

# Enterprise Licensing Solutions - ELS

Susan Morrow

DPSQA OCS License and Certification Manager



- 1. Provider File Updates**
- 2. Change of Information Request**
- 3. Renewal Applications**
- 4. Annual Fee Payment**





### Child Care Services

The Licensing Unit is responsible for the enforcement of the Child Care Licensing Act for registered childcare family homes, licensed homes, and licensed childcare centers in Arkansas.

[Search](#)



### Placement and Residential Services

The Placement and Residential Licensing Unit (PRLU) is responsible for enforcing the Child Welfare Agency Licensing Act for Residential, Emergency Residential, Psychiatric Residential Treatment, Independent Living Facilities, and Child Placement Agencies that place foster children.

[Search](#)



### Home & Community Based Services

The Office of Community Services (OCS) licenses, certifies, and regulates over 2,000 facilities under Home and Community-based Services (HCBS) in Arkansas. Those facility-types include: Adult Day Cares, Adult Day Health Cares, Residential Care Facilities, Assisted Living Facilities (I & II), Early Intervention Day Treatment, Adult Developmental Day Treatment, Post-Acute Head Injury, PACE, Alcohol and Other Drug Abuse Treatment Programs, Personal Care, ARChoice Providers, Acute Crisis/Crisis Stabilization Units, Behavioral Health Agency, Community Support System Providers, Partial Hospitalization, Residential Community Reintegration, Therapeutic Communities, Targeted Case Management, Community & Employment Services (CES Waiver). The Office of Community Services reviews concerns, complaints, and allegations of substandard care related to facility practices. Complaints can be reported through the citizen portal and by calling the complaint hotline at 1-800-582-4887, Monday – Friday 8:00 a.m. – 4:30 p.m.

[Search](#)

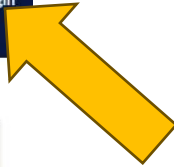


### Long-Term Care Services

The Office of Long-Term Care (OLTC) licenses, regulates, and investigates Nursing Homes (NH), Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF/IID), and Human Development Centers (HDC) in Arkansas. OLTC is committed to serving and protecting the most vulnerable populations in these facilities. Complaints may be reported by email or telephone. There are operators available to answer complaints Monday thru Friday 8am to 4:30pm. The complaint hot line number is 1-800-582-4887. The complaint e-mail is [complaints.OLTC@arkansas.gov](mailto:complaints.OLTC@arkansas.gov).

[Search](#)

# Citizen Portal - <https://arkdhs.force.com/elicensing/s/>



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Search



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Search



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Search


# How to Log In

## Login

Welcome back! Please sign into your account.

\*Username

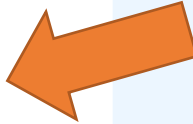
\*Password

I'm not a robot  reCAPTCHA  
[Privacy](#) - [Terms](#)

Login

Forgot your Password? [Click here](#)

Not a member? [Register here](#)




# How to Log In

## Login

Welcome back! Please sign into your account.

\*Username

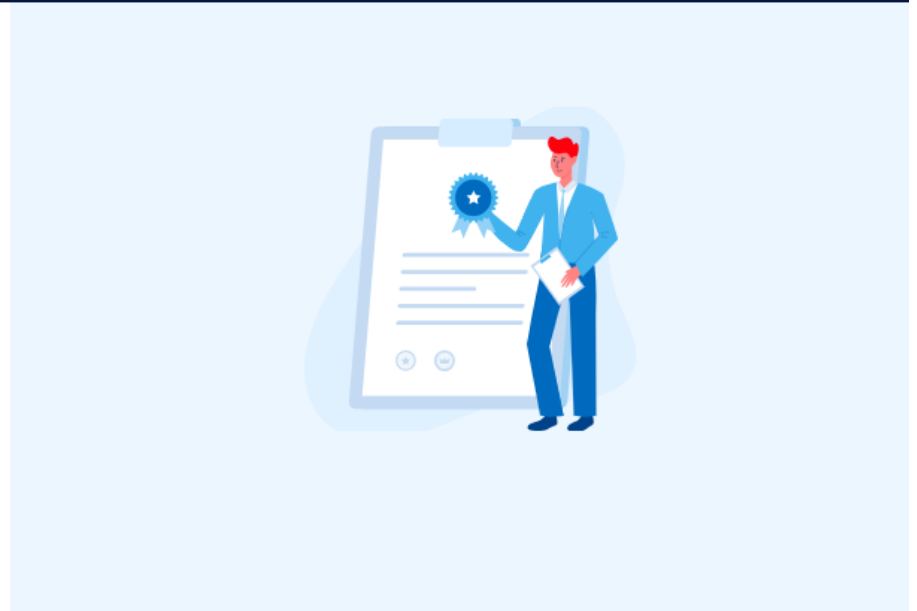
\*Password

I'm not a robot  reCAPTCHA  
[Privacy](#) - [Terms](#)

**Login**

Forgot your Password? [Click here](#)

Not a member? [Register here](#)



# Important Step for Completing ELS Registration:

Once you complete your registration for the Enterprise Licensing Solution (ELS) database, we will need the following additional information. This information will allow us to connect your programs to your specific log in.

## We will need:

- Your User Name
- Letter of Authority
- Legal Name of each program
- License/Certification numbers for each program
- Your Date of birth
- Your title (owner, CEO, etc.)
- If Administrator: dates for your Administrator's Certification (begin and end dates)
- Your phone number
- If EIDT Director: dates for Director Orientation

Please email this information to: DPSQA Provider Applications

[DPSQA.ProviderApplications@dhs.arkansas.gov](mailto:DPSQA.ProviderApplications@dhs.arkansas.gov)



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DEPARTMENT OF  
**HUMAN  
SERVICES**

humanservices.arkansas.gov

# Program File Updates





Division of Provider Services and Quality Assurance - Home and Community Based Services

Incidents and Accidents should be submitted via the Enterprise Licensing System (ELS) Provider Portal, with the exception of ADDT and EIDT, who will continue to submit form 1910 via email- [dds.incident.report@dhs.arkansas.gov](mailto:dds.incident.report@dhs.arkansas.gov) and/or [landAreports@dhs.arkansas.gov](mailto:landAreports@dhs.arkansas.gov).

Do not submit "Test Cases" in the Provider portal

Please register with the link: [Register \(site.com\)](#)

If you do not see your Facility under your account, please contact your appropriate DPSQA Licensing team at:

- For HCBS: [DPSQA.ProviderApplications@dhs.arkansas.gov](mailto:DPSQA.ProviderApplications@dhs.arkansas.gov)
- For OLTC: [OLTC.LicensureCertification@dhs.arkansas.gov](mailto:OLTC.LicensureCertification@dhs.arkansas.gov)

For ELS Provider Training materials, please click the link: [Enterprise Licensing System \(ELS\) - Arkansas Department of Human Services](#)

Welcome,  
**Susan Morrow-Test**

You can apply for new applications here and use your dashboard to edit and track the status of previously created applications.



Resources



**Manage Applications**

[Get Started →](#)



**Manage Facilities**

[Get Started →](#)



**Online Payments**

[Get Started →](#)



**Incidents and Accidents**

[Get Started →](#)



Once  
logged  
into the  
portal,  
select  
"Manage  
Facilities."

Select the program from the list that you need to review.

Select "View" in the column on the left.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

ARKANSAS DEPARTMENT OF EDUCATION

Home Dashboard Resources Contact Us

Division of Provider Services and Quality Assurance - Home and Community Based Services

< Back to Dashboard

### List of Facilities

Sort By

Select an Option

Facility No.	Full Legal Provider/Facility Name	License/Certification Type	Provider Type	Facility Status	Action
00052436	Light for AODATP	Alcohol & Other Drug Abuse Treatment Program	SA - Adult Outpatient, SA - Adult Partial Day Treatment, SA - Adult Residential	Regular	<a href="#">View</a>
00052423	Lighting the Way ALF II	Assisted Living Facility (ALF) II		Regular	<a href="#">View</a>
00050625	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices - Attendant Care (ATC)	Regular	<a href="#">View</a>
36262	Light for the Way CSSP	Community Support Systems Provider	Base	Regular	<a href="#">View</a>

< 1 >

[← Back to Facilities](#)

### Lighting the Way ALF II

 <b>Facility Number</b> 00052423	<b>Facility Type</b> Assisted Living Facility (ALF) II	<b>Facility Status</b> Regular
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	-----------------------------------



- Facility/Provider Information**
- Facility Address and Contact Information
- Management Information
- Facility Schedule
- Previously Licensed
- Service Information
- Licensure and Management Ownership Information
- Governing Board
- Partnership
- Corporate/Individual
- Director
- Owner
- Administrator
- Inspections
- Additional Information
- Documentation
- Related Facilities
- Related Links

### Facility/Provider Information

<b>Full Legal Provider/Facility Name</b> Lighting the Way ALF II	
<b>Classification Type</b> -	<b>Corporate Name</b> Lighting LLC
<b>Related Facilities</b> No	<b>Previously Licensed in Arkansas</b> No
<b>Do you currently accept Medicaid?</b> No	<b>Medicaid Provider Number</b> -

Review each informational tab and update as needed.

# Required Fields

The screenshot displays the Arkansas Department of Human Services web portal. At the top, a navigation bar includes the logo, 'Home', and 'Dashboard' links. A red notification banner states: 'Please complete all required fields on the page to save'. Below this, a blue header identifies the 'Division of Provider Services and Quality Assurance - Home and Community-Based Services'. A status message indicates the user is in 'Change of Information Request mode'. The main content area is titled 'Update Facility/ Related Information' and features a sidebar with several menu items, each marked with a green checkmark: 'Facility/Provider Information', 'Facility Address and Contact Information', 'Management Information', 'Facility Schedule', and 'Service Information'. The 'Director' section is active, showing a form for 'Non-Profit: List names and addresses of Board of Directors of the governing body.' This form includes four input fields: '\*First Name', 'Middle Name', '\*Last Name', and '\*Email'. The asterisk indicates these are mandatory fields. Below each of these fields is a red error message: 'Complete this field.' An orange arrow points from the 'Dashboard' link in the top navigation to the 'Director' section. Another orange arrow points from the 'Service Information' menu item to the 'Director' form.



# Edit Details

- Facility/Provider Information
- Facility Address and Contact Information**
- Management Information
- Facility Schedule
- Previously Licensed
- Service Information
- Licensure and Management Ownership Information
- Governing Board
- Partnership
- Corporate/Individual
- Director
- Owner
- Administrator
- Inspections

## Facility Address & Contact Information

[Edit Details](#)



<b>Address</b> 500 West Avenue	
<b>Address 2</b> -	
<b>City</b> Harbor	<b>State</b> AR
<b>Zip Code</b> 75546	<b>County</b> Drew
<b>Out of State</b> No	<b>Out of State County</b> -
<b>Phone</b> 5555555555	<b>Phone Ext</b> -
<b>Directions to Facility</b> -	
<b>Fax</b> -	<b>Other (phone)</b> -
<b>Facility Email Address</b> lighting@test.now	<b>Facility Website</b> -
<b>Facility Contact First Name</b> George	<b>Facility Contact Last Name</b> Jones
<b>Facility Contact Title</b> Secretary	<b>Facility Contact Email Address</b> george@test.now
<b>Additional Services Provided</b> -	

# Edit Details

- Facility/Provider Information
- Facility Address and Contact Information**
- Management Information
- Facility Schedule
- Previously Licensed
- Service Information
- Licensure and Management Ownership Information
- Governing Board
- Partnership
- Corporate/Individual
- Director
- Owner
- Administrator
- Inspections
- Additional Information

## Facility Address & Contact Information

**Address**  
500 West Avenue

**Address 2**

**City**  
Harbor

**State**  
AR

**Zip Code**  
75546

**County**  
Drew

**Out of State**  
 Yes  No

**Out of State County**

**\*Phone**  
5555555555

**Phone Ext**


**Directions to Facility**

**Fax**

**Other (phone)**

**\*Facility Email Address**  
lighting@test.now

**Facility Website**



# Facility/Provider Information

 **Facility/Provider Information**

<b>Full Legal Provider/Facility Name</b> Lighting the Way ALF II	
<b>Classification Type</b> -	<b>Corporate Name</b> Lighting LLC
<b>Related Facilities</b> No	<b>Previously Licensed in Arkansas</b> No
<b>Do you currently accept Medicaid?</b> No	<b>Medicaid Provider Number</b> -

**No information can be updated on this tab.  
Updating this section requires a change of  
information request.**



# Facility Address and Contact Information

## Facility Address & Contact Information

**Address**  
500 West Avenue

**Address 2**

**City**  
Harbor

**State**  
AR

**Zip Code**  
75546

**County**  
Drew

**Out of State**  
 Yes  No

**Out of State County**

**\* Phone**  
5555555555

**Phone Ext**

**Directions to Facility**

**Fax**

**Other (phone)**

**\* Facility Email Address**  
lighting@test.now

**Facility Website**

**\* Facility Contact First Name**  
George

**\* Facility Contact Last Name**  
Jones

**Facility Contact Title**  
Secretary

**\* Facility Contact Email Address**  
george@test.now

**Additional Services Provided**  
Select an Option



Cancel Save





# Facility Address and Contact Information

## ✉ Mailing Address

Is Mailing address the same as Physical Address?

\* Address

230 Peach Street

Address 2

\* City

Erie

\* State

PA

\* Zip Code

16507

Cancel

Save



# Management Information

## Management Information

Is Facility managed by a Management Company?

No

Contact First Name

-

Contact Last Name

-

Management Company Name

-

Management Company IRS Number

-

Address

-

Address 2

-

City

-

State

AR

Zip Code

-

Phone

-

**No information can be updated on this tab.  
Updating this section requires a change of  
information request.**



# Facility Schedule

## Facility Schedule

\*Mandatory field



**\* Schedule Name**

**\* Months of Operation**

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> April
<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June	<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August
<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

All

**\* Facility Open 24/7**

Yes  No

**\* Days Open 24/7**

<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> Thursday
<input checked="" type="checkbox"/> Friday	<input checked="" type="checkbox"/> Saturday	<input checked="" type="checkbox"/> Sunday	

Cancel





# Service Information

## Service Information

Food Service	Services Offered
Yes	Meals Provided

**No information can be updated on this tab.  
Updating this section requires a change of  
information request.**



# Licensure and Management Ownership Information

## 🔍 Licensure and Management Ownership Information

<b>Total number of Beds/Slots requested</b> 70	<b>Explain Difference in Beds</b> -
<b>Classification Types</b> -	<b>How many are ASCU Beds?</b> 10
<b>Ownership Type</b> Non-Profit	<b>Ownership (If Other)</b> -
<b>Ownership Status (If Private)</b> -	<b>Total Independent Rooms</b> 20

**No information can be updated on this tab.  
Updating this section requires a change of  
information request.**



# Governing Board

## Governing Board Information

+ Add New

Jeff Dunham



## Governing Board

\*Mandatory field

* First Name	Middle Name
<input type="text" value="Jeff"/>	<input type="text"/>
* Last Name	* Email
<input type="text" value="Dunham"/>	<input type="text" value="jeff@test.now"/>
* Start Date	End Date
<input type="text" value="10/22/2024"/>	<input type="text" value="MM/DD/YYYY"/>
* Phone	
<input type="text" value="5551155515"/>	



Cancel Save



# Director Information

- Facility/Provider Information
- Facility Address and Contact Information
- Management Information
- Facility Schedule
- Previously Licensed
- Service Information
- Licensure and Management Ownership Information
- Governing Board
- Partnership
- Corporate/Individual
- Director**

**Director Information** + Add New

Jane Austin Provide Portal Access  





# Provide Portal Access

## Director Information

+ Add New

Jane Austin

Provide Portal Access



James Smith

Provide Portal Access

**First Name**  
James

**Middle Name**  
-

**Last Name**  
Smith

**Email**  
test.test@test.com

**Address**  
7 33rd street

**Address 2**  
Suite 4

**City**  
Thomasville

**State**  
AR

**Zip Code**  
75575

**Date of Birth**  
-

**SSN**  
-

**Cell/Mobile**  
5555555555

**Qualifications**  
Executive Director

**Start Date**  
10/25/2024


**End Date**  
-

**Director Type**  
Executive Director


**Portal Access**  
-


End date employees who are no longer with your program.

<b>Admin License/Certificate Start Date</b> 10/7/2024	<b>Admin License/Certificate Exp Date</b> 10/7/2025
<b>* Start Date</b> 10/25/2019	<b>End Date</b> 10/25/2024 <small>Format: 12/31/2024</small>



# Owner Information

 Owner Information

<b>Owner Information</b>		
-		
<b>TIN/SSN Type</b> TIN	<b>TIN/SSN</b> 12-3456789	<a href="#">Provide Portal Access</a> 
<b>Corporation Name</b> Lighting the Way	<b>First Name</b> -	
<b>Middle Name</b> -	<b>Last Name</b> -	
<b>Address</b> 77 Brick Lane		
<b>Address 2</b> -		
<b>City</b> Talltown	<b>State</b> AR	<b>Zip Code</b> 55648
<b>Phone</b> 5551155115	<b>Email</b> lighting@test.now	
<b>Cell/Mobile</b> -	<b>% of Ownership</b> 100	
<b>Start Date</b>	<b>End Date</b>	
<b>Portal Access</b> -		

No information can be updated on this tab.  
Updating this section requires a change of  
information request.



# Administrator Information

## Administrator Information

[+ Add New](#)

James OHare



Sam Lincoln

[Provide Portal Access](#)



# Inspections

## Inspections

<b>Fire Inspection Date</b>	<input type="text" value="8/6/2024"/>	N/A
<b>Water Inspection Date</b>	<input type="text" value="MM/DD/YYYY"/>	N/A <input checked="" type="checkbox"/>
<b>Health Inspection Date</b>	<input type="text" value="12/18/2023"/>	N/A <input type="checkbox"/>
<b>Boiler Inspection Date</b>	<input type="text" value="9/4/2023"/>	N/A <input type="checkbox"/>

Cancel


Save




# Additional Information


## Additional Information


**Business License**  
 Yes  No


**Business License Start Date**  
MM/DD/YYYY 


**Business License Expiration Date**  
MM/DD/YYYY 


**Accreditation**  
 Yes  No

**Accreditation Start Date**  
MM/DD/YYYY 

**Accreditation Expiration Date**  
MM/DD/YYYY 

**Professional License**  
Not Applicable 

**Professional License Start Date**  
MM/DD/YYYY 


**Professional License Expiration Date**  
MM/DD/YYYY 

Cancel

Save







# Documentation

 Documentation

Documents Uploaded:

[+ Add Attachments](#)

Document File Name	Document File Type	Document Description	
Filler 01.jpg	Food Service		  <a href="#">View</a>
Filler 01.jpg	Fire Drills/Annual Emergency Drills		  <a href="#">View</a>



# Related Facilities

## Related Facilities

Facility Name	Facility Number
Light for Tomorrow ATN Care	00050625

**No information can be updated on this tab. Updating this section requires a change of information request.**





# Related Links

## Related Links

[Newly Posted Notices](#) 

[Viewed Notices](#) 

[Submit Change of Information Request](#) 

[Remedy Resolution \(Enforcement\)](#) 



# Change of Information Request



# Change of Information Request

## Related Links

[Newly Posted Notices](#) 

[Viewed Notices](#) 

[Submit Change of Information Request](#) 

[Remedy Resolution \(Enforcement\)](#) 



You're currently in Change of Information Request mode.

[Back to Related Links](#)

### Update Facility/ Related Information

- Facility/Provider Information**
- Facility Address and Contact Information
- Management Information
- Facility Schedule
- Previously Licensed
- Service Information
- Licensure and Management Ownership Information
- Governing Board
- Partnership
- Corporate/Individual
- Director
- Owner Information
- Administrator Information
- Inspections
- Additional Information
- Documentation
- Review
- Payment Summary
- Sign & Submit

Submit Change Request

Discard Changes

### Facility/Provider Information \*Mandatory field

\* Full Legal Provider/Facility Name  
Lighting the Way ALF II

\* Corporate Name  
Lighting LLC

Related Facilities  
No

\* Previously Licensed in Arkansas  
 Yes  No

Proposed Open Date  
MM/DD/YYYY

\* Do you currently accept Medicaid?  
 Yes  No

Medicaid Provider Number

- Classification Types
- Change of Ownership
  - Decrease in Bed Capacity
  - Increase in Bed Capacity
  - Replacement
  - Not Applicable

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

# Change of Information Request

# Facility/Provider Information

## Facility/Provider Information

\*Mandatory field

<b>* Full Legal Provider/Facility Name</b> <input type="text" value="Lighting the Way ALF II"/>	
<b>* Corporate Name</b> <input type="text" value="Lighting LLC"/>	<b>Related Facilities</b> <input type="text" value="No"/>
<b>* Previously Licensed in Arkansas</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Proposed Open Date</b> <input type="text" value="MM/DD/YYYY"/>
<b>* Do you currently accept Medicaid?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Medicaid Provider Number</b> <input type="text"/>
<b>Classification Types</b> <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Decrease in Bed Capacity <input type="checkbox"/> Increase in Bed Capacity <input type="checkbox"/> Replacement <input type="checkbox"/> Not Applicable	

Previous

Continue



# Classification Types

## Classification Types

- Change of Ownership
- Decrease In Bed Capacity
- Increase In Bed Capacity
- Replacement
- Not Applicable

[Back to Related Links](#)

### Update Facility/ Related Information

- Facility/Provider Information
- ✓ Facility Address and Contact Information
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- ✓ Corporate/Individual
- ✓ Director
- ✓ Owner Information
- ✓ Administrator Information
- ✓ Inspections
- ✓ Additional Information
- ✓ Documentation
- ✓ Review
- ✓ Payment Summary
- 🔒 Sign & Submit

Submit Change Request

































Discard Changes

Update each tab of information



# Review

Review

 Facility/Provider Information	<a href="#">Edit Details</a> 
 Facility Address and Contact Information	<a href="#">Edit Details</a> 
 Management Information	<a href="#">Edit Details</a> 
 Facility Schedule	<a href="#">Edit Details</a> 
 Previously Licensed	<a href="#">Edit Details</a> 
 Service Information	<a href="#">Edit Details</a> 
 Licensure and Management Ownership Information	<a href="#">Edit Details</a> 
 Governing Board	<a href="#">Edit Details</a> 
 Partnership	<a href="#">Edit Details</a> 
 Corporate/Individual	<a href="#">Edit Details</a> 
 Director	<a href="#">Edit Details</a> 
 Owner Information	<a href="#">Edit Details</a> 
 Administrator Information	<a href="#">Edit Details</a> 
 Inspections	<a href="#">Edit Details</a> 
 Additional Information	<a href="#">Edit Details</a> 
 Documentation	<a href="#">Edit Details</a> 



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# Payment Summary

## 💰 Payment Summary

\*Mandatory field

Transaction Description	Transaction Amount	Status
Payment Due	\$0.00	
<b>Final Amount:</b>	<b>\$0.00</b>	



Previous

Continue



# Sign & Submit

## Sign & Submit

\*Mandatory field

I hereby certify that I have read the application and that all statements are true to the best of my knowledge and belief. I am aware that any willful misrepresentation of any material fact contained on the Application will subject me to penalties as prescribed in the State Licensing Law including, but limited to revocation and/or suspension of this license.

I understand and affirm that the facility complies with Titles VI and VII of the Civil Rights Act. I understand and affirm that this facility complies with the Americans with Disabilities Act of 1990. I further understand that this facility will be operated, managed, and deliver services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color, or national origin.

I further affirm that I understand that I am eligible for a license only if the facility is in compliance with the law and regulations thereunder, and that the Home and Community Based Services is empowered to deny, suspend, or revoke my license on any of the grounds listed in the State Licensing Law.

I certify that my answers are true and to the best of my knowledge. By checking this box I understand that I am signing this application electronically.

\* Enter Your Name

\* Submitted Date

10/25/2024

\* Submitted By

Previous

Submit



# Sign & Submit



✔ Payment Summary
➔ Sign & Submit
Submit Change Request
Discard Changes



# Sign & Submit

\* Do you currently accept Medicaid?

Yes

Classification

Change

Decrease

Increase

Replacement

Not Applicable

Medicaid Provider Number

Application Submitted Successfully

Close



# Application Status for Change of Information Request

ARKANSAS DEPARTMENT OF HUMAN SERVICES | ARKANSAS DEPARTMENT OF EDUCATION | Home | Dashboard | Resources | Contact Us

Division of Provider Services and Quality Assurance - Home and Community Based Services

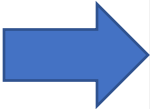
< Back to Dashboard

My Applications | Start New Application

Sort By  
Select an Option

Application No.	Application Type	Full Legal Provider/Facility Name	License/Certification Type	Provider Type	Submitted Date	Application Status	Actions
0009688	Change of Information	Lighting the Way ALF II	Assisted Living Facility (ALF) II		10/25/2024	Application Submitted	<a href="#">Withdraw</a> <a href="#">View</a>
0009684	Initial Application	Light for AODATP	Alcohol & Other Drug Abuse Treatment Program	SA - Adult Outpatient, SA - Adult Partial Day Treatment, SA - Adult Residential	10/24/2024	Approved	<a href="#">Withdraw</a> <a href="#">View</a>
0009671	Initial Application	Lighting the Way ALF II	Assisted Living Facility (ALF) II		10/22/2024	Approved	<a href="#">Withdraw</a> <a href="#">View</a>
0007786	Change of Information	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices - Attendant Care (ATC)	05/13/2024	Approved	<a href="#">Withdraw</a> <a href="#">View</a>
0006950	Initial Application	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices - Attendant Care (ATC)	03/04/2024	Approved	<a href="#">Withdraw</a> <a href="#">View</a>

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# Renewal Applications



# Renewal Application

The screenshot displays a web application interface with a navigation menu on the left and a 'Related Links' section on the right. The navigation menu includes the following items:

- Facility/Provider Information
- Facility Address and Contact Information
- Management Information
- Facility Schedule
- Service Information

The 'Related Links' section contains the following links:

- Newly Posted Notices
- Viewed Notices
- Submit Plan of Correction
- Submit Change of information Request
- Renewal

An orange arrow points from the 'Facility Schedule' menu item to the 'Renewal' link in the 'Related Links' section. A mouse cursor is positioned over the 'Renewal' link.



# Renewal Application

Division of Provider Services and Quality Assurance - Home and Community Based Services

You're currently in Renewal mode.

[Back to Related Links](#)

## Update Provider/ Related Information

### Facility/Provider Information \*Mandatory field

Facility/Provider Information

Provider Address and Contact Information

Management Information

Provider Schedule

Previously Licensed

Service Information

Owner Information

Inspections

Additional Information

Documentation

Review

Sign & Submit

Submit Renewal Request

Cancel Renewal Request

\* Full Legal Provider/Facility Name

Light for Tomorrow ATN Care

\* Corporate Name

Lighting the Way

DBA Name

\* Taxpayer ID # (TIN or EIN)

12-3456789

\* Provider Type

- |                                                                  |                                                                       |
|------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> AR Choices – Respite In-Home            | <input type="checkbox"/> AR Choices – Respite Facility Based          |
| <input type="checkbox"/> AR Choices – Home Delivered Meals (HDM) | <input checked="" type="checkbox"/> AR Choices – Attendant Care (ATC) |
| <input type="checkbox"/> AR Choices – PERS                       | <input type="checkbox"/> AR Choices – Environmental Modifications     |
| <input type="checkbox"/> AR Choices – Adult Day Services         | <input type="checkbox"/> AR Choices – Adult Day Health Services       |
| <input type="checkbox"/> AR Choices – PACE                       |                                                                       |

Related Providers

Yes

Proposed Open Date

3/4/2024

\* Do you currently accept Medicaid?

Yes  No

Medicaid Provider Number

\* Previously Licensed In Arkansas

Yes  No

Classification Types

- Change of Ownership
- Decrease In Bed Capacity
- Increase In Bed Capacity
- Replacement
- Not Applicable



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# Facility Information

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You're currently in Renewal mode.

[Back to Related Links](#)

## Update Provider/ Related Information

- Facility/Provider Information**
- Provider Address and Contact Information
- Management Information
- Provider Schedule
- Previously Licensed
- Service Information
- Owner Information
- Inspections
- Additional Information
- Documentation
- Review
- Sign & Submit

[Submit Renewal Request](#)

[Cancel Renewal Request](#)



### Facility/Provider Information \*Mandatory field

**\* Full Legal Provider/Facility Name**

**\* Corporate Name**  **DBA Name**

**\* Taxpayer ID # (TIN or EIN)**

**\* Provider Type**

<input type="checkbox"/> AR Choices – Respite In-Home	<input type="checkbox"/> AR Choices – Respite Facility Based
<input type="checkbox"/> AR Choices – Home Delivered Meals (HDM)	<input checked="" type="checkbox"/> AR Choices – Attendant Care (ATC)
<input type="checkbox"/> AR Choices – PERS	<input type="checkbox"/> AR Choices – Environmental Modifications
<input type="checkbox"/> AR Choices – Adult Day Services	<input type="checkbox"/> AR Choices – Adult Day Health Services
<input type="checkbox"/> AR Choices – PACE	

**Related Providers**

**Proposed Open Date**

**\* Do you currently accept Medicaid?**  
 Yes  No

**Medicaid Provider Number**

**\* Previously Licensed In Arkansas**  
 Yes  No

**Classification Types**

- Change of Ownership
- Decrease in Bed Capacity
- Increase in Bed Capacity
- Replacement
- Not Applicable

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

# Documentation

**Update Facility/ Related Information**

- ✓ Facility/Provider Information
- ✓ Facility Address and Contact information
- ✓ Management Information
- ✓ Facility Schedule
- ✓ Service Information
- ✓ Owner Information
- ✓ Inspections
- ✓ Additional Information
- Documentation**
- 🔒 Review
- 🔒 Sign & Submit

**Documentation** \*Mandatory field

The following documents (based on facility type if applicable) can be uploaded prior to submitting the application. Select the "New Attachment" button to add a document. The following document types are allowed: png, jpeg, excel, pdf, doc, docx.

Targeted Case Management – New or Renewal application:


- Class A or Class B Home Health or Personal Care License Rule 204.000.B
- A copy of liability insurance. Rule 204.000.H
- If required, a copy of your agency's license issued by the Arkansas Department of Health Rule Supplement page 6 Section

Documents Uploaded:

Document File Name	Document File Type
Uploaded documents to be displayed here.	

[+ Add Attachments](#) [Previous](#) [Continue](#)

[Submit Renewal Request](#)



# Sign & Submit

- ✓ Facility Address and Contact Information
- ✓ Management Information
- ✓ Facility Schedule
- ✓ Service Information
- ✓ Owner Information
- ✓ Inspections
- ✓ Additional Information
- ✓ Documentation
- ✓ Review
- ▶ Sign & Submit

**Submit Renewal Request**

Cancel Renewal Request

I hereby certify that I have read the application and that all statements are true to the best of my knowledge and belief. I am aware that any willful misrepresentation of any material fact contained on the Application will subject me to penalties as prescribed in the State Licensing Law including, but limited to revocation and/or suspension of this license.

I understand and affirm that the facility complies with Titles VI and VII of the Civil Rights Act. I understand and affirm that this facility complies with the Americans with Disabilities Act of 1990. I further understand that this facility will be operated, managed, and deliver services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color, or national origin.

I further affirm that I understand that I am eligible for a license only if the facility is in compliance with the law and regulations thereunder, and that the Home and Community Based Services is empowered to deny, suspend, or revoke my license on any of the grounds listed in the State Licensing Law.

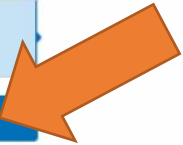
I certify that my answers are true and to the best of my knowledge. By checking this box I understand that I am signing this application electronically.

**\* Enter Your Name**  
Johnny Miller

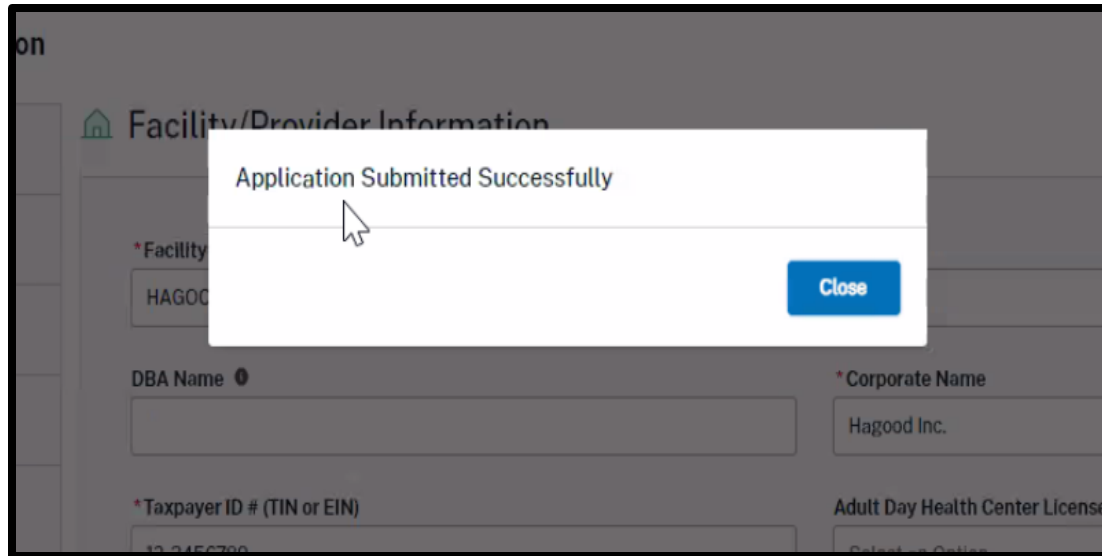
**\* Submitted Date**  
8/2/2022

**\* Submitted By**  
Johnny Miller

[Previous](#) [Submit](#)



# Renewal Application



# Renewal Application

Division of Provider Services and Quality Assurance - Home and Community Based Services

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[My Applications](#) [Start New Application](#)

Sort By

Select an Option

Application No.	Application Type	Full Legal Provider/Facility Name	License/Certification Type	Provider Type	Submitted Date	Application Status	Actions	
0009689	Renewal	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices - Attendant Care (ATC)	10/25/2024	Application Submitted	<a href="#">Withdraw</a>	<a href="#">View</a>
0009688	Change of Information	Lighting the Way ALF II	Assisted Living Facility (ALF) II		10/25/2024	Application Submitted	<a href="#">Withdraw</a>	<a href="#">View</a>



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# Annual Fees



# ELS Provider Dashboard



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Division of Provider Services and Quality Assurance - Home and Community Based Services

Incidents and Accidents should be submitted via the Enterprise Licensing System (ELS) Provider Portal, with the exception of ADDT and EIDT, who will continue to submit form 1910 via email- [dds.incident.report@dhs.arkansas.gov](mailto:dds.incident.report@dhs.arkansas.gov) and/or [landAreports@dhs.arkansas.gov](mailto:landAreports@dhs.arkansas.gov).

Do not submit "Test Cases" in the Provider portal

Please register with the link: [Register \(site.com\)](#)

If you do not see your Facility under your account, please contact your appropriate DPSQA Licensing team at:

- For HCBS: [DPSQA.ProviderApplications@dhs.arkansas.gov](mailto:DPSQA.ProviderApplications@dhs.arkansas.gov)
- For OLTC: [OLTC.LicensureCertification@dhs.arkansas.gov](mailto:OLTC.LicensureCertification@dhs.arkansas.gov)

For ELS Provider Training materials, please click the link: [Enterprise Licensing System \(ELS\) - Arkansas Department of Human Services](#)

Welcome,  
**Susan Morrow-Test**

You can apply for new applications here and use your dashboard to edit and track the status of previously created applications.



## Resources



Manage Applications

[Get Started →](#)



Manage Facilities

[Get Started →](#)



Online Payments

[Get Started →](#)



Incidents and Accidents

[Get Started →](#)



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# Online Payments

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Division of Provider Services and Quality Assurance - Home and Community Based Services

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<input type="checkbox"/>	Facility No.	Facility Name	Facility Type	Payment Status	Payment Description	Class Violation	Payment Due
<input type="checkbox"/>	00047582	Golden Isle	Unlicensed	Pending	Initial Application Fee		\$339.04



< 1 >

Reset Continue



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# Online Payments

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## Payment Summary

	<b>Facility Number</b> 00047582	<b>Facility Name</b> Golden Isle	<b>Facility Type</b> Unlicensed	<b>Facility Status</b> Unlicensed
---------------------------------------------------------------------------------	------------------------------------	-------------------------------------	------------------------------------	--------------------------------------

Transaction	Amount
Initial Application Fee	\$339.04
<b>Payment Due</b>	<b>\$339.04</b>

**Final Amount:** \$339.04

[Previous](#)[Make Payment](#)

# Online Payments



- 1 Payment Type
- 2 Customer Info
- 3 Payment
- 4 Submit Payment

## Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
P-0000007608	Initial Application Fee	\$339.04	1	\$339.04
Total				\$339.04

## Payment

### Payment Type

Payment Type \*

Select One

Next >

### Customer Information

### Payment Information

Cancel

## Transaction Summary

Initial Application Fee	\$339.04
<b>Pay now through Arkansas.gov</b>	<b>\$339.04</b>

## Need Help?

Select Payment Method and Continue to proceed with payment.

# Online Payments



### Payment

Payment Type ✓

**Credit/Debit Card**

Customer Information ✓ [Edit](#)

<b>Address</b> Jennifer Jones Hilltop 77 Hilltop Road Gold, AR 71123	<b>Phone Number</b> 5555555555
<b>Country</b> United States	<b>Email Address</b> Goldens@gSCO.com

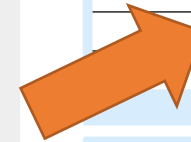
Payment Information ✓ [Edit](#)

<b>Credit Card</b> Visa ****1111 Exp. 11/2024	<b>Name on Credit Card</b> Jennifer Jones
-----------------------------------------------------	----------------------------------------------

[Cancel](#) [Submit Payment](#)

### Transaction Summary

Initial Application	\$50.00
Service Fee	\$2.50
	<b>\$52.50</b>



### Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.



# Online Payments



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Division of Provider Services and Quality Assurance - Home and Community Based Services

## Payment Acknowledgement

 **Payment Successfully Received**

Facility Number  
00045234

Transaction Number  
64941612

Transaction Date/Time  
8/10/2022, 1:10:29 PM

Total Fee Amount  
\$104.00

[Print Receipt](#) 




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# Online Payments

## Payment Acknowledgement

 **Payment Successfully Received**

**Facility Number**

00045234

**Transaction Number**

64941612

**Transaction Date/Time**

8/10/2022, 1:10:29 PM

**Total Fee Amount**

\$104.00



# Online Payments

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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Division of Provider Services and Quality Assurance - Home and Community Based Services

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Pending Payments Completed Payments

<input type="checkbox"/>	Facility No.	Facility Name	Facility Type	Payment Status	Payment Description	Class Violation	Payment Due
<input type="checkbox"/>	00047582	Golden Isle	Unlicensed	Pending	Initial Application Fee		\$339.04

< 1 >

Reset Continue

# Completed Payments

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[Pending Payments](#) [Completed Payments](#)



Facility No.	Facility Name	Facility Type	Payment Status	Payment Description	Class Violation	*Amount Paid
00052436	Light for AODATP	Alcohol & Other Drug Abuse Treatment Program	Complete	Initial Application Fee		\$75.00
00052423	Lighting the Way ALF II	Assisted Living Facility (ALF) II	Complete	Initial Application Fee		\$731.37

\*Amount Paid does not include any applicable service charges.



# Find Us On...



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@arkansasdhs



@ARHumanServices



ARHumanServices

## Contact Information DPSQA - Office of Community Services

**DPSQA Phone 501-682-8441**

Assistant Director: Crystal Walton email: [Crystal.Walton@dhs.arkansas.gov](mailto:Crystal.Walton@dhs.arkansas.gov)

OCS Licensure & Certification Manager: Susan Morrow email: [Susan.Morrow@dhs.arkansas.gov](mailto:Susan.Morrow@dhs.arkansas.gov)

OCS Compliance Manager: Donald Turner email: [Donald.G.Turner@dhs.arkansas.gov](mailto:Donald.G.Turner@dhs.arkansas.gov)

OCS Enforcement Manager: Lynetta Dickerson email: [Lynetta.Dickerson@dhs.arkansas.gov](mailto:Lynetta.Dickerson@dhs.arkansas.gov)



# THANK YOU



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