

# ENTERPRISE LICENSING SOLUTION

A three portal system to  
incorporate business  
information



ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)

# PRESENTERS

**Susan Morrow**  
**Licensing & Certification Manager**

**Christy Wilson**  
**Compliance Manager**

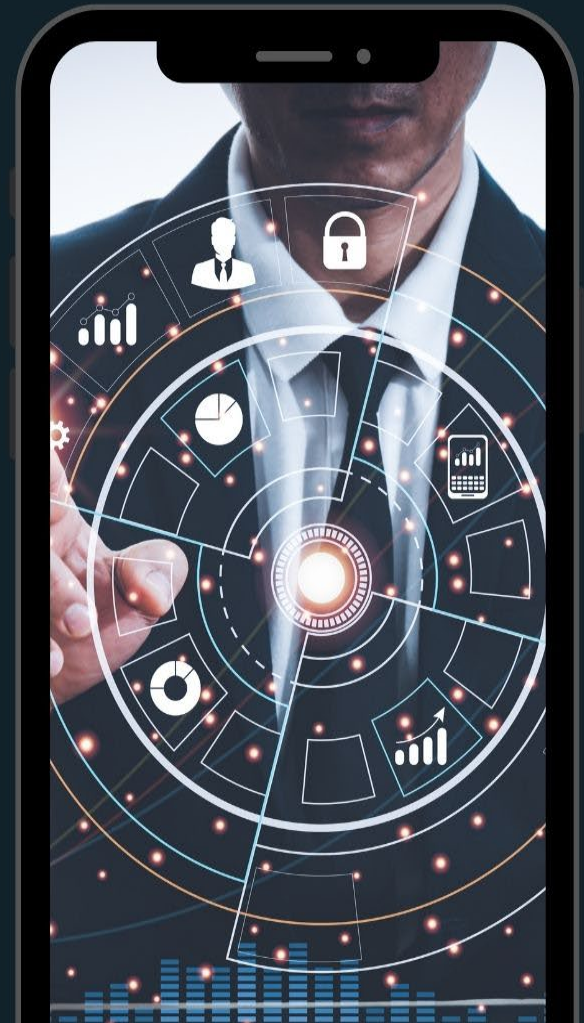


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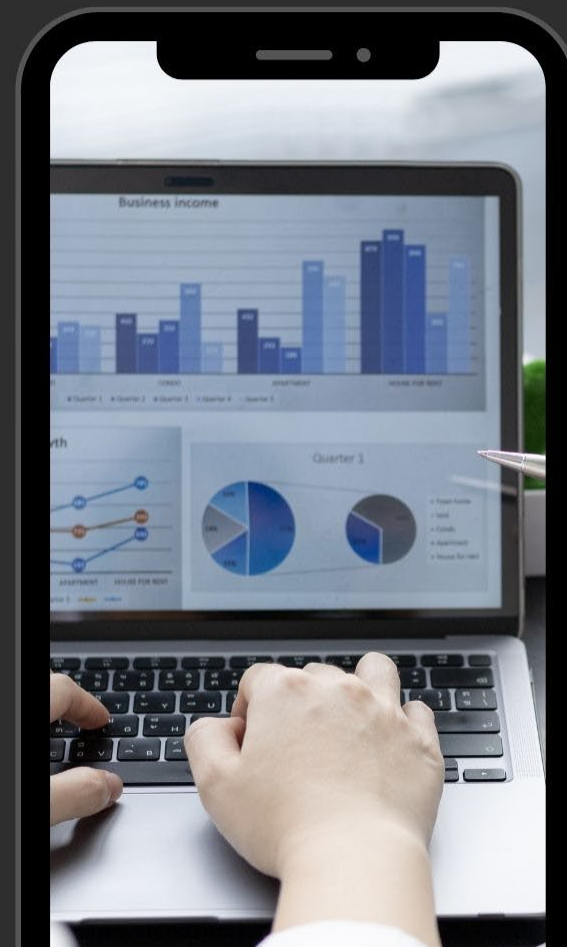
# What is ELS?

An integrated three-portal system for Citizens, Providers, and Division of Provider Services and Quality Assurance share information.



# The ELS includes the following current capabilities:

- Online application process
- Updates on information
- Renewal application process
- Pay Annual Fees
- Citizens may enter complaints



# Upcoming ELS capabilities:

Providers may enter their self-reports

Obtain inspection results

Submit Plan of Correction



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



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[Find Providers](#)

[Apply for a License](#)

[Compare Quality Rates](#)

[File a Complaint](#)

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## Steps to Register:

If you have not registered, go to Citizen portal at:

<https://arkdhs.force.com/elicensing/s/>. Select Provider Login; log on as a new user and enter some general information about yourself and/or facility, if applicable.

Let us know your username and what programs are associated with this provider.

Send email request for assistance to:

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

# 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

Legal Name of each program

License/Certification numbers for each program

Your Date of birth

Your title (owner, CEO, etc.)

Your phone number

If EIDT: Need Medicaid Number

Please email this information to: DPSQA Provider Applications

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



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# Provider Portal



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# How to log in

## Login

Welcome back! Please sign into your account.

\*Username

\*Password

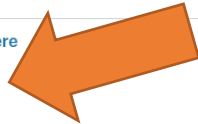
I'm not a robot



Login

Forgot your Password? [Click here](#)

Not a member? [Register here](#)



# ELS Provider Home

[Home](#)[Resources](#)[Contact Us](#)

Welcome,  
**Priscilla George**

Please choose one of the Agency Types to get started.



## Child Care Licensing

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.

[Manage](#)

## Placement and Residential Licensing

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.

[Get Started](#)

## Home & Community Based Services Licensing

Home and Community Based Services licenses, certifies, and regulates assisted living facilities, home and community-based programs day treatment programs, and alcohol and drug abuse treatment providers. This unit also reviews concerns, complaints, and allegations of substandard care as it relates to facility practices.

[Manage](#)

## Long Term Care Licensing

Office of Long-term Care licenses, surveys, and regulates long term care facilities, such as skilled nursing facilities. This unit also investigates all nursing home complaints.

[Get Started](#)

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# Notifications

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# Notifications

The screenshot shows the top navigation bar of the Arkansas Department of Human Services website. The navigation bar includes the logo, 'Home', 'Resources', and 'Contact Us'. A notification dropdown menu is open, showing two 'Application has been approved' messages for applications 0000746 and 0000736, both dated 10 August, 2022. Below the navigation bar, the main content area features a welcome message for Priscilla George and a prompt to choose an agency type. Four service categories are displayed in a grid: Child Care Licensing, Placement and Residential Licensing, Home & Community Based Services Licensing, and Long Term Care Licensing. Each category includes a description and a button to 'Manage' or 'Get Started'. The footer contains the AR logo, navigation links for Home, Privacy Policy, Alerts, Security Policy, Acceptable Use, and Transparency, and a copyright notice for 2022.

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Home Resources Contact Us

Welcome,  
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**New Notifications**

**Application has been approved**  
Your application 0000746 has been approved!  
10 August, 2022 •

**Application has been approved**  
Your application 0000736 has been approved!  
10 August, 2022 •

**Child Care Licensing**  
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# ELS Provider Home

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## Child Care Licensing

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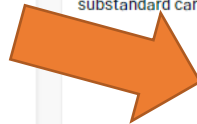
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[Get Started](#)

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# ELS Provider Dashboard



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

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



## Resources



**Manage Applications**

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**Manage Facilities**

[Get Started →](#)



**Online Payments**

[Get Started →](#)



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# Start New Application

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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](#)

## Instructions

- ✓ Provide necessary information to complete the application.
- ✓ You may save the application prior to completion and return at a later time to complete and submit.
- ✓ Applicants will be required to upload all required documents, as determined by the type of application, prior to submitting the application.
- ✓ Prior to submission, the application must be completed in its entirety including payment of a non-fundable fee.
- ✓ To pay the required application fee, you must have a valid credit card.

## \*Licensing Applications

Select an Option

Start New Application



humanservices.arkansas.gov



# New Application – Choose Application Type



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

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## \*Licensing Applications

Select an Option

- Acute Crisis Unit
- Adult Day Care (ADC)
- Adult Day Health Care (ADHC)
- Adult Developmental Day Treatment (ADDT)
- Alcohol & Other Drug Abuse Treatment Program
- AR Choices Provider Certification
- Assisted Living Facility (ALF) I
- Assisted Living Facility (ALF) II
- Behavioral Health Agency
- Community Support Systems Provider

[Start New Application](#)



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# New Application – Choose Application Type

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My Applications Start New Application


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\*Licensing Applications

Assisted Living Facility (ALF) I

Start New Application



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New Application:  
Assisted Living Facility (ALF) I

### Facility/Provider Information \*Mandatory field

Facility/Provider Information

Facility Address and Contact Information

Management Information

Facility Schedule

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

\*Facility Name

\*Corporate Name

Related Facilities

Proposed Open Date

Medicaid Provider Number

\*Previously Licensed in Arkansas

 Yes  No

Previous

Continue



Complete each informational tab to continue to the next tab.

# Application – Required Fields

The screenshot displays the Arkansas Department of Human Services application interface. At the top, a dark blue navigation bar contains the logo, 'Home', and 'Dashboard' links. A red notification banner reads: 'Please complete all required fields on the page to save'. Below this is a blue header for the 'Division of Provider Services and Quality Assurance - Home and Community-Based Services'. A light blue status bar indicates: 'You're currently in Change of Information Request mode.' The main content area is titled 'Update Facility/ Related Information' and features a sidebar with a checklist of sections: Facility/Provider Information, Facility Address and Contact Information, Management Information, Facility Schedule, and Service Information. The 'Director' section is expanded, showing a form titled 'Non-Profit: List names and addresses of Board of Directors of the governing body.' This form includes four mandatory fields: First Name, Middle Name, Last Name, and Email. Each field has a red border and a 'Complete this field.' message below it. An orange arrow points from the 'Service Information' item in the sidebar to the 'Director' section. Another orange arrow points from the 'Dashboard' link in the top navigation bar to the red notification banner.

[Back to Applications](#)New Application:  
Adult Day Care (ADC)

## Facility/Provider Information

\*Mandatory field

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

\*Facility Name  
Hilltop Adult Day Care

\*Provider Type  
 ADS  
 Not Applicable

\*Previously Licensed in Arkansas  
 Yes  No

Proposed Open Date  
MM/DD/YYYY

Medicaid Provider Number

Related Facilities  
Select an Option

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When all required information is entered, the lock icon will open and turn green.

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## Update Facility/ Related Information

✓ Facility/Provider Information

✓ Facility Address and Contact Information

✓ Management Information

✓ Facility Schedule

✓ Service Information

✓ Licensure and Management Ownership Information

✓ Governing Board

✓ Partnership

✓ Corporate/Individual

✓ Director

✓ Owner Information

✓ Administrator Information

### 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.

#### Adult Day Care Facility - New Application

- Documentation of the following information: (a) The identity of each person having (directly or indirectly) an ownership interest of five percent (5%) or more in the facility; 11 Adult Day Care R. 06/01/2022 Rule 204.8
- Building plans showing a detailed floor plan of the facility. Floor plans must contain exact measurements and identify each room, hallway, window, exit, etc. Rule 202.2
- A letter from the City or County Zoning Commission, stating that the facility meets zoning requirements. Rule 202.2
- A letter from a licensed electrician and licensed plumber, with their name and license number included, stating that the facility complies with State Codes. Rule 202.2
- (d) A letter from the County or State Division of Health, stating approval for facilities with wells and septic tanks, if applicable. Rule 202.2
- Secretary of State filing Rule 204.8.c (if organized as a corporation)
- If organized as a corporation, the identity of each officer and director of the corporation.

#### Documents Uploaded:

[+ Add Attachments](#)

Document File Name

Document File Type

Uploaded documents to be displayed here.

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[Continue](#)

# Upload Documents



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New Application:  
Adult Day Care (ADC)

## Sign & Submit

\*Mandatory field

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

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

Jennifer Jones

\*Submitted Date

8/10/2022

\*Submitted By

Jennifer Jones

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Submit



# Submit Application

# Application Status

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

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Sort By

Select an Option

Application No.	Application Type	Facility Name	License/Certification Type	Provider Type	Submitted Date	Application Status	Withdraw	View
0000741	Initial Application	Hilltop ADDT	Adult Developmental Day Treatment (ADDT)		08/09/2022	Application Submitted	Withdraw	View
0000740	Initial Application	Golden Isle	Assisted Living Facility (ALF) I			Ready for Online Payment	Withdraw	View
0000739	Initial Application	Hilltop Adult Day Care	Adult Day Care (ADC)	ADS	08/09/2022	Application Submitted	Withdraw	View
0000738	Initial Application	Assisted Living on the Hilltop	Assisted Living Facility (ALF) II		08/09/2022	Pending Supervisor Approval	Withdraw	View
0000736	Change of Information	Susan Brothers	Independent Licensed Practitioner (ILP)			Pending Application	Withdraw	View





# ELS Provider Dashboard



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

Welcome,  
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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**

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**Online Payments**

[Get Started →](#)



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# Manage Facility

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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.	Facility Name	License/Certification Type	Provider Type	Facility Status	Action
00047581	Hilltop Adult Day Care	Adult Day Care (ADC)	Not Applicable	Regular	<a href="#">View</a>
00045234	Testing For REal	Acute Crisis Unit		Regular	<a href="#">View</a>
00045016	Susan Brothers	Independent Licensed Practitioner (ILP)		Regular	<a href="#">View</a>



< 1 >



# Manage Facility

Facility/Provider Information	
<b>Facility Name</b>	HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS
<b>Previously Licensed in Arkansas</b>	-
<b>Corporate Name</b>	-
<b>Taxpayer ID # (TIN or EIN)</b>	-
<b>Related Facilities</b>	No
<b>Classification Type</b>	-
<b>DBA Name</b>	-
<b>Adult Day Health Center License #</b>	-
<b>Medicaid Provider Number</b>	-

# Manage Facility

**Facility/Provider Information**

**Facility Name**  
HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS

<b>Previously Licensed in Arkansas</b> -	<b>Classification Type</b> -
<b>Corporate Name</b> -	<b>DBA Name</b> -
<b>Taxpayer ID # (TIN or EIN)</b> -	<b>Adult Day Health Center License #</b> -
<b>Related Facilities</b> No	<b>Medicaid Provider Number</b> -



# Related Links

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## HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS

Facility Number	Facility Type	Facility Status
36387	Targeted Case Management	Regular

Facility/Provider Information

Facility Address and Contact Information

Management Information

Facility Schedule

Service Information

### Related Links

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

# Newly Posted Notices



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## Newly Posted Notices

Notice Name	Date Posted	Action
Worker Portal - License Management	08/09/2022	<a href="#">View</a>



# Related Links

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## HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS

Facility Number	Facility Type	Facility Status
36387	Targeted Case Management	Regular

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

### Related Links

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

# Viewed Notices



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## Viewed Notices

Select Notice

Worker Portal - Certificate Management

Notice Name	Date Posted	Date Accessed	Date Read	Action
Worker Portal - Certificate Management	07/20/2022	07/20/2022	08/03/2022	<a href="#">View</a>





# Related Links

The screenshot shows the Arkansas Department of Human Services website. The top navigation bar includes 'Home', 'Dashboard', 'Resources', and 'Contact Us'. Below this is a blue banner for the 'Division of Provider Services and Quality Assurance - Home and Community Based Services'. The main content area displays the facility name 'HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS'. A table below lists facility details: Facility Number (36387), Facility Type (Targeted Case Management), and Facility Status (Regular). On the left, a sidebar menu contains links for Facility/Provider Information, Facility Address and Contact Information, Management Information, Facility Schedule, and Service Information. On the right, a 'Related Links' section lists: Newly Posted Notices, Viewed Notices, Submit Plan of Correction, Submit Change of information Request, and Renewal. An orange arrow points to the 'Renewal' link, which has a mouse cursor hovering over it.

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## HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS

Facility Number	Facility Type	Facility Status
36387	Targeted Case Management	Regular

- Facility/Provider Information
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### Related Links

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

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You're currently in Change of Information Request mode.

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- Governing Board
- Partnership
- Corporate/Individual
- Director**
- Owner Information
- Administrator Information
- Inspections
- Additional Information
- Documentation
- Review
- Payment Summary
- Sign & Submit

Submit Change Request


Discard Changes

### Director Information

+ Add New

Priscilla George

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

You're currently in Change of Information Request mode.

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- Payment Summary
- Sign & Submit

**Submit Change Request**

Discard Changes

### Director

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

\*First Name: Priscilla | Middle Name: | \*Last Name: George | \*Email: hitlope@gscs.com

\*Address: 77 Hilltop | Address 2: | \*City: Hilltop | \*State: AR | \*Zip Code: 75544

\*Cell/Mobile: 5015555555 | \*Qualifications: Director

Date of Birth: 1/1/1950 | SSN: | \*Start Date: 8/9/2022 | End Date: MM/DD/YYYY

\*Director type: Director

Calendar: August 2022

# Change of Information Request

# Change of Information Request

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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You're currently in Change of Information Request mode.

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- Sign & Submit

Submit Change Request


Discard Changes

### Director Information

Priscilla George

+ Add New

Previous Continue



# Application Status for Change of Information Request

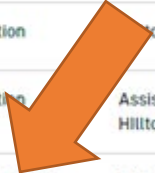
[Back to Dashboard](#)

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

Sort By 

Select application

Application No.	Application Type	Facility Name	License/Certification Type	Provider Type	Submitted Date	Application Status	Actions
0000740	Initial Application	Hilltop ADDT	Adult Developmental Day Treatment (ADDT)		08/09/2022	Application Submitted	<a href="#">Withdraw</a>   <a href="#">View</a>
0000740	Initial Application	Golden Isle	Assisted Living Facility (ALF) I			Ready for Online Payment	<a href="#">Withdraw</a>   <a href="#">View</a>
0000739	Initial Application	Hilltop Adult Day Care	Adult Day Care (ADC)	ADS	08/09/2022	Application Submitted	<a href="#">Withdraw</a>   <a href="#">View</a>
0000738	Initial Application	Assisted Living on the Hilltop	Assisted Living Facility (ALF) II		08/09/2022	Pending Supervisor Approval	<a href="#">Withdraw</a>   <a href="#">View</a>
0000736	Change of Information	Susan Brothers	Independent Licensed Practitioner (ILP)			Pending Application	<a href="#">Withdraw</a>   <a href="#">View</a>



# Renewal Application

The screenshot displays the Arkansas Department of Human Services website interface. At the top, a dark blue navigation bar contains the logo and the text 'ARKANSAS DEPARTMENT OF HUMAN SERVICES' on the left, and 'Home', 'Dashboard', 'Resources', and 'Contact Us' on the right. Below this is a blue banner with the text 'Division of Provider Services and Quality Assurance - Home and Community Based Services'. The main content area features a breadcrumb link '< Back to Facilities' and a title 'HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS'. A table below the title lists facility details: Facility Number (36387), Facility Type (Targeted Case Management), and Facility Status (Regular). On the left, a vertical sidebar contains several menu items: 'Facility/Provider Information', 'Facility Address and Contact Information', 'Management Information', 'Facility Schedule', and 'Service Information'. On the right, a 'Related Links' section lists several options: 'Newly Posted Notices', 'Viewed Notices', 'Submit Plan of Correction', 'Submit Change of information Request', and 'Renewal'. A large orange arrow points from the 'Renewal' link in the 'Related Links' section towards the 'Facility Schedule' menu item in the sidebar.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

< Back to Facilities

## HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS

Facility Number	Facility Type	Facility Status
36387	Targeted Case Management	Regular

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

### Related Links

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

# 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 Facility/ Related Information

**Facility/Provider Information** \*Mandatory field

- Facility/Provider Information
- Facility Address and Contact Information
- Management Information
- Facility Schedule
- Service Information
- Owner Information
- Inspections
- Additional Information

**\* Facility Name**  
HAGOOD HOLDINGS LLC DBA ALLHEART SENIOR CARE OF ARKANSAS

**DBA Name**

**\* Corporate Name**

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

**Adult Day Health Center License #**  
Select an Option

**Related Facilities**  
No

**Medicaid Provider Number**

**Proposed Open Date**  
MM/DD/YYYY

**\* Previously Licensed in Arkansas**  
 Yes  No

# Renewal Application

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

You're currently in Renewal mode.

[Back to Related Links](#)

### Update Facility/ Related Information

- Facility/Provider Information
- Facility Address and Contact Information
- Management Information
- Facility Schedule
- Service Information**
- Owner Information
- Inspections
- Additional Information

### Service Information \*Mandatory field

\*Food Service  
Select an Option

Services Offered

- Meats Provided
- Evening Care
- Transportation

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



# Renewal Application

**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](#)

# Renewal Application

- ✓ 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

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

You're currently in Renewal mode.

< Back to Related Links

### Update Facility/ Related Information

- Facility/Provider Information
- Facility Address and Contact Information
- Management Information
- Facility Schedule
- Service Information
- Owner Information
- Inspections
- Additional Information

#### Facility/Provider Information \*Mandatory field

\* Facility Name: HAGOOD

DBA Name:

\* Corporate Name: Hagood Inc.

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

Adult Day Health Center License #:

Related Facilities:

Medicaid Provider Number:

Proposed Open Date:

\* Previously Licensed in Arkansas:  Yes  No

Application Submitted Successfully

Close

# ELS Provider Dashboard



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[Dashboard](#)

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

Welcome,  
**Priscilla George**

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 →](#)



[humanservices.arkansas.gov](https://humanservices.arkansas.gov)

# Online Payments

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

[< Back to Dashboard](#)[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



# Online Payments

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

[Back to Pending Payments](#)

## 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 \*

Next >

### Customer Information

### Payment Information

Cancel

## Transaction Summary

Initial Application Fee \$339.04

Pay now through **Arkansas.gov**

## 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

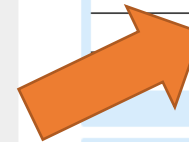
Payment Information ✓ [Edit](#)

<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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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

# Find Us On...



@ArkDHS



@arkansasdhs



@ARHumanServices



ARHumanServices

## **Contact Information** **DPSQA - Office of Community Services**

Assistant Director: Taniesha Richardson-Wiley, MPH email: [Taniesha.Richardson-Wiley@dhs.arkansas.gov](mailto:Taniesha.Richardson-Wiley@dhs.arkansas.gov)

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

OCS Compliance Manager: Christy Wilson, RN email: [Christy.Wilson1@dhs.arkansas.gov](mailto:Christy.Wilson1@dhs.arkansas.gov)

OCS Enforcement Manager: Tami Rogers email: [Tami.Rogers@dhs.arkansas.gov](mailto:Tami.Rogers@dhs.arkansas.gov)

# THANK YOU



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