

HFRD Web Portal Application Training

What is HFRD?

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



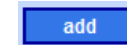
NOTE: The screenshots used in this module are based on one example. Field and panel requirements will change depending on the selections made throughout the application process.

- 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

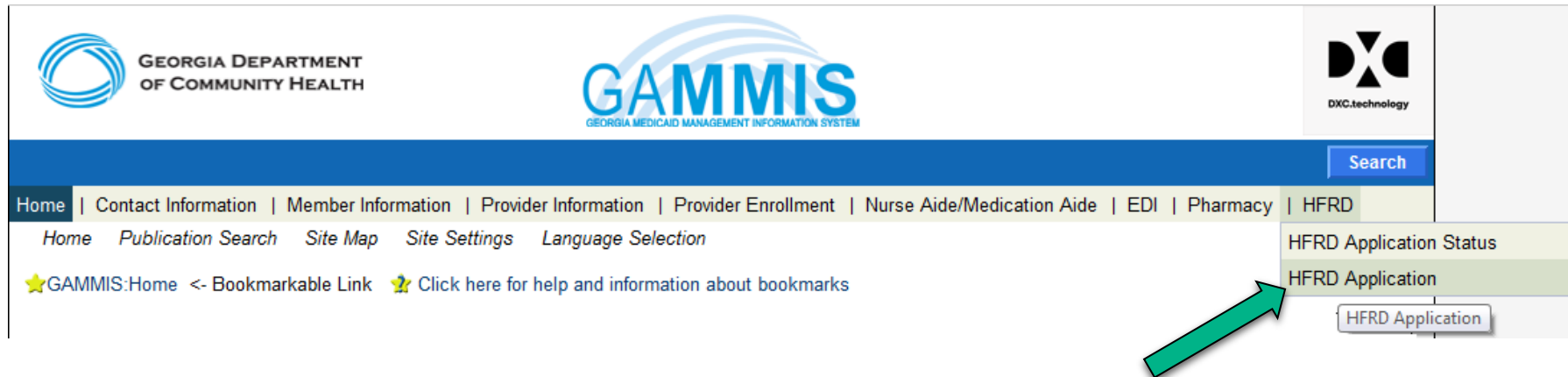
PANEL	Initial	Renewal	Change of Ownership	Change of Location	Change of Governing Body	Change of Name	Change of Admin	Change of Services
Instructions	X	X	X	X	X	X	X	X
Search / Continue Application	X	X	X	X	X	X	X	X
Request Type	X	X	X	X	X	X	X	X
Identifying Information	X	X	X	X	X	X	X	X
Detail Information	X	X	X		X	X		
Service Areas	X							
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
Application Fees	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

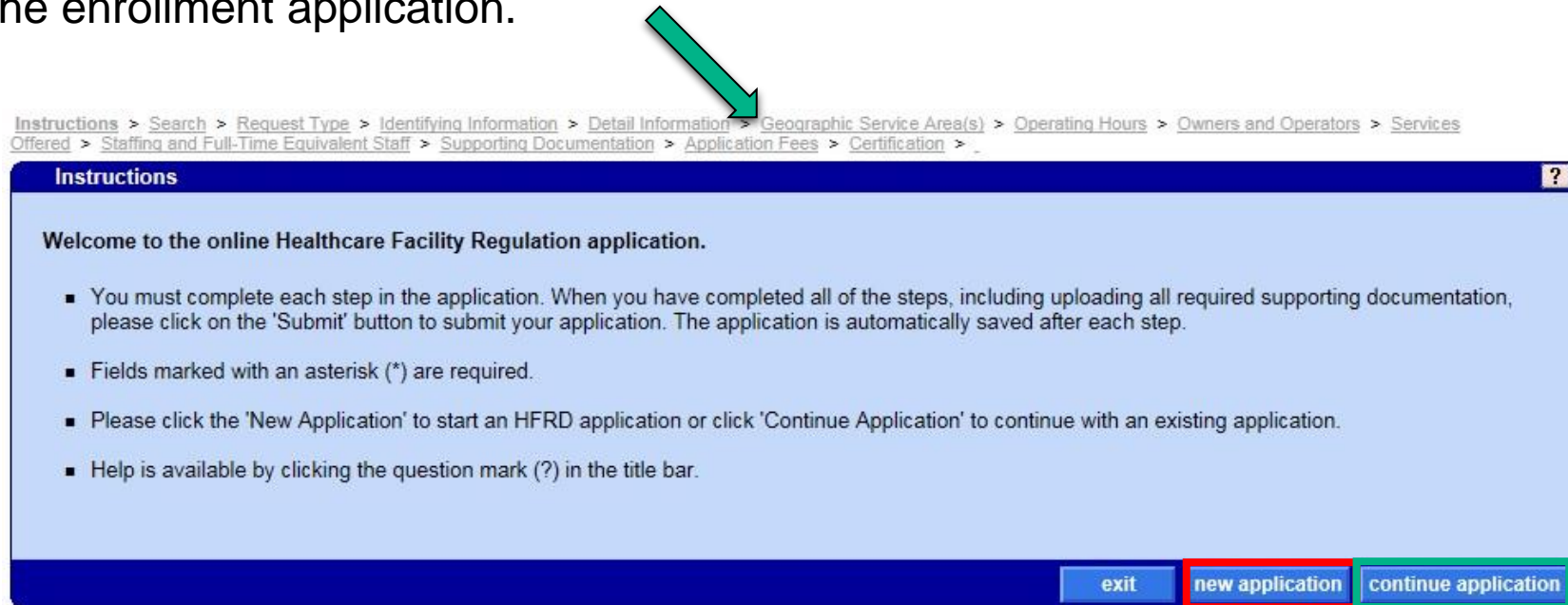
STEP 2: Select HFRD Application from the HFRD menu.



The screenshot shows 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 DXC technology logo. Below the logos is a blue search bar with a 'Search' button. A horizontal navigation menu contains the following items: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. The HFRD item is highlighted, and a dropdown menu is open below it, showing 'HFRD Application Status', 'HFRD Application', and 'HFRD Application'. A green arrow points to the 'HFRD Application' option in the dropdown menu. Below the navigation menu are links for 'Home', 'Publication Search', 'Site Map', 'Site Settings', and 'Language Selection'. At the bottom of the navigation area, there are two star icons with text: '★GAMMIS:Home <- Bookmarkable Link' and '★ Click here for help and information about bookmarks'.

Instructions Panel

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



The screenshot shows a breadcrumb trail at the top: [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](#) > [Application Fees](#) > [Certification](#) > . A green arrow points to the 'Detail Information' breadcrumb.

The main panel is titled 'Instructions' and contains the following text:

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.

At the bottom of the panel, there are three buttons: 'exit', 'new application', and 'continue application'. The 'new application' button is highlighted with a red border.

- To begin a new application, select “new application” (continued on slide 8).
- If you wish to edit an existing application, select “continue application”.

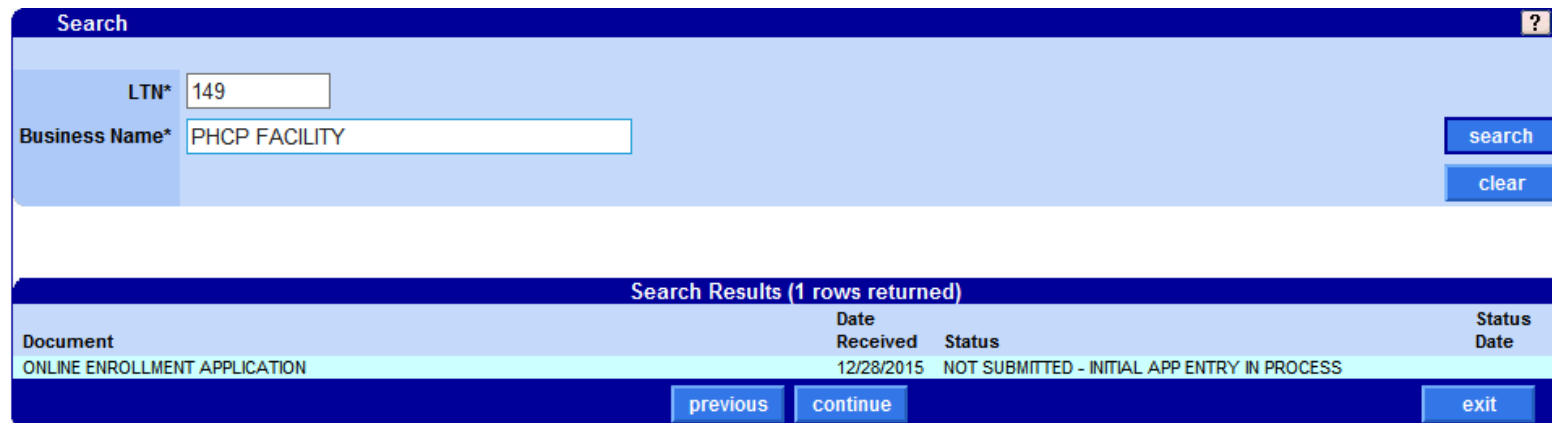
Continue Application - Search

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 web application interface for searching applications. At the top, there is a search bar with two input fields: "LTN*" containing the value "149" and "Business Name*" containing "PHCP FACILITY". To the right of these fields are two buttons: "search" and "clear". Below the search bar, a table displays the search results. The table has a header row with columns for "Document", "Date Received", "Status", and "Status Date". A single row of results is shown with the following data: "ONLINE ENROLLMENT APPLICATION", "12/28/2015", "NOT SUBMITTED - INITIAL APP ENTRY IN PROCESS", and an empty "Status Date" field. At the bottom of the table, there are three buttons: "previous", "continue", and "exit".

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

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" with a blue header and footer. The form contains the following fields and options:

- Facility Type***: A dropdown menu.
- Application Type***: Three radio buttons labeled "Initial", "Renewal", and "Change".
- Facility ID**: A text input field, which is greyed out.
- License Expiration Date**: A date picker field.
- Type of Change**: A section containing several checkboxes:
 - Change of Ownership
 - Change of Location
 - Change of Governing Body
 - Change of Name
 - Change of Administrator
 - Change of Services
- Will the previous owner's policies be used?**: Two radio buttons labeled "No" and "Yes".
- Are services only being removed?**: Two radio buttons labeled "No" and "Yes".

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.

Identifying Information

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

The screenshot shows a web form titled "Identifying Information" with a question mark icon in the top right corner. The form is divided into several sections:

- Business Name*** and **Tax ID*** (text input fields).
- Facility Address - P.O. Box Addresses Prohibited**
 - Address 1*** and **Address 2*** (text input fields).
 - City*** (text input field), **State*** (dropdown menu), and **Zip*** (text input field).
 - County*** (dropdown menu).
 - Phone*** and **Fax*** (text input fields).
 - E-Mail Address*** (text input field).
- Mailing Address (if different from above)**
 - Address 1** and **Address 2** (text input fields).
 - City** (text input field), **State** (dropdown menu), and **Zip** (text input field).
 - County** (dropdown menu).
- Governing Body & Administrator**
 - Official Name of Governing Body*** (text input field).
 - Address 1*** and **Address 2*** (text input fields).
 - City*** (text input field), **State*** (dropdown menu), and **Zip*** (text input field).
 - County*** (dropdown menu).
 - Administrator's Name*** (text input field).
- Contact Information**
 - The person who should be contacted regarding this application.**
 - Contact Last Name*** (text input field), **First Name, MI*** (text input field).
 - Contact Phone*** (text input field), **Contact Fax** (text input field).
 - Contact E-Mail Address*** (text input field).

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

NOTE:

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

Select "save & continue" to proceed.

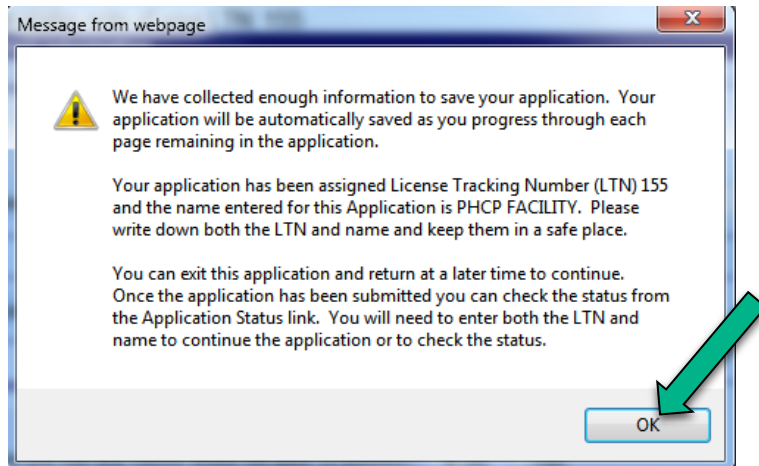
Application Saved

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



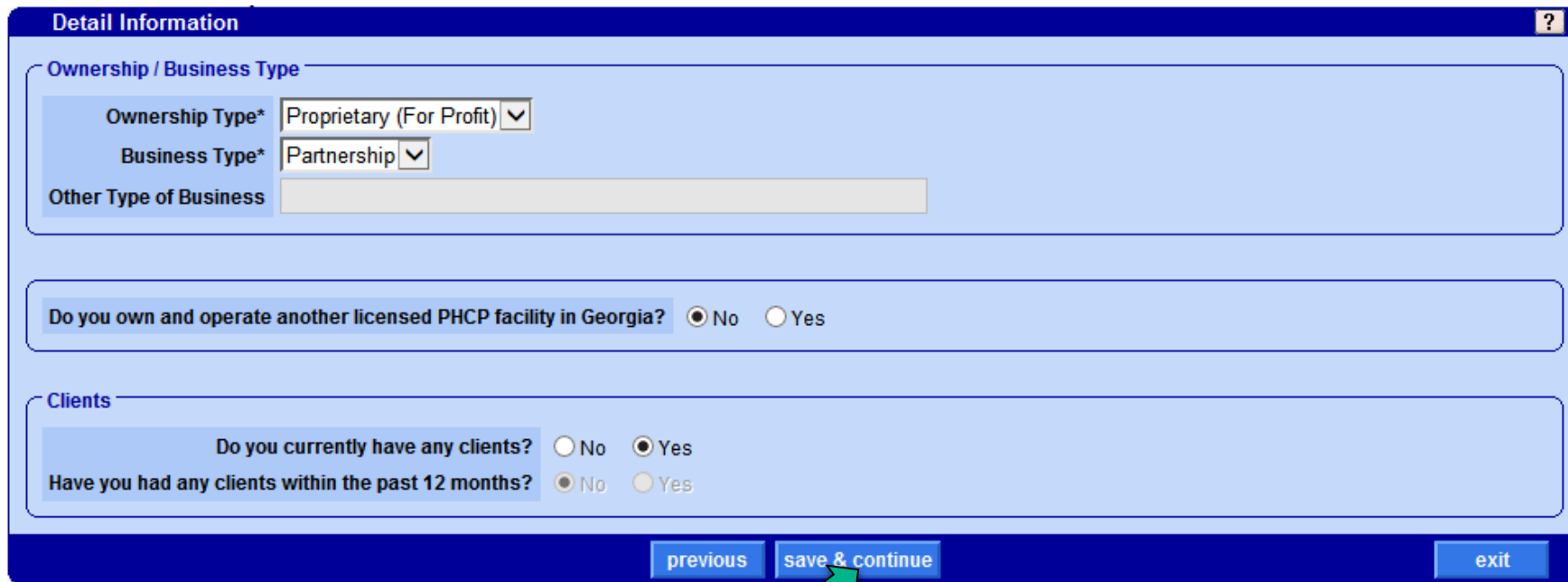
Click “OK” to exit the pop-up window and return to the application.

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 sections:

- Ownership / Business Type:** Contains three fields: "Ownership Type*" with a dropdown menu set to "Proprietary (For Profit)", "Business Type*" with a dropdown menu set to "Partnership", and "Other Type of Business" with an empty text input field.
- Do you own and operate another licensed PHCP facility in Georgia?** A radio button question with "No" selected and "Yes" unselected.
- Clients:** Contains two radio button questions: "Do you currently have any clients?" with "Yes" selected and "No" unselected; and "Have you had any clients within the past 12 months?" with "No" selected and "Yes" unselected.

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="09:00"/>	<input type="text" value="22:00"/>	(24HH:MM)
Tuesday Open/Close	<input type="text" value="11:00"/>	<input type="text" value="21:00"/>	(24HH:MM)
Wednesday Open/Close	<input type="text" value="04:00"/>	<input type="text" value="11:30"/>	(24HH:MM)
Thursday Open/Close	<input type="text" value="07:30"/>	<input type="text" value="17:00"/>	(24HH:MM)
Friday Open/Close	<input type="text"/>	<input type="text"/>	(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

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.

Individual or Business	Owner/Officer/Partner	Business Name	Last Name	First Name	FEI Number	SSN
A Individual	Corporate Officer		JONES	WILLIAM		34444444
A Business	Owner	NORTHWEST INCORPORATED	SMITH	JOHN	321111111	344441234
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* Personal Care

Service Staff Provided* Direct Employment

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.

Application Fees

The application fee panel displays the list of fees for the application.



The screenshot shows a panel titled "Application Fees" with a table of fees and a list of instructions. A green arrow points to the first instruction, and another green arrow points to the "save & continue" button.

Fee Description	Fee Amount
Initial Application - Base Fee	\$300.00
SVC-Nursing & Pers Care AND/OR Comp Sitter <50FTE	\$750.00
Total Fee Amount:	\$1,050.00

- The application fee is due at the time of submission, or the application will remain unprocessed.
- At the end of the application, access to pay the required application fee will be provided as a [Pay Required Application Fee](#) link on the submission successful panel.
- If paying online an additional service charge will be applied.

Navigation buttons: previous, save & continue, exit

Select "save & continue" to proceed.

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.

CERTIFICATION

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.

This is to certify that

Name of Administrator or Officer Authorized to Complete this Application*	DEMO
Title	
Date	09/13/2017

I accept the terms of the Certification Statement

previous complete & submit for payment exit

Note: If a fee is not required, a “submit” button will be displayed in place of “complete & submit for payment”.

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.

When a fee payment is required, a link is displayed where fee payments can be made electronically.

The screenshot shows a web browser window titled "HFRD application for TESTING". The page content includes:

- The License Application Tracking Number (LTN) is : 210
- Status: Your application has been successfully submitted. If fees are required, please use the Pay Required Application Fee link below.
- Contact information: If you have questions regarding your application or on any message(s) received from this application, please call 404-657-5700.
- Section: WHAT'S NEXT?
- Link: [Pay Required Application Fee](#)
- Instructions: Clicking this link will navigate you to the HFRD Application Fee page. The application fee is due at the time of submission, or the application will remain unprocessed. If you exit this page, you may pay the required fee by accessing the [HFRD Application Status](#) page. If paying online an additional service charge will be applied.
- Print Application: 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.](#)
- Update documents: If you need to update required documents, [click here to upload documents.](#)
- Status check: You can check the status of this application from the [HFRD Application Status](#) page.

Annotations on the screenshot:

- A green arrow points to the "Pay Required Application Fee" link with the text "Pay required application fees".
- A green arrow points to the status message with the text "Confirmation that your application has been successfully received."

Buttons at the bottom: "previous" and "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 (28 rows returned)

Document	Date Received	Status
ONLINE APPLICATION	09/13/2017	IN PROCESS - PENDING PAYMENT
POLICY AND PROCEDURES FOR DOCUMENTING SERVICES PERFORMED FOR CLIENTS		RECEIVED, NOT VERIFIED
POLICY AND PROCEDURES FOR MAINTAINING AND SECURITY CLIENT RECORDS		RECEIVED, NOT VERIFIED
SERVICE AGREEMENT FORM		RECEIVED, NOT VERIFIED
SERVICE AGREEMENT POLICY AND PROCEDURE		RECEIVED, NOT VERIFIED
SERVICE PLANNING POLICY AND PROCEDURES AND FORM(S)		RECEIVED, NOT VERIFIED

[Pay Required Application Fee](#)

- Clicking this link will navigate to the payment page.
- The application fee is due at the time of submission, or the application will remain unprocessed.
- If paying online an additional service charge will be applied.

- 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](#).

HFRD Additional Information

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