

HCI LICENSING MANAGEMENT SYSTEM (LMS)

HCI Licensee Reference Guide

Last Updated: 7/16/25

Table of Contents

Section 1 - Portal Overview and Tabs.....	1-2
1.1 Portal Overview	1-2
Change Password, Change Email / Username and More	1-2
1.2 Program Portal Navigation	1-3
Site Navigation, Edit Facility Phone, Address, Update Facility Director(s)	1-3
1.3 Updating Hours of Operation	1-8
1.4 Updating / Adding Responsible Parties	1-3
Section 2 - Facility Access	2-2
2.1 Update Delegated Persons Permissions / Access	2-2
2.2 Add Shared Email Account for Facility Access	2-4
Section 3 - Applications	3-1
3.1 Anniversary / Renewals Notifications.....	3-1
3.2 Initial Application.....	3-3
3.3 Change of Ownership (CHOW)	3-14
3.4 Submitting Application Payment.....	3-18
3.5 Change of Service/Capacity Application.....	3-19
Update: Services and Capacity	3-19
3.6 Information Update Application.....	3-22
Update: Facility name (DBA), name changes filed with the ACC, or owner entity controlling people.	3-22
3.7 Facility Closure Notification.....	3-26
Formal Closure Process for a Facility	3-26
3.8 Alternate Licensing Fee Due Date	3-29
3.9 Applications in Action Required Status	3-31
Applications with Errors Require Revisions by Applicant – Including Final Payment.....	3-31
3.10 Check Application Status & Deleting Applications	3-32
Applications drafted and submitted from the LMS can be viewed online	3-32
Section 4 - Satellite Facilities	4-1
4.1 Add Satellite Facilities.....	4-1
4.2 Accessing Pending Satellite Facilities.....	4-12
4.3 Accessing Approved Satellite Facilities	4-13
Section 5 - Inspections.....	5-14
5.1 Inspections Scheduling	5-14
5.2 Viewing the SOD & Submitting a POC	5-15

Statement of Deficiency and Plan of Correction	5-15
5.3 Submitting an IDR.....	5-19
Informal Dispute Resolution.....	5-19
Section 6 - Enforcements	6-1
6.1 Scheduling a Provider Meeting.....	6-1
6.2 Viewing an Enforcement	6-2
Section 7 - Statements & Payments	7-5
Submit Payments Online	7-5
Section 8 - Self-Report.....	8-7
8.1 Submitting a Self-Report	8-7

NOTE: Images, screenshots, and steps outlined in this guide may not reflect the current portal site. Examples shown may not reflect the exact license type or facility type you are managing. The examples are intended to represent typical uses and fields. Refer to the portal site for the most up-to-date experience.

Here are a few common items and where to find them in this guide:

I would like to...	Where to go...	Notes and Tips...
Update my Facility's designated email address	Information Update Applications	Designated facility email addresses are the primary email account that is used by the licensing system to send updates on application statuses, inspections and more. This email is the main point of contact between the facility and the Licensing Bureau. It is important that the email is NOT a personal email and should be one that can be accessed by the appropriate facility team members.
Change Controlling Person / Responsible Party	Information Update Applications	Changing or updating Controlling Person(s) will be part of the Information Update Application
Update Delegated Person on a facility	Delegated Persons	Adding/Removing delegated persons can be done through the portal. Delegated persons are granted permissions like applying for applications, submit plan of corrections, work on inspections and more.
Anniversaries / Renewals	Anniversary Applications	Anniversary applications or renewals will be available on the portal 90 days prior to the expiration date and payment can be made 60 days prior to the expiration date.
Pay an Invoice associated to a facility	Statements & Payments	Payments can be made from the portal and confirmation of payment is sent to the facility email address.
Updating Owning Entity	Information Update Applications	In case of changes to the owning entity, facilities are required to inform the bureau using the Information Update Application.
View an inspection	Inspections	Inspection records will be viewed on the portal when available. Licensees can view Statements of Deficiencies, Submit Plan of Corrections and other actions related to inspections.

SECTION 1 - Portal Overview and Tabs

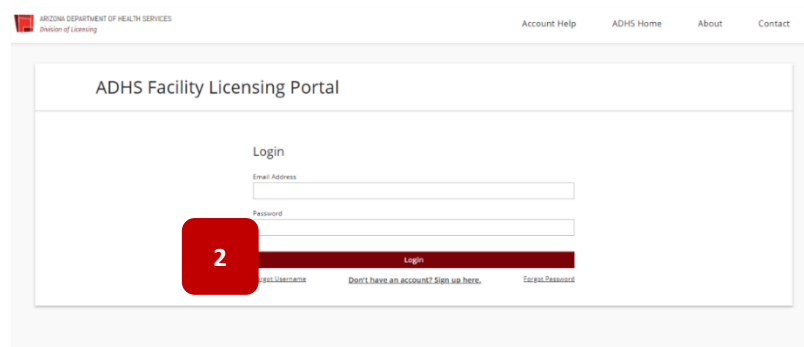
1.1 Portal Overview

Change Password, Change Email / Username and More

Upon logging in to the portal, portal account holders will be directed to the home screen containing information related to the Individual and Facility Licensing Portals. [For additional support, watch this step-by-step video guide](#)

1. To log into the Licensing Portals, Designated Persons or other users with facility access will enter their email address and password
2. The facility portal user will click **Login**
3. If the facility portal user forgets their username or password, the user can click the appropriate links (Use the **Forgot Username** or **Forgot Password**) to reset those items on the account
4. If the user does not have an account, they can click the **Don't have an account? Sign up here** link. The link should be used to create a new account if an account has never been created before

NOTE: If the user has a login to the portal but needs access to a specific facility, they need to request access from the facility's Designated Person who will grant the user Facility Access to that facility account



5. Upon login, the user will be directed to the **Select a Portal** page
6. Click the **Person Icon** in the top right corner to view profile details
7. The **Profiles** pop-out will appear
8. Click the **Pencil Icon** to edit certain fields within the Profile

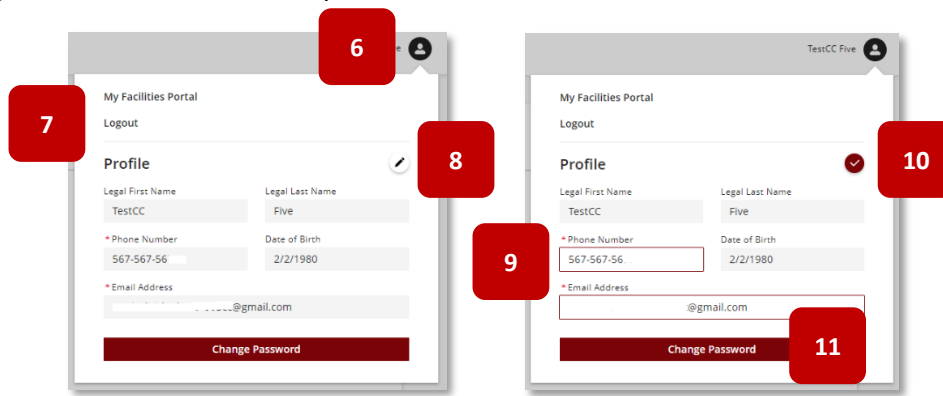
- Editable fields include Phone Number and email address

NOTE: If editing email address, the system will send two emails to confirm the new email address change and the username change. Both confirmation emails will need to be completed to finalize the change.

NOTE: The Legal First/Last Name and Date of Birth are not editable from the account. If these need to change, contact your ADHS Bureau to request this change in the system.

9. The Editable fields will appear with the red outline
10. Click the **Check Mark** icon to save changes

11. Click **Change Password** to reset the password for the account



1.2 Program Portal Navigation

Site Navigation, Edit Facility Phone, Address, Update Facility Director(s)

The Facility Licensing Portal contains specific tabs related to functionality within the portal. The user can click each tab to view information related to that topic. [For additional support, watch this step-by-step video guide](#)

Initial Portal Selection Page

1. Upon log in, users will be able to select between either the Individual or Facility Portal

The **Individual Portal** is used for personal licenses/applications

The **Facility Portal** is used for facility applications, licensing and submitting transactions (sales, payments), inspections and more

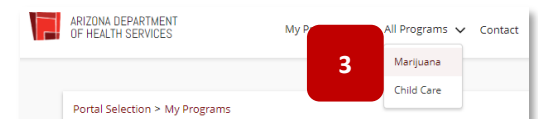
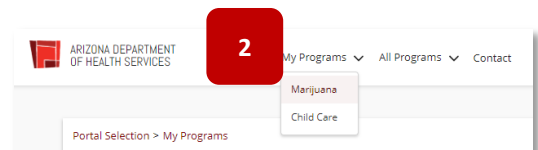


Facility Portal Navigation Overview

2. The top menu bar of the Facility Portal page layout displays My Programs, All Programs and Contact menus

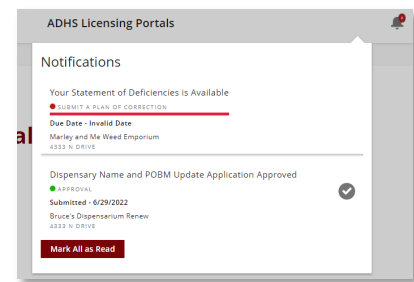
My Programs will display programs that the user has or had (in the last three years) an active associated license to that program

3. The **All Programs** menu will display all programs on the portal system



4. The **Notification Bell** - Notifications will be bundled under the notification bell and will include notifications from all records for all facilities the user is associated to

NOTE: Selecting certain notifications will navigate the user to the specific record



5. Toward the top of the pages will display 'breadcrumbs' – breadcrumbs are a small text path that identifies where the user is on the site

Portal Selection > My Programs > > Bruce Children Centers

6. Select a text link on the path to be redirected back to that page on the site

7. The Facility Program selection page will display program tiles based on user account access

8. Other Licenses section will display all other licensing programs on the system – use this section to apply for a new facility license



9. Once the program type is selected – the facility location types will display based on user permissions

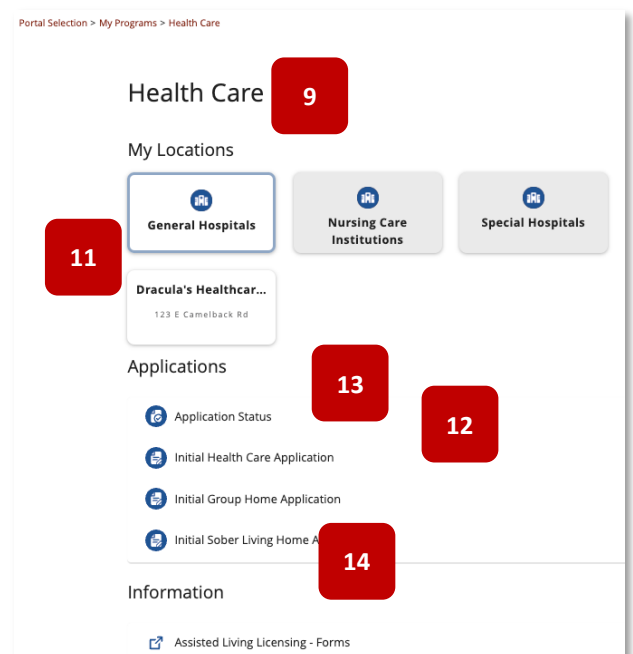
10. My Locations display any affiliated facility types based on user permissions

11. Once a facility type is selected, the associated facility(ies) will display (alphabetically by facility name)

12. Applications for new facilities (if applicable) will display

13. Check current applications statuses by selecting the **Application Status** link

14. The Information section will link to the ADHS site for additional forms and information regarding the specific program



Portal Navigation Details

FACILITY DETAILS: Current facility details are displayed. Some of these fields can be edited from this page

1. Program Tabs will display based on roles and permissions set by the Facility Owner / Facility Director
2. The Facility Details tab contains the most current approved information related to a facility; the user can click the **Edit Information** button for the ability to edit certain fields on the Facility Details page
 - a. Facility Room & Capacity details will be displayed with the most current approved details
3. Update fields by replacing the current data displayed in that specific field – editable areas include: Facility Director, Mailing Address, Phone, Fax, Primary Contact

NOTE: Mailing Address updates will require users to select the Validate Address from the menu

4. Select **Save** to confirm the changes

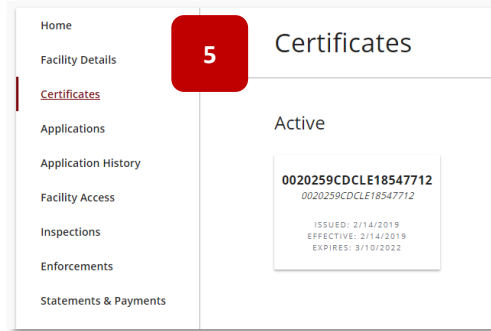
NOTE: Initiate the Change Application (for Licensed Capacity or Services Changes) or the Information Update Application if a user wants to edit other information not available on this page

The image displays two screenshots from the ADHS Licensing Portals. The top screenshot shows the 'Facility Details' page with a sidebar on the left containing navigation tabs: Home, Facility Details (selected), Certificates, Applications, Application History, Facility Access, Inspections, Enforcements, and Statements & Payments. The main content area is titled 'Facility Details' and includes sections for Facility Information, Owing Entity Information, Hours of Operation, and Service & Capacity Information. A red box with the number '2' highlights the 'Edit Information' button in the top right corner. The bottom screenshot shows the 'Edit Facility Information' form, which prompts the user to initiate a Change Application or an Information Update Application. The form contains fields for Phone, Fax, Primary Contact, Mailing Address, City, State, Zip Code, and Current Facility Director(s). A red box with the number '3' highlights the 'Mailing Address' field. A red box with the number '4' highlights the 'Save' button at the bottom right of the form. A red box with the number '2a' highlights the 'Service & Capacity Information' table in the top right corner of the first screenshot.

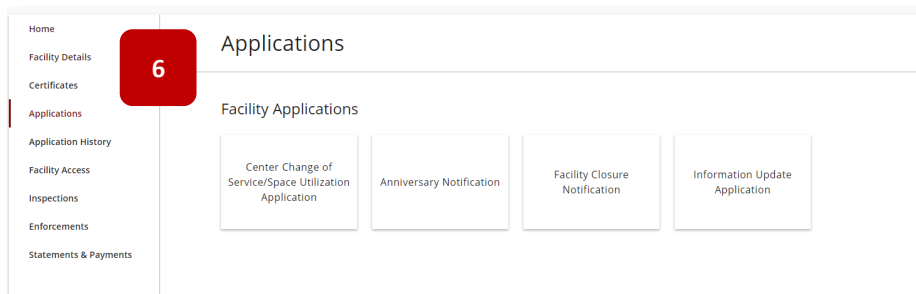
Outdoor Activity Area(s) (1)	Area Name-ADHS	Area Type-ADHS	Square Feet-ADHS	Capacity-Calculated Maximum
Outdoor	OUTDOOR ACTIVITY AREA	4550	108	
Maximum Capacity Outdoor Areas: 108				
Indoor Activity Area(s) (2)	Area Name-ADHS	Area Type-ADHS	Square Feet-ADHS	Capacity-Calculated Maximum
WAGGED ONE YEAR	1 year-olds	No	0	0
2-TWO'S	2 year-olds and up	No	374	14
4-THREEFOURS	3 year-olds and up	No	647	17
1-ONES	1 year-olds	No	289	8
3-FIVE'S	3 year-olds and up	No	341	13
Maximum Capacity Indoor Areas: 52				
Sanitary Activity Area(s) (1)	Area Name-ADHS	Area Type-ADHS	Square Feet-ADHS	Capacity-Calculated Maximum
4	Hand Washing Sink-ADHS	4		
Maximum Capacity Sanitary Areas: 4				

5. **Certificates (Licenses):** The Certificates tab contains any certificates associated with the Facility, click the certificate tile to download a PDF version of the associated certificate, including current and historical certificates. The facility can print/download a certificate at any time. No certificate reprint requests are needed from the BCCL Team. In addition, if the facility pays their anniversary fee early, the facility will continue to see their current active certificate and also the new certificate with

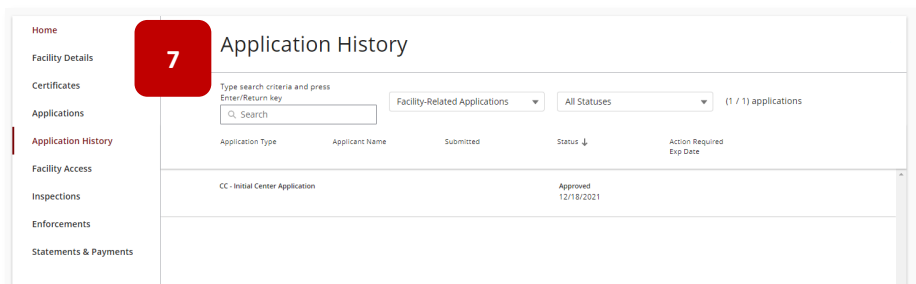
Expiration Date that is extended



6. **APPLICATIONS:** Available applications are listed on the Applications Tab – click the appropriate tile to open an application



7. **APPLICATION HISTORY:** The Application History tab will show applications related to this account– filter the applications based on the criteria shown at top



8. **FACILITY ACCESS:** The Facility Access tab is used to grant access to the facility to certain users and to view who is associated with each facility – follow the instructions in the Facility Access section to add Delegated Access users

Home	8 Facility Access			
Facility Details				
Certificates				
Applications				
Application History				
Facility Access				
Inspections				
Enforcements				
Statements & Payments				

<input type="text" value="Search"/>		All Statuses	All Levels	Records found: 1
Add Delegated Access User				
Contact Name	Facility Position	Status ↑	Access Levels	
TestCC Five	Designated Person	ACTIVE	Facility Details, Certificates, Applications, Facility Access Mgmt, Inspections, Enforcements, Invoices	

9. **INSPECTIONS:** The Inspections tab is where all information related to inspections is housed - once an inspection has been conducted, the user will use this page to view any action that must be taken as a result of an inspection

Home	9 Inspections			
Facility Details				
Certificates				
Applications				
Application History				
Facility Access				
Inspections				
Enforcements				
Statements & Payments				

Inspection #	Inspection Date(s)	Address	Status ↓	Action Required
INSP-0001324	1/7/2022	12454,	Complete	

10. **ENFORCEMENTS:** The Enforcements tab is where all information related to enforcements is housed – the user will use this page to respond to enforcements or view enforcement related information

Home	10 Enforcements						
Facility Details							
Certificates							
Applications							
Application History							
Facility Access							
Inspections							
Enforcements							
Statements & Payments							

Enforcement #	Description	Status	Action Letter Sent	Hearing Request Deadline	Hearing Date/Time	ISC Date/Time	Records found: 1
00001653	Repeated Health and Safety Violations	In Process	1/24/2022	2/23/2022			

11. **STATEMENTS & PAYMENTS:** Any current or historical invoices associated with the facility for applications or enforcements can be viewed and paid on the statements & payments tab

Home

Facility Details

Certificates

Applications

Application History

Facility Access

Inspections

Enforcements

Statements & Payments

11

Statements & Payments

To make a payment, select a Payment Amount and click the Submit Payment button. If multiple Invoices are listed, a Payment Amount per Invoice with the same Invoice Type can be selected. Based on the Invoice selected, all remaining Invoices with a different Invoice Type will not be selectable and a separate payment must be made.

Total Selected Payment

\$0.00

Submit Payment

Invoice #

Invoice Type

Description

Status

Total

Balance

Invoice DateDue

1.3 Updating Hours of Operation

Updates can be made to the facility Hours of Operations within the portal in real-time.

Add Hours of Operation

1. From the Facility Details page, navigate to the Hours of Operation section of the page
2. Select the **Add** button to the right

Portal Selection > My Programs > Health Care > Dracula Does Care Outpatient Rehab Center

Dracula Does Care Outpatient Rehab Center

123 E CAMELBACK

Facility Details

Facility Licenses

Applications

Application History

Facility Access

Inspections

Enforcements

Statements & Payments

Facility Details

Edit Information

Facility Information

Facility Name

Dracula Does Care Outpatient Rehab Center

Facility Type

Outpatient Treatment Center

Facility Email

david.rosebudhotel@gmail.com

Phone Number

(333) 333-3333

Name of Primary Contact

Christi Irwin

Primary Contact Email

david.rosebudhotel@gmail.com

Primary Contact Telephone Number

(602) 443-5440

Mailing Address

Mailing Address

123 E Camelback Rd

Suite, Unit, etc.

City

Phoenix

State

AZ

Zip Code

85012

Physical Address

Street Address

123 e Camelback

Suite, Unit, etc.

City

Phoenix

State

AZ

Zip Code

85029

County

Maricopa

Accrediting Organizations

Accrediting Organizations (0)

Add

Name

Start Date

End Date

Hours of Operation

Hours of Operation (1)

Add

Type

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Administrative

12:15 AM - 12:15 AM

12:30 AM - 10:00 AM

1-8

3. The Add Hours of Operation form will display
4. Select the **Type** of hours form the drop-down menu
5. Add Open and Close hours for each application day
6. Select **Save** to complete

Update Hours of Operation

1. From the Facility Details page, navigate to the Hours of Operation section of the page
2. Select the down carrot to the right of the desired hours type

3. Select the down carrot to the left of the desired hours type
4. Select Edit

- Update hours as needed, select **Save** when complete

1.4 Updating / Adding Responsible Parties

Updates can be made to the facility Responsible Parties within the portal in real-time.

- From the Facility Details page, navigate to the **Responsible Parties** section of the page
- Select the **Add** to the right of role type – Governing Authority is not editable from the portal, contact the licensing bureau to have this updated
- A form will display based on the role type being added, complete the required fields and select **Save**

SECTION 2 - FACILITY ACCESS

2.1 Update Delegated Persons Permissions / Access

Designated Persons for a facility can give access to certain facility portal functions to other facility related employees with an active portal account. Besides the Designated Person, for each facility, **only two** other Facility Portal users can have active access.

1. Select the **Facility Access** tab
2. To add an employee to the facility access, select **Add Delegated Access User**

Contact Name	Facility Position	Status	Access Levels
Ororo Munroe	Designated Person	ACTIVE	Facility Details, Certificates, Applications, Facility Access Mgmt, Inspections, Enforcements, Invoices

3. The **Add Facility Access** form will display
4. Enter the **username/email** of the person being added (user must have an existing and active portal account in order to be added) – select the **Enter/Return** key on keyboard to search for the user in the system
5. Select desired access features from the Available Access column – select multiple by holding down the CTRL key and make each selection or repeat steps 5 and 6 for each item
6. Select the **right arrow key** to confirm selection(s)
7. Select **Save** to continue

Available Access

- Facility Details
- Certificates
- Applications
- Facility Access Mgmt
- Inspections
- Enforcements

Chosen Access

Cancel Save

- Upon save, the new delegated person will display on the Facility Access page

NOTE: When that user logs into the ADHS Facility Portal, the Facility tile will now display for that user

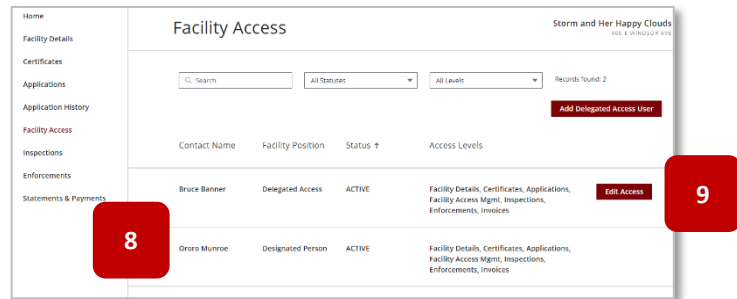
- Access for the delegated person can be edited by selecting the **Edit Access** button

- When **Edit Access** is selected, the Edit Facility Access form will display again

- To remove access, select **Access Types** from the right column and once highlighted

- Select the left arrow button to remove Selected access, to add additional access, select the item from the left column and the right arrow

- Select **Save** when completed



The screenshot shows the 'Edit Facility Access' form. At the top, there's a search bar for 'Portal username/email and press Enter' with the value 'david.rosebudhotel+208@gmail.com'. Below this are fields for 'First Name' (Bruce), 'Middle Name', and 'Last Name' (Banner). The 'Facility Position' is set to 'Delegated Access'. There's a checkbox for 'Facility Access' which is checked, with a note: 'By selecting this checkbox, the user can view the Facility Tile and the Facility Home tab. To display additional Facility tabs, select the Access levels below.' Below this are two lists: 'Available Access' (empty) and 'Chosen Access' (containing Facility Details, Certificates, Applications, Facility Access Mgmt, Inspections, and Enforcements). A red box labeled '10' points to the form title. A red box labeled '11' points to the 'Chosen Access' list. A red box labeled '12' points to the 'Available Access' list. A red box labeled '13' points to the 'Save' button at the bottom right.

2.2 Add Shared Email Account for Facility Access

If a facility would like to link an account with a shared organization email, that can be done within the portal

1. Select the **Facility Access** tab
2. To add the shared account to the facility access, select **Add Delegated Access User**

Home Facility Details Certificates Applications Application History **Facility Access** Inspections Enforcements Statements & Payments

Storm and Her Happy Clouds 400 E WINDSOR AVE

Facility Access

Q Search All Statuses All Levels Records found: 1

Add Delegated Access User

Contact Name	Facility Position	Status ↑	Access Levels
Ororo Munroe	Designated Person	ACTIVE	Facility Details, Certificates, Applications, Facility Access Mgmt, Inspections, Enforcements, Invoices

3. The **Add Facility Access** form will display
4. Enter the **username/email** of the shared email account being added (user must have an existing and active portal account in order to be added) – select the **Enter/Return** key on keyboard to search for the user in the system
5. Select desired access features from the Available Access column – select multiple by holding down the CTRL key and make each selection or repeat steps 5 and 6 for each item
6. Select the **right arrow key** to confirm selection(s)
7. Select **Save** to continue

3 Add Facility Access

* Portal username/email and press Enter

Q First Name Middle Name Last Name

Facility Position Delegated Access ☒ Facility Access Active By selecting this checkbox, the user can view the Facility Tile and the Facility Home tab. To display additional Facility tabs, select the Access levels below.

Available Access Chosen Access

Facility Details Certificates Applications Facility Access Mgmt Inspections Enforcements

Cancel **Save**

Section 3 - Applications

3.1 Anniversary / Renewals Notifications

Renewals can be submitted by the Designated Person from their Facility Licensing Portal.

NOTE: Anniversary Notifications will only be available a few months before the current license expires

1. Upon logging into the ADHS Facility Licensing Portal, the facility selection page will display

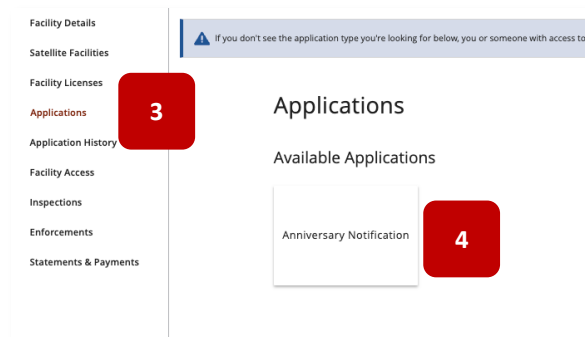
2. Select the **Health Care Licensing** tile

NOTE: The Facility Licensing Portal is used by other Arizona Licensing Bureaus, there may be additional tiles located in the Other Facility Information section for these areas



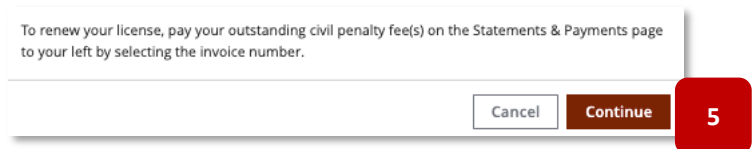
3. Select the **Application** tab

4. Select the **Anniversary Notification** tile



5. Review notification, select **Continue** to proceed

NOTE: If an outstanding civil penalty fees, those fees may need to be remitted prior to renewing



6. Review the Agreements Page –
Select **I Agree** to proceed

Health Care Anniversary Notification

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Health Care Forms for Assisted Living Facilities
Health Care Forms for Behavioral Health Facilities
Health Care Forms for Long Term Care Facilities
Health Care Forms for Medical Facilities
Health Care FAQs for Assisted Living Facilities
Health Care FAQs for Behavioral Health Facilities
Health Care FAQs for Long Term Care Facilities
Health Care FAQs for Medical Facilities

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the Department to inform me of the error.

Pursuant to A.R.S. § 13-2704:

A. A person commits Unsworn Fabrication by knowingly:
1. Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license.
2. Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 13-2801.
B. Unsworn Fabrication pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unsworn Fabrication pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 14-1080(B)(5)(ii):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state trial gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
C. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
G. This section does not abrogate the immunity provided by sections 12-820.01 or 12-820.02.

6

7. Review current Facility Information
8. If all things are accurate and current, select **Save & Continue** to proceed
9. If errors or outdated items are noticed, submit either **Change** or **Info Update** applications as necessary

Health Care Anniversary Notification

Facility Information

Facility Name: Dracula's Sunny Hospital
Facility Type: Special Hospital
License Number: SH1
Renewal Date: 2/28/2025

Physical Address: 123 E Camelback Rd
City: Phoenix
State: AZ
Zip Code: 85012
County: Maricopa

Operating Facility: Dracula Hospital Phoenix
Mailing Address: 123 E Camelback Rd
City: Phoenix
State: AZ
Zip Code: 85012
County: Maricopa

Services (0)
Service/Organized Service Unit: Service Type: Bed Capacity/Participant Capacity:

Satellite Facilities (0)
Name: Class/Subclass: Email Address: Phone Number: Address:

8

10. Review Licensed Capacity and Fees, select **Submit** to continue to payment
11. Proceed with payment process
12. Once payment is completed successfully, the pending renewal certificate will be approved

Health Care Anniversary Notification

Payment Information

Licensed Capacity & Fees

The facility is currently licensed for a maximum of 20.

Description	Amount	Quantity	Total Amount
License Fee	\$365.00	1	\$365.00
Number of Beds Fee	\$91.00	20	\$1,820.00
Total			\$2,185.00

10

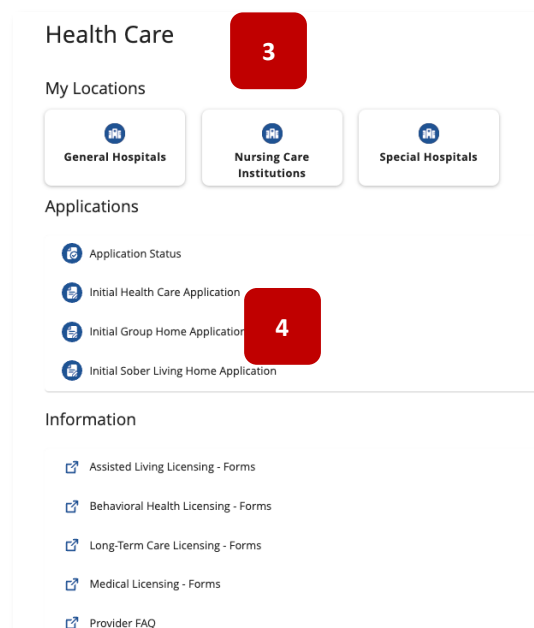
3.2 Initial Application

Initial Applications can be submitted by the Designated Person from their Facility Licensing Portal.

1. Upon logging into the ADHS Facility Licensing Portal, the facility selection page will display
2. Select the **Health Care Licensing** tile or the **Add a new license** tile

NOTE: The Facility Licensing Portal is used by other Arizona Licensing Bureaus, there may be additional tiles located in the Other Facility Information section for these areas

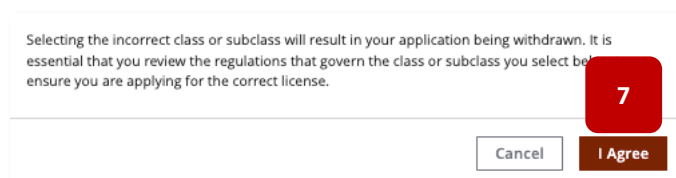
3. The Health Care Licensing main page will display
4. Select the desired **Initial Application** tile



5. Health Care Program Selection – Select from the available facility types – this will expand to display additional facility types



6. Once the desired facility type is selected, select the **Save & Continue** button to proceed
7. Review the notice and select **I Agree** to proceed



NOTE: Some users may want to print the page from the browser to reference the information

8. Upon selecting the Application tile, the Agreement Page will display. The Agreement page contains the following items:
 - A. Link to **Additional Application Instructions**
 - B. Required documents list
 - C. Arizona Rules and Statutes statement
9. Once reviewed, select **I Agree** to proceed

Health Care
Initial Health Care Institution

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Health Care Forms for Assisted Living Facilities
Health Care Forms for Behavioral Health Facilities
Health Care Forms for Long-Term Care Facilities
Health Care Forms for Medical Facilities
Health Care FAQs for Assisted Living Facilities
Health Care FAQs for Behavioral Health Facilities
Health Care FAQs for Long-Term Care Facilities
Health Care FAQs for Medical Facilities

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the Department to inform me of the error.

Provide the information necessary for the license/registration application. When complete, pay appropriate fees (if applicable) and submit. Your license/registration application will be reviewed by the appropriate regulatory body.

Before beginning the application process, please have the following documentation available in digital format, for example, a .pdf, ready for upload (where applicable):

- Relevant Credentials

All License Types

- Leasing agreement
 - Please submit a copy of the fully executed lease agreement showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. The lease should be between the property owner as listed in the county assessor's website (Landlord) and the owner entity of the health care institution (Tenant). The lease must also state the residence and/or property can be used as the health care institution "class or subclass" for which licensing is being requested.
- A copy of documents pertaining to the business organization
 - If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents
- Proof of citizenship
 - If applicable, an [Arizona Statement of Citizenship and Alien Status Form](#), per A.R.S. § 1-901 and supporting documents required to be submitted along with this form (Sole Proprietorship and Partnerships only)
- Notarized architecture attestation
 - If the health care institution or a part of the health care institution is required by A.A.C. Title 9, Chapter 10 to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01: Please provide a Notarized

Pursuant to A.R.S. § 13-2704:

A. A person commits unlawful falsification by knowingly:

- Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license.
- Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 13-2801.

B. Unsworn falsification pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unsworn falsification pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Back

I Agree

10. The first page of the application is the **Applying Entity Information**

11. Enter all required demographic fields regarding the **Applying Entity**

12. Upon entering the Entity Mailing Address details, select **Validate Address**. Review the suggested address – the system will auto select the closest match by default.

Health Care
Initial Health Care Institution

Entity Info Previous Owner Facility Info Add Facility Info Responsible Parties License History Services Supplemental Documents Signature Review

Applying Entity Information

*Business Entity Name

Full legal name of individual or business

*Type of Organization *Subtype of Organization *Federal Tax Identification Number

*Business Phone *Business Email

Entity Mailing Address

Mailing Street City State/Territory Zip Code

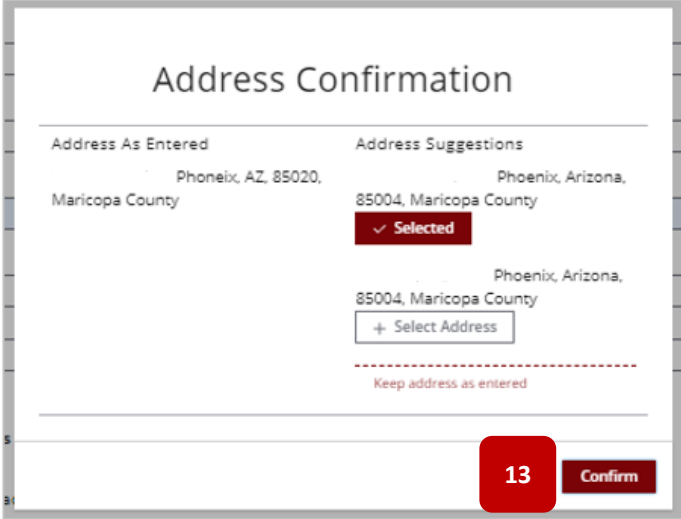
Validate Address

Back

Save & Exit Save & Continue

13. Verify the address by selecting the **Confirm** button

14. If suggested addresses are incorrect, select **Keep Address as Entered** button – If errors on the address are found, users can select **Confirm** on the pop-up and select **Edit Address** from the application page to edit address fields



The image shows a screenshot of an "Address Confirmation" pop-up window. The window has a title bar and a main content area. The content area is divided into two columns: "Address As Entered" and "Address Suggestions". Under "Address As Entered", the text "Phoenix, AZ, 85020, Maricopa County" is displayed. Under "Address Suggestions", two suggestions are listed: "Phoenix, Arizona, 85004, Maricopa County" and "Phoenix, Arizona, 85004, Maricopa County". The first suggestion is highlighted with a red background and a white checkmark icon, and a red "Selected" button is visible below it. The second suggestion has a "+ Select Address" button below it. At the bottom of the window, there is a red button labeled "13" and a red button labeled "Confirm". A red dashed line separates the suggestions from the bottom buttons. Below the dashed line, the text "Keep address as entered" is displayed.

15. Enter the **Business Email** address

NOTE: This email address should be accessible to delegated users of the facility

16. Select **Add** to enter Corporate Officer/Partner/Manager Details

17. Enter appropriate details based on individual or agency

18. Select **Save** to confirm

19. Select the **drop-down carrot** to edit/remove the individual / agency

20. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application (Applicants will be able to retrieve saved applications from the Application Status tile from the main Licensing page)

Corporate Officer/Partner/Manager Details (1) *

For Corporations, please list the name and title of each corporate officer below.
 For Partnerships, please list the name of each partner below.
 For Limited Liability Partnerships, please list the name of each partner below.
 For Limited Liability Companies, please list the name of the designated manager, or if no manager is designated, the names of any two (2) members of the limited liability company.
 For Governmental Agencies, please list the name and title of the individual in charge of the governmental agency or the name of the individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency.

Name	Title
Count Dracula	Owner

Back

Save & Exit Save & Continue

Add Corporate Officer/Partner/Manager Details

* Individual or Group
 Individual

* First Name

* Last Name

* Title

Cancel Save

21. Next page is the **Previous Owner Information** – Select from the available options

22. Enter **Previous Owner's License** if applicable

23. Select **Save & Continue** to proceed

Health Care
 Initial Health Care Institution

Previous Owner

Previous Owner Information

* Indicate type of application
 --None--
 --None--
 Initial Application (new license)
 Change of Ownership (COW)
 Change of Location (COL)
 Change of Classification

Previous Owner's License #

Save & Exit Save & Continue

24. Applying Facility Information is the next section

25. Enter all required fields as applicable

26. **Facility Primary Email** – this will be the designated email that will receive all communications regarding the facility going forward

27. Upon entering the Entity Mailing Address details, select **Validate Address**. Review the suggested address – the system will auto select the closest match by default.

28. Select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

✓ ✓ ✓ **Facility Info** Add'l Facility Info Responsible Parties Responsible Parties License History Services Supplemental Documents Signature Review

Applying Facility Information

* Facility Name (Doing Business As)

* Facility Primary Email **26** * Facility Telephone Number Website

* Name of Primary Contact * Primary Contact Email * Primary Contact Telephone Number

Is your facility ready for an inspection? ☐ * If not, when will you be ready?

Is the health care institution requesting certification under the Title XIX of the Social Security Act (Medicaid)?

Facility Physical Address

* Street Suite, Unit, etc.

* City * State/Territory * Zip Code **Validate Address** **27**

☐ Check if mailing address is different than physical address

28

29. Enter all required Additional Facility Information

30. Add Administrative Hours of Operation – Select **Add**

Health Care
Initial Health Care Institution

✓ ✓ ✓ ✓ **Add'l Facility Info** Responsible Parties Responsible Parties License History Services Supplemental Documents Signature Review

Additional Facility Information

* Is this located in a leased facility? * Located 1/4 mile of agricultural land

Administrative Hours of Operation (0) *

To add Hours of Operation, click the 'Add' button. To edit/remove Hours of Operation you have recently added, click the dropdown arrow.

Type Monday Tuesday Wednesday Thursday Friday Saturday Sunday **30**

Clinical Hours of Operation (0) *

To add Hours of Operation, click the 'Add' button. To edit/remove Hours of Operation you have recently added, click the dropdown arrow.

Type Monday Tuesday Wednesday Thursday Friday Saturday Sunday **31**

31. The Add Administrative Hours of Operation form will display – if no hours are established for a particular day, leave blank – select **Save** to confirm

32. Repeat for **Clinical Hours of Operation**

33. Select **Save & Continue** to proceed

Add Administrative Hours of Operation

31

Monday Start Time <input type="text"/>	Monday End Time <input type="text"/>
Tuesday Start Time <input type="text"/>	Tuesday End Time <input type="text"/>
Wednesday Start Time <input type="text"/>	Wednesday End Time <input type="text"/>
Thursday Start Time <input type="text"/>	Thursday End Time <input type="text"/>
Friday Start Time <input type="text"/>	Friday End Time <input type="text"/>
Saturday Start Time <input type="text"/>	Saturday End Time <input type="text"/>
Sunday Start Time <input type="text"/>	Sunday End Time <input type="text"/>

CancelSave

34. Enter Responsible Parties details

35. Select **Add** and enter all required information on the displayed form

36. Select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

✓ ✓ ✓ ✓ ✓ **Responsible Parties** Responsible Parties License History Services Supplemental Documents Signature Review

Responsible Parties

Statutory Agent (0) * 34 Add

Statutory Agent means the individual designated by the owner to accept service of process and subpoenas.
Please add only one. To add a Statutory Agent, click the 'Add' button. To edit/remove a Statutory Agent you have recently added, click the dropdown arrow.

Name ▼ Title ▼ Phone Number ▼ Mailing Address ▼ Suite, unit, etc. ▼ City ▼ State ▼ Zip Code ▼

Governing Authority (0) * Add

Governing Authority means the individual, agency partners, group or corporation, whether appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
Please add only one. To add a Governing Authority, click the 'Add' button. To edit/remove a Governing Authority you have recently added, click the dropdown arrow.

Name ▼ Mailing Address ▼ Suite, unit, etc. ▼ City ▼ State ▼ Zip Code ▼

Chief Administrative Officer (0) * Add

Chief Administrative Officer means the individual implementing a governing authority's direction in a health care institution.
Please add only one. To add a Chief Administrative Officer, click the 'Add' button. To edit/remove a Chief Administrative Officer you have recently added, click the dropdown arrow.

Name ▼ Title ▼ Highest Educational Degree ▼

Back Save & Exit Save & Continue

Add Governing Authority

*** Individual or Group**
 Individual ▼

*** First Name**

*** Last Name**

*** Mailing Address**

Suite, unit, etc.

*** City**

*** State**
 --None-- ▼

*** Zip Code**

Cancel Save

37. If prompted, complete additional Responsible Parties and select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

✓ ✓ ✓ ✓ ✓ ✓ **Responsible Parties** License History Services Supplemental Documents Signature Review

Responsible Parties

Medical Director (0) * Add

Medical Director means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
Please add only one. To add a Medical Director, click the 'Add' button. To edit/remove a Medical Director you have recently added, click the dropdown arrow.

First Name ▼ Last Name ▼

Nursing Executive (0) * Add

Nurse Executive means a registered nurse accountable for the direction of nursing services provided in a hospital.
Please add only one. To add a Nurse Executive, click the 'Add' button. To edit/remove a Nurse Executive you have recently added, click the dropdown arrow.

First Name ▼ Last Name ▼

Back Save & Exit 37 Save & Continue

38. Enter applicable License History details as appropriate

39. Select **Save & Continue** to proceed

The screenshot shows the 'License History' section of the 'Health Care Initial Health Care Institution' form. The form has a progress bar at the top with steps: License History, Services, Supplemental, Documents, Signature, and Review. The 'License History' section contains two identical blocks for license history. Each block starts with a dropdown menu for 'Has the center or any person with 10% or more business interest in the health care institution had a license to operate in the state/country/territory that is being licensed, revoked, or suspended?' with a red '38' callout. Below this is a dropdown for 'Please indicate whether the license was denied, revoked, or suspended' with a red '39' callout. Then is a text area for 'Reason for the denial, revocation, or suspension, including the name and license number of the health care institution license that was denied, revoked, or suspended'. Below that are two input fields: 'Date of the denial, revocation, or suspension' and 'Name and address of the licensing agency that denied, revoked, or suspended the license'. At the bottom of the section are 'Back', 'Save & Exit', and 'Save & Continue' buttons.

40. Enter **Scope of Services**, requested capacity, **Services**

41. Upload medical staff specialties and subspecialties – select **Upload Files**

The screenshot shows the 'Facility Service Information' section of the 'Health Care Initial Health Care Institution' form. The form has a progress bar at the top with steps: License History, Services, Supplemental, Documents, Signature, and Review. The 'Facility Service Information' section contains a text area for 'Scope of Services' with a red '40' callout. Below this is a text area for 'The total licensed capacity requested by the applicant for the health care institution'. Then is a text area for 'The licensed capacity of individuals under 18 years of age requested by the applicant for the health care institution'. Below that is a section for 'Please identify and provide all medical staff specialties and subspecialties in a list' with a red '41' callout. This section includes an 'Upload Files' button and a table with columns: 'Service Category', 'Service Type', and 'Bed Capacity/Participant Capacity'. At the bottom of the section are 'Back', 'Save & Exit', and 'Save & Continue' buttons.

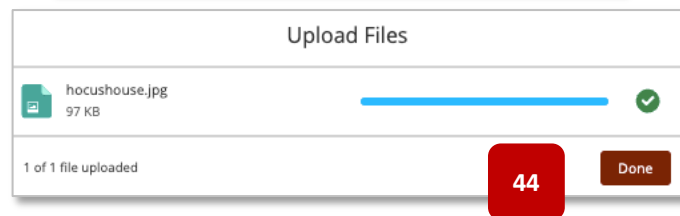
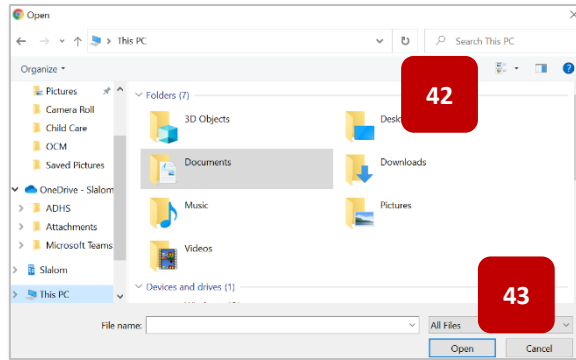
42. **Local Files** window will appear – select desired file(s) to upload – multiple files can be selected (use the Ctrl key while selecting the files)

43. Select **Open**

44. Once upload is complete, select **Done**

45. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

46. Upload required Supporting Documentation



Health Care
Initial Health Care Institution

Upload Supporting Documentation

A copy of documents pertaining to the business organization*

- If applicable, a copy of the owner's partnership or joint venture documents, or limited liability documents

Upload Files On-drop Files

Proof of citizenship

- If applicable, an [Arizona Statement of Citizenship Form](#), per A.R.S. § 1-501 and supporting documents required to be submitted along with this form (Sole Proprietorship and Partnerships only)

Upload Files On-drop Files

Notarized architecture attestation*

- If the health care institution or a part of the health care institution is required by A.A.C. Title 9, Chapter 10 to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01: Please provide a Notarized [Architecture Attestation](#) from an architect registered pursuant to Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department

Upload Files On-drop Files

Compliance with applicable local building codes and zoning ordinances*

- Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or, if documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass (not applicable for Adult Behavioral Health Therapeutic Homes, Behavioral Health Respite Homes, or Nursing-Supported Group Homes)

Upload Files On-drop Files

Site plan*

- A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises

Upload Files On-drop Files

Floor plan*

- A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures (i.e. toilets, hand-washing sinks, bathtubs, showers, etc.), each exit, and the location of each fire protection device (i.e. smoke detectors, fire extinguishers, sprinklers, fire alarms, etc.)
- Note: If the Physical Plant Standards in the Arizona Administrative Code include minimum square footage requirements for the facility (i.e. bedrooms, residential units, indoor activity space, etc.), please include the total square footage, excluding any areas that should not be included in the total calculation (i.e. closets, bathrooms, halls, storage areas, kitchens, etc.)

Upload Files On-drop Files

The following remittance forms can be used to calculate your licensing fees:*

- Assisted Living
- Behavioral Health
- Long-Term Care
- Medical

Upload Files On-drop Files

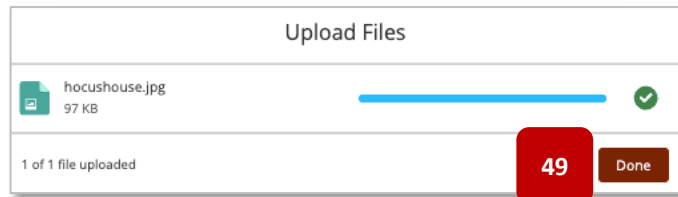
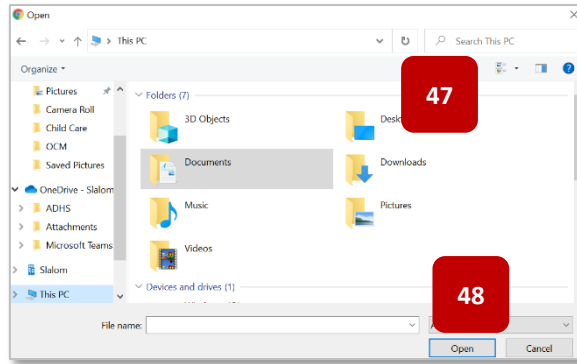
Back Save & Exit Save & Continue

47. **Local Files** window will appear – select desired file(s) to upload – multiple files can be selected (use the Ctrl key while selecting the files)

48. Select **Open**

49. Once upload is complete, select **Done**

Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application



50. The Signature is the next page

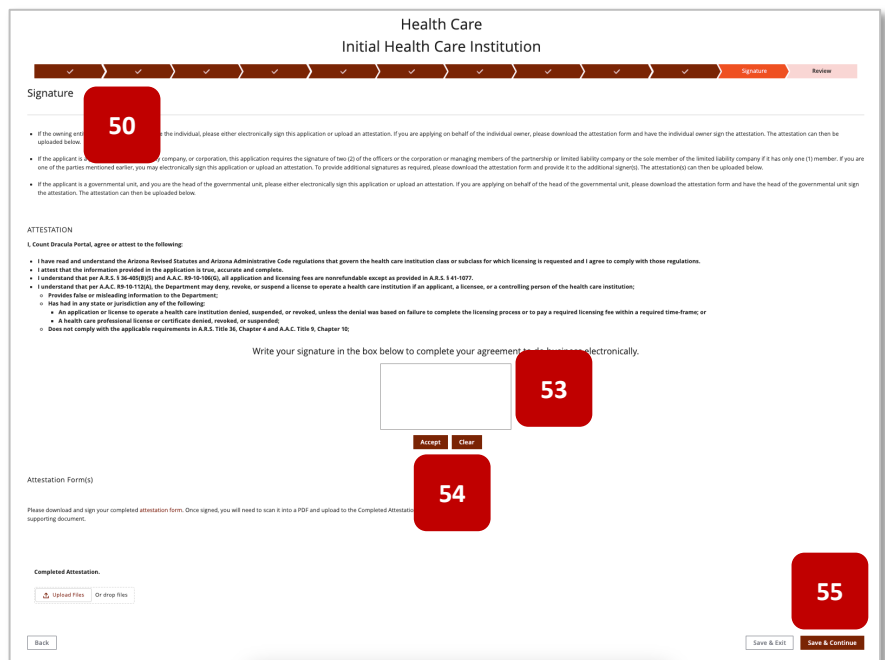
51. The Designated Person can select whether to upload a signed attestation (form is available when checkbox is selected) OR

52. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

53. To digitally sign, use cursor to sign inside the designated box

54. Select **Accept** – to save the signature or Select **Clear** to redo the signature

55. Select **Save & Continue** to proceed



56. The final page in the application will be the Review and Submit page

57. All details entered in the application will display for final review by the applicant – select **Edit Section** to return to that specific section to edit details

58. Select **Submit** to proceed to payment

NOTE: Payments for Foster Care and some other programs may not be required

59. The system will navigate the applicant to the Payment Portal for payment submittal – ADHS accepts Credit Card and ACH (Automatic Clearing House - Digital Checks or echeck) as payments

Outdoor (Indoor Substitution) Activity Area(s)

Type	Name	Square Feet	Playground Capacity	Calculated Maximum Area Capacity
Outdoor	Outdoor 1	5,000	66	133

Review

Applying Entity Information

Full Legal Name of Applying Entity
ENTITY INFO NAME 412

Type Of Organization
Public School

Subtype Of Organization
None

Telephone Number
3333333333

Email Address
danny.stallone@adhs.gov

Street Address
100 N Central Ave

Suite, Unit, etc.

City
Phoenix

State
AZ

Zip Code
85004

County
Maricopa

☐ Check if mailing address is different than physical address

Application Signature

Bert Simpson

I, Bert Simpson, attest that:

- I agree to allow the Department to submit supplemental requests for information.
- Pursuant to A.R.C. 180-5-202 (A), the applicant and the Department agree to extend the substantive review time frame and overall time frame if necessary. This will not exceed 25% of the overall time frame.
- I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with those statutes and rules.
- I am at least 21 years of age.
- I affirm that no Controlling Person or Responsible Party has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.
- Under penalty of law, I declare that the information provided in the application is accurate and complete.
- I have read and will comply with A.R.S. Title 36, Chapter 7-1, Article 1 and this Chapter

I prefer to sign and upload an attestation form. ☐

Write your signature in the box below to complete your agreement to do business electronically.

Back Submit

State of Arizona Checkout Utility
State of Arizona

Payment Information

CHECKOUT - PAYMENT INFORMATION

First Name
Last Name

Billing Address
City

State
Click to Select

Zip

Email
Phone Number

☒ Credit Card
☐ Electronic Check

Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.

Credit Card Number

Expiration Date
Month Year

CVV/CVV2

Clear Continue

3.3 Change of Ownership (CHOW)

Change of Ownership (CHOW) Applications can be submitted from the portal. This process requires action from both the seller and buyer to be completed successfully to the Bureau

Original Owner Must Complete the Following

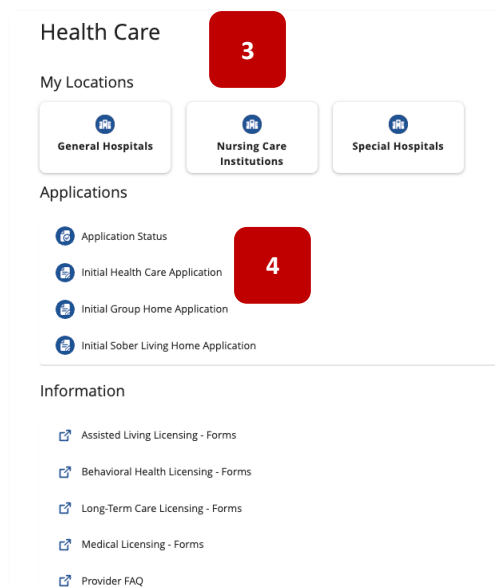
1. Notify the Bureau of the potential Change of Ownership (CHOW) – email, etc
2. Submit a Permanent Closure Application for the facility – [Review Permanent Closure Application](#)

New Owner Must Complete the Following

1. Upon logging into the ADHS Facility Licensing Portal, the facility selection page will display
2. Select the **Health Care Licensing** tile or the **Add a new license** tile

NOTE: The Facility Licensing Portal is used by other Arizona Licensing Bureaus, there may be additional tiles located in the Other Facility Information section for these areas

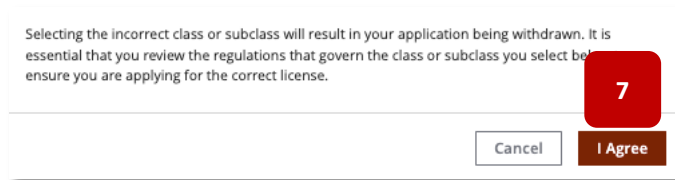
3. The Health Care Licensing main page will display
4. Select the desired **Initial Application** tile



5. Health Care Program Selection – Select from the available facility types – this will expand to display additional facility types



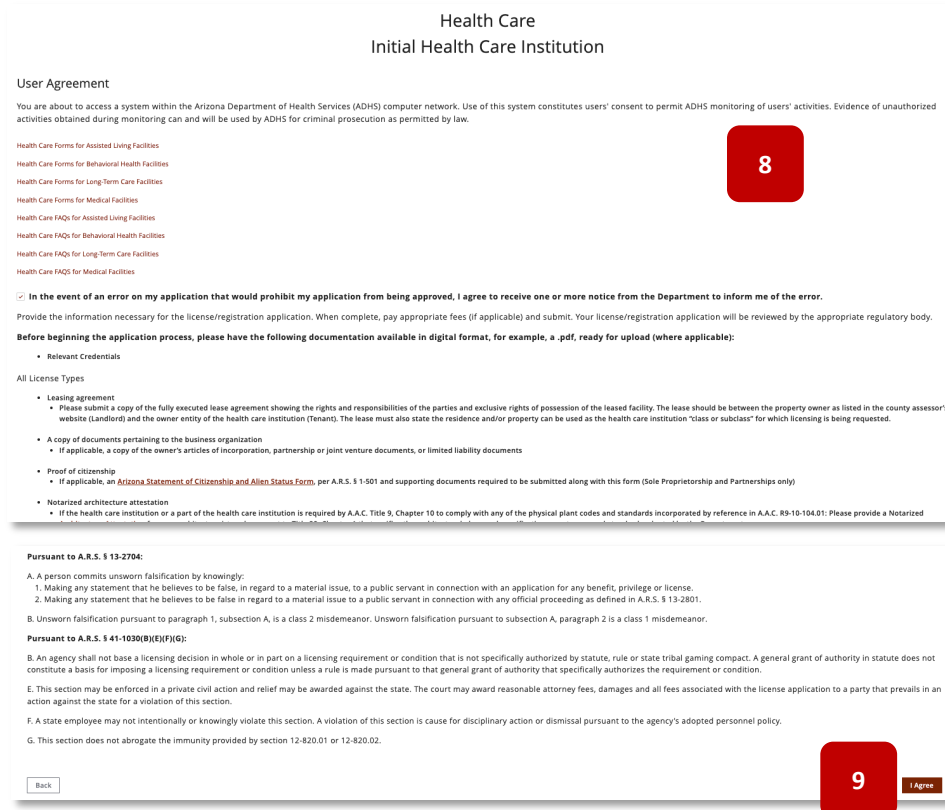
6. Once the desired facility type is selected, select the **Save & Continue** button to proceed



7. Review the notice and select **I Agree** to proceed

NOTE: Some users may want to print the page from the browser to reference the information

8. Upon selecting the Application tile, the Agreement Page will display. The Agreement page contains the following items:
- A. Link to **Additional Application Instructions**
 - B. Required documents list
 - C. Arizona Rules and Statutes statement
9. Once reviewed, select **I Agree** to proceed



Health Care
Initial Health Care Institution

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Health Care Forms for Assisted Living Facilities
Health Care Forms for Behavioral Health Facilities
Health Care Forms for Long-Term Care Facilities
Health Care Forms for Medical Facilities
Health Care FAQs for Assisted Living Facilities
Health Care FAQs for Behavioral Health Facilities
Health Care FAQs for Long-Term Care Facilities
Health Care FAQs for Medical Facilities

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the Department to inform me of the error.

Provide the information necessary for the license/registration application. When complete, pay appropriate fees (if applicable) and submit. Your license/registration application will be reviewed by the appropriate regulatory body.

Before beginning the application process, please have the following documentation available in digital format, for example, a pdf, ready for upload (where applicable):

- Relevant Credentials

All License Types

- Leasing agreement
 - Please submit a copy of the fully executed lease agreement showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. The lease should be between the property owner as listed in the county assessor's website (Landlord) and the owner entity of the health care institution (Tenant). The lease must also state the residence and/or property can be used as the health care institution "class or subclass" for which licensing is being requested.
- A copy of documents pertaining to the business organization
 - If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents
- Proof of citizenship
 - If applicable, an [Arizona Statement of Citizenship and Alien Status Form](#), per A.R.S. § 1-501 and supporting documents required to be submitted along with this form (Sole Proprietorship and Partnerships only)
- Notarized architecture attestation
 - If the health care institution or a part of the health care institution is required by A.A.C. Title 9, Chapter 10 to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01: Please provide a Notarized

Pursuant to A.R.S. § 13-2704:

A. A person commits unlawful falsification by knowingly:

- Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license.
- Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 13-2801.

B. Unsworn falsification pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unsworn falsification pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Back I Agree

10. The first page of the application is the **Applying Entity Information**

11. Enter all required demographic fields regarding the **Applying Entity**

12. Upon entering the Entity Mailing Address details, select **Validate Address**. Review the suggested address – the system will auto select the closest match by default.

13. Verify the address by selecting the **Confirm** button

14. If suggested addresses are incorrect, select **Keep Address as Entered** button – If errors on the address are found, users can select **Confirm** on the pop-up and select **Edit Address** from the application page to edit address fields

15. Enter the **Business Email** address

NOTE: This email address should be accessible to delegated users of the facility

16. Select **Add** to enter Corporate Officer/Partner/Manager Details

17. Enter appropriate details based on individual or agency

18. Select **Save** to confirm

19. Select the **drop-down carrot** to edit/remove the individual / agency

20. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application (Applicants will be able to retrieve saved applications from the Application Status tile from the main Licensing page)

Health Care
Initial Health Care Institution

Applying Entity Information

*Business Entity Name

Full legal name of individual or business

*Type of Organization

*Subtype of Organization

*Federal Tax Identification Number

*Business Phone

*Business Email

Entity Mailing Address

Street

City

State/Territory

Zip Code

Validate Address

Back

Save & Exit

Save & Continue

Address Confirmation

Address As Entered

Phoenix, AZ, 85020,
Maricopa County

Address Suggestions

Phoenix, Arizona,
85004, Maricopa County

✓ Selected

Phoenix, Arizona,
85004, Maricopa County

+ Select Address

Keep address as

Confirm

Corporate Officer/Partner/Manager Details (1) *

For Corporations, please list the name and title of each corporate officer below.
 For Partnerships, please list the name of each partner below.
 For Limited Liability Partnerships, please list the name of each partner below.
 For Limited Liability Companies, please list the name of the designated manager, or if no manager is designated, the names of any two (2) members of the limited liability company.
 For Governmental Agencies, please list the name and title of the individual in charge of the governmental agency or the name of the individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency.

Name	Title
Count Dracula	Owner

Back

Save & Exit Save & Continue

Add Corporate Officer/Partner/Manager Details

* Individual or Group
 Individual

* First Name

* Last Name

* Title

Cancel Save

21. Next page is the **Previous Owner Information** – Select **Change of Ownership (CHOW)**

22. Enter **Previous Owner's License**

23. Select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

Previous Owner

Previous Owner Information

* Indicate type of application
 Change of Ownership (CHOW)

* Previous Owner's License #

Back

Save & Exit Save & Continue

Continue the application process by following steps 24-59 of [Initial Application](#)

3.4 Submitting Application Payment

NOTE: Payments for Foster Care and some other programs may not be required

Submitting Application Payment for Initial Applications

- 1. Once the application has been processed by the Bureau, a request notification will be sent to the facility email and portal. The notification will include details on how to submit the payment for the initial application
- 2. Once the notification has been received, return to the facility portal and select the **Statement & Payments** tab
- 3. Select the **radio button** next to the appropriate invoice amount
- 4. Select **Submit Payment**

Applications

Application History

Inspections

Enforcements

Statements & Payments

Statements & Payments

To make a payment, select a Payment Amount and click the Submit Payment button. If multiple Invoices are listed, a Payment Amount per Invoice with the same Invoice Type can be selected. Based on the Invoice selected, all remaining Invoices with a different Invoice Type will not be selectable and a separate payment must be made.

Invoice #	Invoice Type	Due in 60 Days	Option	Status	Total	Balance	Invoice Date	Due
INV-246979			<div>3</div> <div>to Application AZFA1738780514958982</div> <div>Select Payment Amount</div> <div><div>\$365.00 (Amount Due on 04/07/2025)</div><div>clear selection</div></div>	Sent	\$365.00	\$365.00	02/06/2025	04/07/2025
INV-246951		<div>Paid</div>	Related to Application AZFA1738780514958982	Paid	\$50.00	\$0.00	02/05/2025	02/05/2025

Mr Hospice Care

Total Selected Payment \$365.00

Submit Payment

- 5. Payment details will display – Select **Next** to confirm

Payment Amounts Selected

Invoice #	Amount
INV-246979	\$365.00

Total Amount: \$365.00

Cancel

Next

- 6. Proceed through the payment process as outlined
- 7. Upon successful payment, a license will be issued and accessible from the portal

3.5 Change of Service/Capacity Application

Update: Services and Capacity

Facility can change services and capacity for their facility by submitting the Change application and update their Certificate.

1. From the main facility page, select **Applications** tab
2. Select the **Change Application** tile
3. Select **Continue** to proceed
4. The User Agreement Page of the application will display
5. Select **I Agree** to proceed
6. The main section of the application's Licensed Service page will display the current facility information
7. Enter the date of the proposed changes
8. Select **Save & Continue** to proceed

Facility Details
Satellite Facilities
Facility Licenses
Applications
Application History
Facility Access
Inspections
Enforcements
Statements & Payments

Applications

Available Applications

Alternate Licensing Fee Due Date Application
Change Application
Info Update Application
Permanent Closure Application

Dracula's Healthcare Facility
123 E Camelback Rd

This application allows you to change your services and/or capacities.

Cancel Continue

Sober Living Homes License Types

- Floor Plan
 - A Floor Plan for the proposed sober living home, including:
 - Location and use of each "resident bedroom"
 - Location of each operable window or door from a resident bedroom
 - Must be provided on 8.5 x 11 paper (architectural drawings will not be accepted)
- Other Documentation Supporting Requested Change

All License Types

- Notarized architecture attestation
 - If the health care institution or a part of the health care institution is required by A.A.C. Title 9, Chapter 10 to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. 9B-10-104.01 (hospital, inpatient hospice, outpatient surgical center). Please provide a Notarized Architecture Attestation from an architect registered pursuant to Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department.

Pursuant to A.R.S. § 13-2704:

A. A person commits unlawful falsification by knowingly:

- Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license.
- Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 13-2801.

B. Unlawful falsification pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unlawful falsification pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 41-1030(B)(1)(F)(G):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action pursuant to the agency's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I Agree

Health Care
Health Care Institution Change Application

Facility Info Services/Capacity Supplemental Documents Signature Review

Facility Information Review

* Proposed Effective Date of the Changes

This is the proposed effective date for all requested changes specified in the application. If changes are effective on different dates, then separate applications must be submitted for each date.

Facility Name: Dracula's Healthcare Facility
Facility Type: General Hospital
License Number: H7
Renewal Date: 1/13/2026

Physical Street Address: 123 E Camelback Rd
Physical City: Phoenix
Physical State: AZ
Physical Zip code: 85012
Physical County: Maricopa

Owning Entity: Dracula's Health Facility
Entity Mailing Address: 123 E Camelback Rd
Entity City: Phoenix
Entity State: AZ
Entity Zip code: 85012
Entity County: Maricopa

Services (1)

Please review all services that apply to your facility. These can be edited on the next page.

Service Category: Multi-Organized Service Unit
Service Type: Adult intensive care and medical nursing services
Bed Capacity/Participant Capacity: 12

Save & Exit Save & Continue

9. Check the box to indicate proposed changes to the facility's square footage
10. Enter any changes to Scope of Services as needed
11. Update current capacity details by replacing the current values
12. Upload staff documentation as needed
13. To add services, select **Add** and complete the necessary form details
14. Select **Save & Continue** to proceed

Health Care
Health Care Institution Change Application

✓ **Services/Capacity** Supplemental Documents Signature Review

Facility Service/Capacity Information

Check this box to indicate proposed changes to the facility's square footage: ☐ **9**

Scope of Services

10

Scope of Services - The scope of services should include a list of the behavioral health services or physical health services that the facility of a health care institution has designated as being available to a resident/participant at the health care institution and should meet the requirements of all regulations governing the applicable health care institution class or subclass.

*The total licensed capacity/number of residents requested by the applicant for the health care facility
12

(exclude Managers)

*The licensed capacity of individuals under 18 years of age requested by the applicant for the health care institution
1 **11**

Please identify and provide all medical staff specialties and subspecialties in a list

Upload Files Or drop files

12

Services (1) **13**

Please add/remove/update all services that apply. To add services, click the "Add" button on the table. To edit/remove services you have recently added, click the dropdown arrow.

Service Category	Service Type	Bed Capacity/Participant Capacity	Requested Change
Multi-Organized Service Unit	Adult intensive care and medical nursing services	12	No Change

14

Back Save & Exit Save & Continue

15. Upload all required documentation supporting the requested changes
16. Select **Save & Continue** to proceed

Health Care
Health Care Institution Change Application

✓ ✓ **Upload Supporting Documentation** Documents Signature Review

The following certificate forms can be used to calculate your licensing fees:

- Assisted Living
- Behavioral Health
- Long Term Care
- Medical

Upload Files Or drop files **15**

Site plan

A site plan showing each facility, the property lines of the health care institution, each street and driveway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises.

Upload Files Or drop files

Floor plan

- A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures (i.e. toilets, hand-washing sinks, bathtubs, showers, etc.), each sink, and the location of each fire protection device (i.e. smoke detectors, fire extinguishers, sprinklers, fire alarms, etc.)
- Note: If the Physical Plant Standards in the Arizona Administrative Code include minimum square footage requirements for the facility (i.e. bedrooms, residential units, indoor activity spaces, etc.), please include the total square footage, excluding any areas that should not be included in the total calculation (i.e. closets, bathrooms, halls, storage areas, kitchens, etc.)

Upload Files Or drop files

Other Documentation Supporting Requested Change

Upload Files Or drop files

Notarized architecture attestation *

- If the health care institution or a part of the health care institution is required by A.A.C. Title 8, Chapter 10 to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. 8B-10-108.01, paragraph, the health care institution must provide a Notarized Architecture Attestation from an architect registered pursuant to Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department.

Upload Files Or drop files

Back Save & Exit **16** Save & Continue

17. The Signature is the next page

18. The Designated Person can select whether to upload a signed attestation (form is available when checkbox is selected) OR

19. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

20. To digitally sign, use cursor to sign inside the designated box

21. Select **Accept** – to save the signature or Select **Clear** to redo the signature

22. Select **Save & Continue** to proceed

This screenshot shows a web form for digital signature and attestation. At the top, there is a list of terms and conditions. Below this, a text prompt asks the user to write their signature in a designated box. The box contains a red line indicating the signature area. Below the box are two buttons: 'Accept' and 'Clear'. Further down, there is a section for 'Attestation Form(s)' with a prompt to download and sign the form. At the bottom, there is a 'Completed Attestation' section with a 'Upload File' button and a 'Drop Box' label. The page has a 'Back' button on the bottom left and 'Save & Exit' and 'Save & Continue' buttons on the bottom right.

23. Review application details – select **Edit** to return to the specific page to edit

24. Select **Submit** to submit the application

This screenshot shows a web form for reviewing application details and submitting. It includes a section for 'ATTESTATION' with a list of terms and conditions. Below this, a text prompt asks the user to write their signature in a designated box. The box contains a red line indicating the signature area. Below the box are two buttons: 'Accept' and 'Clear'. Further down, there is a section for 'Attestation Form(s)' with a prompt to download and sign the form. At the bottom, there is a 'Completed Attestation' section with a 'Upload File' button and a 'Drop Box' label. The page has a 'Back' button on the bottom left and a 'Submit' button on the bottom right.

3.6 Information Update Application

Update: Facility name (DBA), name changes filed with the ACC, or owner entity controlling people.

This application allows you to change your facility name (DBA), name changes filed with the ACC, or owner entity controlling people.

1. From the main facility page, select **Applications** tab
2. Select the **Information Update Application** tile
3. Review the notice and select **Continue** to proceed
4. Review Agreement page in detail

NOTE: Some users may want to print the page from the browser to reference the information The Agreement page will display, review requirement details

5. Select **I Agree** and proceed

This screenshot shows the 'Applications' tab selected in the left-hand navigation menu. The main content area displays a grid of application tiles. A red circle with the number '1' highlights the 'Applications' tab in the menu, and another red circle with the number '2' highlights the 'Info Update Application' tile in the grid.

This screenshot shows a notice screen with the text: 'This application allows you to change your facility name (DBA), name changes filed with the ACC, or owner entity controlling people.' At the bottom right, there are two buttons: 'Cancel' and 'Continue'. A red circle with the number '3' highlights the 'Continue' button.

This screenshot shows the 'Health Care Institution Info Update Application' agreement page. It contains a 'User Agreement' section with various terms and conditions. At the bottom right, there is a red button with the number '5' and the text 'I Agree'.

6. The main section of the application's Licensed Service page will display the current facility information
7. Enter the date of the proposed changes
8. Select **Save & Continue** to proceed

Health Care Health Care Institution Info Update Application

Facility Info
Updates
License History
Documents
Signature
Review

Facility Information Review

* Proposed Effective Date of the Changes
Feb 8, 2025

This is the proposed effective date for all requested changes specified in this application. If changes are effective on different dates, then separate applications must be submitted for each date.

Facility Name Dracula's Healthcare Facility	Facility Type General Hospital	License Number H7	Renewal Date 1/13/2026
Physical Street Address 123 E Camelback Rd	Physical Unit Number		
Physical City Phoenix	Physical State AZ	Physical Zip code 85012	Physical County Maricopa
Owning Entity Dracula's Health Facility	Entity Unit Number		
Entity Mailing Address 123 E Camelback Rd	Entity Unit Number		
Entity City Phoenix	Entity State AZ	Entity Zipcode 85012	Entity County Maricopa

Save & Exit
8
Save & Continue

For Facility Information Updates:

This section will only update Facility Name, Owning Entity, Corp Offices/Partners/Manager Details

9. Update desired fields by replacing the text in each appropriate field
10. Select **Add** to add a new person
11. Select the drop-down menu to edit or remove a person
12. Select **Save & Continue** to proceed

NOTE: If the Facility Name is changed, upon application approval, a new Certificate will be issued and needs to be downloaded/printed from the portal

Health Care Health Care Institution Info Update Application

✓
Update
License History
Documents
Signature
Review

Facility Information

* Facility Name
Dracula's Healthcare Facility

* Owning Entity
Dracula's Health Facility

Corporate Officer/Partner/Manager Details (1) *

For Corporations, please list the name and title of each corporate officer below.
For Partnerships, please list the name of each partner below.
For Limited Liability Companies, please list the name of the designated manager, or if no manager is designated, the names of any two (2) members of the limited liability company.
For Governmental Agencies, please list the name and title of the individual in charge of the governmental agency or the name of the individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency.

Name Count Dracula	Title Owner	Requested Change No Change
-----------------------	----------------	-------------------------------

Back
9
10
11
12
Save & Exit
Save & Continue

13. Enter necessary details for License History information

14. Select **Save & Continue**

Health Care

Health Care Institution Info Update Application

✓

✓

License History

Documents

Signature

Review

License History

13

* Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended? Note: This would include any health care institution license in any state/country/jurisdiction.

--None--

Please indicate whether the license was denied, revoked, or suspended

--None--

Reason for the denial, revocation, or suspension, including the name and license number of the health care institution license that was denied, revoked, or suspended

Date of the denial, revocation, or suspension

Name and address of the licensing agency that denied, revoked, or suspended the license

* Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended? Note: Examples may include an assisted living facility manager's certificate or any license/certificate issued by a Board of Nursing, Medical Board, etc... in any state/country/jurisdiction.

--None--

Please indicate whether the license/certificate was denied, revoked, or suspended

--None--

Reason for the denial, revocation, or suspension, including the name of the individual and their license/certificate number that was denied, revoked, or suspended

Date of the denial, revocation, or suspension

Name and address of the licensing/certification agency that denied, revoked, or suspended the license/certificate

Back

Save & Exit

Save & Continue

14

15. Upload documentation as needed

16. Select **Save & Continue** to proceed

Health Care

Health Care Institution Info Update Application

✓

✓

✓

Documents

Signature

Review

Upload Supporting Documentation

Other Documentation Supporting Requested Change

15

Upload Files

Or drop files

Back

Save & Exit

Save & Continue

16

3-24

17. The Signature is the next page

18. The Designated Person can select whether to upload a signed attestation (form is available when checkbox is selected) OR

19. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

20. To digitally sign, use cursor to sign inside the designated box

21. Select **Accept** – to save the signature or Select **Clear** to redo the signature

22. Select **Save & Continue** to proceed

The screenshot shows the 'Signature' page of the 'Health Care Institution Info Update Application'. At the top, a progress bar indicates the current step. The page contains instructions for signing, a section for 'ATTESTATION' with a list of regulatory requirements, a signature box with 'Accept' and 'Clear' buttons, and a 'Completed Attestation' section with 'Upload File' and 'Or drag files' options. Red callout boxes with numbers 18, 20, 21, and 22 point to the 'Completed Attestation' section, the signature box, the 'Accept'/'Clear' buttons, and the 'Save & Continue' button respectively.

23. Review application details – select **Edit** to return to the specific page to edit

24. Select **Submit** to submit the application

The screenshot shows the 'Uploaded Documents' page. It features a 'Signature' section with a digital signature and a 'Completed Attestation' section with a 'Submit' button. Red callout boxes with numbers 23 and 24 point to the 'Edit' button in the 'Signature' section and the 'Submit' button in the 'Completed Attestation' section respectively.

3.7 Facility Closure Notification

Formal Closure Process for a Facility

Facility designated persons can submit a Facility Closure Notification to inform the bureau of a facility closure.

1. From the Main facility page, select the **Applications** tab
2. Select the **Permanent Closure Application** tile
3. The system will open the facility closure form
4. Review notification detail - Select **Continue** to proceed

The screenshot shows the 'Applications' tab selected in the left sidebar. The main area displays 'Available Applications' with four tiles: 'Alternate Licensing Fee Due Date Application', 'Change Application', 'Info Update Application', and 'Permanent Closure Application'. A red circle with the number '1' highlights the 'Applications' tab, and a red circle with the number '2' highlights the 'Permanent Closure Application' tile.

The screenshot shows a notification detail screen with the text: 'This application allows you to notify the Department of the planned permanent closure facility.' At the bottom right, there are two buttons: 'Cancel' and 'Continue'. A red circle with the number '4' highlights the 'Continue' button.

5. Review the Application Agreement Page – Select **Agree** to proceed

The screenshot shows the 'Application Agreement Page' with a checkbox for 'In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the Department to inform me of the error.' Below this, there is a section for 'Before beginning the application process, please have the following documentation available in digital format, for example, a .pdf, ready for upload (where applicable):'. The page includes various legal disclaimers and a red 'Agree' button at the bottom right.

6. Enter the **effective date** the site will be closing
7. Select **Save & Continue** to proceed

The screenshot shows the 'Facility Information Review' screen for 'Health Care Institution Permanent Closure Application'. It includes a progress bar with four steps: 'Facility Info', 'Documents', 'Signature', and 'Review'. The 'Facility Info' step is active. The form contains fields for 'Effective Date of the Changes' (Feb 6, 2025), 'Facility Name' (Dracula's Healthcare Facility), 'Facility Type' (General Hospital), 'License Number' (H7), 'Renewal Date' (1/13/2026), 'Physical Street Address' (123 E Camelback Rd), 'Physical City' (Phoenix), 'Physical State' (AZ), 'Physical City code' (85012), 'Physical County' (Maricopa), 'Dwelling Entity' (Dracula's Health Facility), 'Entity Mailing Address' (123 E Camelback Rd), 'Entity City' (Phoenix), 'Entity State' (AZ), 'Entity Zipcode' (85012), and 'Entity County' (Maricopa). A red circle with the number '6' highlights the 'Effective Date of the Changes' field. At the bottom right, there are two buttons: 'Save & Exit' and 'Save & Continue'. A red circle with the number '7' highlights the 'Save & Continue' button.

8. Upload documentation as needed
9. Select **Save & Continue** to proceed

10. The Signature is the next page

11. The Designated Person can select whether to upload a signed attestation (form is available when checkbox is selected) OR

12. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

13. To digitally sign, use cursor to sign inside the designated box

14. Select **Accept** – to save the signature or Select **Clear** to redo the signature

15. Select **Save & Continue** to proceed

17. Select **Submit** to submit the application

16

17

3.8 Alternate Licensing Fee Due Date

This application allows you to request a new licensing fee due date – this extension is only available once every three years

1. Select **Applications** from the left navigation menu
2. Select **Alternate Licensing Fee Due Date Application** to open the application
3. Review the notification and select **Continue** to proceed

Portal Selection > My Programs > Health Care > Dracula's Healthcare Facility 123

Dracula's Healthcare Facility 123
123 E CAMELBACK RD

Facility Details
Satellite Facilities
Facility Licenses
Applications
Application History
Facility Access
Inspections
Enforcements
Statements & Payments

If you don't see the application type you're looking for below, you or someone with access to this page may have already begun or submitted an application of that type.

Applications

Available Applications

Alternate Licensing Fee Due Date Application

Change Application

Permanent Closure Application

You can only request an anniversary extension once every three years.

Cancel Continue

4. Review Agreement page – select **Agree** to proceed

Health Care Alternate Licensing Fee Due Date Application

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes user consent to permit ADHS monitoring of user activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Health Care Forms for Hospice/Living Facilities
Health Care Forms for Intermediate Health Facilities
Health Care Forms for Long-Term Care Facilities
Health Care Forms for Medical Facilities
Forms for Group Homes for Individuals with Developmental Disabilities
Forms for Residential Supportive Group Homes
Forms for Senior Living Homes
Health Care FAQs for Hospice/Living Facilities
Health Care FAQs for Intermediate Health Facilities
Health Care FAQs for Long-Term Care Facilities
Health Care FAQs for Medical Facilities
FAQs for Group Homes for Individuals with Developmental Disabilities
FAQs for Residential Supportive Group Homes
FAQs for Senior Living Homes

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the Department to inform me of the error.

Pursuant to A.R.S. § 12-2704:

A. A person commits a criminal offense by knowingly:

1. Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license.
2. Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 1-2-301.
3. Unlawful falsification pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unlawful falsification pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 41-1000(B)(3)(F)(G):

B. An agency shall not have a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal governing compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

C. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and costs to the prevailing party.

D. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the civil service laws.

E. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Agree

5. Select the **Proposed Licensing Fee Due Date**

6. Enter **Reason for the Request**

7. Review Signature page details

8. The applicant can select whether to upload a signed attestation (form is available when checkbox is selected) OR

9. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

10. To digitally sign, use cursor to sign inside the designated box

11. Select **Accept** – to save the signature or
Select **Clear** to redo the signature

12. Select **Save & Continue** to proceed

13. Review page will present the application for additional review

14. Select **Submit** to complete the application and submit to the bureau for review

3.9 Applications in Action Required Status

Applications with Errors Require Revisions by Applicant – Including Final Payment

Applications that have missing information or errors will be set to the Action Required status by ADHS. This indicates that corrections must be made and submitted by the applicant before the application can be processed further. Applicants are given a set amount of time to correct and resubmit applications based on the issue type.

1. Once an application is set to Action Required, Applicants will receive notification via email, portal tiles and Application History tab updates

NOTE: To reopen an application from Action Required status either: select the link in the email, select the tile notification on the home page of the facility site or select the application from the Application History

The screenshot displays the ADHS portal interface. At the top, a notification banner reads "Initial Application Action Required" with a "NOTICE" icon and "Action Required - 60 days" for "Walter H Fromwell Jr" at "100 N CENTRAL AVE.". A "Mark All as Read" button is visible. Below the notification, the "Application History" table is shown with the following data:

Application Type	Applicant Name	Submitted	Status	Action Required Exp. Date
CC - Initial Center Application	Walter H Fromwell Jr	2/2/2022	Action Required	2/2/2024

2. Upon opening the application, a notification box will display at the beginning of the application noting all the issues found on the applications at this point in the review process
3. Applicants can edit existing fields or submit additional documents to correct the identified issues

NOTE: It is critical when resubmitting the application to go through the **ENTIRE** application to the final submit page to complete the resubmission process – otherwise the application will **NOT** be considered resubmitted

The screenshot shows the "Initial Center Application" page. A section titled "Application Issues" contains the following text:

Due: 6/2/2022

Your application has been received by the Child Care Program (Program), Arizona Department of Health Services (Department). The following issue(s) with your application were identified by the Program, making your application incomplete. Correct the items noted and **proceed through the ENTIRE application to the final submit page** to complete your resubmission.

Supplemental Requests

- SAMPLE: Motor vehicle insurance coverage must be provided for each vehicle used for transporting enrolled children.

3.10 Check Application Status & Deleting Applications

Applications drafted and submitted from the LMS can be viewed online

Application statuses and updates can be viewed from the portal. Users can delete applications in Not Submitted status.

1. Once logged into the LMS and in the facility account, select the **Application History** tab
2. All drafted and submitted applications related to the facility will display
3. To delete a Not Submitted application – select the **Delete** button next to the application

NOTE: Only applications in Not Submitted status are able to be deleted

The screenshot shows the 'Application History' page. On the left is a sidebar with navigation links: Applications, Application History (highlighted), Inspections, Enforcements, and Statements & Payments. A red circle with the number '1' is next to the 'Application History' link. The main content area has a header with 'Application History' and 'Count Dracula and Kids 400 E WINDSOR AVE'. Below the header is a search bar with the text 'Type search criteria and press Enter/Return key' and a search icon. To the right of the search bar are two dropdown menus: 'Facility-Related Applications' and 'All Statuses'. Below these is a table with columns: Application Type, Applicant Name, Submitted, Status, and Action Required Exp Date. The table contains one row with the following data: CC - Initial Center Application, Count Dracula, Not Submitted, 8/19/2022. A red circle with the number '2' is over the 'Submitted' column header, and another red circle with the number '3' is over the 'Delete' button in the 'Action Required Exp Date' column. The 'Delete' button is a small white button with a black border.

4. Once the Delete button is selected, a confirmation pop-up message will display – select Submit to confirm the deletion

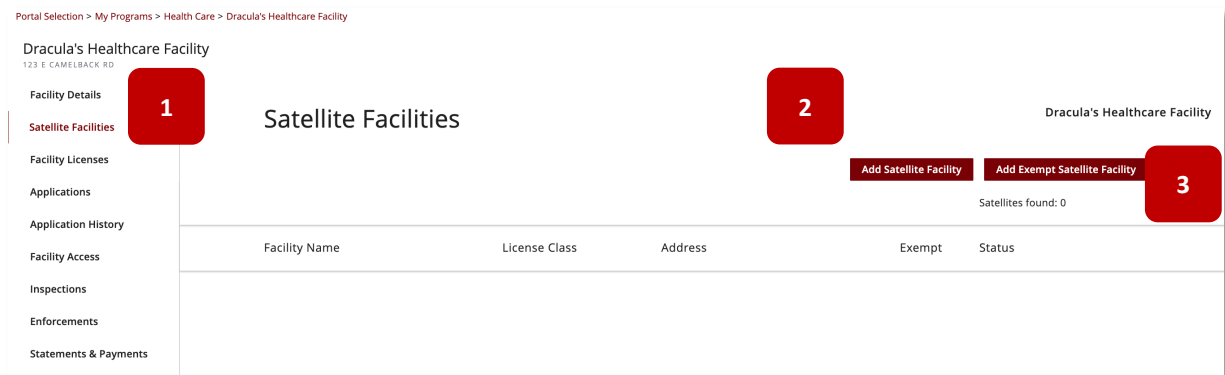
The screenshot shows a 'Delete Application' confirmation pop-up message. The title is 'Delete Application'. The main text is 'Are you sure you want to delete this application?'. At the bottom right are two buttons: 'Cancel' and 'Submit'. The 'Submit' button is a red button with white text, and the 'Cancel' button is a white button with a black border.

Section 4 - Satellite Facilities

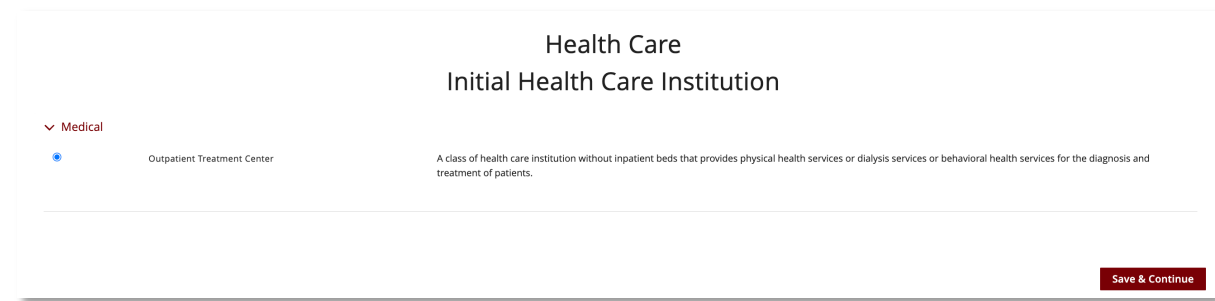
4.1 Add Satellite Facilities

Main facilities are able to link satellite facilities to the main license. This section will outline managing that facility.

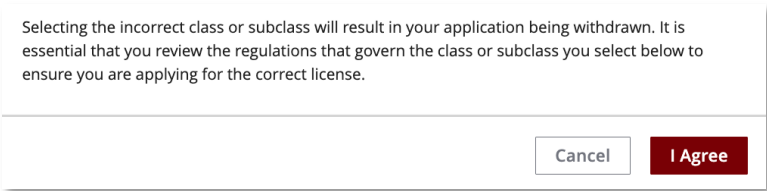
- 4. Select **Satellite Facilities** from the left menu
- 5. To add, select Add Satellite Facility



- 6. The satellite facility menu list will display based on licensing program type (this example is from Medical Facilities)
- 7. Select the **radio button** next to the desired satellite facility type
- 8. Select **Save & Continue** to proceed



- 9. Review the notification, select **I Agree** to proceed



- 10. Review the Application Agreement Page – Select **Agree** to proceed

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the Department to inform me of the error.

Provide the information necessary for the license/registration application. When complete, pay appropriate fees (if applicable) and submit. Your license/registration application will be reviewed by the appropriate regulatory body.

Before beginning the application process, please have the following documentation available in digital format, for example, a .pdf, ready for upload (where applicable):

All License Types

- Supporting Documentation

Pursuant to A.R.S. § 13-2704:

A. A person commits unsworn falsification by knowingly:

- Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license.
- Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 13-2801.

B. Unsworn falsification pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unsworn falsification pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I Agree

11. Complete the Applying Entity Information

12. Upon entering the Entity Mailing Address details, select **Validate Address**. Review the suggested address – the system will auto select the closest match by default.

Health Care

Initial Health Care Institution

Entity Info Previous Owner Facility Info Add'l Facility In... Responsible Pa... Responsible Pa... License History Services Supplemental Documents Signature Review

Applying Entity Information

8

* Business (Legal Entity) Name ?

Full legal name of individual or business organization requesting a license

* Type Of Organization

* Subtype Of Organization

* Federal Tax Identification Number

* Business Phone

* Business Email

Entity Mailing Address

* Mailing Street

Suite, Unit, etc

* City

* State/Territory

* Zip Code

Validate Address

9

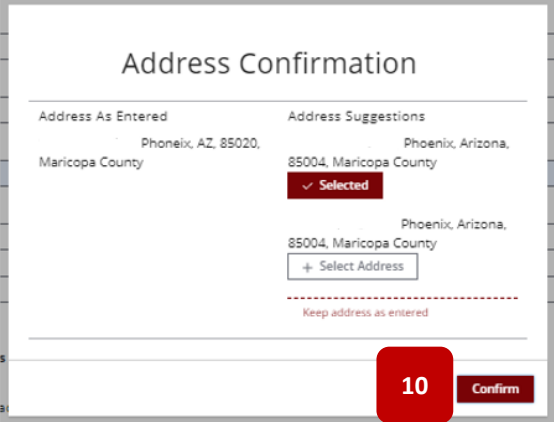
Back

Save & Exit

Save & Continue

13. Verify the address by selecting the **Confirm** button

If suggested addresses are incorrect, select **Keep Address as Entered** button – If errors on the address are found, users can select **Confirm** on the pop-up and select **Edit Address** from the application page to edit address fields



The image shows a pop-up window titled "Address Confirmation". It is divided into two main sections: "Address As Entered" and "Address Suggestions".

Address As Entered	Address Suggestions
Phoenix, AZ, 85020, Maricopa County	Phoenix, Arizona, 85004, Maricopa County
	<input checked="" type="radio"/> Selected
	Phoenix, Arizona, 85004, Maricopa County
	<input type="radio"/> + Select Address
	<input type="radio"/> Keep address as entered

At the bottom right of the pop-up, there is a red button with the number "10" and a "Confirm" button.

14. Enter the **Business Email** address

NOTE: This email address should be accessible to delegated users of the facility

15. Select **Add** to enter Corporate Officer/Partner/Manager Details
16. Enter appropriate details based on individual or agency
17. Select **Save** to confirm
18. Select the **drop-down carrot** to edit/remove the individual / agency
19. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application (Applicants will be able to retrieve saved applications from the Application Status tile from the main Licensing page)

Corporate Officer/Partner/Manager Details (1) *

For Corporations, please list the name and title of each corporate officer below.
 For Partnerships, please list the name of each partner below.
 For Limited Liability Partnerships, please list the name of each partner below.
 For Limited Liability Companies, please list the name of the designated manager, or if no manager is designated, the names of any two (2) members of the limited liability company.
 For Governmental Agencies, please list the name and title of the individual in charge of the governmental agency or the name of the individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency.

Name Title

Count Dracula Owner

Back Save & Exit Save & Continue

Add Corporate Officer/Partner/Manager Details

* Individual or Group

* First Name

* Last Name

* Title

Cancel Save

20. Next page is the **Previous Owner Information** – Select from the available options

21. Enter **Previous Owner's License** if applicable

22. Select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

Previous Owner

Previous Owner Information

* Indicate type of application

Previous Owner's License #

Save & Exit Save & Continue

23. Applying Facility Information is the next section

24. Enter all required fields as applicable

25. **Facility Primary Email** – this will be the designated email that will receive all communications regarding the facility going forward

26. Upon entering the Entity Mailing Address details, select **Validate Address**. Review the suggested address – the system will auto select the closest match by default.

27. Select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

✓ ✓ Facility Info Add'l Facility Info Responsible Parties Responsible Parties License History Services Supplemental Documents Signature Review

Applying Facility Information

* Facility Name (Doing Business As)

* Facility Primary Email * Facility Telephone Number Website

* Name of Primary Contact * Primary Contact Email * Primary Contact Telephone Number

Is your facility ready for an inspection? ☐ * If not, when will you be ready?

Is the health care institution requesting certification under the Title XIX of the Social Security Act (Medicaid)?

Facility Physical Address

* Street Suite, Unit, etc.

* City * State/Territory * Zip Code **Validate Address**

☐ Check if mailing address is different than physical address

Back Save & Exit Save & Continue

28. Enter all required Additional Facility Information

29. Add Administrative Hours of Operation – Select **Add**

Health Care
Initial Health Care Institution

✓ ✓ ✓ Add'l Facility Info Responsible Pa... Responsible Pa... License History Services Supplemental Documents Signature Review

Additional Facility Information

* Is this located in a leased facility? * Located 1/4 mile of agricultural land

Administrative Hours of Operation (1) *

To add Hours of Operation, click the 'Add' button. To edit/remove Hours of Operation you have recently added, click the dropdown arrow.

Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Administrative	12:00 AM - 8:15 AM	12:00 AM - 9:30 AM	12:00 AM - 12:15 PM					<div>Edit</div> <div>Remove</div>

Clinical Hours of Operation (0) *

To add Hours of Operation, click the 'Add' button. To edit/remove Hours of Operation you have recently added, click the dropdown arrow.

Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
								<div>Add</div>

Back Save & Exit Save & Continue

30. The Add Administrative Hours of Operation form will display – if no hours are established for a particular day, leave blank – select **Save** to confirm

31. Edit hours by selecting the **drop-down** menu to the right of the table

32. Repeat for **Clinical Hours of Operation**

Add Administrative Hours of Operation

27

Monday Start Time	Monday End Time
<input type="text"/>	<input type="text"/>
Tuesday Start Time	Tuesday End Time
<input type="text"/>	<input type="text"/>
Wednesday Start Time	Wednesday End Time
<input type="text"/>	<input type="text"/>
Thursday Start Time	Thursday End Time
<input type="text"/>	<input type="text"/>
Friday Start Time	Friday End Time
<input type="text"/>	<input type="text"/>
Saturday Start Time	Saturday End Time
<input type="text"/>	<input type="text"/>
Sunday Start Time	Sunday End Time
<input type="text"/>	<input type="text"/>

33. Enter Responsible Parties details

34. Select **Add** and enter all required information on the displayed form

35. Select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

Responsible Parties
Responsible Parties
License History
Services
Supplemental
Documents
Signature
Review

Responsible Parties

30

Statutory Agent (0) *

*Statutory Agent means the individual designated by the owner to accept service of process and subpoenas.
Please add only one. To add a Statutory Agent, click the 'Add' button. To edit/remove a Statutory Agent you have recently added, click the dropdown arrow.

Name
 Title
 Phone Number
 Mailing Address
 Suite, unit, etc.
 City
 State
 Zip Code

Governing Authority (0) *

*Governing Authority means the individual, agency, partners, group or corporation, whether appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
Please add only one. To add a Governing Authority, click the 'Add' button. To edit/remove a Governing Authority you have recently added, click the dropdown arrow.

Name
 Mailing Address
 Suite, unit, etc.
 City
 State
 Zip Code

Chief Administrative Officer (0) *

*Chief Administrative Officer means the individual implementing a governing authority's direction in a health care institution.
Please add only one. To add a Chief Administrative Officer, click the 'Add' button. To edit/remove a Chief Administrative Officer you have recently added, click the dropdown arrow.

Name
 Title
 Highest Educational Degree

31

32

39. Enter applicable License History details as appropriate

Health Care
Initial Health Care Institution

License History

36

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended? Note: This would include any health care institution license in any state/country/jurisdiction.

--None--

Please indicate whether the license was denied, revoked, or suspended

--None--

Reason for the denial, revocation, or suspension, including the name and license number of the health care institution license that was denied, revoked, or suspended

Date of the denial, revocation, or suspension

Name and address of the licensing agency that denied, revoked, or suspended the license

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended? Note: Examples may include an assisted living facility manager's certificate or any license/certificate issued by a Board of Nursing, Medical Board, etc. ... in any state/country/jurisdiction.

--None--

Please indicate whether the license/certificate was denied, revoked, or suspended

--None--

Reason for the denial, revocation, or suspension, including the name of the individual and their license/certificate number that was denied, revoked, or suspended

Date of the denial, revocation, or suspension

Name and address of the licensing/certification agency that denied, revoked, or suspended the license/certificate

Back

Save & Exit

Save & Continue

40. Enter **Scope of Services** and **Requested Capacity**

41. To add Service Details, select **Add**

42. Select appropriate **Service Category** and **Service Type**

43. Select **Save** to complete

44. Select **Save & Continue** to proceed

Health Care
Initial Health Care Institution

Facility Service Information

Scope of Services - The scope of services should include a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a resident/participant at the health care institution and should meet the requirements of all regulations governing the applicable health care institution class or subclass.

Complete this field.

The total licensed capacity requested by the applicant for the health care institution

The licensed capacity of individuals under 18 years of age requested by the applicant for the health care institution

Please identify and provide all medical staff specialties and subspecialties in a list *

Upload Files Or drop files

Services (0) *

Please add all services that apply. To add services, click the "Add" button on the table. To edit/delete services you have recently added, click the dropdown arrow.

Service Category Service Type Bed Capacity/Participant Capacity

Back

Save & Exit

Save & Continue

38

41

Add Services

Service Category

--None--

39

Service Type

--None--

Cancel

40

Save

45. Add colocator details – select **Add**
46. Enter all necessary details to the **Add Colocator** form
47. Once upload is complete, select **Done**
48. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application

Health Care
Initial Health Care Institution

Facility Supplemental Information

Colocators (0) **42** Add

Submit the following information for each proposed colocator that may share a common area and non-treatment personnel at the collaborating outpatient treatment center. Please add all that apply. To add a colocator, click the "Add" button. To edit/remove colocators you have recently added, click the dropdown arrow.

Name of Associated Licensed Provider	License Number	Class/Subclass of Facility	Name of Associated Licensed Provider's Governing A...

Back **45** Save & Exit Save & Continue

Add Colocators **43**

* Name of Associated Licensed Provider
Stark Legacy Care Center

License Number

* Class/Subclass of Facility
--None--
Complete this field.

* Name of Associated Licensed Provider's Governing Authority

Licensed Provider Submission Date

Date the associated licensed provider submitted to the department an initial license application for an outpatient treatment center or a counseling facility license.

* Will the associated licensed provider share medical records with the collaborating outpatient treatment center?
--None--

* Proposed Scope of Services

Cancel **44** Save

49. Next, Upload required documentation
50. Select the **Upload File** button

Health Care
Initial Health Care Institution

Upload Supporting Documentation

A copy of documents pertaining to the business organization *

- If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents

Upload Files **47**

Proof of citizenship

- If applicable, a copy of the owner's Arizona and Alien Status Facts, per A.R.S. § 1-501 and supporting documents required to be submitted along with this form (Date Proprietorship and Partnerships only)

Upload Files Or drop files

Notarized architecture attestation *

- If the health care institution or a part of the health care institution is required by A.A.C. Title 9, Chapter 10 to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01. Please provide a Notarized Architecture Attestation from an architect registered pursuant to Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department

Upload Files Or drop files

Compliance with applicable local building codes and zoning ordinances *

- Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or, if documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy in the applicable health care institution class or subclass (not applicable for Adult Behavioral Health Therapeutic Homes, Behavioral Health Respite Homes, or Nursing Supported Group Homes).

Upload Files Or drop files

Site plan *

- A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises

Upload Files Or drop files

Floor plan *

- A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures (i.e. toilets, hand-washing sinks, bathtubs, showers, etc.), each exit, and the location of each fire protection device (i.e. smoke detectors, fire extinguishers, sprinklers, fire alarms, etc.)
- Note: If the Physical Plant Standards in the Arizona Administrative Code include minimum square footage requirements for the facility (i.e. bedrooms, residential units, indoor activity spaces, etc.), please include the total square footage, excluding any areas that should not be included in the total calculation (i.e. closets, bathrooms, halls, storage areas, kitchens, etc.)

Upload Files Or drop files

The following residence forms can be used to calculate your licensing fees: *

- Assisted Living
- Behavioral Health
- Long-Term Care
- Medical

Upload Files Or drop files

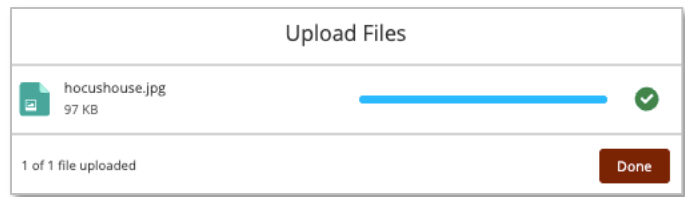
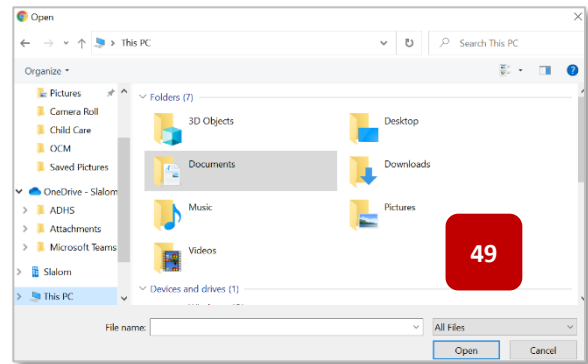
Back Save & Exit Save & Continue

51. **Local Files** window will appear – select desired file(s) to upload – multiple files can be selected (use the Ctrl key while selecting the files)

52. Select **Open**

53. Once upload is complete, select **Done**

54. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application



55. The Signature is the next

56. The Designated Person can select whether to upload a signed attestation (form is available when checkbox is selected) OR

57. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

58. To digitally sign, use cursor to sign inside the designated box

59. Select **Accept** – to save the signature or Select **Clear** to redo the signature

60. Select **Save & Continue** to proceed

61. The final page in the application will be the Review and Submit page
62. All details entered in the application will display for final review by the applicant – select **Edit Section** to return to that specific section to edit details
63. Select **Submit** to proceed to payment

NOTE: Payments for Foster Care and some other programs may not be required

Outdoor (Indoor Substitution) Activity Area(s)

Review **58**

Applying Entity Information [Edit Section](#)

Full Legal Name of Applying Entity *

ENTITY INFO NAME 472

Type Of Organization *

Public School

Subtype Of Organization *

None

Telephone Number *

3333333333

Email Address *

danny.sathone@azdhs.gov

Street Address *

100 N Central Ave

Suite, Unit, etc

City *

Phoenix

State *

AZ

Zip Code *

85004

County *

Maricopa

☐ Check if mailing address is different than physical address


Application Signature

Bart Simpson david.rosenbush@hhs-155@ig

I, Bart Simpson, attest that:

- I agree to allow the Department to submit supplemental requests for information.
- Pursuant to A.A.C. 18-5-202 (A), the applicant and the Department agree to extend the substantive review time frame and overall time frame if necessary. This will not exceed 25% of the overall time frame.
- I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with those statutes and rules.
- I am at least 21 years of age.
- I affirm that no Controlling Person or Responsible Party has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.
- Under penalty of law, I declare that the information provided in the application is accurate and complete.
- I have read and will comply with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter

I prefer to sign and upload an attestation form ☐ Write your signature in the box below to complete your agreement to do business electronically.



63

Back [Submit & Go to Payments](#)

4.2 Accessing Pending Satellite Facilities

Satellite facilities can be access via the main facility portal. If a satellite facility is pending, the facility is awaiting review by the bureau or further action to be completed by the applicant.

1. From the main facility page, select **Satellite Facilities**
2. Satellite Facilities will be displayed, with the current status (pending)
3. To access the pending application, select the **Facility Name**

Facility Details

Satellite Facilities

Facility Licenses

Applications

Application History

Facility Access

Inspections

Enforcements

Statements & Payments

Satellite Facilities

1

Dracula's Satellite Site

Dracula's Healthcare Facility

3

2

Exempt

Satellites found: 2

Add Satellite Facility

Add Exempt Satellite Facility

Facility Name	License Class	Address	Exempt	Status
Dracula's Satellite Site	Outpatient Treatment Center	.		Pending
Dracula's Healthcare Facility	Outpatient Treatment Center	123 E Camelback Rd, Phoenix, AZ 85012		Active

Dracula's Healthcare Facility

4. The satellite facility details will display
5. Select **Application History**

Portal Selection > My Programs > Health Care > Dracula's Healthcare Facility > Dracula's Healthcare Facility

Dracula's Healthcare Facility
123 E Camelback Rd
(LICENSE MANAGED BY DRACULA'S HEALTHCARE FACILITY)

Facility Details

Facility Information

License Managed By
Dracula's Healthcare Facility

Facility Name
Dracula's Healthcare Facility

Facility Type
Outpatient Treatment Center

Facility Email
david.rosebudhotel@gmail.com

Phone Number
(555) 555-5555

Name of Primary Contact
Mona

Primary Contact Email
david.rosebudhotel@gmail.com

Primary Contact Telephone Number
(555) 555-5555

Mailing Address

Mailing Address
123 E Camelback Rd

City
Phoenix

State
AZ

Zip Code
85012

Suite, Unit, etc.

6. The satellite facility details will display
7. Select **Application History**
8. Select **Facility/DBA** name to reopen the application

Facility Details	Application History								Dracula's Satellite Site
Facility Licenses	Type search criteria and press Enter/Return key								
Applications	Search								
Application History	Facility-Related Applications								(1 / 1) applications
Inspections	Facility/DBA	Physical Address	Application Type	Applicant Name	Submitted Date	Effective Date	Status	Action Required Exp Date	
Enforcements	Dracula's Satellite Site AZFA1738893415817786		HQ - Initial Application Outpatient Treatment Center	Count Dracula Portal			Not Submitted 2/7/2025		Delete
Statements & Payments									

4.3 Accessing Approved Satellite Facilities

Satellite facilities can be access via the main facility portal. If a satellite facility is approved, that facility’s details can be managed within the main facility’s portal

- 1. From the main facility page, select **Satellite Facilities**
- 2. Satellite Facilities will be displayed, with the current status
- 3. To access the facility, select the **Facility Name**

Facility Details

Satellite Facilities

Facility Licenses

Applications

Application History

Facility Access

Inspections

Enforcements

Statements & Payments

1

Satellite Facilities

Dracula's Healthcare Facility

Add Satellite FacilityAdd Exempt Satellite Facility

Satellites found: 2

Facility Name	3	License Class	Address	Exempt	Status
Dracula's Satellite Site		Outpatient Treatment Center	.		Pending
Dracula's Healthcare Facility		Outpatient Treatment Center	123 E Camelback Rd, Phoenix, AZ 85012	2	Active

Exempt

- 9. The satellite facility details will display
- 10. Refer to the tab details in a previous section

Portal Selection > My Programs > Health Care > Dracula's Healthcare Facility > Dracula's Healthcare Facility

Dracula's Healthcare Facility

123 E CAMELBACK RD

(LICENSE MANAGED BY DRACULA'S HEALTHCARE FACILITY)

Facility Details

Facility Licenses

Applications

Application History

Inspections

Enforcements

Statements & Payments

Facility Details

Edit Information

Facility Information

License Managed By

Dracula's Healthcare Facility

Facility Name

Dracula's Healthcare Facility

Name of Primary Contact

Moirá

Facility Type

Outpatient Treatment Center

Primary Contact Email

david.rosebudhotel@gmail.com

Facility Email

david.rosebudhotel@gmail.com

Primary Contact Telephone Number

(555) 555-5555

Phone Number

(555) 555-5555

Mailing Address

Mailing Address

123 E Camelback Rd

City

Phoenix

State

AZ

Zip Code

85012

Suite, Unit, etc.

SECTION 5 - Inspections

5.1 Inspections Scheduling

Some Bureau inspections may be scheduled with the Facility in order to ensure the appropriate attendance. If an inspection has been scheduled, the Facility will receive notice to confirm the pending inspection in order to proceed.

1. If an announced inspection is scheduled for the Facility, the Facility will receive email notice requesting confirmation of the scheduled **Inspection Date**
2. From the email, click the **link to navigate** to the Inspection Confirmation page



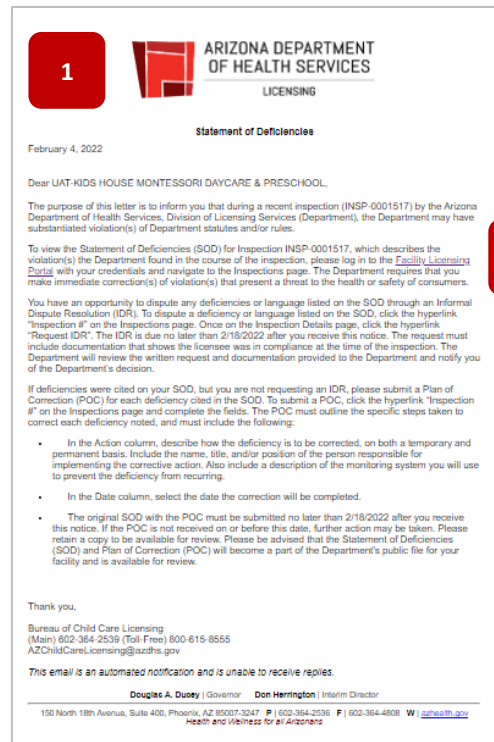
3. The Confirm Inspection page will appear in a new tab
4. Click the dropdown to **Accept** or **Reject** the Inspection date/time
5. If Reject is selected, enter a rejection reason
6. Click **Submit** to send the information to ADHS
7. The Facility will receive an email from ADHS once the inspection is confirmed

5.2 Viewing the SOD & Submitting a POC

Statement of Deficiency and Plan of Correction

The Statement of Deficiencies (SOD) will be sent following an inspection if deficiencies are found at the facility. Action is required at this time and a Plan of Corrections (POC) must be submitted for each deficiency found.

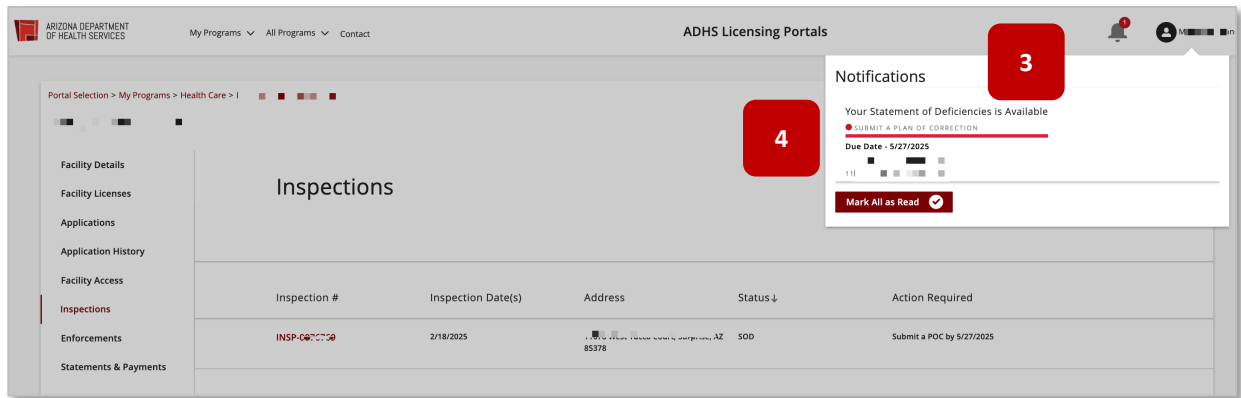
1. An email notification will be sent to the Designated Facility email address stating that the SOD is available in the Portal with instructions
2. Click the **Facility Licensing Portal** link in the email to login and view more information related to the SOD



3. Once logged into the Facility Licensing Portal, the SOD notification will appear on the Home page under the **Bell** icon

NOTE: The SOD notification will show the due date for the Plan of Correction (POC)

4. Click the **SOD** notification to be directed to the Inspections page



5. The Inspections page will appear with the Inspection Number listed as a line item

NOTE: The **Status** of the inspection will be listed as SOD (or Enforcement) and the **Action Required** column will show the appropriate action needed

6. In the Inspection # column, click the **Inspection Number** link to open the **Inspection Detail** page

Home

Facility Details

Certificates

Applications

Application History

Facility Access

Inspections

Enforcements

Statements & Payments

5

Inspections

PRESCHOOL
ESCALADA DRIVE

Records found: 4

Inspection #	Inspection Date(s)	Address	Status ↓	Action Required
INSP-0001326		162 NORTH ESCALADA DRIVE, SOD NOGALES, AZ 85621	SOD	Submit a POC by 2/16/2022
INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, SOD NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022
INSP-0001323	1/7/2022	162 NORTH ESCALADA DRIVE, SOD NOGALES, AZ 85621	SOD	Submit a POC by 2/7/2022
INSP-0001517	2/1/2022	162 NORTH ESCALADA DRIVE, SOD NOGALES, AZ 85621	SOD	Submit a POC by 2/18/2022

6

7. The **Inspection Detail** page will appear and will include the Initial Comments, Rosters, and list the Statement of Deficiencies related to the Inspection including the citation, the evidence documented by the Department, and any files or attachments that the Department has chosen to share

8. View the specific rule or statute that was identified as having deficiencies in the first column

9. View the comments and attached files (if applicable) in the second column from the paperclip icon

10. View the **Plan of Correction** section

11. Click on the notebook icon  to open the **Plan of Correction Action** page for each item

Home PRESCHOOL

Inspection Detail

<div style="background-color: red; color: white; padding: 2px; text-align: center; font-weight: bold;">7</div> Inspection # INSP-0001517	Inspection Date(s) 2/1/2022	Status SOD	Address DRIVE, NOGALES, AZ 85621
Initial Comments:			
<div style="background-color: red; color: white; padding: 2px; text-align: center; font-weight: bold;">8</div> Statement of Deficiency The following deficiencies were found during the inspection held on Feb 1, 2022 AAC R9-3-102.A. The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Chapter is set forth in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.		<div style="background-color: red; color: white; padding: 2px; text-align: center; font-weight: bold;">9</div> This is not good for Child Care. 0 file(s)	<div style="background-color: red; color: white; padding: 2px; text-align: center; font-weight: bold;">10</div> Plan of Correction (Due by Feb 18, 2022)
AAC R9-3-102.C.2. The substantive review time-frame described in A.R.S. § 41-1072 is set forth in Table 1.1 and begins on the date of the notice of administrative completeness. 2. As part of the substantive review for a request for approval of a change affecting a certificate that requires a change in the use of physical space at a child care group home, the Department shall conduct an inspection that may require more than one visit to the child care group home.		<div style="background-color: red; color: white; padding: 2px; text-align: center; font-weight: bold;">11</div> We can't tolerate this. 0 file(s)	Attachment(s) 0 file(s)

12. The **Plan of Correction Action** form will appear

13. Fill in the sections with the appropriate information regarding the action plan, including the Name, Title and/or Position of the Person Responsible, Permanent Solution, and Date when that permanent solution will be completed

NOTE: Items marked with * are required

14. Once complete, click **Save**

Plan of Correction Action

AAC R9-3-102.A.

* Name, title and/or Position of the Person Responsible

* Permanent Solution

* Date permanent correction will be complete

Cancel Save

15. Once the **Plan of Correction** Action plan has been added, the notebook icon will change from red to gray, showing that all required fields for that Action form have been completed

16. Click the **paper clip icon** to add any supporting files

17. The **POC Attachments** upload pop-up will appear

18. Click **Upload Files** to upload any supporting files

19. Click **OK** to save and attach files

20. Repeat the same process to complete any additional **Plan of Correction** actions that are needed.
Corrective action must be documented for each deficiency stated
21. Once all actions have been completed for each line item, click **Submit** to send the POC to ADHS for processing

Inspection Detail PRESCHOOL

Inspection #	INS-P-0001517	Inspection Date(s)	2/1/2022	Status	SOD	Address	DRIVE, NOGALES, AZ 85621
--------------	---------------	--------------------	----------	--------	-----	---------	--------------------------

Initial Comments:

Statement of Deficiency The following deficiencies were found during the inspection held on Feb 1, 2022	Request IDR	Plan of Correction (Due by Feb 18, 2022)
<p>AAC 89-9-102.A. The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Chapter is set forth in Table 1.1. The applicants and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.</p> <p>AAC 89-9-102.C.2. The substantive review time-frame described in A.R.S. § 41-1072 is set forth in Table 1.1 and begins on the date of the notice of administrative completeness. 2. As part of the substantive review for a request for approval of a change affecting a certificate that requires a change in the use of physical space at a child care group home, the Department shall conduct an inspection that may require more than one visit to the child care group home.</p>	<p>This is not good for Child Care.</p> <p>We can't tolerate this.</p>	<p>Actions</p> <p>Attachment(s)</p>

15 **16** **21**

Back Submit

22. ADHS will review the **Plan of Correction**
 23. If it is **Accepted**, an email notification will be sent to the Facility email address
 24. If any documented corrective actions are **Rejected**, an email notice will be sent stating that the **Plan of Corrections** has been rejected, and additional action is needed – a notification tile will also appear
- NOTE:** Upon processing completion or if a POC was rejected, you will receive an email from ADHS – To review the reason for rejection, select the **Action** button (step 6)
25. Navigate to the inspection to view any information that needs to be reviewed and corrected
 26. Notes from ADHS will appear in red text; correct the information per the comments from ADHS and follow the previous process (steps 16- 20) to **save and resubmit a POC**

Inspection Detail Dispensary 172

Inspection #	INS-P-0000192	Inspection Date(s)	3/2/2021	Status	SOD	Address	1212 N Barkley, Mesa, AZ 85203
--------------	---------------	--------------------	----------	--------	-----	---------	--------------------------------

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021

<p>POC Rejected A.R.S. 36-2806(G) G. A nonprofit medical marijuana dispensary shall not allow any person to consume marijuana on the property of the nonprofit medical marijuana dispensary.</p>	<p>Marijuana was being consumed.</p>	<p>Plan of Correction (Due by Mar 16, 2021)</p> <p>Actions</p> <p>Attachment(s)</p>
--	--------------------------------------	---

25 **26**

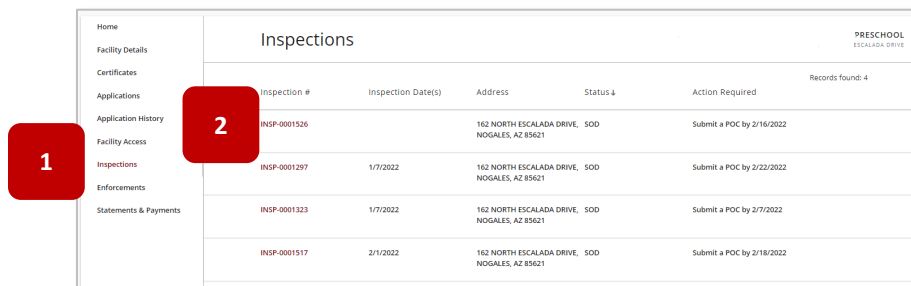
Back Submit

5.3 Submitting an IDR

Informal Dispute Resolution

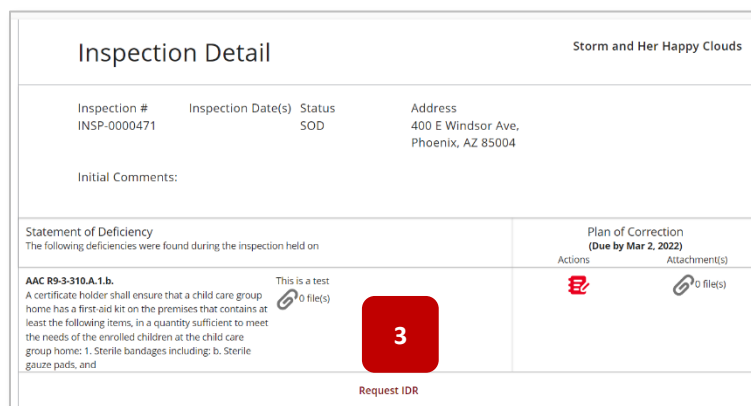
For some inspections, an Informal Dispute Resolution (IDR) can be requested after a Statement of Deficiency (SOD) has been sent to the Facility following an Inspection. To dispute a deficiency listed on the SOD, a Facility can request an IDR. An IDR may only be submitted once and cannot be submitted when the inspection occurs from an application.




1. To submit an IDR, click the **Inspections** tab in the Facility Licensing Portal
2. Click on the **Inspection Number** to open the inspection



Home	Inspections					PRESCHOOL ESCALADA DRIVE
Facility Details	Inspection #	Inspection Date(s)	Address	Status	Action Required	Records found: 4
Certificates	INSP-0001526		162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/16/2022	
Applications	INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022	
Application History	INSP-0001323	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/7/2022	
Facility Access	INSP-0001517	2/1/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/18/2022	
Inspections						
Enforcements						
Statements & Payments						

3. From the Inspection Detail page, click **Request IDR**



Inspection Detail		Storm and Her Happy Clouds
Inspection # INSP-0000471	Inspection Date(s) SOD	Address 400 E Windsor Ave, Phoenix, AZ 85004
Initial Comments:		
Statement of Deficiency The following deficiencies were found during the inspection held on		Plan of Correction (Due by Mar 2, 2022)
AAC R9-3-310.A.1.b. A certificate holder shall ensure that a child care group home has a first-aid kit on the premises that contains at least the following items, in a quantity sufficient to meet the needs of the enrolled children at the child care group home: 1. Sterile bandages including: b. Sterile gauze pads, and		Actions 
This is a test  0 file(s)		Attachment(s)  0 file(s)
Request IDR		

4. The guidelines pertaining to an IDR will appear on the screen and the IDR table will replace the POC information

NOTE: To cancel the IDR request, click **Cancel IDR**

5. Click the **notebook icon** to dispute a specific deficiency

NOTE: One item, or all items listed may be disputed. An IDR can only be requested once and cannot be requested if a POC has already been submitted

Inspection Detail Storm and Her Happy Clouds

Inspection # INSP-0000471	Inspection Date(s) SOD	Status SOD	Address 400 E Windsor Ave, Phoenix, AZ 85004
------------------------------	---------------------------	---------------	--

Initial Comments:

4

Statement of Deficiency The following deficiencies were found during the inspection held on An IDR may only be requested once. You must enter a reason for any item being disputed prior to submitting	Informal Dispute Resolution (Due by Mar 2, 2022) Reason Attachment(s)
AAC R9-3-310.A.1.b. A certificate holder shall ensure that a child care group home has a first-aid kit on the premises that contains at least the following items, in a quantity sufficient to meet the needs of the enrolled children at the child care group home: 1. Sterile bandages including: b. Sterile gauze pads, and	This is a test 0 file(s)

5

Cancel IDR

6. Enter notes indicating why you are disputing the deficiency in the IDR Reason pop-up

NOTE: Prior to submitting the IDR, users must enter a reason for each item being disputed

7. Click **OK**

6

7

IDR Reason

AAC R9-17-320(A)(1)

Enter Reason for IDR

Cancel OK

8. The **notebook icon** will turn gray once a reason for IDR has been entered

9. Click the **paperclip icon** to add any necessary files to support the reason for the dispute

10. Repeat the steps if additional deficiencies are being disputed

11. Once all relevant disputed reasons and files have been added, click **Submit**

Inspection Detail Dispensary 173

Inspection # INSP-0000202	Inspection Date(s) 3/2/2021	Status SOD	Address 1228 N Terrillin, Mesa, AZ 85207
------------------------------	--------------------------------	---------------	--

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021
An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting

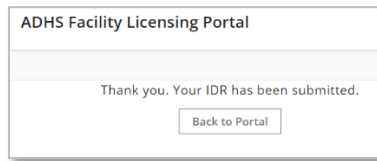
8

9

11

12. A message will appear stating that the **IDR has successfully been submitted**

NOTE: Once the IDR has been accepted or rejected, you will receive email notice from ADHS



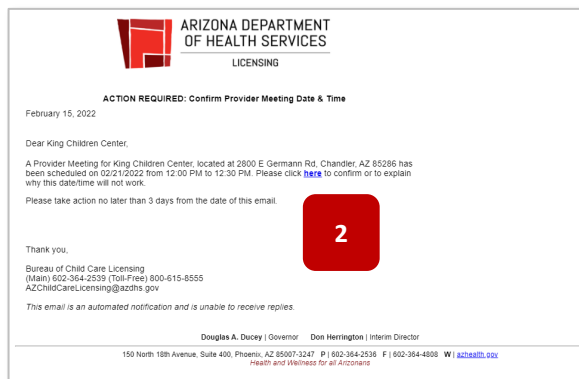
SECTION 6 - Enforcements

6.1 Scheduling a Provider Meeting

1. In some cases, the Bureau will schedule a meeting with the Facility to discuss the Enforcement Action being taken. In these cases, an email will be generated to the Facility to confirm the date / time of the Provider Meeting

NOTE: Some licensing programs utilize emails to determine enforcement details

2. Click on the **link** to open the scheduling confirmation page
3. **Accept or Reject** the proposed date/time using the **dropdown** provided
4. If **Reject** is chosen, an explanation is required for why the date / time of the scheduled Provider Meeting will not work



Confirm Provider Meeting

Address
150 N 18th Ave # 400, Phoenix, AZ 85007

Scheduled Date/Time
Date
2/21/2022
Time
12:00 PM - 1:00 PM

* Accept/Reject Provider Meeting
Accept

Submit

5. If accept is chosen, enter the name and title of any Attendees

NOTE: A Licensee is **required** to be present

6. Click **Submit** to send your response to ADHS

Confirm Provider Meeting

Address
150 N 18th Ave # 400, Phoenix, AZ 85007

Scheduled Date/Time
Date
2/21/2022
Time
12:00 PM - 12:30 PM

* Accept/Reject Provider Meeting
Accept

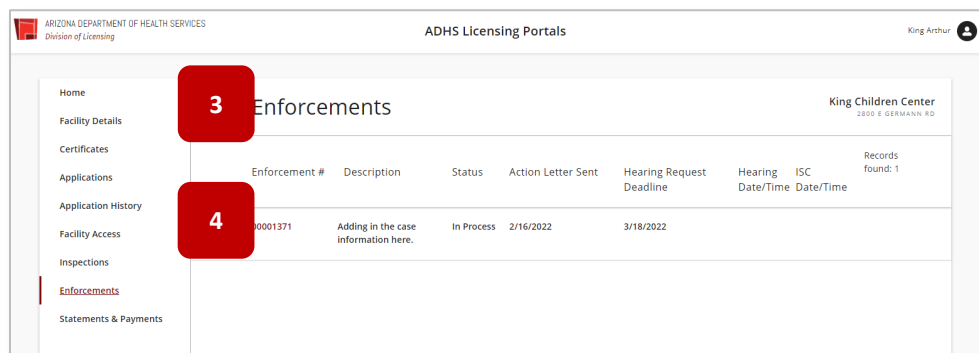
Attendees

* First Name	* Last Name	* Title	Add
Joe	Smith	Licensee	

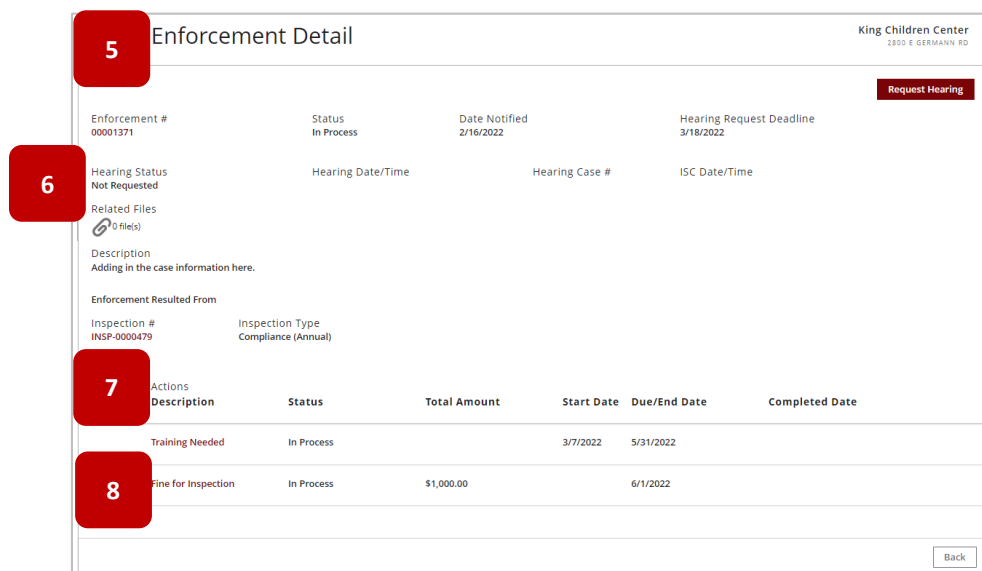
Submit

6.2 Viewing an Enforcement

1. Once the **Provider Meeting** has taken place, the Bureau will post the Enforcement in the portal
2. If an agreement was reached during the Provider Meeting and Enforcement Action finalized, the Facility will receive an **email notice** indicating that the **Enforcement Agreement** is available in the portal
3. The **Enforcements** page will appear with a list of all related enforcement actions
4. To view more information regarding a specific enforcement action, click the **Enforcement #** link to open the **Enforcement Detail** page



5. The **Enforcement Detail** page will appear
6. View all of the information related to the Enforcement on the page
7. View the **Actions** associated with the Enforcement in the bottom section
8. Click on the **Description Link** in the Actions section to view the required action



9. The **Action Detail Page** will appear for the action selected

10. Depending on the type of Enforcement Action, the Action detail page may display required Civil Penalty payments or Action Items required of the Facility
11. To submit the correction response for an **Action Item**, enter any relevant files in the Attachments section or comments in the Comments section by clicking on the notebook icon
12. Click **Submit** to send the Action Item(s) to ADHS for review

9 Action Detail

Enforcement Demo Account
100 N 7TH AVE

Description	Status	Start Date	End/Due Date	Completed Date	Related Files
Required Training	In Process	2/11/2022	2/11/2022		

Due Date	Status	Attachments	Comments	Completed Date
2/11/2022	Not Submitted	0 file(s)		

12 Submit

11

13. Return to the **Enforcement Detail** page and select any additional **Actions**

Enforcement Detail

King Children Center
2000 S GERMANS RD

Request Hearing

Enforcement #	Status	Date Notified	Hearing Request Deadline
00001371	In Process	2/16/2022	3/18/2022

Hearing Status	Hearing Date/Time	Hearing Case #	ISC Date/Time
Not Requested			

Related Files
0 file(s)

Description
Adding in the case information here.

Enforcement Resulted From
Inspection # INSP-0000479 Inspection Type Compliance (Annual)

Actions	Description	Status	Total Amount	Start Date	Due/End Date	Completed Date
13	Training Needed	In Process		3/7/2022	5/31/2022	
	Fine for Inspection	In Process	\$1,000.00		6/1/2022	

Back

14. Once the submissions are reviewed, if ADHS is satisfied with the submission(s) for a non-monetary case action item, the Action will show as **complete**
15. If ADHS is **NOT** satisfied with the submission, the Facility will receive an email notice indicating that they must **resubmit the Action Item**
16. From the email, click on the **Facility Licensing Portal** link to be taken to the portal
17. Navigate to the **Enforcement Detail** page, and then to the **Action Detail** page
18. The rejection reason will appear when the Facility clicks on the comments field for the Action Item that was rejected
19. To resolve, edit comments and add any new attachments needed to resubmit the action item

20. For a **Civil Penalty Case Action**, the Action Detail Page will show the upcoming required payments, which the user can pay entirely or partially with the following options:
- Amount Due
 - Balance
 - Other

21. Click the **Pay** button to make a payment

Action Detail					King Children Center 2800 E GERMANN RD
Description	Status	End/Due Date	Completed Date	Related Files	
Fine for Inspection	In Process	6/1/2022			
Next Payment Date	Total Amount	Total Remaining			
2022-03-01	\$1,000.00	\$1,000.00		Pay	

22. Continue in the **Statements & Payments** section for more information on payments

23. Once the payment has been made, the total remaining will reflect the update

24. The Enforcement Case will be updated to complete once all payments in the payment plan have been paid showing no remaining balance and/or any associated action items have been fully completed and accepted

SECTION 7 - STATEMENTS & PAYMENTS

Submit Payments Online

Certain enforcements may result in a monetary Civil Penalty, Application Fees, and more. The related invoice can be found in the Statements & Payments tab of the Facility Licensing Portal.

1. To make a payment, locate the appropriate **Invoice** within the **Statements & Payments** tab or by clicking through the **Enforcement Action**
2. Click the **Invoice #** to be taken to the Invoice Detail Page
3. View all information related to the invoice on the **Invoice Detail** page
4. **Scheduled payments** will be listed in the bottom section
5. To pay, click on the **payment amount** or select the “**other**” option

The screenshot shows the 'Invoice Detail' page. On the left is a navigation menu with items: Home, Facility Details, Certificates, Applications, Application History, Facility Access, Inspections, Enforcements, and Statements & Payments. A red box with the number '1' highlights the 'Statements & Payments' menu item. The main content area is titled 'Invoice Detail' (with a red box '2' on the title). It displays invoice information: Invoice # INV-000059, Status Sent, Total \$1,000.00, Balance \$1,000.00, Due 06/01/2022, and Selected Payment: \$0.00. Below this is a section for 'Description' with 'Related to Enforcement 00001371' and a 'Payment Plan' section. A red box '3' highlights the 'Description' area. To the right, there is a 'Select Payment Amount' section with radio buttons for '\$250.00 (Amount Due on 03/01/2022)', '\$1,000.00 (Balance)', and 'Other', along with a 'clear selection' link. A red box '5' highlights this selection area. Below the description is a 'Payment Schedules' section (with a red box '4' on the title) containing a table of due dates and amounts. A 'Submit Payment' button is visible on the right side of the page.

Due Date	Status	Amount Due	Amount Remaining
03/01/2022	Due in 13 Days	\$250.00	\$250.00
04/01/2022	Due in 44 Days	\$250.00	\$250.00
05/01/2022	Due in 74 Days	\$250.00	\$250.00
06/01/2022	Due in 105 Days	\$250.00	\$250.00

6. When the **payment amount** has been selected, the **Submit Payment** button will illuminate
7. Click **Submit Payment** to submit the payment to ADHS

This close-up shows the 'Selected Payment: \$250.00' header. Below it is the 'Select Payment Amount' section with radio buttons. The first option, '\$250.00 (Amount Due on 03/01/2022)', is selected. Other options are '\$1,000.00 (Balance)' and 'Other', with a 'clear selection' link below them. A red box '6' highlights the selected radio button. At the bottom, a red box '7' highlights the 'Submit Payment' button, which is now highlighted in red.

8. The confirmation screen will appear with the **Payment Amounts Selected** listed

9. Click **Next** to proceed

Payment Amounts Selected

Invoice #	Amount
INV-000059	\$250.00

Total Amount: \$250.00

Cancel Next

10. Enter **Payment Information** to complete the payment

State of Arizona Checkout Utility
State of Arizona

Payment Information

CHECKOUT - PAYMENT INFORMATION

*First Name *Last Name

*Billing Address *City

*State *Zip

---Click to Select---

*Email *Phone Number

☒ Credit Card
☐ Electronic Check

*Credit Card Number

*Expiration Date *CVV/CVV2

Months Year

Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.

11. Once the payment has been successfully submitted, the **Payment Confirmation Screen** will appear

Payment Confirmation

11 Success! The payment has been processed and your application is now in our queue. An email confirmation has been sent to you with payment confirmation and next steps information.

Back to Portal

12. The **Total Remaining** for the penalty will be reflected to update the current amount

Action Detail

King Children Center
2800 E GERMANN RD

Description	Status	End/Due Date	Completed Date	Related Files
Fine for Inspection	In Process	6/1/2022		

Next Payment Date	Total Amount	Total Remaining	
2022-04-01	\$1,000.00	\$750.00	Pay

SECTION 8 - Self-Reports

8.1 Submitting a Self-Report

Some events may require facilities to submit a Self-Report to the bureau. For additional details on requirements for self-reporting, refer to [A.A.C. Title 9, Chapter 10](#) for guidance. For federal requirements (Long-Term Care Facilities), please consult the Facility Reported Incident Forms: [Initial Report](#) & [Follow-up Investigation Report](#).

1. Once logged into the facility account, select the **Self-Reports** tab
2. To start a report, select **Report an Incident** button

Portal Selection > My Programs > Health Care > Matt's Test General Hospital

Matt's Test General Hospital
6307 QJCIZ STREET

Facility Details
Satellite Facilities
Facility Licenses
Applications
Application History
Facility Access
Inspections
Enforcements
Statements & Payments
Self-Reports

Self-Reports

Please submit a self-report per state and federal requirements. Note that federal requirements apply solely to Long-Term Care facilities. To determine if your facility needs to submit a self-report to the department, refer to [A.A.C. Title 9, Chapter 10](#) for guidance. For federal requirements, please consult the "Facility Reported Incident Forms - Initial Report & Follow-up Investigation Report."

Matt's Test General Hospital
6307 QJCIZ STREET
Records found: 2
Report an Incident

Case Number	Incident Date/Time	Complainant Name	Description	Submitted Date
00129695	6/2/2025, 04:24 PM	Matt Billups	dsafsdsc	6/25/2025, 04:24 PM
00129702	7/9/2025, 11:01 AM	Frank Furt	Death	7/9/2025, 11:02 AM

3. Self-Report Complaint form will display - Facility Information is prepopulated based on the facility account
4. Provide all required information, select the applicable rule by selecting the radio button related to the appropriate rule - include as much detail as possible
5. To add Involved Party, Location details – select the **Add** button to open the form and update
6. Once all information is filled out, select **Submit**

Once submitted, the Self-Report record will display on the Self-Report page in the list view

Portal Selection > My Programs > Health Care > Matt's Test General Hospital

Matt's Test General Hospital
6307 QUIZ STREET

ARIZONA DEPARTMENT OF HEALTH SERVICES

Self-Report Complaint

Please remain on this page, as any entered information will not be saved. It must be completed in one session.

Facility Information

* Facility Name
Matt's Test General Hospital

Facility Phone Number
335-142-3831

License Number
H000002

* Facility Address
6307 Quiz Street

Suite, Unit, etc.

* City
Uhhdyesbox

* State
AZ

* Zip Code
79805

Complaint Information

* Please select an Applicable Self-Report Rule

☐ **R9-10-120.C.3. Opioid Prescribing and Treatment**
C. An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:
3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter 1, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the health care institution learns of the patient's death; and

☒ **R9-10-120.F.3. Opioid Prescribing and Treatment**
F. For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, a medical director, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter 1, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and

* Date and Time of Alleged Incident/Violation

* Briefly describe the complaint and include ALL concerns below (include all details, such as dates/time, room name#, names of employees present, etc.)

Are you aware of any Evidence? If yes, describe the evidence.

Please attach any evidence such as supporting documentation or pictures relevant to the complaint.

Upload Files Or drop files

Have you contacted the licensee/owner and/or manager/director of the facility?

Have you contacted other agencies (APS, Law Enforcement, etc)? If yes, which agency(ies) and what was the result?

Involved Party (0)

To add an involved party, click the 'Add' button. To edit or remove an involved party, click the dropdown arrow and choose an option.

Type First Name Last Name Date of Birth Additional Comments

Location (0)

To add a location, click the 'Add' button. To edit or remove a location, click the dropdown arrow and choose an option.

Room/Location Name Room/Location Number Additional Comments

Complainant Information

* First Name
QA-Testing

* Last Name
H01-GH-Applicant-Ugg-hygn

Address (Number and Street)

City State Zip Code

By submitting this form electronically, I attest that the information submitted is accurate and true.

Submit Back to List

For Long-Term Care Facilities

NOTE: Long-Term Care Facilities will be required to submit upload the Follow-Up Investigation Report within five business days of the initial self-report.

- LTC Facilities can upload the Follow-Up Investigation Report from the Self-Reports main page – from the list view, the report form is available from the link on the page

8. Once filled out, upload the file by selecting the **paperclip icon** next to the associated Self-Report record
9. The upload tool will display, select **Upload Files** and select the appropriate file
10. Select **Ok** once selected – the number next to the paperclip icon will update

Portal Selection > My Programs > Health Care > QA-Testing Health Care-Nursing Care Institution-Awasq

QA-Testing Health Care-Nursing Care Institution-Awasq
2525 PARK STREET

Facility Details
Facility Licenses
Applications
Application History
Facility Access
Inspections
Enforcements
Statements & Payments
Self-Reports

Self-Reports

Please submit a self-report per state and federal requirements. To determine if your facility needs to submit a self-report to the department, refer to **Title 9, Chapter 10** for guidance.

For federal requirements, please consult the "Facility Reported Incident Forms - **Follow-up Investigation Report**."


QA-Testing Health Care-Nursing Care Institution-Awasq
2525 PARK STREET
Records found: 3
Report an Incident

Case Number ↓	Incident Date/Time ↓	Complainant Name ↓	Description ↓	Submitted Date ↓	Follow-Up Investigation Report
00129704	7/9/2025, 01:44 PM	QA-Testing HCI-NCI-Applciant-Qaw-Abire	test	7/11/2025, 01:45 PM	0 file(s)
00129698	6/30/2025, 04:27 PM	QA-Testing HCI-NCI-Applciant-Qaw-Abire	Briefly describe the complaint and include ALL concerns below (include all details, such as dates/time, room name/#, names of	6/30/2025, 04:29 PM	3 file(s) 8
00129696	6/3/2025, 04:38 PM	Matt Billups	disclog	6/25/2025, 04:38 PM	0 file(s)

9

Follow-Up Investigation Report Attachments

Follow-Up Investigation Report Attachment

 **Upload Files** Or drop files

10

Cancel **Ok**