Division of Provider Services and Quality Assurance

State Licensure and CHOW

Enterprise Licensing Solution (ELS)Provider Training

ELS Log In and Getting Started

- Login with Username and Password
 - If you have issues logging in, click the [Click here] next to **Forgot you Password**
- Under Long Term Care Licensing, click Get Started (this button will change to Manage once you begin an application).

Manage Applications

My Applications/Start New Application

- Click Get Started in the Manage Applications tile.
 - The My Applications page is for any applications you begin or have completed previously.
 - No facility currently has an application so there is nothing here.
 - Click Start New Application
 - Select the Facility type that you are listed as:
 - This is a dropdown menu with all multiple facility options
 - This is the walkthrough of a Nursing Facility (NF)

Manage Facilities and New Applications

- Click Get Started on the Manage Facilities
 - Once you have an application approved by OLTC, you'll be able to manage the facility
- Click View to view the Facility information
 - You can review all your information here and add any additional information and upload documentation.

Related Links and Change of Ownership (CHOW)

- Click Related Links
- Click Submit Change of Information Request
 - Click Owner Information
 - Click Add New
 - You can enter Information of the Previous Operator, Information of New Operator

Back to Applications	• - · · · ·					
w Application: Irsing Facilities (NF)	Facility	Information				*Mandatory fie
Facility Details	* Facility Nar	me				
Facility Address and Contact Information						
Management Information	*Facility IRS	Number	DBA Name			
Licensure Information	Related Facil	lities	Democrations	- D-t-		
	Yes	No	MM/DD/YYY	Y		ŧ
Ownership of Business	Mediaeld Dra	udder Number	t)/andar#			
Gricers/Members	Medicald Pro					
Board of Directors	*Previously I Yes	Licensed in Arkansas	Licensed b	ut No Residents		
Ownership of Building						
Change of Operational Control					Prev	/ious Continue
Owner Information						
Service Information						
Additional Information						
Documentation						
Review						
Payment Summary						
Sign & Submit						

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Division of Provider Services and Quality Assurance - Office of Long-Term Care								

<	Back to	o Applications	
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New Application: Nursing Facilities (NF)	Facility Address and Contact Inf	ormation	*Mandatory field
Facility Details	* Address		
• Facility Address and Contact Information			
Management Information	Address 2		
Licensure Information	• City	* State	
Ownership of Business		AR	v
G Officers/Members	* Zip Code	County Select an Option	·
Board of Directors	* Out of State	Out of State County	
Gwnership of Building	* Phone	Phone Fy1	
Change of Operational Control			
Owner Information	Directions to Facility		
Service Information			11
Inspections	Fax	Other(Phone)	
Additional Information	*Facility Email Address	Facility Website	
Documentation			
Review	*Facility Contact First Name	*Facility Contact Last Name	
Payment Summary	*Facility Contact Title	* Facility Contact Email Address	
🔒 Sign & Submit	Additional Services Provided		
	Select an Option	•	

🖂 Mailing Address

Address		
Idress 2		
City	*State	* Zip Code

|--|

*Mandatory field

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Division of Provider Services and Quality Assurance	- Office of Long-Term Care	
< Back to Applications New Application: Nursing Facilities (NF)	Management Information	*Mandatory field
Facility Details Facility Address and Contact Information	* Is Facility managed by a Management Company? Management Company IRS Number	
Cicensure Information	Contact First Name Contact Last Name	
Ownership of Business	Address	
Officers/Members	Addrass 2	
Board of Directors		
• Management Information	City State Zip Code State: a Online	
Ownership of Building		
Change of Operational Control		
Owner Information		
Service Information	Prev	ious Continue
Inspections		
Additional Information		
Documentation		
Review		
Payment Summary		
🔒 Sign & Submit		
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Vew Application: Skilled Nursing Facilities/Nursing Facilities	✓ Lic	ensure Information	*Mar	ndatory fie
Sacility/Provider Information	Perm	nit Approval Number	Date of Issue	
Security Address and Contact Information			MM/DD/YYYY	ő
Management Information	* Tot	al number of Beds/Slots requested	 Classification Types (To be documented during Change of Information or Rene application process)	ewal
Licensure Information	Comp	lete this field.	 Decrease in Bed Capacity Increase in Bed Capacity Replacement	
Ownership of Business			Not Applicable	
Officers/Members	[] [Letter Requesting Bed Change Received	Increased/Decreased Beds to	
Board of Directors	Expl	ain increase in licensed bed request		
Ownership of Building				_//
Change of Operational Control	Med	icald Bed	 Medicare Bed	
Owner Information	Med	icaid/MedicareBed	 Private Beds	
Service Information				
Inspections	Hom	e Style Beds	Alzheimer Beds	
Additional Information				
Ocumentation			Previous	Continue

Division of Pr	rovider Services & Qu	ality Assurance Office	e of Long Term Care				Ģ R
 Back to Applications New Application: Nursing Facilities (NF) 		🗈 Ownershi	p of Business				"Mandatory field
Facility Details		*Business Owne	rship Types	Ţ	Name of Non-P	rofit Association	×
Licensure Information	set mormation	Name of Church	Affiliation		*% of Ownersh	ip	
• Ownership of Business		*Code			* Fiscal Year MM/DD/YYYY		a
Officers/Members Board of Directors		*Fiscal Intermed	liary		*Tax Code		
Ownership of Building		* Start Date			End Date MM/DD/YYYY		ä
Change of Operational Cor	ntrol						Cancel Save
Service Information							Previous Continue
Additional Information							
Bed Information							
Documentation							
Payment Summary							
🔒 Sign & Submit							
	Home Information for Pro Apply for License	oviders	Provider Login Contact Us	Office Divisi Depa	e of Long Term Care on of Provider Service rtment of Human Serv	es & Quality Assurance	
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	Division of Provider	r Services & Quali	ty Assurance Office of I	Long Term Care			Q A
	< Back to Applications New Application: Nursing Facilities (NF)		R Officers/Me	mbers			'Mandatory field
	Security Details		List of all individuals w	no serve as officers/membe	rs of the Facility with position held	d and percentage of ownership, if applicable	×
	 Facility Address and Contact Information 	rmation	* First Name			Middle Name	
	Licensure Information		*Last Name			•Cell	
	Ownership of Business						
	• Officers/Members	•	*Email			% of Ownership	
	Board of Directors		*Start Date			End Date	
	Ownership of Building		MM/DD/YYYY		Ē	MM/DD/YYYY	
	Change of Operational Control						Cancel Save
	Owner Information					ſ	
	Service Information					l	Previous
	Inspections						
	Additional Information						
	Bed Information						
	Documentation						
	Review						
	Payment Summary						
	G Sign & Submit						
	3904.	Homo		Dravidar Logia	Otherst	Long Torm Care	
		nome Information for Provid	ders	Contact Us	Division o	f Provider Services & Quality Assurance	
	the second	Apply for License			Departme	ant of Human Services	
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irsing Facilities (NF)	Board o	TDirectors					"Mondate
S Facility Details	List members o	f Governing Body or Board of Direc	tors, as applicable below				
S Facility Address and Contact Information	*First Name			Middle Name			
Licensure Information	*Last Name			* Email			
Ownership of Business							
Officers/Members	MM/DD/YY	er.		MM/DD/YYYY			
Operand of Discontinue	Business Fi	scal Year End Date		*FY End Date Used for Me	dicaid Cost R	eports	
Board of Diffectors	MM/DD/YY	(Y		MM/DD/YYYY			
Ownership of Building	* Phone						
Change of Operational Control							
	Name and Addr	ess of Hospital, if facility is Hospit	al-based				
	Yes	No		Name of Hospital			
Service Information	Address of M	ospital					
Constant Inspections		o aprilate					
	City			State		Zip Code	
				AR			
Bed Information	Provide the nam	ne of multi-facility organization if t	facility is owned or leased by a mu	Iti-facility organization			
Documentation	Is this a Mult	I-Facility Organization?		Management Company Co	ontact Person		
Review	Management	Company IBS Number		Dhone			
	Managorion	Company in a Humber		Phone			
Payment Summary	Management	Company Address					
🔒 Sign & Submit							
	City			State		Zip Code	
				AR	*		
	If the facility ve	ndor payment address is different or Payment	from the mailing address or the p	hysical location of the facility, p	please provide	the information bel	ow:
	C Yes	No		Company Hants			
	Company Ad	dress					
	City			State		Zip Code	
				AR	*		
	Are there any d "Have ever b Yes	irectors, officers, agents, or manag een convicted Medicare or Medica No	ing employees of the institution, i Id fraud or a felony?	Bagency, or organization who: * Have ever been convicted appropriation of property, Yes No	d of fraud, emi or a felony?	bezzlement, fraudul	lent, conversion, mis
	* Had a final tions within t	administrative judgment on any Cl he last two (2) years?	ass A or B long-term care viola-	• If buyer has had a license Yes No	e revoked with	nin the last three (3)	years?
	Each facility m for Long Term 0 and items inclu	ust provide all services and specifi Care Facilities, or any additions the ded in the manual:	c items defined in the Department reto or subsequent manuals. Rece	of Human Services Medical As ipt of Medicaid per diem reimb	ssistance Prog ursement rate	gram Manual of Cost s is considered payr	t Reimbursement Rul nent in full for servic
	* Does your fi	acility provide ventilators for venti	lator dependent individuals?	* Does your facility provide Yes No	e an Alzheime	r's wing?	
							Cancel Save
						1	Previous
Home		Provider Login	Office	of Long Term Care			
Information for	r Providers	Contact Us	Divisio	n of Provider Services & Quality	y Assurance		
Apply for Licer	198		Depar	ment of Human Services			

	Division of Prov	ider Services & Qu	ality Assurance Office	e of Long Term Care					Q	Q
< Back New A Nursin	to Applications pplication: g Facilities (NF)		Ownership	of Building					*Mandatory	field
0	Facility Details		*Building Owners	hip Type		Lease Company N	łame			
0	Facility Address and Contact	Information	Lease Company A	ddress						
0	Ownership of Business		City			State		Zip Code		
0	Officers/Members		Landlord Name			AK	Ŧ			
0	Ownership of Building	•	Landlord Address							
	Change of Operational Contro	ol	City			State		Zip Code		
	Owner Information Service Information					AK	٣			
	Inspections							Previous	Contin	e
	Additional Information									
	Documentation									
	Review									
	Payment Summary Sign & Submit									
	191740	Homo		Dravidar Login		Office of Long Term Care				
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< Back to Applications							
New Application: Nursing Facilities (NF)		🗈 Change of	f Operational C	ontrol			*Mandatory field
Security Details		Operational Con	trol Effective Date			Stock Purchase Effective Date	
Facility Address and Conta	act Information	MM/DD/YYYY			ö	MM/DD/YYYY	=
Licensure Information		Name of Previou	s Facility Owner(s)				
Ownership of Business							h
Officers/Members		Seller's Facility '	TIN Number			Seller's Facility MMIS Number	
Board of Directors		Seller's Facility	License Number			Seller Contact First Name	
Ownership of Building		Caller Cartant I	- et Manue				
Change of Operational Con	ntrol	Setter Contact L	ast Name				
Owner Information		State	_	Zip Code		Phone	
Service Information			•				
							Previous Continue
Additional Information							
Bed Information							
Documentation							
Review							
Payment Summary							
G Sign & Submit							
	Home Information for Pr	oviders	Provider Login Contact Us		Office of	Long Term Care	
The second	Apply for License				Departm	ent of Human Services	
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< Back to Applications New Application:	Owper	Information				
Nursing Facilities (NF)	& Owner	mormation			*Mandatory field	
Security Details	Identifying In	formation of New Owner(s)			×	
Facility Address and Contact Information	Buyer's Fac	ility IRS (TIN Number)				
Licensure Information	Address					
Ownership of Business						
Officers/Members	Buyer's Fac	ility MMIS Number		City		
Board of Directors	State	2	Ip Code	Contact First Name		
Ownership of Building	AR	•				
Change of Operational Control	Contact La	it Name		Phone		
Owner Information	Name of Pa	rty who has accepted liabilities	of former owner(s):	Name of Party who has accepted assets of former owner(s):		
Service Information						
Inspections	Name of Pa of the Char	rty who will assume responsibil ge of Ownership or Stock Purch	ity for Medical Claims, adjustments, ase	and outstanding balances resulting from dates of service prior to the effect	ctive date	
Additional Information						
Bed Information	Information o	f Previous Operator				
Documentation	Name of Fa	cility		Doing Business As		
Review	Name/Title					
Payment Summary						
🔒 Sign & Submit						
	Information o	f New Operator				
	Doing Busin	iess As		Name of Facility		
	Namo/Titla					
	Namer Hue					
				Cancel	Save	
				Previou	Continue	
Lama Lama		Provider Legin	Office	o of Long Term Care		
Information	for Providers	Contact Us	Divisio	on of Provider Services & Quality Assurance		
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Division of Provider Services and Quality Assurance	- Office of Long-Term Care	
< Back to Applications New Application: Nursing Facilities (NF)	Management Information	*Mandatory field
Facility Details Facility Address and Contact Information	* Is Facility managed by a Management Company? Management Company IRS Number	
Cicensure Information	Contact First Name Contact Last Name	
Ownership of Business	Address	
Officers/Members	Addrass 2	
Board of Directors		
• Management Information	City State Zip Code State: a Online	
Ownership of Building		
Change of Operational Control		
Owner Information		
Service Information	Prev	ious Continue
Inspections		
Additional Information		
Documentation		
Review		
Payment Summary		
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< Back to Applications							
New Application: Nursing Facilities (NF)		Service Inf	ormation				'Mandatory field
Facility Details		*Food Service					
Facility Address and Conta	ct Information	Select an Option					•
Licensure Information		Services Offered Meals Provided Transportation	I		Evening Care		
Ownership of Business							
Officers/Members							Previous Continue
Board of Directors							
Ownership of Building							
Change of Operational Con	ntrol						
Owner Information							
Service Information							
Inspections							
Additional Information							
Bed Information							
Documentation							
Review							
Payment Summary							
G Sign & Submit							
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Division of Provider Se	ervices & Quality A	Assurance Office of Long Ter	m Care			Q R
< Back to Applications						
New Application: Nursing Facilities (NF)	8	Inspection				"Mandatory field
Facility Details		Fire Inspection Date				
Facility Address and Contact Information	ation	MM/DD/YYYY			N/A	
S Licensure Information		Health Inspection Date				
Ownership of Business		MM/DD/YYYY		8	N/A	
UWINETAILUP OF DUANTOSA		Water Inspection Date		8	N/A	
Officers/Members		Boiler Inspection Date				
Board of Directors		MM/DD/YYYY		ä	N/A	
Ownership of Building						
Change of Operational Control						Previous Continue
S Owner Information						
Service Information						
O Inspections						
Additional Information						
Bed Information						
Documentation						
Review						
Payment Summary						
🔒 Sign & Submit						
Hor	me ormation for Providers	Provide	er Login	Office of	of Long Term Care	
Ap	ply for License			Departs	ment of Human Services	
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Division of Pr	ovider Services & Qu	ality Assurance Offic	e of Long Term Care				I	Ç S
< Back to Applications New Application: Nursing Facilities (NF)		Additional	Information				"Man	latory field
Secility Details		* Administrator L	cense Number		* Administrator S	tart Date		-
Facility Address and Conta	ict Information	Administrator En	d Date		Life Safety Code 1	1		
Licensure Information		MM/DD/YYYY						
Ownership of Business		Life Safety Code	2		Life Safety Code 3	3		
Officers/Members		Life Safety Code	4		* Federal Provider	Number/Medicare Number		
Board of Directors								
Ownership of Building		* State License N	umber		Certification			
Change of Operational Con	ntrol							
Owner Information							Previous	ontinue
Service Information								
Inspections								
Additional Information								
Bed Information								
Documentation								
Review								
Payment Summary								
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Nursing F	acilities (NF) ility Details		Encility	Detaile			. Edit Data ila		
S Faci	ility Address and Contact	t Information	Eacility	Address and Contact Informa	tion		 Edit Details 	×	
S Lice	ensure Information			re information	uun		 Edit Details 	×	
🕑 Owr	nership of Business		 Owners 	thin of Rusiness			 Edit Details 	Ň	
🕑 Offi	icers/Members		Officer	- (Membere			Edit Details	×	
🕑 Boa	and of Directors			s/ weinbers			Edit Details	ř	
🕑 Owr	nership of Building		Board o	the of Duffelier			Edit Details	ř	
Cha	inge of Operational Contr	ol	En Change	and Onerational Control			Edit Details	×	
Serv	vice Information			Information			Edit Details	×	
Sinsp	pections		D Capita	Information			Edit Details	×	
🕑 Add	ditional Information		Inspect	liene			Edit Details	×	
🕑 Bed	I Information		Additio	nal Information			 Edit Details 	Ŷ	
ODOC	umentation		Red Inf	ormation			 Edit Details 	Ť	
Revi	iew			entation			 Edit Details 	Ť	
Payr	ment Summary		- Docum				P Europetaits	Ť	
🔒 Sigr	n & Submit						Previous	Continu	ю
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< Back to Applications New Application: Nursing Facilities (NF)		⑤ Payment Sui	mmary				'Mandatory field
Facility Details Facility Address and Contact Init	- me tine	Transaction Description		Transaction Amount \$	Status PENDING		
Clicensure Information	orhiation	Payment Due		\$			
Ownership of Business		Final Amount:		\$			
Officers/Members							Previous Make Payment
Board of Directors							
Ownership of Building							
Change of Operational Control							
Owner Information							
 Service mornation Inspections 							
 Additional Information 							
Bed Information							
Ocumentation							
Seview							
Payment Summary							
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SArkan	vPay					
Payment Type	2 Customer Info	3 Paymen	t 🖉	Submit Payment	Transaction Summary	
Transaction	Detail				Initial Application \$100.00	
SKU	Description	Unit Price	Quantity	Amount	Pay now through \$100.00 Arkansas.gov 🍘	
P-0000007604	Initial Application	\$100.00	1	\$100.00		
Total				\$100.00	Need Hele?	
					Need Help?	
Payment					with payment.	
Payment Type						
	Payment Type Select One	*	~	Next >		
Customer Inform	nation					
Payment Inform	ation					
Cancel						

SArka						
Payment Type	2 Customer Info	3 Payment		Submit Payment	Transaction Summary	
Transaction	Detail				Initial Application \$100.00	
5//11	Description	Unit Drive	Overtite	Amount	Service Fee \$4.00	
P-0000007604	Initial Application	S100.00	Quantity	S100.00	\$104.00	
Total	inter approacel		•	\$100.00		
					Need Help?	
Payment					Please complete the Customer Information Section.	
Payment Type				×		
	Cred	lit/Debit Card				
Customer Info	mation					
Country *			Comple	te all required fields [*]		
United State	s 🗸					
First Name *		Last Name *				
Company Nar	ne					

				-1
Customer Information Address Jane Brown 1234 Dover Lane Jonesboro, AR 72401 Country United States Payment Information Credit Card Number • Expiration Month * Expiration Month * Security Code • Name on Credit Card *	Phone Number 8702342345 Email Address abc@email.com Credit Card Type Credit Card Type Credit Card Type Expiration Year * Select a Year V	Edit	Initial Application \$100.00 Service Fee 34.00 Stat.oo \$104.00	
Cancel				- 11

P-0000007604 Initial Application Total	\$100.00 1	\$100.00 \$100.00	Transaction Summary Initial Application \$100.00 Service Fee \$4.00 \$104.00	
Payment Type	redit/Debit Card	*	Need Help? Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.	
Customer Information Address Jane Brown 1234 Dover Lane Jonesboro, AR 72401 Country United States	Phone Number 8702342345 Email Address abo@email.com	Edit		
Payment Information Credit Card Visa ****1111 Exp. 08/2026	Name on Credit Card Jane Brown	Edit		
Cancel		Submit Payment		

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New Application: G Skilled Nursing Facilities/Nursing Facilities	Payment Summary			'Mandatory field
Facility/Provider Information	Payment Sucessfully Recieved			
Security Address and Contact Information	Facility Number 00047564	Transaction Number 64917148		
Management Information	Transaction Date/Time	Total Fee Amount		
Licensure Information	Print Receipt 😢	0000		
Ownership of Business			Deview	Ocations
Officers/Members			Previous	Continue
Board of Directors				
Ownership of Building				
Change of Operational Control				
Owner Information				
Service Information				
Inspections				
Additional Information				
Occumentation				
✓ Roview				
Payment Summary				