

Electronic Submission of License Applications

Effective October 27, 2007, 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, logging into the POC system will require the facility to contact its Department of Health Central Office contact to have its account enabled.

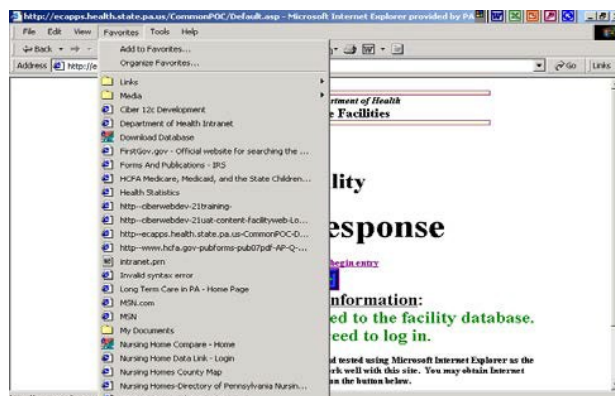
The first time a facility attempts to log into the POC or On Line Licensing system, they will be required to change their password as indicated above.

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, 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.

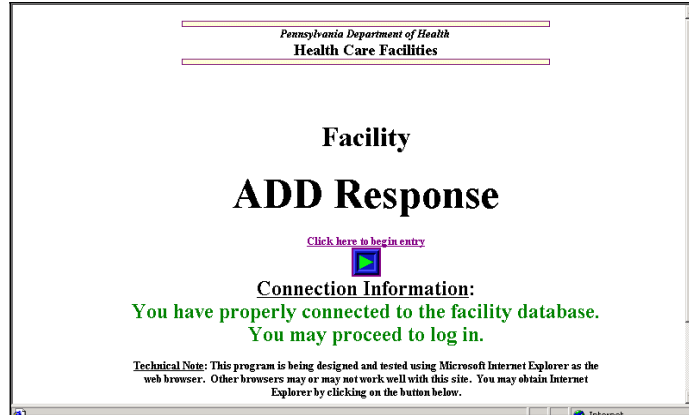
TO ACCESS THE FACILITY WEB SITE:

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

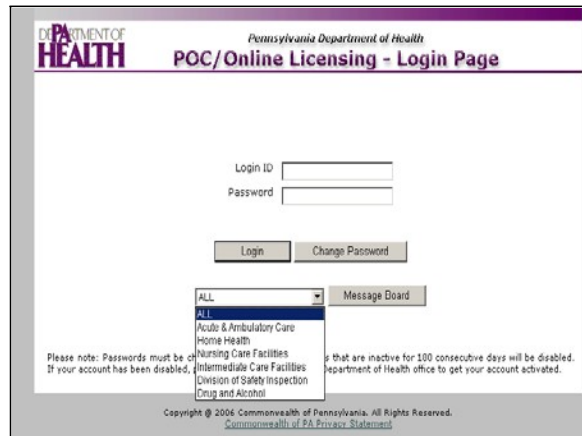
NOTE: This address is only for health care facilities and is not available via public web site links. To save this address in your browser, click on "Favorites" on your browser tool bar menu and then click on **Add to Favorites**. Also, you may wish to keep this message for a quick reference to the site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



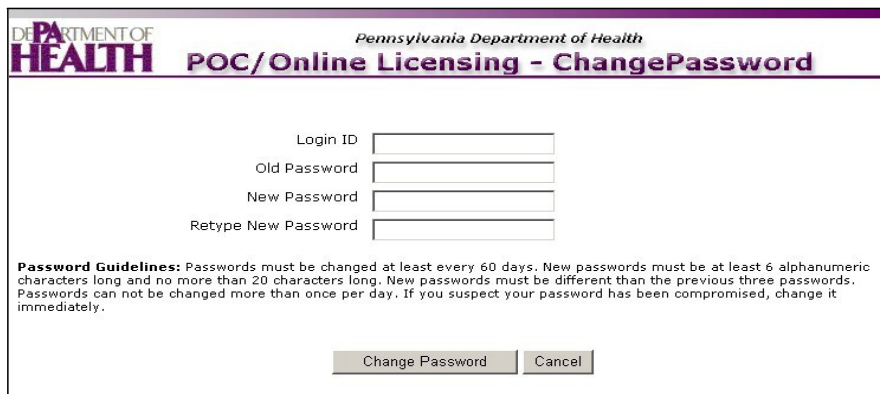
- When you first log on, the first page that you will see is the **ADD Response** page. Once on this page, click the square under **“Click here to begin entry”**.



- 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.



- 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:

DEPARTMENT OF HEALTH Pennsylvania Department of Health
POC/Online Licensing - ChangePassword

Old password and new password must be different.

Login ID

Old Password

New Password

Retype New Password

Password Guidelines: Passwords must be changed at least every 60 days. New passwords must be at least 6 alphanumeric characters long and no more than 20 characters long. New passwords must be different than the previous three passwords. Passwords can not be changed more than once per day. If you suspect your password has been compromised, change it immediately.

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

DEPARTMENT OF HEALTH Pennsylvania Department of Health
POC/Online Licensing - Login Page

Password successfully changed. You can use your new password to log in.

Login ID

Password

ALL

Please note: Passwords must be changed every 60 days. Accounts that are inactive for 180 consecutive days will be disabled. If your account has been disabled, please contact the appropriate Department of Health office to get your account activated.

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” on this page. They will then be routed to the appropriate function.

DEPARTMENT OF HEALTH Pennsylvania Department of Health
POC/Online Licensing - Select the WEB

[POC](#) [Online Licensing](#)

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

DEPARTMENT OF HEALTH		Pennsylvania Department of Health				Logout
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.

- 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.



Pennsylvania Department of Health License Application Form

Step 2: Review Step 3: Agreement Step 4: Payment

To avoid delay, you should upload photos of your identification documents (passport, driver's license, etc.) before you begin the application process.

Certain information on this online license application can only be updated by contacting the Department of Health, Division of Health (717)783-1379.

County Phone Number Fax Number Email Address Name of Immediate Owner Type of Application Type of Ownership Type of Operation

Accreditation Information Unknown

Current License Number Expiration Date of Current License 7/31/2008 Current Licensed Capacity 0 Requested Capacity

Administrator/CEO/Dir Name License Number Effect Date

Are there any directors, officers, agents, or managers/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? Yes No

Has there been a change in ownership or control within the last year? If yes, when? Do you anticipate any change of ownership or control within the year? If yes, when? Do you anticipate filing for bankruptcy within the year? If yes, when? Yes No Yes No Yes No

List the name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click Attach button after you select a file.)

Browse...

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

Browse...

Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX? Yes No

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

* 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.)

Payment:
A \$250.00 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

Additional Required Forms

[Written Survey](#)
[Civil Rights Survey](#)

9. The user should complete the application, selecting the desired payment method, and click on the Additional Required Forms to complete the full renewal application. If the application cannot be completed and 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. Then click Submit to Pennsylvania Department of Health button. If there is any information that is missing a message will appear informing you of the missing information.
10. After the user clicks the Submit to Pennsylvania Department of Health button, the completed application will be displayed on the screen.

Licensing Main View Logout

DEPARTMENT OF HEALTH
Pennsylvania Department of Health
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
Phone Number	Type of Ownership
Fax Number	Type of Operation
Email Address	
Name of Immediate Owner	

Accreditation Information: Unknown

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

Payment:
A \$250.00 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

Additional Required Forms

[Written Survey](#)
[Civil Rights Survey](#)

- 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.

- 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.

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

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



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 CENTRAL OFFICE IMMEDIATELY WITH ANY CHANGE IN YOUR E-MAIL ADDRESS @ (717) 783-1379

Additional Information

If you find that your Plan of Correction/On-Line Licensing account has been disabled or you forgot your password, click on the link “Forgot Password and/or Disabled Account” on the POC page. If that doesn’t work, please contact the Division of Home Health at (717) 783-1379 and ask for assistance with electronic filing.

Division of Home Health Field Office

JOHNSTOWN FIELD OFFICE

Telephone: (814)619-2248

Fax: (814) 248-3058

SCRANTON FIELD OFFICE

Telephone: (570) 963-4212

Fax: (570) 963-3415

NORRISTOWN FIELD OFFICE

Telephone: (610) 270-1707

Fax: (610) 270-1152

WILLIAMSPORT FIELD OFFICE

Telephone: (570) 505-7765

Fax: (570) 651-1043

MEADVILLE FIELD OFFICE

Telephone: (814) 336-1163

Fax: (814) 724-6883

SOUTHWEST DISTRICT OFFICE

Telephone: (724) 834-1209

Fax: (724) 832-5327

JACKSON CENTER FIELD OFFICE

Telephone: (724) 662-6050

Fax: (724) 662-6067

WHITEHALL FIELD OFFICE

Telephone: (610) 821-6381

Fax: (610) 821-6564

CHESTER FIELD OFFICE

Telephone: (610) 619-3490

Fax: (610) 447-3008

HARRISBURG FIELD OFFICE

Telephone: (717) 783-1379

Fax: (717) 772-0232

PITTSBURGH FIELD OFFICE

Telephone: (412) 770-3991

Fax: (412) 880-0447

SOUTHEAST DISTRICT OFFICE

Telephone: (484) 855-3503/04

Fax: (610) 378-4527