

Online Renewal Guide

Bureau of Residential Licensing

2017



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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Registration

1. Visit our website at www.azdhs.gov
2. Select “Divisions”
3. Then “Online Provider Services”

The screenshot shows the Arizona Department of Health Services website. The header includes the logo and the text "ARIZONA DEPARTMENT OF HEALTH SERVICES Health and Wellness for All Arizonans". Below the header is a navigation menu with tabs for HOME, AUDIENCES, TOPICS, DIVISIONS, and A-Z INDEX. A search bar labeled "Google Custom Search" is also present. The "DIVISIONS" tab is selected, and a list of services is displayed. The "Online Provider Services" link is highlighted with a red background and a hand cursor icon. Other services listed include Arizona State Hospital, Director's Office, Licensing, Planning & Operations, and Prevention.

This will direct you to the Online Provider Services homepage

The screenshot shows the Online Provider Services homepage. The header includes the Arizona Department of Health Services logo and the text "Arizona Department of Health Services Health and Wellness for All Arizonans". A search bar labeled "Search AZDHS" is present. Below the header is a navigation menu with links for Home, Child Care Facilities Licensing, Special Licensing, Residential Facilities Licensing, Long Term Care Facilities Licensing, Medical Facilities Licensing, and Contact Us. The main content area features a welcome message and a mission statement.

Welcome To Division Of Licensing Services Online Web Site

The ADHS Division of Licensing Services licenses and monitors health and child care facilities and providers throughout Arizona. Licensing inspections, on-site surveys, and complaint investigations are conducted to promote quality care and safety and ensure that performance standards are met for facility operation and maintenance.

Mission Statement: To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services.


Registration cont'd

4. Select "Register"

The screenshot shows the Arizona Department of Health Services (ADHS) website. At the top left is the ADHS logo and the text "Arizona Department of Health Services" with the tagline "Health and Wellness for All Arizonans". To the right is a search bar labeled "Search AZDHS". In the top right corner, the "Register" link is highlighted with a red box, and a mouse cursor is pointing at it. Next to it is the "Log in" link. On the left side, there is a dark navigation menu with the following items: Home, Child Care Facilities Licensing, Special Licensing (with a dropdown arrow), Residential Facilities Licensing, Long Term Care Facilities Licensing, Medical Facilities Licensing, and Contact Us. The main content area features a "Welcome To Division Of Licensing Services Online Web Site" message, followed by a paragraph describing the division's role in licensing and monitoring health and child care facilities. Below this is a "Mission Statement" box stating: "To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services."

Registration cont'd

5. Create a user name and password
6. Write this down & keep it in a safe place, as it will be required each time you log in.
7. In the “I am registering as” box: Select, “*Residential Facilities Provider*”
8. Use the “Name of owner” box & select the owner name from the drop down list, then in “*FAC ID*” select, the license number or All Facilities. If you have more than 1 facility we encourage you to “register all.”
9. Upon completing, select “*Register*”



Arizona Department of Health Services
Health and Wellness for All Arizonans

[Register](#) [Log in](#)

- Home
- Child Care Facilities Licensing
- Special Licensing
- Residential Facilities Licensing**
- Long Term Care Facilities Licensing
- Medical Facilities Licensing
- Contact Us

Register.
Create a new account.

Before you move forward to register and create your account, you should take the time to develop and write down on a piece of paper a unique password as you will need to enter that password twice.

User name

Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one of these special characters !@#\$\$%^&*()_+.

Password Confirm password

Email Confirm Email

First Name Last Name

Phone

I am registering as

Name of Owner FAC ID

Please be aware that the registration process requires an approval by the Department, which will be processed within 10 business days of registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email once your registration is complete.

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Select FAC ID
All Facilities
AL0015
AL0028
AL6477
AL6479
AL7622
AL7695
AL9488
AL9740

Registration cont'd

10. You will get a notification email informing you that you have been approved within 48 hours
11. Upon approval, you can start the online renewal process
12. Click the link and it will redirect you to the login page



Submit Renewal

1. Visit Online Provider Services homepage at <https://licensing.azdhs.gov/LicensingOnline/>
2. Select “Log in” at the top right corner
3. Enter the username and password
4. Select “Log in” below the password box

The screenshot shows the Arizona Department of Health Services (AZDHS) Online Provider Services homepage. The header includes the AZDHS logo and the text "Arizona Department of Health Services" and "Health and Wellness for All Arizonans". A search bar labeled "Search AZDHS" is located in the top right. Below the header, there are two "Log in" buttons: one in the top right corner and one in the login section. The "Log in" button in the login section is highlighted with a red box. The login section includes a "Log in" heading, "User name" and "Password" labels, and corresponding input fields. Below the input fields is a "Log in" button, also highlighted with a red box. There are also links for "Register" and "Click here for Help". A navigation menu on the left side of the page lists various licensing categories.

Arizona Department of Health Services
Health and Wellness for All Arizonans

Search AZDHS

Register Log in

Home
Child Care Facilities Licensing
Special Licensing ▾
Residential Facilities Licensing
Long Term Care Facilities Licensing
Medical Facilities Licensing
Contact Us

Log in

User name
Password

Log in

Register if you don't have an account.
Click here for Help

Submit Renewal cont'd

5. Read the terms as they are important!
6. Select “*Submit Online Renewal*”

The screenshot displays the Arizona Department of Health Services (AZDHS) website. At the top left is the AZDHS logo with the tagline "Health and Wellness for All Arizonans". To the right is a search bar labeled "Search AZDHS". Below the logo, a navigation menu includes "Home", "Submit Online Renewal", and "Order History". A user is logged in as "testyr2!" with links for "Update Profile" and "Log off".

The main content area is titled "Welcome To Division Of Licensing Services Online Web Site" and contains the following text:

Welcome to the Bureau of Residential Facilities Licensing.

For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email. The information in your Profile is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the Department. When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. If you have any questions, please contact the Bureau of Residential Facilities Licensing at 602-364-2639.

Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If your license will expire today or prior to the next ADHS business day, you **MUST** contact the Bureau of Residential Facilities at (602) 364-2639 to coordinate your paper submission of a license renewal application.

Failure to do so will or could result in:

- Your license becoming invalid;
- Delays in reinstating your expired license, during which you are forbidden to provide services; and
- An enforcement action taken against your license.


Before you renew your license online, please be sure you have the following items at hand:

- Complete ownership and facility information.
- A valid credit card.

At the bottom of the page, there is a blue button labeled "Submit Online Renewal".

Submit Renewal cont'd

- If you have multiple facilities, select one from the list, and then click “*Submit Renewal License Application*”.

**Arizona Department of Health Services**
Health and Wellness for All Arizonans

Search AZDHS

Hello, **testyr2!** [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

Facility List

Total facilities Found: 17

Fac ID	License #	Facility Name	License Expires	Bed Count	
BH1310	BH1310	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	06/30/2017	5	Submit Renewal License Application
BH1311	BH1311	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	07/31/2017	5	Submit Renewal License Application
BH4104	BH4104	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	09/30/2017	5	Submit Renewal License Application
BH2337	BH2337	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	09/30/2017	5	Submit Renewal License Application
BH1359	BH1359	FSL PATHWAYS INC / ASSISTED GROUP LIVING PROGRAM	10/31/2017	5	Submit Renewal License Application
BH1181	BH1181	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	10/31/2017	5	Submit Renewal License Application
BH2186	BH2186	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	10/31/2017	5	Submit Renewal License Application
BH1186	BH1186	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	10/31/2017	5	Submit Renewal License Application
BH1183	BH1183	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	10/31/2017	5	Submit Renewal License Application
BH1184	BH1184	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	10/31/2017	5	Submit Renewal License Application
BH2657	BH2657	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	11/30/2017	5	Submit Renewal License Application
BH3482	BH3482	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	11/30/2017	5	Submit Renewal License Application
BH3982	BH3982	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	11/30/2017	5	Submit Renewal License Application
BH2534	BH2534	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	11/30/2017	5	Submit Renewal License Application
BH2218	BH2218	FSL PATHWAYS, INC AGL PROGRAM	12/31/2017	5	Submit Renewal License Application
BH2217	BH2217	FSL PATHWAYS, INC AGL PROGRAM	12/31/2017	5	Submit Renewal License Application
BH2216	BH2216	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	01/31/2018	5	Submit Renewal License Application

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Submit Renewal cont'd

8. Enter the "Health Care Institution Information"

Arizona Department of Health Services
Health and Wellness for All Arizonans

Search AZDHS

Hello, testyr2! Update Profile Log off

Home Submit Online Renewal Order History

RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: FSL PATHWAYS, INC / ASSISTED GROUP I License No. BH1310

Mailing Address: 1201 EAST THOMAS ROAD

City: PHOENIX State: Arizona (AZ) ZIP Code: 85014

Phone No. (nnn) nnn-nnnn: (602) 285-1800 Fax No. (nnn) nnn-nnnn: (602) 266-4912 E-mail: (name@domain.com): Jkeys@fsl.org

Select one class or subclass(Listed in A.A.C. R9-10-102):

- Adult behavioral health respite home
- Adult behavioral health therapeutic home
- Adult day health care facility
- Adult foster care home
- Assisted living center
- Assisted living home
- Behavioral health residential facility
- Behavioral health respite facility

What is the health care institution's scope of service:

Note: If services have been added or removed, please notify the bureau!

Health care institution's day and hours of operation: 24/7

Sun Mon Tues Wed Thurs Fri Sat

Is health Care Institution accredited?
 Yes No

Name of accrediting organization (must be from a nationally recognized organization):
Select


SUBMIT, if applicable a copy of the full accreditation report and cover letter.

Is health care institution requesting certification under Title XIX of the Social Security Act?
 Yes No

- Accrediting organization and file uploading is only effective if you select "yes".
- Use the "choose file" box to attach the accreditation report and note the file limit is 5MB.
- Please make sure that this is the FULL, FINAL accreditation report, along with the approval letter and certificate – not an executive summary!

Submit Renewal cont'd

9. Enter the Owner Information

**Arizona Department of Health Services**
Health and Wellness for All Arizonans

Search AZDHS

Hello, [testyr2!](#) [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

II. OWNER INFORMATION

Owner's Name:
FSL PATHWAYS, INC.

Street Address:
77 E. THOMAS ROAD, SUITE 100

City: PHOENIX **State:** Arizona (AZ) **ZIP Code:** 85012

Phone No. (nnn) nnn-nnnn: **Fax No. (nnn) nnn-nnnn:**

The owner is a (select one)

Sole proprietorship Corporation Partnership
 Limited liability partnership Limited liability company Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;
If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
If the owner is a corporation, the name and title of each corporate officer; or
If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: <input type="text"/>	Title: <input type="text"/>
Name: <input type="text"/>	Title: <input type="text"/>
Name: <input type="text"/>	Title: <input type="text"/>

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 since the previous license application was submitted?
 Yes No
If Yes, indicate:
The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:


The name and address of the licensing agency that denied, revoked, or suspended the license :
Name: Address:

[Previous](#) [Continue](#)

Submit Renewal cont'd

10. Continuance of "Owner Information"

11. Signature and Authority

**Arizona Department of Health Services**
Health and Wellness for All Arizonans

Search AZDHS

Hello, [testyr2!](#) [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

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 since the previous license application was submitted?
 Yes No
If Yes, indicate:
The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:
Name: Address:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10- 108(C)(2) ?
 Yes No

III. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: Title:

Street Address:

City: State: ZIP Code:

Phone No. (nnn) nnn-nnnn:

IV. GOVERNING AUTHORITY

Name:


Street Address:

City: State: ZIP Code:

[Previous](#) [Continue](#)

Submit Renewal cont'd

12. Signature and Additional documents



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Health and Wellness for All Arizonans

Search AZDHS

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[Home](#) [Submit Online Renewal](#) [Order History](#)

RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

V. CHIEF ADMINISTRATIVE OFFICER

Name: Title:

Highest Educational Degree:

Work experience related to the health care institution class or subclass related to licensing requested:

VI. SIGNATURES

1.If the applicant is an individual, the owner of the health care institution.
2.If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3.If the applicant is a governmental agency, the head of the governmental agency.

Signature	Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

VII. ADDITIONAL DOCUMENTATION

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. Yes No

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Note: Make sure that the lease is current and has the lease dates clearly indicated! The file limit is 5MB.

Submit Renewal cont'd

13. Please review fee remittance table before proceeding to “Submit Renewal Fee”.

**Arizona Department of Health Services**
Health and Wellness for All Arizonans

Search AZDHS

Hello, **testyr2!** [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

FEES			AMOUNT DUE
Application Fee: (Due when application is submitted)			50
Licensed Capacity:	License Fee:	# of Beds x 94 each:	Total License Fee + Number of Beds Fee:
5	375	470	845
Add Enforcement Fees owed: Enforcement Fees previously owed: +\$0 Enforcement Fees currently owed for late Fee: +\$0			Total Enforcement Fees Owed: <input type="text" value="0"/>
Total Amount Due:			895

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. 36-405(B)(6), 36-882(f) and 36-897.01(c), except as provided in A.R.S. 41-1077.
NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans' Home, Arizona State Hospital or adult foster care settings. Authority: A.R.S. 36-405
Please note that The Bureau will not receive your application unless the payment process is completed and the credit card payment is approved.
Do Not use the back arrow on your browser once you get to the payment screen.

[Previous](#) [Submit Renewal Fee](#)

Submit Renewal cont'd

14. Checkout process, please enter your credit information.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Payment Information

☆Indicates Required Field



Please enter the customer's billing and credit card information. Click the continue button to go to the Order Review page to authorize payment.

CHECKOUT - PAYMENT INFORMATION

☆First Name: <input type="text"/>	☆Last Name: <input type="text"/>
☆Billing Address: <input type="text"/>	☆City: <input type="text"/>
☆State: AZ ▾	☆Zip: only 5 digits <input type="text"/>
Email: (receipt will be emailed to you) <input type="text"/>	☆Phone Number: <input type="text"/>


Credit Card Electronic Check - ACH

The following credit cards are accepted



☆Credit Card Number:

☆Expiration Date: January ▾ 2017 ▾ CVV/CSV:



CVV number
CVV number is a 3 digit code on the back of your Visa or MasterCard.

Submit Renewal cont'd

15. Review the order carefully, then select “*Authorize*” to continue with the renewal.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Order Review

Please review your order and ensure the information below is correct before proceeding.
If you agree with the information as displayed, please click the "Authorize" button to process the credit card payment.

BILLING INFORMATION

Name: FFF FFF
Address: T54T, FF, AZ 66666
Phone: 555-555-5555
Email:
[EDIT](#)

ACCOUNT INFORMATION

VISA
4*****1111 EXP:04/2021
[EDIT](#)

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1135	HSDLS100	BH NO CAP & 1-59 BADS	\$375.00	1	\$375.00
1135	HSDLS130	BH FEE PER BED	\$470.00	1	\$470.00
1135	HSDLS185	HLTH FACILITY APP FEE	\$50.00	1	\$50.00
1135		TOTAL			\$895.00

NOTES
Licensure Fee Application for BH1310

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$895.00

The total amount to be billed to your credit card is **\$895.00**

[PREVIOUS](#) [AUTHORIZE](#)

Submit Renewal cont'd


16. Once you authorize the payment, the portal will allow you to print a receipt.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Receipt

Thank you for your payment. Your payment was successful.
Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.
Your authorization number is 409061.
Please reference this number in any correspondence regarding your transaction.
[Click here to download receipt](#)
[Printer Friendly Version \(PDF\)](#)
 [Get the Adobe Acrobat Reader](#)

BILLING INFORMATION

Name: FFF FFF
Address: T54T, FF, AZ 66666
Phone: 555-555-5555
Email:

ACCOUNT INFORMATION

VISA
4*****1111

PAYMENT DATE

DATE:
Fri, 24 Mar 2017 09:13:10 MST

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1135	HSDLS100	BH NO CAP & 1-59 BADS	\$375.00	1	\$375.00
1135	HSDLS130	BH FEE PER BED	\$470.00	1	\$470.00
1135	HSDLS185	HLTH FACILITY APP FEE	\$50.00	1	\$50.00
1135		TOTAL			\$895.00

NOTES
Licensure Fee Application for BH1310

The following amount was billed to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$895.00

The total amount billed to your credit card is \$895.00

Submit Renewal cont'd

17. Print preview view. You can print this and save it.

The screenshot shows the Arizona Department of Health Services website. The header includes the department name and logo, a search bar, and links for 'Register' and 'Log in'. A sidebar on the left lists navigation options: Home, Child Care Facilities Licensing, Special Licensing, Residential Facilities Licensing, Long Term Care Facilities Licensing, Medical Facilities Licensing, and Contact Us. The main content area displays a 'Payment Receipt' for a 'Licensure Fee Application'. It includes a link to 'Get Online Renewal Form in PDF' and a table with the following data:

Order Number:	Authorization Code:	Partial Card Number:	Card Type:	Payment Status:	Payment Date:
Name of Health Care Institution:		FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM			
License Number:	BH1310	License Expiration Date:	06/30/2017		
FEES			AMOUNT DUE		
Application Fee:(Due when application is submitted)			50		
Licensed Capacity:	License Fee:	# of Beds x 94 each:	Total License Fee + Number of Beds Fee:		
5	375	470	845		
Total Amount Due:			\$895		
Enforcement Fees Paid:			\$0		
Total Amount Paid:			\$895		

18. Fee status will be sent by email with the receipt attached in PDF.

The screenshot shows an email message window with the subject 'Message receipt.pdf (17 KB)'. The body of the email contains the following text:

Thank you for your payment. Your payment was successful and your receipt is attached.

Your authorization number is 387097. Please reference this number in any correspondence regarding your transaction.

Submit Renewal cont'd

19. Click “*Order history*” to review the application form and receipt.

The screenshot shows the Arizona Department of Health Services (AZDHS) website. The header includes the AZDHS logo and tagline "Health and Wellness for All Arizonans", a search bar for "Search AZDHS", and a user greeting "Hello, testyr2!" with links for "Update Profile" and "Log off". A navigation bar contains "Home", "Submit Online Renewal", and "Order History". The "Order History" section displays "Total Records Found: 1" and a table with one record. The table has columns for "FAC ID", "License #", "Facility Name", "Submitted Date", "Online Renewal Form", and "Receipt". The record shows FAC ID BH1310, License # BH1310, Facility Name FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM, Submitted Date 3/24/2017 9:10:58 AM, and links for "Get PDF" and "Get Receipt". Below the table, it says "Page 1 of 1" and has a blue button with the number "1". A left sidebar contains navigation links for Home, Child Care Facilities Licensing, Special Licensing, Residential Facilities Licensing, Long Term Care Facilities Licensing, Medical Facilities Licensing, and Contact Us.

FAC ID	License #	Facility Name	Submitted Date	Online Renewal Form	Receipt
BH1310	BH1310	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM	3/24/2017 9:10:58 AM	Get PDF	Get Receipt

Congratulations! You submitted your online renewal successfully.