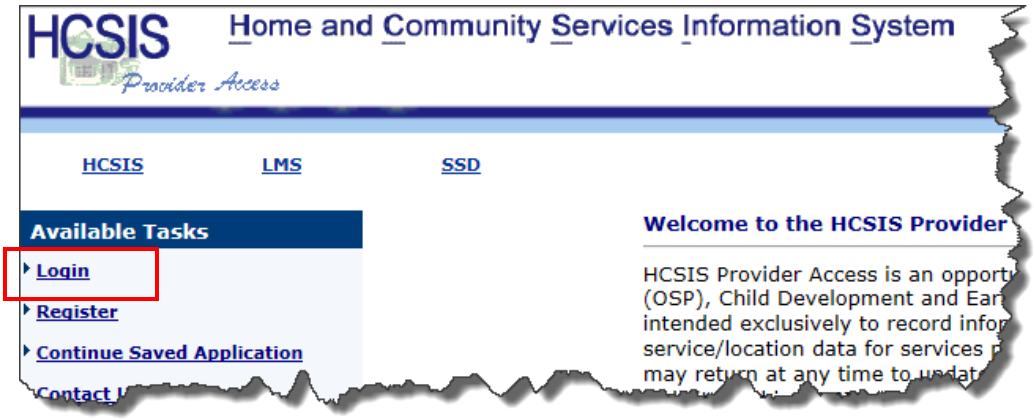
SUBMITTING A RENEWAL APPLICATION WITH ADDITIONAL CHANGES

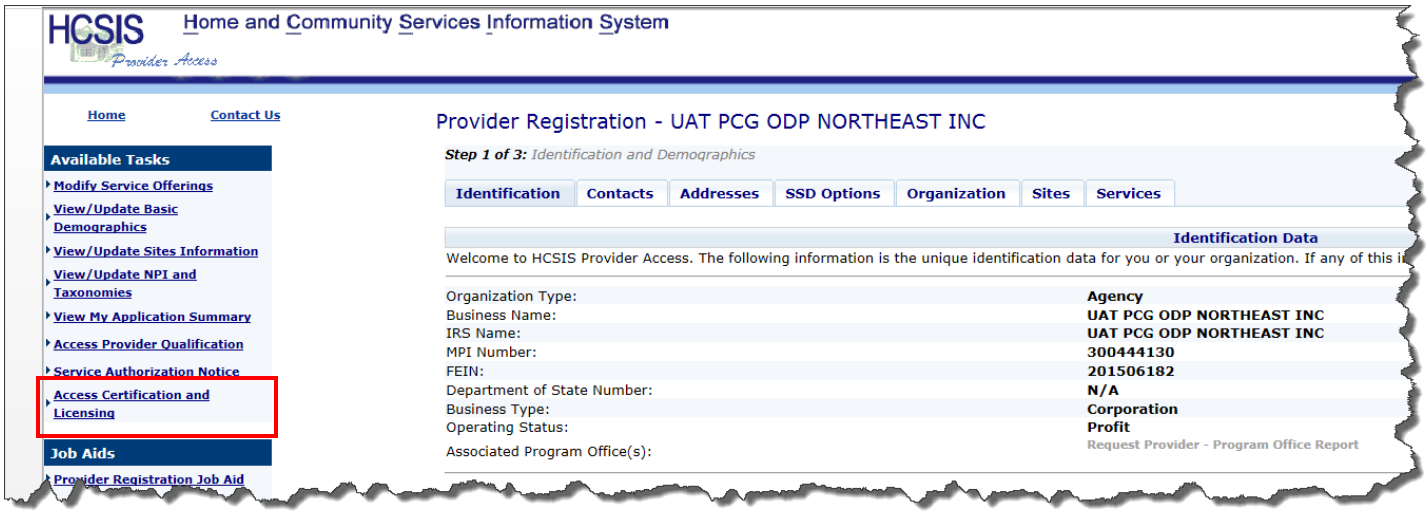
This job aid is designed to help Providers with submitting a renewal application through CLS when the current certificate is nearing the expiration date. Instructions for making provider information changes in addition to renewing the certification are included. If you are wish to submit a renewal application without making other changes, refer to the Job Aid for submitting a renewal application.

1. Access the HCSIS Provider Portal.

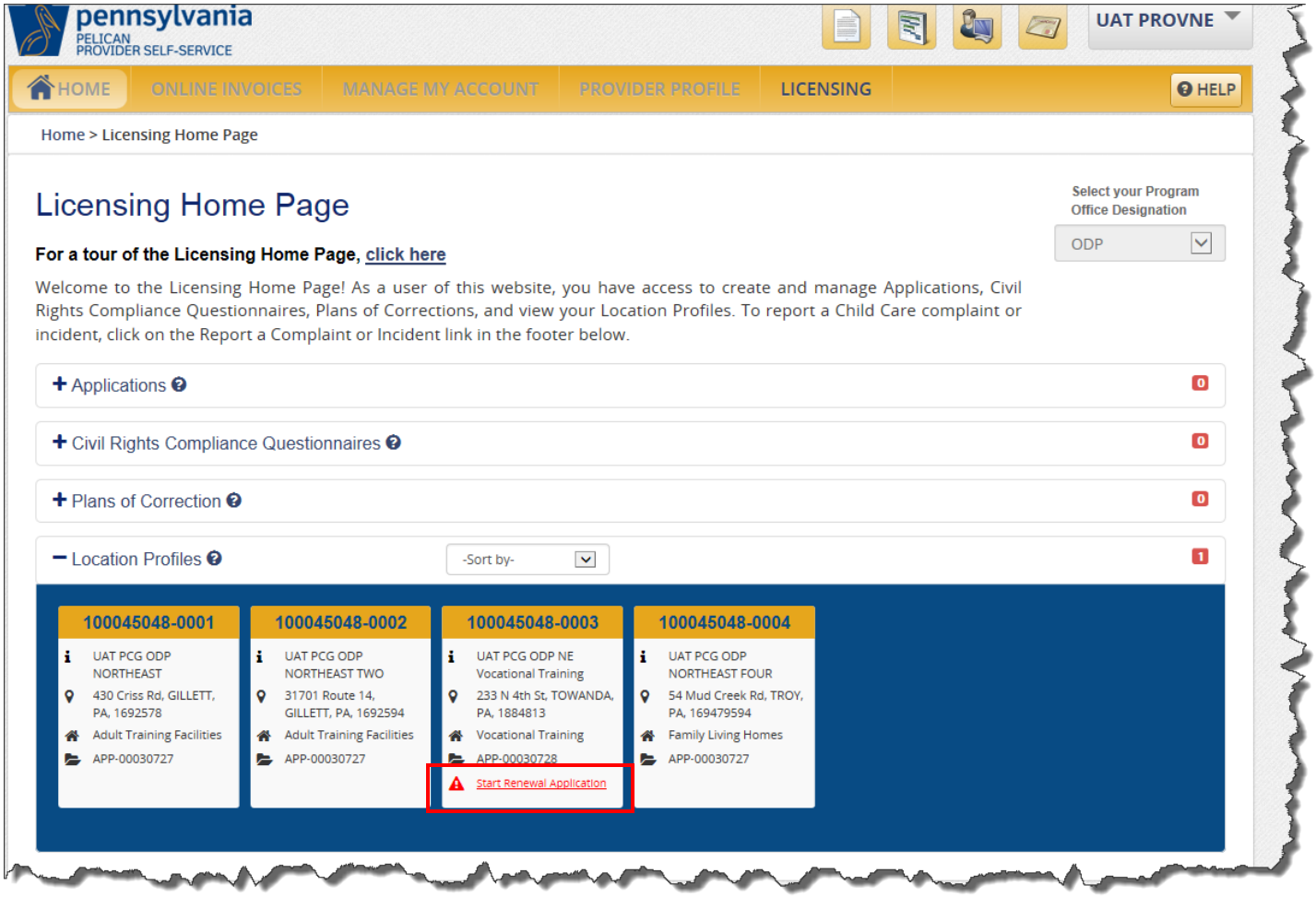
2. Click Login and enter required credentials into Keystone.



3. The Legal Entity Information will display. Click on Access Certification and Licensing (CLS) to submit the renewal application.



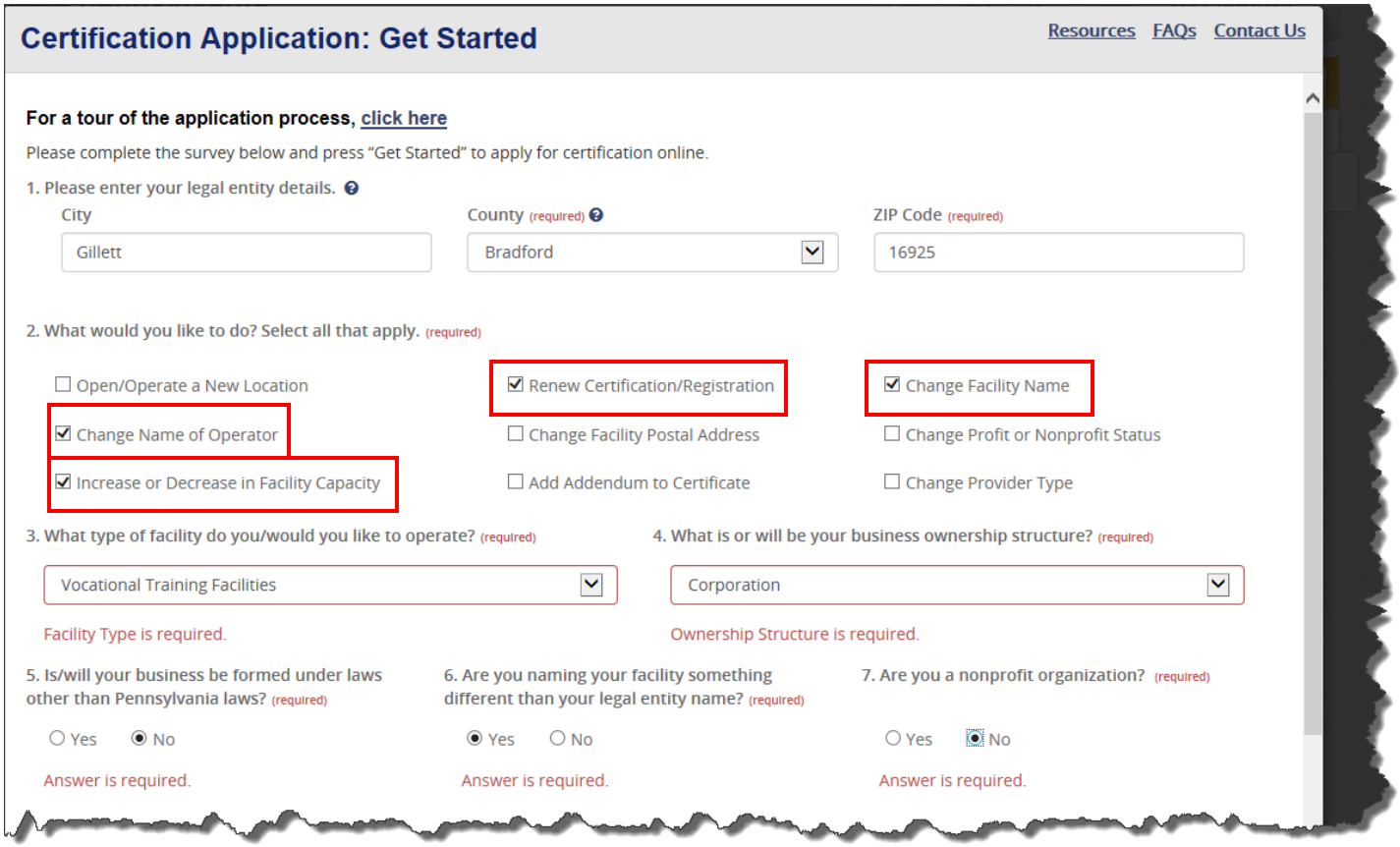
4. The Provider Self-Service Licensing Home Page displays. Click on Location Profiles to open this section and access the renewal application. Notice the message Start Renewal Application for each location that needs to be renewed.



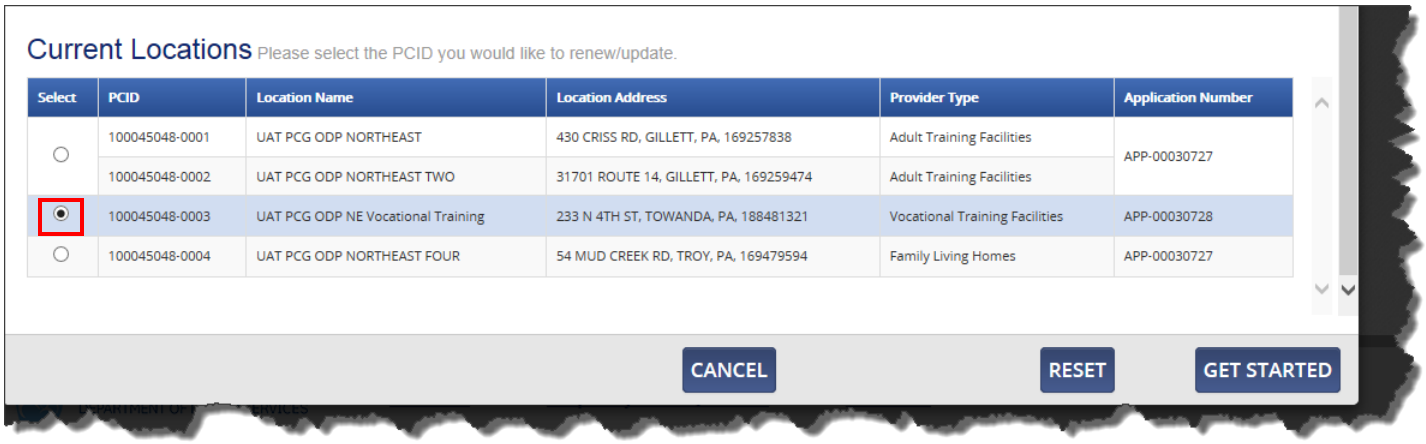
5. Click on Start Renewal Application to select the location for renewal. The Certification Application: Get Started page displays. Enter the requested information for the Legal Entity. Select the desired changes to be made along with Renewal of Certification/Registration. Answer the questions.

   For purposes of this example, we will select:

   - Renew Certification/Registration
   - Change Facility Name
   - Change Name of Operator
   - Increase or Decrease in Facility Capacity



6. At the bottom of the screen, select the radio button for the Provider Certification Identification Number (PCID) you wish to renew.



7. Click on GET STARTED. The Application Resources page displays important information and links. Click on NEXT to proceed to the Renewal application.

Application Resources

Resources FAQs Contact Us

Application for Certificate of Compliance

Renew Certification/Registration

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

Documents to Read

You must read and abide by all documents below

Document	Description
55 PA. Code Chapter 6500	Regulations for regulated Family Living Homes Providers.

Important Links

For additional information, reference the links below

Regulation	Description
ODP Provider Information Center	Get the forms you need as a provider.
ODP Customer Service Line	Questions, concerns or report abuse.
Regional Office	Find and contact the Regional Developmental Programs Office closest to you.

CANCEL SAVE AND QUIT NEXT

8. The Legal Entity Information page displays with the Legal Entity information pre-filled. Click on NEXT to proceed to the next step.

Legal Entity Information

Resources FAQs Contact Us

Legal Entity Name (required): UAT PCG ODP NORTHEAST INC
Physical Address Line 1 (required): 430 CRISS RD
Physical Address Line 2:
Physical Address Line 3:
City (required): GILLETT
State (required): Pennsylvania
ZIP Code (required): 16925 - 7838
County (required): Bradford
Telephone (required): (717) 555-0430
Ext:
Cell Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email (required): uatpcgne@email.com

Legal Entity Mailing Address

Same as Above

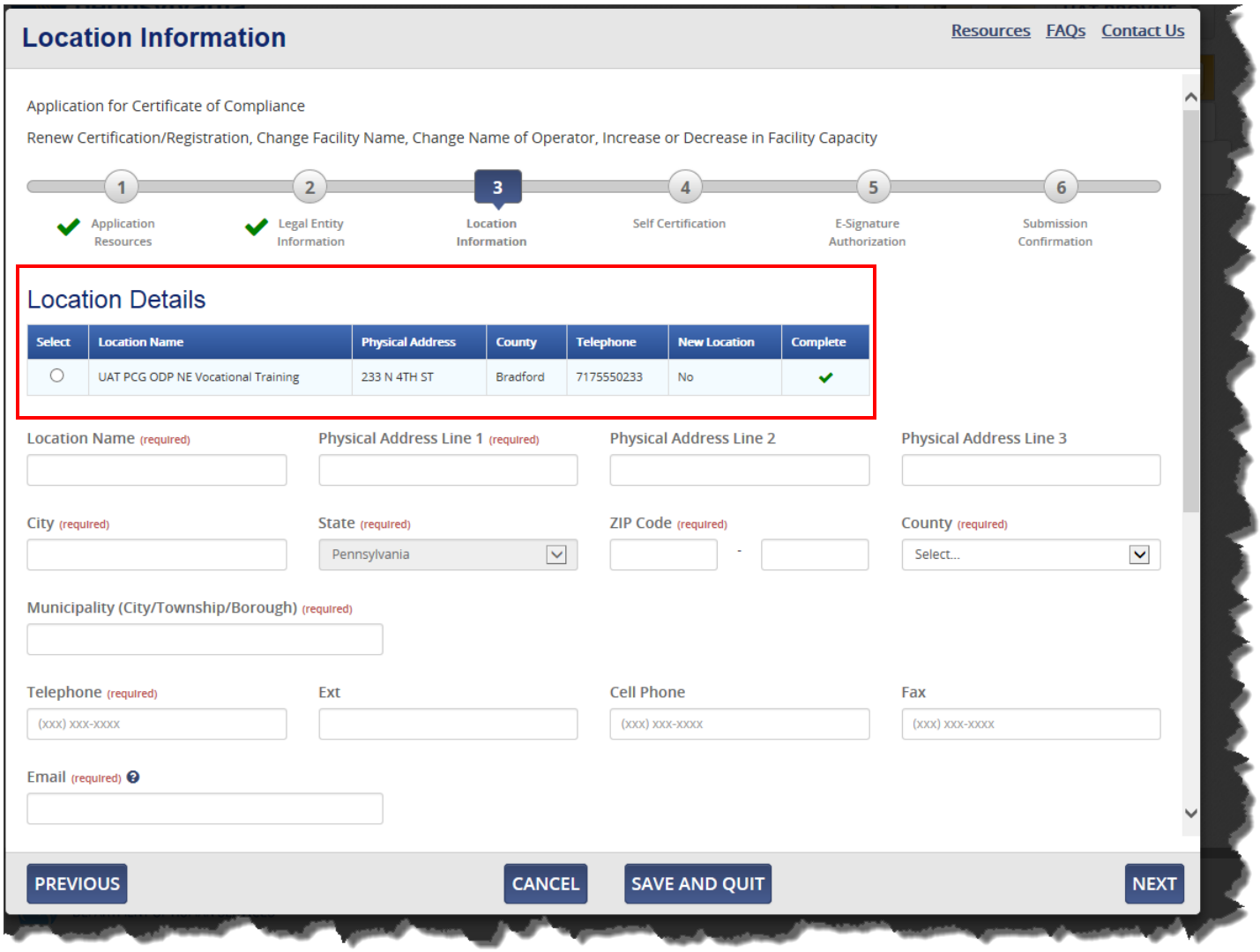
Mailing Address Line 1 (required): 430 Criss Rd
Mailing Address Line 2:
Mailing Address Line 3:
City (required): Gillett
State (required): Pennsylvania
ZIP Code (required): 16925 - 7838
County (required): Bradford

Additional Legal Entity Information

Tax Identifier (required): FEIN
Tax Number (required): *****6182
Type of Operation (required): Profit
Type of Ownership/Control (required): Corporation

PREVIOUS CANCEL SAVE AND QUIT NEXT

9. The Location Information page displays. The Location Details section lists the locations that are to be renewed.



10. To make changes to the location information, click the radio button next to the Location Name. The original location information will automatically fill. Notice that the Location Name and Responsible Person (at the bottom of the screen) are unprotected because we selected to change them on the Get Started page. The remaining data fields are greyed out, indicating that they are protected and cannot be changed.

Location Information

Resources FAQs Contact Us

Application for Certificate of Compliance

Renew Certification/Registration, Change Facility Name, Change Name of Operator, Increase or Decrease in Facility Capacity

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

Location Details

Select	Location Name	Physical Address	County	Telephone	New Location	Complete
◉	UAT PCG ODP NE Vocational Training	233 N 4TH ST	Bradford	7175550233	No	✓

Location Name (required): UAT PCG ODP NE Vocational Training

Physical Address Line 1 (required): 233 N 4TH ST

Physical Address Line 2:

Physical Address Line 3:

City (required): TOWANDA

State (required): Pennsylvania

ZIP Code (required): 18848 - 1321

County (required): Bradford

Municipality (City/Township/Borough) (required): Towanda

Telephone (required): (717) 555-0233

Ext:

Cell Phone: (xxx) xxx-xxxx

Fax: (xxx) xxx-xxxx

Email (required): uatpcgodp@email.com

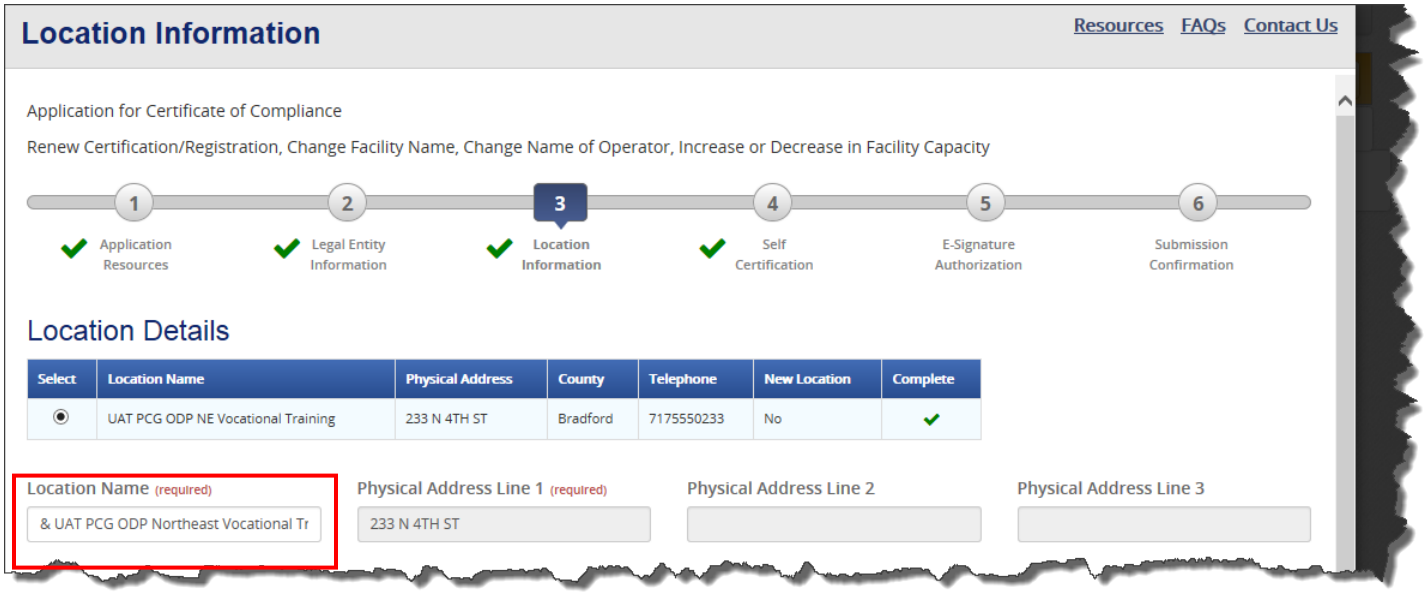
PREVIOUS | CANCEL | SAVE AND QUIT | NEXT

11. Make the desired change to the Location Name. When the name field is selected, a helpful hint will display, providing guidelines for the location name.

Location Name (required)

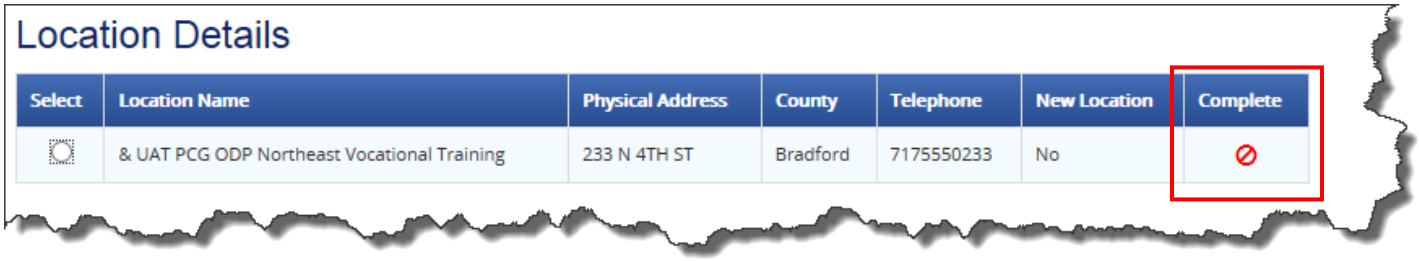
UAT PCG ODP NE Vocation Training ✕

Name can only contain letters, numbers, spaces, ampersands (&), hyphens (-), and forward slashes (/). Ampersands (&), hyphens (-) and forward slashes (/) cannot be the first or last character. Ampersands (&) must be preceded and followed by a space. Hyphens (-) and forward slashes (/) must be preceded and followed by a number or letter.

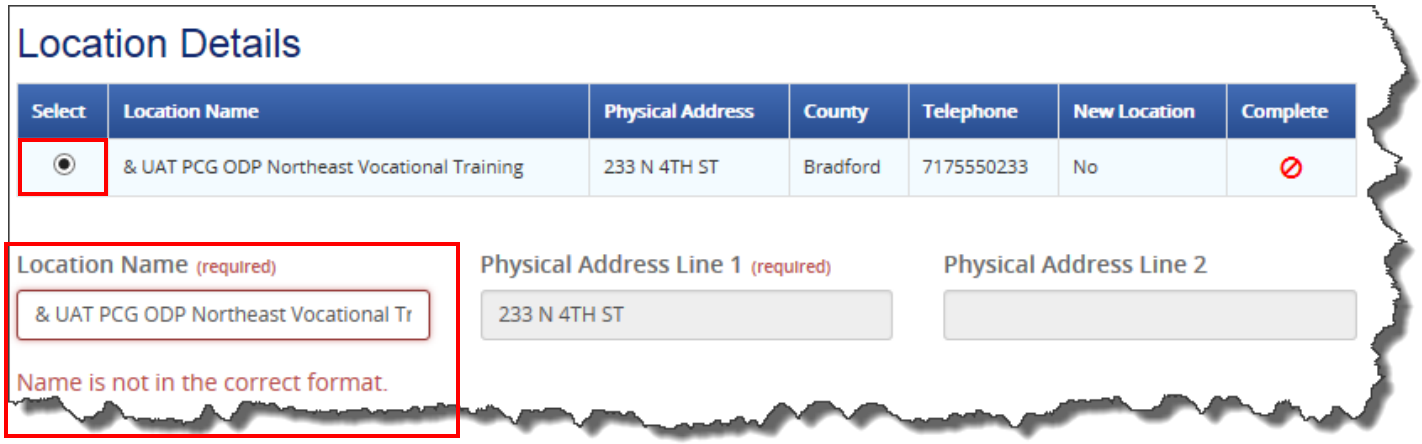


12. Make the desired change to the Responsible Person information.

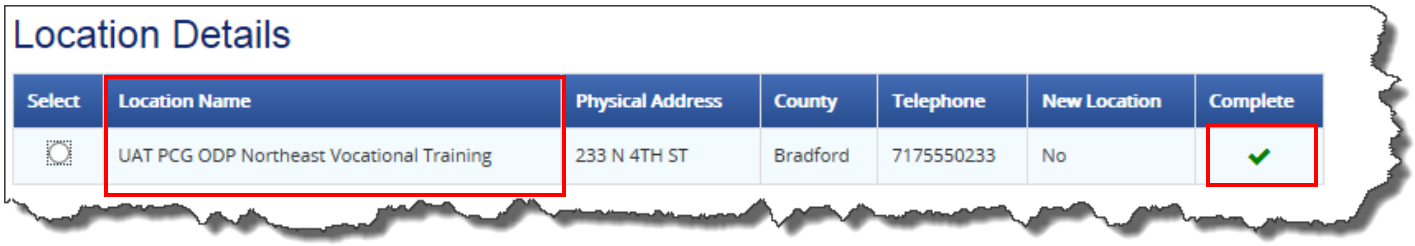
13. Click SAVE LOCATION. If any errors are detected in the new information, a red circle with a line through it will appear in the Complete column.



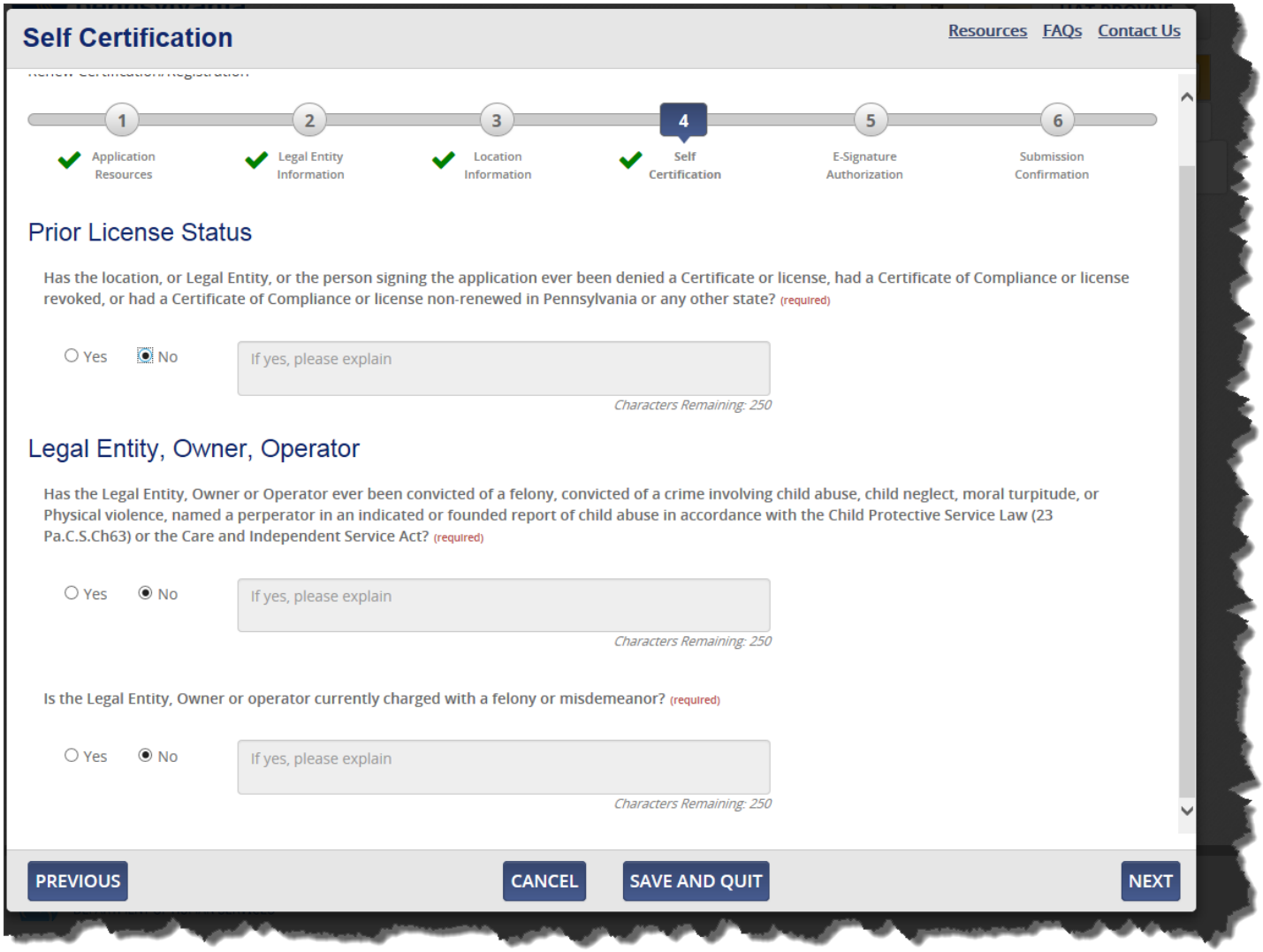
14. Select the location to view and correct the error.



15. Correct the error ("&" is not permitted in the name field) and click on SAVE LOCATION. A green checkmark displays in the Complete column, indicating that the entered information is now correct. The changed location name now displays in the Location Name column.



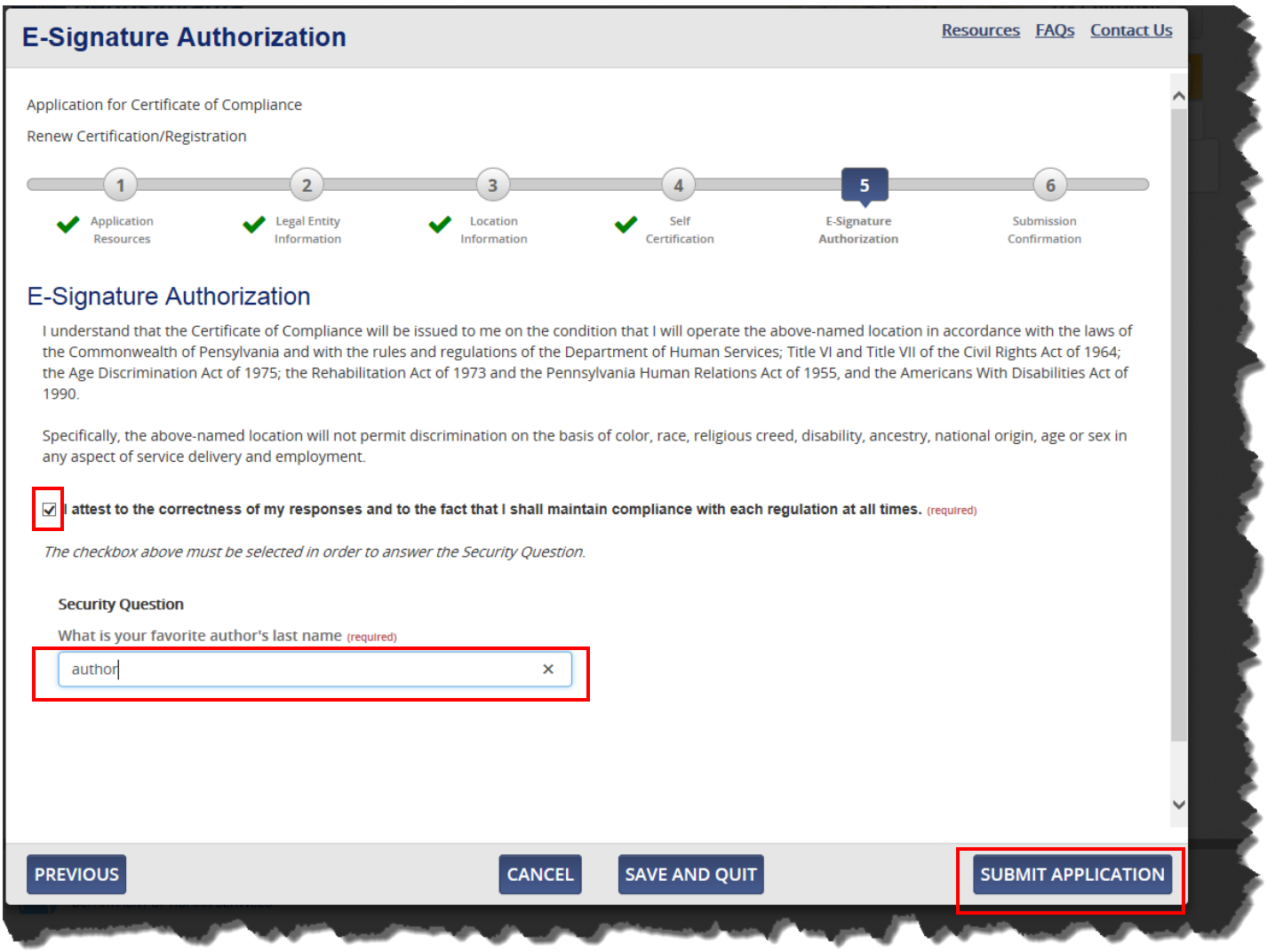
16. Click NEXT to proceed to the next screen. The Self Certification screen displays with the answers pre-filled. Change the answers, if necessary.



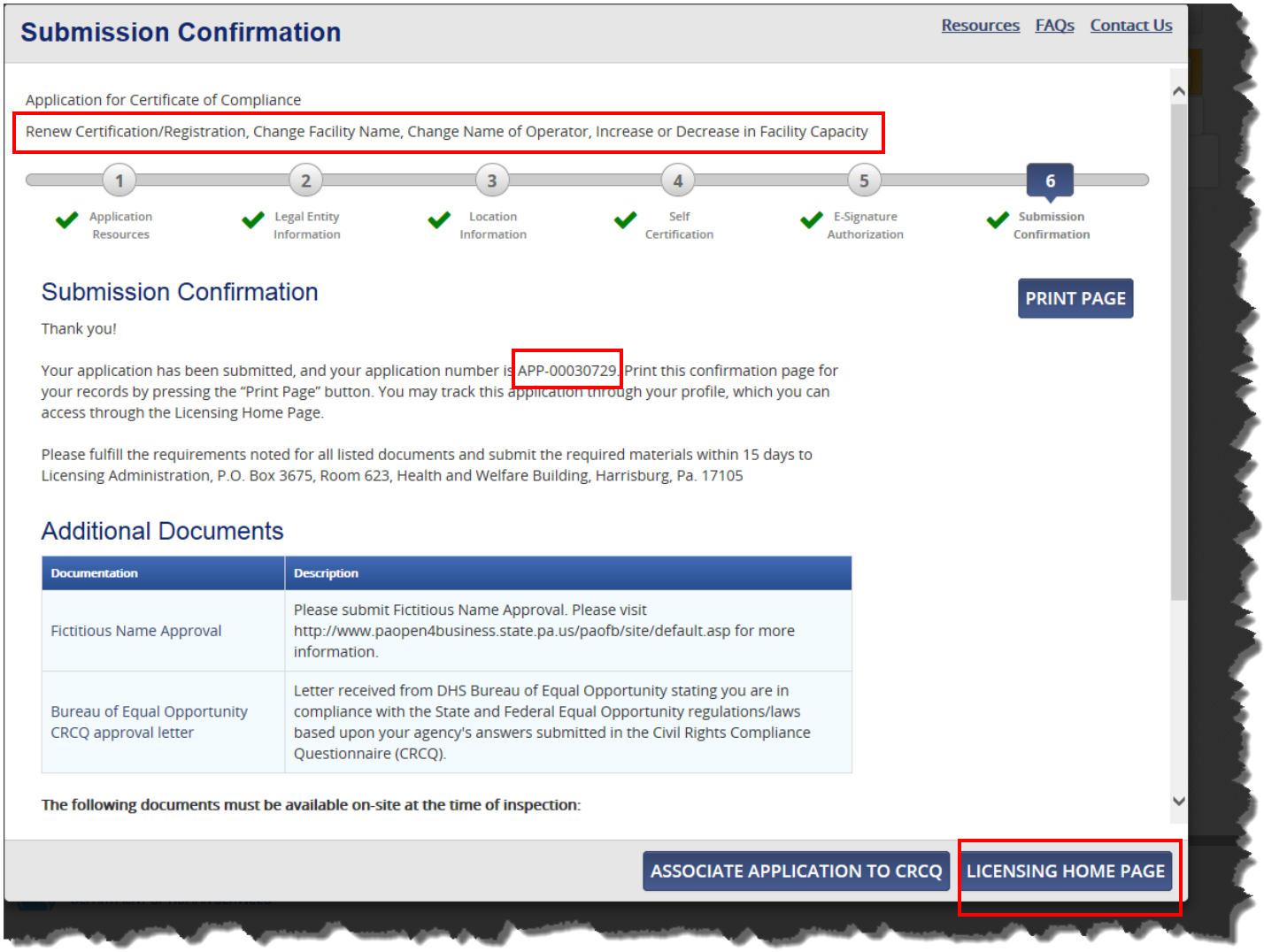
NOTE: Notice the task bar at the top of the page. A green checkmark beside the task name indicates that the task was successfully completed. A red checkmark indicates an error on the page.

17. Click NEXT to proceed to the next step. The E-Signature Authorization screen appears. Select the checkbox and enter the answer to the security question.

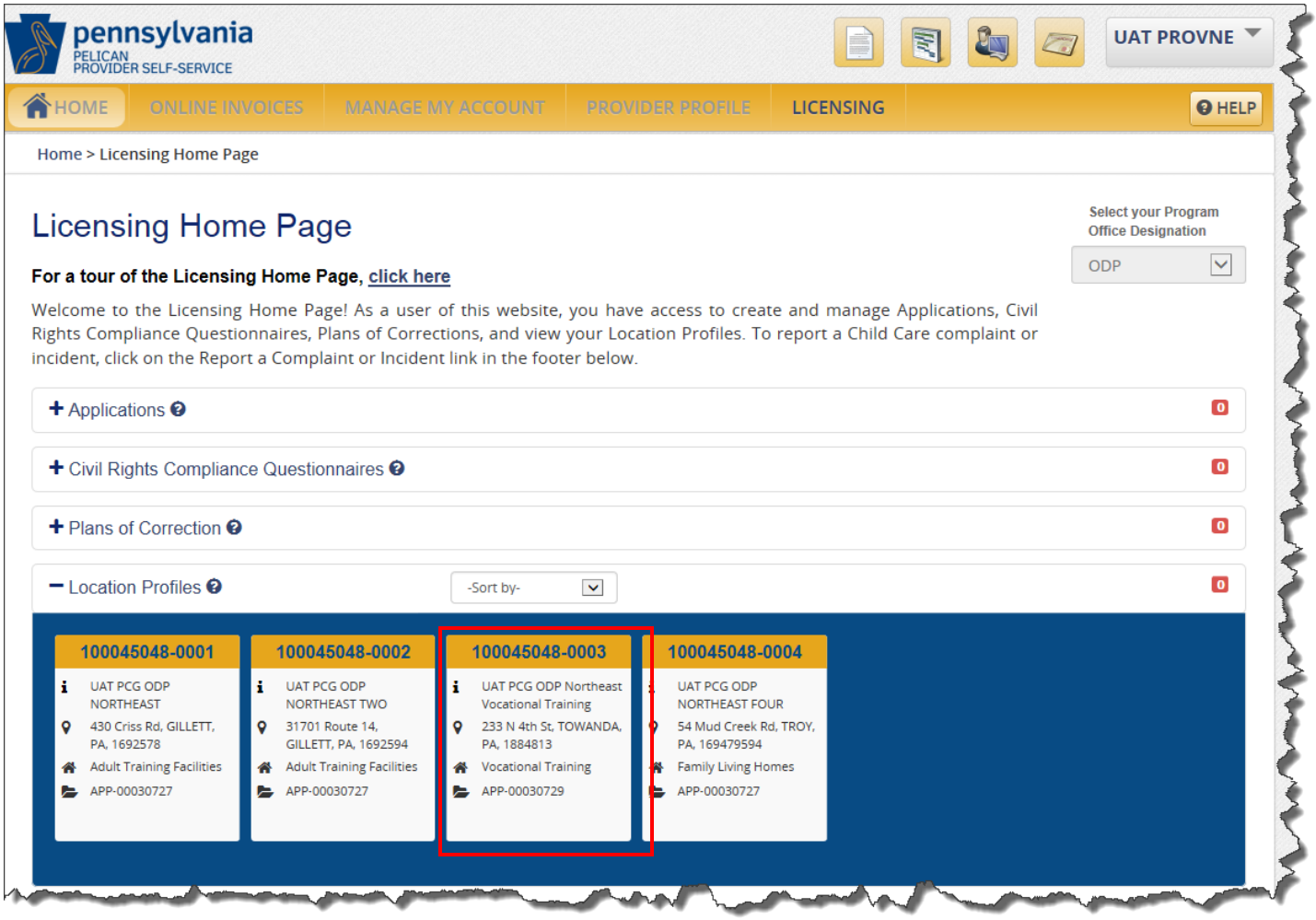
NOTE: If you don't recall your security question answer contact your BP Administrator at your location. If you are the only BP Administrator at your location, contact the HCSIS Help Desk.



18. Click on SUBMIT APPLICATION to proceed. The Submission Confirmation screen displays, confirming that the Renew Certification/Registration application has been submitted.
    - At the top of the page, notice that the purpose of the application is indicated.
    - Make note of the Application Number for future reference.
    - Click on PRINT PAGE to print the page on your local printer.
    - Pay attention to the Additional Documents section of this page to learn if there are other documents you must submit to support the renewal application.



19. If you wish to complete and submit the CRCQ at this time, click on ASSOCIATE APPLICATION TO CRCQ. Refer to Job Aid CLS_Provider_Job Aid_Submit_CRCQ_in_Provider_Access for instructions.
20. Click on LICENSING HOME PAGE to return to your starting point.
21. Click on Location Profiles to open the section. Notice that the words Start Renewal App no longer appear for this location. The name change and other changes are reflected now that the renewal certificate has been issued.



Original Certificate of Compliance:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

UAT PCG ODP NORTHEAST INC, 430 CRISS RD, GILLETT, PA 16925-7838
LEGAL ENTITY

The Legal Entity has the license to operate:

Effective Date	Location Name	Location Address	Maximum Capacity
7/9/2014	UAT PCG ODP NE Vocational Training	233 N 4TH ST, TOWANDA, PA 18848-1321	10

Renewal Certificate of Compliance: Location name change and change of capacity

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

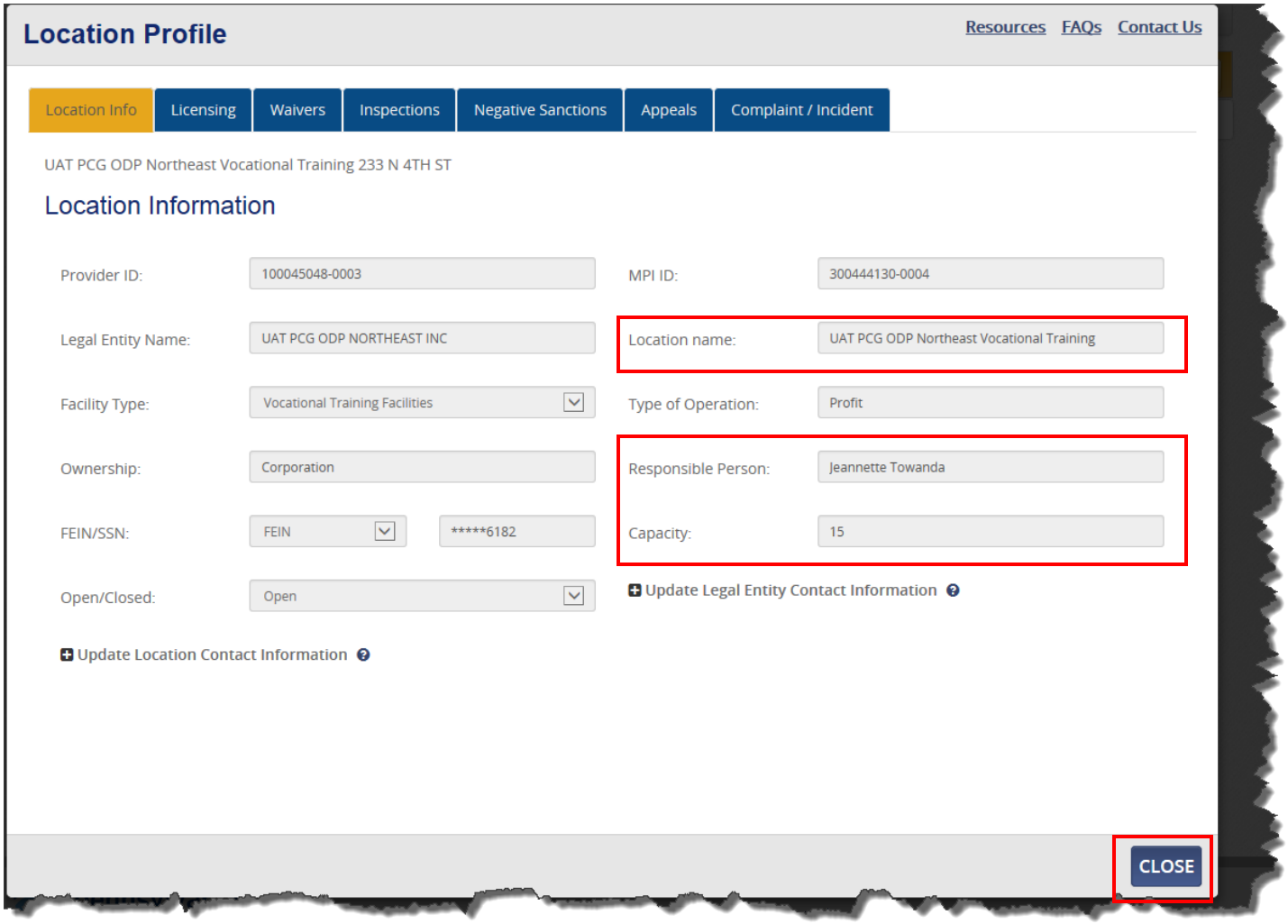
CERTIFICATE OF COMPLIANCE

UAT PCG ODP NORTHEAST INC, 430 CRISS RD, GILLETT, PA 16925-7838
LEGAL ENTITY

The Legal Entity has the license to operate:

Effective Date	Location Name	Location Address	Maximum Capacity
7/9/2015	UAT PCG ODP Northeast Vocational Training	233 N 4TH ST, TOWANDA, PA 18848-1321	15

22. Click on the PCID to open the Location Profile. The Location Name, Responsible Person and Capacity changes are reflected.



23. Click on CLOSE to return to the Licensing Home Page.
24. Click on the down-arrow by your User Name in the top right corner of the screen. Then click on Logout to exit the Provider Self-Service system.

25. Close the browser window to return to the HCSIS system.