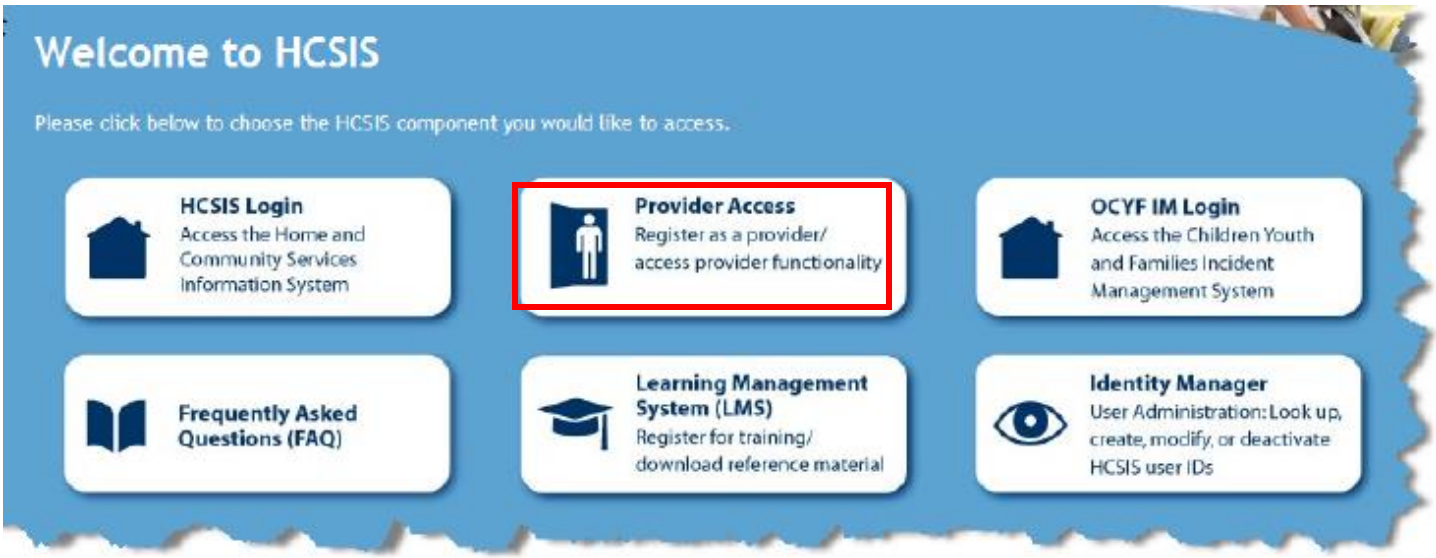
SUBMITTING AN ADDENDUM – ADD LOCATION

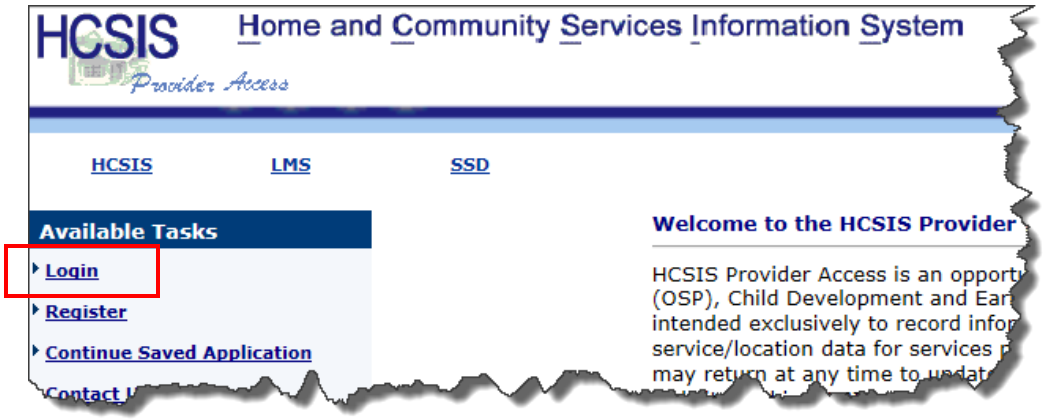
This job aid is designed to help providers understand when and how to process an Application with the purpose of "Add Addendum to Certificate".

Note: *Addendum Applications are submitted by providers who wish to add one or more additional locations to an already existing certificate.*

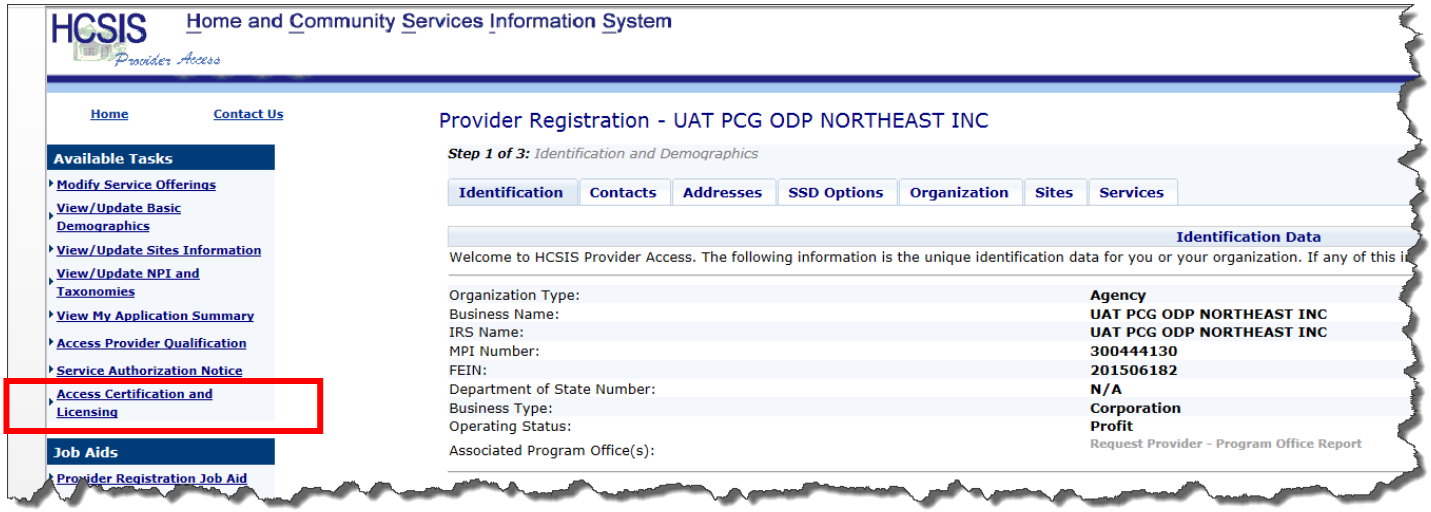
IMPORTANT:
It is critical that all new service locations be added in HCSIS prior to submitting an Addendum application in CLS. The Addendum application is used only to add new service locations to an active provider; it is NOT used to close or remove service locations from a certificate. If it is necessary to close or remove a service location, contact the regional office.



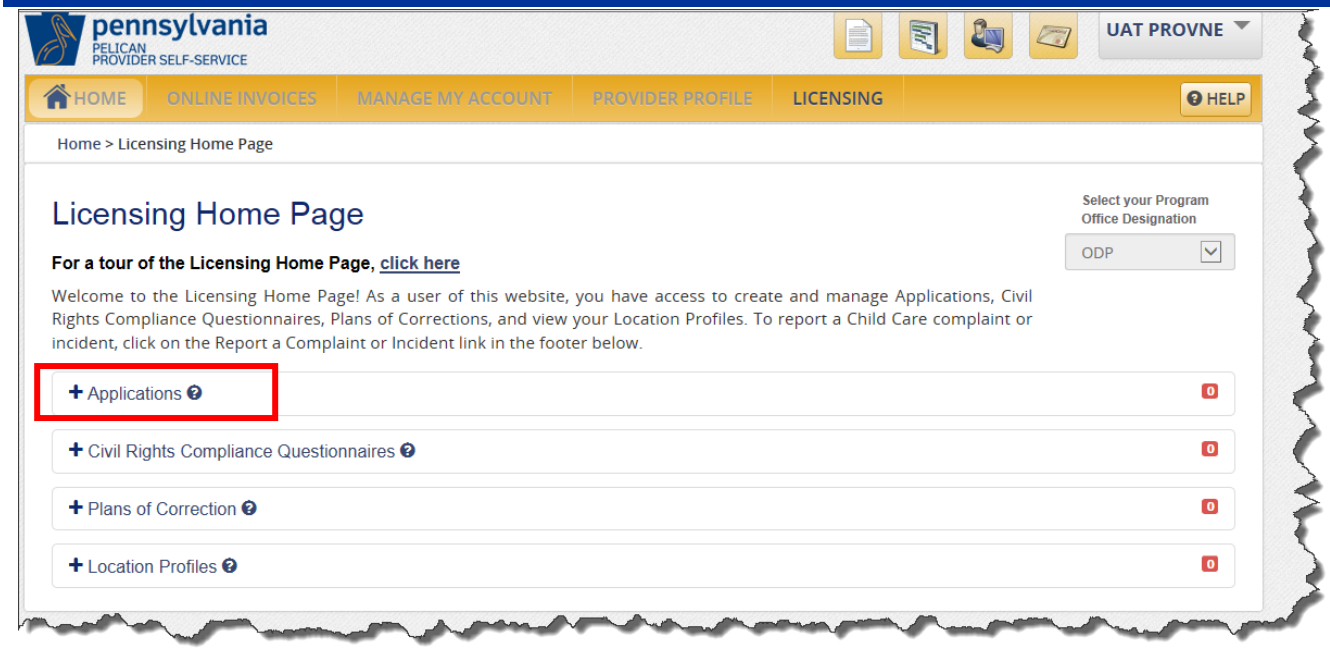
1. Access the HCSIS Provider Portal.
2. Click Login and enter required credentials into Keystone.



3. The Legal Entity Information will display. Access Certification and Licensing by clicking the link under Available Tasks.



4. The Provider Self-Service Licensing Home Page displays. Click on Applications.



5. Click on CREATE APPLICATION to begin the Add Addendum application.

6. The Certification Application: Get Started page displays. Enter the requested information. Notice that when Add Addendum is selected as the application purpose, no other changes can be made to the legal entity. The current locations for the Legal Entity will display at the bottom of the screen. Click the radio button to select the Provider Certification Identification Number (PCID) you want to add new locations to on this application.

Certification Application: Get Started

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For a tour of the application process, click here

Please complete the survey below and press "Get Started" to apply for certification online.

1. Please enter your legal entity details.

City: Gillett
County (required): Bradford
ZIP Code (required): 16925

2. What would you like to do? Select all that apply. (required)

- [ ] Open/Operate a New Location
- [ ] Renew Certification/Registration
- [ ] Change Facility Name
- [ ] Change Name of Operator
- [ ] Change Facility Postal Address
- [ ] Change Profit or Nonprofit Status
- [ ] Increase or Decrease in Facility Capacity
- [x] Add Addendum to Certificate
- [ ] Change Provider Type

3. What type of facility do you/would you like to operate? (required): Family Living Homes

4. What is or will be your business ownership structure? (required): Corporation

5. Is/will your business be formed under laws other than Pennsylvania laws? (required) ○ Yes ◉ No

6. Are you naming your facility something different than your legal entity name? (required) ◉ Yes ○ No

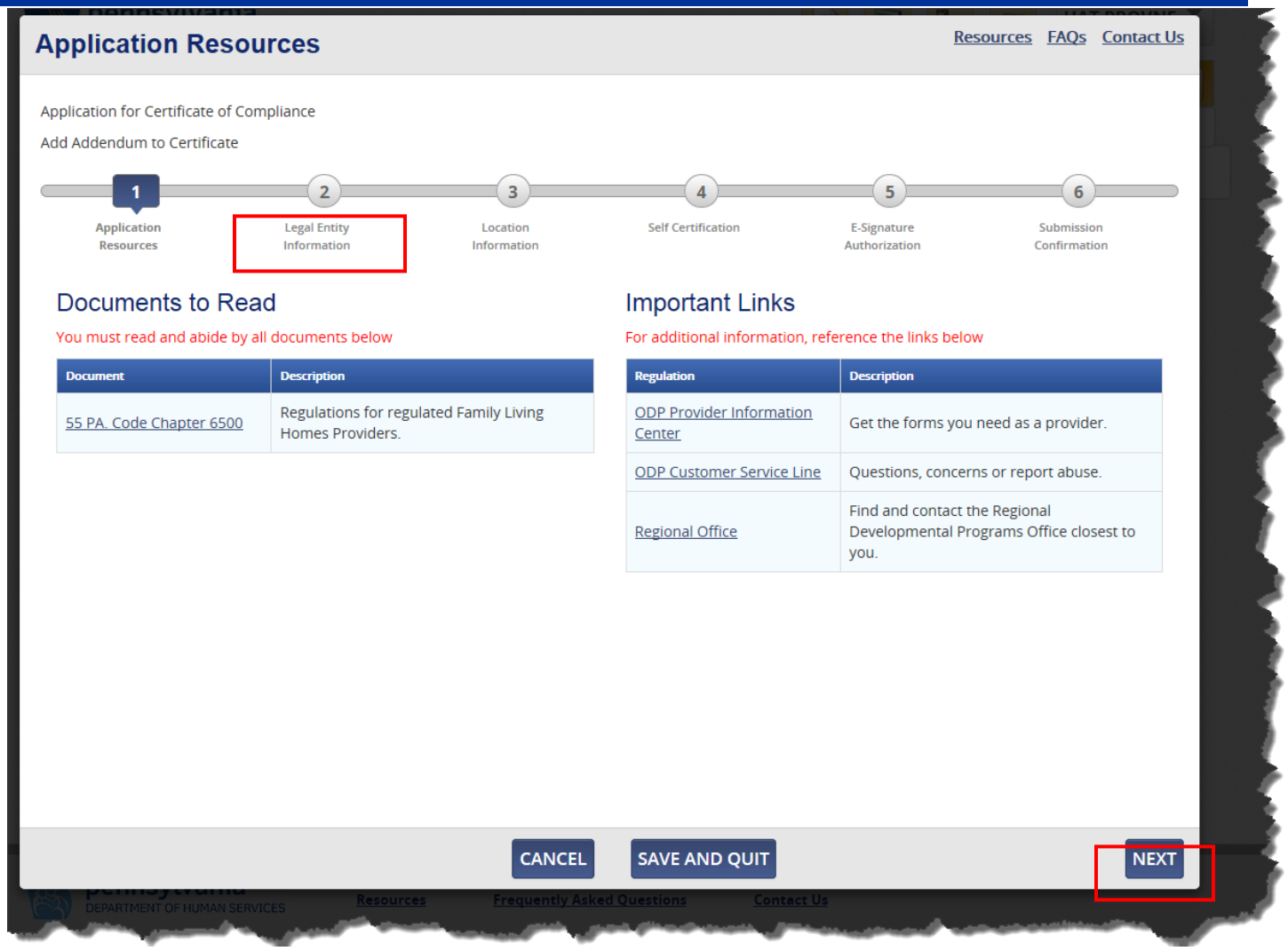
7. Are you a nonprofit organization? (required) ○ Yes ◉ No

Current Locations Please select the PCID you would like to renew/update.

Select	PCID	Location Name	Location Address	Provider Type	Application Number
◉	100045048-0001	UAT PCG ODP NORTHEAST	430 CRISS RD, GILLETT, PA, 169257838	Adult Training Facilities	APP-00030674
	100045048-0002	UAT PCG ODP NORTHEAST TWO	31701 ROUTE 14, GILLETT, PA, 169259474	Adult Training Facilities	

CANCEL RESET GET STARTED

7. Click on GET STARTED in the lower right corner to continue with the application.
8. The Application Resources page will display, providing important information for review.
9. Click on NEXT in the lower right corner or on Legal Entity Information (Task #2) at the top of the screen to proceed with the application.



10. The Legal Entity information will be automatically filled based on the PCID selection made in step 6.

Legal Entity Information

Resources FAQs Contact Us

Application for Certificate of Compliance

Add Addendum to Certificate

1 Application Resources | 2 Legal Entity Information | 3 Location Information | 4 Self Certification | 5 E-Signature Authorization | 6 Submission Confirmation

Legal Entity Details

Legal Entity Name (required)	Physical Address Line 1 (required)	Physical Address Line 2	Physical Address Line 3
UAT PCG ODP NORTHEAST INC	430 CRISS RD		

City (required)	State (required)	ZIP Code (required)	County (required)
GILLETT	Pennsylvania	16925 - 7838	Bradford

Telephone (required)	Ext	Cell Phone	Fax
(717) 555-0430		(xxx) xxx-xxxx	(xxx) xxx-xxxx

Email (required)
uatpcgodp@email.com

Legal Entity Mailing Address ☐ Same as Above

Mailing Address Line 1 (required)	Mailing Address Line 2	Mailing Address Line 3
430 Criss Rd		

City (required) State (required) ZIP Code (required) County (required)

PREVIOUS CANCEL SAVE AND QUIT NEXT

11. Click on NEXT to proceed to the next step. The Location Information page displays. Notice that the locations included on the original application for certification display in the Location Details table.

Location Information

Application for Certificate of Compliance

Add Addendum to Certificate

1 Application Resources | 2 Legal Entity Information | 3 Location Information | 4 Self Certification | 5 E-Signature Authorization

Location Details

Select	Location Name	Physical Address	County	Telephone	New Location	Complete
○	UAT PCG ODP NORTHEAST	430 CRISS RD	Bradford	7175550430	No	✔
○	UAT PCG ODP NORTHEAST TWO	31701 ROUTE 14	Bradford	7175553170	No	✔

Add New Location

12. Click on Add New Location. A new row opens in the Location Details table.

Location Information

Application for Certificate of Compliance

Add Addendum to Certificate

1 Application Resources | 2 Legal Entity Information | 3 Location Information | 4 Self Certification | 5 E-Signature Authorization

Location Details

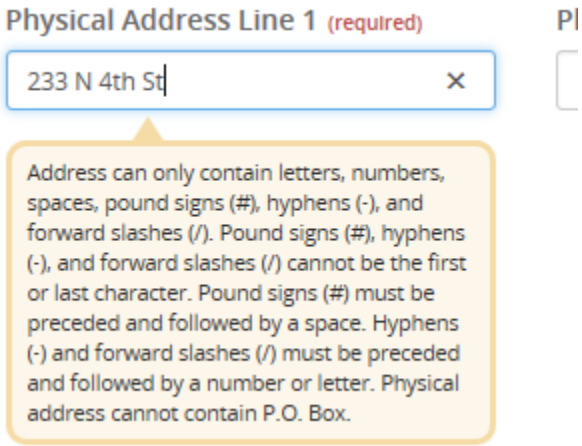
Select	Location Name	Physical Address	County	Telephone	New Location	Complete
○	UAT PCG ODP NORTHEAST	430 CRISS RD	Bradford	7175550430	No	✔
○	UAT PCG ODP NORTHEAST TWO	31701 ROUTE 14	Bradford	7175553170	No	✔
◉					Yes	⊘

Add New Location Delete Location

13. Enter the location information for the new location being added. Proceed through the screen, entering the required information. If the Location Mailing Address is the same as the Location Address, click in the box beside Same as Above to automatically fill the information. As you proceed through the application, helpful hints will display when you click on the data entry field.

Notes:

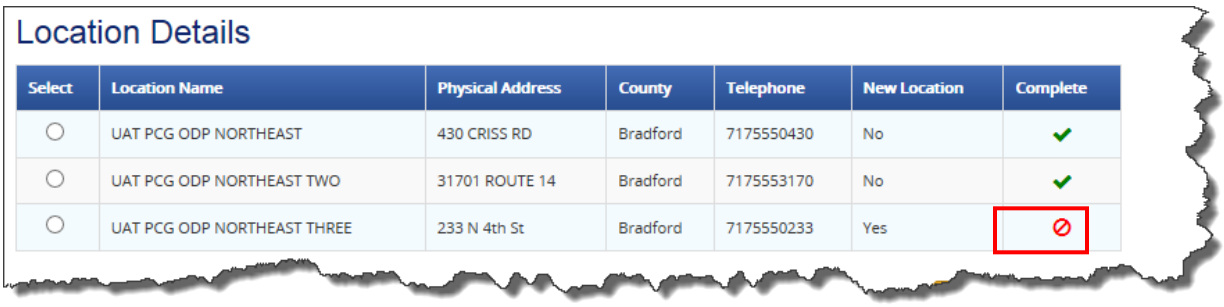
- If the provider type is Adult Residential or Family Living Home, do not select the "Same as Location Address" button when completing *Section 8B, Mailing Address of Location* on the application. Instead, enter the Agency address.
- If the provider type is Adult Training or Vocational Training, select the "Same as Location Address" button.



14. When the information is complete, click on SAVE LOCATION to continue.

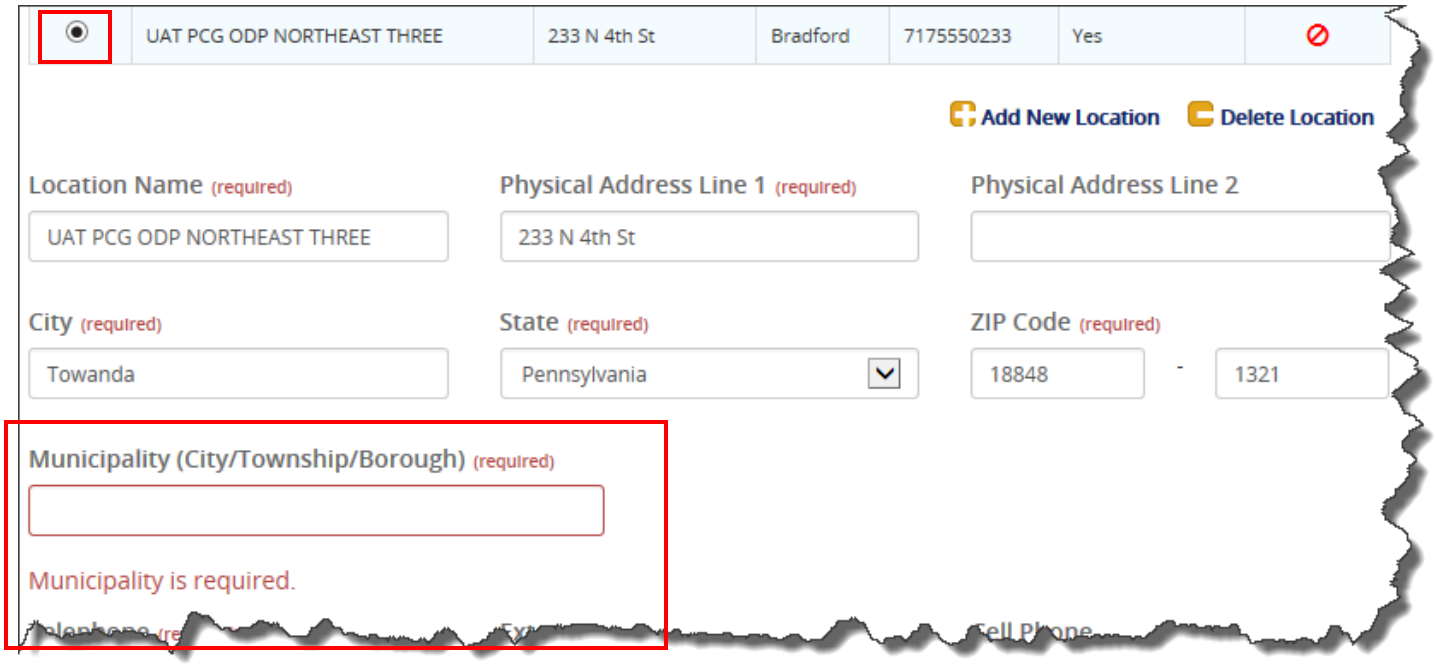
NOTE: If you click NEXT instead of SAVE LOCATION information, your location information will be lost and you are moved to the next screen. Click on PREVIOUS to return to the Location Information screen.

15. A green arrow will display in the Complete column of the Location Details Table if the location information is complete. A red circle with a line through it indicates that an error was made on the location information. Click on the radio button for the location in error to correct the error.

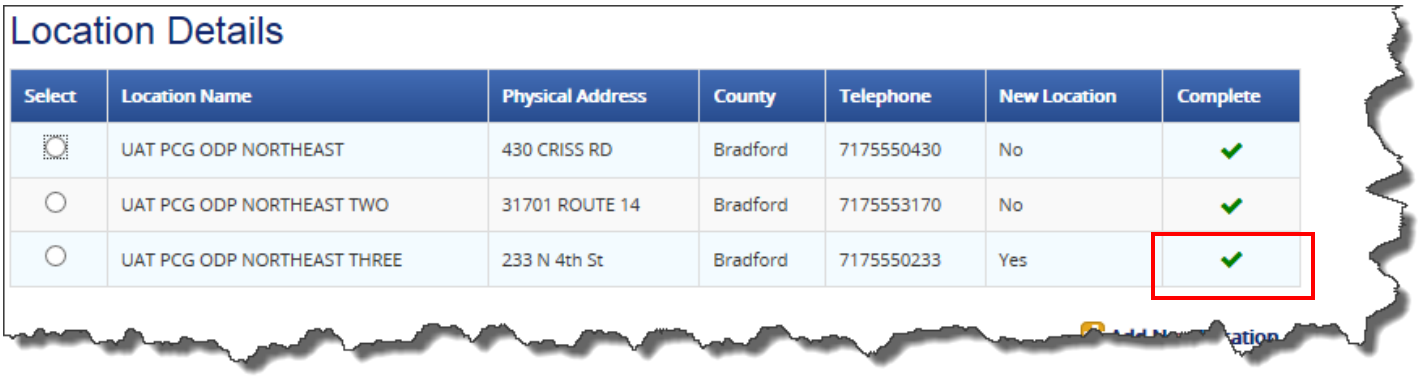


Location Details

Select	Location Name	Physical Address	County	Telephone	New Location	Complete
○	UAT PCG ODP NORTHEAST	430 CRISS RD	Bradford	7175550430	No	✔
○	UAT PCG ODP NORTHEAST TWO	31701 ROUTE 14	Bradford	7175553170	No	✔
○	UAT PCG ODP NORTHEAST THREE	233 N 4th St	Bradford	7175550233	Yes	⊘

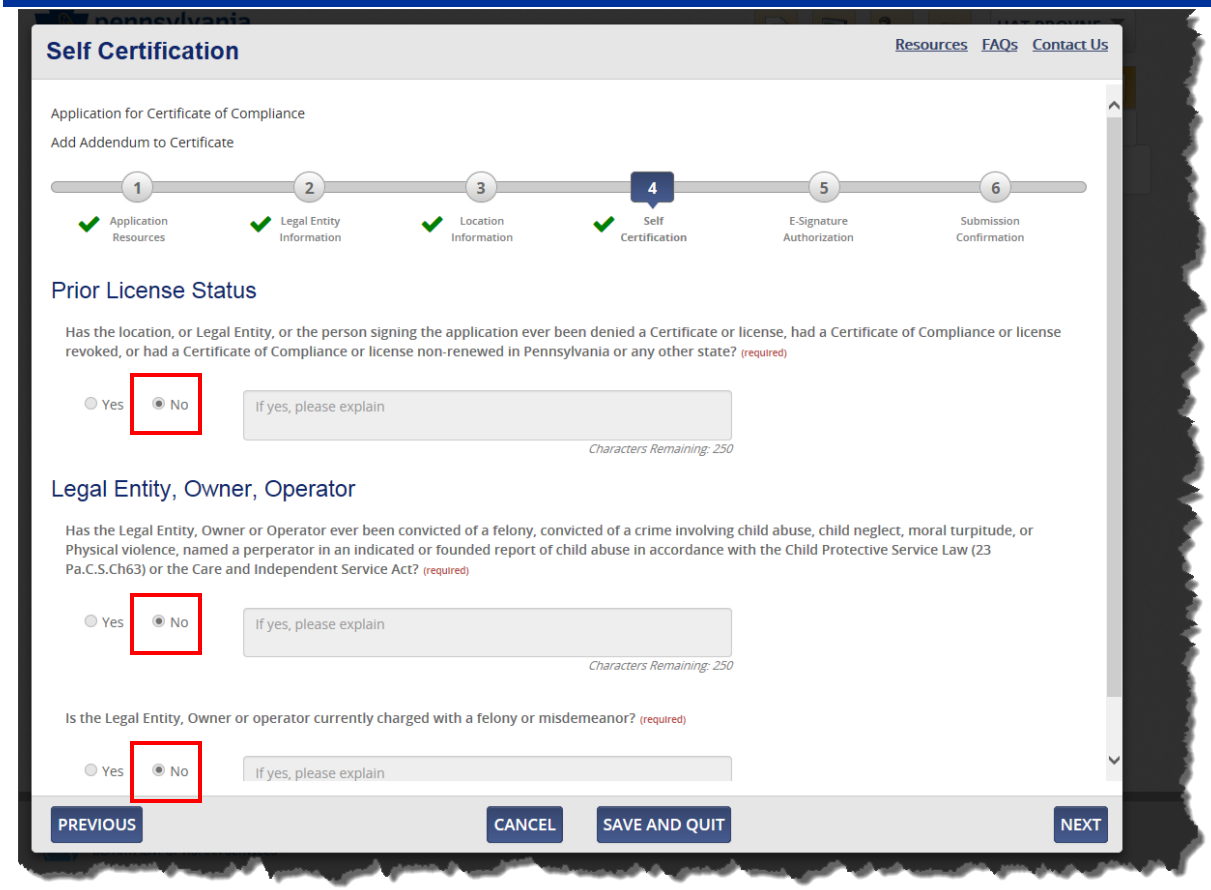


16. Scroll down through the application until you locate the error message. Correct the error and click on SAVE LOCATION. A green check mark will now display for the location.



17. Repeat steps 12 through 16 until all new locations for this application are added. Be sure to click on SAVE LOCATION after each new location entry.

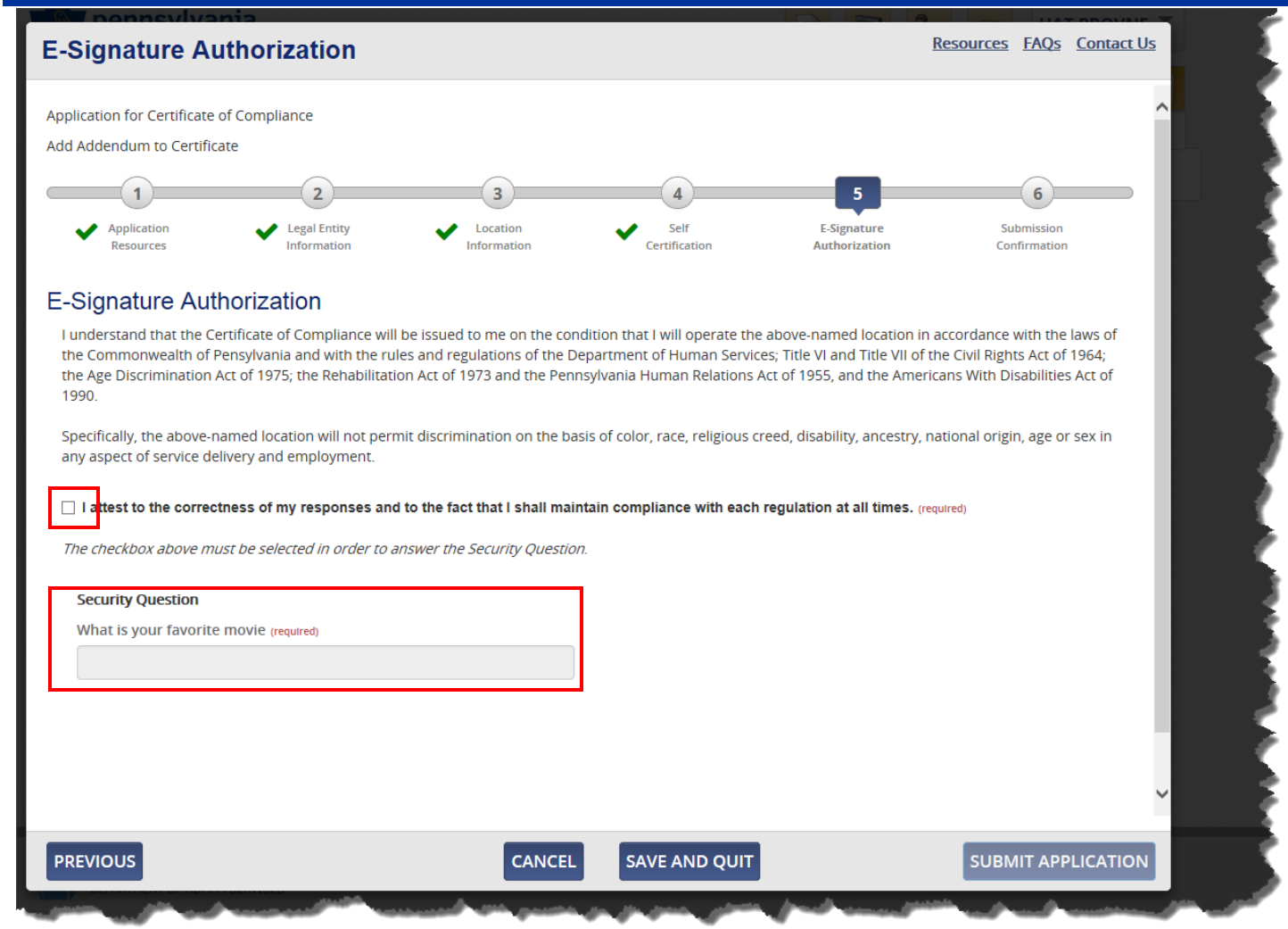
18. Click NEXT to proceed to the next screen. The Self Certification screen displays.



19. The answers to the Legal Entity questions will be automatically completed based on current information for the Legal Entity. Click NEXT to proceed.

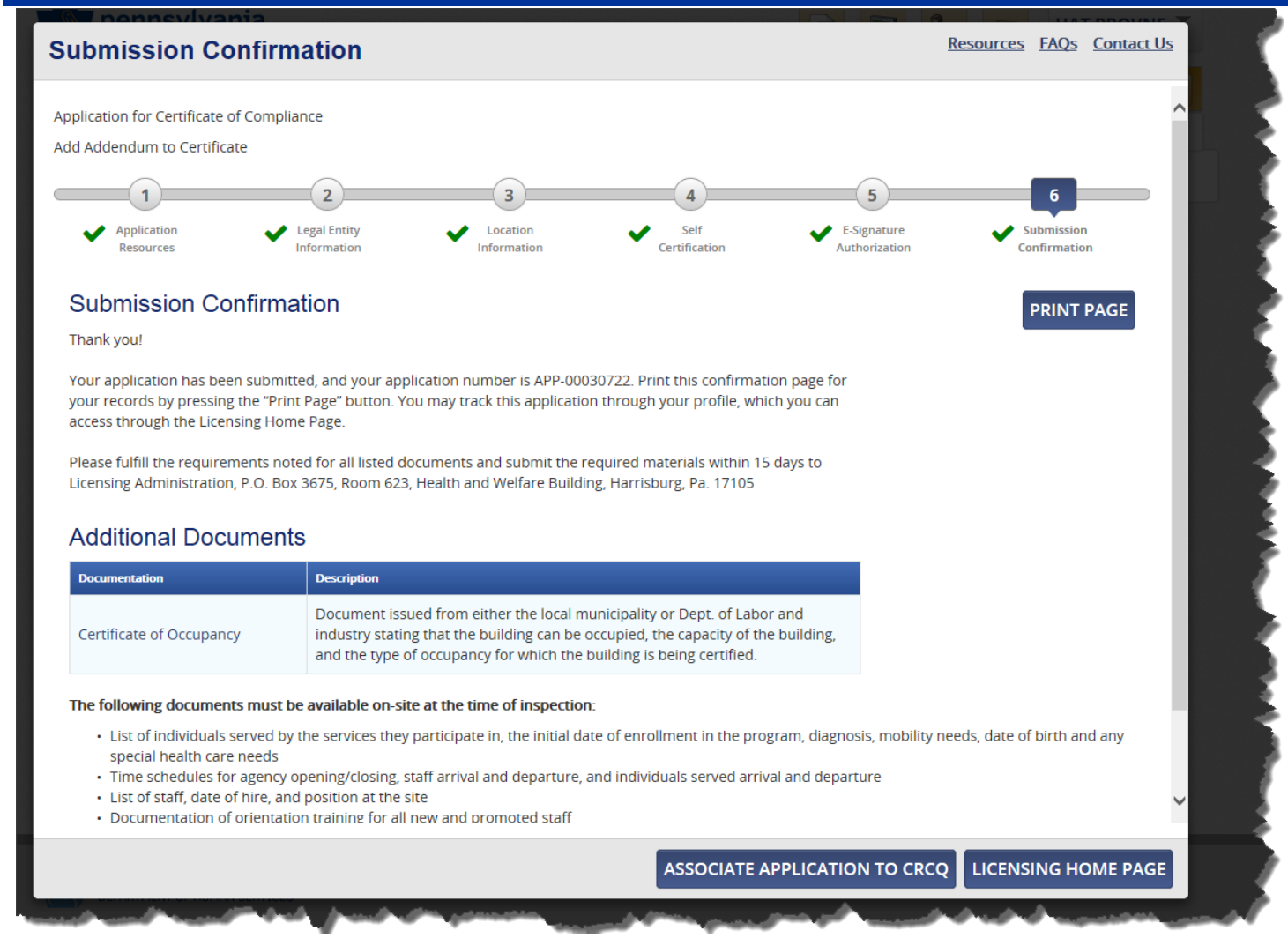
20. Click the attestation box and enter the answer to the security question, then click on SUBMIT APPLICATION.

Note: You will not be able to answer the security question or submit the application if the checkbox is not selected.



21. The Submission Confirmation page displays. Make note of the application number or click on PRINT PAGE to save the page. A list of required Additional Documents displays as well as a list of the documents that must be available on-site at the time of inspection.

Note: When submitting supporting documents make sure the Application Number is on every document.



22. To associate this application to a CRCQ, click on ASSOCIATE APPLICATION TO CRCQ. Refer to the Job Aid for completing the CRCQ for the required steps.

23. Click on LICENSING HOME PAGE. Continue working in PSS or logout by clicking on the down arrow by your User Name in the top right corner. Click on Logout. Close the browser window to return to HCSIS.