



Training Guide

Portal

Renewal License Application

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Account Creation and logging Process

Instructions – New Self Registration Information

For instructions on how to create an account <https://dohlicensing.nj.gov/signup-instructions/>

To Sign Up: <https://dohlicensing.nj.gov/registrationrequest/>

Instructions - Sign in Information

Once the account is created, user can sign in. For instructions on how to sign in

<https://dohlicensing.nj.gov/SignIn?>.

Click on the link <https://dohlicensing.nj.gov/> to visit the portal, then navigate to the top of the homepage.

1. If user already has an account, click on “Sign In” [1]
2. If user is a first-time user click on “Sign Up” [2]

Screenshot 1



Portal Dashboard/My Facilities

1. After signing into the portal, navigate to the menu bar and click on [My Facilities](#) to access the list of facilities that have been assigned to you.

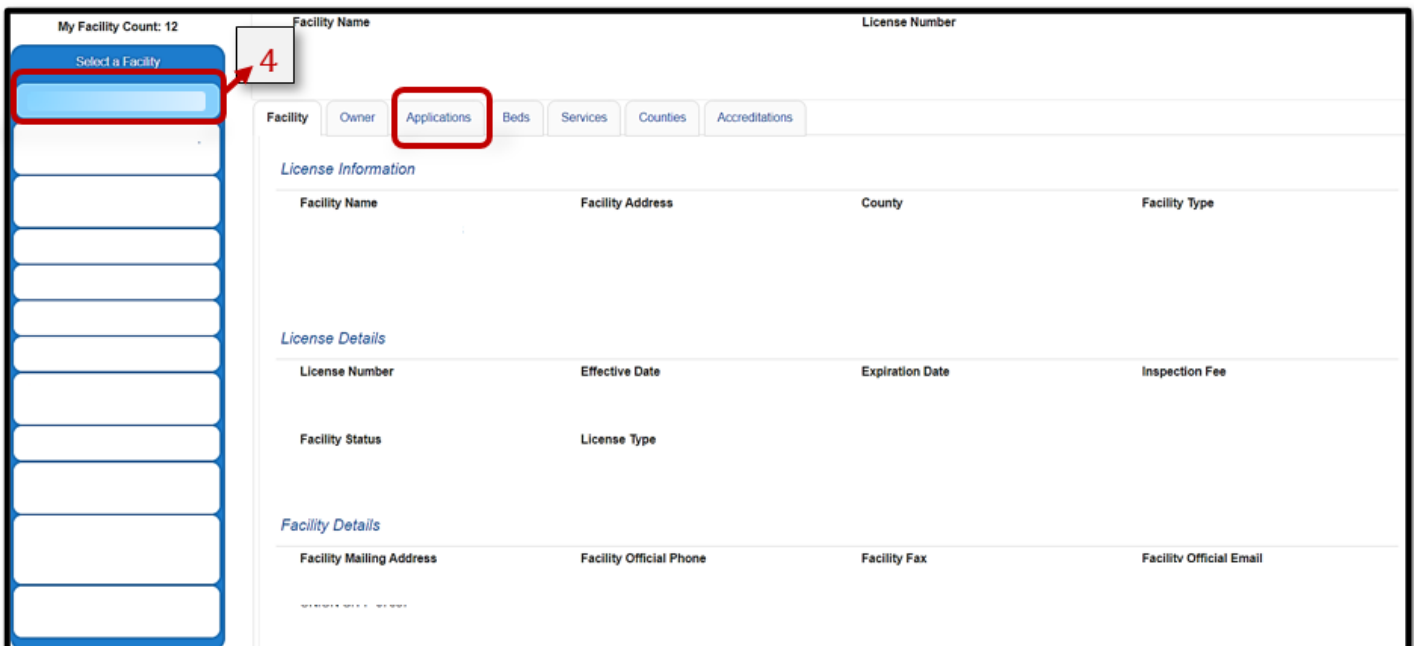
Note: *If you are unable to see the facility assigned, please email HFSPortal@doh.nj.gov.*

Screenshot 2




2. This will bring user to the **Portal Dashboard**. Navigate to left of the screen [4], from the list of facilities assigned, then [click](#) on the facility for which renewal application is to be submitted.
3. Navigate & click on the third tab on your screen [Applications](#) to see the list of all renewals related to the selected Facility.

Screenshot 3- Portal Dashboard / Facility information



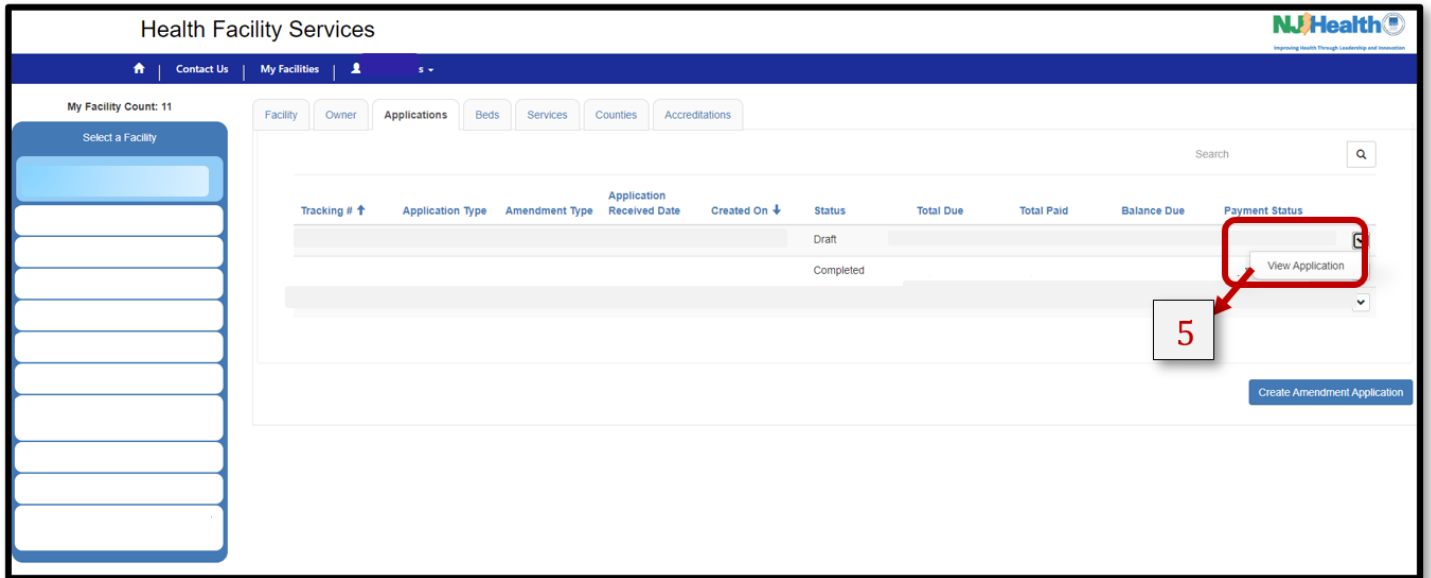
Note- *Please ensure all Facility related Information is current and UpToDate.*

Application Dashboard

4. **Applications Tab** – This screen provides user a view of all renewal completed & in Draft applications. Navigate to the  button [5] and **click** on “View Application “to select the renewal application.

Note: *User can only click on application that are in ‘Draft’ status. All other applications will be read-only.*

Screenshot 4- Application Dashboard



Facility Information

5. **Application dashboard / Facility Information** – On this screen user can review facility information and can edit the following information [7]:

- Facility Official Phone
- Facility Official Email
- Facility Official Fax
- Facility Mailing address [If different from facility address]
- Emergency Contact Information

Note: To Edit any other information user needs to separately Submit an Amendment application

Screenshot 5- Facility Information

The screenshot shows a web application interface for Facility Information. On the left is a sidebar with navigation links: Facility Information (selected), Administrators, Licensed Operator Information, Beds & Services, Accreditation, Associated Documents, Questionnaire, Certification, and Payment Information. The main content area is titled 'Application Detail' and contains several sections:

- Application Detail:** Fields for Facility, License Number, Last Expiration Date, and Applications Number.
- Facility Information:** Fields for Facility Name, Facility ID, Facility Type, Medicaid #, and Medicare #.
- Facility Address:** Fields for Site Address, Suite/Floor, State, Zip Code, and County.
- Mailing Address:** A radio button for 'Is mailing address different from facility address' (set to 'No'). Fields for Mailing Address *, Mailing City *, Mailing State *, and Mailing Zip code *.
- Emergency Contact Information:** Fields for Emergency Contact Name *, Emergency Phone *, Emergency Email *, and Emergency Fax.

At the bottom right are buttons for 'Save', 'Next', and 'Cancel'. A red box highlights the Facility Official Phone, Facility Official Email, and Facility Official Fax fields. Another red box highlights the Mailing Address section. A third red box highlights the Emergency Contact Information section. A red box with the number '7' is placed over the Facility Official Phone field, with an arrow pointing to it from the text '7' in the list above.

Note: Any field with an [*] is Mandatory & is required for a final submission of the application

Note: Please remember to click **Save** [if available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving all updated information will be lost, and you will need to re-enter it].

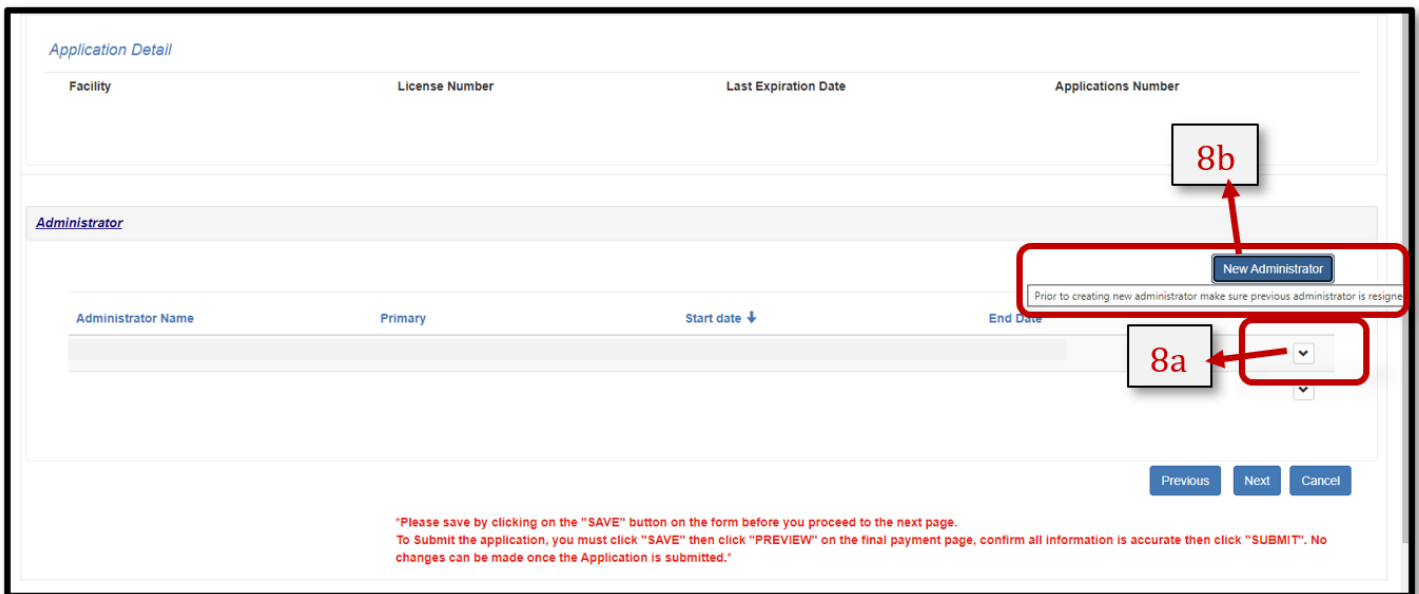
Click on **Next** to proceed to the next part of the application.

Administrator

- 6. **Administrator Tab** - This screen provides the user information on the existing primary administrator.
 - a. **Update Existing Administrator Information[8a]** – User can update administrator contact information by clicking on the button, this action opens a pop-up window [8.1] where user can **edit/ update** contact information & click **Submit** once done.
 - b. **Create New Administrator Record[8b]** - Here user can add **New Administrator Record** by clicking on **New Administrator** button. This action opens a pop-up window [8.2a]

Note: To create new administrator record, user must provide an 'End Date' for existing primary administrator. Next steps will be prompted according to users' facility type [Refer to facility type message on the screen]. [8.2b] Enter all [*mandatory] information and click **Submit**.

Screenshot 6- Administrator Information



IMPORTANT - Changes of Administrator for LTC, CPCH, ALR can be made by sending a signed letter to NHALBRequests@doh.nj.gov

IMPORTANT - Adult Day and Pediatric Day administrators require [CBI Clearance](#) prior to updating Administrator's name. Please confirm that CBI clearance has been initiated on the screen when prompted. Refer Screenshot below.

I attest that the administrator for this Adult Day or Pediatric Medical Day has Criminal Background Investigation clearance

Note: You need to have one primary administrator to finalize the submission of the application. You cannot have multiple primary administrators.

Click on **Next** to proceed to the next part of the application.

Update Existing Administrator Information.

- a. **Update Existing Administrator Information**– User can update administrator contact information by clicking on the button on the administration screen [8a] this action opens a pop-up window [8.1] where user can **edit/ update** contact information & click **Submit** once done

Screenshot 7 - Update *Existing Administrator Information* on the '*Edit Screen*' Editable fields [8.1]

The screenshot shows a pop-up window titled "Edit" with a close button (x) in the top right corner. The form contains the following fields:

- Salutation
- First Name
- Middle Name
- Last Name
- Email *
- Phone Number *
- Start date

A red box highlights the "Email *" and "Phone Number *" fields. A red arrow points from a box labeled "8.1" to the "Email *" field. A "Submit" button is located at the bottom left of the form, also highlighted with a red box.

Create New administrator Record.

- b. ***New Administrator Record*** – user can create new record by clicking [\[8.b\]](#) on administration screen. This action will bring the user to the ***'Create Screen' Editable fields*** [\[8.2a, 8.2b\]](#)

Note: [\[8.2a\]](#) To create new administrator, record user must provide 'End Date' for existing primary administrator. Next steps [\[8.2b\]](#) will be prompted, according to users' facility type. Here enter all ***mandatory** information and click **Submit**.

Screenshot 8

End date for Previous Administrator

M/D/YYYY

8.2a

Salutation

First Name *

Middle Name

Last Name *

Email *

Phone Number *

Provide a telephone number

Start date *


M/D/YYYY

Submit

8.2b

Licensed Operator Information

7. **Licensed Operator Tab**- Here user can verify Facility Owner Information & Officer's Information.

User can only update Facility Owner information by clicking on the  button [9], this opens a pop-up window [9.1] user can **update** company address and contact details, then click **Submit**.

Note: *Updating other Officer Information requires user to Submit license Amendment application*

Note: *Any changes with respect to the licensed operator except contact details requires a license amendment application.*

Screenshot 9- Licensed Owner and Officers Information

Application Details

- Facility Information
- Administrators
- Licensed Operator Information
- Beds & Services
- Associated Documents
- Questionnaire
- Certification
- Payment Information

Application Detail

Facility	License Number	Last Expiration Date	Applications Number
			9

Licensed Operator/ Legal Name

Company Name ↑	Address

Officers

Full Name	Title ↑	Ownership Percentage

< 1 2 3 4 5 6 >

Previous Next Cancel

*You MUST "SAVE" before going to "NEXT" page wherever "Save" button is available. On Final Payment Page you must "SAVE" then "PREVIEW" and confirm all information is accurate then "SUBMIT". No changes can be made once the Application is submitted.

Note: Please remember to click **Save** [If available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving all updated information will be lost, and you will need to re-enter it]

Click on **Next** to proceed to the next part of the application.

Update Company address, Phone & Email

[9.1]. Here user can search the company address by typing their address in the search bar & clicking on the found address, this will automatically update all address fields. In case address is not searchable; user can click on the check box **Address Not Found** and update address manually. Enter/ Update all [*] Information and click **Submit**

Screenshot 10

NOTE: Any changes with respect to the licensed operator except contact details requires a license application

Licensed Operator/ Legal Name

Company Name *

Contact Details

Search Company Address

Address Not Found

9.1

Company Address *

Company City *

Company State *

Company Zip *

Company Phone *

Company Email *

Company Fax

Submit Close

Note: Field with an [*] is a required field for a final submission of the application.

Beds & Services

8. **Beds & Services Tab** – This screen provides information on Facility active beds & services.

Note – Any modifications pertaining to beds & services information requires an Amendment Application.

Screenshot 11– Beds & services view only Screen.

Application Details

- Facility Information
- Administrators
- Licensed Operator Information
- Beds & Services
- Associated Documents
- Questionnaire
- Certification
- Payment Information

Application Detail

Facility	License Number	Last Expiration Date	Applications Number

Beds & Services

Beds

Bed Type ↑	Current Capacity	Status
There are no records to display.		

Services

Service Type	Current Capacity ↑	Class	Status
There are no records to display.			

Previous
Next
Cancel


*You MUST "SAVE" before going to "NEXT" page wherever "Save" button is available. On Final Payment Page you must "SAVE" then "PREVIEW" and confirm all information is accurate then "SUBMIT". No changes can be made once the Application is submitted.


Click on Next to proceed to the next part of the application.

Accreditations

Note: This tab is only available to Facilities that require Accreditations.

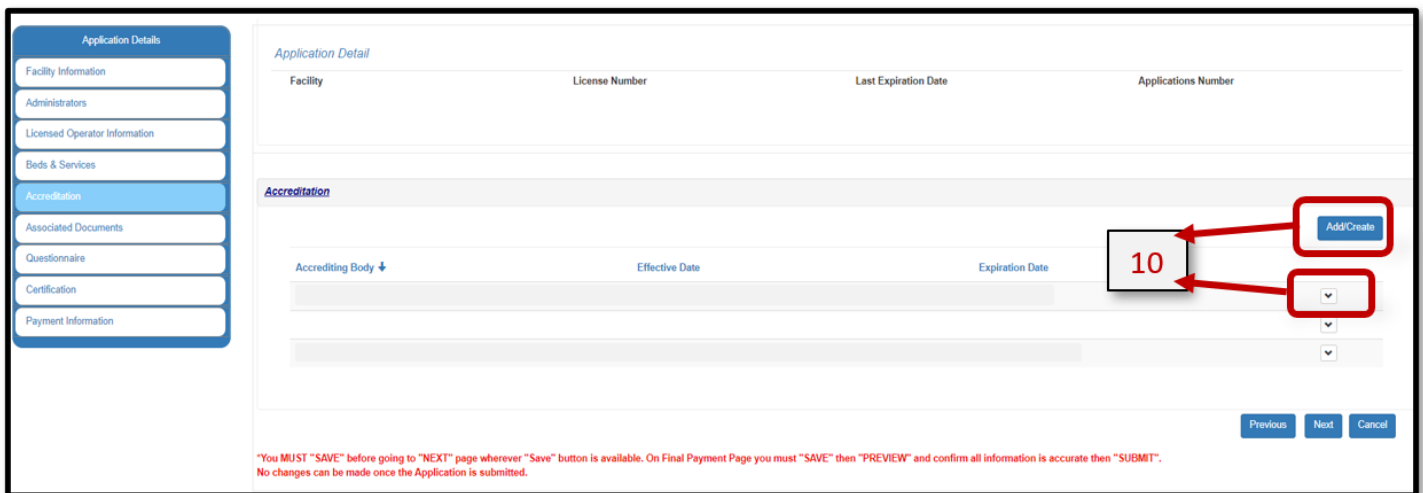
9. **Accreditations Tab** – This screen provides information of the Facility’s current Accreditations.


a. Update **Existing Accreditations** - User can update accreditations dates by clicking on the  button, this opens a pop-up window [\[10.1\]](#) where user can **update** existing accrediting body information & click **Submit**.

b. Add **New accreditations** [\[10.2\]](#) here user can add a **new** accrediting body record(s) by clicking on  button, this action opens a pop-up window for the user to select & add accrediting body form the drop-down list. Please make sure to attest **add new accrediting body information** by clicking the checkbox before clicking **Submit**.


Note: Please note that change in accreditation information requires proof/supporting document(s) to be uploaded in the Associated Documents tab.

Screenshot 12- Facility Accreditations Screen

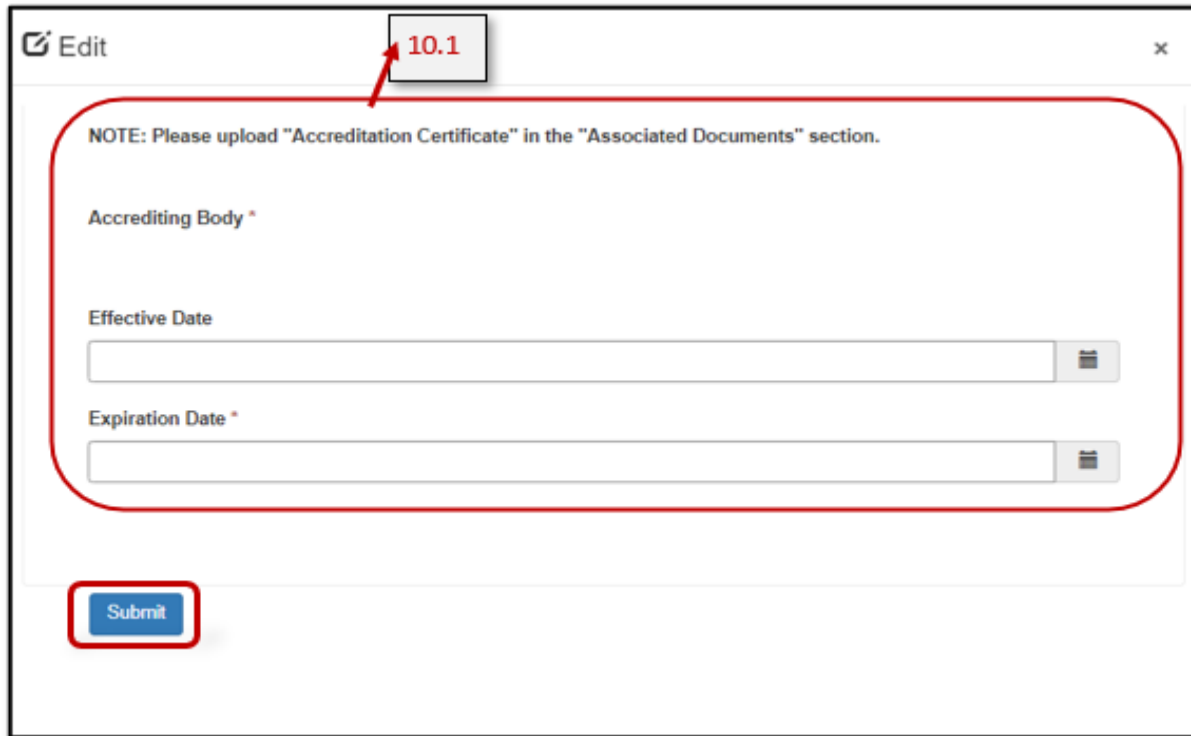




Click on  to proceed to the next part of the application.

Edit Current Accrediting body.

a. Update **Existing Accreditations** – to update accreditations information dates user can click on the  button on the Accreditations screen [\[10\]](#) . This action opens a pop-up window where user can **update** existing accrediting body **dates and attestation information [if available]** & click **Submit**

Screenshot 13- *Edit screen for updating current accrediting body records.*



 Edit 10.1 

NOTE: Please upload "Accreditation Certificate" in the "Associated Documents" section.

Accrediting Body *

Effective Date

Expiration Date *

Add new Accreditation body

b. Here user can add a **new** accrediting body record(s) by clicking on **Add/Create** button on the Accreditations screen [10], this action opens a pop-up window for the user to select & add accrediting body from the drop-down list. Please make sure to attest **add new accrediting body information** by clicking the checkbox before clicking **Submit**

Note: Please note that change in accreditation information requires proof/supporting document(s) to be uploaded in the Associated Documents tab.

Screenshot 14- Add new Accreditation body

Create 10.2

NOTE: Please upload "Accreditation Certificate" in the "Associated Documents" section. Accrediting body cannot be modified once submitted when adding a new accreditation

Accrediting Body *

Effective Date *

Expiration Date *

I certify that the accreditation information inputted above is accurate and understand I will not be able to change the information once the application is submitted to the Department of Health. *

Submit

Associated Documents

10. Associated Documents- On this screen user is required to upload all supporting documents, user can also review & edit previously uploaded documents associated with the application.

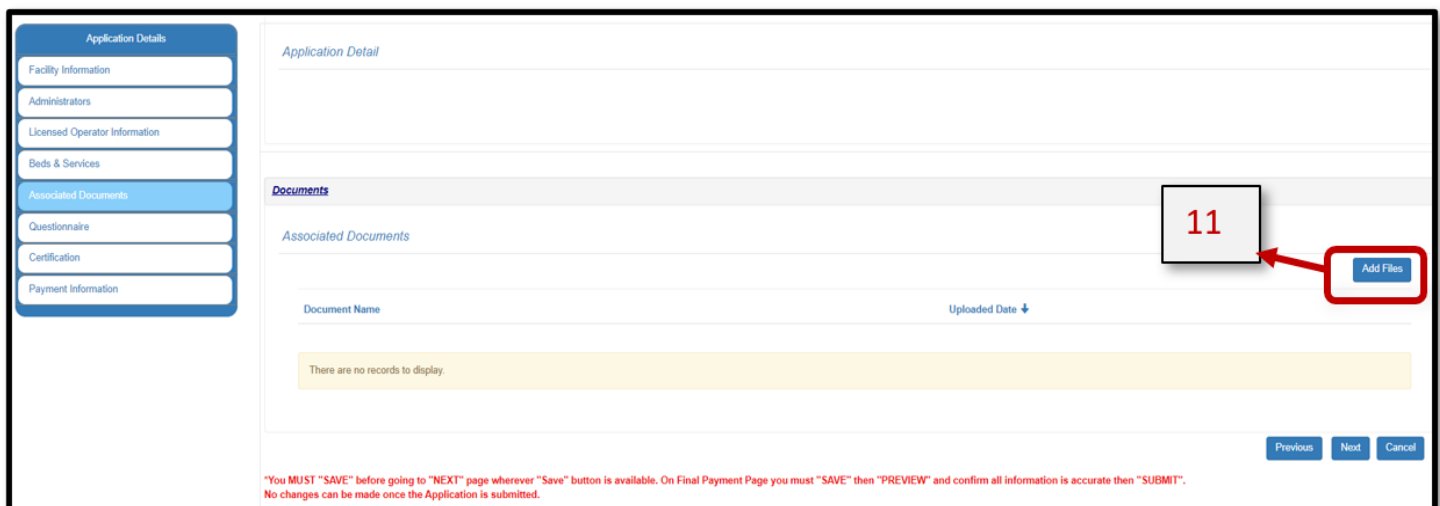
[11] To upload supporting documents, click on **Add Files** this action opens a pop-up window**[11.1]** Next, user needs to select from document type dropdown list **[11.1]**

- Accreditation Certificate
- Attestation of Compliance
- Board of Directors/Trustees/Partners/Members
- Certificate of Incorporation/Partnership
- License
- List of board of Directors/Trustees
- List of board of Partners/Members
- Renewal Sheet

and click on **Add Files** . On the Add files screen **[11.2]** user can click on the **Choose Files** button and select one or more files from your computer. After selecting the file(s), click on **Add Files** to upload them to the selected document type.

[11.3] After selecting the files and reviewing the uploaded files user can click on **Save & Close** button to proceed. User can also add a new folder by clicking on **New folder** button and add files within that folder. User can also delete a file if it was accidentally uploaded. Repeat steps **[11.1, 11.2 & 11.3]** for **each** document type as needed. After adding all the required documents, you can proceed by clicking on **Save**.

Screenshot 15- Associated documents screen

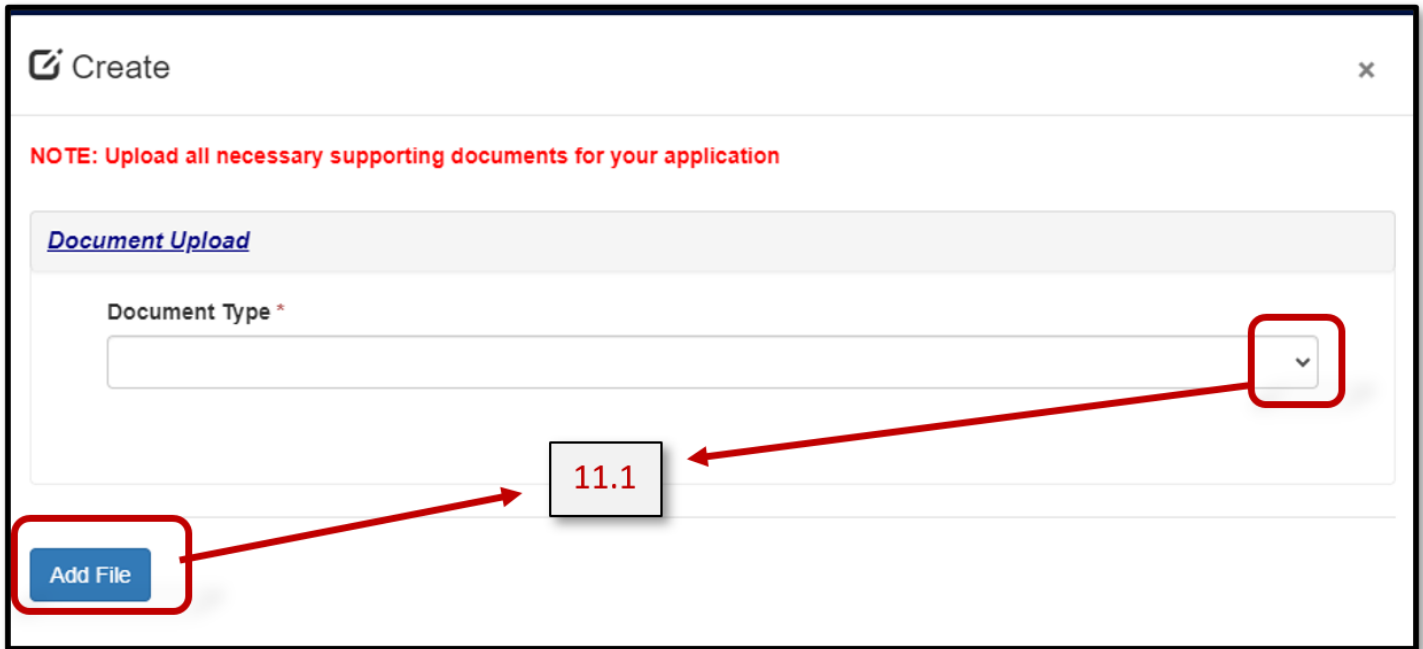


click on **Next** to proceed to the next part of the application.

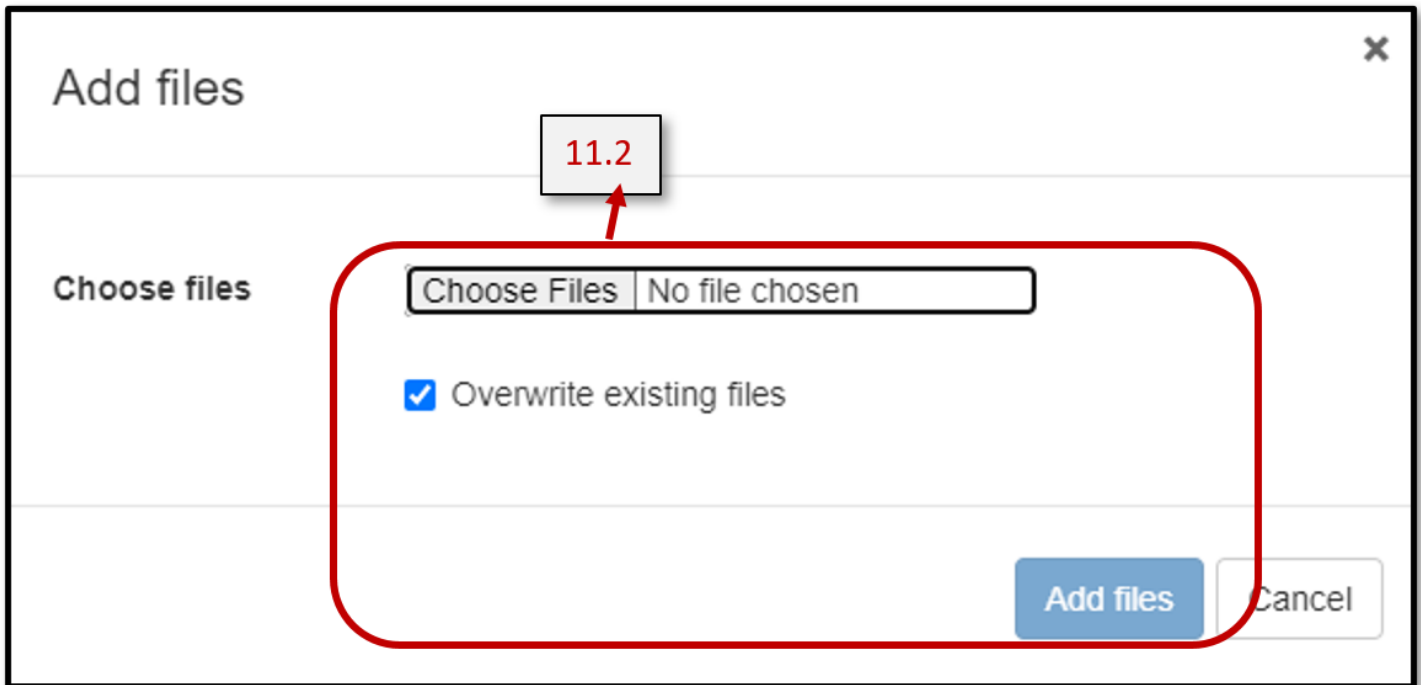
Document Upload Screens 1


Note: Each document type requires at least one supporting file uploaded for final submission

Screenshot 16- Associated documents upload screen.



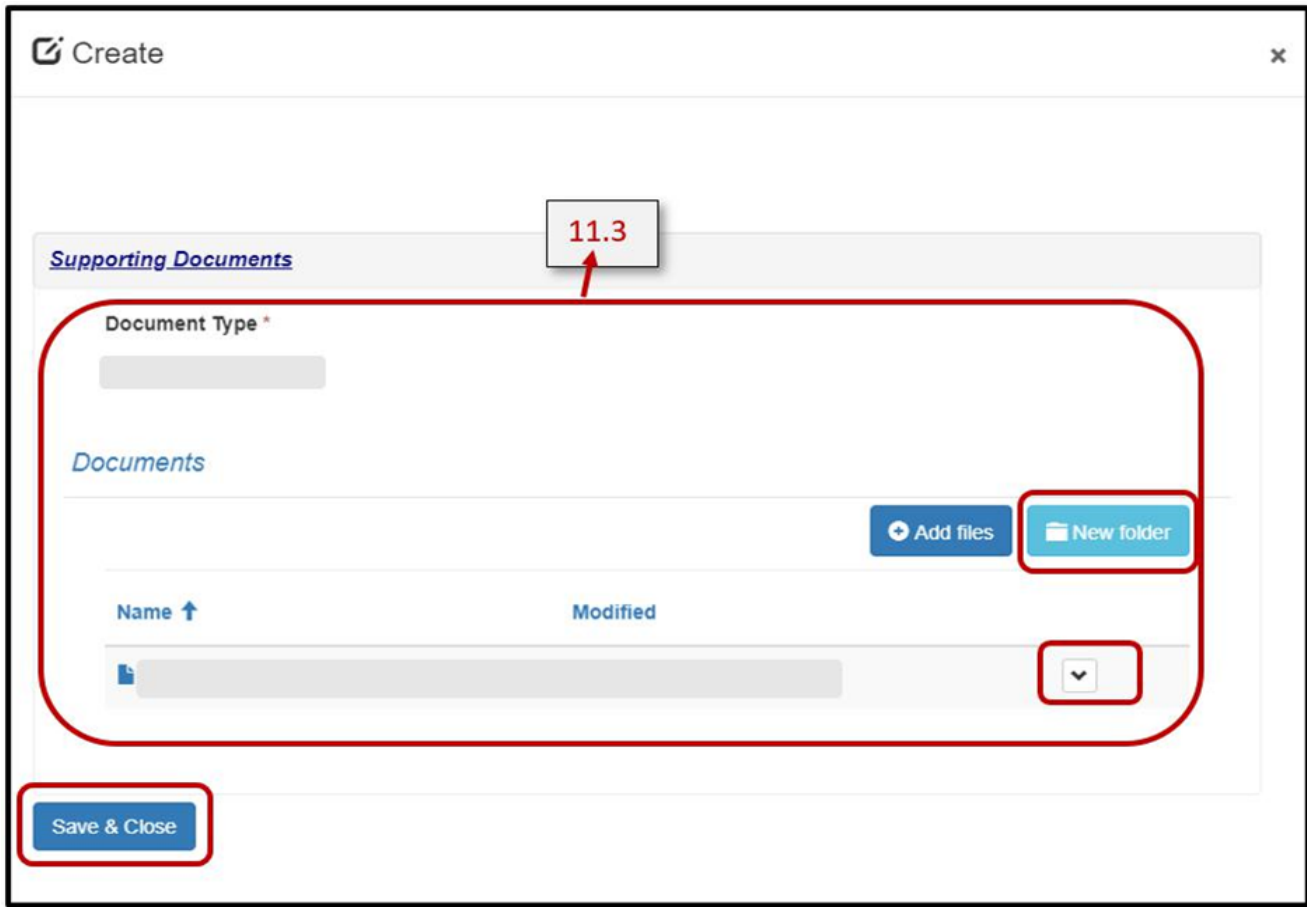
Screenshot 17- Associated documents upload screen



Note:  User can overwrite existing files by click on the check box

Document Upload Screens 2

Screenshot 18- Associated documents upload screen.



Note: Each document type requires at least one supporting file uploaded for final submission.

Note: A document type folder cannot be deleted when there are files/folders associated with it. User will need to delete the content inside the folder first and then try deleting the document type folder.

Questionnaire

11. Questionnaire Tab- On this screen user is mandated to select appropriate response for each listed question [12], if answered 'Yes' to any question, supporting explanation text is required.

Screenshot 19- Questionnaire

Note: Please remember to click **Save** [if available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving, all updated information will be lost, and you will need to re-enter it.

Click on **Next** to proceed to the next part of the application.

Certification

12. Certification Tab - On this screen user needs to certify the application by **clicking** on the checkbox [13] this action will autofill user's name and title (from user profile), user is required to input an official email address.

Important: As per **State regulations** certain facility types are mandated to attest the below question if available on screen depending on their facility type.

I attest that this facility has an Emergency Outbreak Response Plan.

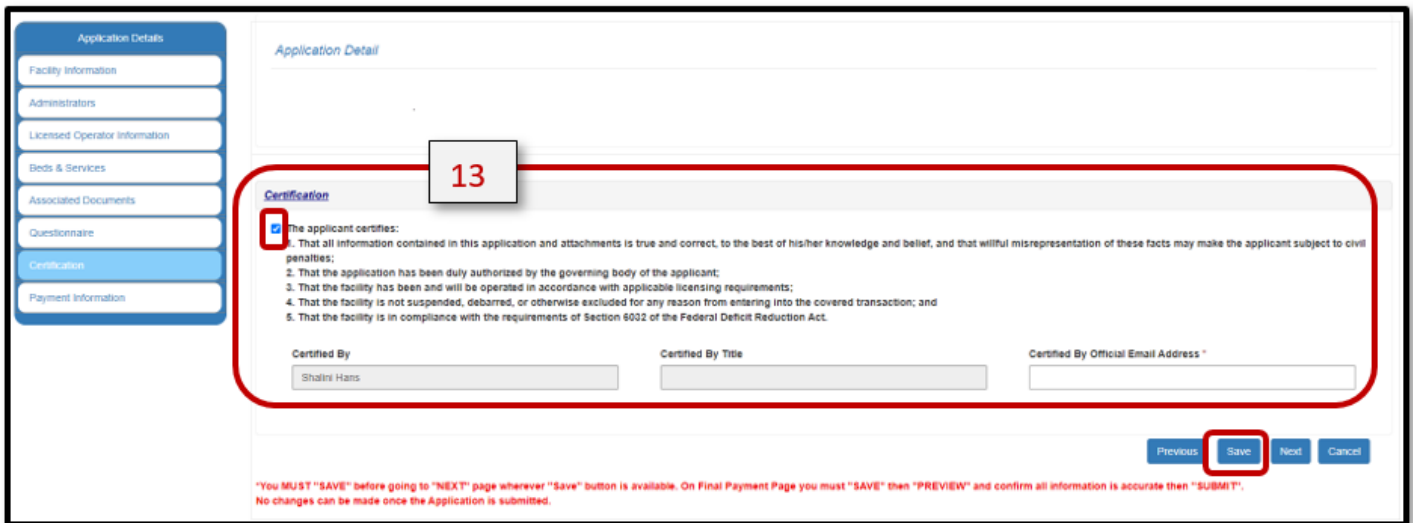
Important: As per **State regulations** certain facility types are mandated to attest the below question if available on screen depending on their facility type.

I certify that the facility is and will continue to remain in compliance during the term of the license and have attached the attestation of compliance signed by the CEO in the "Attestation of Compliance" section under "Associated documents" of this renewal application.

Hospital Attestation Date

9/12/2023

Screenshot 20 - Certification



Note: Please remember to click **Save** [if available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving all updated information will be lost, and you will need to re-enter it

Click on **Next** to proceed to the next part of the application.

Payment Information

13. Payment Information Tab – On this screen user will see information regarding application payment.

[14] Payment Information, Payments in progress & Payment History. **Please review** this information!

[14.1] Click on “Preview/ PayNow” button to start the payment process.

Screenshots 21- *Payment Information*

The screenshot shows a web application interface for payment information. On the left is a navigation menu with items: Facility Information, Administrators, Licensed Operator Information, Beds & Services, Accreditation, Associated Documents, Questionnaire, Certification, and Payment Information. The main content area is titled "Application Detail" and contains a table with columns: Facility, License Number, Last Expiration Date, and Applications Number. Below this is a "Payments" section with a "Payment Information" table containing columns: Application Fee, Inspection Fee, Beds Fee, and Service Fee. Underneath are two empty tables: "Payments In-Progress" and "Payments History", both with columns for transaction number, type, credit card status, reference number, amount, and date/status. At the bottom right, there are buttons for "Previous", "Preview / Pay", and "Cancel". A callout box labeled "14" points to the "Payment Information" table and the "Payments In-Progress" table. Another callout box labeled "14.1" points to the "Preview / Pay" button. A disclaimer at the bottom reads: "You MUST 'SAVE' before going to 'NEXT' page wherever 'Save' button is available. On Final Payment Page you must 'SAVE' then 'PREVIEW & PAY' and confirm all information is accurate then 'SUBMIT'. No changes can be made once the Application is submitted."

Note: This is a read only screen

Application Preview

14. Preview Screen – Here user can preview & validate [All] application details.

Note: This screen is a **Read only screen**. If any information is missed or is incorrect, please navigate by using the “**Back**” button to the respective tabs. Please validate edit, enter & save all missing information.

Note: User will not be allowed to proceed further until all mandatory information is entered & supporting associated documents have been uploaded.

Once all information is validated user can navigate to the bottom of the screen to **Click on [14.2] “PAY Now”** to complete the payment process and submit the application

Screenshots 22- Portal – Preview Screen [a]

<u>Facility Information</u>			
<i>Application Details</i>			
Facility	License Number	Last Expiration Date	Applications Number
<i>Facility Information</i>			
Facility ID	Facility Type	Medicaid #	Medicare #
Facility Type Group Class	Facility Official Phone *	Facility Official Email *	Facility Official Fax
<i>Facility Address</i>			
Site Address	Suite/Floor	City	County
State	Zip Code		
---	-----		
<i>Mailing Address</i>			
Is mailing address different from facility address			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
<i>Emergency Contact Information</i>			
Emergency Contact Name	Emergency Phone *	Emergency Email *	Emergency Fax

Payment Information

Application Fees	Inspection Fee	Beds Fee	Service Fee
Balance Due	Pending Balance Due		

Payments In-Progress

Epay Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date ↓
-------------------------	-----------------	----------------	------------------	--------	-------------------	--------------------	--------

There are no records to display.

Payments History

Epay Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Status Reason	Date ↓
-------------------------	-----------------	----------------	------------------	--------	---------------	--------

There are no records to display.

14.2

[Pay now](#) [Back](#) [Cancel](#)

Payment process - Via E-Check, Credit Card, Paper Check and Application Submission

Note: E pay transactions are typically cleared within 3 to 5 business days and funds moved to Payee's Account

Payment Information/ E-pay section:

[14.2] Clicking on **Pay now** in the preview screen, this action will open a pop-up window providing user information on the

[14.2] **Pending balance**, this field is auto populated.

[14.3] **Select Payment Type** choose option "Online Payment".

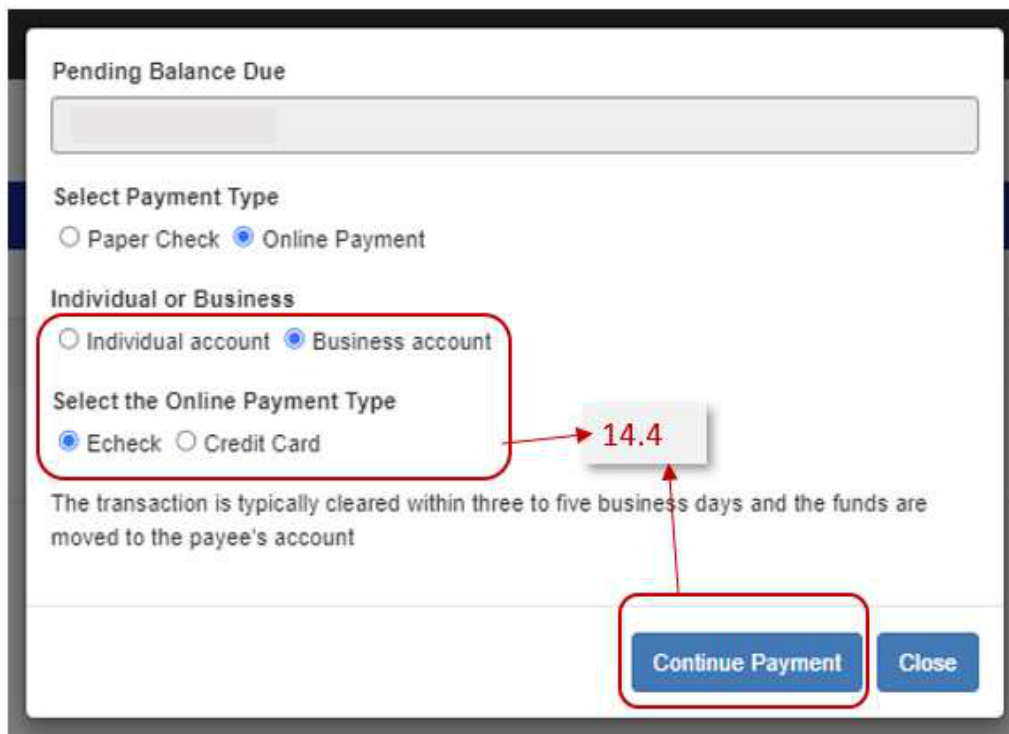
[14.4] The user is required to **choose their account type, either "Individual or business account"** and **online method of payment as Echeck**. Then **Click** on '**Continue Payment**' to proceed with the Echeck payment.

Note: Once you click on "**Continued Payment**" button, **follow this [Link](#)** for instructions on how to submit a payment.

Screenshots 23- *Payment Information via ECheck*



This screenshot shows a form with two main sections. The first section is titled "Pending Balance Due" and contains a text input field with a grey background. A red box highlights this field, and a red arrow points from a callout box containing the number "14.2" to the field. The second section is titled "Select Payment Type" and contains two radio button options: "Paper Check" and "Online Payment". The "Online Payment" option is selected. A red box highlights the "Online Payment" option, and a red arrow points from a callout box containing the number "14.3" to it. At the bottom right of the form, there are two buttons: "Continue Payment" and "Close". A red box highlights the "Continue Payment" button, and a red arrow points from the "14.3" callout box to it.



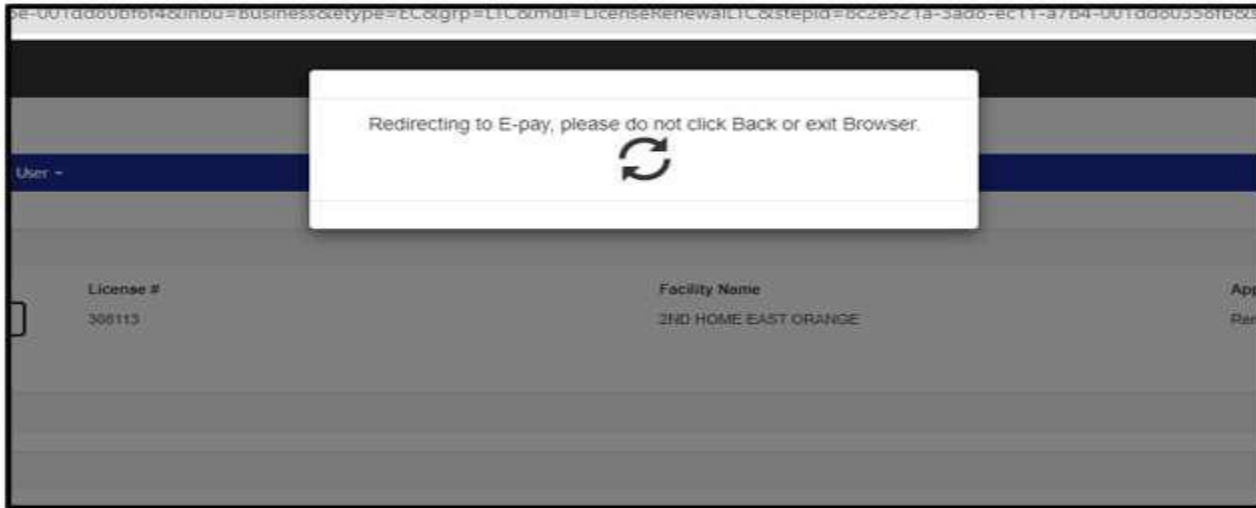
This screenshot shows a form with three main sections. The first section is titled "Pending Balance Due" and contains a text input field with a grey background. The second section is titled "Select Payment Type" and contains two radio button options: "Paper Check" and "Online Payment". The "Online Payment" option is selected. The third section is titled "Individual or Business" and contains two radio button options: "Individual account" and "Business account". The "Business account" option is selected. A red box highlights the "Business account" option, and a red arrow points from a callout box containing the number "14.4" to it. Below this section is another section titled "Select the Online Payment Type" which contains two radio button options: "Echeck" and "Credit Card". The "Echeck" option is selected. A red box highlights the "Echeck" option, and a red arrow points from the "14.4" callout box to it. At the bottom of the form, there is a paragraph of text: "The transaction is typically cleared within three to five business days and the funds are moved to the payee's account". Below this text are two buttons: "Continue Payment" and "Close". A red box highlights the "Continue Payment" button, and a red arrow points from the "14.4" callout box to it.

Post Payment Submit Application

NOTE: ONCE REDIRECTED FROM THE PAYMENT PAGE AFTER SUCCESSFUL SUBMISSION OF PAYMENT PLEASE FOLLOW BELOW INSTRUCTIONS TO SUBMIT YOUR APPLICATION

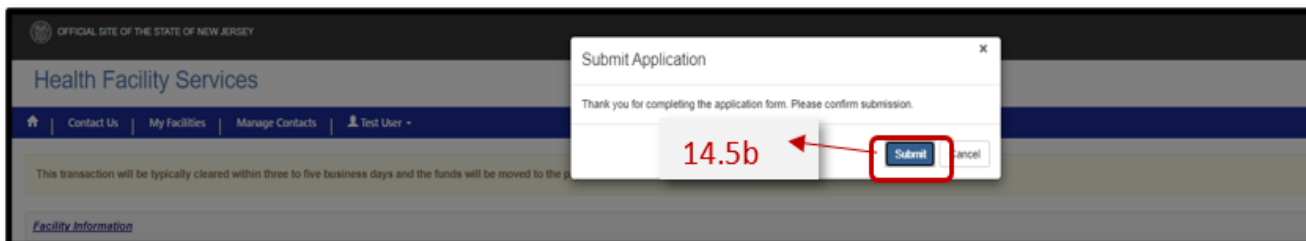
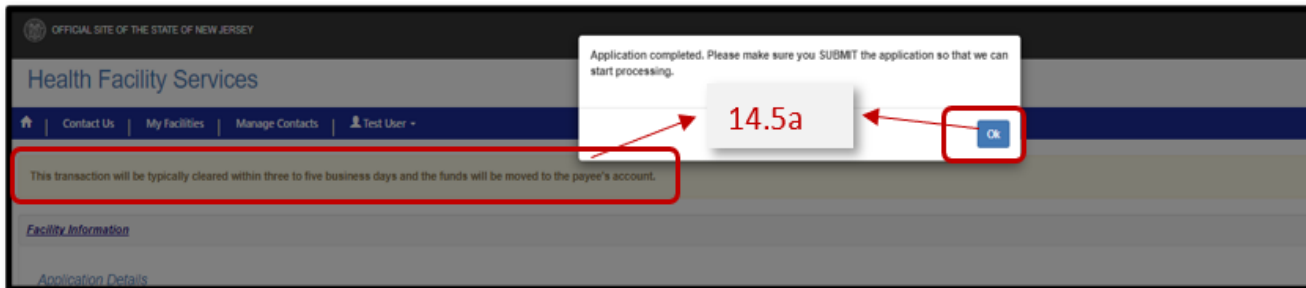
Note: This message shows Payment is being Processed. Please make sure **not** to click or exit the browser. Please wait for the user to be directed to the application preview screen [14.5a]

Screenshots 24- Payment processing



[14.5a] Once payment is processed user will be directed to the application preview screen with a yellow bar up top and a pop-up window. Click "Ok" to confirm application is complete. [14.5b] Click "Submit" to submit Application.

Screenshots 25- Submit Application

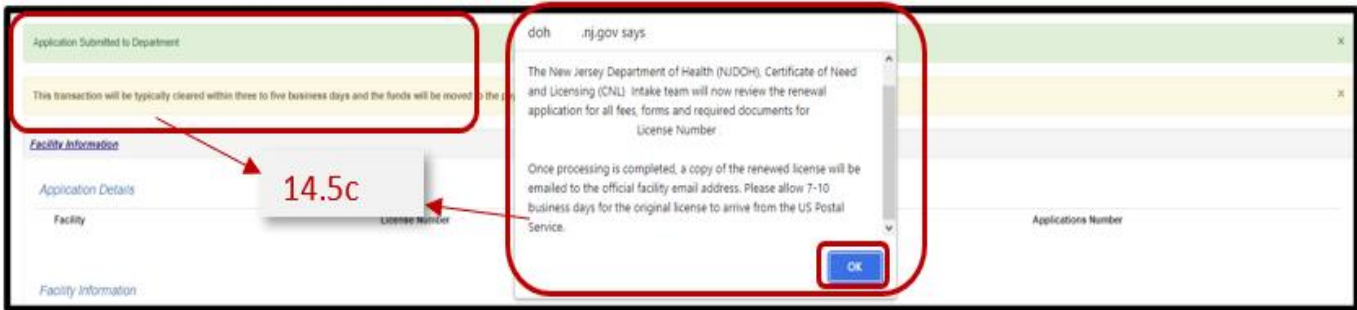


Submit Application

[14.5c] This brings user to the final step for Application submission. Here user will see a green bar & a pop message acknowledging submission of application.

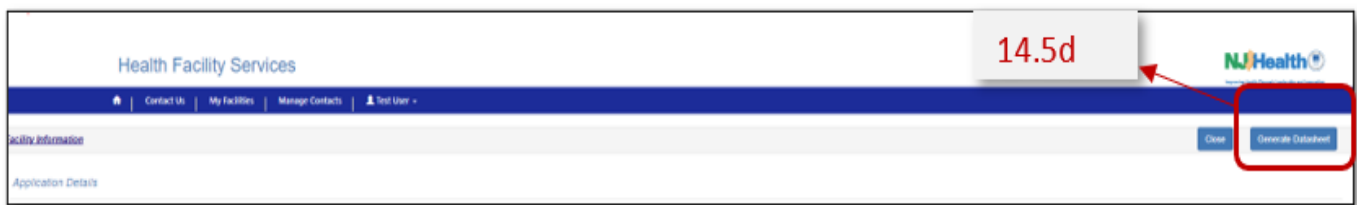
Click “Ok” to acknowledge reading the message.

Screenshots 26- *Application Submission Confirmation*



Screenshots 27- *Generate Datasheet*

[14.5d] Once application submission is completed for records user can generate download Data sheet, save, or print by clicking on the ‘Generate datasheet’ button.



[14.5e] **Note:** For user convenience data sheet is automatically downloaded. Please print the data sheet and send it along with the paper check. Paper check without a data sheet attachment may significantly delay application processing.

Screenshots 28: *Download Data Sheet*

