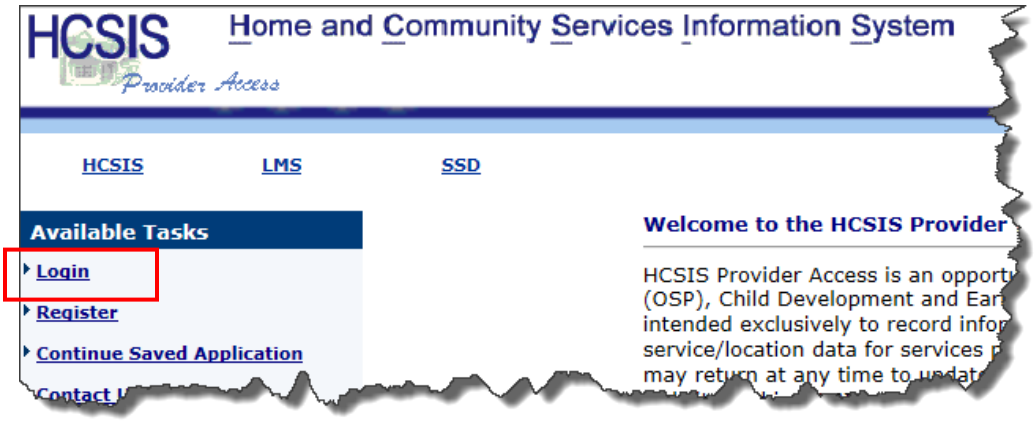
SUBMITTING A RENEWAL APPLICATION

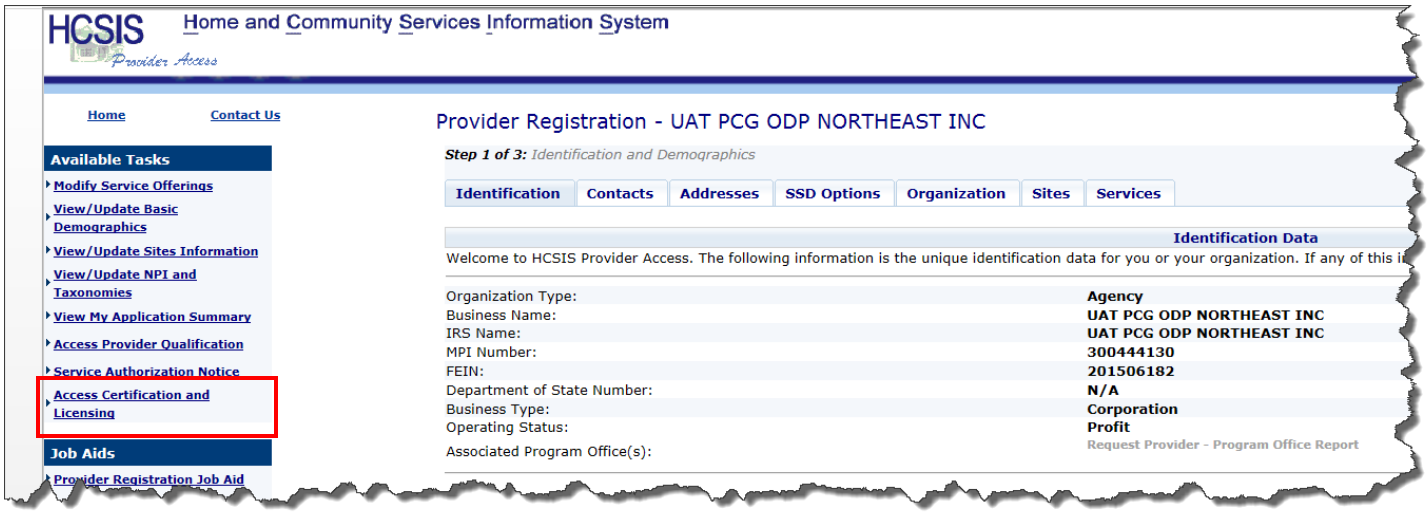
This job aid is designed to help Providers with submitting a renewal application through CLS when the current certificate is nearing the expiration date. No other changes are being made with this renewal application.

1. Access the HCSIS Provider Portal.

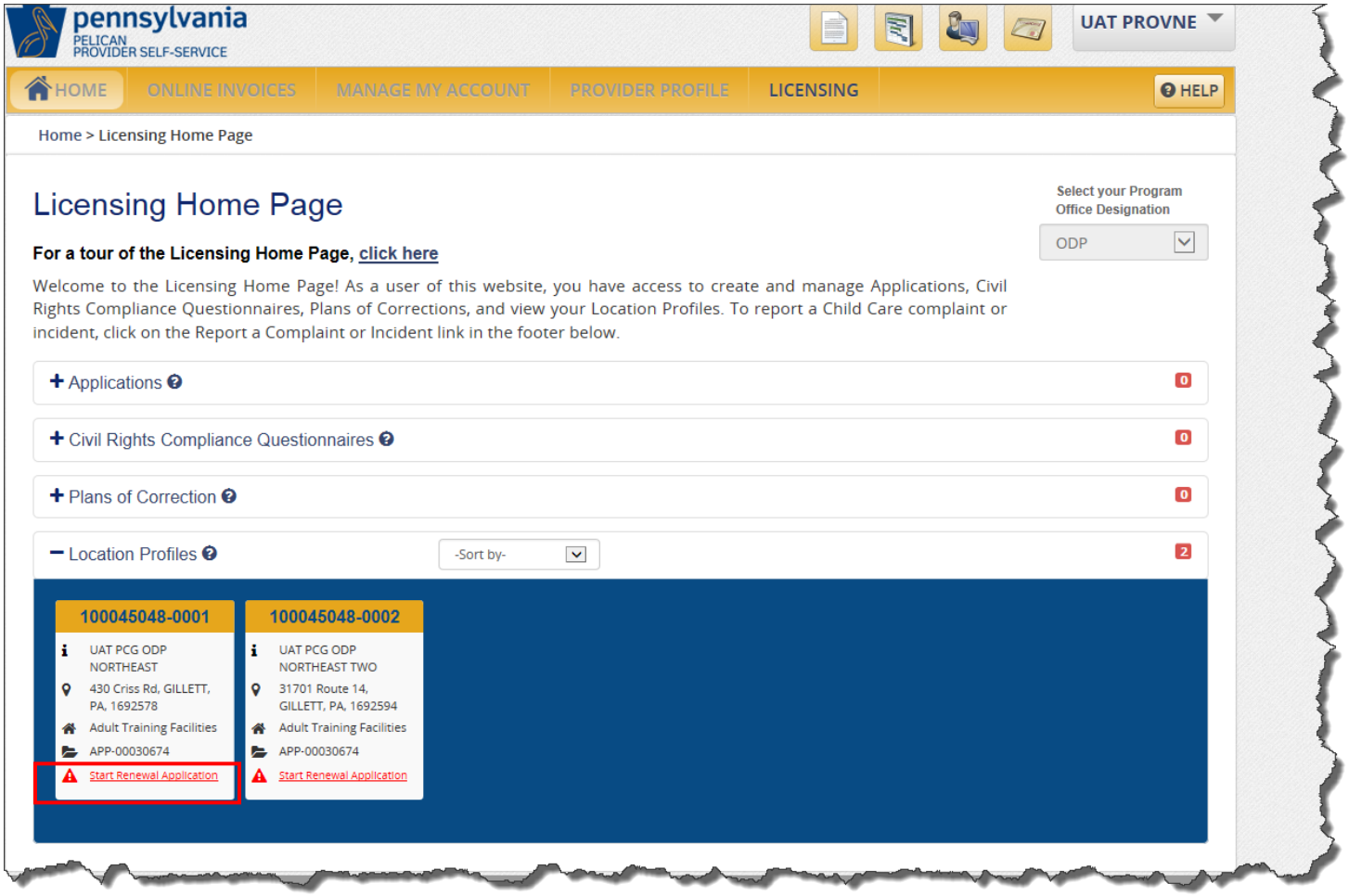
2. Click Login and enter your Keystone sign-on information.



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

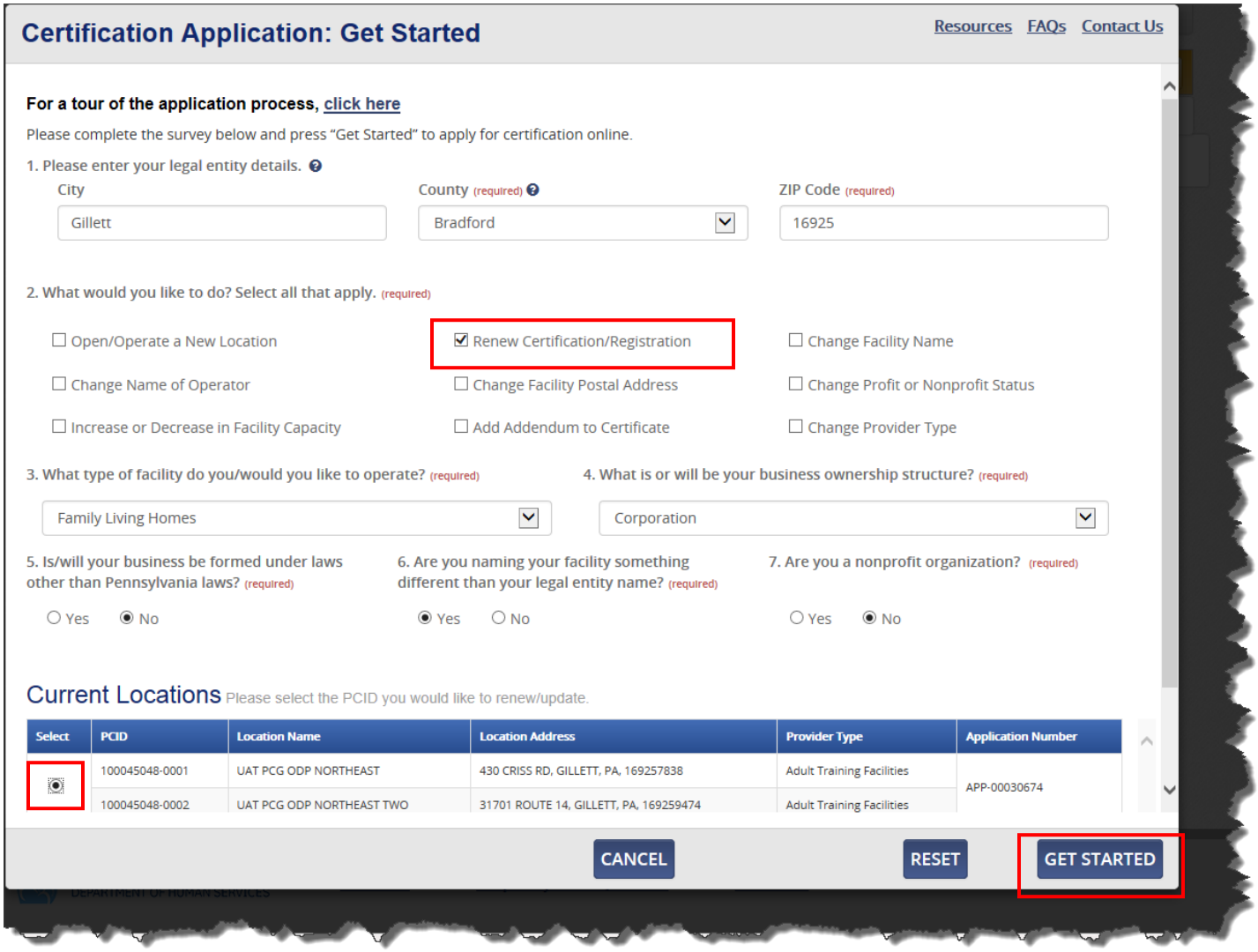


4. The Provider Self-Service Licensing Home Page Displays. Click on Location Profiles to open this section and access the renewal application. Notice the message Start Renewal Application at the bottom of the box for each location that needs to be renewed.



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

NOTE: For purposes of this Job Aid, select only Renew Certification/Registration. If you wish to change other information on the renewal application, refer to Job Aid Submit Renewal Application with Additional Changes.



6. 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

7. 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

8. The Location Information page displays. The Location Details section lists the locations that are to be renewed. No data for any of the locations can be changed on this application.

Location Information

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

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	✓

Location Name (required) | Physical Address Line 1 (required) | Physical Address Line 2 | Physical Address Line 3

City (required) | State (required) Pennsylvania | ZIP Code (required) - | County (required) Select...

Municipality (City/Township/Borough) (required)

Telephone (required) (xxx) xxx-xxxx | Ext | Cell Phone (xxx) xxx-xxxx | Fax (xxx) xxx-xxxx

Email (required)

PREVIOUS | CANCEL | SAVE AND QUIT | NEXT

9. To view the location information, click the radio button to select the one you wish to view.

Location Information

Resources FAQs Contact Us

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	✔

Location Name (required): UAT PCG ODP NORTHEAST
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
Municipality (City/Township/Borough) (required): Gillett
Telephone (required): (717) 555-0430
Ext:
Cell Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email (required): uatpcgne@email.com

Location Mailing Address

☐ Same as Above

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

PREVIOUS CANCEL SAVE AND QUIT NEXT

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

Self Certification Resources FAQs Contact Us

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

Prior License Status

Has the location, or Legal Entity, or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state? (required)

○ Yes ◉ No — If yes, please explain — *Characters Remaining: 250*

Legal Entity, Owner, Operator

Has the Legal Entity, Owner or Operator ever been convicted of a felony, convicted of a crime involving child abuse, child neglect, moral turpitude, or Physical violence, named a perperator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law (23 Pa.C.S.Ch63) or the Care and Independent Service Act? (required)

○ Yes ◉ No — If yes, please explain — *Characters Remaining: 250*

Is the Legal Entity, Owner or operator currently charged with a felony or misdemeanor? (required)

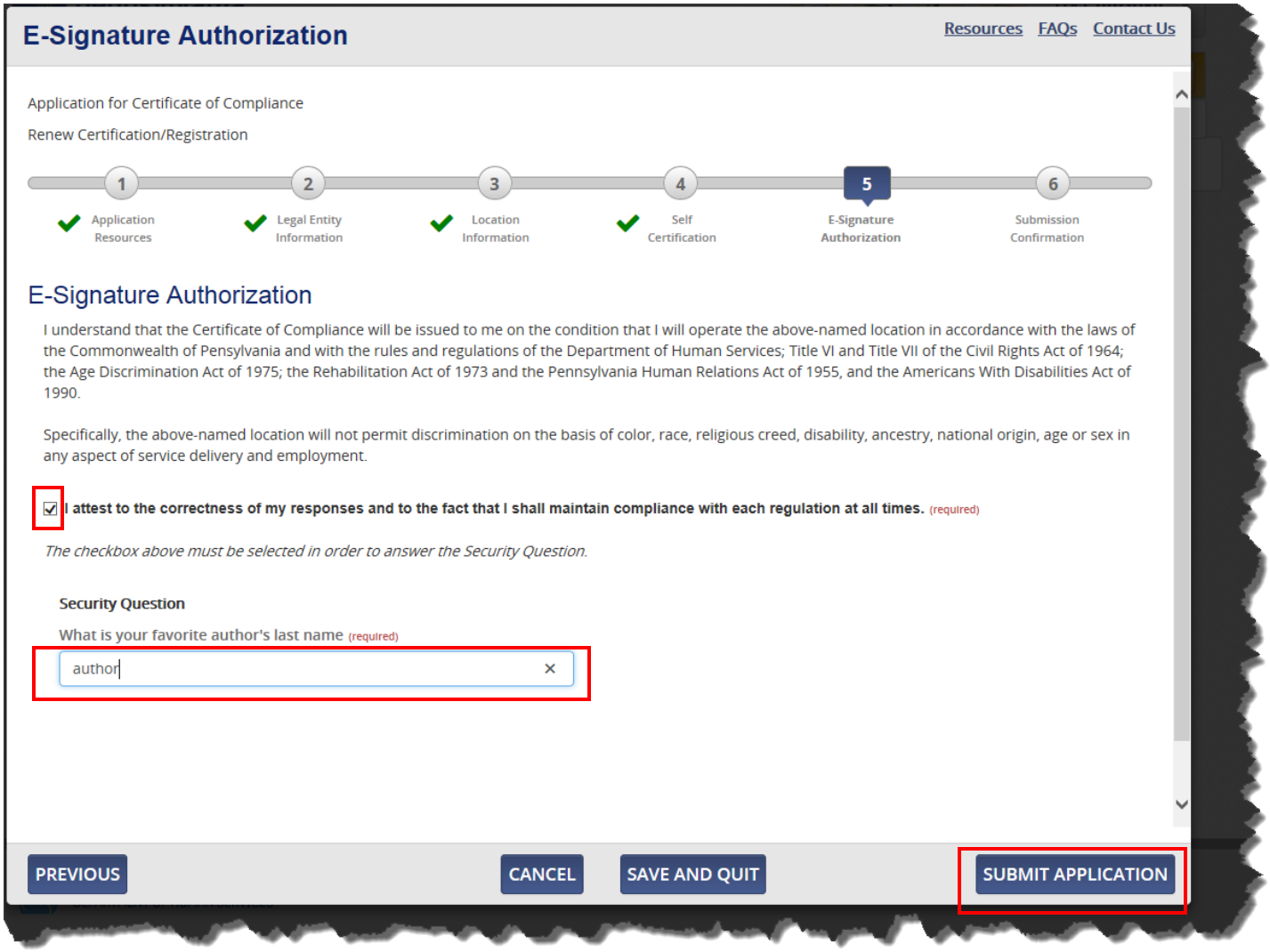
○ Yes ◉ No — If yes, please explain — *Characters Remaining: 250*

PREVIOUS | CANCEL | SAVE AND QUIT | NEXT

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.

11. 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.



12. Click on SUBMIT APPLICATION to proceed. The Submission Confirmation screen displays, confirming that the Renew Certification/Registration application has been submitted. Make note of the Application Number for future reference. Click on PRINT PAGE to print the page on your local printer.

Submission Confirmation

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 ✓

Submission Confirmation

PRINT PAGE

Thank you!

Your application has been submitted, and your application number is APP-00030725. Print this confirmation page for your records by pressing the "Print Page" button. You may track this application through your profile, which you can access through the Licensing Home Page.

Please fulfill the requirements noted for all listed documents and submit the required materials within 15 days to Licensing Administration, P.O. Box 3675, Room 623, Health and Welfare Building, Harrisburg, Pa. 17105

Additional Documents

Documentation	Description
Bureau of Equal Opportunity CRCQ approval letter	Letter received from DHS Bureau of Equal Opportunity stating you are in compliance with the State and Federal Equal Opportunity regulations/laws based upon your agency's answers submitted in the Civil Rights Compliance Questionnaire (CRCQ).

The following documents must be available on-site at the time of inspection:

- List of individuals served by the services they participate in, the initial date of enrollment in the program, diagnosis, mobility needs, date of birth and any special health care needs
- Time schedules for agency opening/closing, staff arrival and departure, and individuals served arrival and departure
- List of staff, date of hire, and position at the site

ASSOCIATE APPLICATION TO CRCQ | LICENSING HOME PAGE

13. 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.
14. Click on LICENSING HOME PAGE to return to your starting point.