

Enterprise Licensing Solutions - ELS

Susan Morrow

DPSQA OCS License and Certification Manager



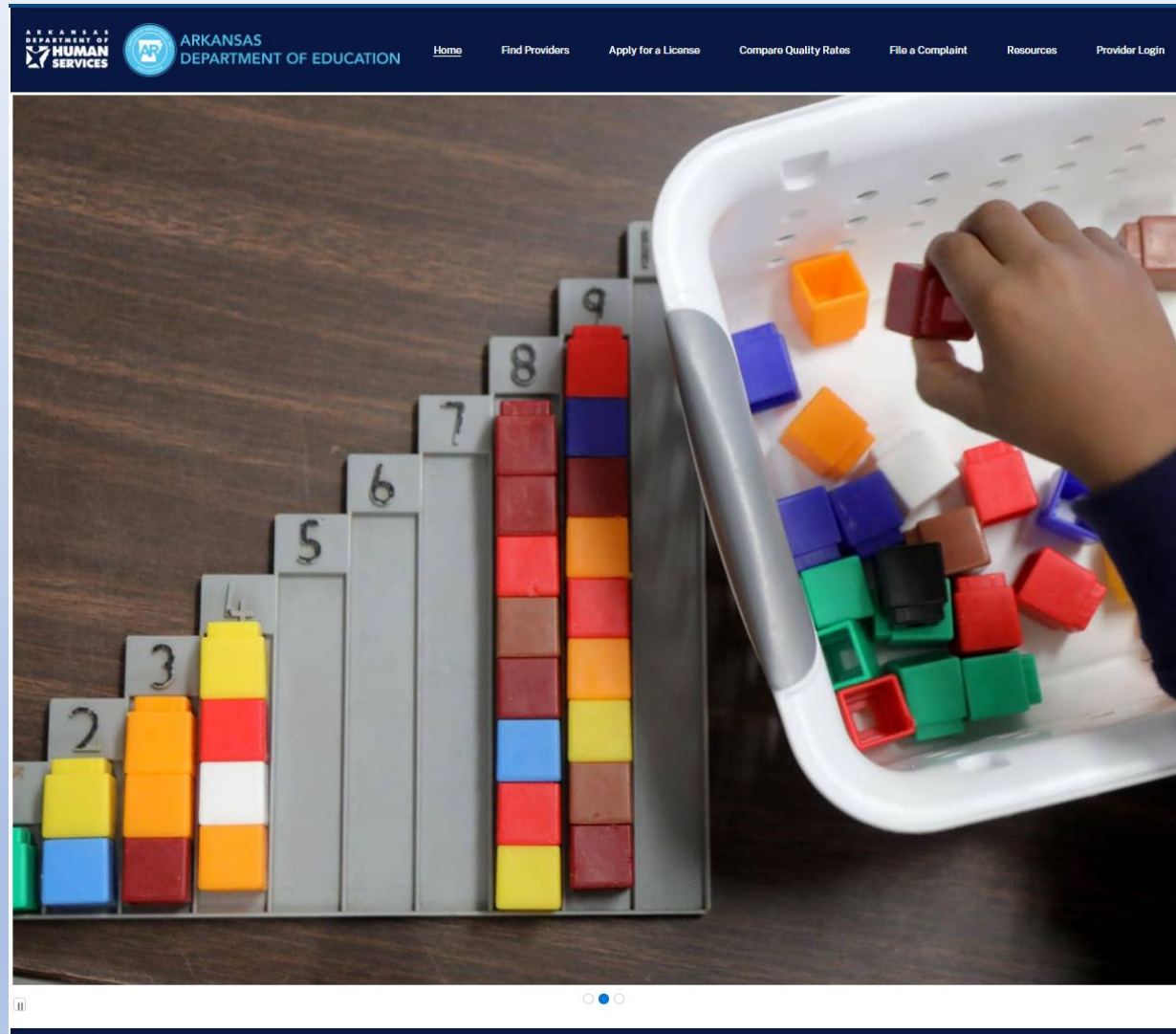
humanservices.arkansas.gov

- 1. Citizen Portal**
- 2. Provider Portal – File Maintenance**
- 3. Provider Portal Access**
- 4. Enabling Provider Portal Access through ELS**
- 5. Change of Information Request**
- 6. Renewal Applications**
- 7. Annual Fee Payment**



Citizen Portal -

https://ardhslicensing.my.site.com/elicensing/s/?language=en_US



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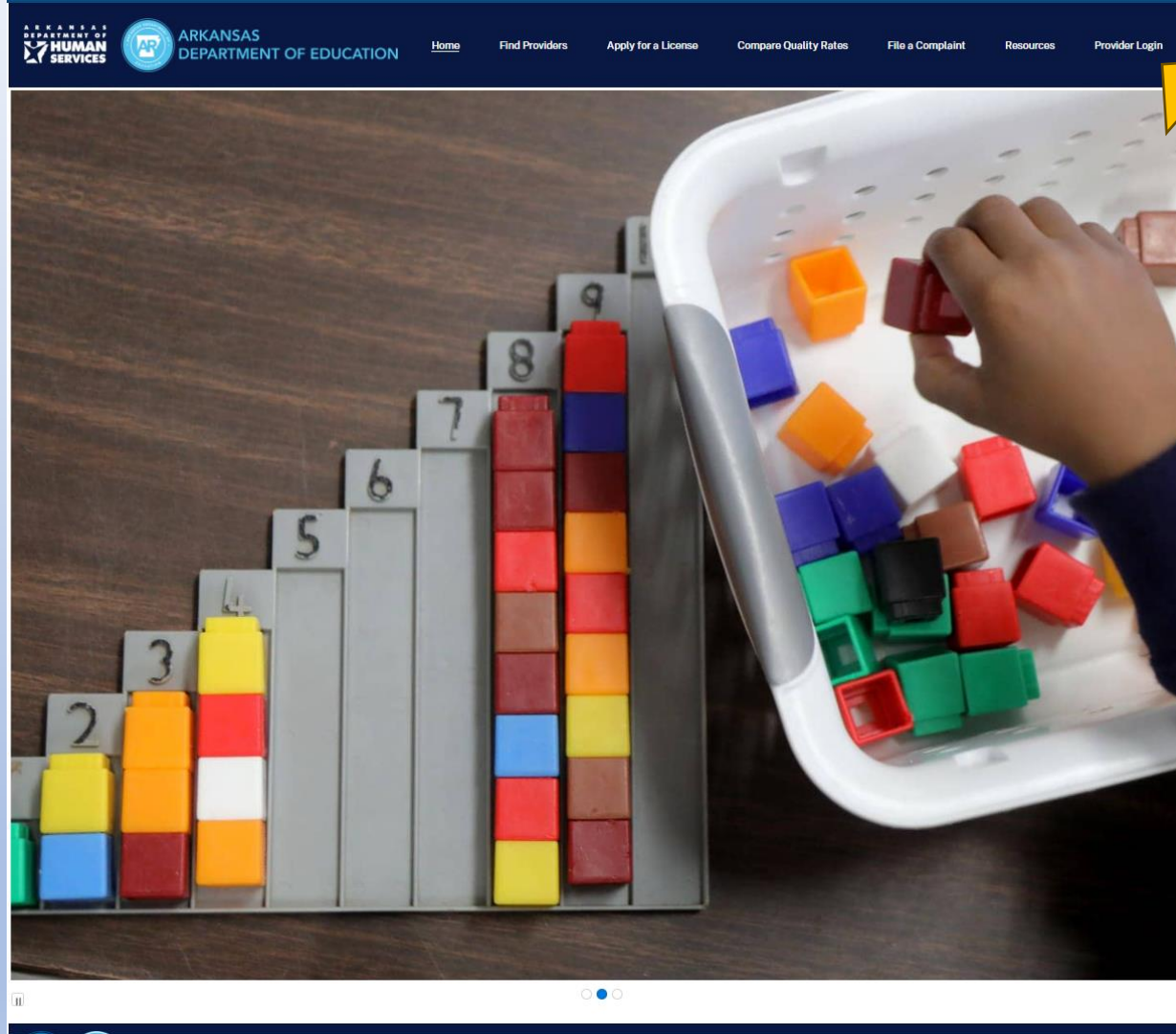
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- Find Providers

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Provider Portal -

https://ardhslicensing.my.site.com/elicensing/s/?language=en_US



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Provider Portal -

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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.

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How to log in

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Login

Welcome back! Please sign into your account.

*Username

*Password

☐ I'm not a robot


reCAPTCHA
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Login

[Forgot your Password? Click here](#)

[Not a member? Register here](#)





How to log in

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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 (as assigned by ELS. Typically their email)

Letter of Authority (Permission to have access to the facility file)

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



Program File Updates File Maintenance

- Contact information
- Provider Portal Access



Once logged into the portal, select “Manage Facilities.”

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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 and/or 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
- For OLTC: 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 →



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

Select “View” in the column on the right.

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

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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	View
00052423	Lighting the Way ALF II	Assisted Living Facility (ALF) II		Regular	View
00050625	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices – Attendant Care (ATC)	Regular	View
36262	Light for the Way CSSP	Community Support Systems Provider	Base	Regular	View

[<](#)

1

[>](#)



Review each informational tab and update as needed.

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

[Back to Facilities](#)

Lighting the Way ALF II

Facility Number 00052423	Facility Type Assisted Living Facility (ALF) II	Facility Status 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

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



Required Fields

Arkansas DEPARTMENT OF HUMAN SERVICES

Home Dashboard

Please complete all required fields on the page to save

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

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
- ✓ Service Information

Director

*Mandatory field

Non-Profit: List names and addresses of Board of Directors of the governing body.

*First Name Complete this field.

Middle Name

*Last Name Complete this field.

*Email Complete this field.

*Address



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

Address

500 West Avenue

Address 2

-

City

Harbor

State

AR

Zip Code

75546

County

Drew

Out of State

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

-



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

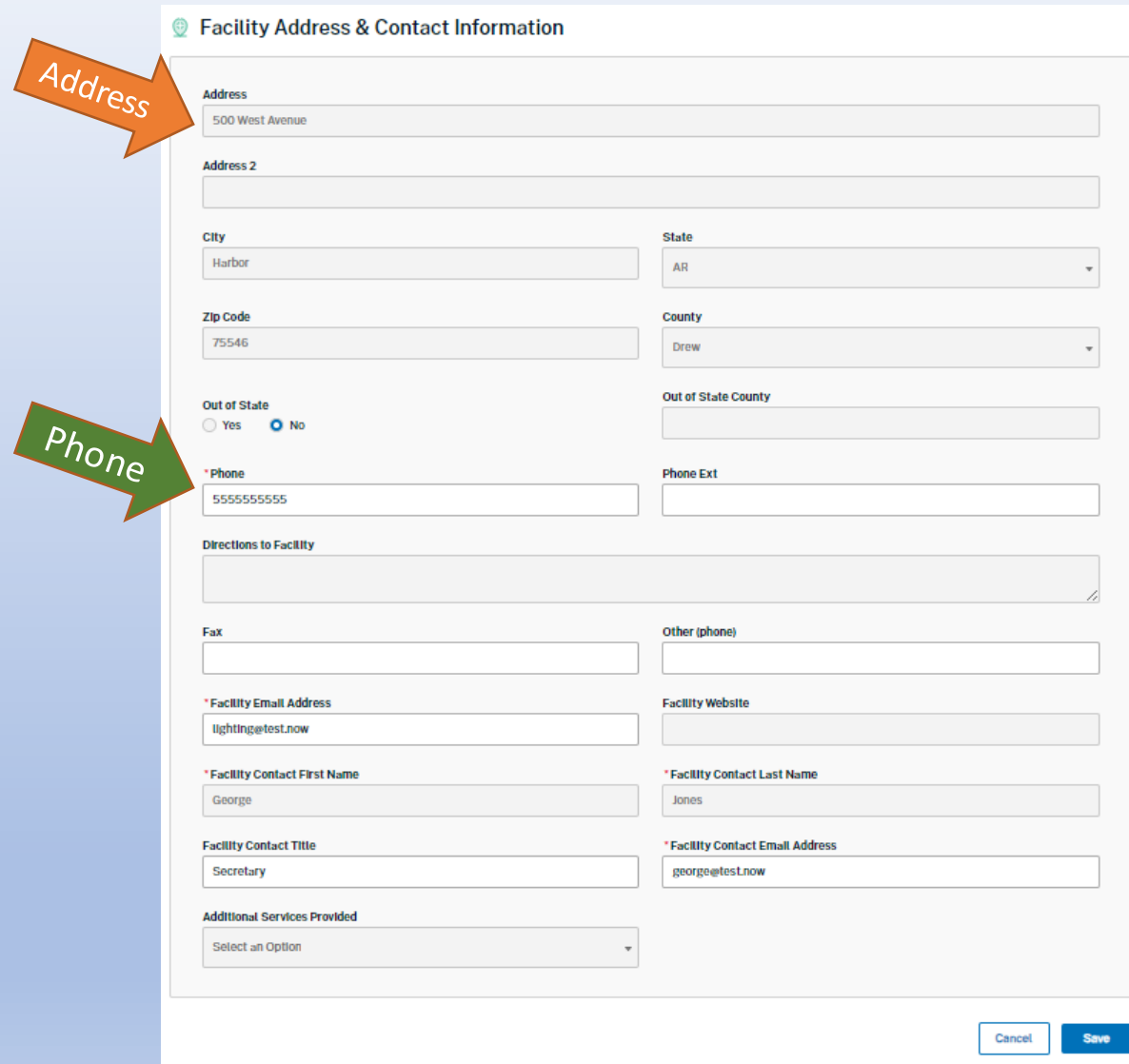
*** Facility Contact Email Address**
george@test.now

Additional Services Provided
Select an Option

[Cancel](#) [Save](#)



Facility Address and Contact Information



The form is titled "Facility Address & Contact Information". It contains several input fields and sections. An orange arrow labeled "Address" points to the "Address" field, which contains "500 West Avenue". A green arrow labeled "Phone" points to the "* Phone" field, which contains "5555555555".

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

Buttons: Cancel, Save

Some contact information can be changed, such as the Phone number and contact email address. However, some information, such as the facility address, will require a Change of Information Form.



Facility Address and Contact Information

 **Mailing Address**

Is Mailing address the same as Physical Address?

☐

* Address

230 Peach Street

Address 2

* City

Erle

* State

PA

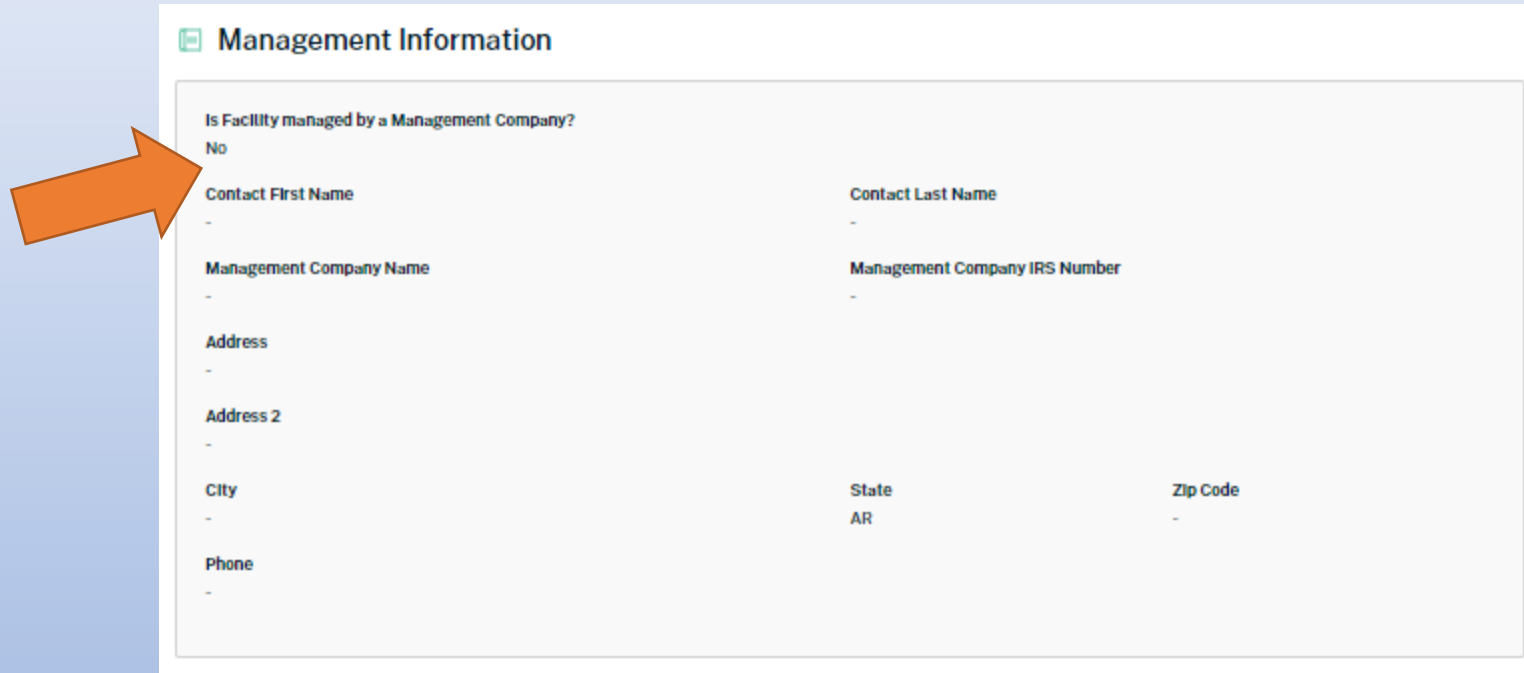
* Zip Code

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

☒ January

☒ February

☒ March

☒ April

☒ May

☒ June

☒ July

☒ August

☒ September

☒ October

☒ November

☒ December

All

☒

* Facility Open 24/7

☒ Yes ☐ No

* Days Open 24/7

☒ Monday

☒ Tuesday

☒ Wednesday

☒ Thursday

☒ Friday

☒ Saturday

☒ Sunday

Cancel

Save

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Previously Licensed Facility

 **Previously Licensed Facility** *Mandatory field

Facility Name

Facility Number

Start Date

MM/DD/YYYY



End Date

MM/DD/YYYY



City

State

AR



TIN or SSN of Prior Facility

Cancel

Save



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

Total number of Beds/Slots requested

70

Classification Types

-

Ownership Type

Non-Profit

Ownership Status (If Private)

-

Explain Difference in Beds

-

How many are ASCU Beds?

10

Ownership (If Other)

-

Total Independent Rooms

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

Jeff

Middle Name

*Last Name

Dunham

*Email

jeff@testnow

*Start Date

10/22/2024

End Date

MM/DD/YYYY

*Phone

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

Jane Austin

Provide Portal Access

+ Add New



Provide Portal Access

The owner can enable Portal Access through ELS.

Director Information

+ Add New

Jane Austin

Provide Portal Access

James Smith

Provide Portal Access

First Name

James

Last Name

Smith

Address

7 33rd street

Address 2

Suite 4

City

Thomasville

Date of Birth

Cell/Mobile

5555555555

Start Date

10/25/2024

Director Type

Executive Director

Middle Name

-

Email

test.test@test.com

State

AR

SSN

-

Qualifications

Executive Director

End Date

Portal Access

-

Zip Code

75575



End date employees who are no longer with the program.

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



Owner Information

 Owner Information

Owner Information

-

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

[Provide Portal Access](#) 



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



Administrator Information

 Administrator Information		+ Add New
James OHare	 	
Sam Lincoln	Provide Portal Access  	



Inspections

 **Inspections**

Fire Inspection Date	N/A
8/6/2024	☐
Water Inspection Date	N/A
MM/DD/YYYY	☒
Health Inspection Date	N/A
12/18/2023	☐
Boller Inspection Date	N/A
9/4/2023	☐

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		  View
Filler 01.jpg	Fire Drills/Annual Emergency Drills		  View



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.



Change of Information Request



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

[Back to Facilities](#)

Lighting the Way ALF II

Facility Number

00052423

Facility Type

Assisted Living Facility (ALF) II

Facility Status

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

Full Legal Provider/Facility Name

Lighting the Way ALF II

Classification Type

-

Corporate Name

Lighting LLC

Related Facilities

No

Previously Licensed in Arkansas

No

Do you currently accept Medicaid?

No

Medicaid Provider Number

-

To locate the
Change of
Information
Form, go to
Related Links

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Change of Information Request

Related Links

[Newly Posted Notices](#) 

[Viewed Notices](#) 

[Submit Change of Information Request](#) 

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



Change of Information Request

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

You're currently in Change of Information Request mode.

[Back to Related Links](#)

Update Facility/ Related Information

Facility/Provider Information

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Licensure and Management Ownership Information

Governing Board

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Director

Owner Information

Administrator Information

Inspections

Additional Information

Documentation

Review

Payment Summary

Sign & Submit

Facility/Provider Information

* Full Legal Provider/Facility Name

Lighting the Way ALF II

* Corporate Name

Lighting LLC

* Previously Licensed In Arkansas

☐ Yes ☒ No

* Do you currently accept Medicaid?

☐ Yes ☒ No

Classification Types

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

Related Facilities

No

Proposed Open Date

MM/DD/YYYY

Medicaid Provider Number

Previous

Continue

Submit Change Request

Discard Changes



Facility/Provider Information

 Facility/Provider Information *Mandatory field

*Full Legal Provider/Facility Name

*Corporate Name

*Previously Licensed in Arkansas
☐ Yes ☒ No

*Do you currently accept Medicaid?
☐ Yes ☒ No

Related Facilities

Proposed Open Date

Medicaid Provider Number

Classification Types

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



Classification Types

Classification Types

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



Update
each tab of
information



Division of Provider Services and Quality Assurance - Home at

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](#)



Review

Review

 Facility/Provider Information

 Edit Details



 Facility Address and Contact Information

 Edit Details



 Management Information

 Edit Details



 Facility Schedule

 Edit Details



 Previously Licensed

 Edit Details



 Service Information

 Edit Details



 Licensure and Management Ownership Information

 Edit Details



 Governing Board

 Edit Details



 Partnership

 Edit Details



 Corporate/Individual

 Edit Details



 Director

 Edit Details



 Owner Information

 Edit Details



 Administrator Information

 Edit Details



 Inspections

 Edit Details



 Additional Information

 Edit Details



 Documentation

 Edit Details



Previous

Continue



Payment Summary

💰

Payment Summary

Mandatory field

Transaction Description	Transaction Amount	Status
Payment Due	\$0.00	

Final Amount:

\$0.00

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

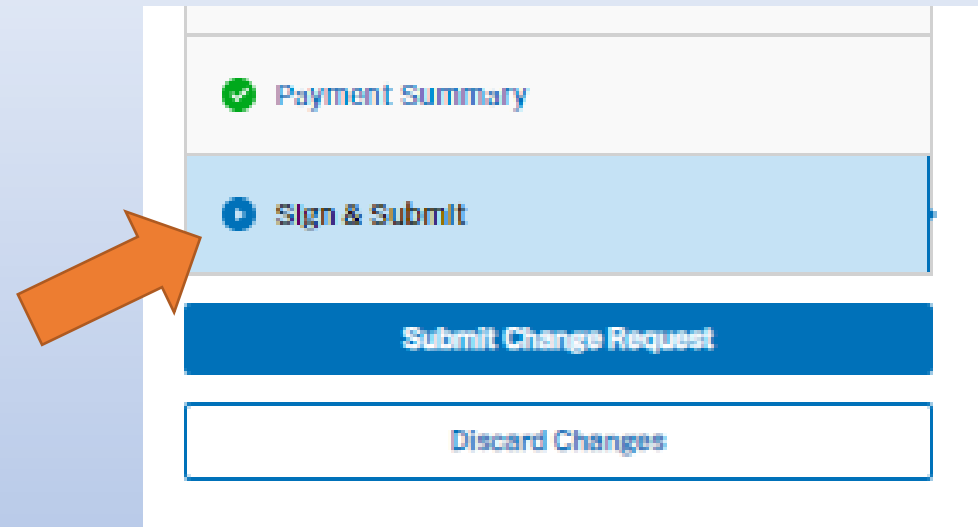
* Submitted By

Previous

Submit



Sign & Submit



A screenshot of a web form interface. The form contains four main sections: a 'Payment Summary' section with a green checkmark icon, a 'Sign & Submit' section with a blue play button icon, a 'Submit Change Request' button, and a 'Discard Changes' button. An orange arrow points to the 'Sign & Submit' section.

✓ Payment Summary
▶ Sign & Submit
Submit Change Request
Discard Changes



Sign & Submit

* Do you currently accept Medicaid?

☐ Yes

Medicaid Provider Num

Classification

☐ Change

☐ Decrease

☐ Increase

☐ Replacement

☐ Not Applicable

Application Submitted Successfully

Close



ELS Provider Dashboard

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

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Resources

**Manage Applications**
[Get Started →](#)

**Manage Facilities**
[Get Started →](#)

**Online Payments**
[Get Started →](#)

**Incidents and Accidents**
[Get Started →](#)



Application Status for Change of Information Request

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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
0009688	Change of Information	Lighting the Way ALF II	Assisted Living Facility (ALF) II		10/25/2024	Application Submitted	Withdraw View
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	View
0009671	Initial Application	Lighting the Way ALF II	Assisted Living Facility (ALF) II		10/22/2024	Approved	Withdraw View
0007786	Change of Information	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices – Attendant Care (ATC)	05/13/2024	Approved	Withdraw View
0006950	Initial Application	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices – Attendant Care (ATC)	03/04/2024	Approved	Withdraw View

[<](#) [1](#) [>](#)



Renewal Applications



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Once logged into the portal, select “Manage Facilities”.

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

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- For HCBS: DPSQA.ProviderApplications@dhs.arkansas.gov
- For OLTC: OLTC.LicensureCertification@dhs.arkansas.gov

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

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Susan Morrow-Test

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Resources

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**Incidents and Accidents**
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Select the program from the list that you needs to be renewed.

Select “View” in the column on the right.

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

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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	View
00052423	Lighting the Way ALF II	Assisted Living Facility (ALF) II		Regular	View
00050625	Light for Tomorrow ATN Care	AR Choices Provider Certification	AR Choices – Attendant Care (ATC)	Regular	View
36262	Light for the Way CSSP	Community Support Systems Provider	Base	Regular	View

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To locate the
Renewal
Application, go
to Related Links

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Lighting the Way ALF II

Facility Number
00052423

Facility Type
Assisted Living Facility (ALF) II

Facility Status
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

Full Legal Provider/Facility Name
Lighting the Way ALF II

Classification Type
-

Corporate Name
Lighting LLC

Related Facilities
No

Previously Licensed in Arkansas
No

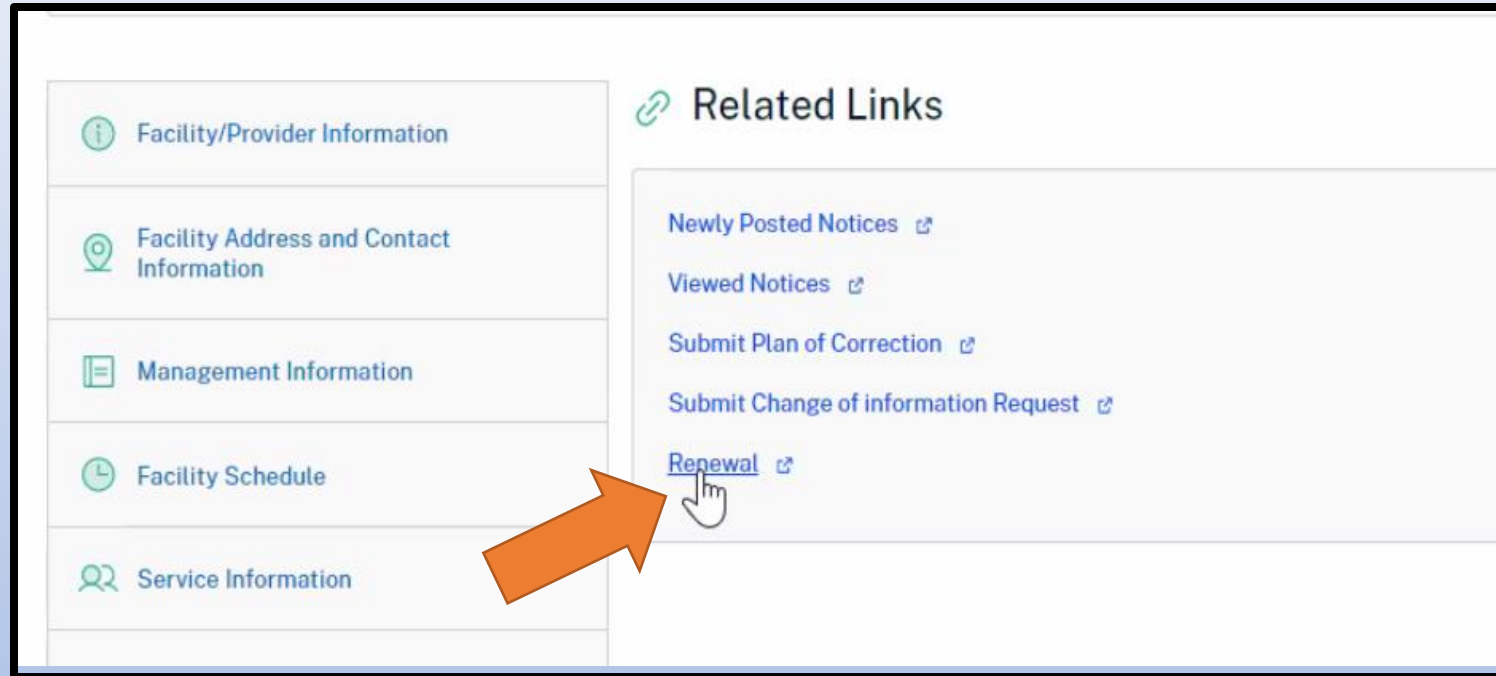
Do you currently accept Medicaid?
No

Medicaid Provider Number
-

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Renewal Application



Reminder: Renewal link will show up 30 days before the current license/certification expires.



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

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

Light for Tomorrow ATN Care

*Corporate Name

Lighting the Way

DBA Name

*Taxpayer ID # (TIN or EIN)

12-3456789

*Provider Type

☐ AR Choices – Respite In-Home

☐ AR Choices – Home Delivered Meals (HDM)

☐ AR Choices – PERS

☐ AR Choices – Adult Day Services

☐ AR Choices – PACE

☐ AR Choices – Respite Facility Based

☒ AR Choices – Attendant Care (ATC)

☐ AR Choices – Environmental Modifications

☐ AR Choices – Adult Day Health Services

Related Providers

Yes

Proposed Open Date

3/4/2024

*Do you currently accept Medicaid?

☐ Yes

☒ No

*Previously Licensed In Arkansas

☒ Yes

☐ No

Classification Types

☐ Change of Ownership

☐ Decrease In Bed Capacity

☐ Increase In Bed Capacity

☐ Replacement

☐ Not Applicable

Medicaid Provider Number

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Facility Information

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You're currently in Renewal mode.

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Previously Licensed

Service Information

Owner Information

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Additional Information

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Review

Sign & Submit

Facility/Provider Information

* 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

☐ AR Choices - Respite In-Home

☐ AR Choices - Home Delivered Meals (HDM)

☐ AR Choices - PERS

☐ AR Choices - Adult Day Services

☐ AR Choices - PACE

☐ AR Choices - Respite Facility Based

☒ AR Choices - Attendant Care (ATC)

☐ AR Choices - Environmental Modifications

☐ AR Choices - Adult Day Health Services

Related Providers

Yes

* Do you currently accept Medicaid?

☐ Yes

☒ No

* Previously Licensed in Arkansas

☒ Yes

☐ No

Proposed Open Date

3/4/2024

Medicaid Provider Number

Classification Types

☐ Change of Ownership

☐ Decrease in Bed Capacity

☐ Increase in Bed Capacity

☐ Replacement

☐ Not Applicable

Submit Renewal Request

Cancel Renewal Request

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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 2

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

on

Facility/Provider Information

Application Submitted Successfully

Close

*Facility
HAGOOD

DBA Name ⓘ

*Corporate Name
Hagood Inc.

*Taxpayer ID # (TIN or EIN)
12-3456789

Adult Day Health Center License
Select an Option



ELS Provider Dashboard

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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 and/or 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:

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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	Withdraw View
0009688	Change of Information	Lighting the Way ALF II	Assisted Living Facility (ALF) II		10/25/2024	Application Submitted	Withdraw View



Annual Fees



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ELS Provider Dashboard

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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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Pending Payments

Completed Payments

☐	Facility No.	Facility Name	Facility Type	Payment Status	Payment Description	Class Violation	Payment Due
☐	00047582	Golden Isle	Unlicensed	Pending	Initial Application Fee		\$339.04

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Reset

Continue



Online Payments



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Payment Summary

	Facility Number 00047582	Facility Name Golden Isle	Facility Type Unlicensed	Facility Status Unlicensed
---	-----------------------------	------------------------------	-----------------------------	-------------------------------

Transaction	Amount
Initial Application Fee	\$339.04
Payment Due	\$339.04

Final Amount:	\$339.04
---------------	-----------------

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Make Payment



Online Payments

Arkansas GovPay

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
P-000007608	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
Pay now through Arkansas.gov	\$339.04

Need Help?

Select Payment Method and Continue to proceed with payment.



Online Payments



Payment

Payment Type

Credit/Debit Card

Customer Information

Address
Jennifer Jones
Hilltop
77 Hilltop Road
Gold, AR 71123

Phone Number
5555555555

Country
United States

Email Address
Goldens@gscs.com

Payment Information

Credit Card
Visa ****1111
Exp. 11/2024

Name on Credit Card
Jennifer Jones

Cancel

Submit Payment

Transaction Summary

Initial Application	\$50.00
Service Fee	\$2.50
	\$52.50

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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Payment Acknowledgement



Payment Sucessfully Recleved

Facility Number
00045234

Transaction Number
64941612

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

[Print Receipt](#) 

Total Fee Amount
\$104.00

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Online Payments

Payment Acknowledgement

 **Payment Sucessfully Recieved**

Facility Number

00045234

Transaction Number

64941612

Transaction Date/Time

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

Total Fee Amount

\$104.00



Online Payments

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☐	Facility No.	Facility Name	Facility Type	Payment Status	Payment Description	Class Violation	Payment Due
☐	00047582	Golden Isle	Unlicensed	Pending	Initial Application Fee		\$339.04

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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

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*Amount Paid does not include any applicable service charges.



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Contact Information DPSQA - Office of Community Services

DPSQA Phone 501-682-8441

OCS Assistant Director: Crystal Walton
Crystal.Walton@dhs.arkansas.gov

OCS Licensure & Certification Manager: Susan Morrow
Susan.Morrow@dhs.arkansas.gov

OCS Compliance Manager: Glenda Anderson
Glenda.Anderson@dhs.arkansas.gov

OCS Enforcement Manager: Lynetta Dickerson
Lynetta.Dickerson@dhs.arkansas.gov



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