pennsylvania
DEPARTMENT OF HEALTH

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.
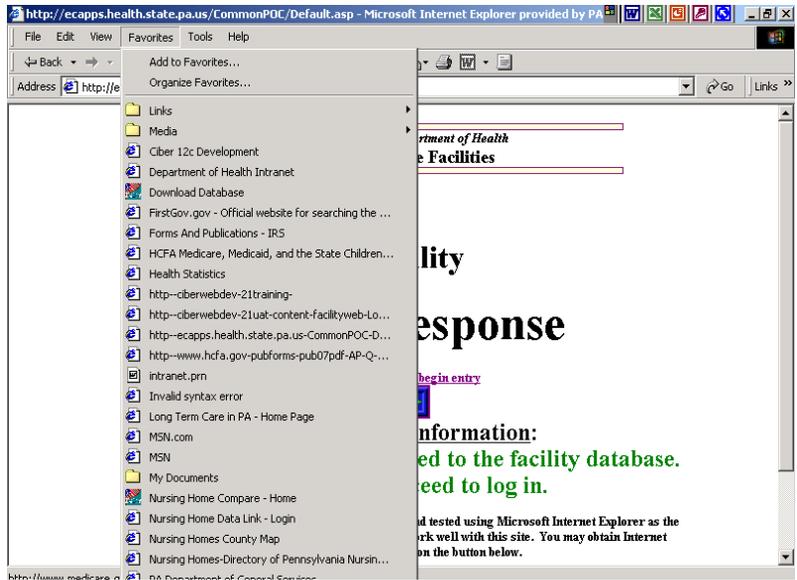
2. When you first log on, the first page that you will see is the **ADD Response** page. Once on this page, click the square under "**Click here to begin entry**".
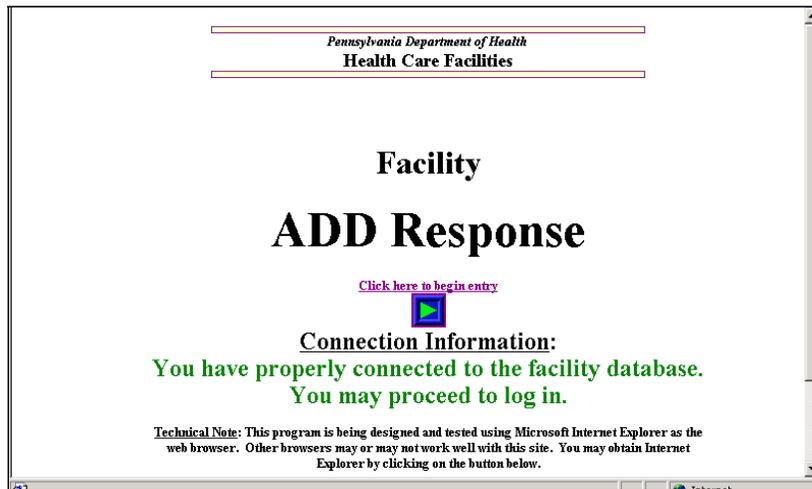
3. The next page that you come to is called the **POC/Online Licensing - Login** page. This page will also give you access to the Facility Message Board.

4. Facilities shall be able to change their password using the Change Password button, which will launch the POC/Online Licensing-Change Password page.

The user completes the fields and clicks the Change Password button. If the user enters an incorrect Login ID, the following error is displayed and he must try again: "Invalid Login ID. Please reenter your information."

5. If the user enters either of the passwords incorrectly, the following page/error is displayed and he must try again:

The Change Password button returns the user to the Log In Page.

6. Once the facility has logged into the system, a new menu page will appear. They will need to select from either "POC" or "On-Line Licensing" (for nursing homes only) on this page. They will then be routed to the appropriate function.

7. Clicking on the Online Licensing link will bring up the Online Licensing – Main View page.

DEPARTMENT OF
HEALTH

Pennsylvania Department of Health
Online Licensing - Main View

Application Type	Application Status	License Effective	License Expires	License Type	License Status	Action
Renewal Application	Payment Received	03/31/2007	03/31/2008	Regular	Active	Launch Application Payment received Print License - N/A View History
Renewal Application	Open	03/31/2007	03/31/2008	Regular	Active	Launch Application Submit Payment - N/A Print License - N/A View History
Renewal Application	Closed	03/31/2006	03/31/2007	Regular	Active	Launch Application - N/A Submit Payment - N/A Print License - N/A View History
Renewal Application	Closed	03/31/2005	03/31/2006	Regular	Active	Launch Application - N/A Submit Payment - N/A Print License - N/A View History
Renewal Application	Closed	03/31/2004	03/31/2005	Regular	Active	Launch Application - N/A Submit Payment - N/A Print License - N/A View History
Renewal Application	Closed	03/31/2003	03/31/2004	Regular	Active	Launch Application - N/A Submit Payment - N/A Print License - N/A View History
Renewal Application	Closed	03/31/2002	03/31/2003	Regular	Active	Launch Application - N/A Submit Payment - N/A Print License - N/A

The Online Licensing – 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, expiration date, license type and license status. Additionally, there is a column for four action links: a Launch Application link that provides the application for completion; a Submit Payment link that allows on-line payment via credit/debit card; a Print License link that will allow the facility to print the most current license; and a View History link that shows licensing history for the facility.

8. Clicking the Launch Application link generates the application form as in the following example. Please note that required fields are identified with red asterisks. Questions regarding ownership, trustees and board members, and financial interests in other health care facilities provide a capability to attach electronic files such as Microsoft Word and Adobe Acrobat pdf files that are located on the applicant's computer or network.

Step 1 ⁣⁣ • Step 2: Review • Step 3: Agreement • Step 4: P4yment

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C=rt.oin inforiTl.otion on this onlin= lic=ns= ''Pplic.otion can only b= upd.ot=d by contilloding th= D=p.ortiTl=nt of H=.olth. Di...ision of NCF.ot (717)787-1816.

County	Type of Application	Renewal Application (Open)
Phone Number		
Email A.ddress	Type of Ownership	Non Profit-corporation
Name of Immediate Owner	Type of Operation	Non-Profit

* Have you increased your bed capacity by 10'o/o or more, or by 10 beds, whichever is greater within the last 2 years?

☞ Yes

☞ No

If yes

Give year of change ⌐----   current beds ⌐----   Prior beds ⌐----

Current Licensed Capacity	141	Expiration Date of Current License	3/31/2008
Current License Number	01 2002	Requested Capacity	

Administrator/CEO/Director

Name   License Number

*Home Address |

* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

☞ ves

☞ No

Has there been a change 1n ownership or control within the	Do you anticipate any change of ownership or control within the	Do you anticipate filtng for bankruptcy within the year? If
☞ ves	'S	ves
lr--(m_m/_d_dl_"_"_)		

last year? If yes, when?   year? If yes, when?   yes, when?

                                                  | (mrn/dd/vvvv)

☞ No | (mm/dd/vvvv)   ☞ No

If county operated or sponsored, enter address of Board of Commissioners and name of commiSSioners.   Name of Commissioner   Name of Commissioner

Address |

     ii oner |

'" Is the facility and/or building-	" Is the facility managed by an organization other than licensee?
☞ Owned	☞ ves
☞ Leased	☞ No

If leased,list the name and address of lessor.	If yes, list the name and address of the organizatiOn.

List name and address of all persons having ownership of $0fo or more (Type in or attach a dorument.Make sure to click Attach button after you select a file.)

[Browse...]

If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a dorument.Make sure to click Attach button after you select a file.)

[Browse...]

|

Attach |

* ATe there any individuals or oroanizations havino a direct or indrect ownership or control interest of S percent or more in the institution, organizations, or agency that have been convicted of a cr1m1nal offense related to the involvement of such persons, or organizations m any of the proorams established by Titles XVIII, XIX, or XX?

☞ Yes

r No

* ATe there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

* Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes
☐ No

* Is the facility's ownership involved with a pyramid or parent corporate structure? If applicable, list name and address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

☐ Yes
☐ No

[text area]

[ ] Browse...
[Attach]

* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes
☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

[text area]

[ ] Browse...
[Attach]

* Does owner(s) or corporate members have financial interest in other health care facilities?

☐ Yes
☐ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

[text area]

[ ] Browse...
[Attach]

Payment:
A **$382.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for Payment Information.

*Please, select payment method:
☐ By credit/debit card
☐ By check/money order

[Save] [Submit to Pennsylvania Department of Health]

9. The user should complete the application, selecting the desired payment method, and click the Submit to Pennsylvania Department of Health button. If the application cannot be completed but the user does not want to lose information that has already been entered, they can click the Save button. The application can then be completed at a later time.

10. After the user clicks the Submit to Pennsylvania Department of Health button, the completed application will be displayed on the screen.

Pennsylvania Department of Health
NCF License Application Form

Step 1: Application ▸ (Step 2: Review) ▸ Step 3: Agreement ▸ Step 4: Payment

1. Please review the application information below.
2. If information is correct, click the "Continue to Submit" button below.
3. Otherwise, click the "Back to Edit" button to make changes.

County	Type of Application — Renewal Application (Open)
Phone Number	Type of Ownership — Non Profit-Corporation
Email Address	Type of Operation — Non-Profit
Name of Immediate Owner	

* Have you increased your bed capacity by 10% or more, or by 10 beds, whichever is greater within the last 2 years?
☐ Yes
☑ No

If yes,
   Give year of change [   ]   Current beds [   ]   Prior beds [   ]

Current Licensed Capacity   141   Expiration Date of Current License 3/31/2008
Current License Number   012002   Requested Capacity   [141]

If any changes are needed, click the Back to Edit button at the bottom of the screen.

[▼]
[   ] Browse...
[Attach]

* Does owner(s) or corporate members have financial interest in other health care facilities?
☐ Yes
☑ No

If yes, list name and address of all other health care facilities in which the owner or corporate members have financial interest. (Type in or attach a document. Make sure to click **Attach** button after you select a file.)

[   ]

[   ] Browse...
[Attach]

Payment:
A **$382.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for Payment Information.

*Please, select payment method:
   ☑ By credit/debit card
   ☐ By check/money order

[Back to Edit]   [Continue to Submit]

11. After all changes are completed or if no changes are needed, click the Continue to Submit button. This will launch the Licensing – Agreement Form page.

12. Complete all fields on this page and click the Confirm Agreement and Continue Submitting Application button. This will launch the Online Licensing-Submit Payment page.

13. If the user chose to pay by credit/debit card, the Online Licensing – Submit Payment page launches.

Pennsylvania Department of health
Online Licensing - Submit Payment

REVIEW & PAYMENT

1. Confirm your payment total.
2. Enter your billing information.
3. Enter your credit/debit card information.

Payment Total

Application Fee: $250

Billing Information

First Name:
Last Name:
Address:

City:
State: AK
Zip Code:

Credit/Debit Card Information

Card Type:
Card Number:
Cardholder's Name:
Expiration Date:

Submit Payment

14. The user should complete the billing information and click the Submit Payment button. Successful submission of payment results in the payment success screen.

Pennsylvania Department of health
Online Licensing - Submit Payment

Payment Success

Payment for your License Application has been accepted. Your credit card has been charged $382.

Reference Number: 11575910

Return to Main View

15. If the user chose to pay by check or money order, they should send the check/money order to the address provided on the payment page.

16. The Department of Health staff will be notified via email when the facility has completed the application and if the payment is via credit or debit card, they will be notified when payment is received. They will then review the application. If there are any problems with the application or payment, an email will be sent to the facility and will provide instructions for resolution. After review, if no issues exist, an email will be sent to the facility indicating that the license is available on the same site and may be printed by clicking the Print License link on the Online Licensing – Main View page.

**IMPORTANT: PLEASE NOTIFY YOUR FIELD OFFICE IMMEDIATELY
WITH ANY CHANGE IN YOUR E-MAIL ADDRESS**

DIVISION OF NURSING CARE FACILITIES:

PITTSBURGH FIELD OFFICE
Telephone: (412) 565-2836
Fax: (412) 564-2893

SCRANTON FIELD OFFICE
Telephone: (570) 963-4331
Fax: (570) 963-3415

LIONVILLE FIELD OFFICE
Telephone (610) 594-8041
Fax: (610) 594-9267

JOHNSTOWN FIELD OFFICE
Telephone: (814) 248-3125
Fax: (814) 248-3058

WILLIAMSPORT FIELD OFFICE
Telephone: (570) 651-1040
Fax: (570) 651-1043

JACKSON CENTER FIELD OFFICE
Telephone: (724) 662-6050
Fax: (724) 662-6067

LEHIGH VALLEY FIELD OFFICE
Telephone: (610) 861-2117
Fax: (610) 861-2123

NORRISTOWN FIELD OFFICE
Telephone: (610) 270-3475
Fax: (610) 270-1152

HARRISBURG FIELD OFFICE
Telephone: (717) 783-3790
Fax: (717) 772-3641

<u>Division of Acute and Ambulatory Care:</u>

Central office	717-783-8980
Jackson Center	724-662-4008
Pittsburgh	412-565-5176
Johnstown	814-248-3129
Harrisburg	717-772-3640
Scranton	570-963-3047
Norristown	610-270-3636

DIVISION OF HOME HEALTH

MONESSEN FIELD OFFICE
Telephone: (724)684-2940
Fax: (724) 684-2933

JACKSON CENTER FIELD OFFICE
Telephone: (724) 662-6050
Fax: (724) 662-6067

SCRANTON FIELD OFFICE
Telephone: (570) 963-4212
Fax: (570) 963-3415

WHITEHALL FIELD OFFICE
Telephone: (610) 821-6381
Fax: (610) 821-6564

NORRISTOWN FIELD OFFICE
Telephone: (610) 270-1707
Fax: (610) 270-1152

CHESTER FIELD OFFICE
Telephone: (610) 619-3490
Fax: (610) 447-3008

DANVILLE FIELD OFFICE
Telephone: (570) 849-2144
Fax: (570) 275-7006

HARRISBURG FIELD OFFICE
Telephone: (717) 783-1379
Fax: (717) 772-0232

MEADVILLE FIELD OFFICE
Telephone: (814) 336-1163
Fax: (814) 724-6883

PITTSBRUGH FIELD OFFICE
Telephone: (412) 770-3991
Fax: (412) 880-0447