Enterprise Licensing Solutions - ELS

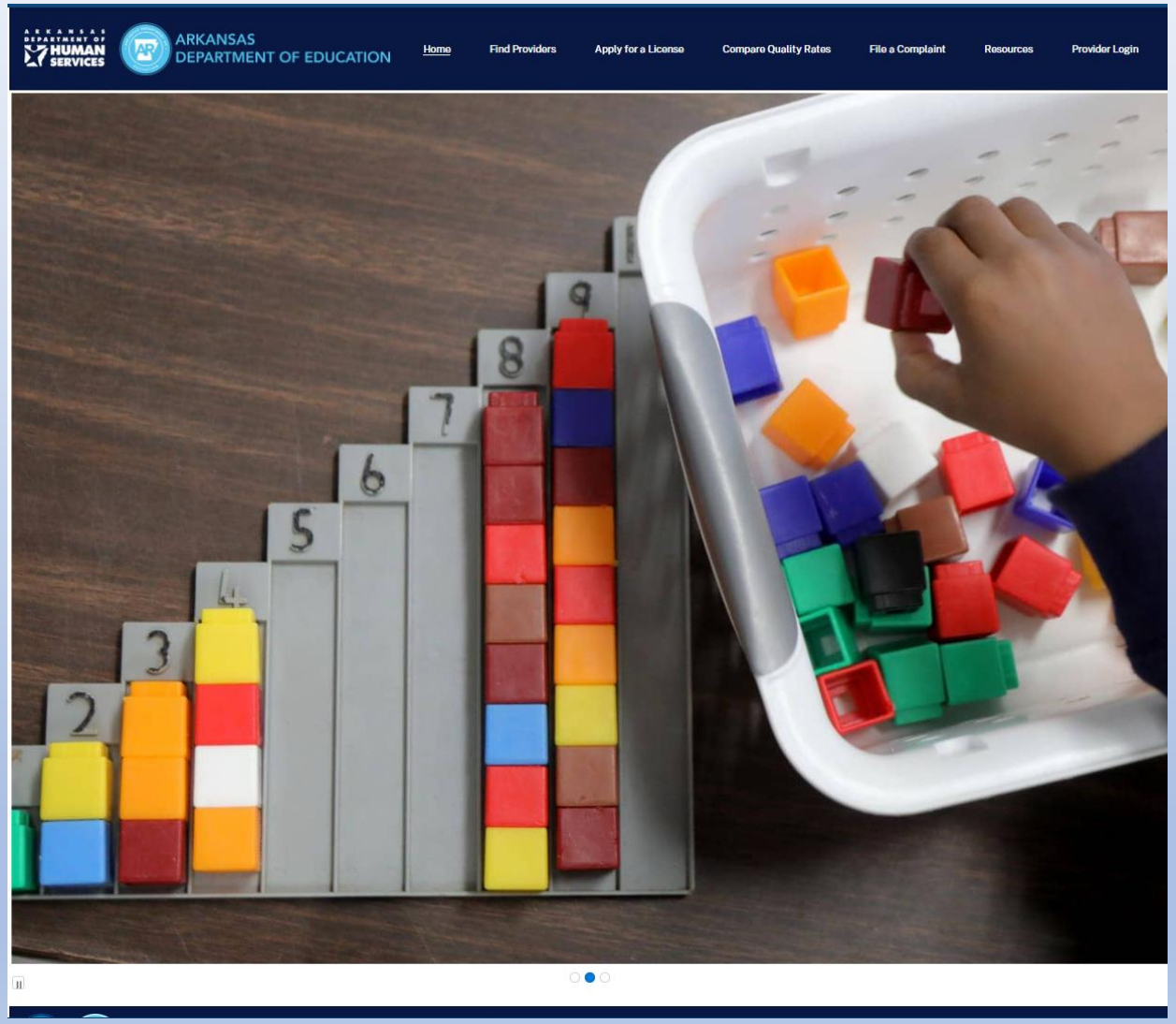
Susan Morrow

DPSQA OCS License and Certification Manager

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

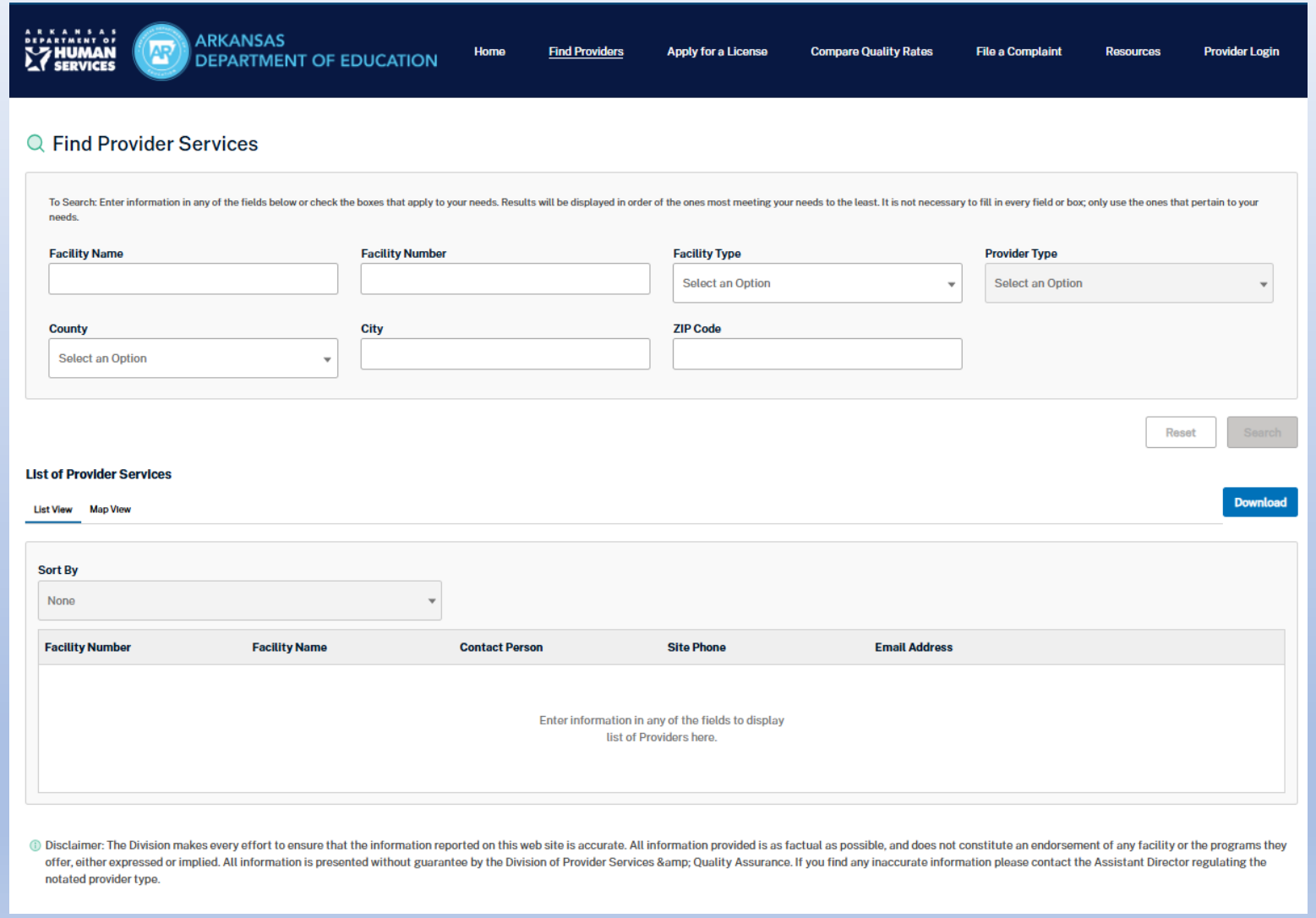
Citizen Portal - https://ardhslicensing.my.site.com/elicensing/s/?language=en_US



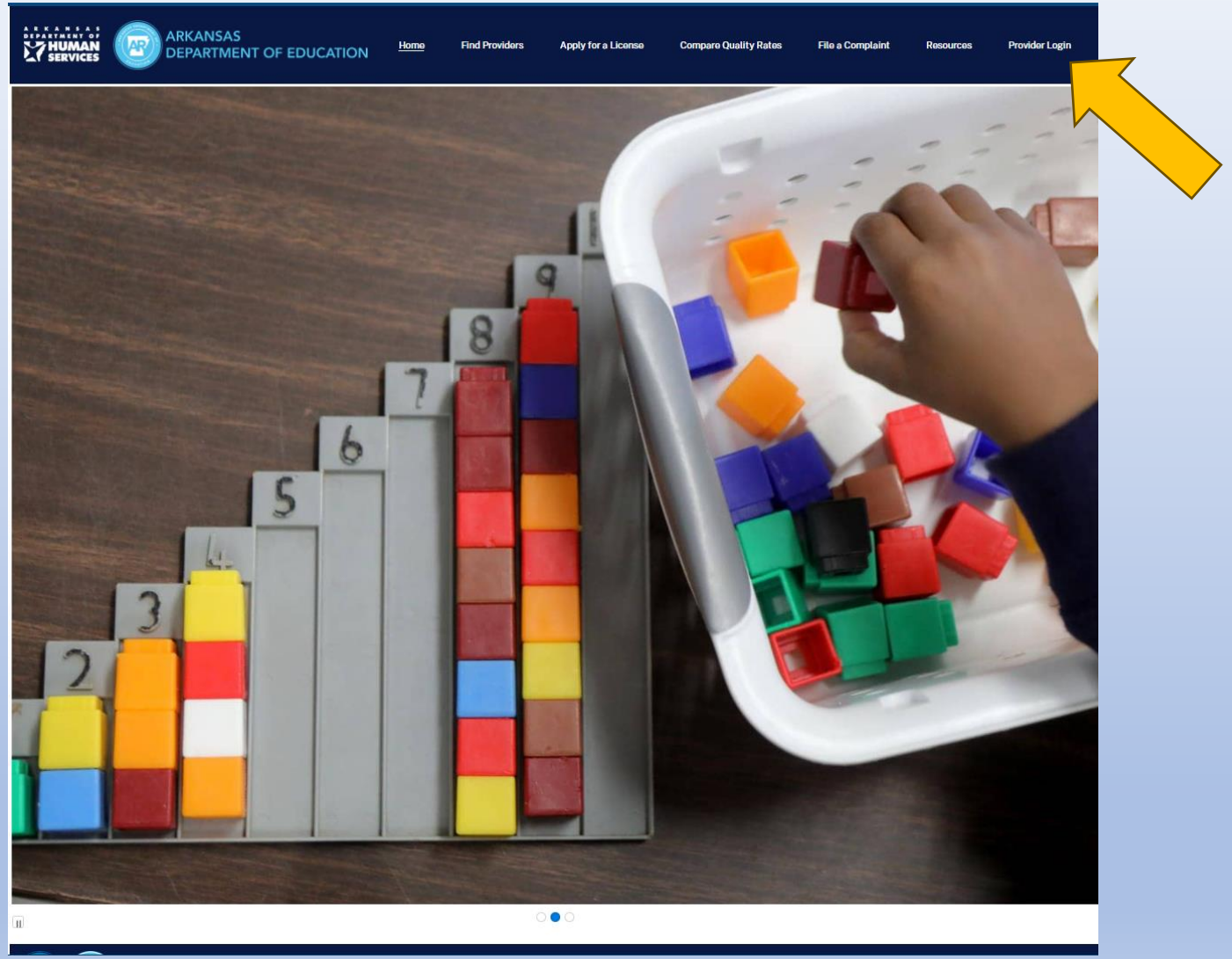
Citizen Portal

The public can:

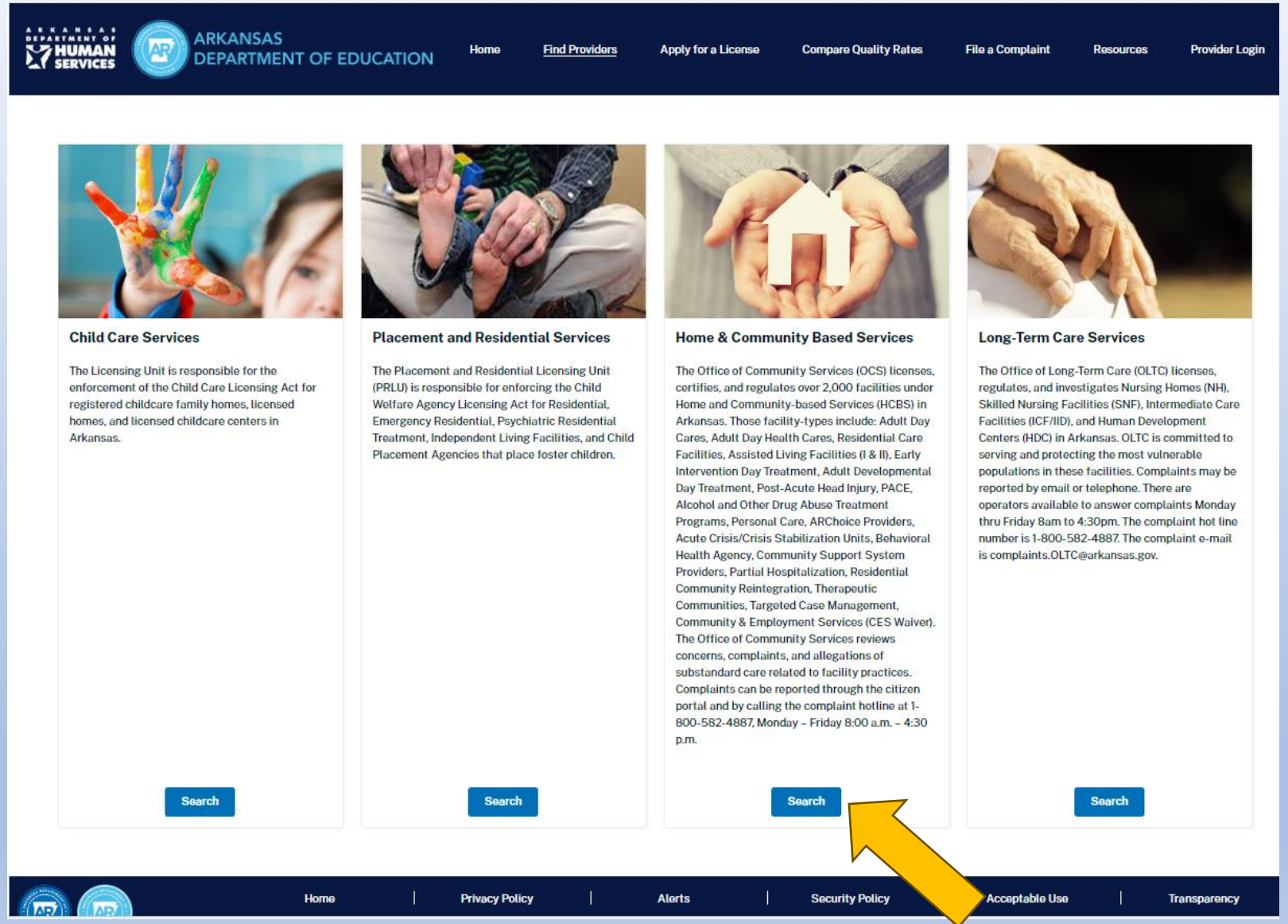
- Find Providers
- Apply for a license
- Compare Quality Rates for Child Care
- File a complaint
- Resources



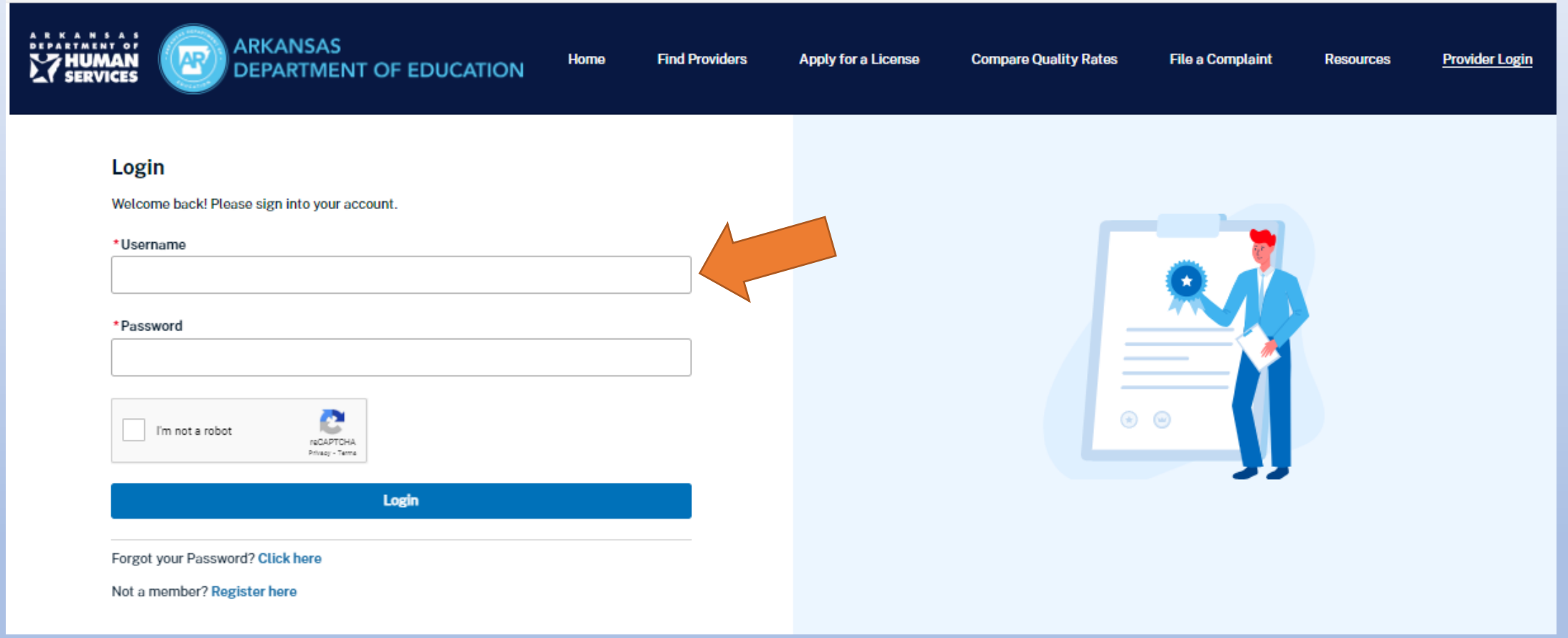
Provider Portal - https://ardhslicensing.my.site.com/elicensing/s/?language=en_US



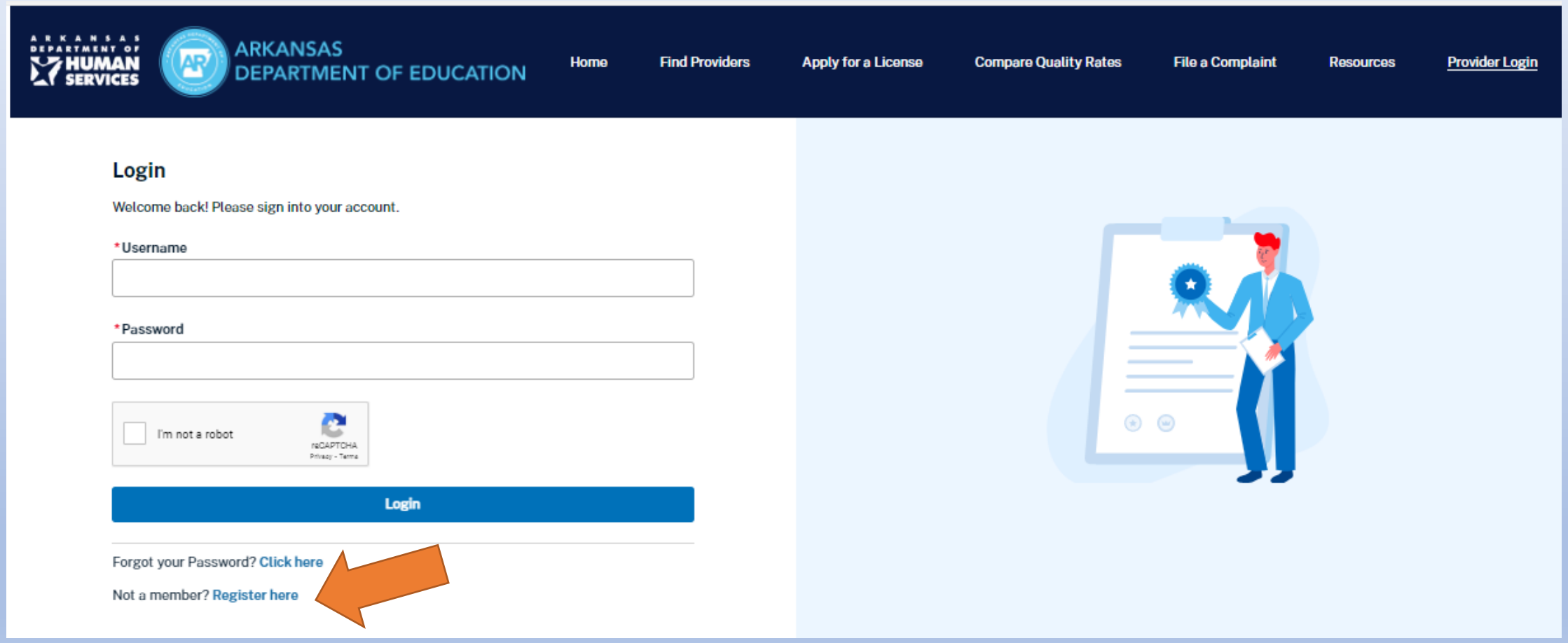
Provider Portal -



How to log in


ARKANSAS DEPARTMENT OF HUMAN SERVICES
ARKANSAS DEPARTMENT OF EDUCATION
Home
Find Providers
Apply for a License
Compare Quality Rates
File a Complaint
Resources
Provider Login
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


ARKANSAS DEPARTMENT OF HUMAN SERVICES
ARKANSAS DEPARTMENT OF EDUCATION
Home
Find Providers
Apply for a License
Compare Quality Rates
File a Complaint
Resources
Provider Login
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 (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

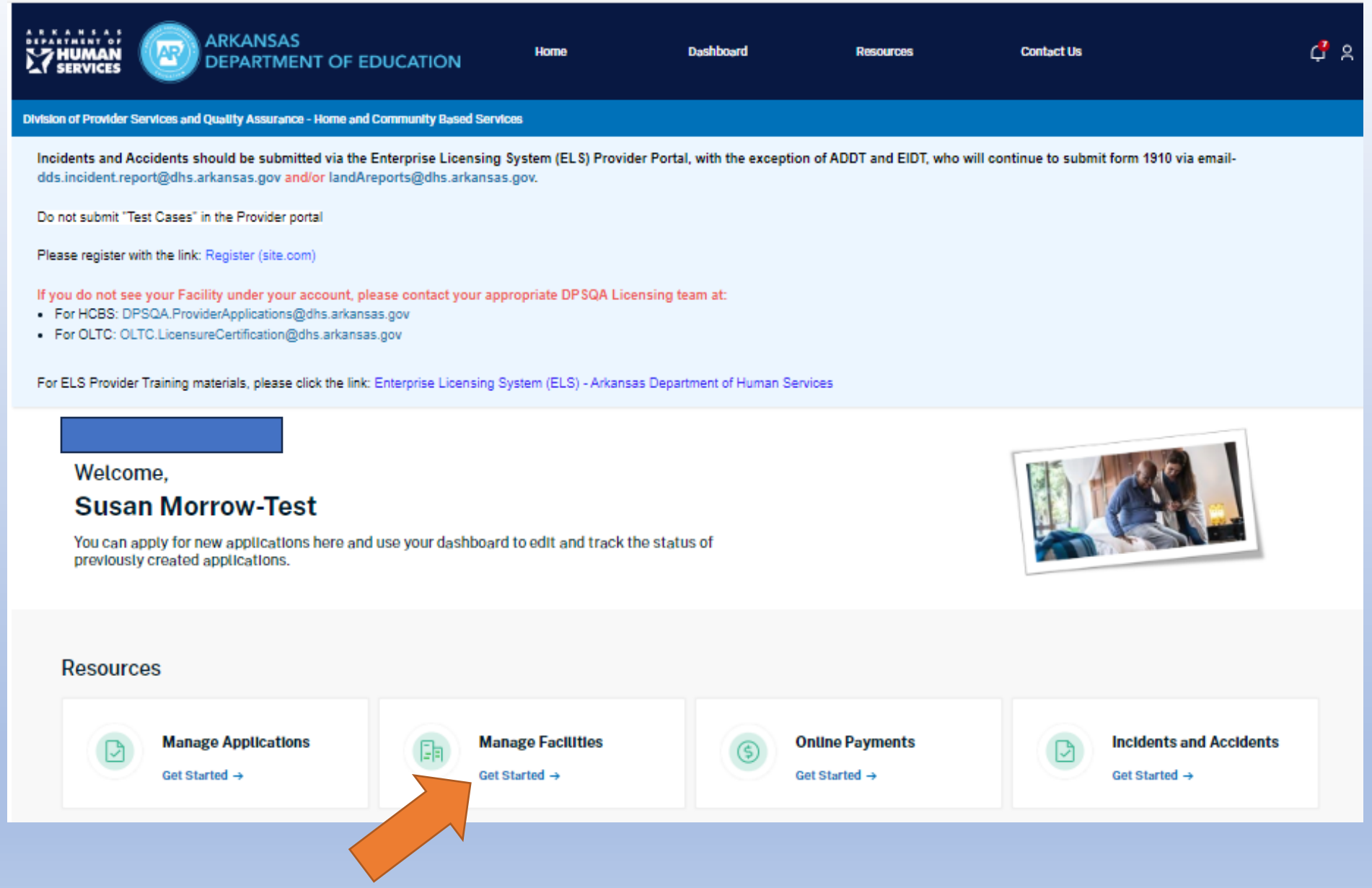
Please email this information to: DPSQA Provider Applications

DPSQA.ProviderApplications@dhs.arkansas.gov

Program File Updates
File Maintenance

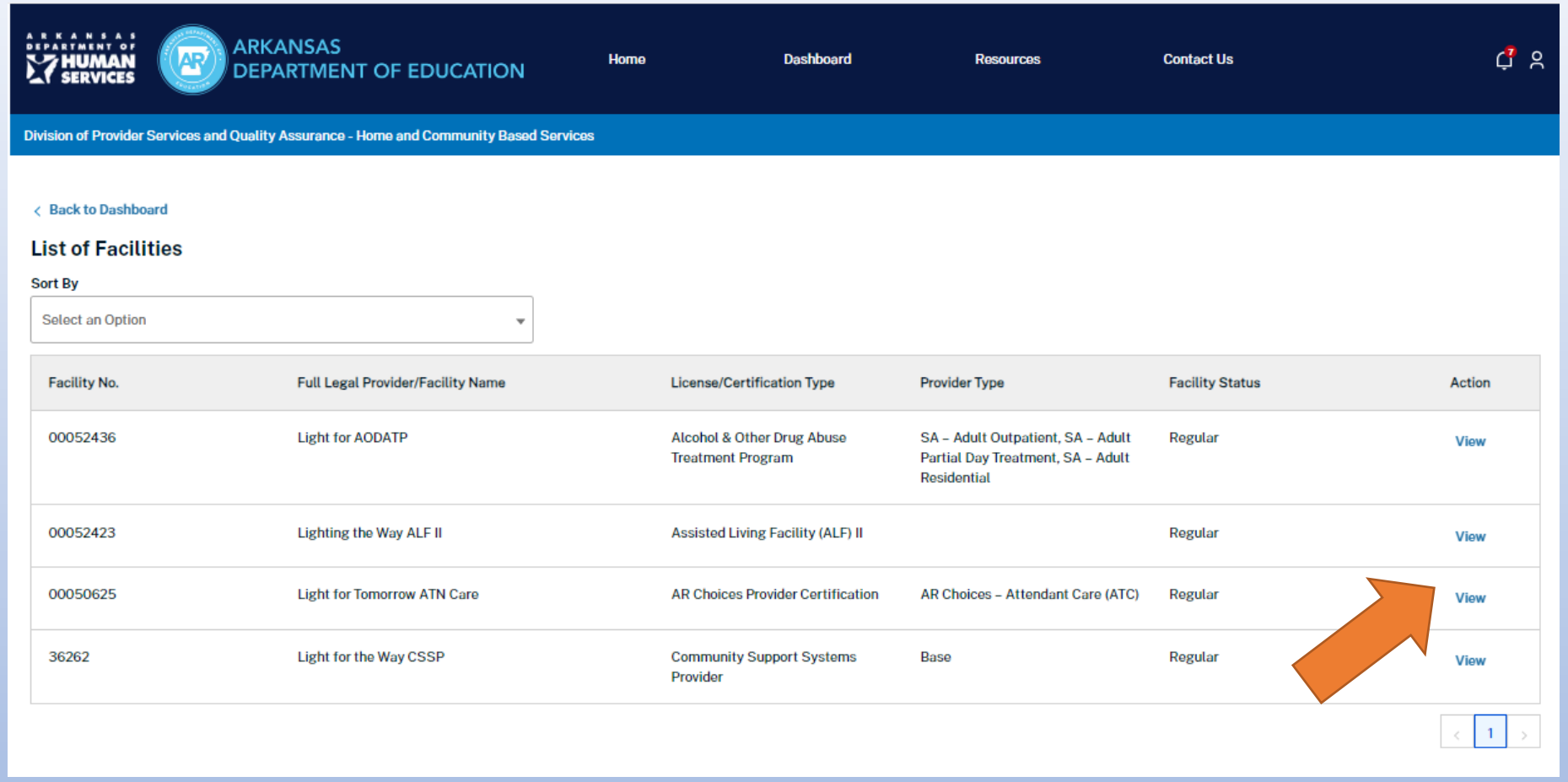
- Contact information
- Provider Portal Access

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

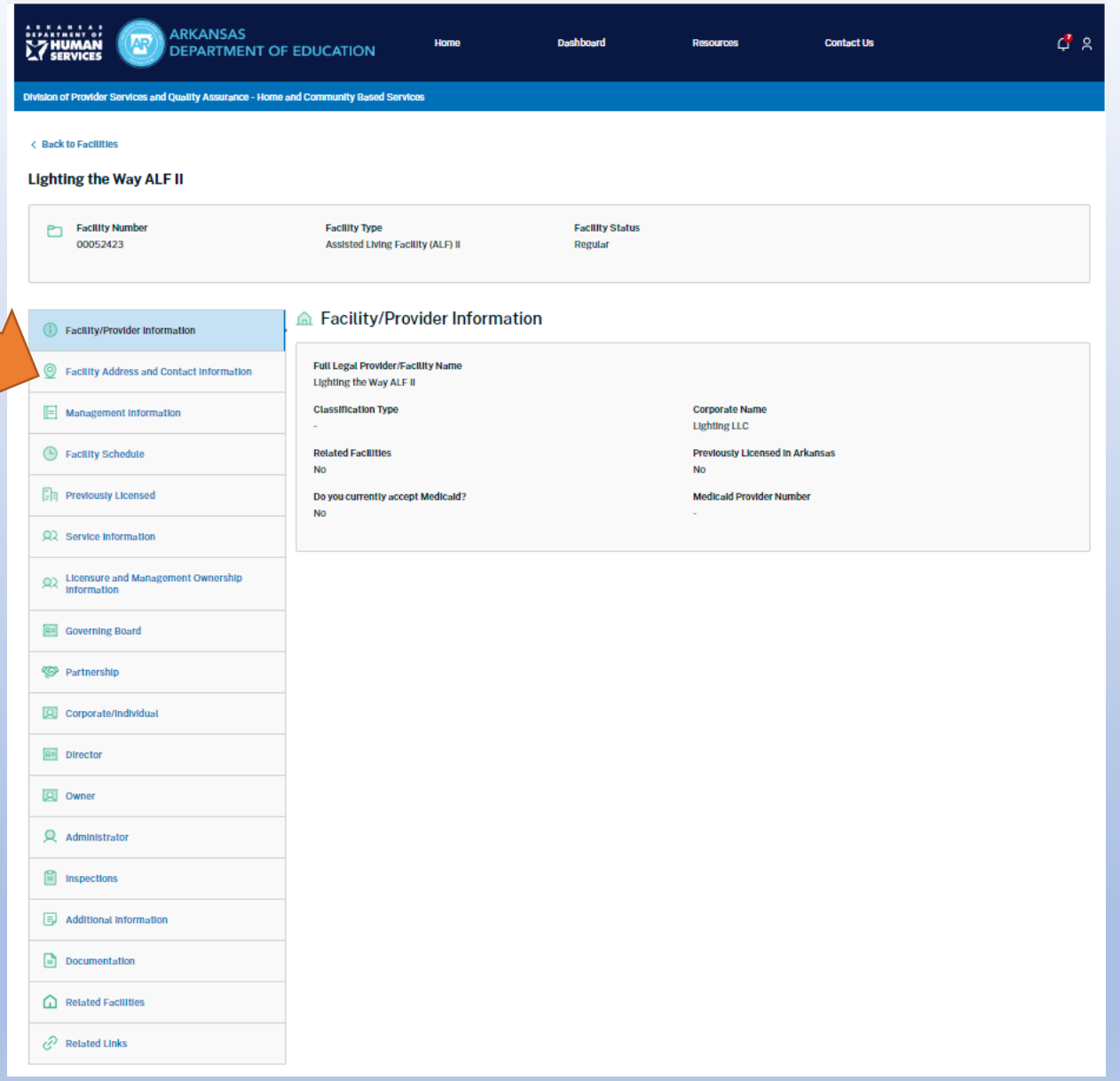


Select the program from the list that you need to review.

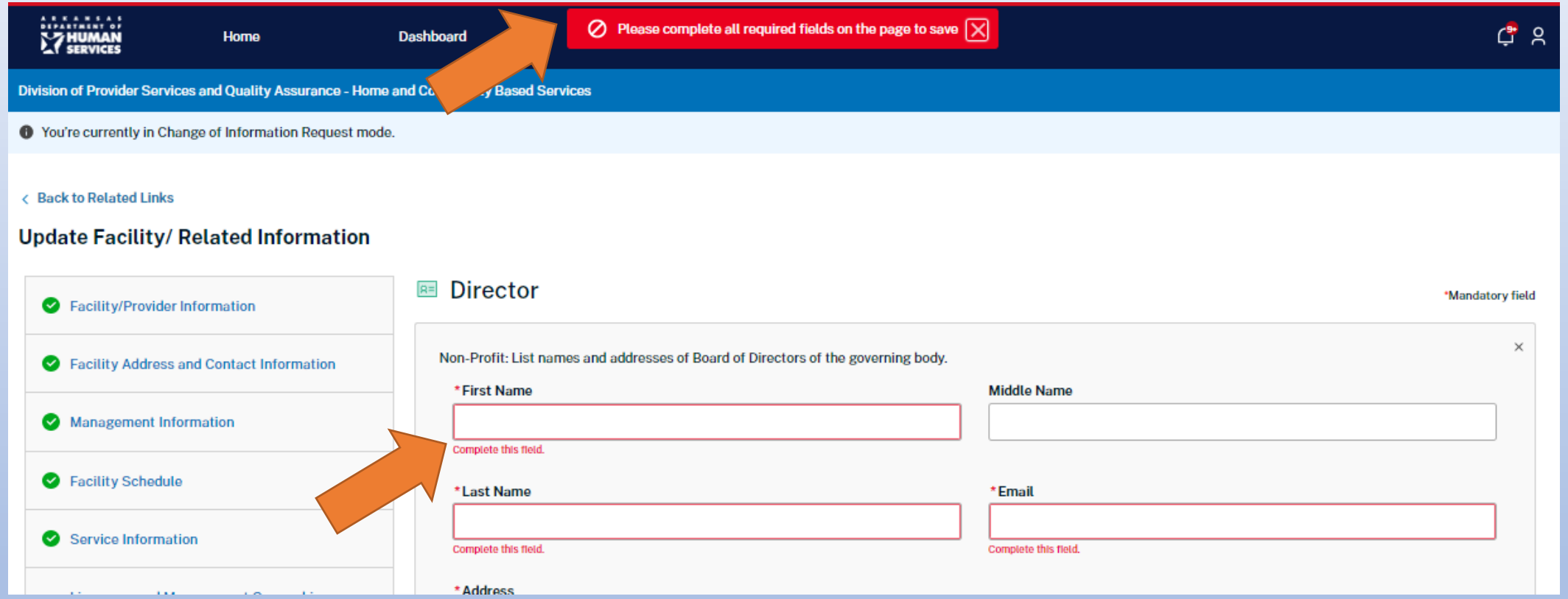
Select “View” in the column on the right.



Review each informational tab and update as needed.

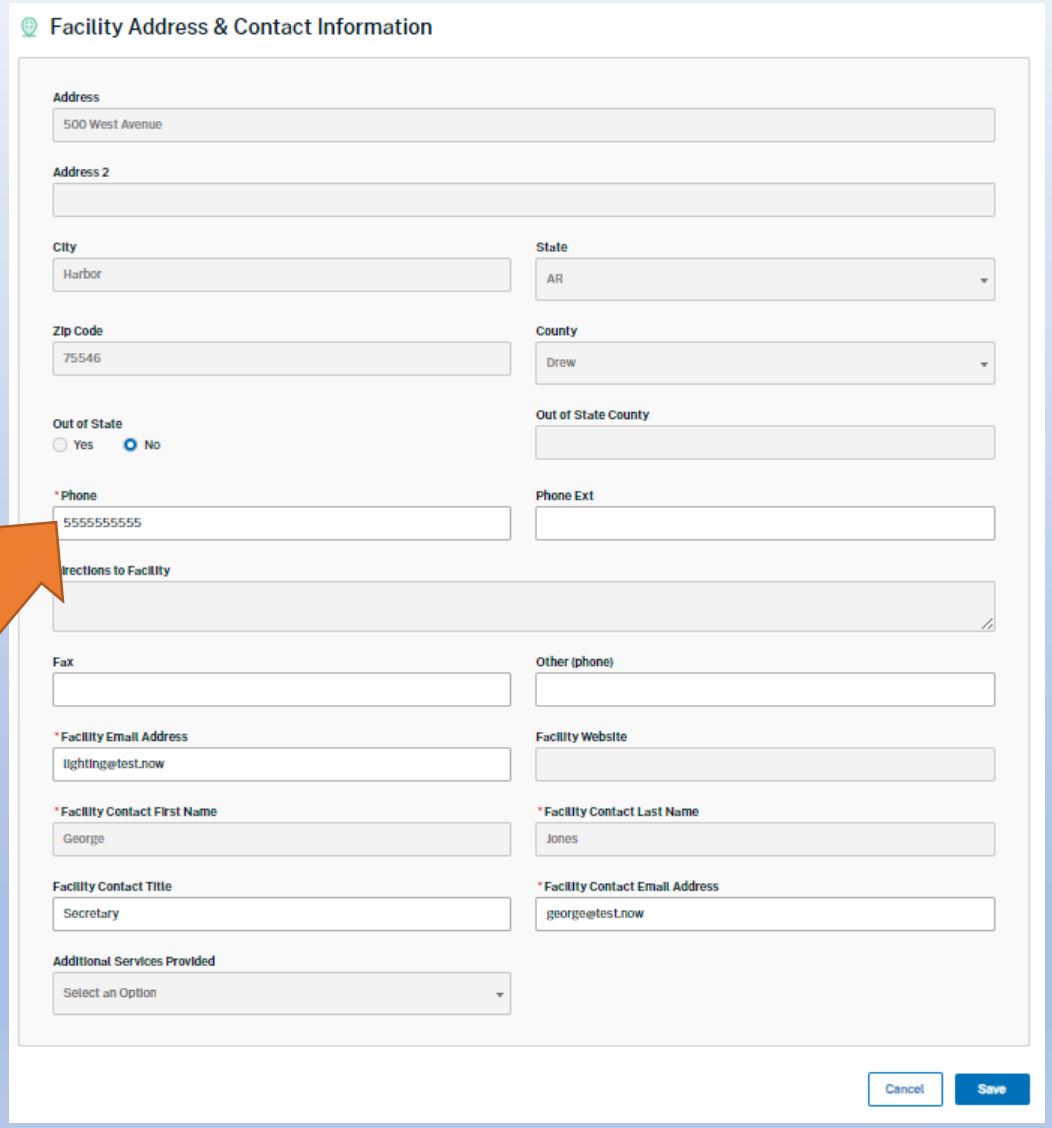


Required Fields

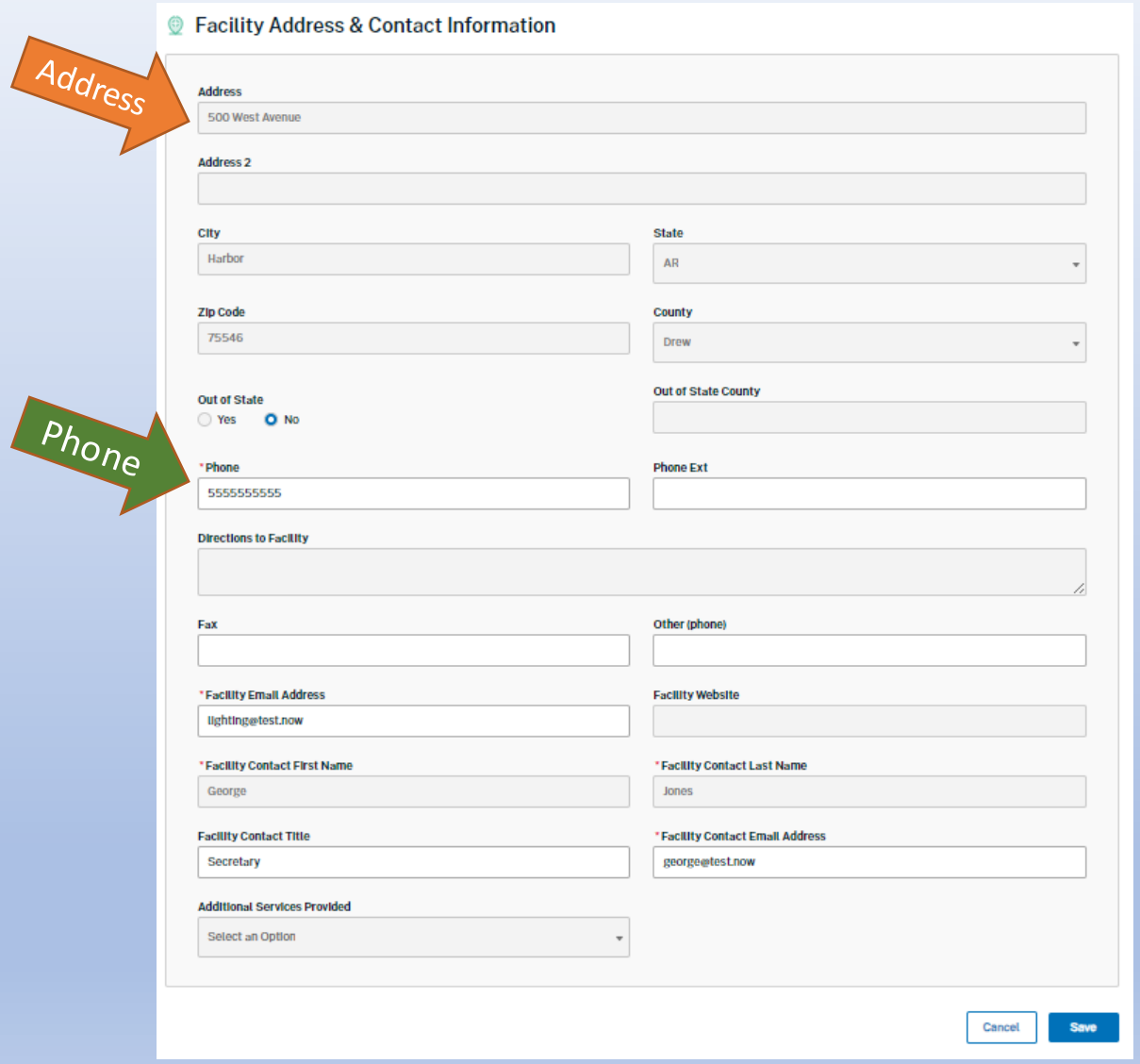


Edit Details

Facility Address and Contact Information

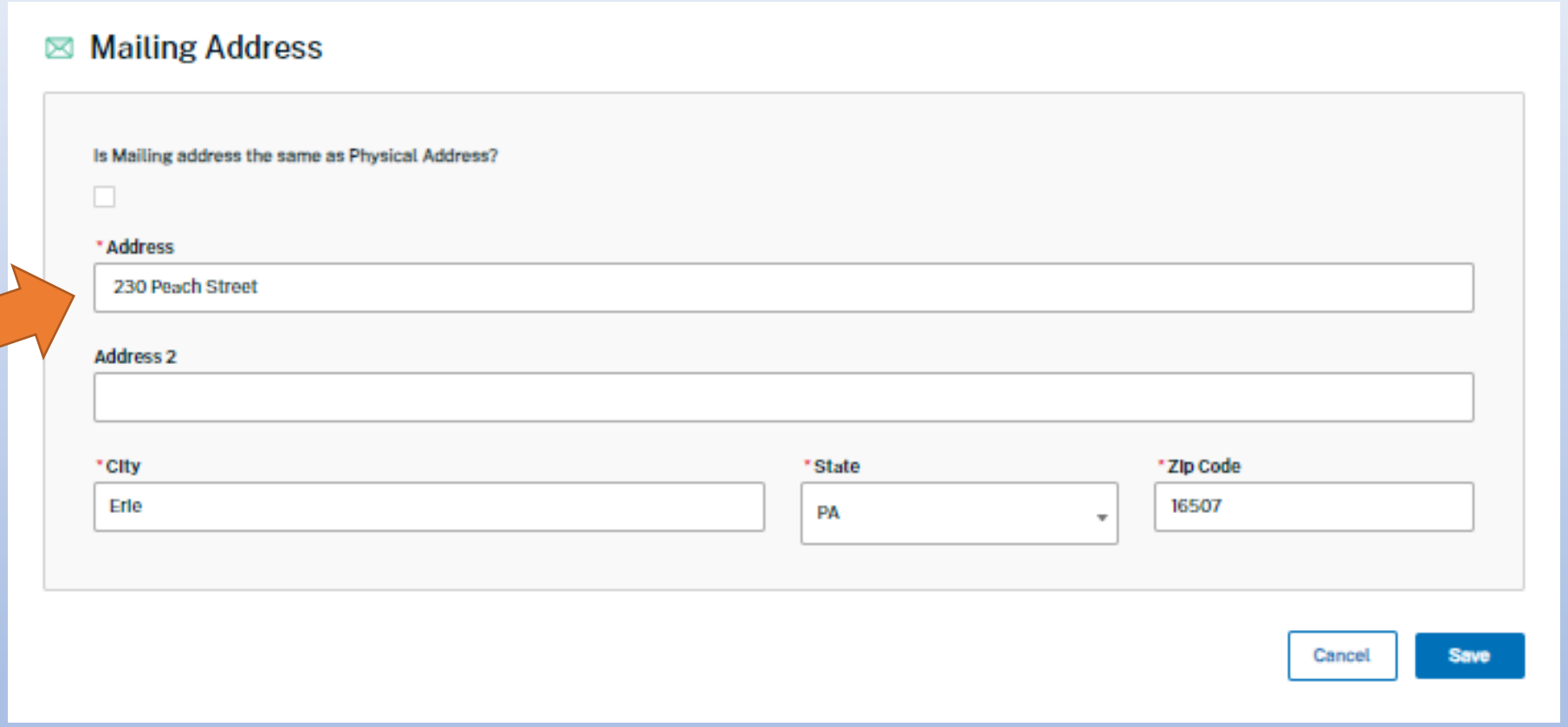


Facility Address and Contact Information

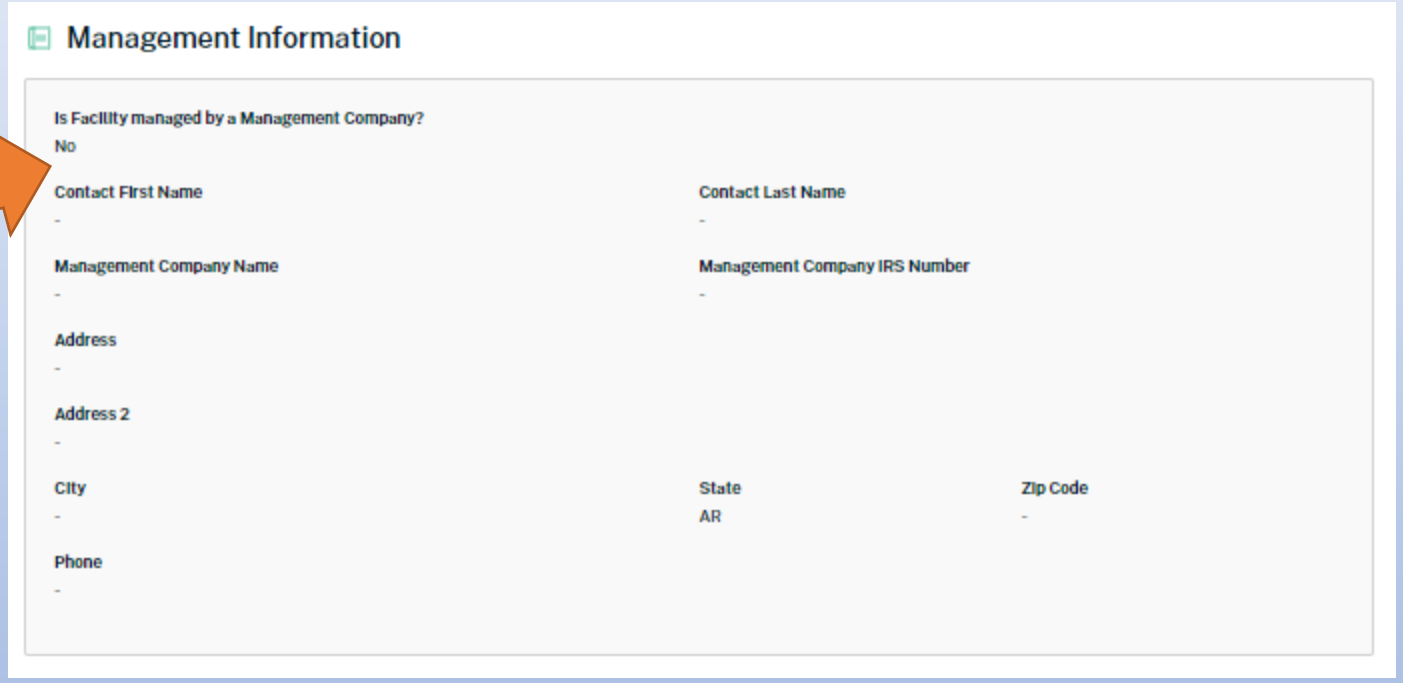


Some contact information can be changed, such as the Phone number and contact email address. However, some information, such as the facility address, will require a Change of Information Form.

Facility Address and Contact Information

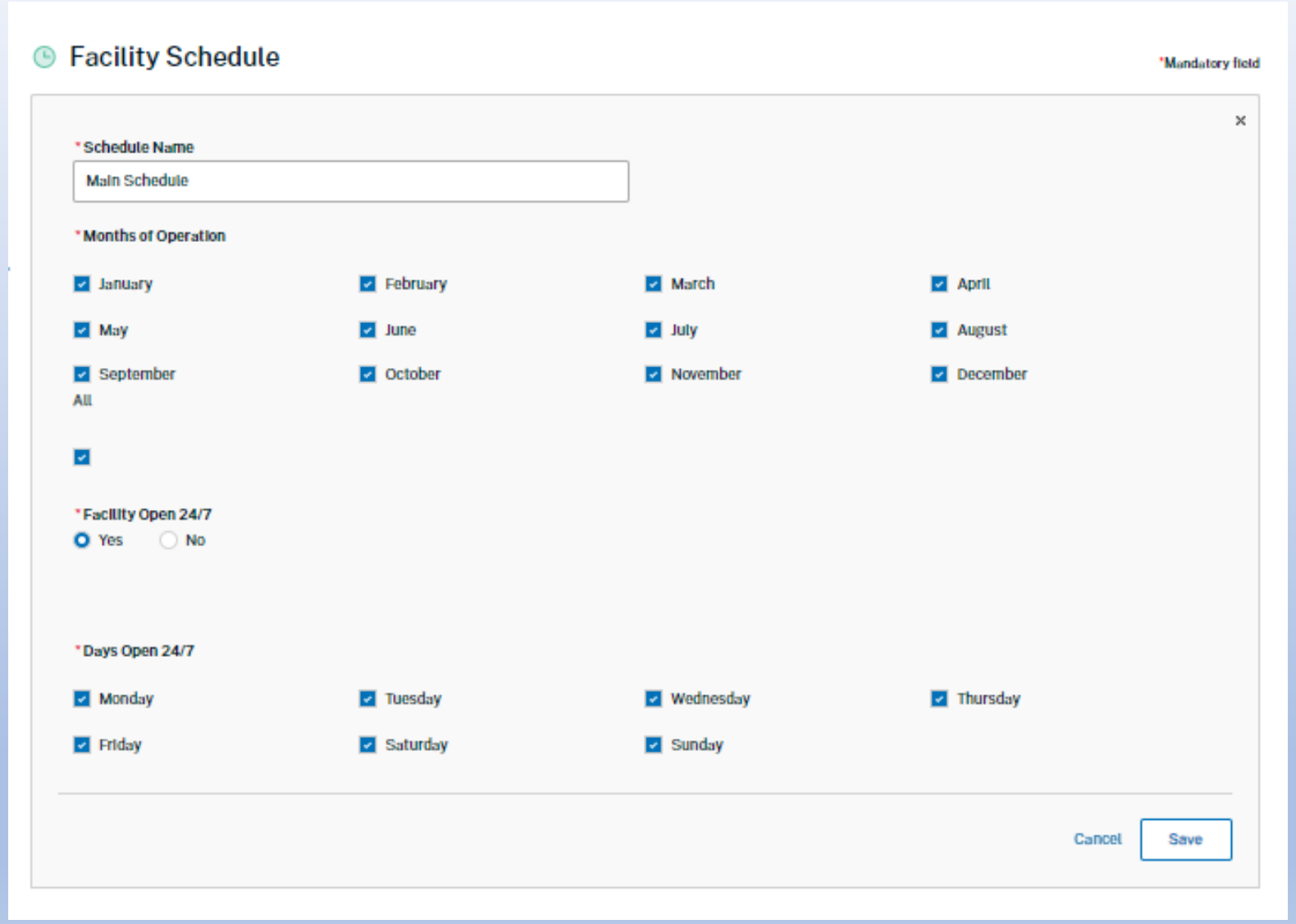


Management Information

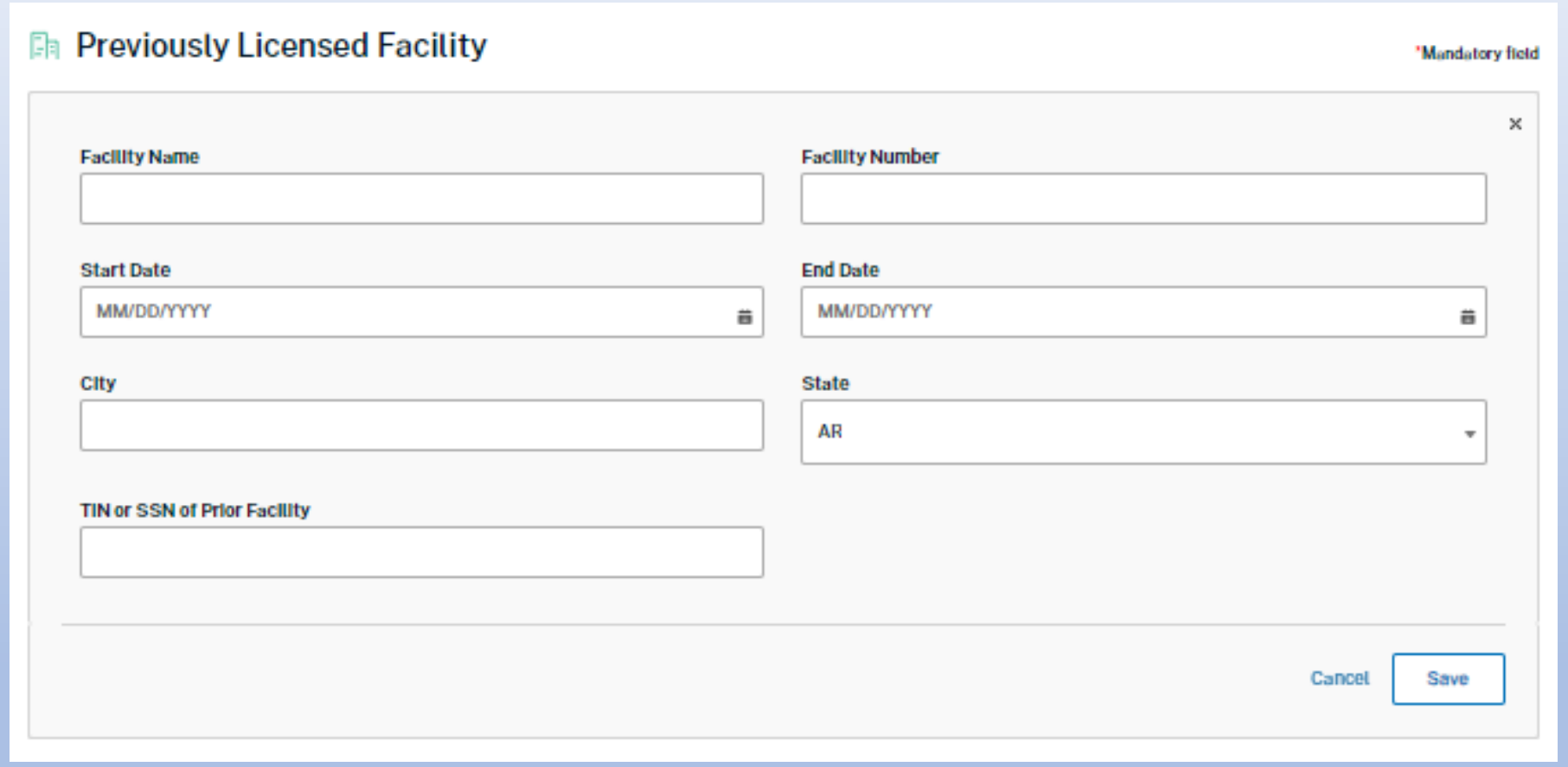


No information can be updated on this tab. Updating this section requires a change of information request.

Facility Schedule



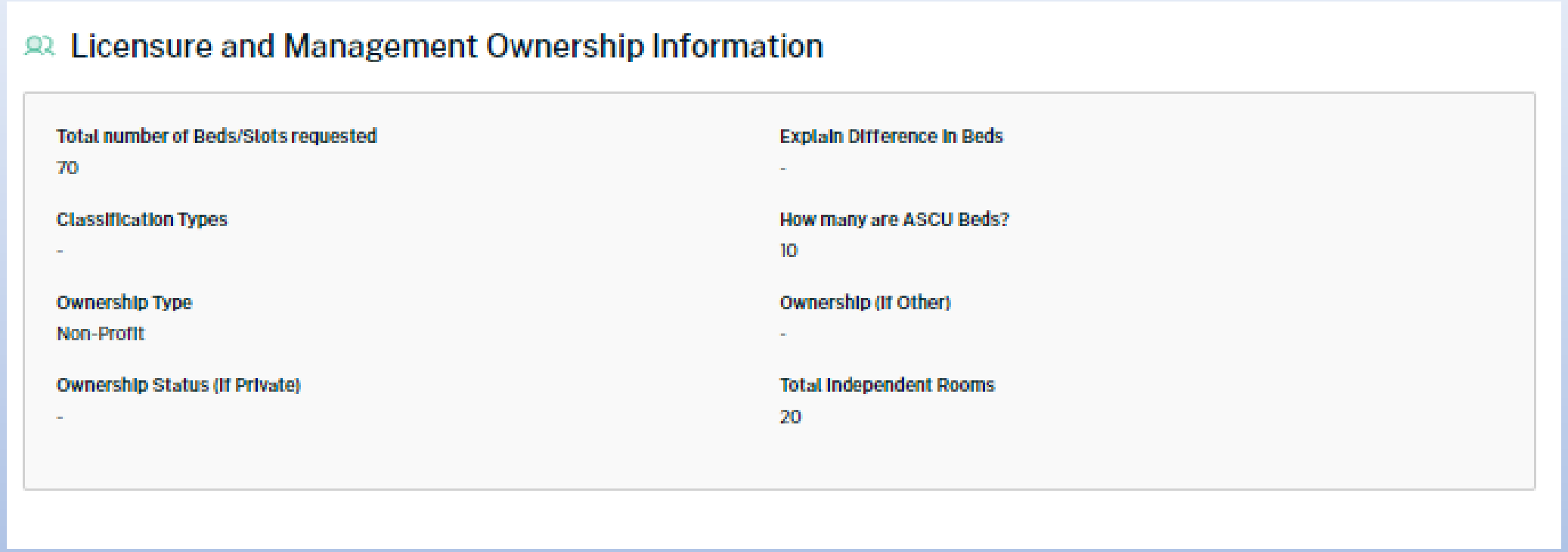
Previously Licensed Facility



Service Information

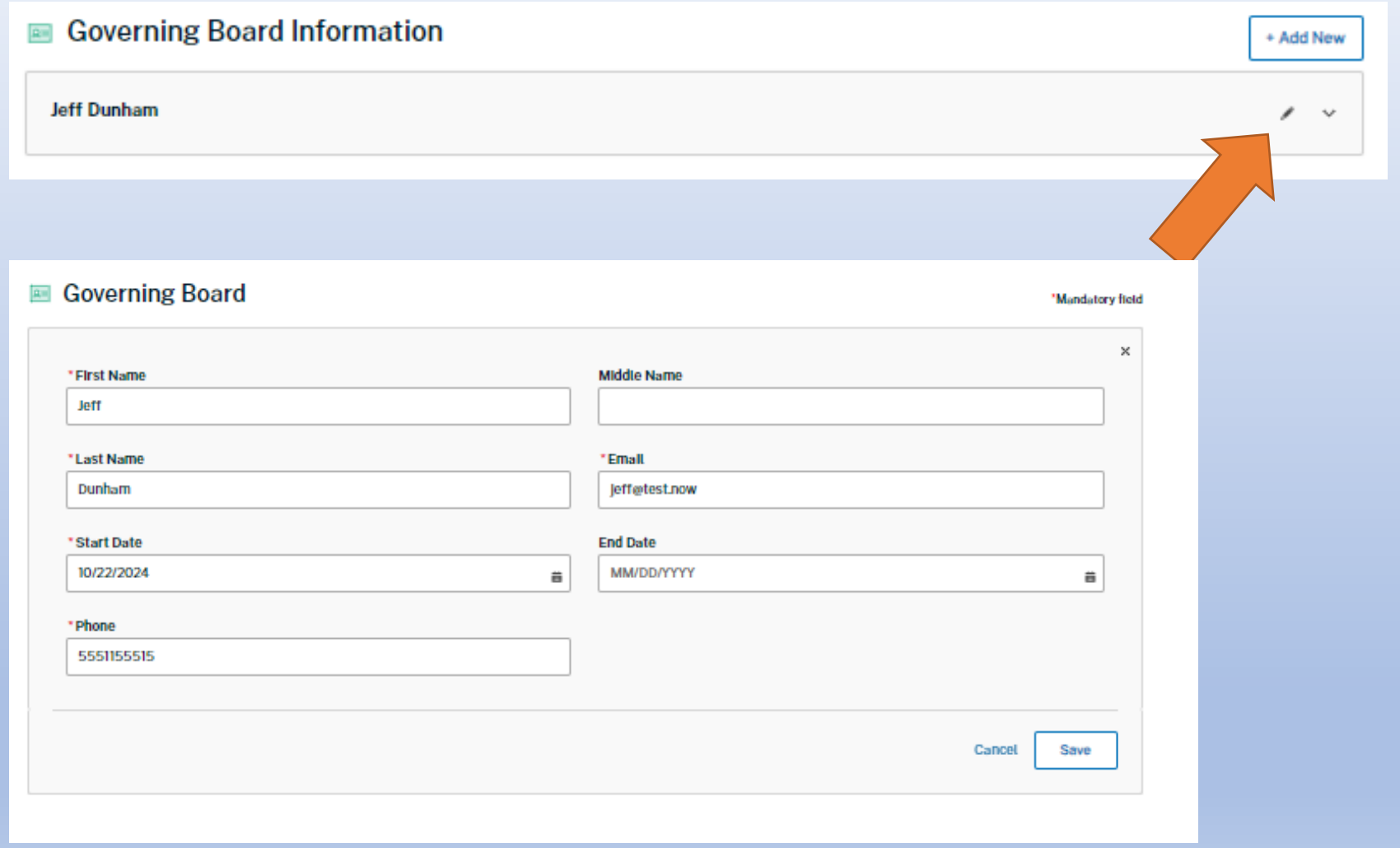
No information can be updated on this tab. Updating this section requires a change of information request.

Licensure and Management Ownership Information

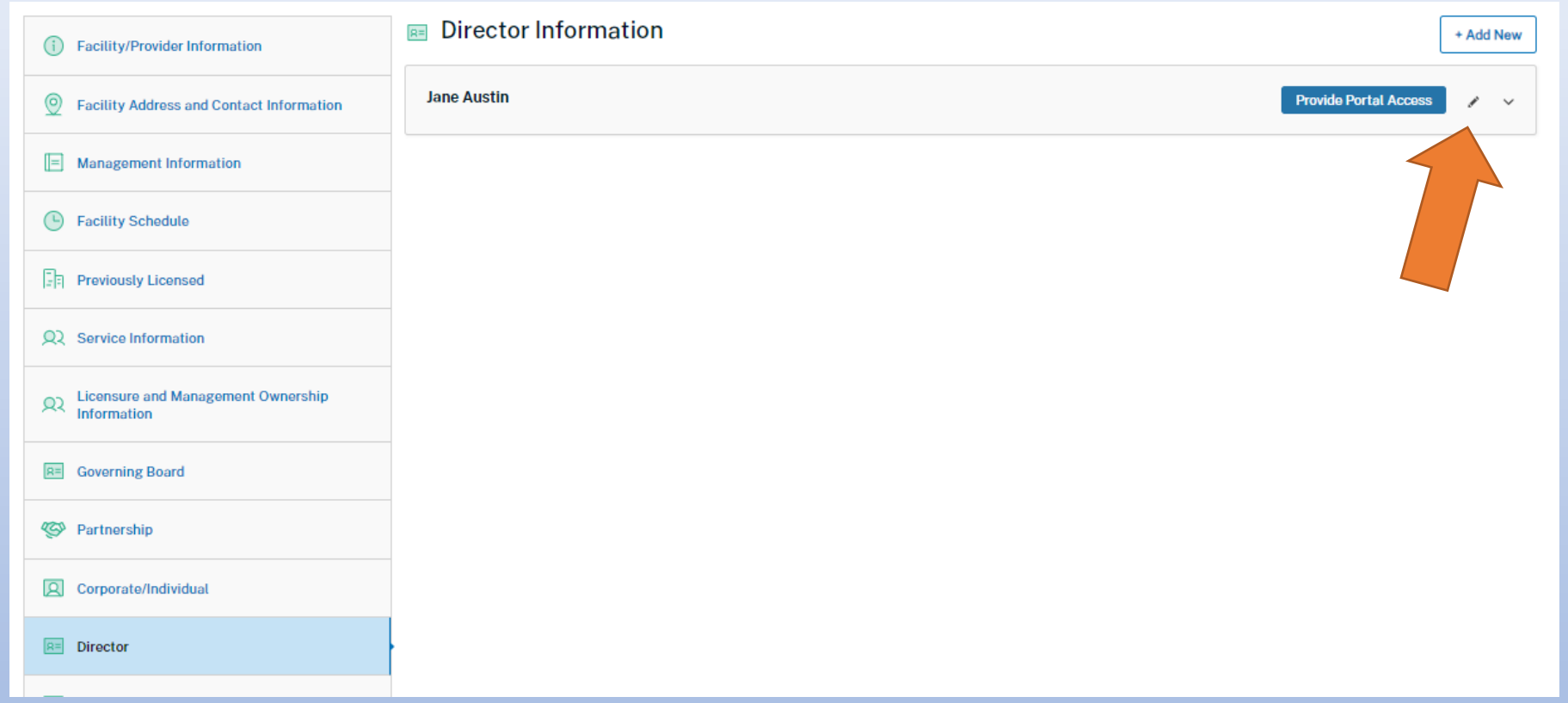


No information can be updated on this tab. Updating this section requires a change of information request.

Governing Board

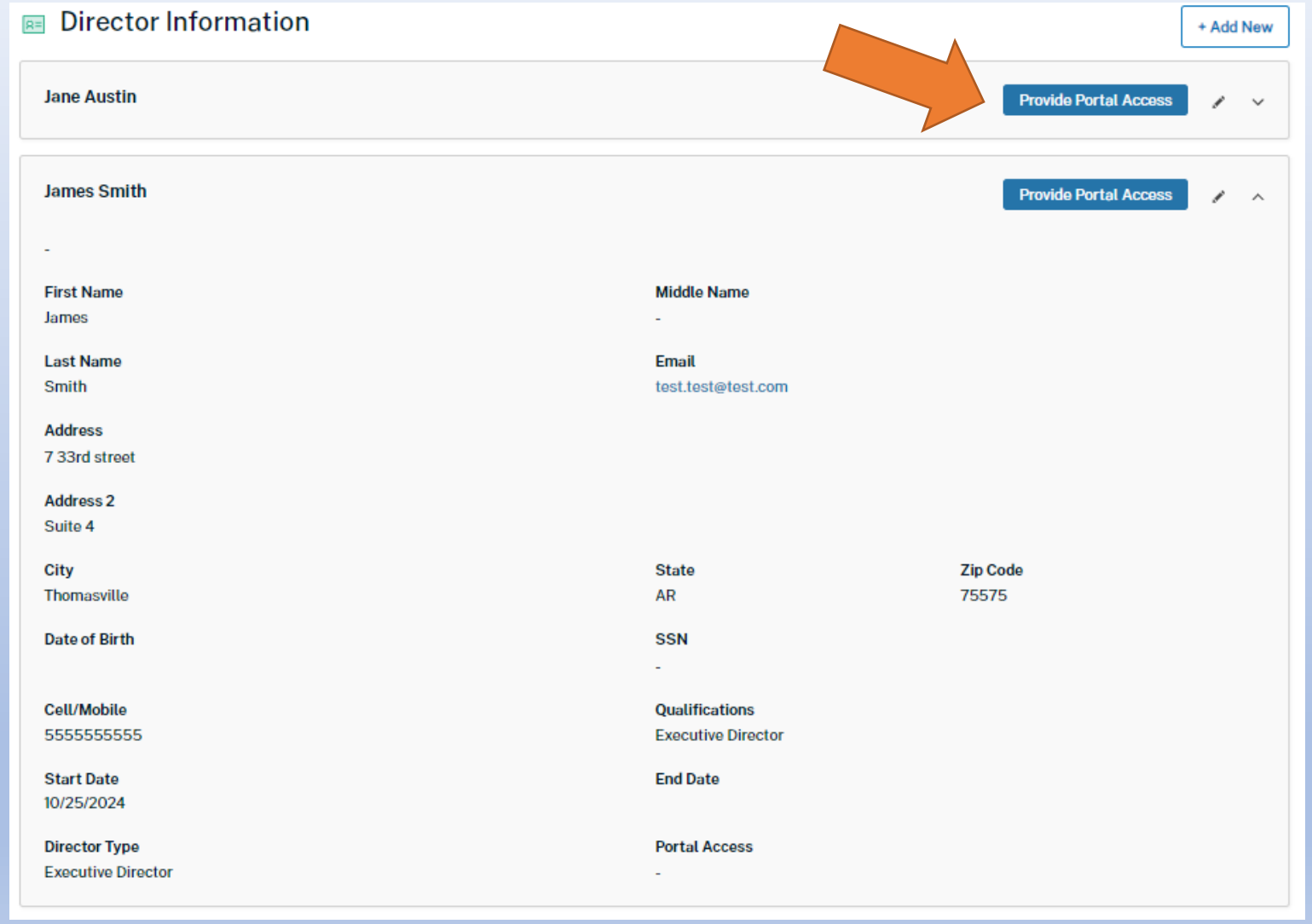


Director Information

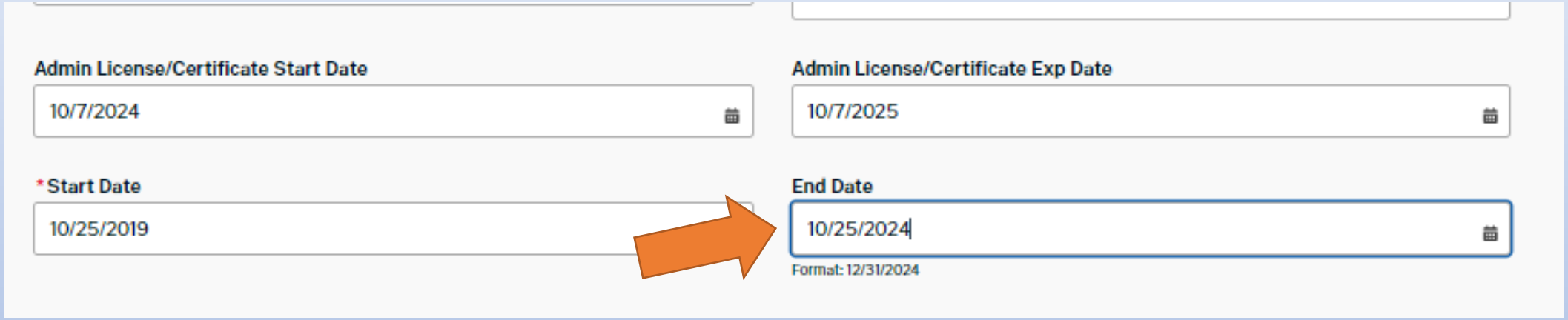


Provide Portal Access

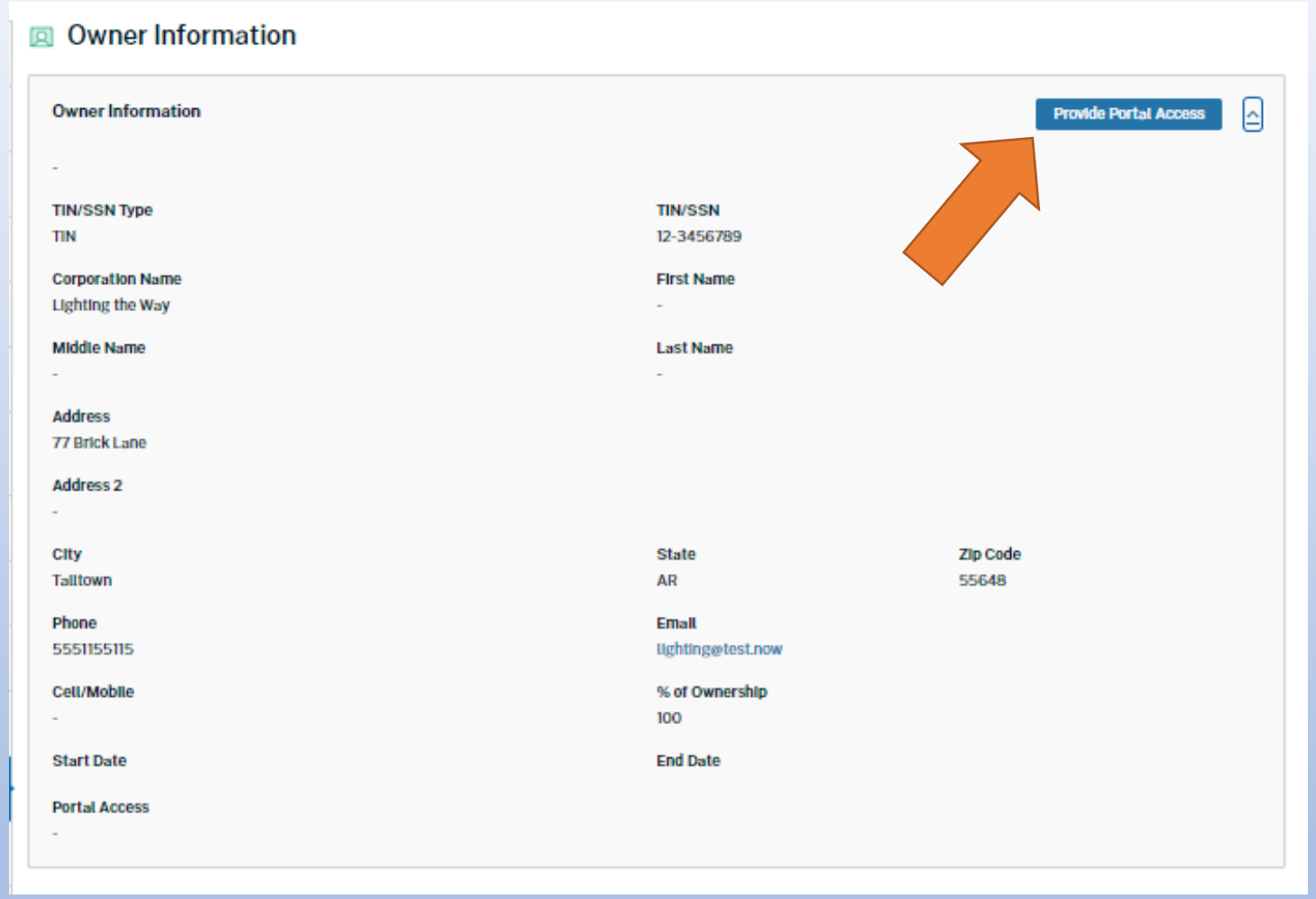
The owner can enable Portal Access through ELS.



End date employees who are no longer with the program.

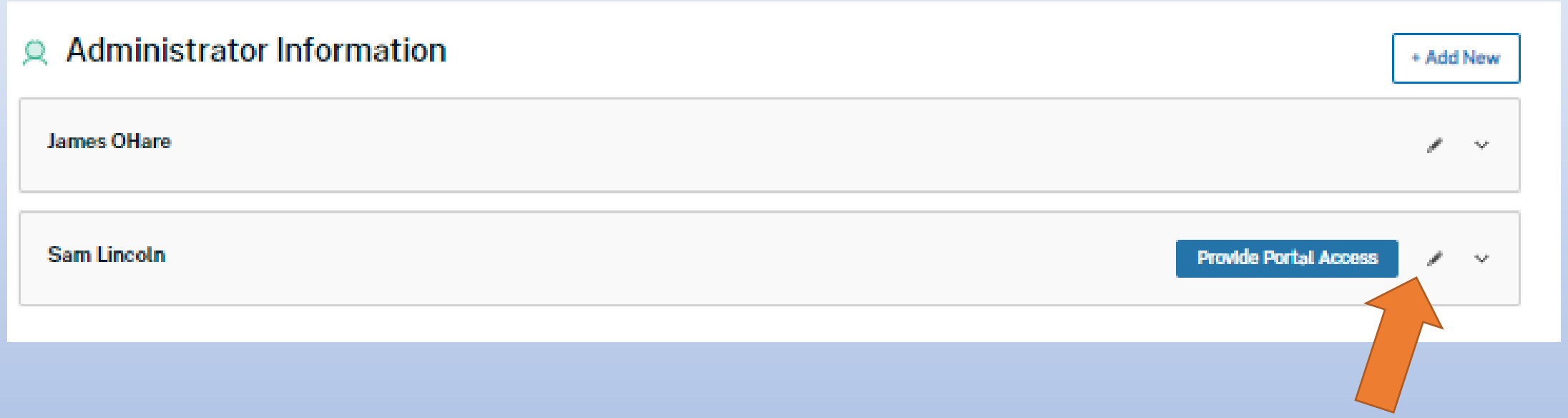


Owner Information

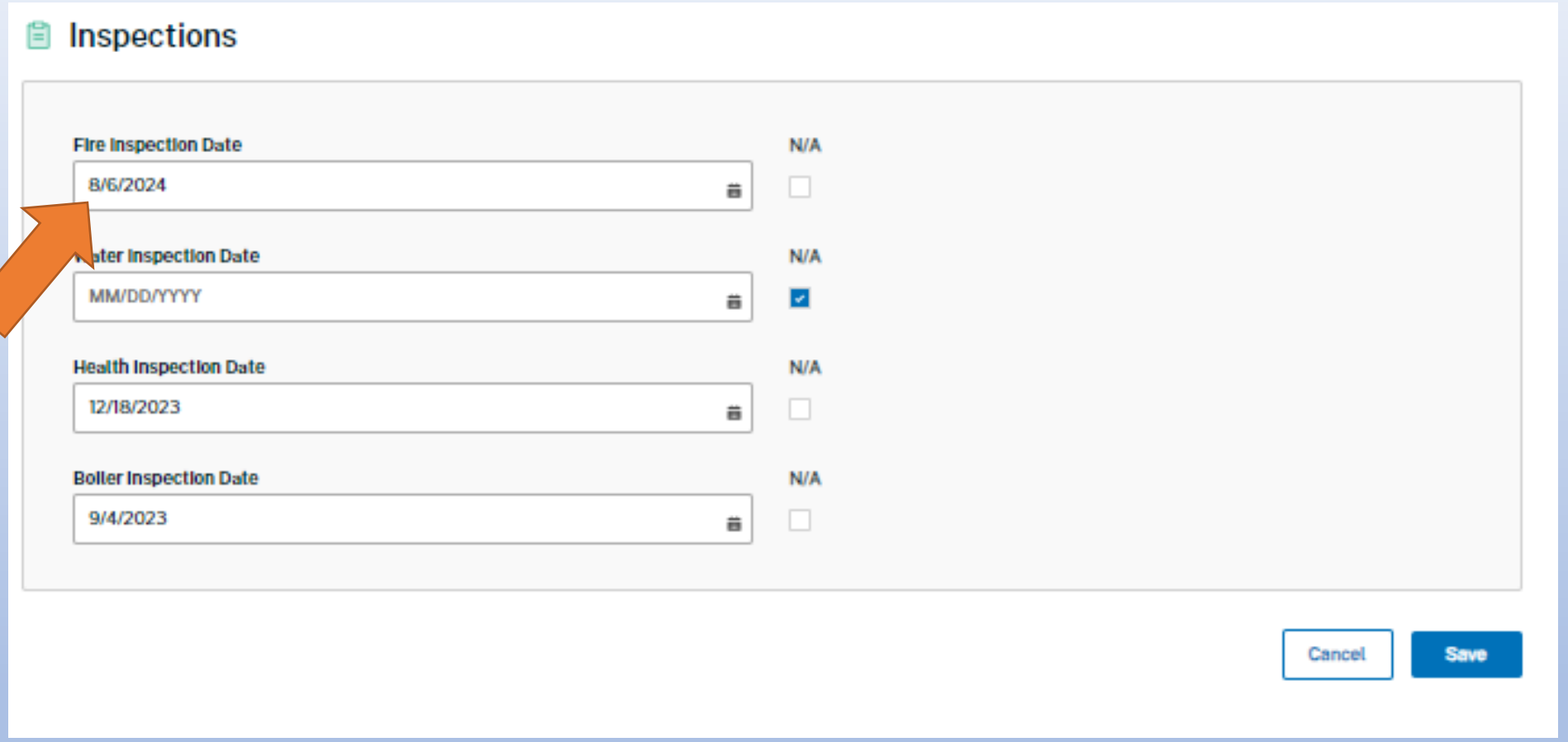


No information can be updated on this tab. Updating this section requires a change of information request. But portal access can be enabled.

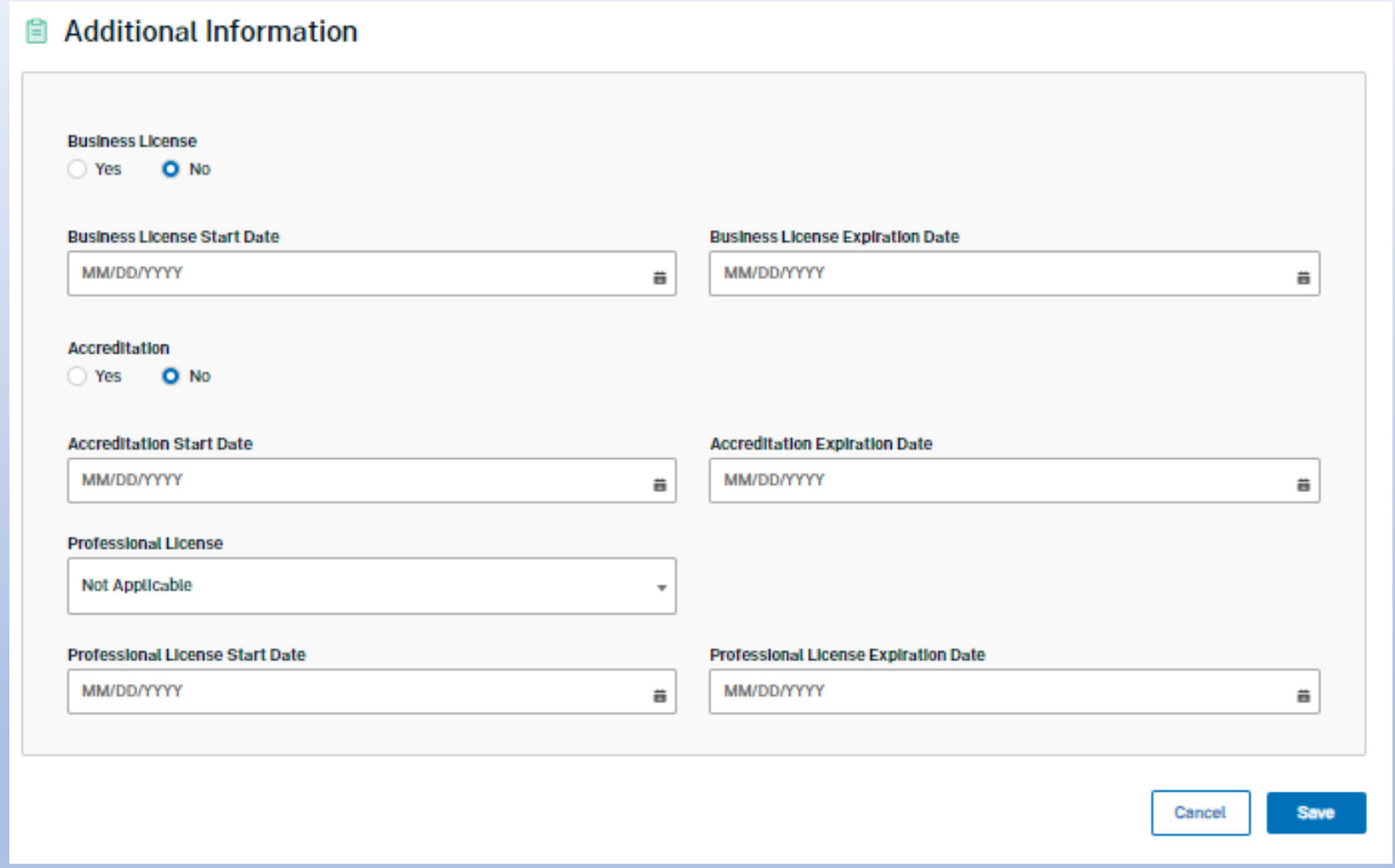
Administrator Information



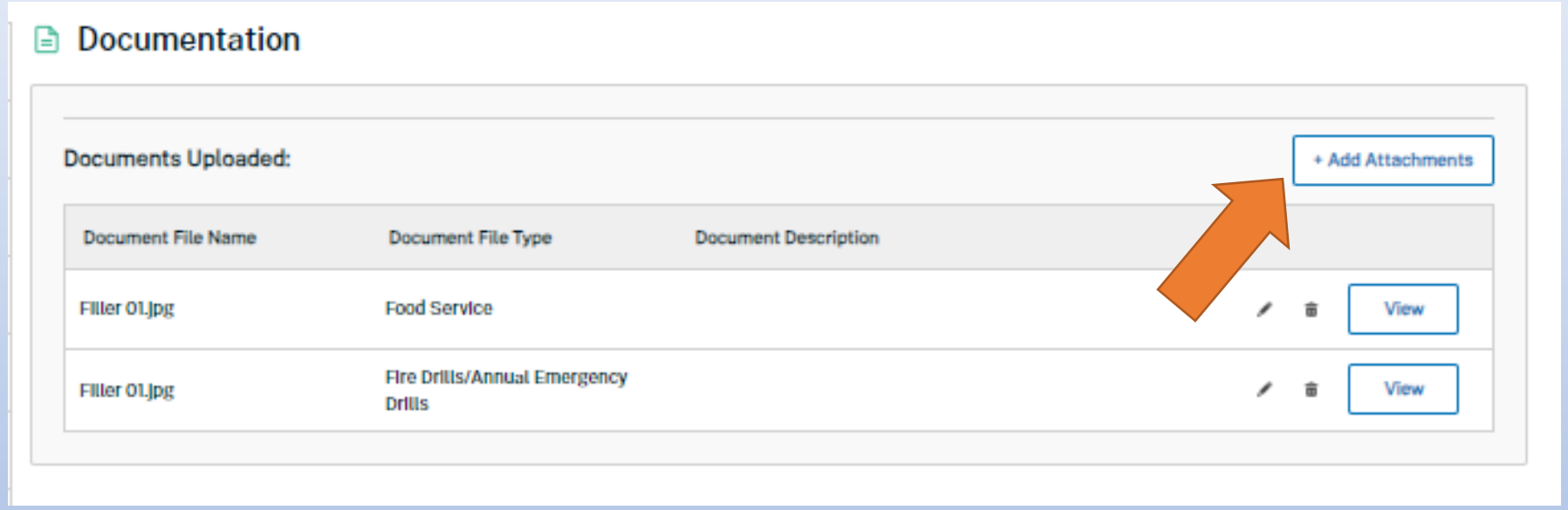
Inspections



Additional Information



Documentation

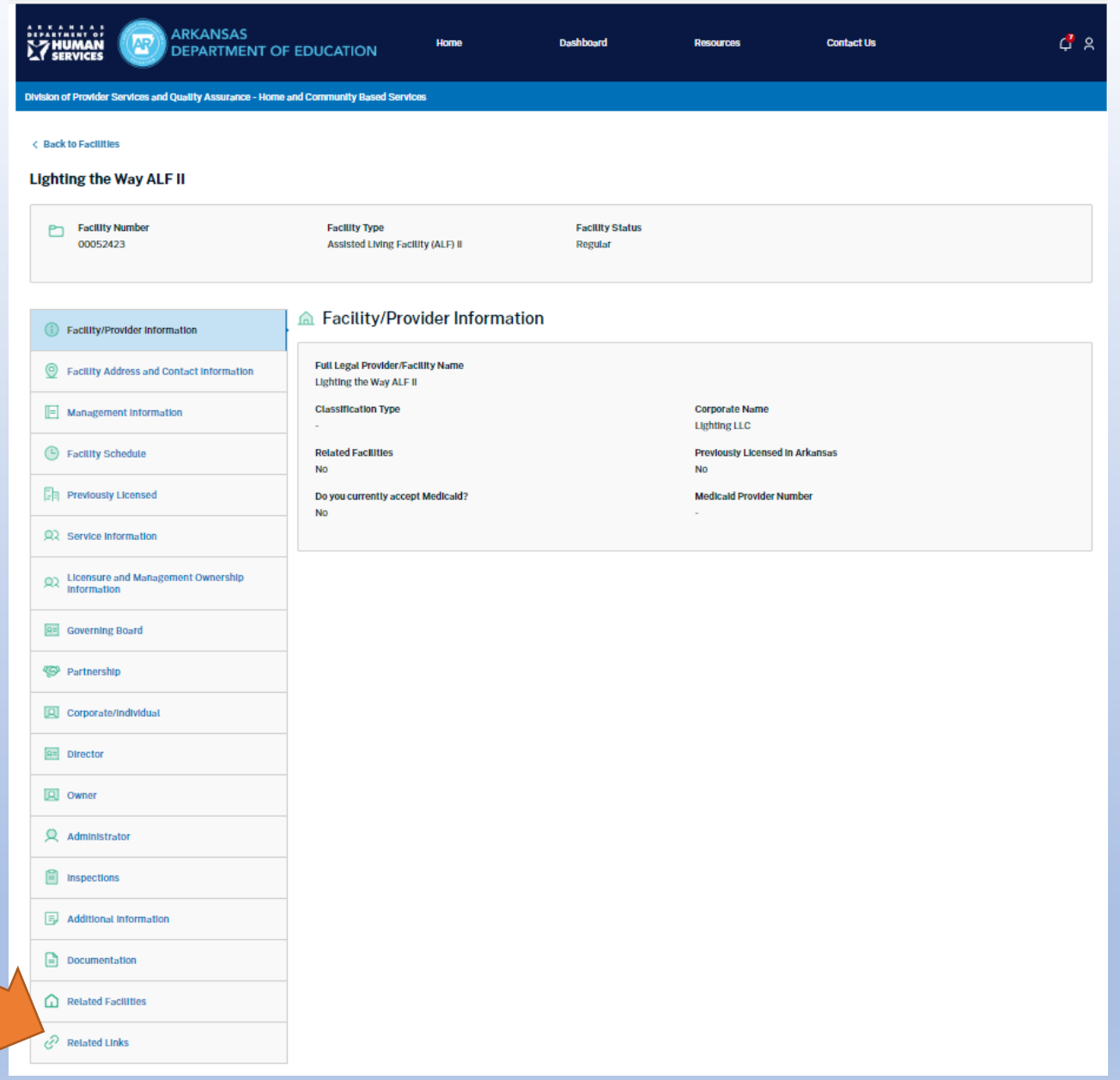


Related Facilities

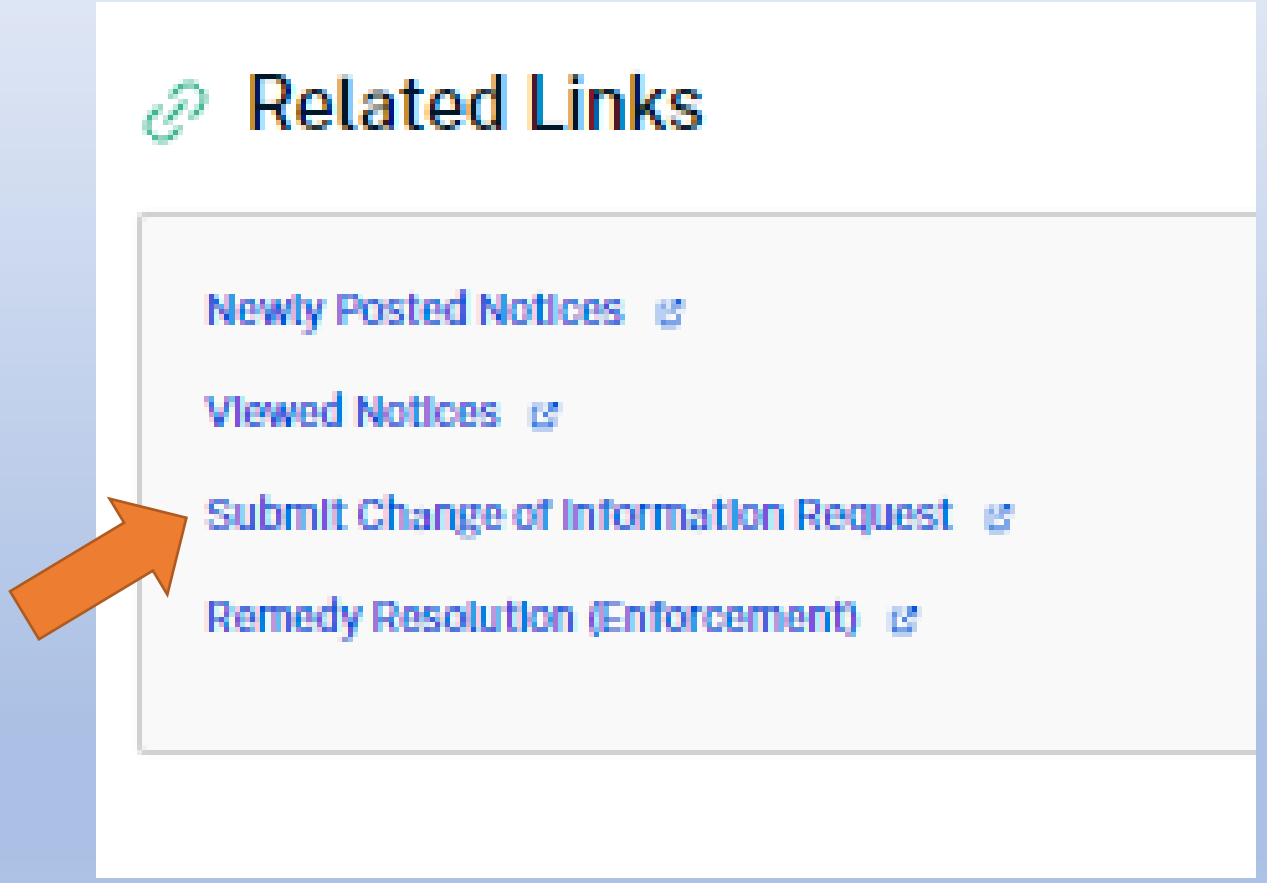
No information can be updated on this tab. Updating this section requires a change of information request.

Change of Information Request

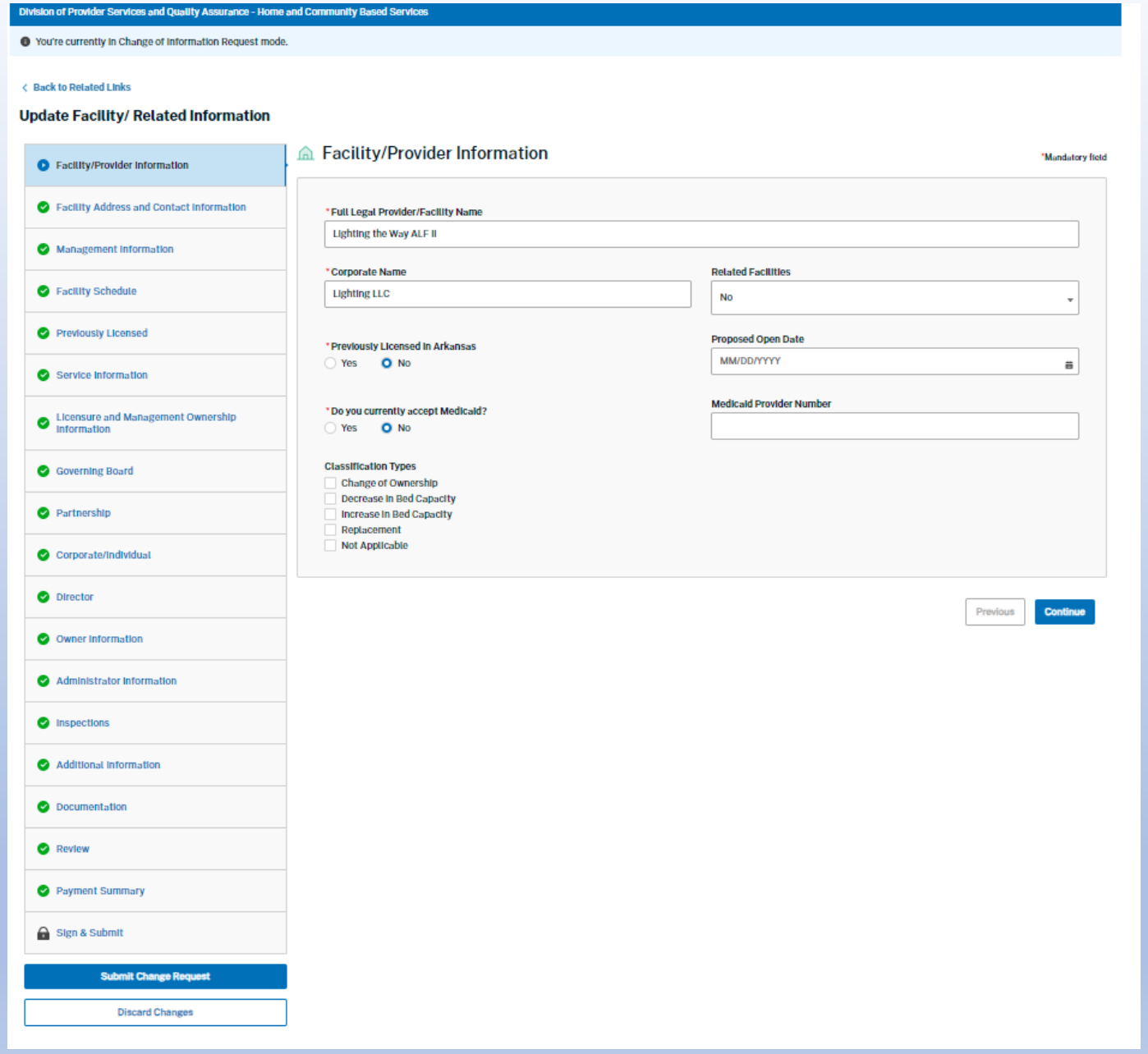
To locate the Change of Information Form, go to Related Links



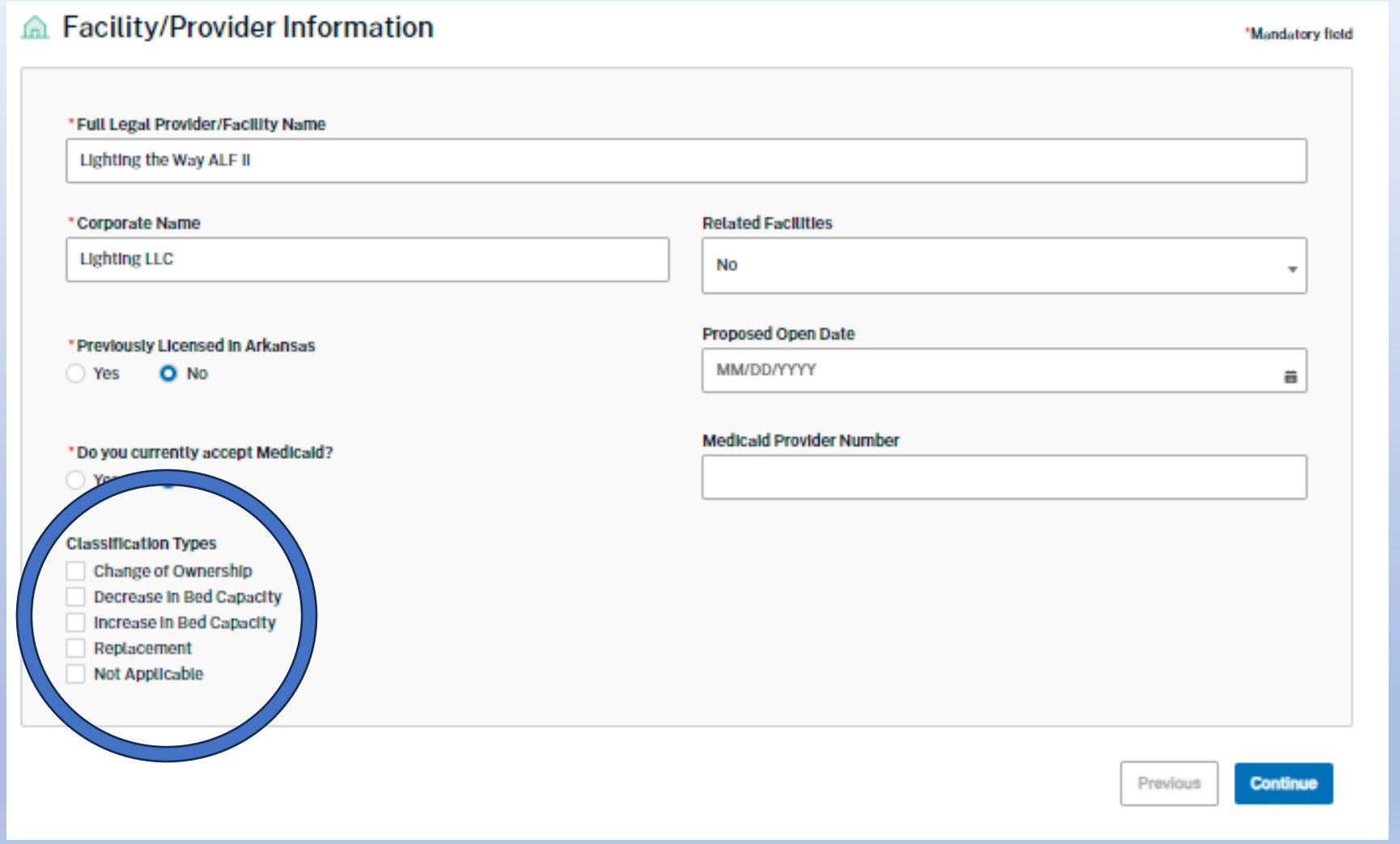
Change of Information Request



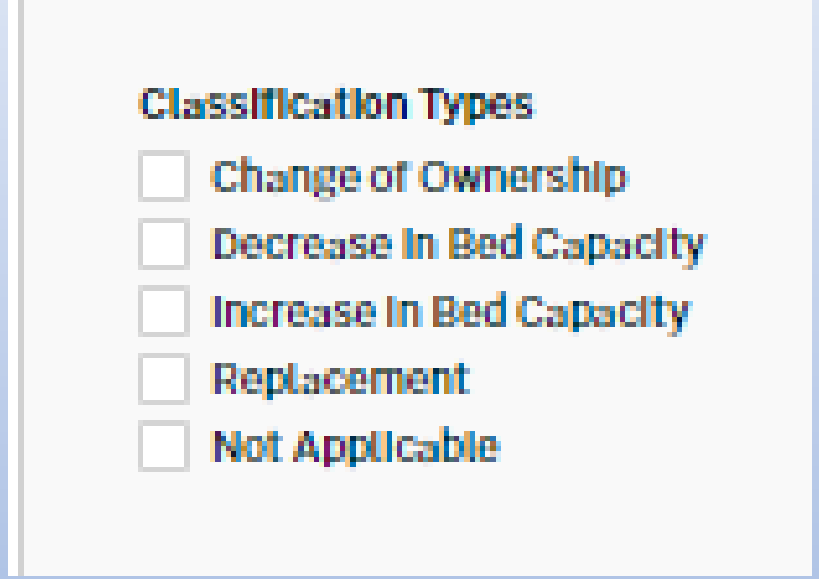
Change of Information Request



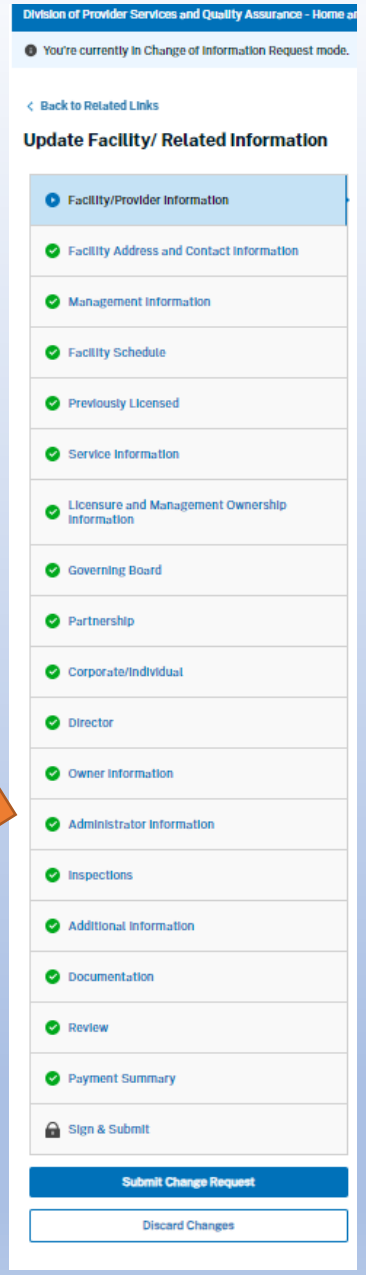
Facility/Provider Information



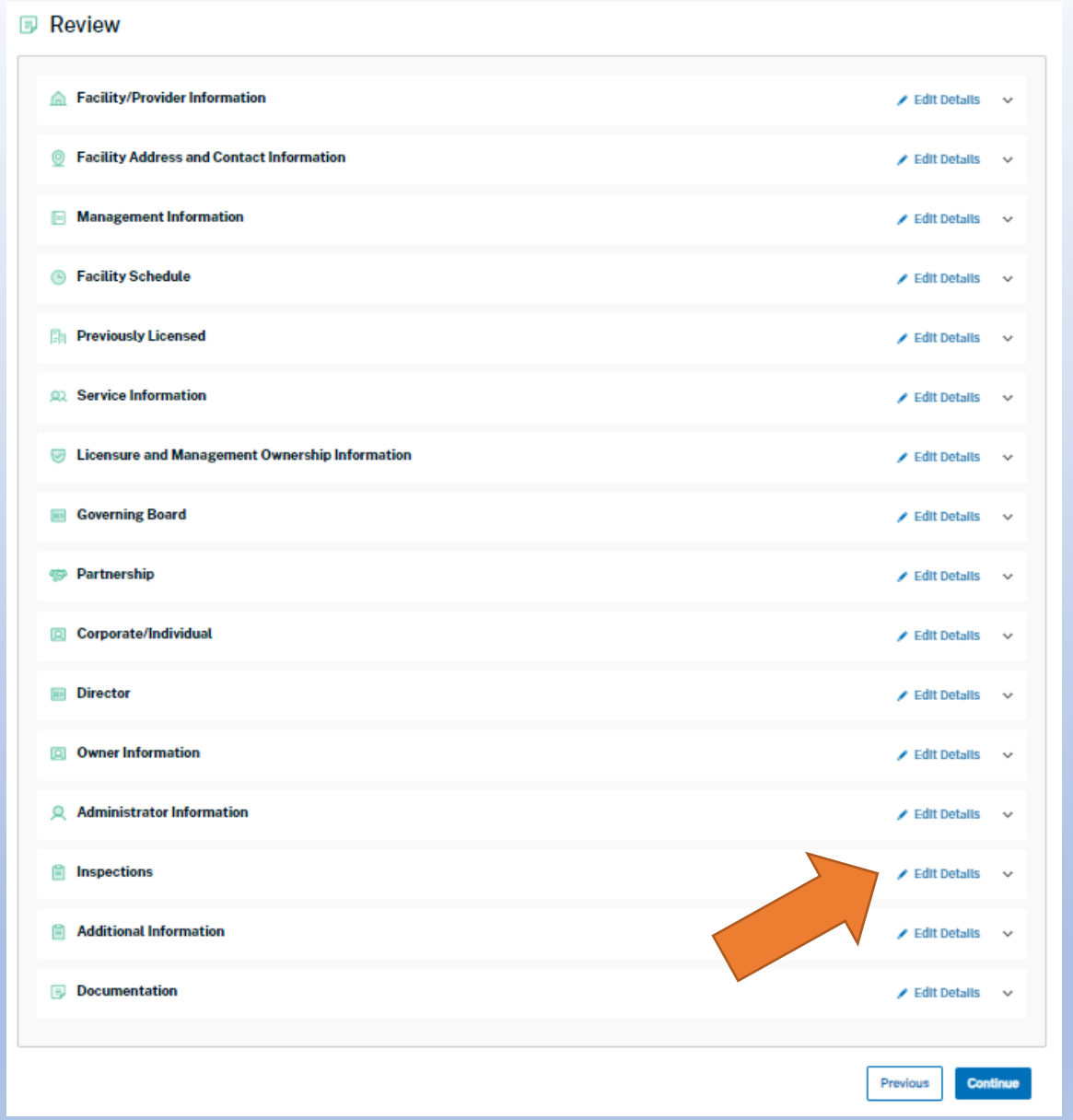
Classification Types



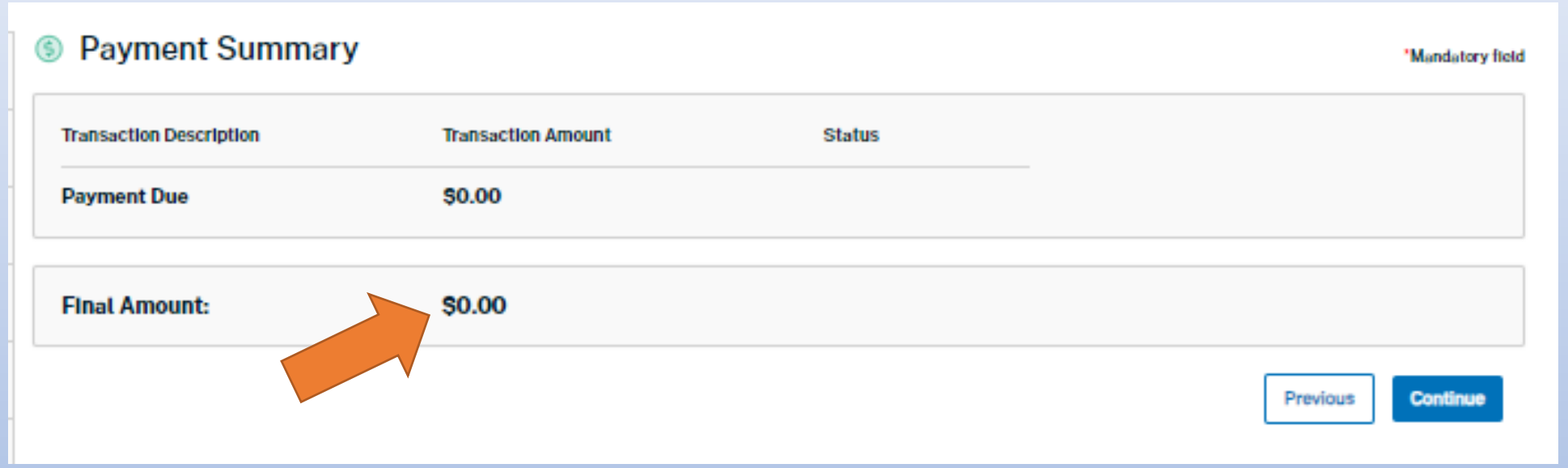
Update each tab of information



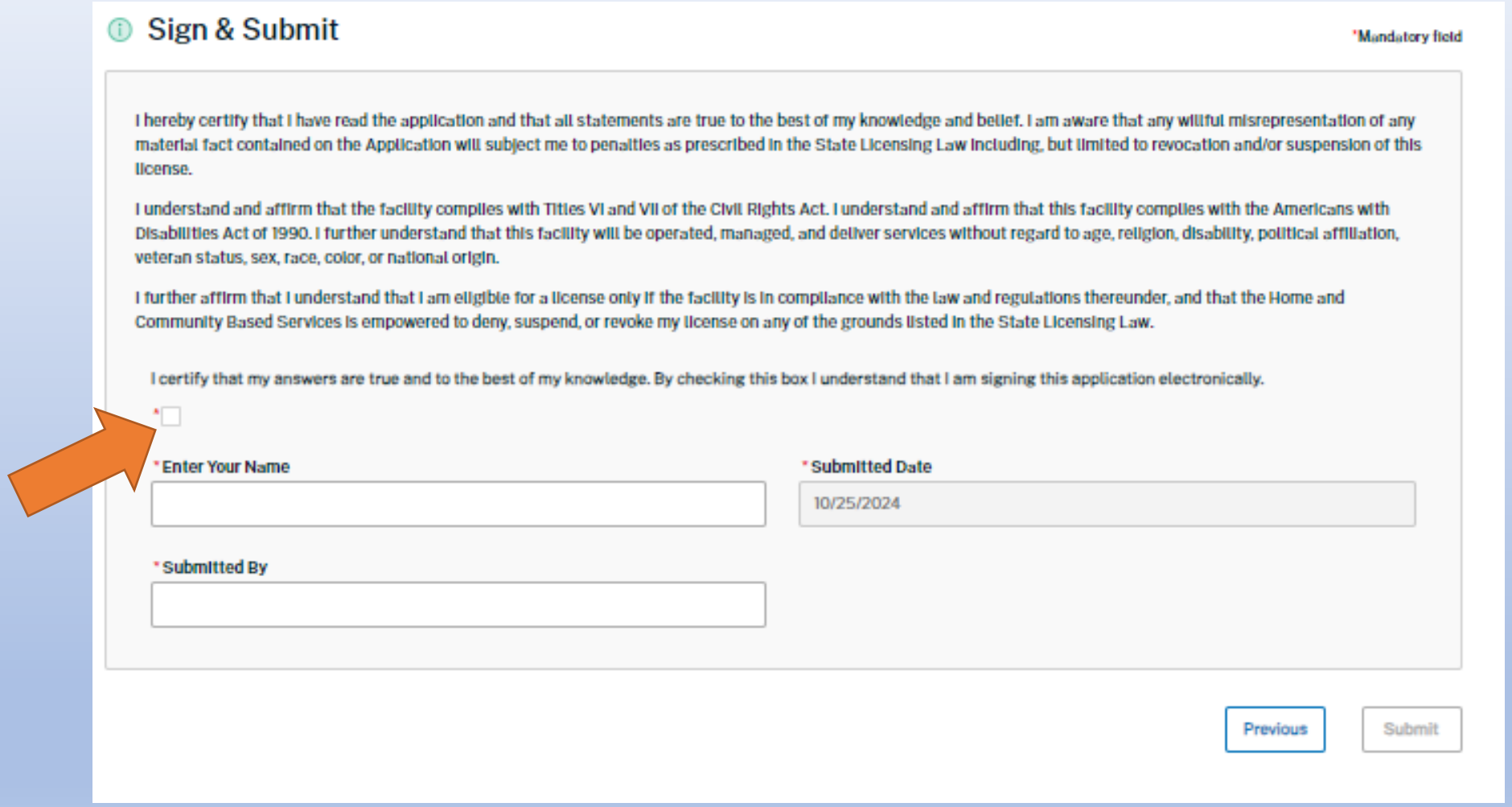
Review


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

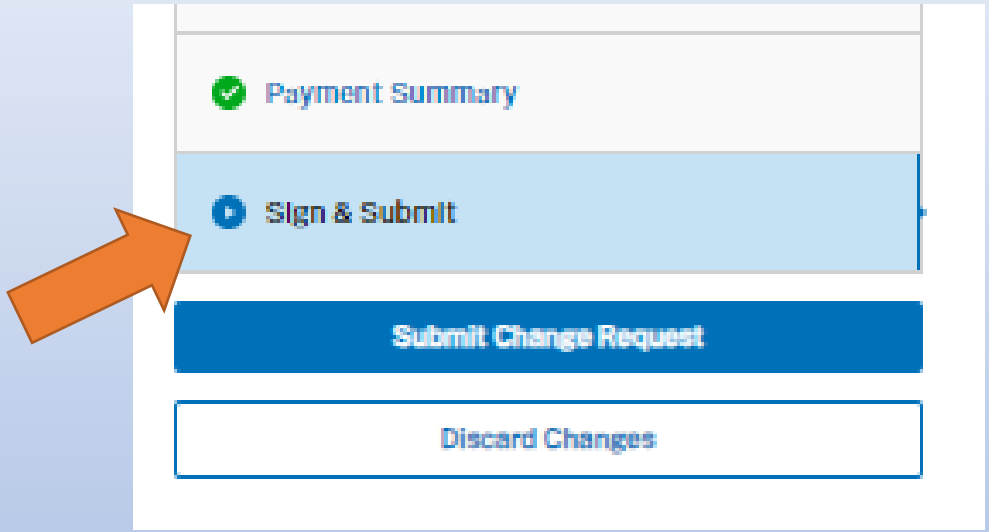
Payment Summary



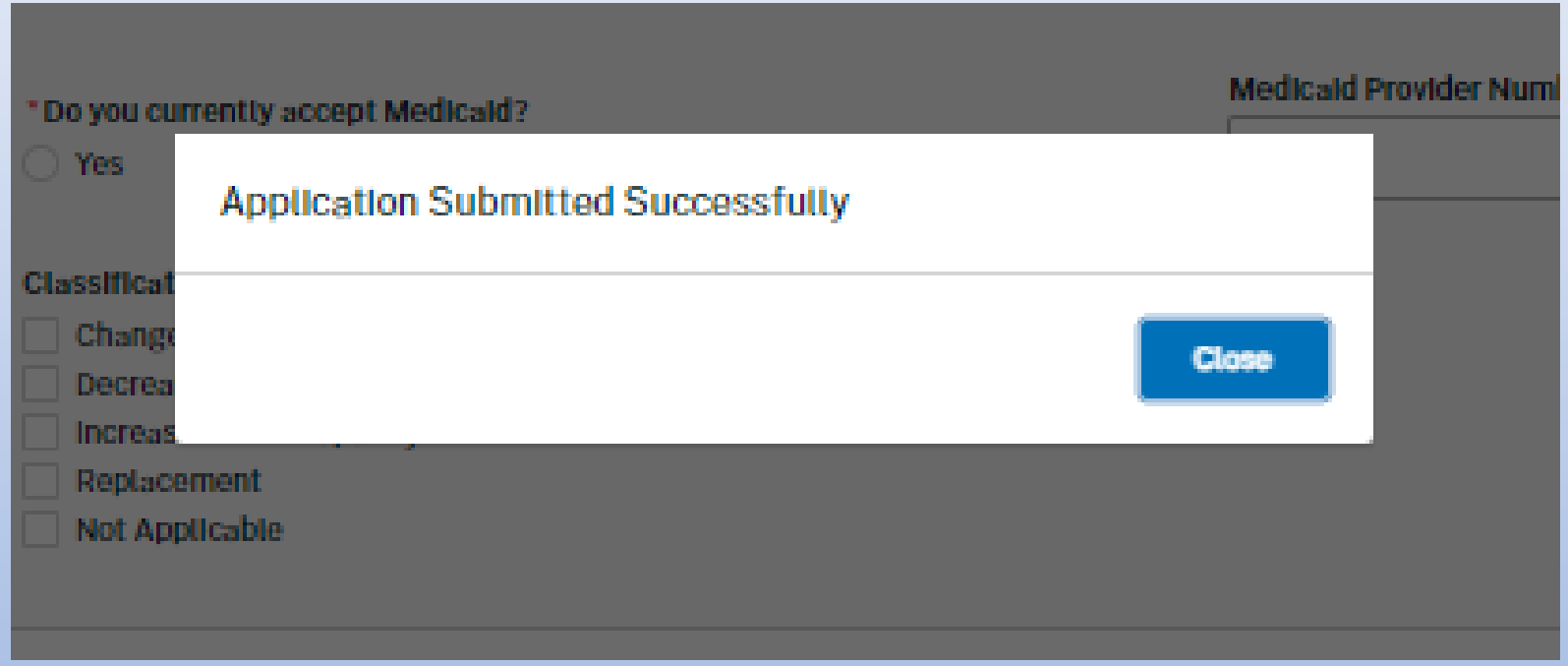
Sign & Submit


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

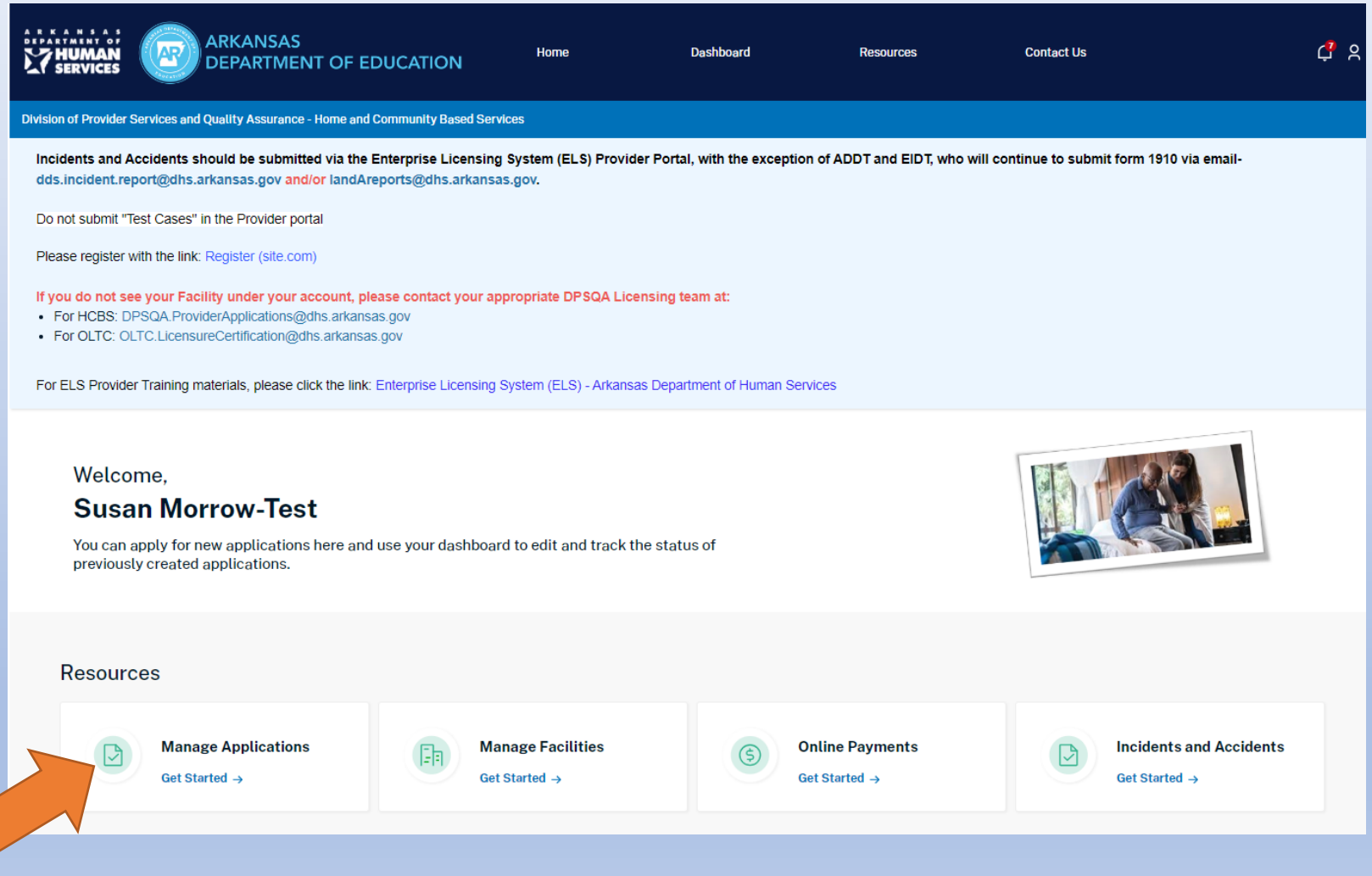
Sign & Submit


Payment Summary
Sign & Submit
Submit Change Request
Discard Changes

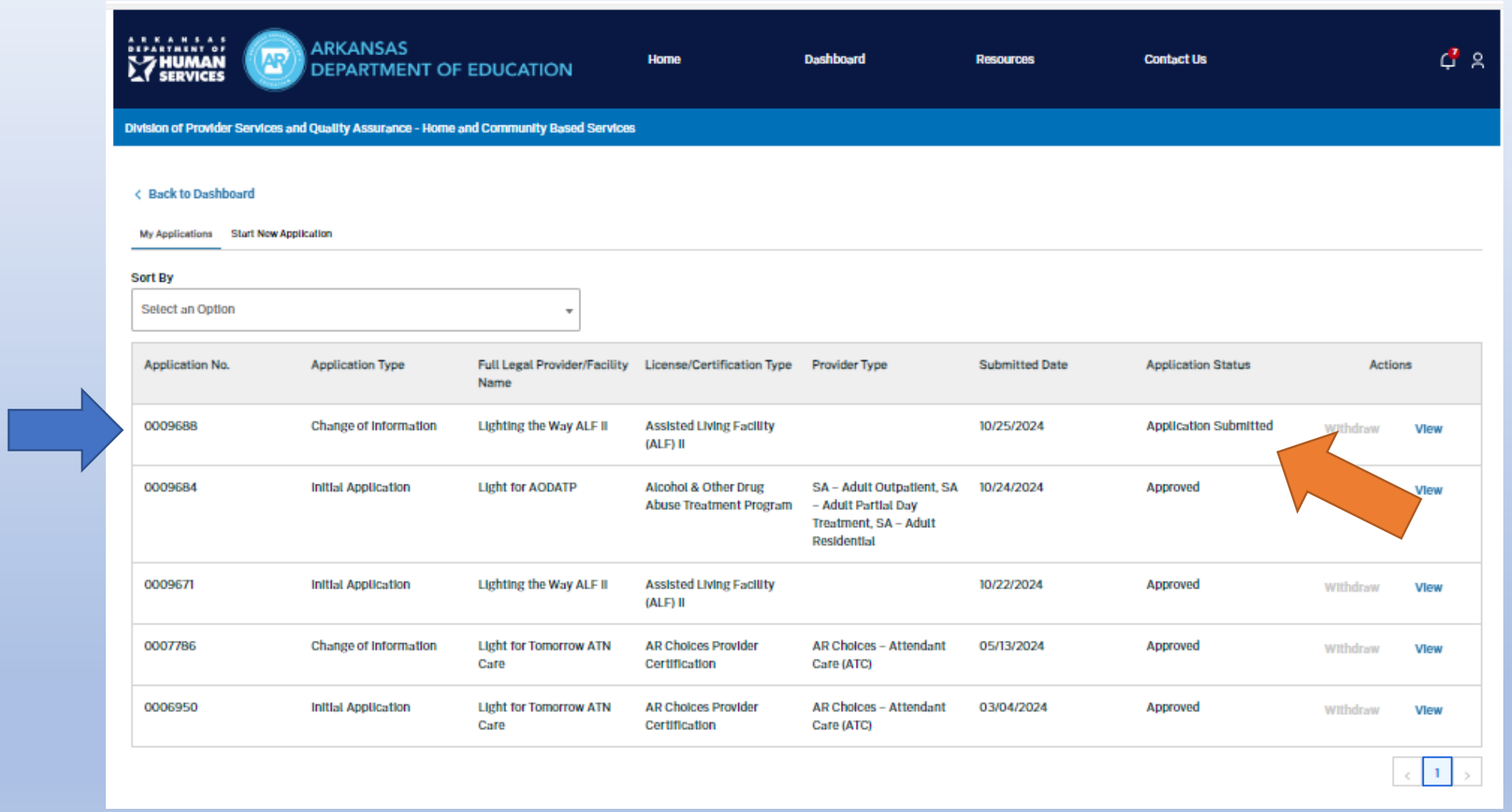
Sign & Submit


* Do you currently accept Medicaid?
Yes
Medicaid Provider Numl
Classificat
Change
Decrea
Increas
Replacement
Not Applicable
Application Submitted Successfully
Close

ELS Provider Dashboard

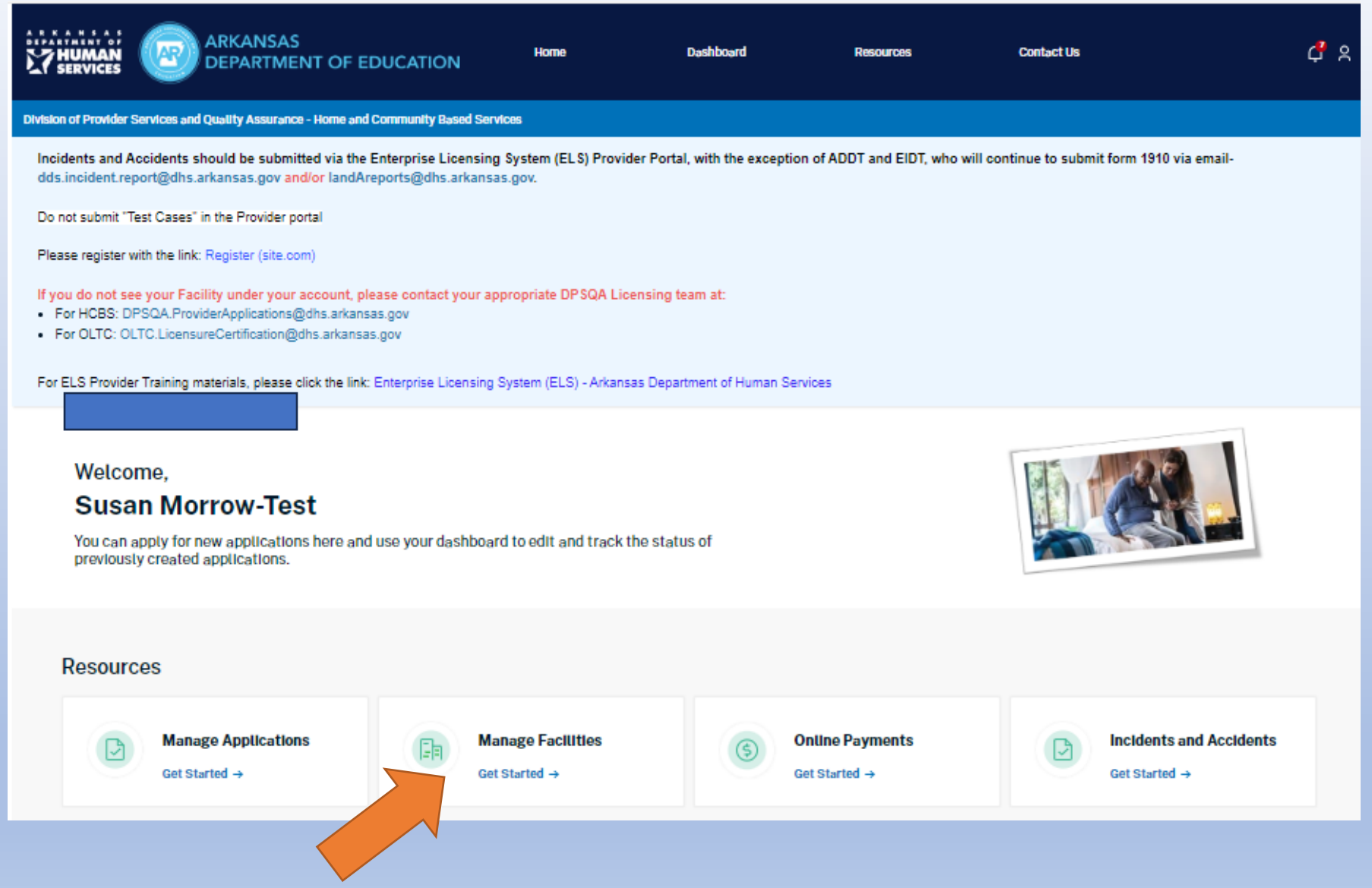


Application Status for Change of Information Request



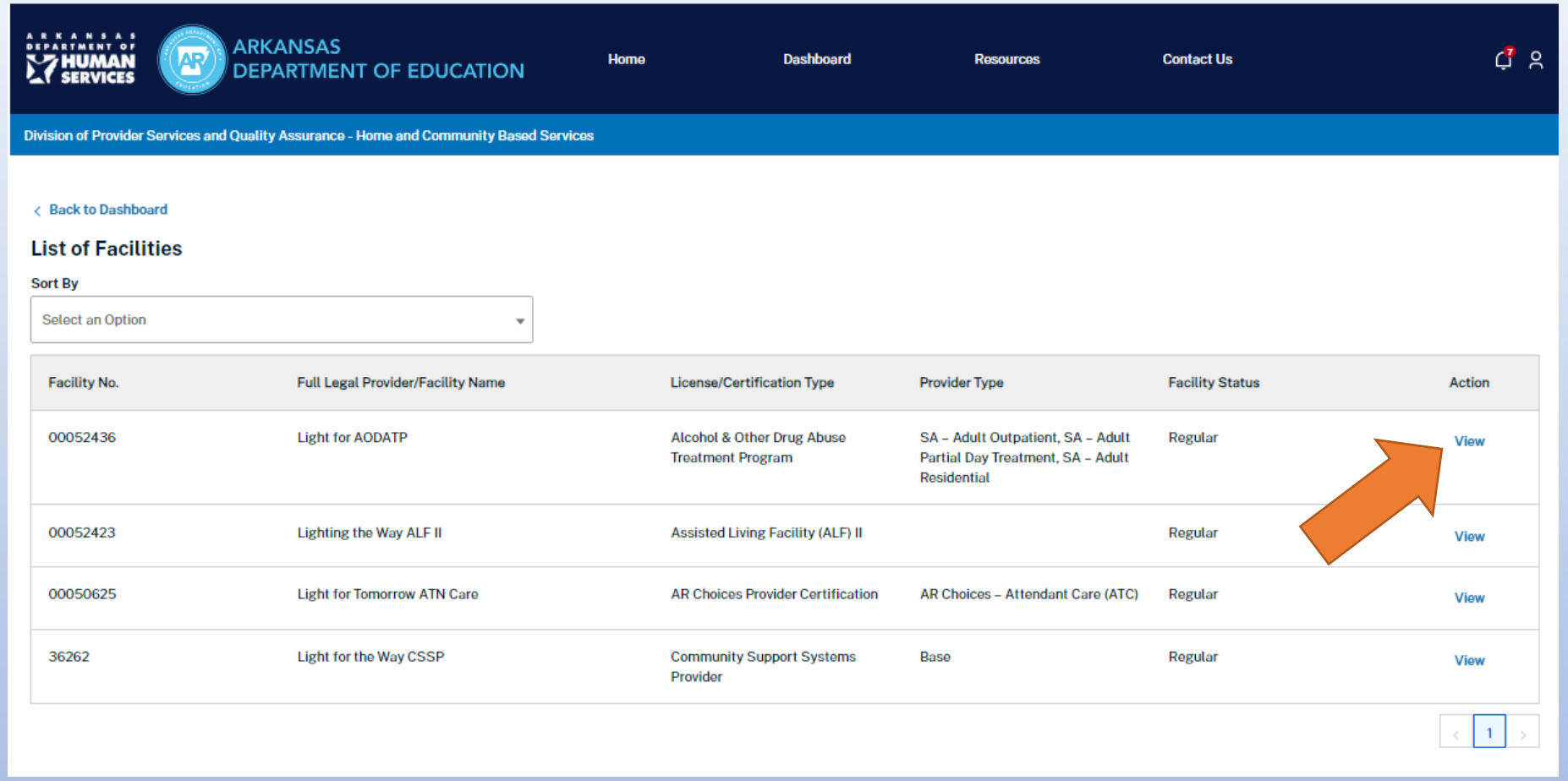
Renewal Applications

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

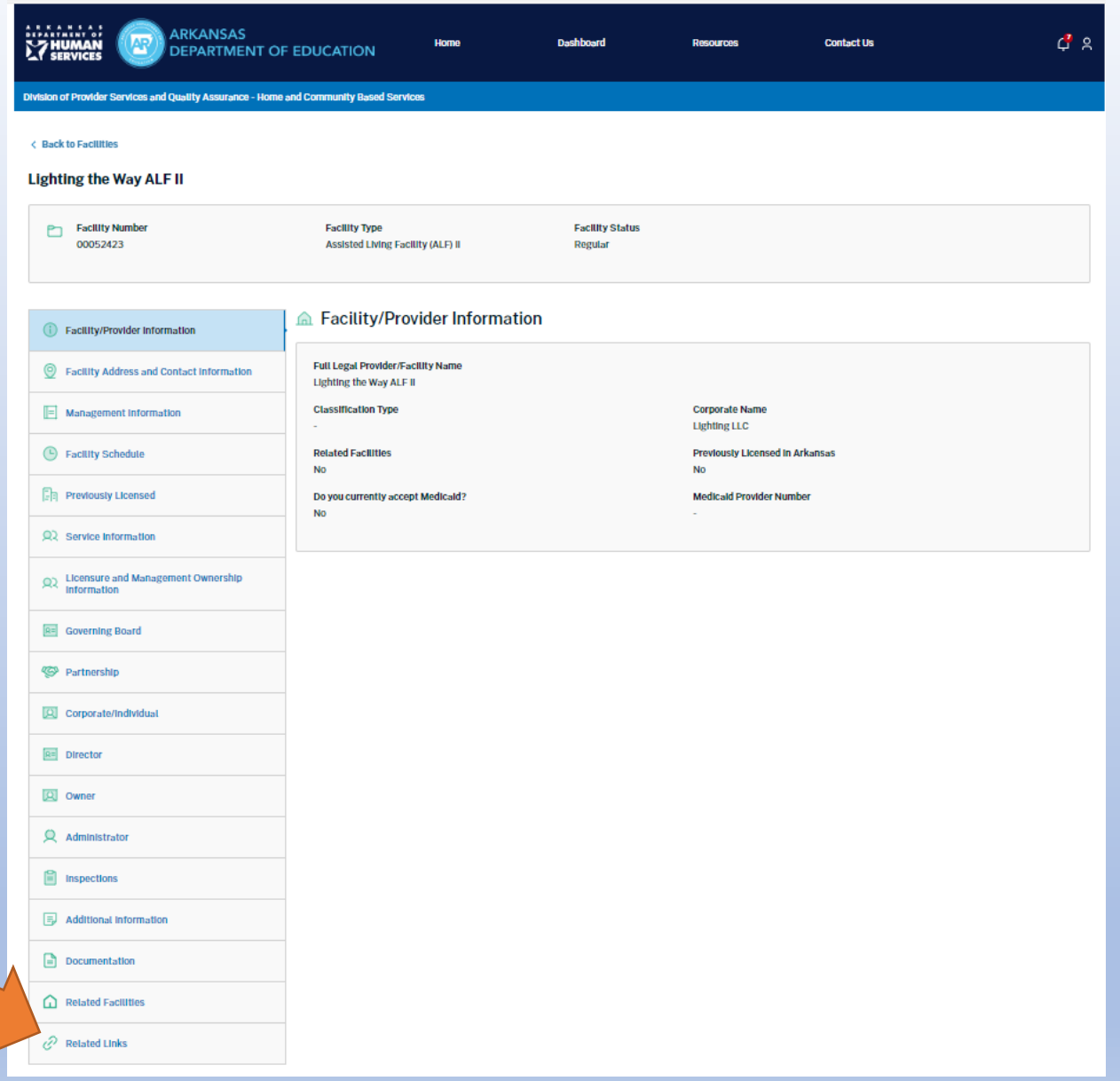


Select the program from the list that you needs to be renewed.

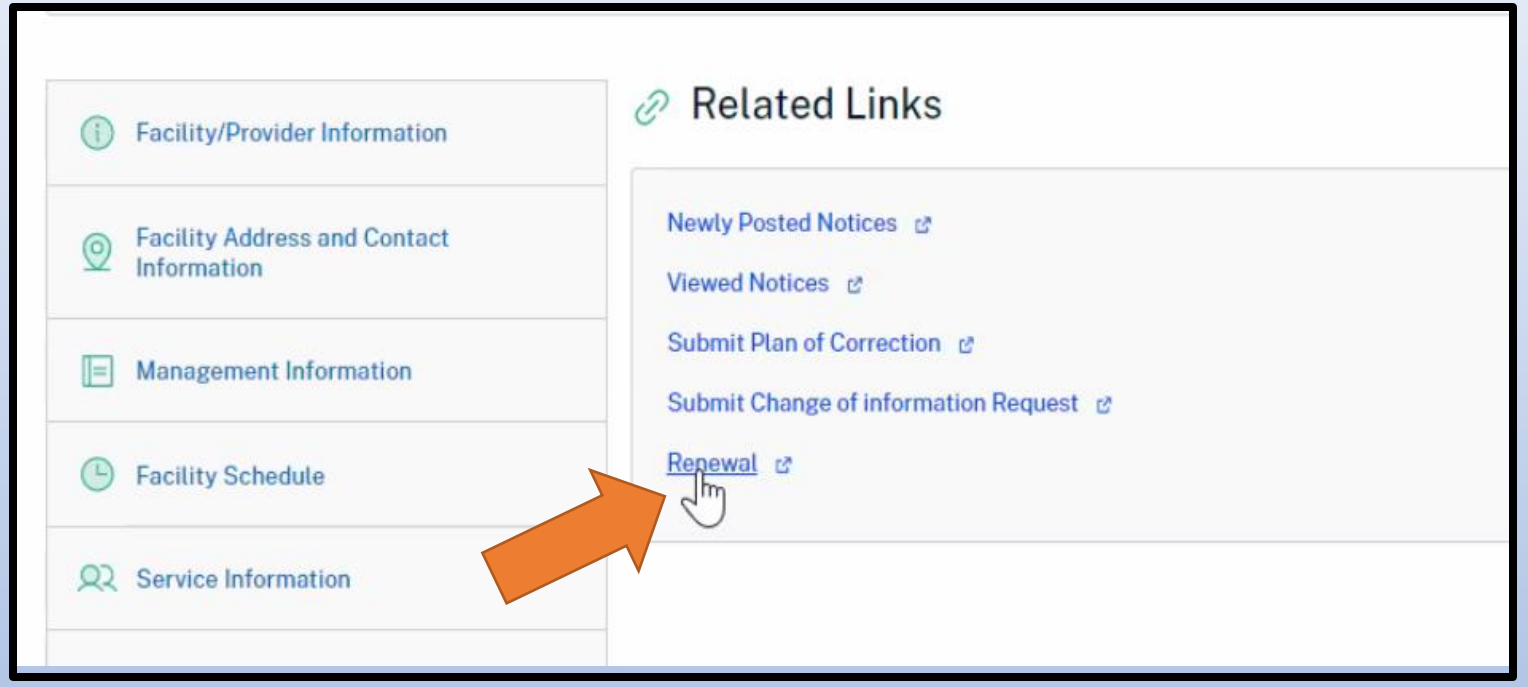
Select “View” in the column on the right.



To locate the Renewal Application, go to Related Links

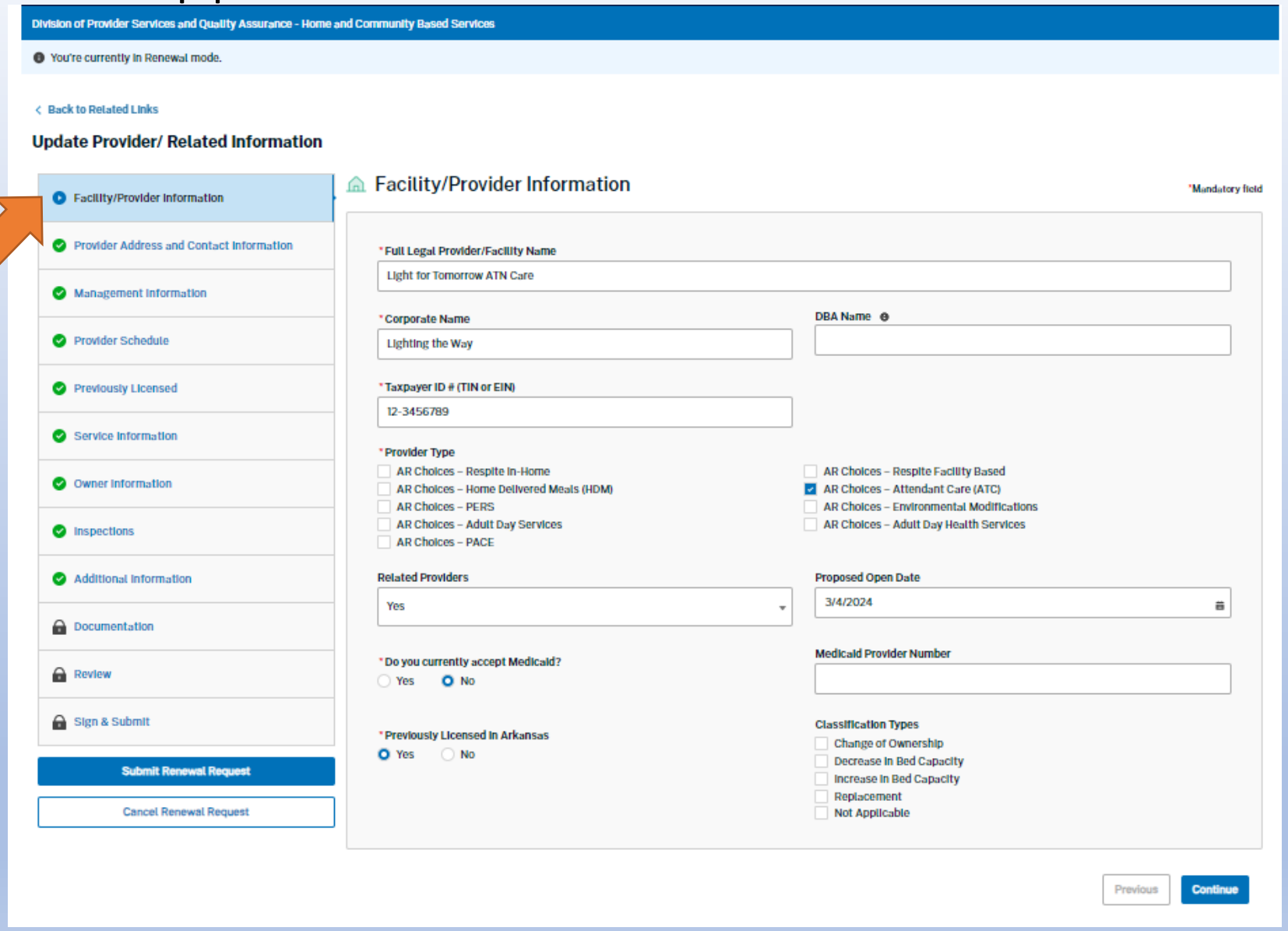


Renewal Application

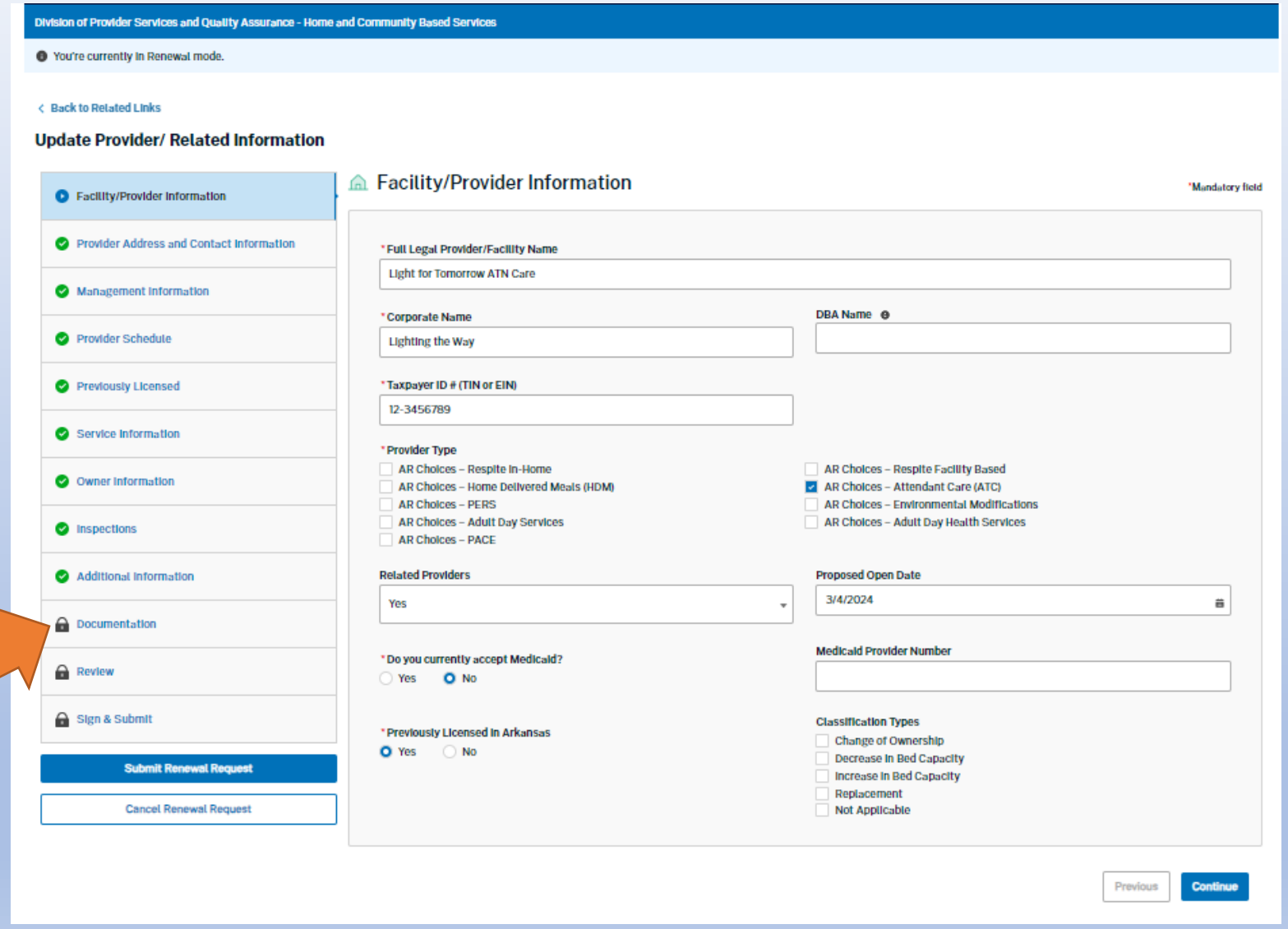


Reminder: Renewal link will show up 30 days before the current license/certification expires.

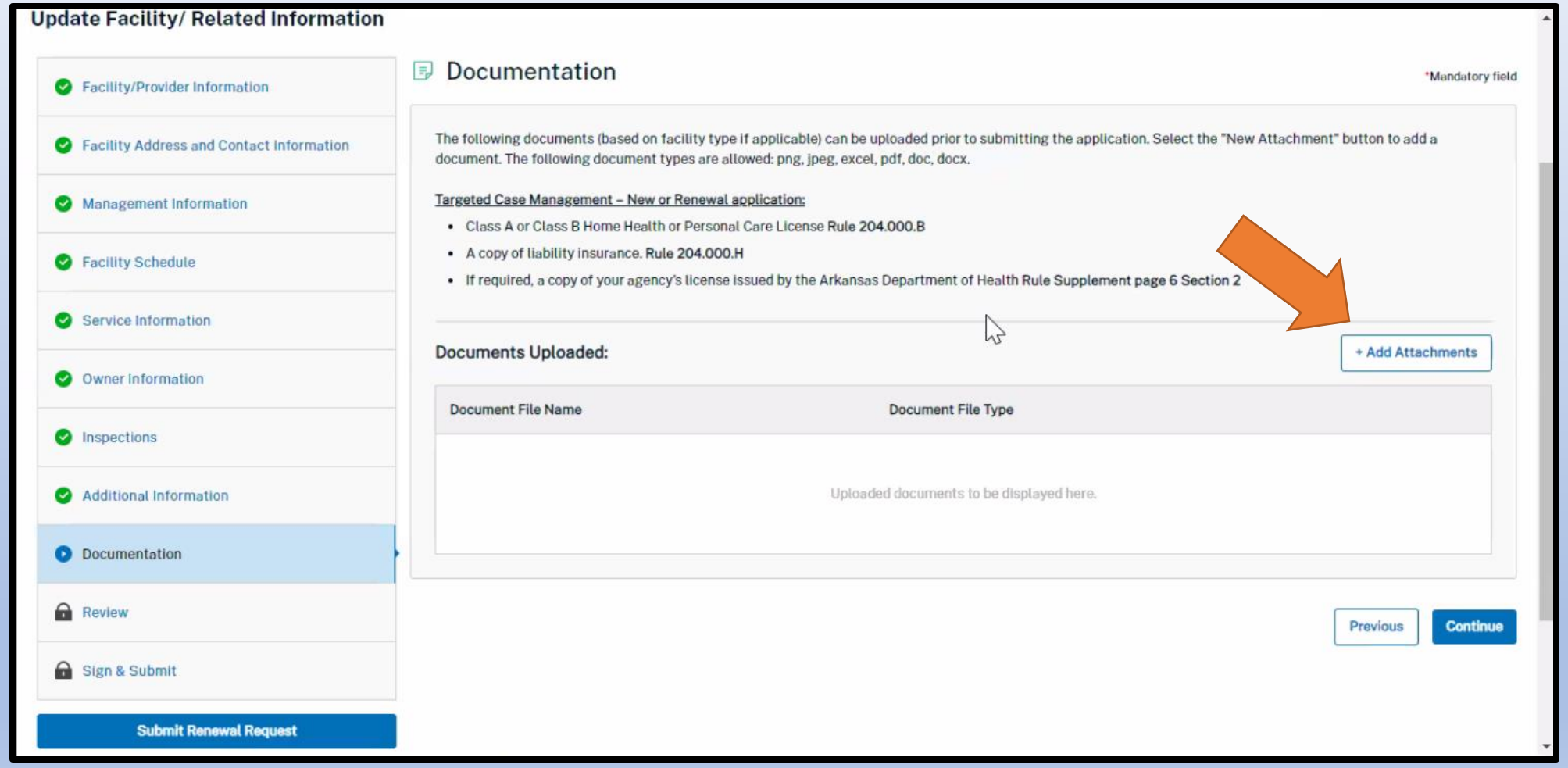
Renewal Application



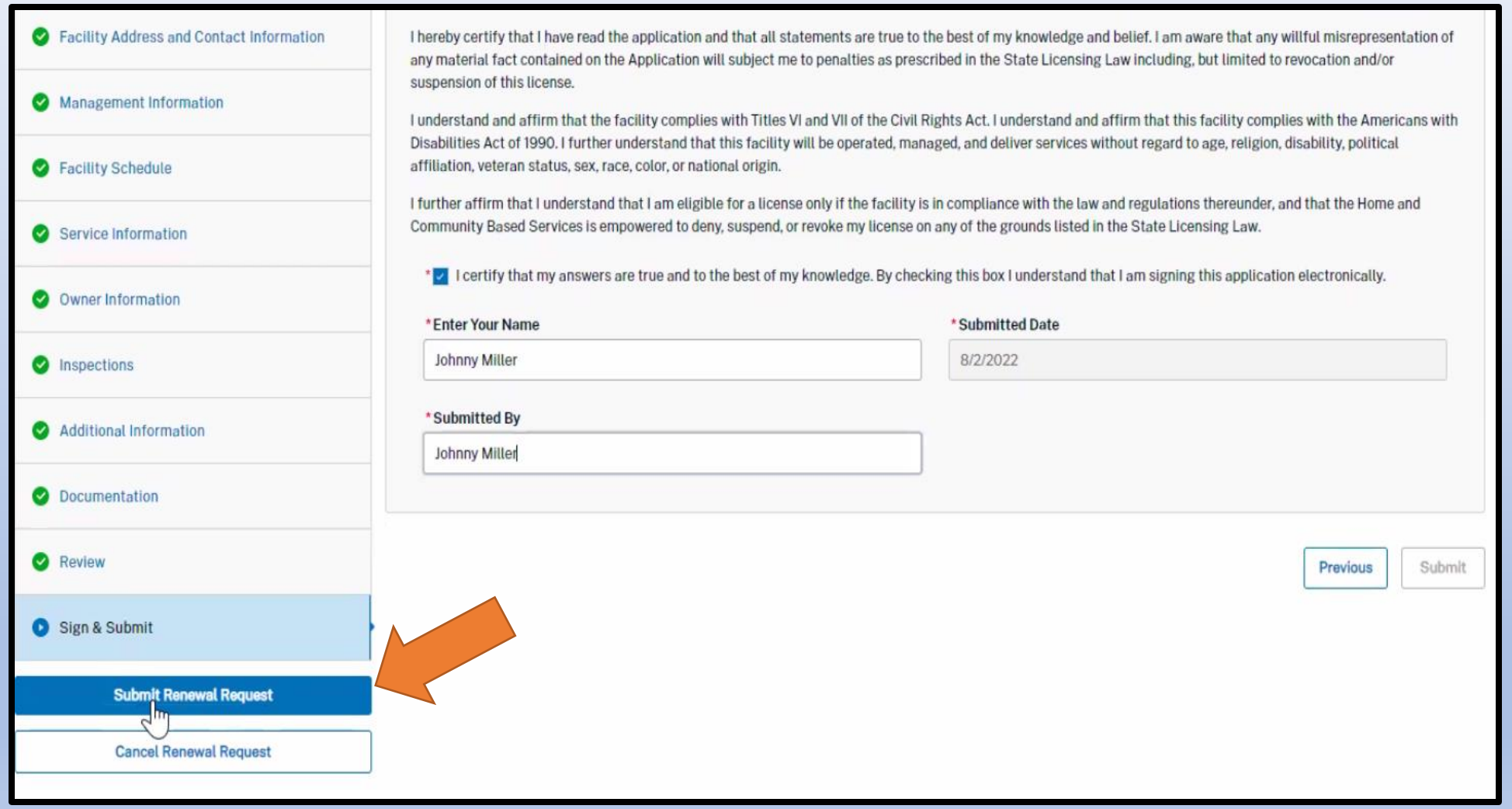
Facility Information



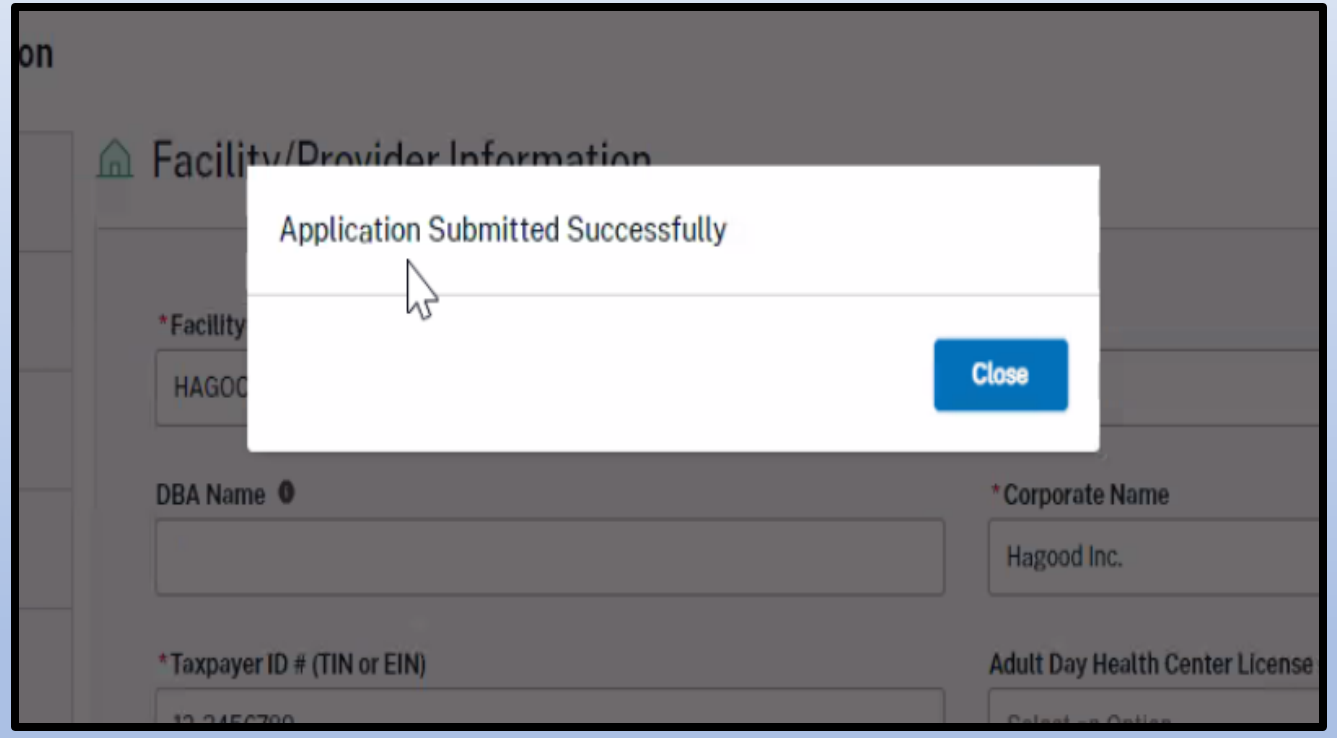
Documentation



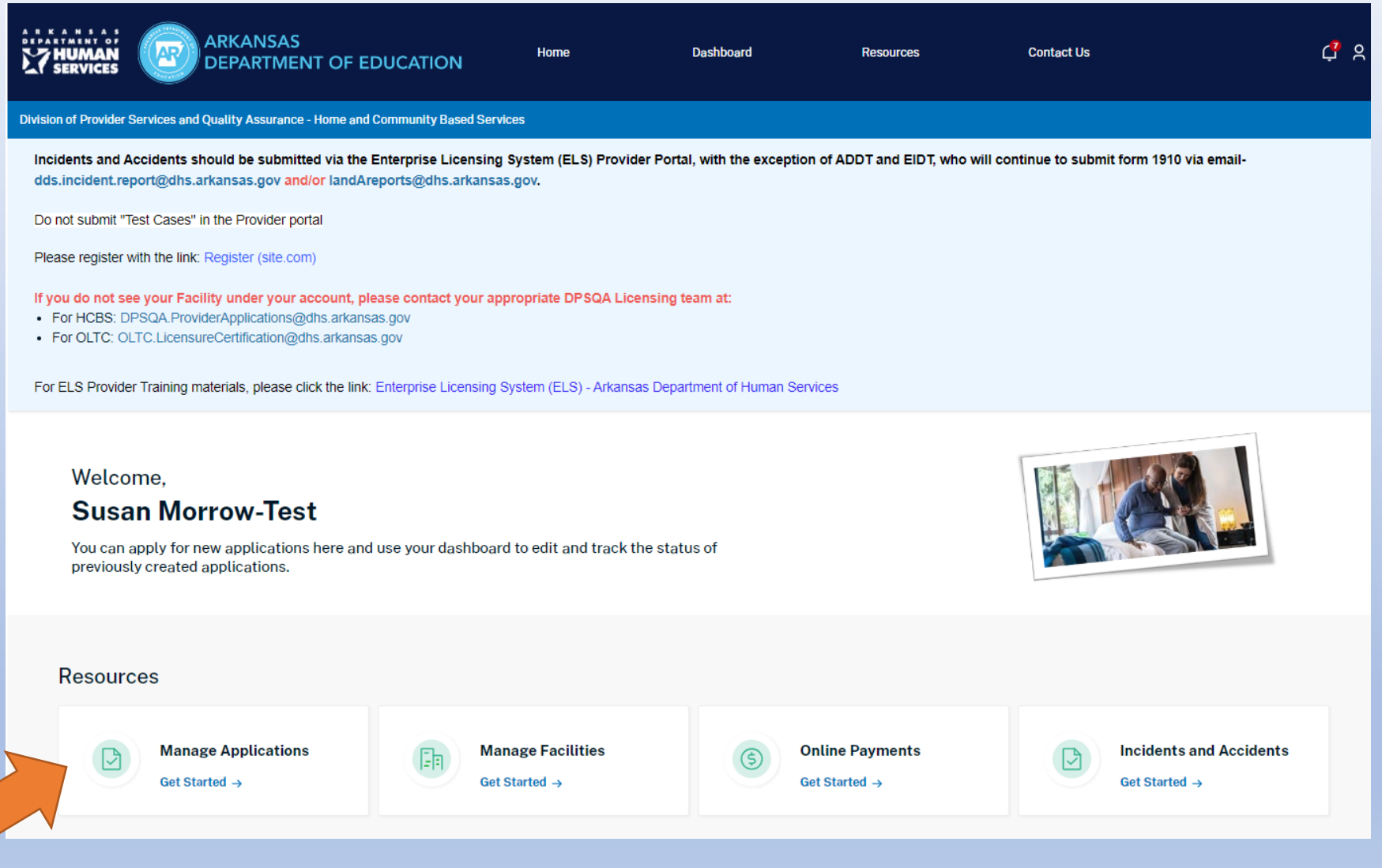
Sign & Submit


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

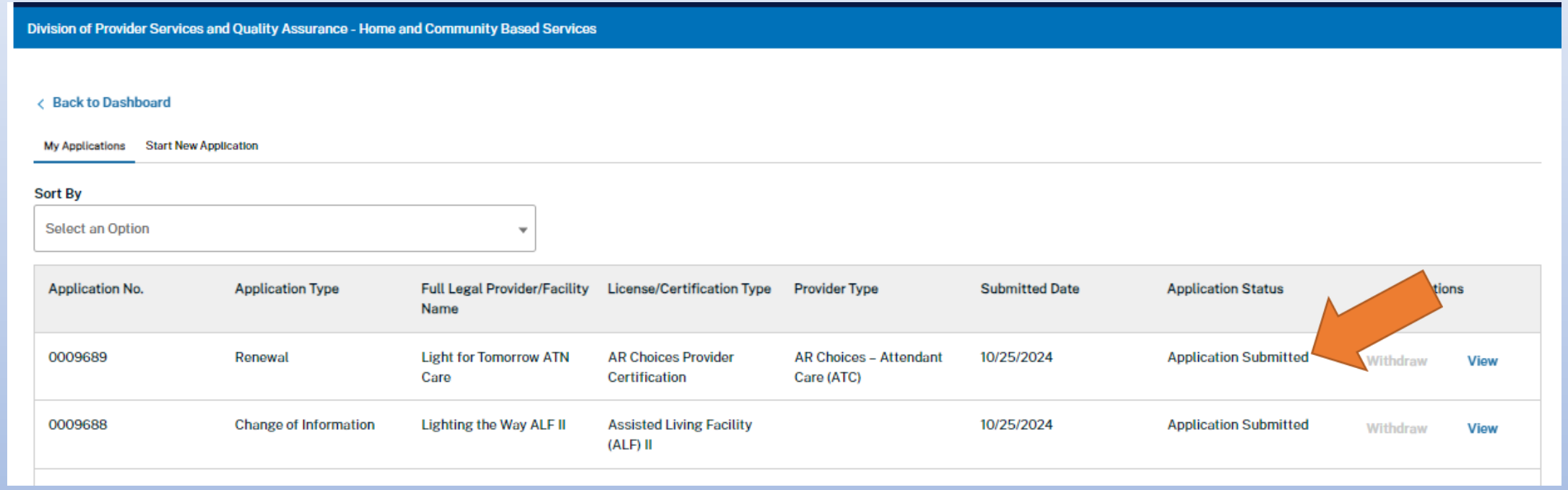
Renewal Application



ELS Provider Dashboard

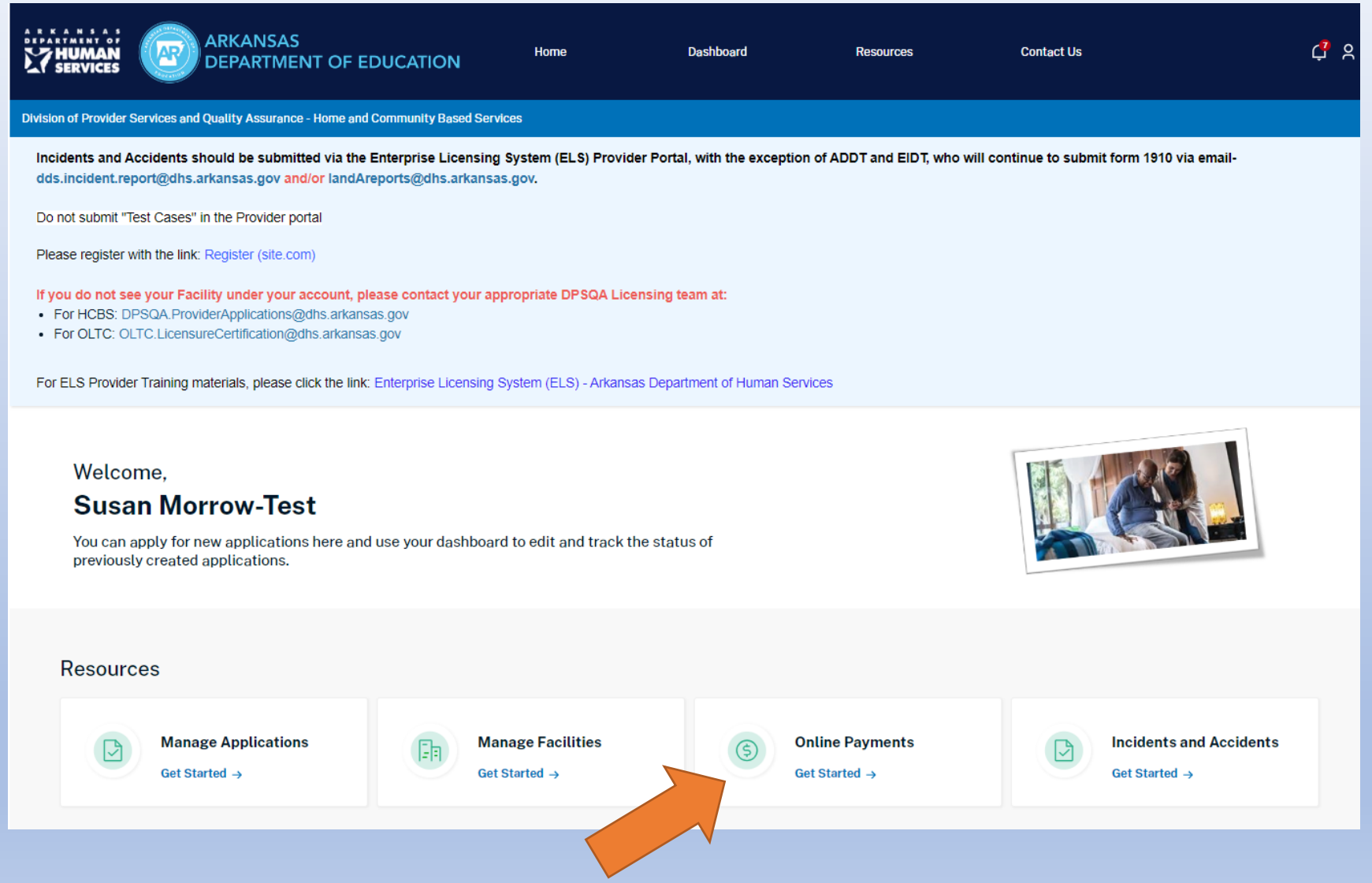


Renewal Application

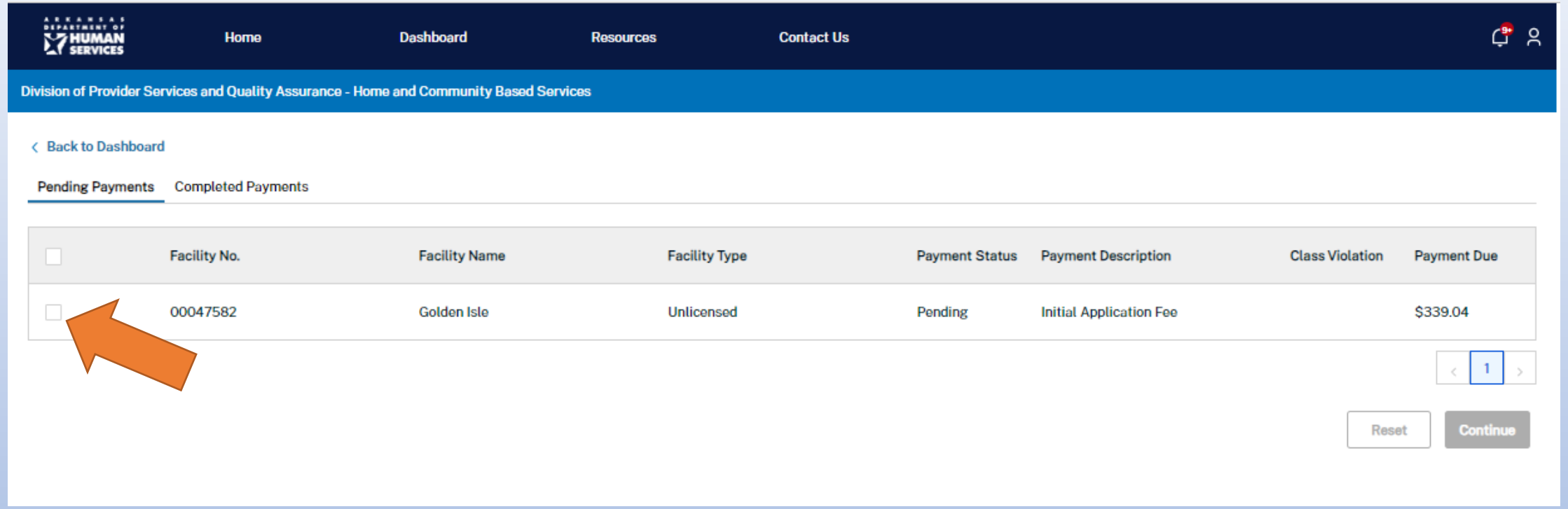


Annual Fees

ELS Provider Dashboard



Online Payments



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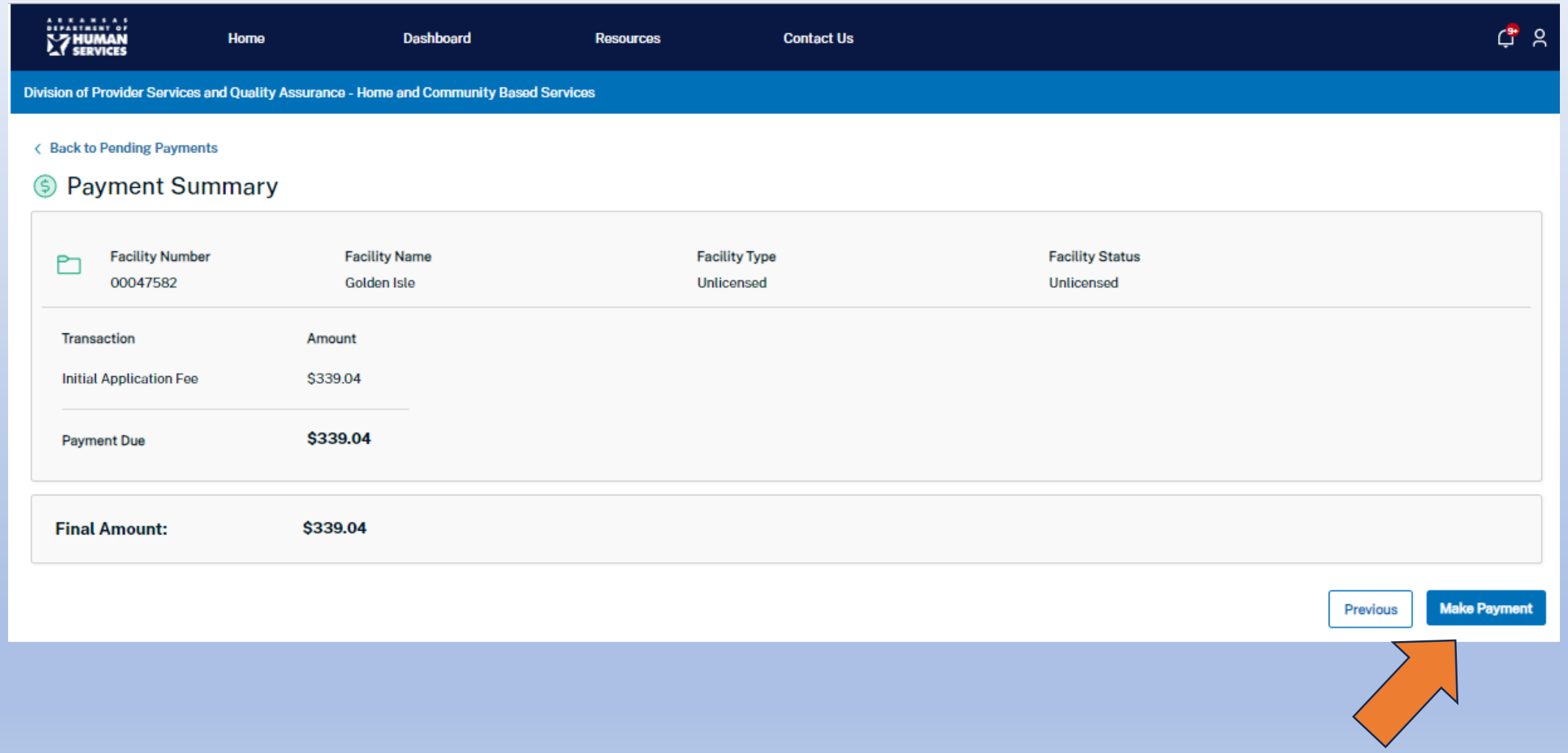

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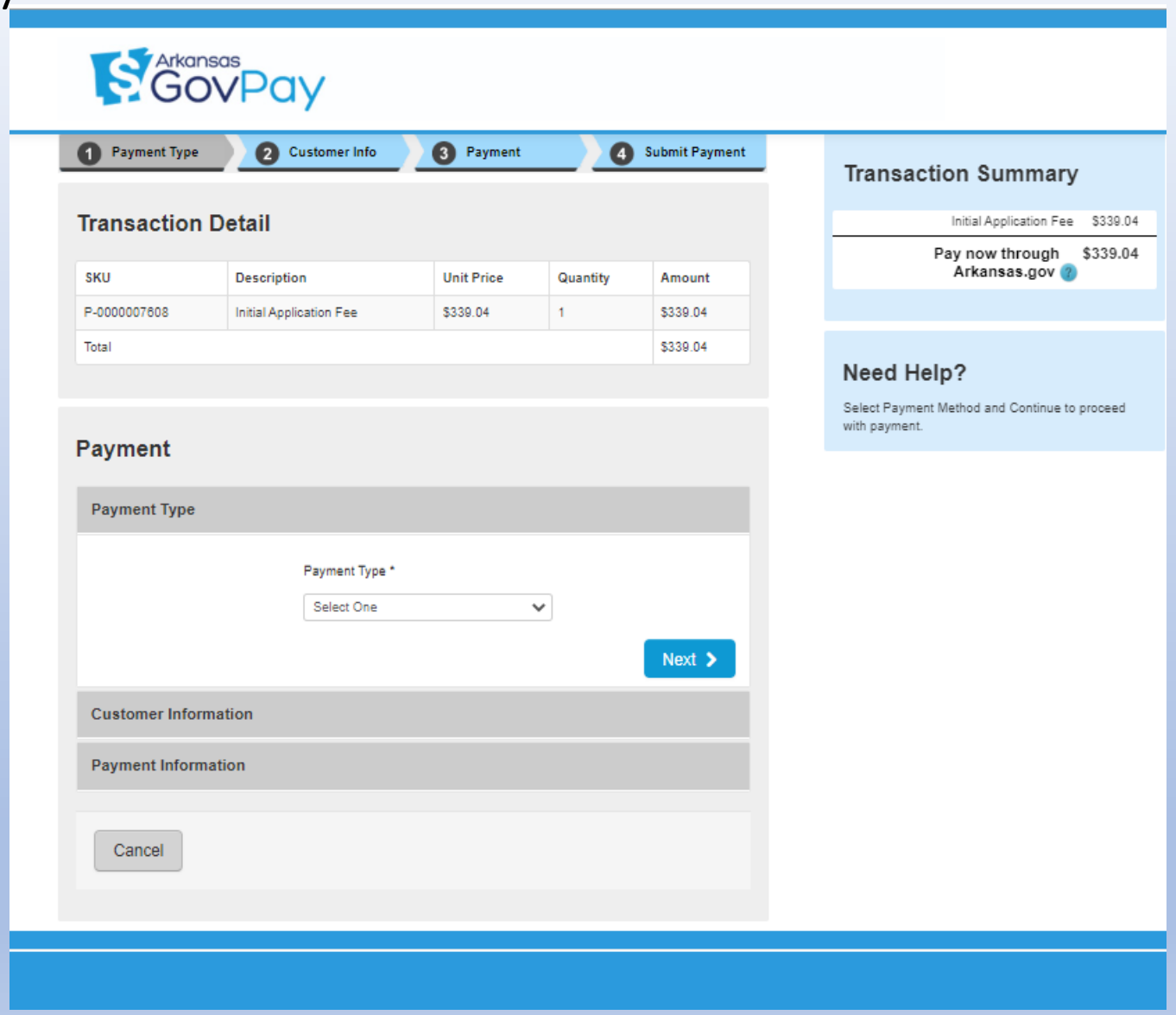

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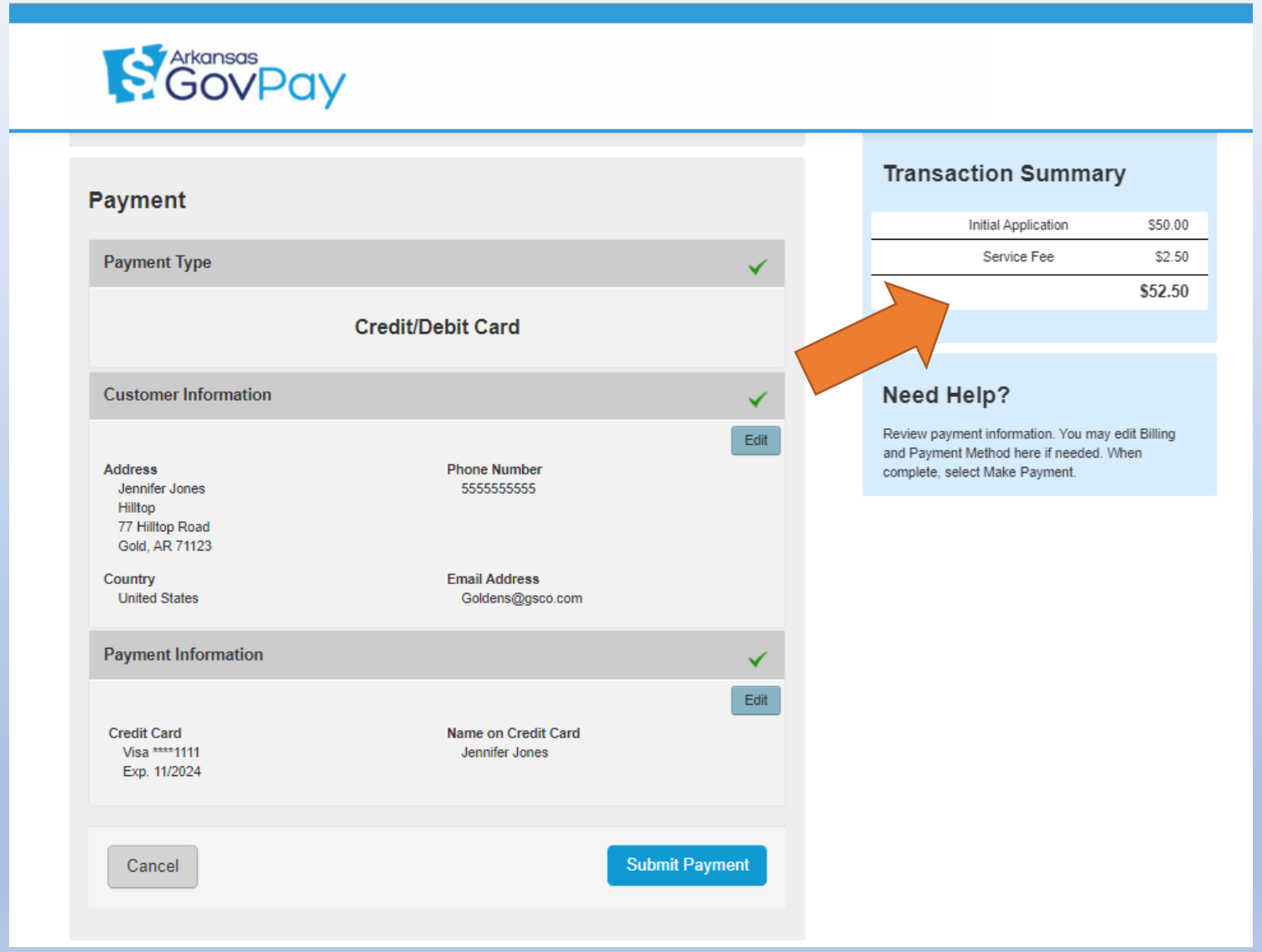

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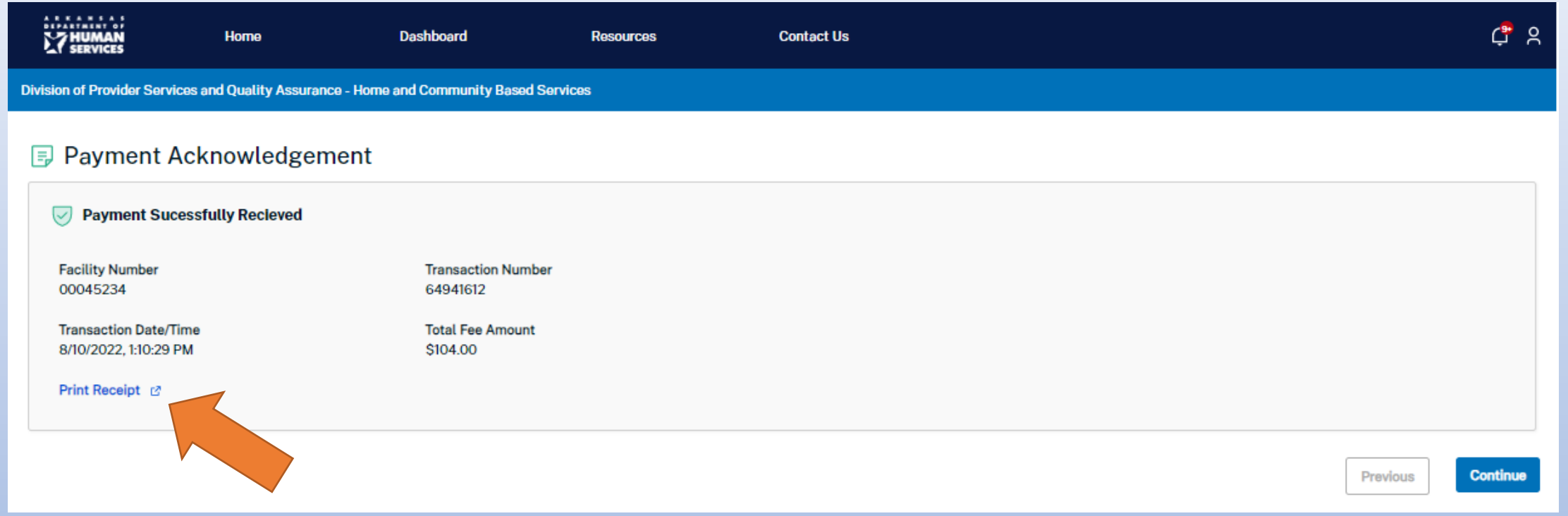

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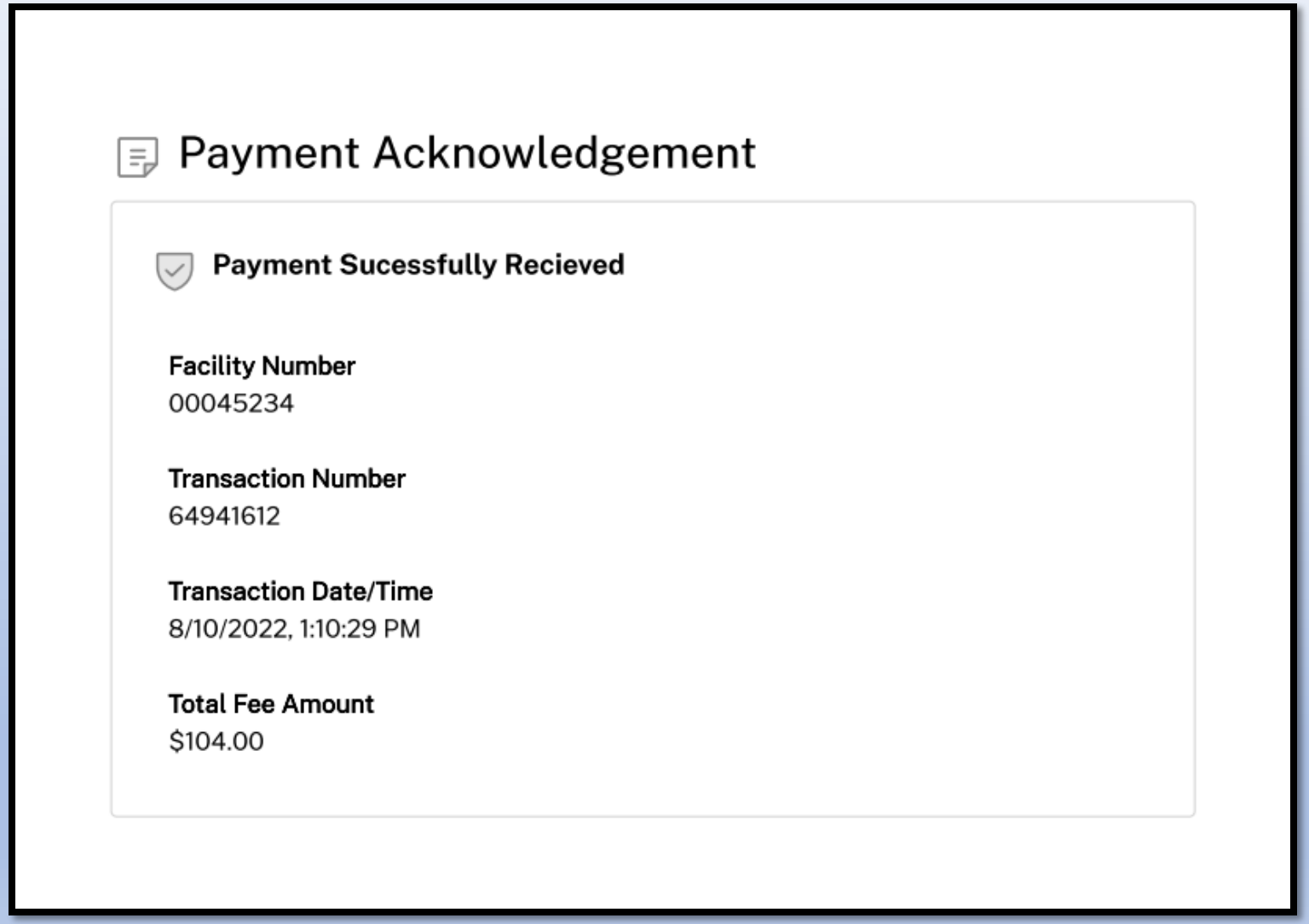

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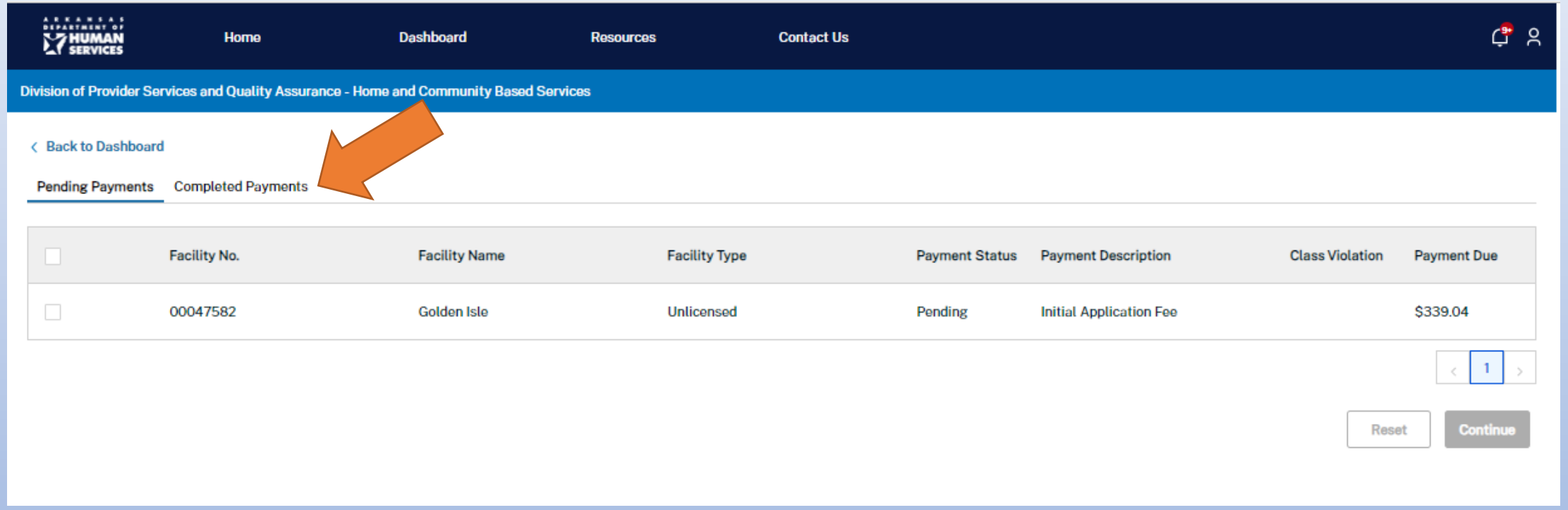
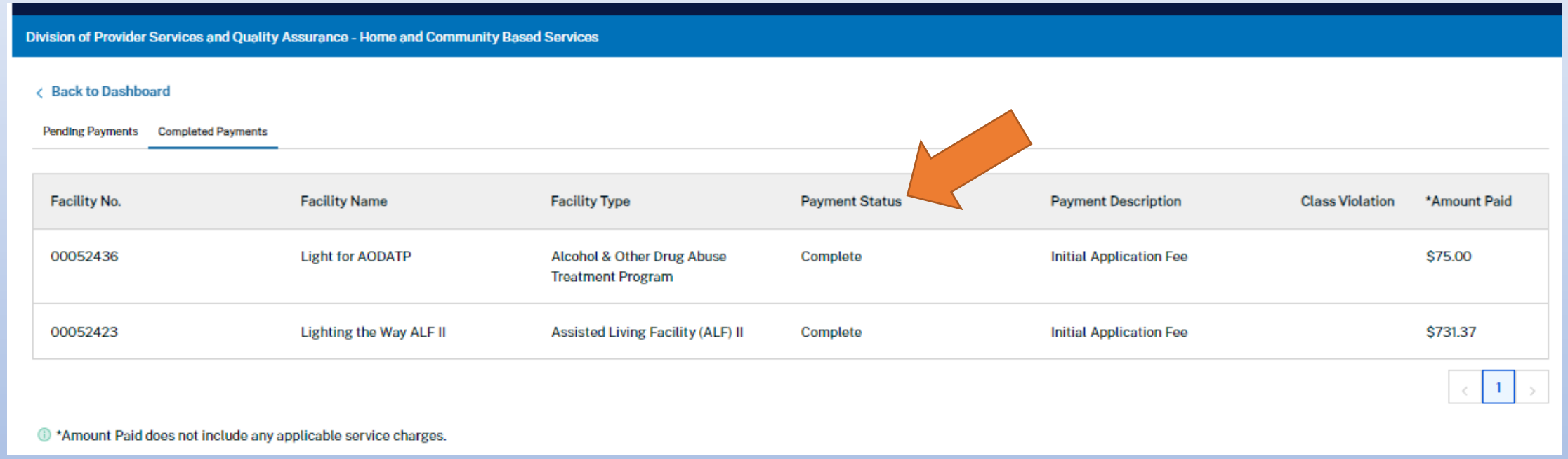


Completed Payments



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THANK YOU

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