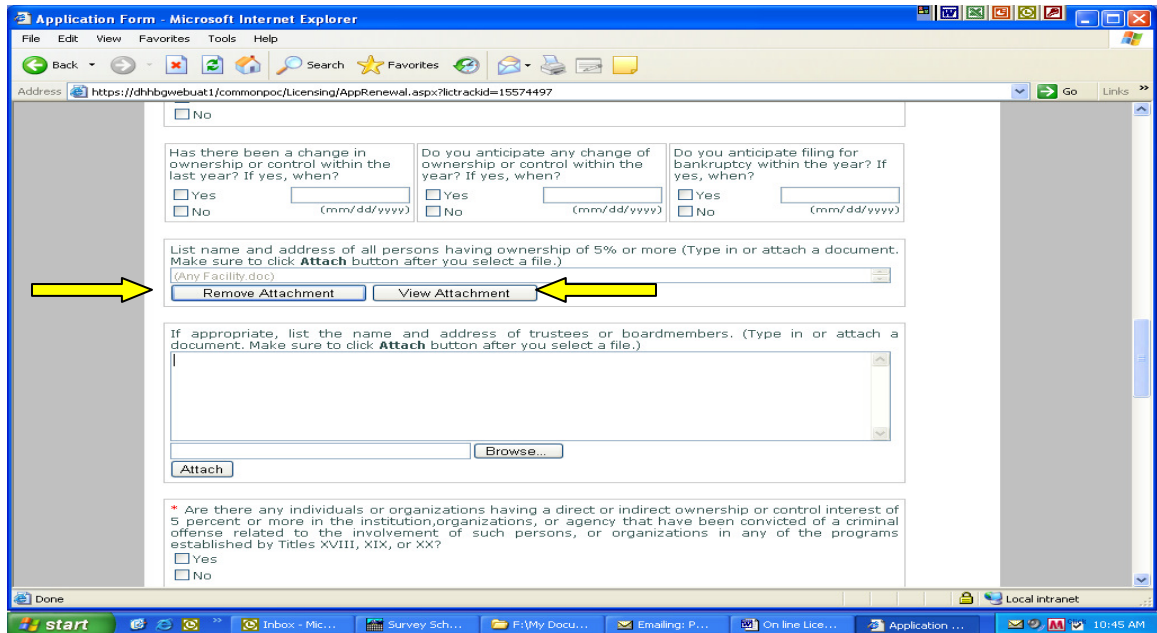


11.f.   Simply click the mouse over the "View Attachment" button and the following screen will open that allows the document to be opened and reviewed.
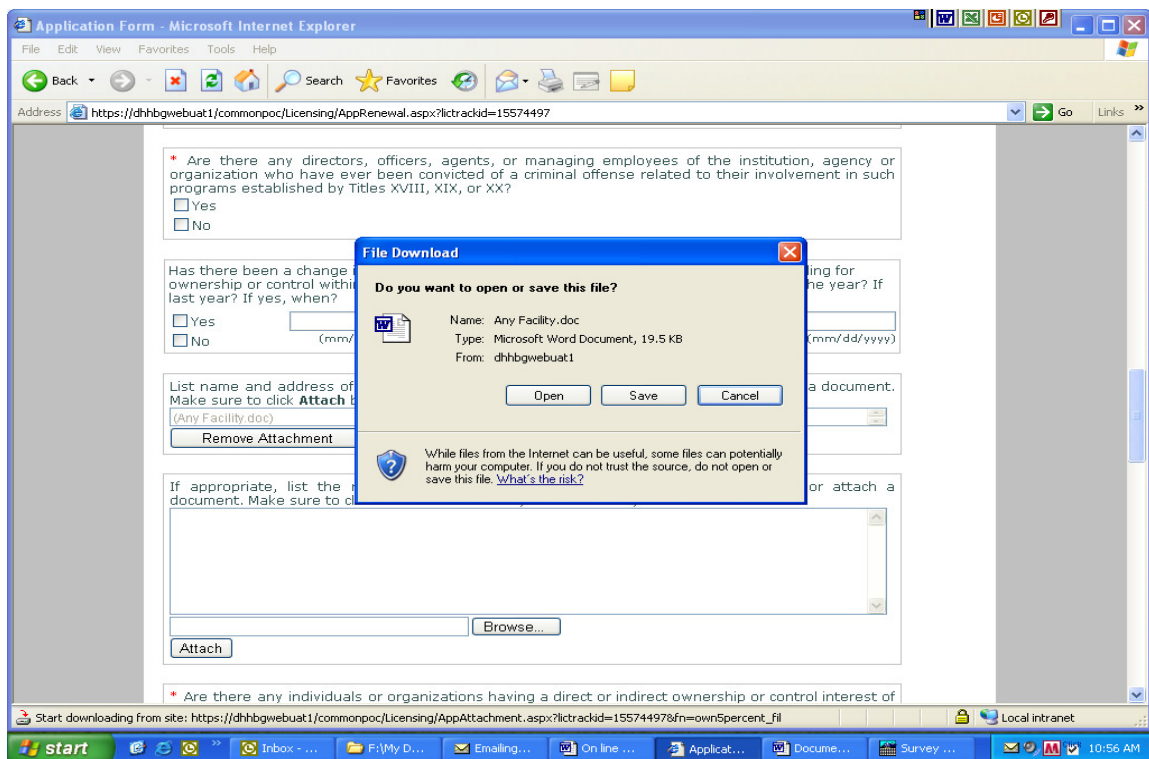
11.g.   To remove the document, click the mouse over the "Remove Attachment" button (see slide 11.e) and the document will be removed from the application.  The application will then appear as shown in the following slide with the attachment information removed.
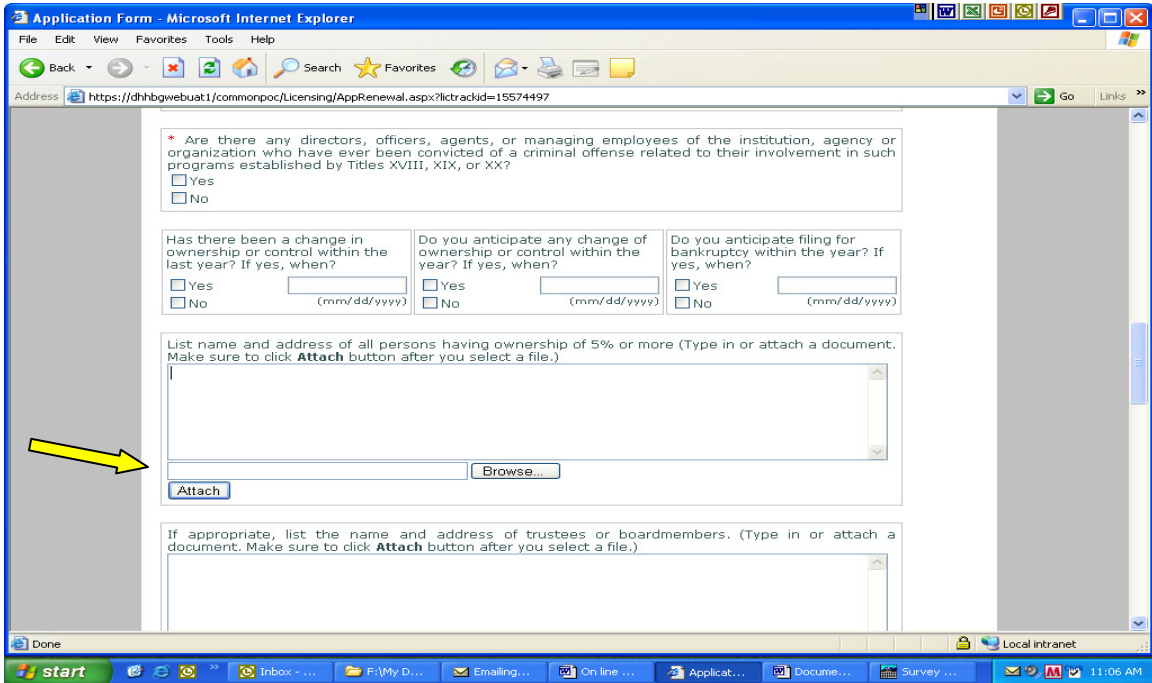


12.  The main application is now complete.

**Note:**   The next step is to complete the Civil Rights form (1 for Hospitals, 1 for ASF's) and the Hospital Onsite Survey form which are listed under the additional required forms box at the bottom of the application (See the yellow arrow).  Use the Civil Rights Forms instructions provided.  After these forms have been completed, the instructions will return you to the next page.



15
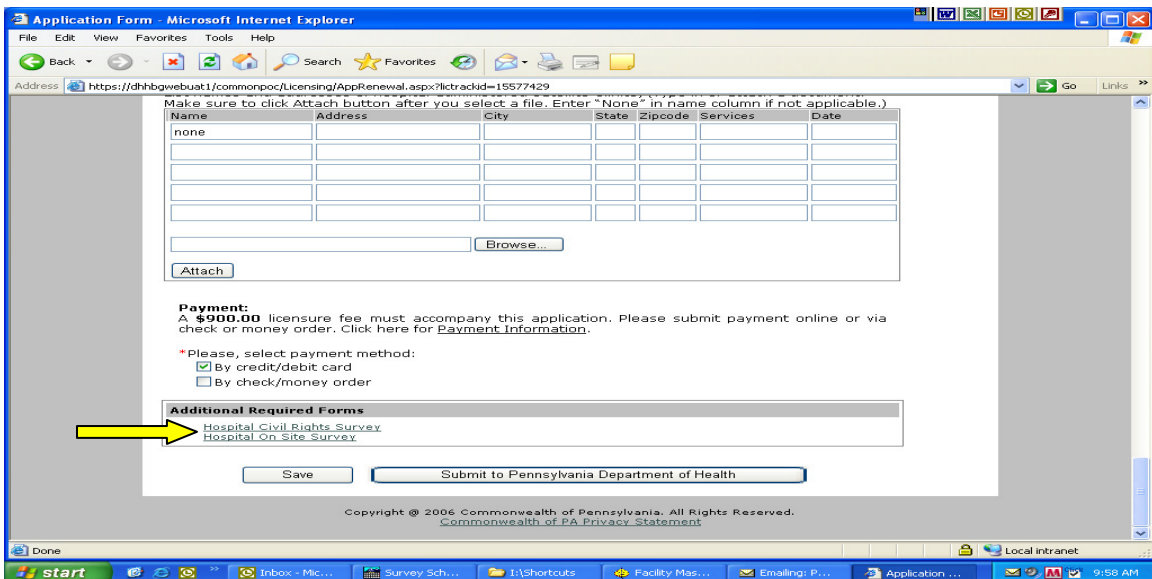
13.  The application now shows the required payment amount at the bottom.  There are two types of payment methods available, by credit card or by check.  One of the payment method boxes must be checked, please select your payment type.
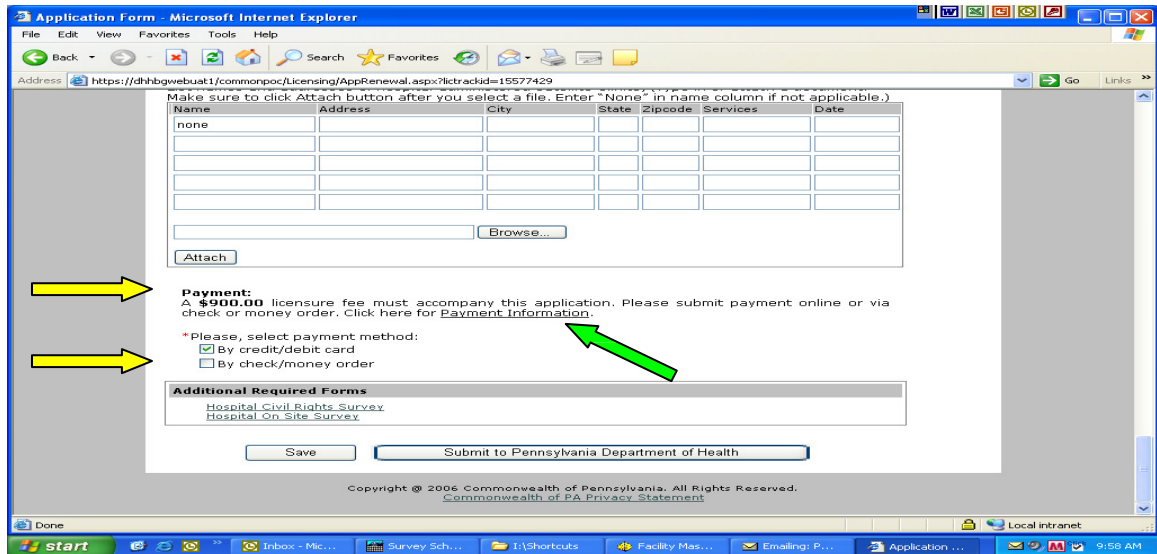


13.a.  Select "Payment Information" (see the previous slide, green arrow) to obtain further information related to how the payment amount was calculated and information for payment submission.

If paying by check or money order, the address is provided in the link "Payment Information." See the green arrow above.  Click the close button after reviewing the information.
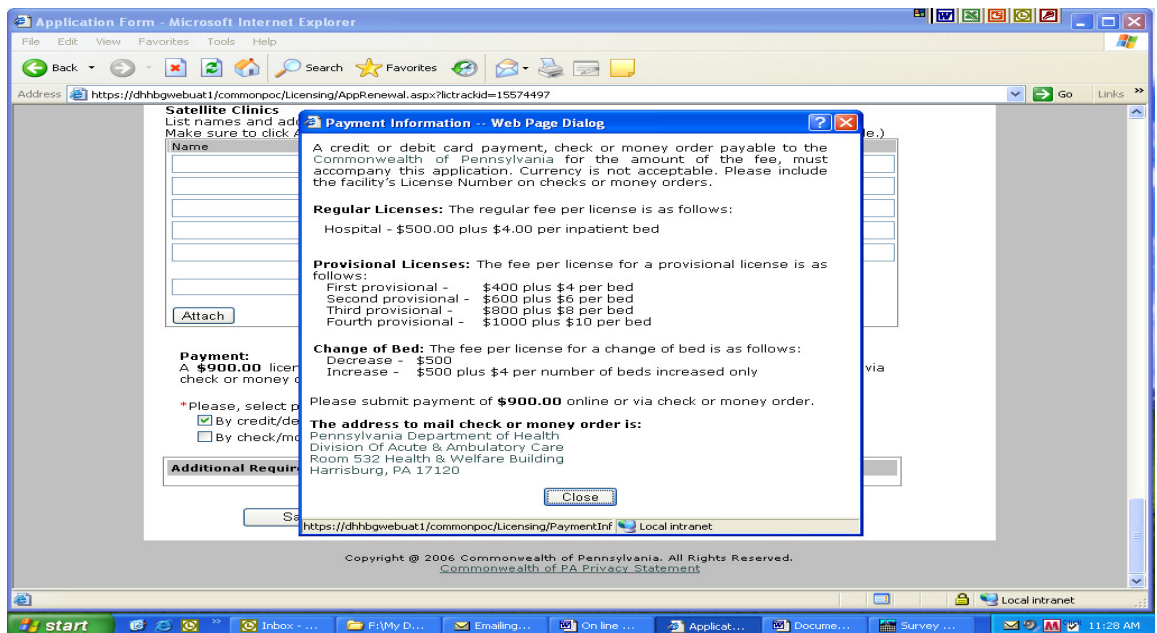
14.  After the payment method has been selected, the "Save" button must be clicked to save all the information entered on the application and forms. Once saved the "Submit to Pennsylvania Department of Health" button must be clicked.

If the Application, Civil Rights Form and the Hospital On-Site Survey are properly completed "Step 2 Review" is now launched.    An opportunity to review the application is offered.
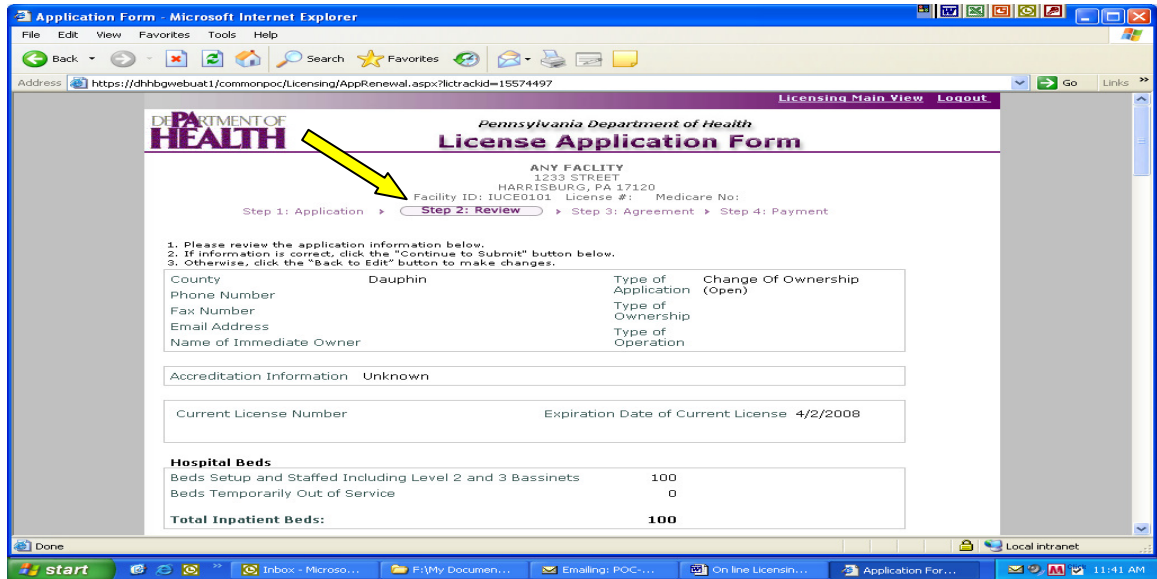


Note:  If the Application, the Civil Rights Form and the Hospital On-Site Survey are incomplete the system will prompt you with messages telling you which form is not complete and the problem.  The following slides will reveal some of the messages (Slides 14.a through 14.j.).

14.a.  The next slides are examples of what you could see if the application was not complete.  This slide informs you there is missing bed information.
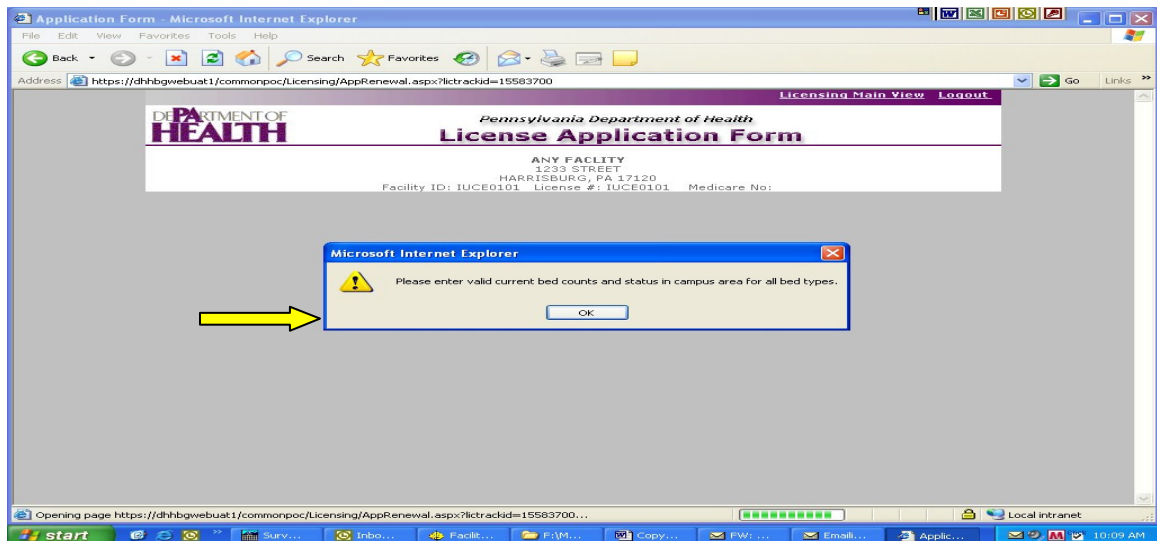
14.b.  After you receive the message and click on "OK", you will be taken back to the application.   Simply go to the section noted in the message, in this case there is missing information in the "Campus Bed" section, find the area that needs completed, enter the information and click on the "Save" button and then on the  "Submit" button at the bottom of the application.

**NOTE:  If the 'Save button is not used after correcting any error, the errors may re-occur over and over.  Click the "Save" button after each correction.**



14.c.        The next slide provides an example of missing information in the "Administrator/CEO/Director section on of the application.  This message tells you that the DON information needs entered.  Click on "OK", you will be taken back to the application.

14.d.  Go to the section noted in the message, in this case there is missing information in the "Administrator/CEO/Director" section, find the area that needs completed, enter the information and again click on the "Save" button and then the "submit" button at the bottom of the application.



14.e.  The following slides show possible error messages for the Civil Rights Forms.

This slide indicates there is missing data on the "Hospital Civil Rights Survey Form" and indicates that the missing information is on the table that may require a number or a zero.
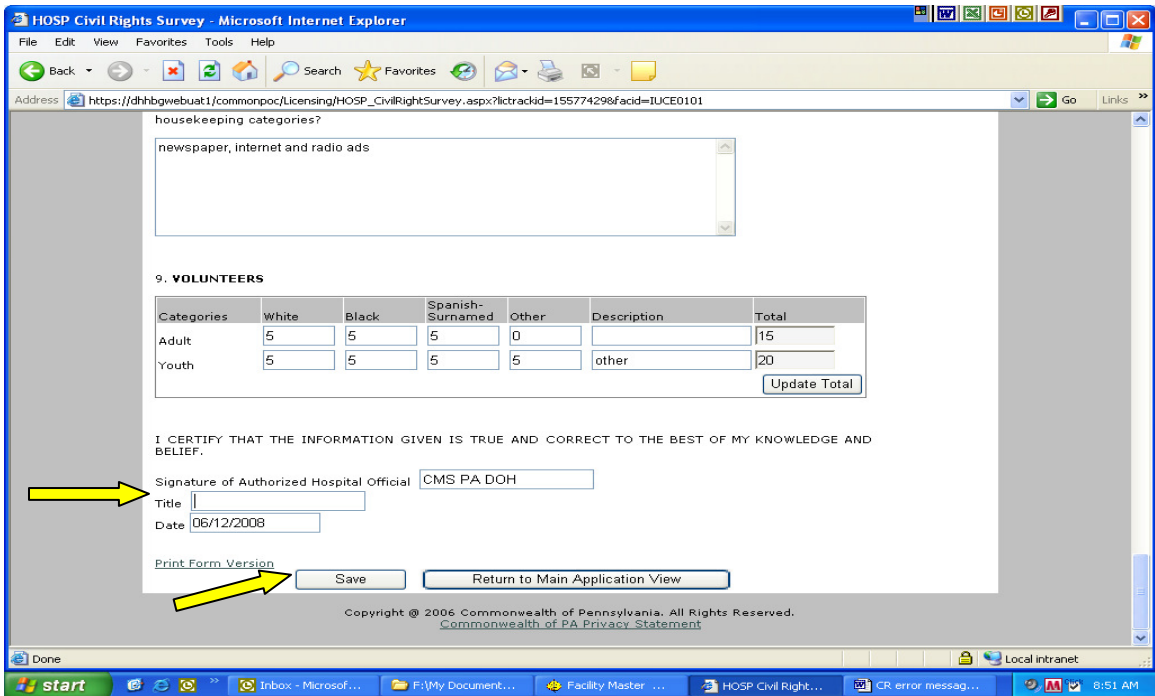
14.f  This slide indicates where the error is on the table, a number or a zero must be entered.  Complete the information and select the "Save" button at the bottom of the page and then the "Return to Main Application View."
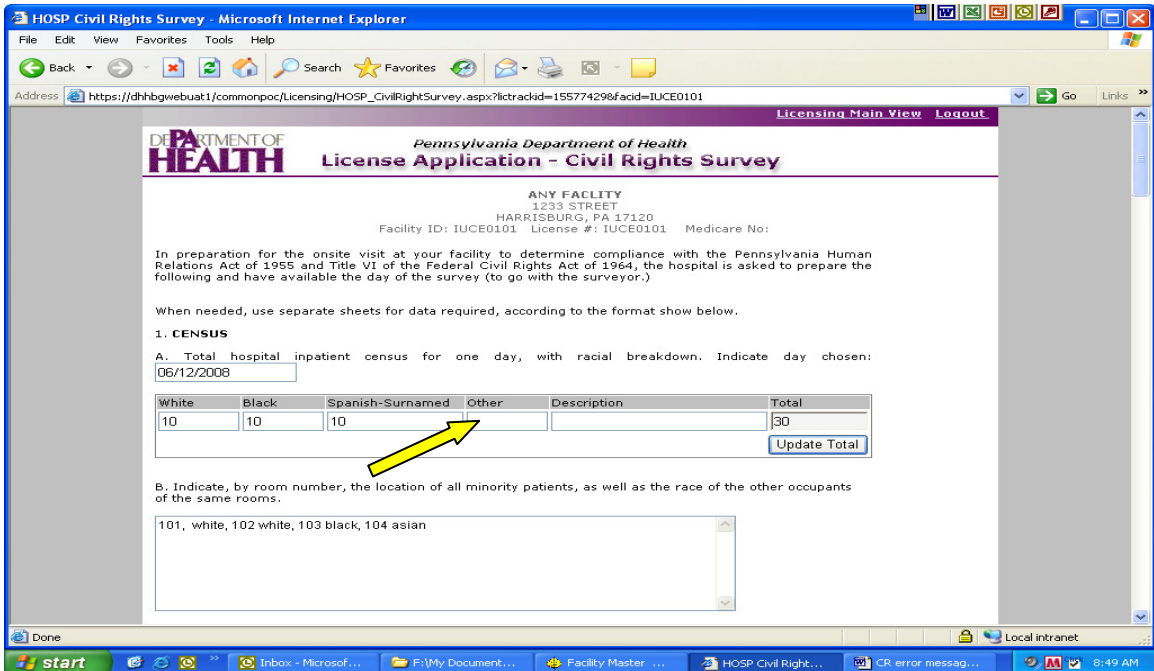


14.g  The following slide indicates that information is missing on the Hospital Civil Rights Survey Form" in the "Authorized Title" section.
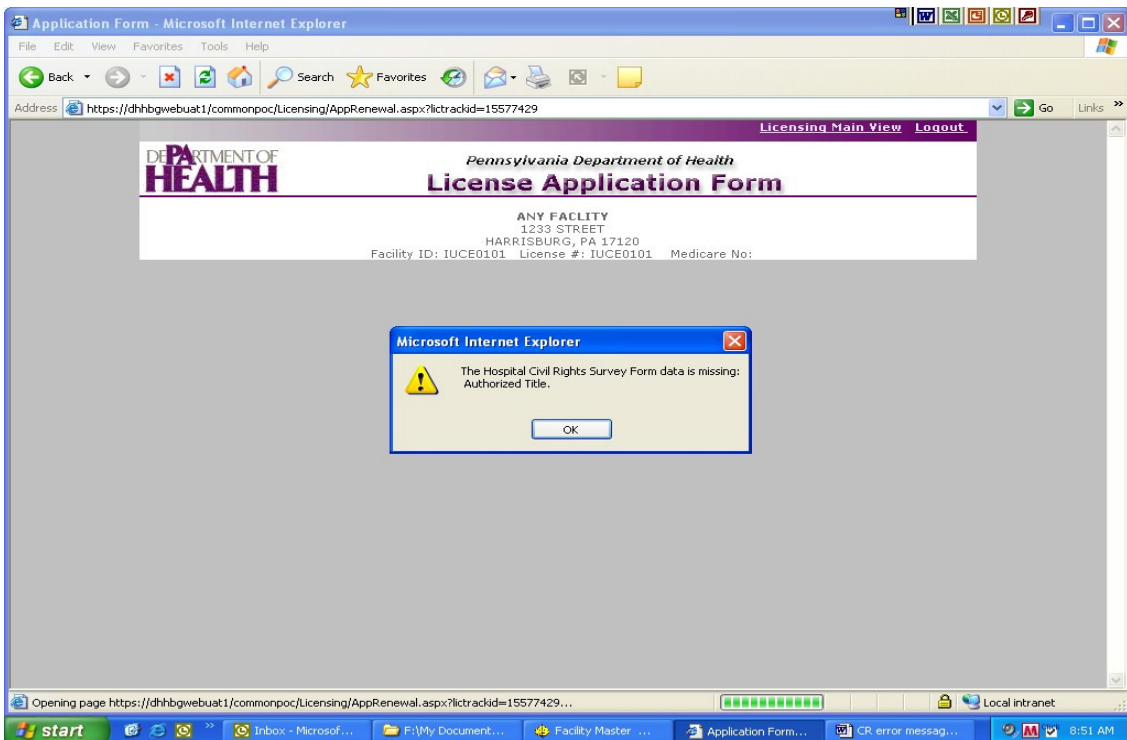
14.h.   The following slide indicates where the missing information must be entered. Complete the information and select the "Save" button at the bottom of the page and then the "Return to Main Application View."



14.i.   The following slide indicates there is missing information on the "Onsite Survey Form."  The slide states that the information is missing in two areas, "Hospital owned by" and "JCAHO last survey"
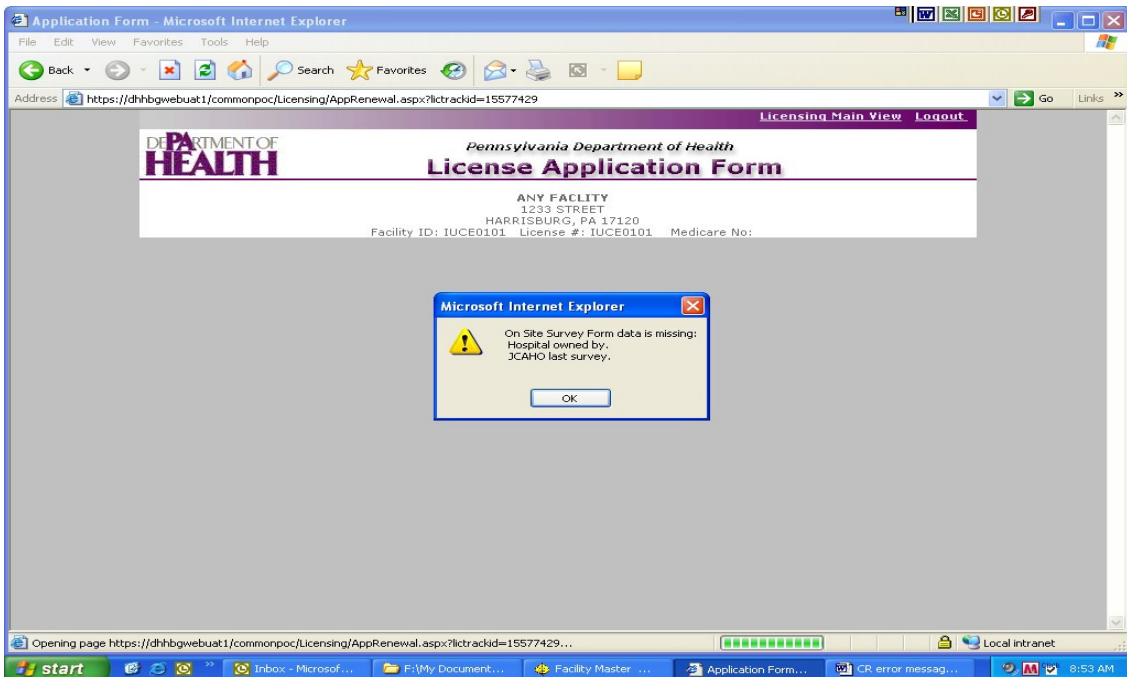
14.j. The following slide shows the two areas where information is missing. Complete the information and select the "Save" button at the bottom of the page and then the "Return to Main Application View."

15.   After the review is complete the "Continue to submit" button is then clicked. This launches Step 3: Agreement.  The "Licensing - Agreement Form" will now be displayed for completion.  This form must be completed and electronically signed.



16.   After the form is complete, click the "Confirm Agreement and Continue Submitting Application" button.

17.  This will launch Step 4: Payment.
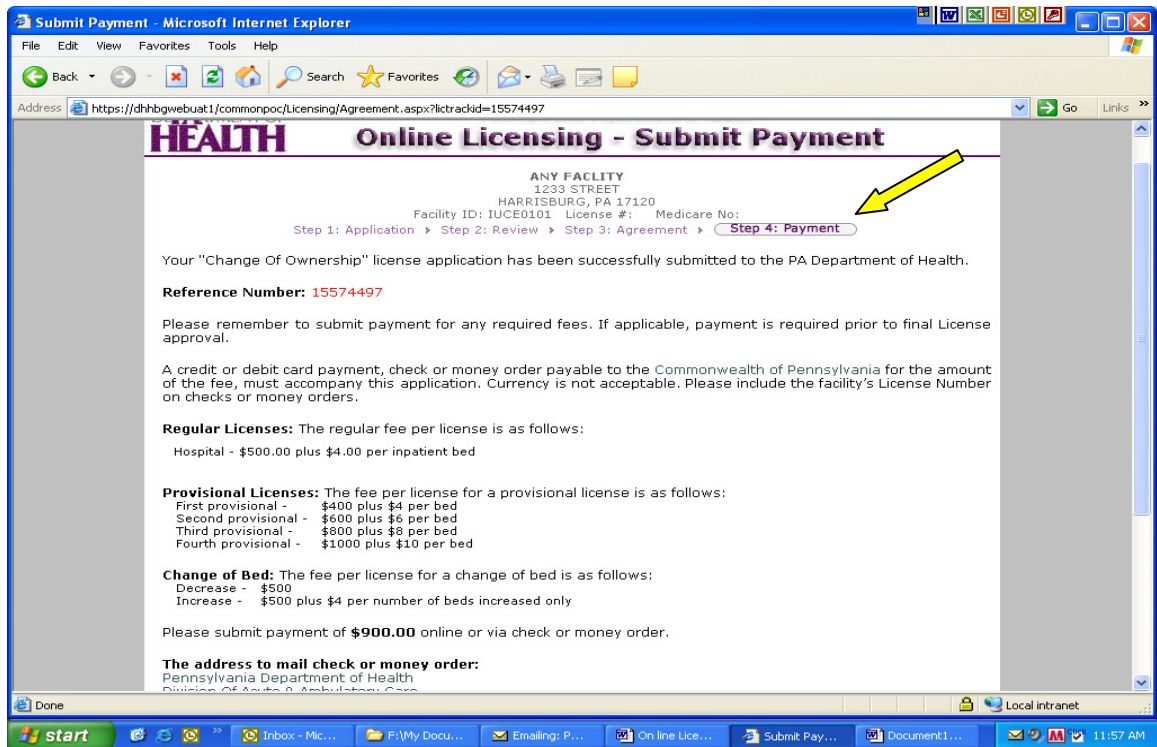


18.  If the pay by credit/credit card box was checked this screen will be seen and the "Submit Payment Online" button should be clicked.
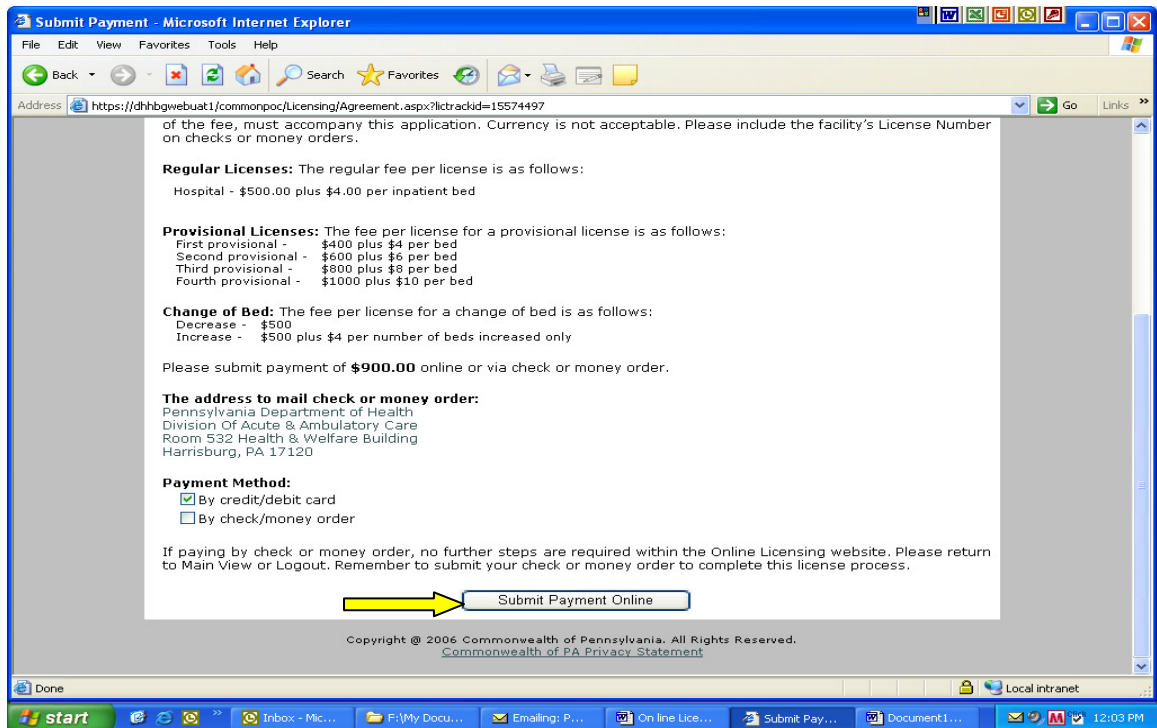
19. The Online Licensing – Submit Payment page will be displayed.



20. The billing information form should be completed and the "Submit Payment" button clicked.

21.  If the information submitted is correct and accepted, the "Payment Success" screen will be displayed.
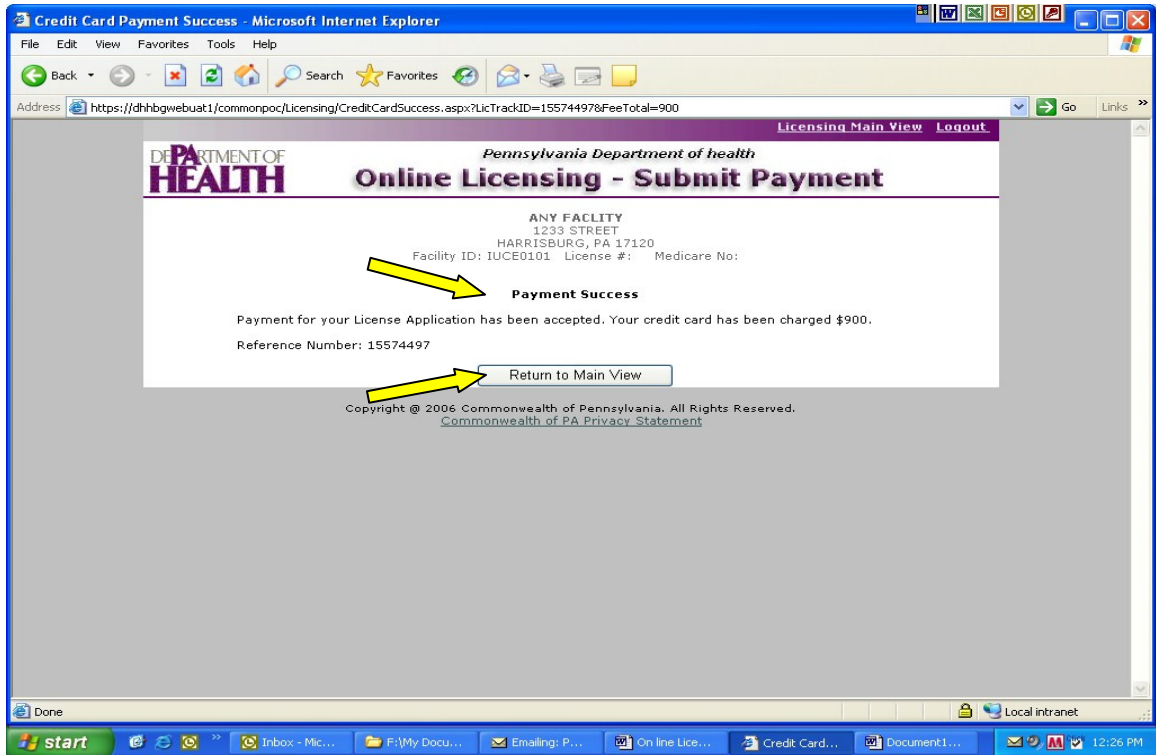


22.  Click on the "Return to Main View Button" (see above slide) and the screen returns to the Online Licensing - Main View screen.  The process is complete.
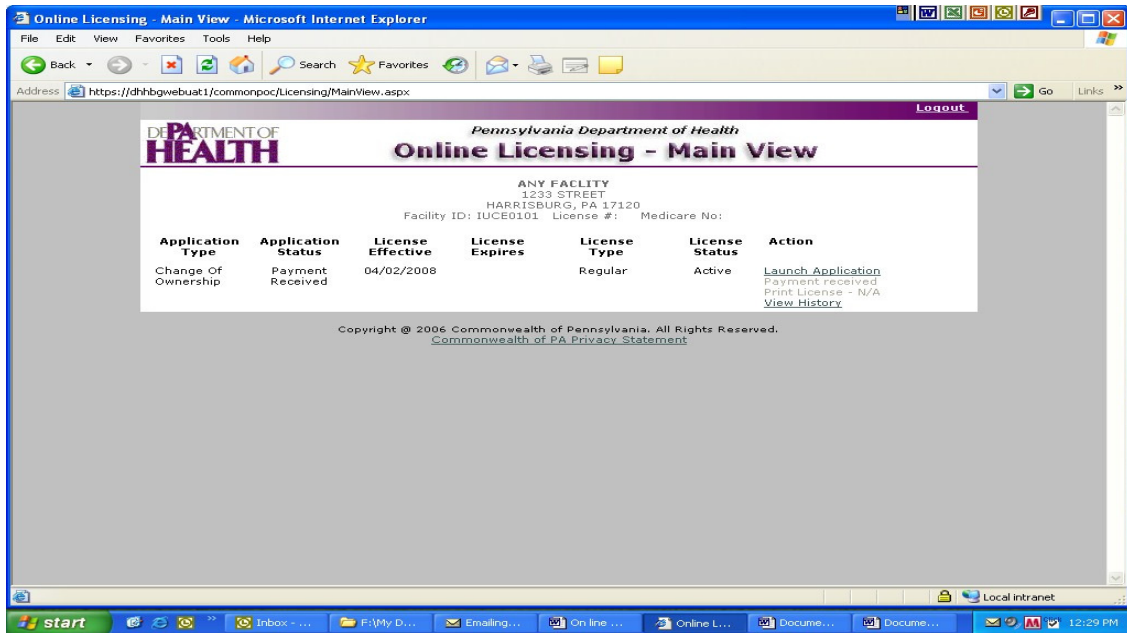


23.  Final Step:  After payment has been received and the application has been reviewed and accepted by the Department, the facility will receive an e-mail informing them the license is now available for printing.  Log in and return to the Online Licensing page and print the license for display.

# Civil Rights Forms Completion Instructions

1. After you have completed the On-line licensing form the next step is to complete the Civil Rights form for Hospital providers and the Hospital Onsite Survey or the Civil Rights form for ASF providers. The concept for completion is the same for both providers. The hospital forms will be used for these instructions.

2. Place your cursor over the Civil Rights form in the box at the bottom of the application labeled "Additional Required Forms.
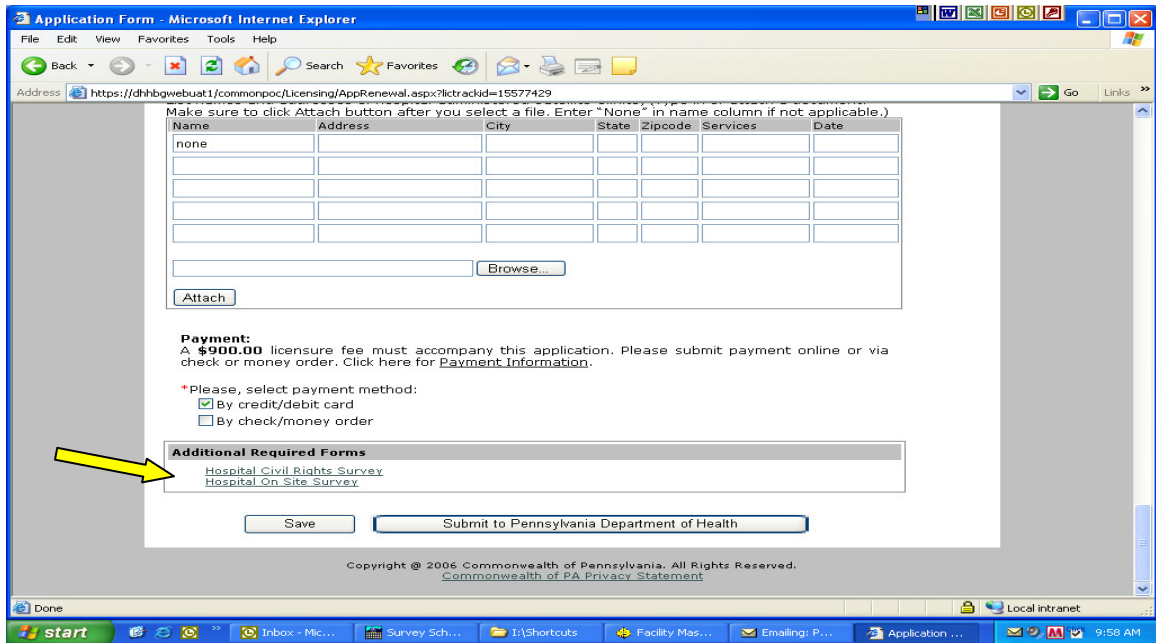


3. The following form will be launched.
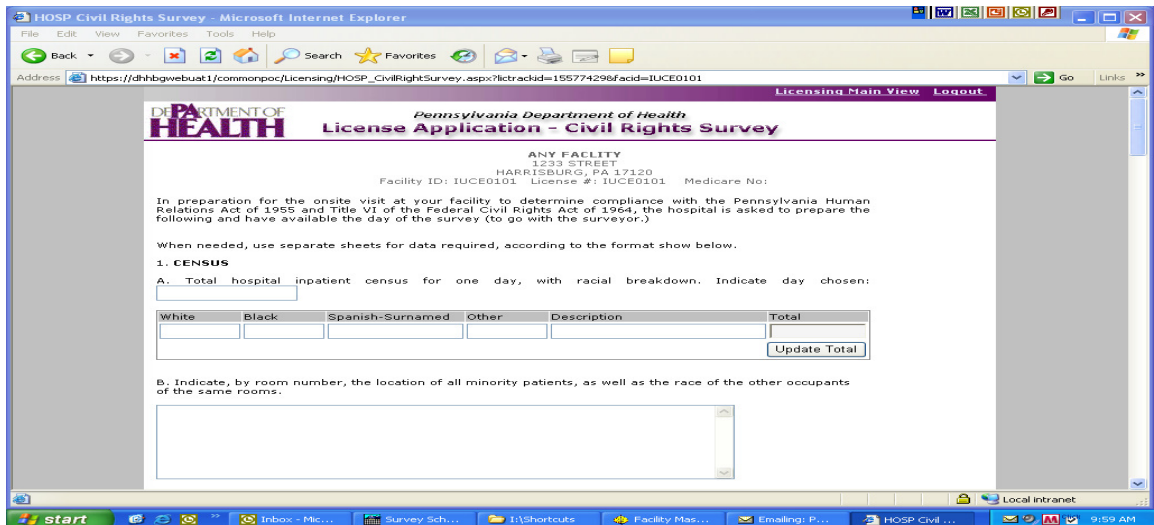


4. The following slides explain how to complete the Civil Rights form.

4.1. The Civil Rights Survey displays the facility demographics.  The provider must check the demographics (Note:  The demographic information can only be changed by the Department of Health, please notify us if you find an error.) The form then should then be completed.  Note: All questions must be completed, remember that a zero is a valid number while a blank is not.

If zero is entered in the "other" column **DO NOT** enter a description.

After the sections requiring numbers are reviewed and completed, click the "**update total**" button and the columns will be automatically totaled.
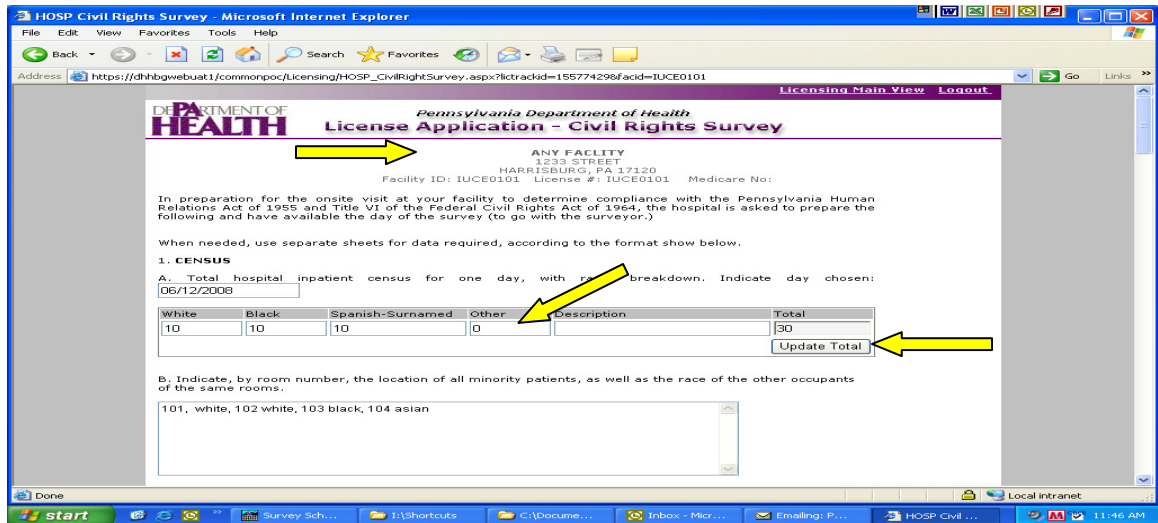


4.2. If a non-zero number is entered in the "other" column, a description **IS** required.
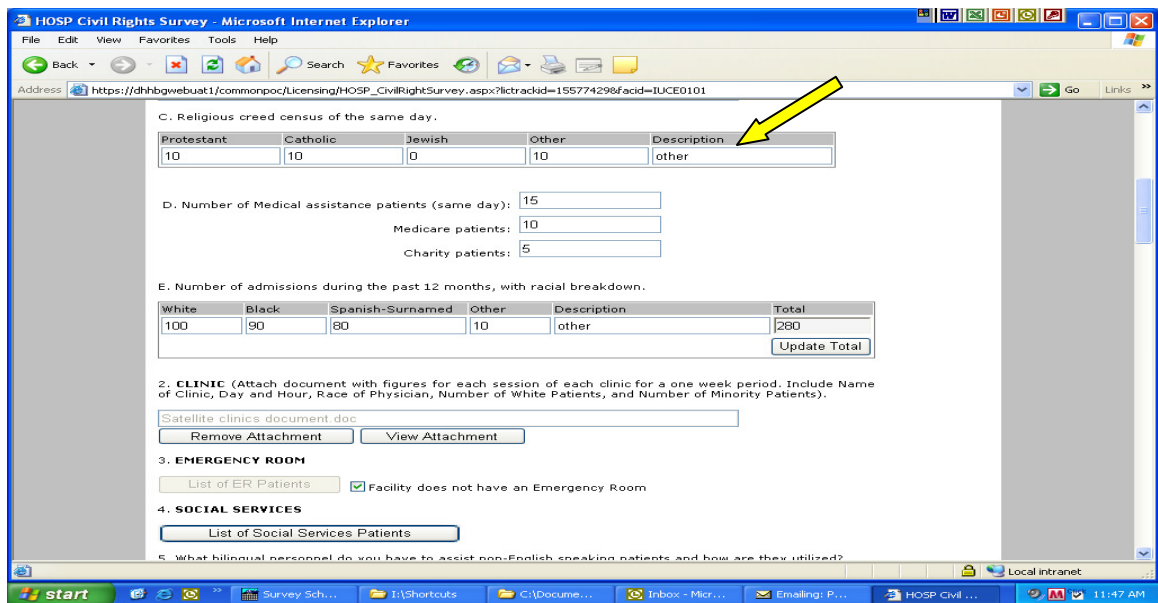
4.3. Section 2 on this form, Clinics, permits you to attach documents to the form from the computer being used to complete the form.  This procedure is the same procedure described in the On-line Licensing instructions on pages 11 through 15.



4.4. Section 3, Emergency Room, requires that a facility that has an emergency room list the last 25 patients.  If the facility does not have an emergency room, check the appropriate box.

4.5. The next 2 slides show the Emergency Room patient list that is to be completed when a facility does have an emergency room.  Simply follow the instructions on the form and complete each section.



4.6. After the emergency room patients are listed, click the "Save" button at the bottom of the page to save the information on the form.   Click the "Return to Civil Rights Survey View" to continue entering information on the form.

4.7. In Section 4, Social Services, the facility is required to enter a "List of Social Service Patients." Click on that button and a form will be launched.



4.8. Complete the form as instructed.

4.9.  After entering the required information, click the "Save" button to save the information to the document and then click on the "Return to Civil Rights Survey View" to continue entering information on the form.
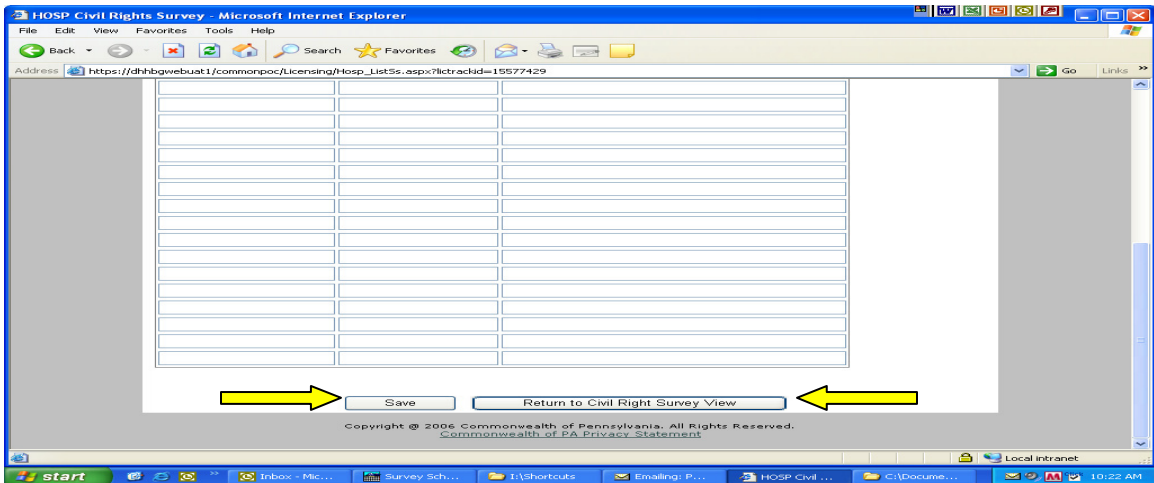


4.10.  Continue to complete each question.    If the question requests typed in information enter it in the appropriate boxes.  What you currently see on the form are only examples, please enter the information as it applies to your facility.
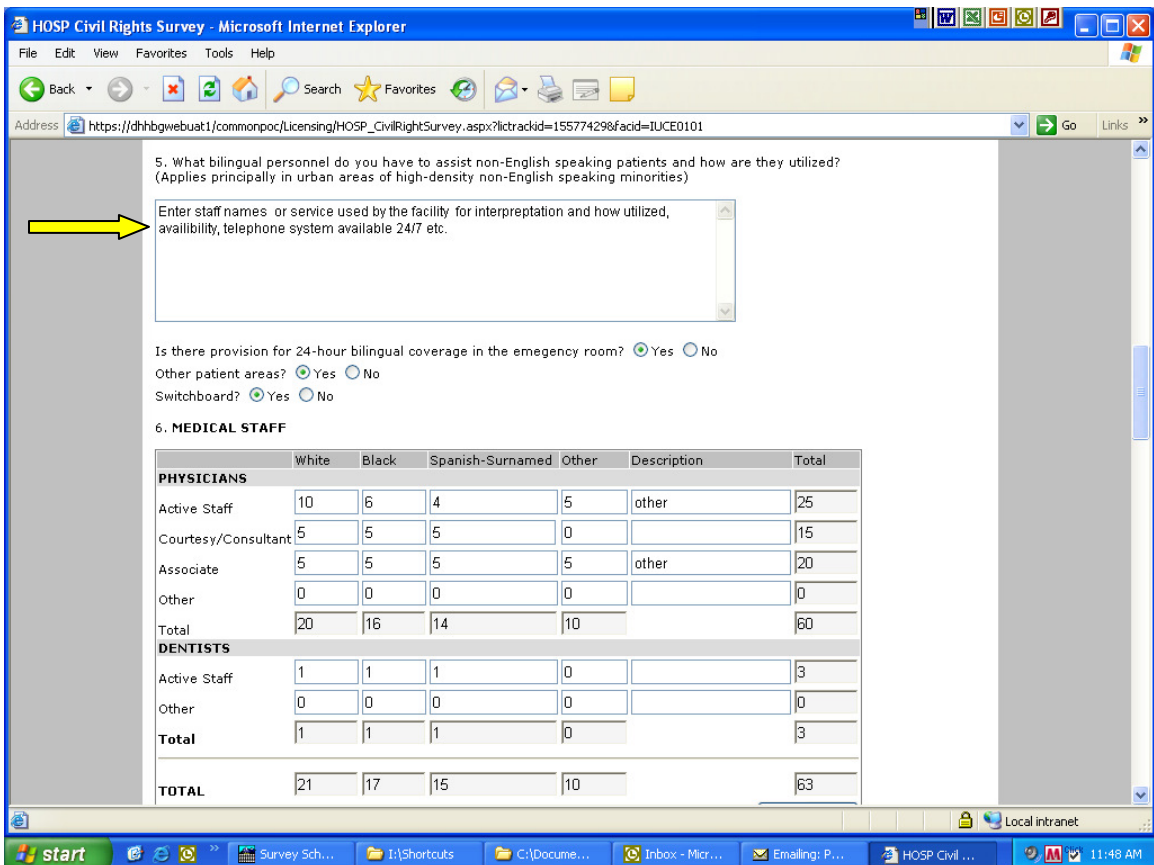
4.12. Complete the remaining Sections 6 through 9; once again follow the instructions on the form.

The key to completing the form is to remember that every section needs to be completed even if the section does not apply to the facility. Zeros must be entered in each field when the section does not apply.

Does the hospital receive Federal, State or Private training,...rants?  ○Yes  ○No
If yes, specify:

What specific efforts h!live been m!lde to recruit minority tr<linees durin9 the p<!st year?

8. **Employees** (Use personnel cate...ories of Hospital.)

| !lateo | White | Black | Spanish-Surnamed | Other | Descripti | Total |
|--------|-------|-------|------------------|-------|-----------|-------|
| LPN | | | | | | |
| Lab techs | | | | | | |
| RN | | | | | | |
| | | | | | | Update Total |

---

What effortse m de to provide in service tring leading to upward job mob ility?

What specific efforts have been m.,de in the past year to recruit minority employees in other than aide.dietary ond
housekeeping categories?

newspaper, internet and radio ads

9. **VOLUNTEERS**

| shpS Categories | White | Black | Surnamed | Other | D •c•tion | Total |
|-----------------|-------|-------|----------|-------|-----------|-------|
| Adult | | | | | | |
| Youth | | | | | | |
| | | | | | | Update Total |

I CERTIfY THAT THE INFORMATION G VEN I S TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND

4.13. After the form is complete, click the "Save" button at the bottom of the form and the information entered will be saved to the document and the On-line Licensing application. If you wish to print a copy of the form for your records click the print button and follow the instructions.
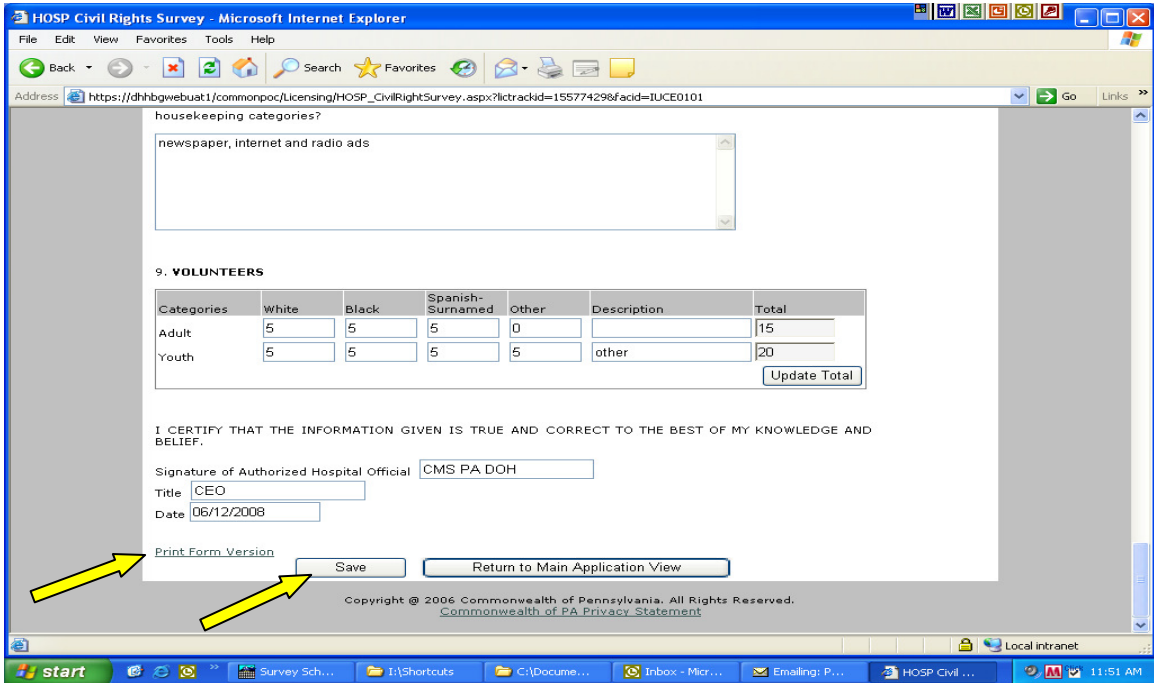


4.14. Now click the "Return to Main Application View" and this will return you to the main On-line Licensing page.
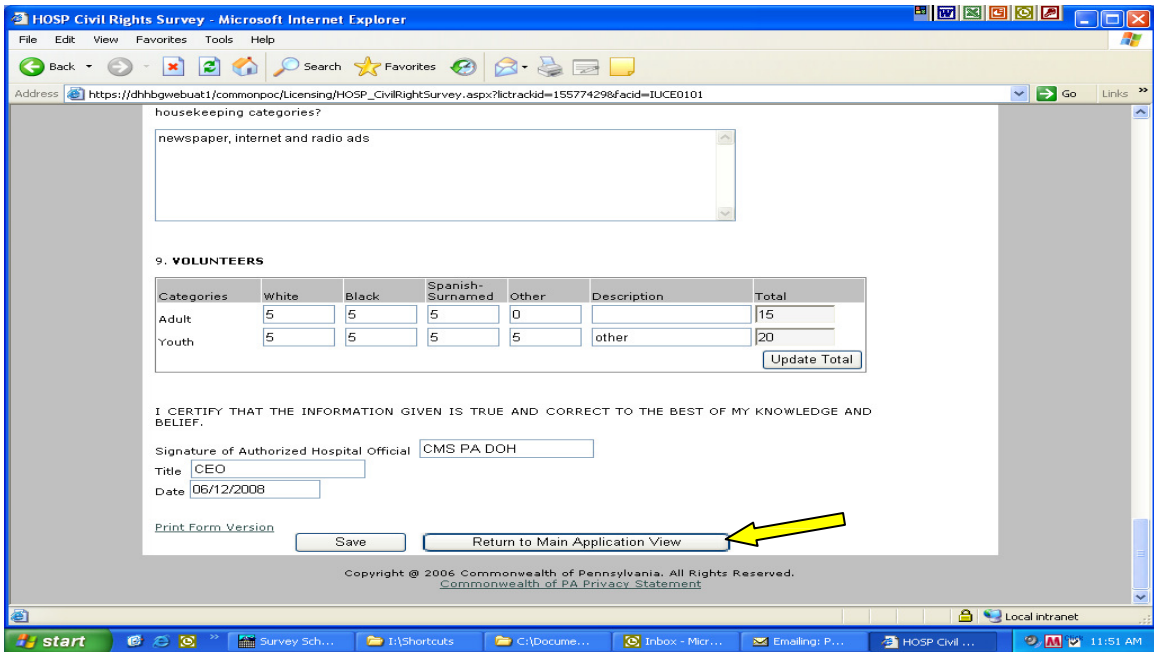
4.15. After the on-line licensing page appears, hospital providers must complete the next page entitled "Hospital On-site Survey". Click on the form title and it will open up as the first form did.



5. Data entry is the same for the Hospital On-site Survey form as it was for the Civil Rights Survey. The same principles apply.

The provider must check the demographics for accuracy. (Note: The demographic information can only be changed by the Department of Health, please notify us if you find an error.) The form should then be completed. All questions must be completed, remember that a zero is a valid number while a blank is not.

If a non-zero number is entered in the "other" column, a description **IS** required.

If zero is entered in the "other" column **DO NOT** enter a description. After the sections requiring numbers to be entered are completed, click the "**update total**" button and the columns will be totaled.

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5.1. If you wish to print a copy of the form for your records, click the print button and follow the instructions.

After the form is complete, click the "Save" button at the bottom of the form and the information entered will be saved to the document and the On-line Licensing application.

Now click the "Return to Main Application View". This will return you to the main On-line Licensing page.

5.2. After you have returned to the main page, continue with the submission of the application.