



**Hewlett Packard
Enterprise**

HFRD Web Portal Application Training



The HealthCare Facility Regulations Division (HFRD) provides an electronic application process for facilities that want to obtain, renew, or make changes to their license.

This training module will provide information about this process as well as an example of how to complete an HFRD Application via the GAMMIS Web Portal.



Helpful Hints To Assist In Completing Your Application



NOTE: The screenshots used in this module are based on one example. Field and panel requirements will change depending on the selections made throughout the application process.

- The panel help icon displays an overall narrative, navigation information, field descriptions, and panel edits assigned to the panel.



- Field help (click on a label of a field) provides information specific to that field.

- The add button is used to create additional records for the panel.



- Fields marked with an asterisk are always required.

Last Name*

HFRD Web Portal Application – Panel Flow

Panel Flow by Application Type

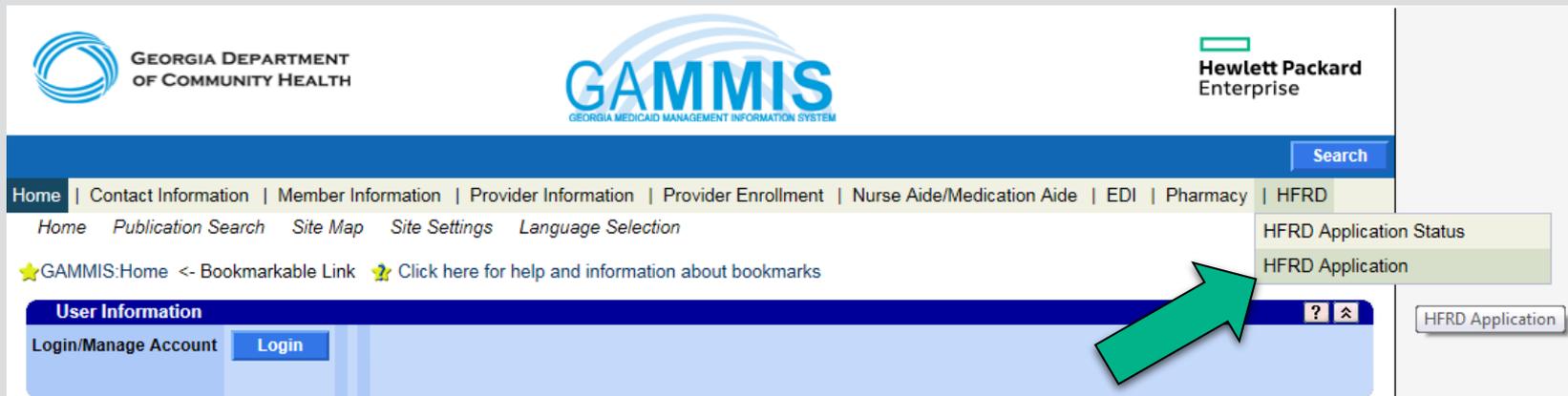
PANEL	Initial	Renewal	Change of Ownership	Change of Location	Change of Governing Body	Change of Name	Change of Admin	Change of Services
Instructions	X	X	X	X	X	X	X	X
Search / Continue Application	X	X	X	X	X	X	X	X
Request Type	X	X	X	X	X	X	X	X
Identifying Information	X	X	X	X	X	X	X	X
Detail Information	X	X	X		X	X		
Service Areas	X	X	X	X				
Operating Hours	X	X	X	X	X	X	X	X
Owners and Operators	X	X	X		X	X		
Services Offered	X	X	X					X
Staffing	X	X	X					X
Supporting Documentation	X	X	X	X	X	X	X	X
Certification	X	X	X	X	X	X	X	X
PANEL	Individual	Renewal	Change of Ownership	Change of Location	Change of Governing Body	Change of Name	Change of Admin	Change of Services

- The application is a wizard that displays panels depending on the application type.
- This chart shows each type of application, and the panels that are displayed.

Navigating to the Application

STEP 1: Go to: www.mmis.georgia.gov

STEP 2: Select HFRD Application from the HFRD menu.



The screenshot displays the top navigation bar of the GAMMIS website. On the left is the Georgia Department of Community Health logo. In the center is the GAMMIS logo (Georgia Medicaid Management Information System). On the right is the Hewlett Packard Enterprise logo. Below the logos is a blue navigation bar with a search box. The main navigation menu includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. A dropdown menu is open under the HFRD link, showing options for HFRD Application Status and HFRD Application. A green arrow points to the HFRD Application option. Below the navigation bar is a User Information section with a Login/Manage Account link and a Login button.

Instructions Panel

Above the instructions panel, breadcrumbs are provided to guide users through the enrollment application.



[Instructions](#) > [Search](#) > [Request Type](#) > [Identifying Information](#) > [Detail Information](#) > [Geographic Service Area\(s\)](#) > [Operating Hours](#) > [Owners and Operators](#) > [Services Offered](#) > [Staffing and Full-Time Equivalent Staff](#) > [Supporting Documentation](#) > [Certification](#) > .

Instructions ?

Welcome to the online Healthcare Facility Regulation application.

- You must complete each step in the application. When you have completed all of the steps, including uploading all required supporting documentation, please click on the 'Submit' button to submit your application. The application is automatically saved after each step.
- Fields marked with an asterisk (*) are required.
- Please click the 'New Application' to start an HFRD application or click 'Continue Application' to continue with an existing application.
- Help is available by clicking the question mark (?) in the title bar.

[exit](#) [new application](#) [continue application](#)

To begin a new application, select “**new application**” (continued on slide 8).

If you wish to edit an existing application, select “**continue application**”.

Continue Application - Search

Applications that were started but **not submitted** may be completed at a later date. To locate an existing application, enter the License Tracking Number (LTN) assigned to that application, the Business Name and select “search”.

Search results are provided based on the criteria entered:

- If the search results display and the continue button is enabled, select “continue” to review, update and submit the application (example below).
- If the search results display but the continue button is greyed out, the application has been finalized/submitted and may no longer be edited.
- If the search results indicate “no rows found”, there were zero matches identified based on the search criteria entered.

The screenshot shows a search interface with a blue header and footer. The search criteria section includes two input fields: 'LTN*' with the value '149' and 'Business Name*' with the value 'PHCP FACILITY'. To the right of these fields are 'search' and 'clear' buttons. Below the search criteria is a section titled 'Search Results (1 rows returned)'. This section contains a table with the following data:

Document	Date Received	Status	Status Date
ONLINE ENROLLMENT APPLICATION	12/28/2015	NOT SUBMITTED - INITIAL APP ENTRY IN PROCESS	

At the bottom of the search results section are three buttons: 'previous', 'continue', and 'exit'.

New Application - Request Type

Select the Facility Type, Application Type and complete any additional required fields as they relate to your selection.

NOTE: Facility ID will be greyed out for an initial application, but is a required field when renewing or making changes to an application.

The screenshot shows a web form titled "Request Type". At the top right is a help icon (?). The form contains the following elements:

- Facility Type***: A dropdown menu.
- Application Type***: Radio buttons for "Initial" (selected), "Renewal", and "Change".
- Facility ID**: A text input field, which is greyed out.
- License Expiration Date**: A date picker.
- Type of Change**: A section with a list of change types, each with a checkbox:
 - Change of Ownership
 - Change of Location
 - Change of Governing Body
 - Change of Name
 - Change of Administrator
 - Change of Services
- Two questions with radio buttons:
 - "Will the previous owner's policies be used?" with "No" and "Yes" options.
 - "Are services only being removed?" with "No" and "Yes" options.
- Navigation buttons at the bottom: "previous", "save & continue", and "exit".

Select "save & continue" to proceed.

Identifying Information

Complete the information requested in this panel as it applies to the facility.

Identifying Information ?

Business Name* Tax ID*

Facility Address - P.O. Box Addresses Prohibited

Address 1*

Address 2*

City* State* Zip*

County*

Phone*

Fax*

E-Mail Address*

Mailing Address (if different from above)

Address 1

Address 2

City State Zip

County

Governing Body & Administrator

Official Name of Governing Body*

Address 1*

Address 2*

City* State* Zip*

County*

Administrator's Name*

Contact Information

The person who should be contacted regarding this application.

Contact Last Name* First Name, MI*

Contact Phone* Contact Fax

Contact E-Mail Address*

NOTE:
Field requirements can differ based on the type of application selected from the request type panel.



Select "save & continue" to proceed.

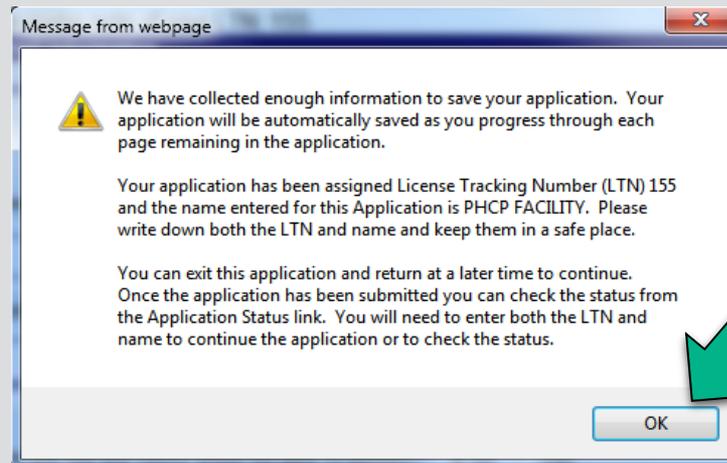
Application Saved

A pop-up message including the following information will display:

- ✓ License Application Tracking Number (LTN)
- ✓ Application Facility Name

The Applicant will use these two pieces of information in order to:

- ✓ Continue an application
- ✓ Track application status



Click "OK" to exit the pop-up window and return to the application.

NOTE: The assigned LTN will be displayed above every panel throughout the application.

Please make note of your LTN: 155
[Detail Information](#)

Detail Information

Complete the information requested in this panel as it applies to the facility.

The screenshot shows a web form titled "Detail Information" with a help icon in the top right corner. The form is divided into three main sections:

- Ownership / Business Type:** This section contains three input fields: "Ownership Type*" with a dropdown menu showing "Proprietary (For Profit)", "Business Type*" with a dropdown menu showing "Partnership", and "Other Type of Business" with an empty text input field.
- Facility Ownership:** A question "Do you own and operate another licensed PHCP facility in Georgia?" is followed by two radio buttons: "No" (which is selected) and "Yes".
- Clients:** This section contains two questions: "Do you currently have any clients?" with "No" and "Yes" radio buttons (where "Yes" is selected), and "Have you had any clients within the past 12 months?" with "No" and "Yes" radio buttons (where "No" is selected).

At the bottom of the form, there are three buttons: "previous", "save & continue", and "exit". A green arrow points to the "save & continue" button.

Select "save & continue" to proceed.

Geographic Service Area(s)

Select the Service Area County for the facility from the drop-down menu.

Geographic Service Area(s) ?

Service Area

- A Stephens
- A Dade
- A Charlton
- A Ben Hill

Type data below for new record.

Select the Georgia counties served by the facility:

Service Area County* Stephens ▼

delete add

previous save & continue exit

If there are multiple counties in the service area, select “add” to include an additional county.

If there is only one county, select “save & continue”.

NOTE: Up to ten (10) counties may be included.

Operating Hours

Complete the information requested in this panel as it applies to the facility.

Operating Hours

Business Hours

Enter all business hours on days that services are provided. This should include extended hours if applicable.

Monday Open/Close	<input type="text" value="8:00"/>	<input type="text" value="20:00"/>	(24HH:MM)
Tuesday Open/Close	<input type="text" value="8:00"/>	<input type="text" value="20:00"/>	(24HH:MM)
Wednesday Open/Close	<input type="text" value="8:00"/>	<input type="text" value="20:00"/>	(24HH:MM)
Thursday Open/Close	<input type="text" value="8:00"/>	<input type="text" value="22:00"/>	(24HH:MM)
Friday Open/Close	<input type="text" value="8:00"/>	<input type="text" value="20:00"/>	(24HH:MM)
Saturday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)
Sunday Open/Close	<input type="text"/>	<input type="text"/>	(24HH:MM)

Operating Hours Comments

[previous](#) [save & continue](#) [exit](#)

Select "save & continue" to proceed.

Owner and Operators

Indicate if the owner or operator is a Business or Individual, and complete the remaining fields as they relate to the owner/operator of the facility.

Owners and Operators ?

Owners, Corporate Officers and Principle Partners

The applicant must disclose the Owner(s) of their facility or business. A minimum of one Owner is required.

An owner is any individual affiliated with the corporation, partnership or association with 10 percent or greater ownership interest in a business or agency licensed as a private home care provider and who (1) purports to or exercises authority of an owner in the business or agency (2) applies to operate or operates the business or agency; or (3) enters into a contract to acquire ownership of such a business or entity.

If organized as a Corporation or Partnership, list names and addresses of Corporate Officers or Principle Partners.

Individual or Business	Owner/Officer/Partner	Business Name	Last Name	First Name	FEI Number	SSN
A Individual	Corporate Officer		JONES	WILLIAM		344444444
A Business	Owner	NORTHWEST INCORPORATED			321111111	
A Individual	Owner		SMITH	JOHN		344441234

Type data below for new record.

Is this an Individual or Business?* Individual Business

Affiliation (Owner, Officer or Partner)*

FEI Number*

Business Name*

Address 1*

Address 2

City*

State*

Zip*

County*

If there is more than one owner, officer, or partner, select “add” to enter their information.

If there is only one owner, select “save & continue”.

Services Offered

Complete the information requested in this panel as it applies to the facility.

Service Type	Service Staff Provided
A Personal Care	Direct Employment
A Nursing Services	Contracted Individuals
A Companion Sitter	Direct Employment

Type data below for new record.

Services offered by the provider and how staffing is provided:

Service Type*

Service Staff Provided*

delete add

previous save & continue exit

If the facility offers more than one type of service, select “add” to identify the additional service type.

If there is only one type of service offered by the facility, select “save & continue”.

NOTE: A single service type can only be selected once per application.

Staffing and Full-Time Equivalent Staff

Complete the information requested in this panel as it applies to the facility.

Staff Type	FTE
A Licensed Practical Nurses	6.50
A Registered Nurses	3.75
A Personal Care Assistants	5.00

Type data below for new record.

Specify the number of personnel in terms of full-time equivalents (FTEs). To arrive at full-time equivalents:

1. Add the total number of hours worked by personnel in each category in the week ending prior to the week of filing the request.
2. Divide this number by the number of hours in a standard work week as defined by your facility's policy.
3. If the result is not a whole number, express it as a quarter fraction only (e.g., 2.25, 6.50, 3.75).

Staff Type*

FTE*

If more than one staff type applies to the facility, select “add” to input additional staff types.

If there is only one staff type, select “save & continue”.

NOTE: A single staff type can only be selected once per application.

Supporting Documentation

Select the Upload required documents link from the Supporting Documentation panel to begin uploading the required documentation.

Supporting Documentation	
Document Description	
ADMINISTRATOR DOCUMENTATION	REQUIRED
BUSINESS LICENSE	REQUIRED
POLICY AND PROCEDURES FOR MAINTAINING AND SECURITY CLIENT RECORDS	REQUIRED
SERVICE AGREEMENT FORM	REQUIRED
SERVICE AGREEMENT POLICY AND PROCEDURE	REQUIRED
SERVICE PLANNING POLICY AND PROCEDURES AND FORM(S)	REQUIRED

Upload Supporting Documentation

- Upload required documents. The documents listed above must be uploaded before continuing the application.
- Application forms are available on the HFR site.

previous save & continue exit

Once all required documentation has been uploaded, select “save & continue” to proceed.

NOTE: The applicant may not proceed to the next panel of the application until all required supporting documentation is uploaded.

Certification

Complete the information requested in this panel as it applies to the applicant.

Read and accept the terms of the Certification Statement to submit the application.

The screenshot shows a web form titled "Certification" with a sub-header "CERTIFICATION". The main text reads: "I certify that this provider will comply with the Rules and Regulations for Private Home Care Providers, Chapter 111-8-65, et seq. I affirm that the facility will be prepared for an on-site inspection for licensure, as applicable, to be scheduled by the Healthcare Facility Division. I understand that a license is non-transferable and must be returned to the Healthcare Facility Regulation Division if a program closes or changes location or governing body. I certify that the information provided in connection with this application is true and correct to the best of my knowledge." Below this, a section titled "This is to certify that" contains three input fields: "Name of Administrator or Officer Authorized to Complete this Application" with the value "ANDREW JACKSON", "Title" (empty), and "Date" with the value "01/05/2016". At the bottom of this section, a checkbox labeled "I accept the terms of the Certification Statement" is checked and circled in red. A green arrow points from this checkbox towards the "submit" button in the footer. The footer also contains "previous" and "exit" buttons.

Submission

Once the application is submitted, a pop-up window will open with a PDF version of the application which may be saved for future reference. The submission confirmation panel will also be visible.

HFRD application for CHANGE OF APP

The License Application Tracking Number (LTN) is : 284

Status: Your application has been successfully submitted and is being processed.

If you have questions regarding your application or on any message(s) received on this application, please call 404-657-5700.

WHAT'S NEXT?

- Print a copy of the application for your records. [Print Application](#)
 - If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. [Click here to obtain the latest version of the free Adobe Reader.](#)
 - Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. [Click here for help with download issues.](#)
- If you need to update required documents, [click here to upload documents.](#)
- You can check the status of this application from the [HFRD Application Status](#) page.

previous exit

Application Tracking and Documentation

To check the status of your HFRD application, navigate to the HFRD Application Status page from the HFRD menu.

Enter the License Tracking Number (LTN) assigned to the application and the Business Name, and then select “search”. If the application is a renewal or change request, the Facility ID in combination with the assigned LTN may be used in place of the Business Name.

HFRD Application Tracking Search Top ? ^

LTN*

Business Name

Facility ID

Search Results (4 rows returned)

Document	Date Received	Status
ONLINE APPLICATION	02/21/2016	IN PROCESS - PENDING PAYMENT
DOCUMENTATION OF NON-PROFIT STATUS - 501(C)(3)	02/21/2016	RECEIVED, NOT VERIFIED
GOVERNING BOARD DOCUMENTATION	02/21/2016	RECEIVED, NOT VERIFIED
NOTARIZED AFFIDAVIT OF PERSONAL IDENTIFICATION AND COPY OF PICTURE ID	02/21/2016	RECEIVED, NOT VERIFIED

■ [Print a copy of the application for your records. Print Application](#)

■ [Upload required documents.](#)

■ **HFRD Application Status Questions and Contacts**
For more information related to HFRD application processing, including contact information, please refer to the [HFRD page](#).

The overall status of the application is identified by the “ONLINE APPLICATION” Document type

HFRD Additional Information

- Select the [HFRD page](#) for additional HFRD related materials.
- Review the [Healthcare Facility Regulation](#) page for more information.