

# **LICENSING & CERTIFICATION PORTAL JOB AID**

**Onboarding and renewal application full form  
workflow for AOD providers**

**Last Modified: 5/15/2025**

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## Introduction

DHCS has launched the Licensing & Certification Portal (LCP) to streamline and improve the L&C experience. Please refer to this guide for help navigating the LCP. The table of contents above details features and functionality covered in this guide. Please note:

- » This guide and other instructional materials provided by DHCS are living documents that will be updated as additional features / functionalities are built out in the portal, and as the team receives questions from users.
- » This guide is intended to reflect and does not supersede DHCS policy. For any questions on DHCS L&C policy, reach out to [LCDquestions@dhcs.ca.gov](mailto:LCDquestions@dhcs.ca.gov).

## Contact Information

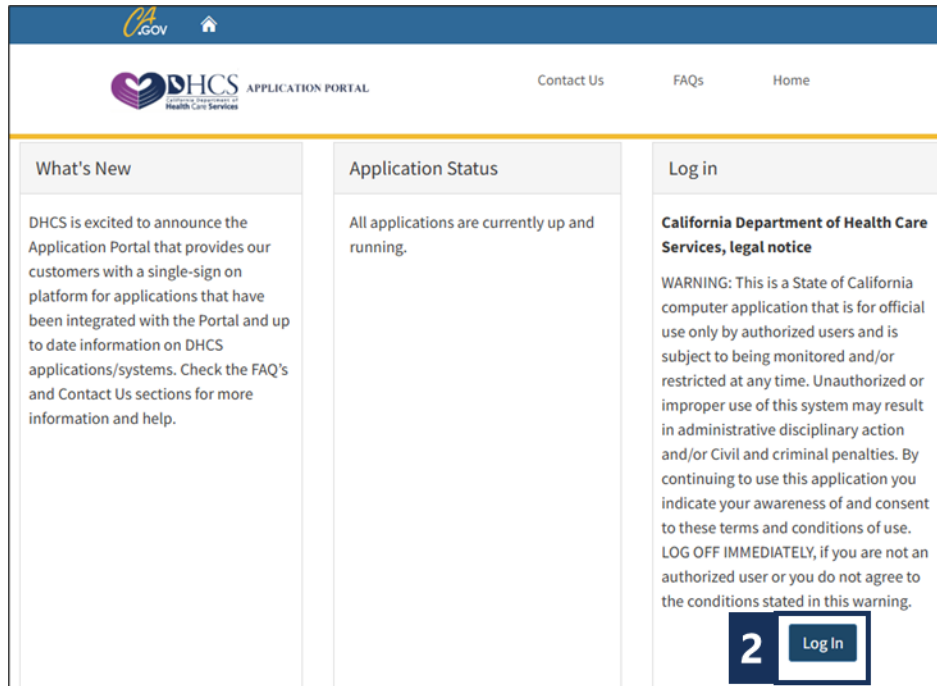
- » If you are **experiencing technical issues, have feedback, or need additional LCP support**, please contact [Carey Jones](#) and/or [Gabe Manion](#) from the LCP support team.
- » If you have **account-related/license and certification renewal questions**, please contact your analyst or reach out to [LCDquestions@dhcs.ca.gov](mailto:LCDquestions@dhcs.ca.gov)
- » This portal is California Behavioral Health Transformation project. To learn more about this and other projects, please check out our site at: <https://www.dhcs.ca.gov/BHT/Pages/home.aspx>

# Log-in Instructions

## Objective

This section will help guide you to successfully log into the Department of Health Care Services (DHCS) License & Certification Portal (LCP) after receiving a login invitation.

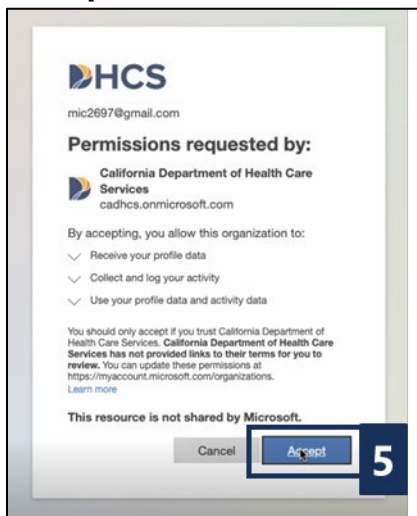
1. Navigate to the DHCS application portal; the web address is portal.dhcs.ca.gov.
2. Click "Log In" on the portal home page.



3. Enter the email address to which your invitation was sent.  
**Note:** You should use the Microsoft 365 password that you use for other Microsoft Office applications you access through your organization.

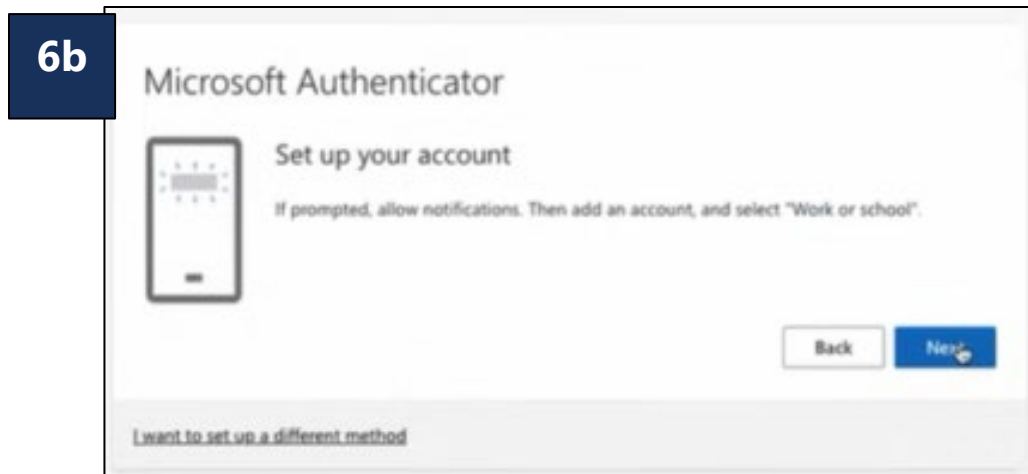
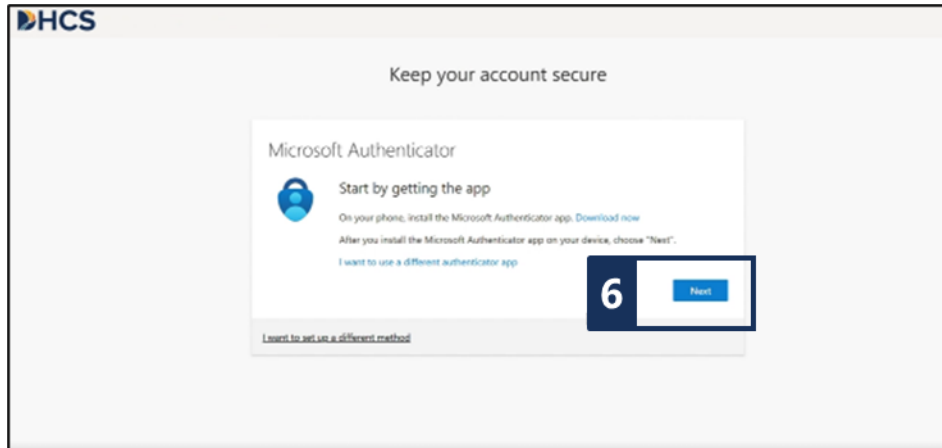


4. **If your organization does not use Microsoft Authenticator:** download the Microsoft Authenticator application on your phone and follow the prompts to connect your email address to the authenticator application.
5. After entering your Microsoft password, DHCS will request permissions. Click the **"Accept"** button.



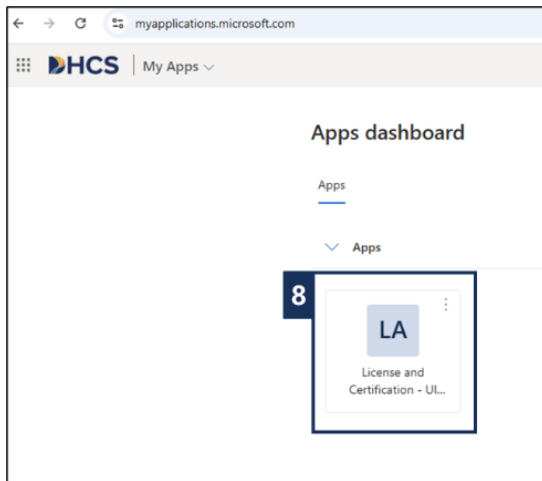
6. You will be prompted to set up multi-factor authentication (MFA). Click **"Next"** and follow the prompts to set up your preferred authentication method.
  - a. Microsoft Authenticator is the default and recommended option for MFA.

- b. If Microsoft Authenticator is not preferred, select "I want to set up a different method." This will allow setup using hardware tokens or a phone number. Select either option and follow the steps.

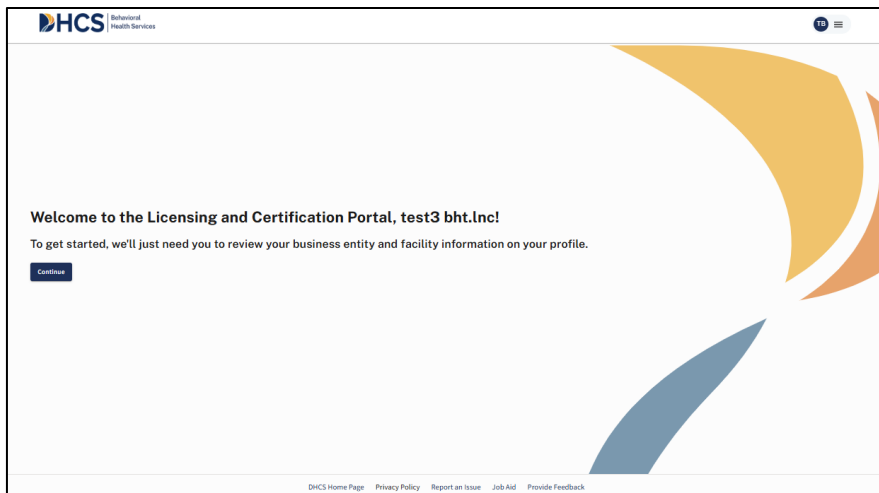


7. Once you have successfully set up MFA and verified access, your screen will display the **Apps Dashboard**.

8. Select the **“License and Certification”** application by clicking on the tile.



9. You will be taken to the License and Certification Portal landing page. You have successfully onboarded and now have access to the LCP.
10. When you click the **“Continue”** button your “My Profile” page displays. At this time, you may review your organization and facility information.





# My Profile

## Objective

This section offers step-by-step instructions for a provider user to review and navigate the Licensing & Certification Portal (LCP) "My Profile" section of the renewal application effectively.

## Overview

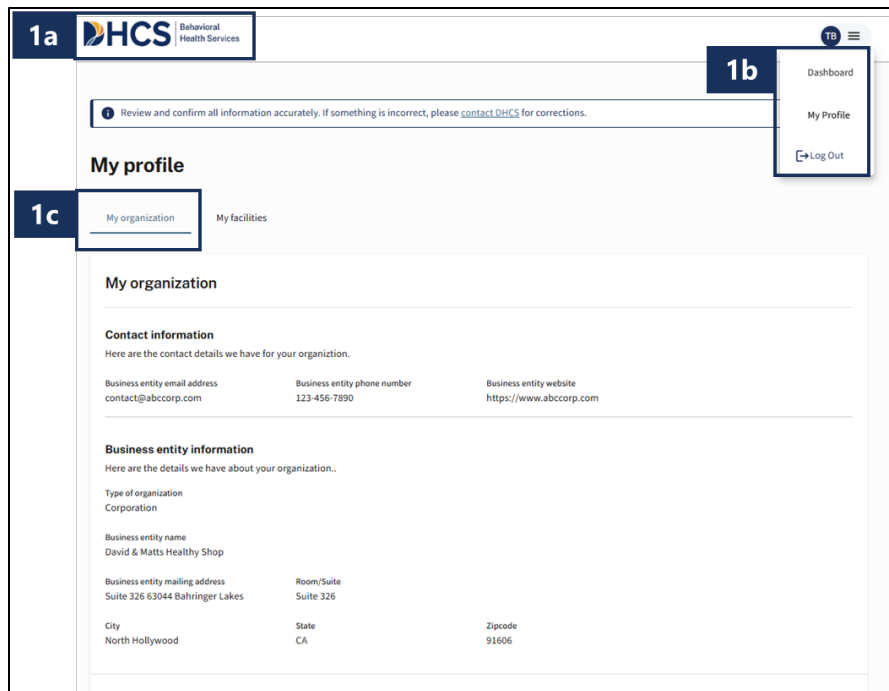
You can view your entity, facility, and program details, to confirm DHCS has the latest information.

## Key Points

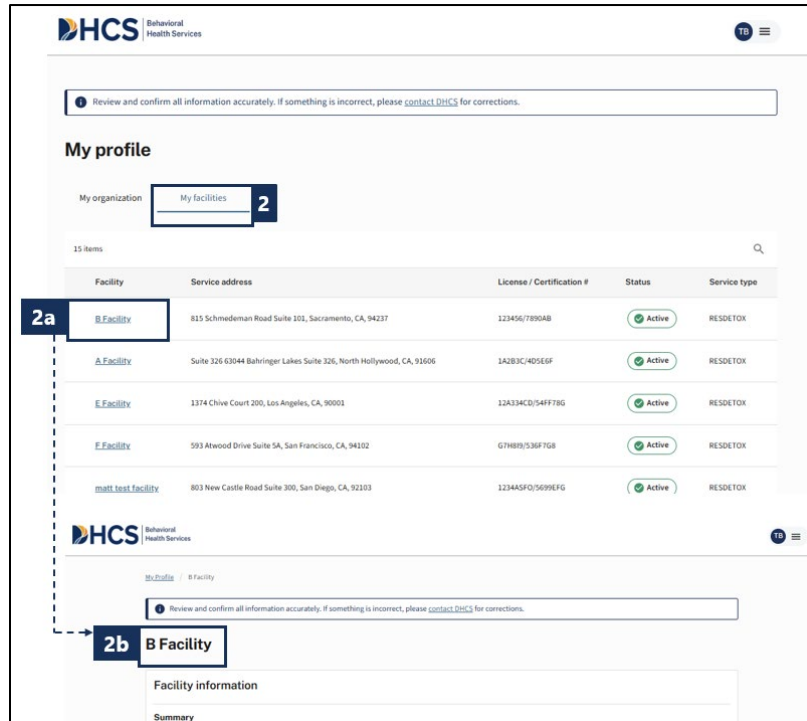
If the information shown in your "My profile" page is incorrect, please contact your DHCS analyst.

## Features

1. My profile
  - a. Clicking on the logo takes you to your **applications dashboard**.
  - b. Clicking "Dashboard" in the dropdown under your initials takes you to your **applications dashboard**.
  - c. Use the tabs shown under "My profile" to navigate to the "My organization" or "My facilities" views



2. This table shows facility or program information.
  - a. Click in the hyperlinked facility to launch a window to ...
  - b. View that facility's or program's details



3. The status column reflects the status of that facility's or program's application.
4. A signature authority or a program director can add a designated agent user by clicking the "+" icon above the "Users" table and providing the requested details.

Due date	Submission date	Type	License / Certification #	3	Status	Active
	8/22/2024 12:00:00 AM	Renewal	1234567890AB		InProgress	No

Rows per page: 10 1-1 of 1

Users

1 item

4 +

<input type="checkbox"/>	Salutation	Name	Title	Business phone number	Business email address	Status
<input type="checkbox"/>	Hello	Jane Smith	Senior Agent	234-567-8901	jane.smith@example.com	Request Pending

Rows per page: 10 1-1 of 1

DHCS Home Page Privacy Policy Report an Issue Provide Feedback

# Dashboard Overview

## Overview

Your dashboard shows you all your renewal applications in one location, so that you can see the status of each application and edit, view, and/or restart an application if needed.

**Note:** Rows below marked with an \* are application statuses planned for future releases and are not available at this time.

**Table 1:** Application Status Types

Application Status Type	Definition
Not Started	Your application for renewal is available to be started. You will see this status 150 days prior to your renewal expiration date.
In Progress	Your application has been started but not yet completed.
Received By	Your application has been received by DHCS but has not been assigned to an analyst. You cannot make edits to your application during this time.
Review in Progress	DHCS is reviewing your submission.
* Corrections Needed	DHCS is requesting that you make edits to your application. You have 30 days to address these corrections. Your correction due date is now present on your status card.
* Pending Determination	DHCS is making a determination regarding your application. You cannot make edits to your application during this time.
* Approved	DHCS has approved your application.
* Denied	DHCS has denied the application. You will be given an option to appeal.
* Withdrawn	This message will appear if you choose to withdraw your facility's application.

Application Status Type	Definition
* Terminated	This indicates that your license or certification expiration date or application due date has passed so the license or certification is no longer active. Terminations cannot be appealed.

## Key Points

- » Pending renewals will be visible in the LCP 150 days prior to expiration.
- » Application status types (see above for descriptions of each): All, Not Started, In Progress, Received By, Review in Progress, Corrections Needed, Pending Determination, Approved, Denied, Withdrawn, and Terminated.

## Features

1. This is the landing page for the renewal application.
2. This section shows the status of applications by type. You can filter the applications by type or review all applications simultaneously. The "All" view allows you to see all applications assigned to your business entity regardless of status.
3. Clicking the ">" icon allows you to scroll right and see more statuses.
4. For each application, you will see the names of the relevant facility or program, along with that facility or program's detailed information, including the address and the type of application (license and/or certification).
5. Every application on the dashboard will display the license and/or certification number, renewal due date, submission date, license and/or certification expiration date.
6. To work on an open application for a facility or program, click "**Edit**." The view below shows the next screen you will see. "**View**" allows you to only read, not edit, the application. **Once an application is submitted, it will be locked** but still viewable.

**1 Licensing and Certification**  
[Business Entity]

**2 Applications**  
All (29) Not Started (19) In Progress (2) Received By (1) Review in Progress (1) Corrections Needed (1) Pending Determination (1) Approved (2) **3**

**4 In Progress**  
C Facility  
17 Huxley Drive  
Application for renewal

**5**  
License/Certification #  
1234ABEF  
Due Date  
9/30/2024 12:00:00 AM  
Submission Date  
8/22/2024 12:00:00 AM  
Certification Expiration Date  
1/28/2025 12:00:00 AM  
License Expiration Date  
12/29/2025 12:00:00 AM  
**Edit**

**6**  
**Edit**

**Not Started**  
A Facility  
Suite 326 63044 Bahringer Lakes  
Application for renewal  
License/Certification #  
Due Date  
Submission Date  
Certification Expiration Date  
License Expiration Date  
**Edit**

**Not Started**  
A Facility  
Suite 326 63044 Bahringer Lakes  
Application for renewal  
License/Certification #  
Due Date  
Submission Date  
Certification Expiration Date  
License Expiration Date  
**Edit**

**Not Started**  
A Facility  
Suite 326 63044 Bahringer Lakes  
Application for renewal  
License/Certification #  
Due Date  
Submission Date  
Certification Expiration Date  
License Expiration Date  
**Edit**

**Not Started**  
A Facility  
Suite 326 63044 Bahringer Lakes  
Application for renewal  
License/Certification #  
Due Date  
Submission Date  
Certification Expiration Date  
License Expiration Date  
**Edit**

**Not Started**  
A Facility  
Suite 326 63044 Bahringer Lakes  
Application for renewal  
License/Certification #  
Due Date  
Submission Date  
Certification Expiration Date  
License Expiration Date  
**Edit**

**Not Started**  
A Facility  
Suite 326 63044 Bahringer Lakes  
Application for renewal  
License/Certification #  
Due Date  
Submission Date  
Certification Expiration Date  
License Expiration Date  
**Edit**

7. Please **follow all standard procedures (e.g., manager communication, provider communication) offline** to process the application to completion.
  - a. At the top of the page, you will see the application type, the name of your facility or program, and the relevant policy language for L&C applications / renewals.
  - b. On the left side of the page for each application you will see an overview section that indicates overall status of the application (with a description of that status), and key dates (license/certification expiration, and review due date).

- c. On the right side of the page for this facility application you will see **sections of the application**, with progress status indicators showing statuses from “Not Started” to “Completed on [Date] [Time].” To work on a section, click on that row’s box.

Application for [licensure extension][and][certification renewal]

7a

[Facility name and/or number]

In accordance with the Alcohol and/or other Drug Program Certification Standards, Section 3000(b), the program shall submit the Request for License and/or Certification Extension with all supporting documentation and renewal fees to the department 120 days prior to the expiration date reflected on the certificate. Failure to provide all necessary documentation shall result in the termination of the certification in accordance with Section 3000(d).

Overview

7b

Status: Review in progress

Review started on [date/time]. You can track your review in progress by sections. You can send this application to your manager for review once you have reviewed all sections.

🕒 Renewal due date:

[LCD review date]

📅 Certification expiration date:

mm/dd/yyyy

License expiration date:

mm/dd/yyyy

⬇️ Tertiary action

Available on mm/dd/yyyy at hh:mm a.m.

7c

🕒 Proof of payment and signature

Not started

>

🕒 Business entity overview

Not started

>

🕒 Facility information

Not started

>

🕒 Facility staff

Not started

>

🕒 Contact person

Not started

>

🕒 Disclosures

Not started

>

🕒 Supporting documentation

Not started

>

🕒 Review and submit

Not started

>

## Proof of Payment

### Objective

This section offers step-by-step instructions for a provider user to review and navigate the Licensing & Certification Portal (LCP) Proof of payment section of the renewal application effectively.

### Overview

This Proof of Payment section lets you communicate to DHCS your organization's method of payment, whether you are paying online or via mail.

### Key Points

- » Fees can be paid electronically via the DHCS EFT online portal (linked in the LCP) or by mail.
- » You must enter the fee amount; the system will not prompt the amount due.

### Features

1. To return to your facility's application landing page, click "**Return to landing page.**" The LCP will prompt you to save any unsaved work.
2. **Pay online** is selected by default.
3. To **Pay online**, click the link to enter the payment portal. You are being taken out of the LCP.
4. A new tab will be launched for the payment portal.
  - a. Choose Licensing Certification Division (LCD).
  - b. Follow steps 4a-f (shown below) to complete your payment.
  - c. **When you get to step 4f, copy or write down your confirmation number.** You will need this number to complete the proof of payment section in the portal.



**HCS** Behavioral Health Services 01/10/2023 [Log Out](#)

[Home](#) / [Registration for services](#) / **Proof of payment**

**Proof of payment**

Proof of payment for application fee [Go to Progress](#)

**1** [Return to landing page](#)

**Proof of payment for application fee**  
Provide proof of payment for applicable fees. Your application will not be processed until all fees have been paid.

**Choose payment method**  
CHCS offers applicants and providers the option to make online payments using electronic money transfers through the Automated Clearing House (ACH). **CHCS EFT electronic funds transfer** may also be submitted by mail.

**2** **3** **4** **4a** **4b** **4c** **4d** **4e** **4f**

**Pay online**  
To pay fees electronically, click **CHCS EFT electronic funds transfer** on this portal, and follow the instructions provided.

**Fees Acknowledgement**  
☒ I understand this application will not be processed until all fees have been paid.

**Licensing Certification Division (LCD)**  
This option is for Licensing Certification Division (LCD) payments for any of the following programs:

- SUD Licensed Residential Facility or SUD Outpatient Facility (BHIN 23-066 (ca.gov))
- Driving-Under-the-Influence Program (DUI)
  - Initial Application (DUI Program Licensing (ca.gov))
  - Quarterly Enrollment (DUI Program Forms (ca.gov))
- Narcotic Treatment Program (NTP) (NTP Applications, Forms and Fees)
- Mental Health Licensing for Psychiatric Health Facility (MHL-PHF) (PSYCHIATRIC HEALTH FACILITY AND MENTAL HEALTH REHABILITATION CENTER LICENSING FEES, 2023-2024 (ca.gov))
- Mental Health Licensing for Mental Health Rehabilitation Center Facility (MHL-MHRC) (PSYCHIATRIC HEALTH FACILITY AND MENTAL HEALTH REHABILITATION CENTER LICENSING FEES, 2023-2024 (ca.gov))
- Mental Health Licensing for Psychiatric Residential Treatment Facility (MHL-PRTF)
- Lanterman-Petris-Short Act Data and Reporting Oversight

To continue, you will need your Provider Name, Service Address, Fee Type, Bank routing and account numbers.

Payments made before 3:00 p.m. Pacific Time (PT) will settle on the next banking day. There is no payment inquiry screen to view submitted payment for this option.

**4a** **4b** **4c** **4d** **4e** **4f**

**Payment Complete**

**License or Certification Number:**  
(New applicants must enter the first 15 characters of the service address)

[Help?](#)

[Cancel](#) [Continue](#)

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5. If paying by mail: select **Pay by mail**.
  - a. Send your payment to the **address listed**.
  - b. Add the **check number, amount** and the **date** mailed in the portal.
6. Verify the **acknowledgement** provided (it is checked by default)
7. Click **Save** to save your progress for this Proof of payment section.

## Proof of payment

[Return to landing page](#)

Proof of payment for application fee

 In Progress

### Proof of payment for application fee

Provide proof of payment for applicable fees. Your application will not be processed until all fees have been paid.

#### Choose payment method

DHCS offers applicants and providers the option to make online payments using electronic money transfers through the Automated Clearing House (ACH) network. Licensing and/or certification fees may also be submitted by mail.

☐ Pay online

4

☒ Pay by mail

#### Pay by mail

Make sure to reflect the facility name, license and/or certification number(s) (if applicable) on the check or money order and mail it to the following address:

5

Department of Health Care Services  
Licensing and Certification Division  
P.O. Box 997413, MS 2600  
Sacramento, CA 95899-7413

For dishonored checks, an administrative fee of \$25.00 must be paid to DHCS in addition to the licensing and/or certification fees.

6

Check number

1123

Amount

\$ 250.00

Date mailed

01/22/2025



#### Fees Acknowledgement

7



I understand this application will not be processed until all fees have been paid.

8

SAVE

## Business Entity Overview

### Objective

This section offers step-by-step instructions for a provider user to review and navigate the Licensing & Certification Portal (LCP) Business entity overview section of the renewal application effectively.

### Overview

This feature allows a provider to review and update their facility's business entity information and stockholder information. Specifically, a user should use this section to:

- » Enter Business Entity Information for your program or facility
- » Search, view, add, or delete corporation stockholders
- » Search, view, add, or delete corporation board officers
- » View, add, or delete other corporation details

### Key Points

If you need to make changes to business entity name or mailing address, or if transfer of stock to change ownership to 50% or more has occurred, you will need to complete an Initial Application. All other changes can be made in the LCP.

### Features

1. To return to your facility's application landing page, click "**Return to landing page.**" The LCP will prompt you to save any unsaved work.
2. **If you need to change your business name or business entity mailing address,** please follow the directions listed here and access relevant forms using the link provided in the LCP.
3. If your business entity is a **corporation, nonprofit corporation, or partnership,** clicking the ">" icon will scroll right to the next subsection "**Corporation Information.**" If your business entity is LLC, you can **click save**; you are finished with this section.
4. Currently you can enter information for **questions 1-3,** but **information entered cannot be different from your current license or certification.** If it is different, the LCD analyst reviewing your application will reach out for a correction. **Questions 4-6 can be changed** during the renewal application.

5. If your entity is a **corporation, nonprofit corporation, or partnership**, you will need to complete the "Corporate information" subsection.

**DHCS** Behavioral Health Services

Provider dashboard / Application for License and Certification / Business entity overview

### Business entity overview

**1** Return to landing page

**Business entity information**  
In Progress

**5** Corporate information  
In Progress

#### Business entity information

Here are the details we have about your business entity, which we'll use to get your application started. This information will be used for all license and certification applications under this business entity. If you need to update the type of organization, please fill out an Initial Application for Licensure. If you need to change your business name or business entity mailing address, please fill out an Application for Licensure Amendment(s) or an Application for Certification Amendment(s). You can download these forms on the Licensing and Certification Division section of the DHCS website. **2** [See Applications, Forms, and Fees.](#) All fields are required unless otherwise indicated.

The business entity name should be the legal entity name as filed with the Secretary of State (SOS) as specified below. If the business entity has filed any of the below-mentioned documents with the SOS, you can look up your business entity's name on the SOS website at: <http://sos.ca.gov>. The business entity's status with the SOS must remain valid and active.

**Corporation:**  
For a corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity's Articles of Incorporation.

**Nonprofit corporation:**  
For a nonprofit corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity's Articles of Incorporation.

**Limited liability company:**  
For a LLC, enter the name exactly as it is filed with the SOS and as it appears on the entity's Articles of Organization.

**4** **3.** Business entity mailing address

N/A

Room/suite

City

NA

State

Zip code

CA

22222

**4.** Business entity phone number

213-213-2452

**5.** Business entity email address

contact@abccorp.com

**6.** Business entity website address


The acceptable website formats are <https://www.examplewebsite.com> or <http://example2website.com>. If you do not have a website, put N/A.

<https://www.abccorp.com>

**3** Save

6. **Principle business address** can be changed through the LCP during a renewal. **Corporation stockholders** can also be changed through the LCP unless transfer of stock to change ownership to 50% or more has occurred.
7. The total stock ownership percentage cannot exceed 100% but can be under 100%.
  - a. You cannot add or edit a stockholder to have more than 50% ownership.
  - b. You do not have to make a change to this table, but it cannot be empty.

- c. To remove **stockholders** with less than 50% ownership, use the checkboxes to select the stockholder you would like to remove and click on the trashcan icon that appears on the top right of the table.



bht, Inc. test3  
Log Out

[Return to landing page](#)

Business entity information

▼ In Progress

Corporation information

▼ In Progress

Services Information

▼ In Progress

### Corporation information

Your business entity is filed with DHCS as a corporation. If this is a mistake, or if you need to change the incorporation date or place of incorporation, please fill out the Initial Application for Licensure. You can download the initial application forms on the Licensing and Certification Division section of the DHCS website, under [Applications, Forms, and Fees](#). All fields are required unless otherwise indicated.

#### Corporation details

- Corporation Name  
As listed with the Secretary of State. For more information, visit [www.sos.ca.gov/business\\_programs/](http://www.sos.ca.gov/business_programs/).
- Incorporation date  
mm/dd/yyyy
- Place of incorporation
- Principle office of business address  
  
 State  
 City  
 Zip code

#### Corporation stockholders

If there has been a transfer of stock that constitutes a majority change in ownership (more than 50%), you must fill out an Initial Application for Licensure instead of an Application for Licensure Extension. You can download the initial application forms on the Licensing and Certification Division section of the DHCS website, under [Applications, Forms, and Fees](#).

1. Add details for all persons who own ten percent (10%) or more of stock in the corporation.

<input type="checkbox"/>	Name	Percentage of stock ownership
<input type="checkbox"/>	Alice Smith	10%
<input type="checkbox"/>	Smith Doe	5%
<input type="checkbox"/>	anakin skywalker	23%
<input type="checkbox"/>	padme skywalker	0%
<input type="checkbox"/>	Add Me	10%
<input type="checkbox"/>	John Doe	50%

Rows per page: 10 1-6 of 6

8. **There is no edit feature currently.** If you need to make an edit, you will need to select an entry, use the trashcan icon that appears to delete, and add a new entry using the "+" icon at the top right of the table.

## Facility Information

### Objective

This section offers step-by-step instructions for a provider user to review and navigate the Licensing & Certification Portal (LCP) Facility Information section of the renewal application effectively.

### Overview

This section enables you to provide information spanning facility details, contact information, fire clearance and authority, and services. Additionally, you can upload policies and procedures and complete the weekly activities subsection.

### Key Points

- » If the facility name, facility street address, or facility services you are submitting are different from your last application, you will need to fill out Application for Licensure Amendment(s) and/or the Application for Certification Amendment(s). You can download these forms on the DHCS website, under Applications, Forms, and Fees.
- » There are **four sub-sections** of the Facility information renewal section that must be completed: facility details, facility services, facility policies and procedures, and facility activities.

### Features

1. To return to your facility's application landing page, click "**Return to landing page.**" The LCP will prompt you to save any unsaved work.
2. There are **four sub-sections** of the Facility information renewal section that must be completed.
3. **Integral facility** is enabled for the first time you complete a renewal application in the LCP.
4. **Facility mailing and service address** is enabled only the first time you complete a renewal application in the LCP.
  - a. To add a new address, click "+", enter the address information, and click the "Add" button.
  - b. Address type is either Mailing or Service Location

2

Facility details

Completed

Facility services

Completed

Facility policies and procedures

Completed

Facility activities

Completed

1

Return to landing page

Facility information

Facility details

Below is an overview of the information we have on your facility. This information will be used for all license/certification applications at this site only. If you need to update your facility name or facility street address, please fill out the Application for License Amendment(s) and/or the Application for Certification Amendment(s). You can download these forms on the DMCS website, under [Applications, Forms, and Fees](#). All fields are required unless otherwise indicated.

Facility contact information

- Facility license (and/or) certification number  
123456/7890AB
- Facility name  
Do not include the business entity name in this box unless the facility name is the same as the business entity name. Do not include the words or abbreviation for "Doing Business As (DBA)," unless you intend to use those words or the abbreviation in the facility's name.  
B Facility
- Is this an integral facility?  
☒ Yes  
☐ No
- Facility mailing and service address  
Please include mailing address and all service addresses.

1 Row

Address	Room/suite	City	State	Zip code	Address type
815 Schmiedeman Road	Suite 101	Sacramento	CA	94227	

Rows per page: 10
1 of 1

4a

+

4b

Service Location

Mailing

Add Facility Mailing Service Address Information

Address

Room Suite

City

State

Zip code

Address type

- Enter the date the current fire clearance was issued. **The fire clearance must be within five years from the date of issuance.**
- To move to the next subsection, click ">"

5 Facility phone number  
123-123-1234 Extension(optional)  
1235

6 Facility fax (optional)  
123-123-1234

7 Facility email address  
contact@pacific.com

8 Facility website address  
The acceptable website formats are https://www.examplewebsite.com or http://example2website.com. If you do not have a website, put N/A.  
https://www.cheese.com/cheddar

**Facility fire clearance and authority**

1 Fire authority name  
Enter the first and last name of the local fire authority where the facility is located.  
Peter Parker

2 Fire authority address  
123 somewhere City  
New York

State  
CA Zip code  
95662

3 Fire authority phone number  
916-730-9377 Extension(optional)

4 Fire Authority fax number (optional)

5 Issuance date of current fire clearance (optional)  
mm/dd/yyyy  
12/11/2080

6 > SAVE

7. **Facility Services options are included for licensing and certification renewals:** Residential Detox, Residential treatment services, Medications for Addiction Treatment (MAT), Incidental Medical Services (IMS), Outpatient Services, Intensive Outpatient, and Outpatient Detox.
8. **The number of children** is only needed for **residential and co-ed** facilities with dependent children options.
9. **Slot count is for Outpatient Services only.** This is the maximum number of individuals who can receive alcohol and other drug (AOD) services at the program at any given time on any given day. The slot count **cannot exceed** the total building capacity as approved by the local fire authority.



**DHCS** Behavioral Health Services

**Facility information** [Return to landing page](#)

- Facility details
- Facility services**
- Facility policies and procedures

**Facility services details**

Here is the information we have about your facility. If you need to update this information, please fill out the Application for Licensure Amendment(s) and/or the Application for Certification Amendment(s). You can download these forms on the Licensing and Certification Division section of the DHCS website, under [Applications, Forms and Fees](#).

1. Type of services(s) provided  
Residential detoxification
2. Target population  
General population (co-ed)
3. Number of children  
0
4. Slot count  
The maximum number of individuals who can receive alcohol and other drug (AOD) services at the program at any given time on any given day. The slot count cannot exceed the total building capacity as approved by the local fire authority.  
0
5. Treatment/recovery bed capacity  
0
6. Total building bed capacity  
The total capacity should equal the sum of beds requested for all ambulatory, non-ambulatory, and bedridden residents, dependent children of residents and staff, and cannot exceed the total capacity approved by the local fire authority.  
0

[Previous](#) [Next](#) [SAVE](#)

10. Upload any additional or updated written policies and procedures that you would like to submit for DHCS LCD department review. **If you are licensed**, you must report all Medication for Addiction Treatment (MAT) policy and procedure changes. **If you are certified**, you must report all policy and procedure changes.

**DHCS** Behavioral Health Services

[Provider dashboard](#) / [Application for Licensure and Certification](#) / [Facility information](#)

**Facility information** [Return to landing page](#)

- Facility details
- Facility services
- Facility policies and procedures
- Facility activities

**Facility policies and procedures**

Upload any additional or updated written policies and procedures that you would like to submit for Department review. If you are licensed, you must report all Medication for Addiction Treatment (MAT) policy and procedure changes. If you are certified, you must report all policy and procedure changes.

1. Upload updated policies and procedures  
 Drag and drop files here or [Browse files](#)  
 X signature.png

[Download all](#)

Last saved at 02/20/25 at 10:17AM

[Previous](#) [Next](#) [SAVE](#)

11. You may upload one or more files for facility activities schedule.

The screenshot shows the 'Facility information' section of the DHCS portal. A sidebar on the left lists completion status for various sections: Facility details (Completed), Facility services (Completed), Facility policies and procedures (Completed), and Facility activities (Completed). The main content area is titled 'Facility activities' and includes a 'Weekly activities' section. A blue box with the number '11' highlights the first step: 'Upload facility activities schedule'. Below this, there is a dashed box for file upload with the text 'Drag and drop files here or Browse files' and a file named 'signature.png' is shown. A 'Download all' link is present. The second step is 'Total hours per week of services provided', which includes a text box with the value '4'. At the bottom, it says 'Last saved at 02/20/25 at 10:17AM' and has a 'Save' button.

**Facility information**

Return to landing page

**Facility details**  
Completed

**Facility services**  
Completed

**Facility policies and procedures**  
Completed

**Facility activities**  
Completed

**Facility activities**

**Weekly activities**  
Let's upload details about the activities at your facility. You can find the weekly activities form on the [Applications, Forms, and Fees](#) on the DHCS website.

1. Upload facility activities schedule

Drag and drop files here or Browse files

X signature.png

Download all

2. Total hours per week of services provided  
Calculate the total hours of treatment and recovery services provided per week and enter the amount. This amount should equal the sum of the daily total hours.

4

Last saved at 02/20/25 at 10:17AM

Save

## Facility Staff

### Objective

This section offers step-by-step instructions for a provider to review and navigate the Licensing & Certification Portal (LCP) Facility staff section of the renewal application effectively.

### Overview

You will have the ability to add or delete staff members in your organization as well as update all their required staff information, including certifications, registrations and licensure, TB test, CPR training, and first aid training.

### Key Points

- » Only program directors and contact persons can add or delete designated agents (sub-section three of this section of the application).
- » Program directors and contact person can be added by navigating to My profile > My facilities, and then clicking on a facility
- » There are four sub-sections that must be completed before the Facility Staff section is completed: facility staff overview, facility program director(s) / administrator(s), facility designated agent(s), and facility staff and health care practitioners.

### Features

1. To return to your facility's application landing page, click "**Return to landing page.**" The LCP will prompt you to save any unsaved work.

2. There are **four sub-sections** of the Facility Staff renewal section that must be completed: Facility Staff Overview, Facility program director(s) / administrator(s), Facility designated agent(s), and Facility staff and health care practitioners.

The screenshot shows the 'Facility staff' section of the 'Application for License and Certification' form. The breadcrumb trail at the top reads: 'Provider dashboard / Application for License and Certification / Facility staff'. The main heading is 'Facility staff'. On the left, a sidebar contains four sub-sections, each with a 'In Progress' status icon: 'Facility staff overview' (highlighted with a blue box and a large '2'), 'Facility program director(s)/administrator(s)', 'Facility designated agent(s)', and 'Facility staff and health care practitioners'. In the top right corner, there is a button labeled '1 Return to landing page'. The 'Facility staff overview' section contains the following text: 'Facility staff overview' and 'Fill in details about the staff at your facility. All fields are optional.' Below this are three numbered input fields: 1. 'Total number of individuals currently employed or to be employed at this facility (optional)' with the value '35'; 2. 'Total number of alcohol and other drug (AOD) counselors and health care practitioners currently employed or to be employed at this facility (optional)' with the value '6'; 3. 'Total number of alcohol and other drug (AOD) counselors and health care practitioners currently employed at this facility who provide alcoholism or drug abuse recovery or treatment services (optional)' with the value '5'. At the bottom right of the form, there are navigation arrows and a 'SAVE' button.

3. This table shows the current program director(s)/administrator(s) at your facility. These individuals are responsible for the overall management of a residential alcoholism or drug abuse recovery or treatment facility.
4. You have the option to:
- » Add a new director and an additional director
  - » Make corrections if there are 3 active directors
    - a. You start by clicking the "+" icon.
    - b. You cannot edit a director that is listed in the table.
    - c. **To make an edit, select the checkbox on the left, select the trash icon that appears, and re-enter the correct information.**

[Provider dashboard](#) / [Application for license](#) / Facility staff

## Facility staff

[Return to landing page](#)

Facility staff overview

In Progress

Facility program director(s)/administrator(s)

In Progress

Facility designated agent(s)

In Progress

Facility staff and health care practitioners

In Progress

**3** Facility program director(s)/administrator(s)

**4c**

**4a**

**Program director(s)/administrator(s) information**

Here are the details we have about the current program director(s)/administrator(s) at your facility. These individuals are responsible for the overall management of a residential alcoholism or drug abuse recovery or treatment facility. All fields are required unless otherwise indicated.

2 items

Name	Phone number	Email address	Effective date	End date	Active
John Doe	123-456-7890	john.doe@hotmail.com	08/22/2024		No
test test	345-435-4354	ktest@gmail.com	03/04/2025		No

Rows per page: 10 1-2 of 2

[SAVE](#)

- Past work experience** no longer requires a resume to be uploaded. Please enter work experience and education in the text field.
- Selecting any of the **credentialing options** listed here (License, Certificate, or Registration) will cause a corresponding set of fields to appear below.
- You will see six options for **"Name of issuing organization,"** including "Other."
- Upload a .jpg or .png file of your program director's signature.** Then complete the declaration below.
- Program Director Signature** is required for every program director added.

**Jane Smith signature**

Verify the details for Jane Smith. Upload a file containing Jane Smith signature.

File type: .jpg or .png

Drag and drop files here or [Browse files](#)

**8**

**9**

Signature preview

[File type and size restriction](#)

Declaration

☐ I declare under penalty of perjury under the laws of the State of California that the foregoing information and any attachment is true, accurate and complete to the best of my knowledge and belief. I hereby further declare that I have read, understand, and will comply with the statutes and regulations that govern the operation of the facility for which I am applying. I declare that I am authorized to sign this form.

Last saved at 02/20/25 at 10:17AM

[SAVE](#)

10. Subsection 3 asks you to add your facility's designated agents. **The term "agent" is a person** who has been delegated the authority to obligate or **act on behalf of an applicant** or licensee. **Designated agents cannot sign this application.**
11. **Only program directors or contact persons listed in the provider profile may add designated agents** by clicking the "+" icon and completing the pop-up form.

Provider dashboard / Application for license / Facility staff

### Facility staff

[Return to landing page](#)

- Facility staff overview
  - In Progress
- Facility program director(s)/administrator(s)
  - In Progress
- Facility designated agent(s)**
  - In Progress
- Facility staff and health care practitioners
  - In Progress

#### Facility designated agent(s)

Here are the details we have about the person(s) designated as an agent of the facility. Pursuant to [California Code of Regulations, Title 9, Section 10501](#), the term "agent" is defined as follows: "Agent" means a person who has been delegated the authority to obligate or act on behalf of an applicant or licensee. Designated agents do not have the authority to sign this application.

##### Designated agent(s) information

1 item

<input type="checkbox"/>	Salutation	Name	Title or position	Business phone number	Business email address
<input type="checkbox"/>	—	Joseph Noun	Director	916-322-0001	joe.noun@test.com

Rows per page: 10 1-1 of 1

Last saved at 02/11/25 at 05:39PM [SAVE](#)

12. Subsection 4 asks you to **add your facility's staff and health care practitioners**. All health care practitioners are defined in the LCP for your easy reference.
13. The following **criteria** must be met in your application to complete this section in the LCP:
  - » 30% of individuals who provide counseling services are licensed or certified
  - » 1 individual has active CPR training
  - » 1 individual has active first aid training
  - » All licenses and certifications are up to date

Once these criteria are satisfied, this text will change to green.

14. To **add a new individual HCP**, click the "+" and complete the fields shown.
15. If the **expiration date has passed** for license, certification, registration, or tuberculosis test, an **error tag will be displayed**.

Facility staff overview

In Progress

Facility program director(s)/administrator(s)

In Progress

Facility designated agent(s)

In Progress

12

Facility staff and health care practitioners

In Progress

Return to landing page

Facility staff and health care practitioners

Review and edit staff information

Review and list all staff and Health Care Practitioners (including contractors) who will provide alcoholism or drug abuse treatment or recovery services at this location. Pursuant to [California Code of Regulations, Title 9, Section 10094](#) the following terms are defined as follows:

**"Alcohol and Other Drug (AOD) Counselor"** means an individual registered or certified by a certifying organization in accordance with Chapter 8 (commencing with Section 13000), Division 4, Title 9 of the California Code of Regulations.

**"Health Care Practitioner (HCP)"** means a person duly licensed and regulated under Division 2 (commencing with Section 500) of the Business and Professions Code, who is acting within the scope of their license or certificate.

**"Licensed Vocational Nurse"** means a person licensed as a vocational nurse by the Board of Vocational Nursing and Psychiatric Technicians.

**"Nurse Practitioner"** means an advanced practice registered nurse who meets the Board of Registered Nursing's education and certification requirements, and who possesses the additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary care, and/or acute care.

**"Physician"** means a person licensed as a physician and surgeon by the Medical Board of California or by the Osteopathic Medical Board of California.

**"Physician Assistant"** means a person licensed as a physician assistant by the Physician Assistant Board and that meets the requirements of Chapter 7.7 of Division 2 of the Business and Professions Code.

**"Registered Nurse"** means a person licensed as a registered nurse by the Board of Registered Nursing.

**"Staff"** means employees, interns, or volunteers at a facility other than HCPs.

Staff and/or health care practitioners

Add all staff and/or health care practitioners at your facility. Staff list must meet the criteria below:

13

30% of individuals who provide counseling services are licensed or certified

1 individual with active CPR Training

1 individual with active first aid training

All licenses and certification have up to date information

2 items

14

+

<input type="checkbox"/>	Name	License expiration	Certification expiration	Registration expiration	Last tuberculosis test
<input type="checkbox"/>	test1 test	-	-	-	5/5/2026
<input type="checkbox"/>	Bethany bridges	-	-	5/15/2026	3/15/2024
<input type="checkbox"/>	[First Name Last Name]	<div>15</div> Expired	[mm/dd/yyyy]	[mm/dd/yyyy]	[mm/dd/yyyy]
<input type="checkbox"/>	[First Name Last Name]	Expired	[mm/dd/yyyy]	[mm/dd/yyyy]	[mm/dd/yyyy]
<input type="checkbox"/>	[First Name Last Name]	Expired	[mm/dd/yyyy]	[mm/dd/yyyy]	[mm/dd/yyyy]
<input type="checkbox"/>	[First Name Last Name]	Expired	[mm/dd/yyyy]	[mm/dd/yyyy]	[mm/dd/yyyy]
<input type="checkbox"/>	[First Name Last Name]	[mm/dd/yyyy]	Expired	[mm/dd/yyyy]	[mm/dd/yyyy]
<input type="checkbox"/>	[First Name Last Name]	[mm/dd/yyyy]	[mm/dd/yyyy]	[mm/dd/yyyy]	Expired
<input type="checkbox"/>	[First Name Last Name]	[mm/dd/yyyy]	[mm/dd/yyyy]	Expired	[mm/dd/yyyy]
<input type="checkbox"/>	[First Name Last Name]	[mm/dd/yyyy]	Expired	[mm/dd/yyyy]	[mm/dd/yyyy]
<input type="checkbox"/>	[First Name Last Name]	[mm/dd/yyyy]	[mm/dd/yyyy]	Expired	Expired

Rows per page:

10

1-10 of 15

<

<

>

>

Last saved at 07/24/23 at 11:59 p.m.

<

>

Save

16. The date of the last **tuberculosis test must be within the last year.**

17. Selecting the credentials checkbox for this HCP will open additional fields for you to **complete the credentialing information.**

a. For credentials:

- Expiration date cannot be a past date
- "Last date" cannot be a date in the future

31

- b. **Five credential choices** are shown here for all positions except for a health care practitioner. These fields are optional for a "staff" position.

The screenshot shows a web application interface for managing individuals. At the top, there is a table with 3 items and columns for Name, License expiration, Certification expiration, Registration expiration, and Last tuberculosis test. Below the table is a section titled "Add new individual".

**Individual details**

1. First name  Last name

2. Position

3. Date of hire  
mm/dd/yyyy

4. Scheduled hours per week

5. Please indicate if this individual is a contractor or volunteer (optional)  
☐ Contractor  
☐ Volunteer

**16** 6. Date of last tuberculosis test  
mm/dd/yyyy

**17** **Professional credentials**

1. Please indicate if this individual holds any of the following credentials

- ☐ License
- ☐ Certification
- ☐ Registration
- ☐ CPR training
- ☐ First aid training

Cancel **ADD**



## Contact Person

### Objective

This section offers step-by-step instructions for a provider to review and navigate the Licensing & Certification Portal (LCP) Contact person section of the renewal application effectively.

### Overview

This feature allows a provider to:

- » Add or delete a contact person for that application
- » Search through an existing list of program or facility contacts to confirm if a contact already exists before adding them to a renewal application
- » Review current list of contacts to delete contacts or add any other contacts who can work on the applications

### Key Points

Anyone with access to an application can add and delete a facility application person listed as a contact person.

### Features

1. To return to your facility's application landing page, click "**Return to landing page.**" The LCP will prompt you to save any unsaved work.
2. To **add a contact** person, select the "+" icon.
  - a. Selecting "+" **adds a subsection** to complete the contact details. Any fields not marked as "optional" are mandatory.
3. Each time you add a new contact, click the "**Add**" button to save that new contact.
4. To **delete a contact** person, check the box next to that contact and then select the trashcan icon. You may delete multiple contacts at once.
5. If you wish **to edit an existing contact**, first delete it, and then re-enter the contact information.

1 Return to landing page

### Contact Details

2

SAVE

[Return to landing page](#)

5

4

# Disclosures

## Objective

This section offers step-by-step instructions for a provider to review and navigate the Licensing & Certification Portal (LCP) disclosures section of the renewal application effectively.

## Overview

This section will allow you to add your business entity disclosure information to your application, so that DHCS has all the information needed to review your application.

## Features

1. At any point you can click **"Return to landing page."** If you have unsaved changes in this section, you will be prompted to save.
2. Choose which **relationship disclosure form** you would like to complete by clicking on the text in this sidebar.
3. Respond "Yes" if you have relationships to disclose. The **form to populate for reporting disclosures will appear below** once you select "Yes."

**DHCS** Behavioral Health Services

**1** Return to landing page

**2** Disclose relationships with recovery residencies/sober living environments  
In Progress

Disclose relationships with entities licensed or certified by DHCS  
In Progress

### Disclose relationships with recovery residencies/sober living environments

Pursuant to [Health and Safety Code \(HSC\) Section 11833.05\(a\)](#), all applicants, including programs certified or facilities licensed by DHCS, are required to disclose any business relationships with any recovery residence/sober living environment (SLE).

Disclosures must be made at the time of initial and extension applications for licensure or certification. You are also required to disclose this information whenever a licensed facility or certified program acquires or starts a relationship that meets the requirements of [Health and Safety Code \(HSC\) Section 11833.05\(a\)](#).

**3** 1. Does your business entity (or staff at your business entity) have any ownership, control, or financial interest in any recovery residence/sober living environment (SLE)?  
You do not need to disclose any ownership, control of, or financial interest in other licensed/certified facilities or labs. For more information, see [Health and Safety Code Section 11833.05\(f\)](#).

☒ Yes  
☐ No

#### Disclose your relationship with a business entity or individual

1. Disclosed legal entity name

2. Disclosed doing business as (DBA) name (if applicable)

3. Physical addresses of disclosed entity  
Include all applicable service locations

0 items

	Address	Room/suite	City	State	Zip code
--	---------	------------	------	-------	----------

Rows per page: 10 0-0 of 0

4. Relationship with the disclosed business entity or individual  
Ownership

4. Use the dropdown here to indicate your **entity's relationship with the disclosed business entity** (Ownership, Control of, Financial Interest in, Contractual, or Other).
5. Use "**Remove disclosure**" to remove any added disclosure entries.
6. You can **add additional disclosures** (no limit) by clicking "+ Add additional disclosure."
7. Click **Save** to save your progress for the Disclosures section. All relationships disclosed with another entity that provides professional services, addiction treatment, or recovery services to clients of programs licensed or certified by DHCS automatically have a **relationship of "contractual"**.

**4** Relationship with the disclosed business entity or individual

Ownership

**Disclose your relationship with a business entity or individual**

**5** Remove disclosure

1. Disclosed legal entity name

2. Disclosed doing business as (DBA) name (if applicable)

3. Physical addresses of disclosed entity  
Include all applicable service locations

0 items

	Address	Room/suite	City	State	Zip code
<input type="checkbox"/>					

Rows per page: 10 0-0 of 0

**4** Relationship with the disclosed business entity or individual

Ownership

**6** + Add additional disclosure

**7** Save

8. **Complete this subsection**, accessing the same features listed above, answering "No" or "Yes" and completing subsections as needed for your facility. End by clicking "Save".

8

Disclose relationships with recovery residences/sober living environments
In Progress

Disclose relationships with entities licensed or certified by DHCS
In Progress

Disclose relationships with entities licensed or certified by DHCS

Pursuant to [Health and Safety Code \(HSC\) Section 11833.05\(a\)](#), all applicants, including programs certified or facilities licensed by DHCS, are required to disclose any business relationships with any entity that provides professional services, addiction treatment, or recovery services to clients of programs licensed or certified by DHCS.

Disclosures must be made at the time of initial and extension applications for licensure or certification. You are also required to disclose this information whenever a licensed facility or certified program acquires or starts a relationship that meets the requirements of [Health and Safety Code \(HSC\) Section 11833.05\(a\)](#).

1. Does your business entity (or staff at your business entity) have any contractual relationship with another entity that provides professional services, addiction treatment, or recovery services to clients of programs licensed or certified by DHCS?  
For more information, see [Health and Safety Code Section 11833.05\(f\)](#).

☒ Yes
☐ No

Disclose your relationship with a business entity or individual

Remove disclosure

1. Disclosed legal entity name

2. Disclosed doing business as (DBA) name (if applicable)

3. License/certification #  
Include license/certification numbers for all applicable service locations. Enter the license/certification # and other fields will populate automatically.

0 items

☐

License / Certification #
Address
Room / suite
City
State
Zip code
Facility name
Service type

Rows per page: 10
0 of 0

## Supporting Documentation

### Objective

This section offers step-by-step instructions for a provider to review and navigate the Licensing & Certification Portal (LCP) Supporting documentation section of the renewal application effectively.

### Overview

In this section you can upload files or drag and drop files into your application so that you can provide the necessary documents for DHCS review.

### Key Points

Required documents to upload:

- » Current line-item budget
- » Current floor plan of facility
- » Proof of insurance coverage

### Features

1. To return to your facility's application landing page, click "**Return to landing page.**" The LCP will prompt you to save any unsaved work.
2. You may **drag and drop files** to the outlined box or choose "**Browse files**" to add any documents.

- a. **Acceptable file formats** are .xls, .xlsx, .doc, .docx, .pdf, .ppt, .pptx, .jpg and .png. The file size limit is 50MB for each file uploaded.

**HCS** Behavioral Health Services

Provider dashboard / Application for License and Certification / Supporting documentation

### Supporting documentation

**1** Return to landing page

**Upload documents**  
All fields are required unless otherwise indicated. Please ensure that the files do not contain any sensitive (personal or health related) information before uploading.

**Current line item budget**  
A line-item budget (revenues and expenditures) for 12 months that correlates with quarterly and annual written operation reports. If the applicant is a nonprofit corporation, the budget must be approved by the board of directors.  
Upload current line item budget

**2** Drag and drop files here or ☐ Browse files

**2a** File formats: xls,.xlsx, .doc, .docx, .pdf, .ppt, .pptx, .jpg, .png  
File cannot exceed 50mb

**Current floor plan of facility**  
Submit a current floor plan of the building identifying all rooms intended for use by residents, including location of detoxification beds, if applicable. Where female and male residents are housed in the same facility, separate toilet, hand washing, bathing facilities, and sleeping areas shall be identified. All sketches shall show dimensions of each area but need not be to scale.  
The floor plan shall show the number and location of beds for all residents including:  
• ambulatory, non-ambulatory and bedridden residents  
• dependent children of residents  
• staff (if applicable)  
Upload current floor plan

Drag and drop files here or ☐ Browse files

File formats: xls, .xlsx, .doc, .docx, .pdf, .ppt, .pptx, .jpg, .png  
File cannot exceed 50mb

3. To **remove a file** that you uploaded click the “x” next to the file name.
4. You will see a section for each item that requires supporting documentation to be uploaded. The **Additional documents** field is optional.
5. Click **Save** to save your progress for this section.

**Proof of insurance coverage**  
In accordance with [Health and Safety Code 11834.10](#), submit copies of required insurance documents for general liability, commercial general liability, commercial or business automobile liability, workers compensation, employer's liability, and professional liability and errors and omissions insurance, as applicable.  
Upload proof of insurance coverage

Drag and drop files here or ☐ Browse files

**3** X HCS-General Document with Header-Landscape.docx X Doc1.docx

File formats: xls, .xlsx, .doc, .docx, .pdf, .ppt, .pptx, .jpg, .png  
File cannot exceed 50mb

**4** **Additional documents**  
Upload any additional documents you would like to include with your application.  
Upload additional documents (optional)  
Drag and drop files here or ☐ Browse files

File formats: xls, .xlsx, .doc, .docx, .pdf, .ppt, .pptx, .jpg, .png  
File cannot exceed 50mb

**5** Save

## Review and Submit

### Objective

This section offers step-by-step instructions for a provider to review and navigate the Licensing & Certification Portal (LCP) Review, Sign, and Submit section of the renewal application effectively.

### Overview

This section of the renewal application allows your facility's signature authority to review all sections, make edits if needed, and sign and submit an application to the DHCS Licensing & Certification Division for review and determination.

### Key Points

- » This portion of the application can only be completed by your facility's authorized signer.
- » This section only becomes visible and active to the authorized signer once all other sections are complete.
- » Reviewing and submitting is the final step to complete when completing a renewal application.

### Features

1. **For final review of this application:** The signature authority should scroll through all the application sections (e.g., proof of payment, facility information) to review and make any required changes, before signing and submitting.
2. The "Review and submit" section on the landing page is enabled once all previous sections above it are marked "complete". This is read only to all users except for the facility's or program's signature authority. **Only the signature authority can edit this section (i.e., check boxes, sign, and submit).**
3. Only the signature authority may **upload, edit, and delete the signature file.**
4. Once uploaded, a preview of the **signature** will be shown.
5. Only the signature authority may sign and check the **declaration.**
6. The **submit button** appears once the signature authority checks the declaration and uploads a signature.



[Provider dashboard](#) / [Application for Certification](#) / Review and submit

## Review and submit

[Return to landing page](#)

Submit

Completed

### Submit

Please upload a file containing your signature

3


Drag and drop files here or [Browse files](#)

Attestation.png

File formats: .jpg, .png  
File cannot exceed 50mb

Signature preview

4



### Declaration

5

☒

I declare under penalty of perjury under the laws of the State of California that the foregoing information and any attachment is true, accurate and complete to the best of my knowledge and belief. I hereby further declare that I have read, understand, and will comply with the statutes and regulations that govern the operation of the facility for which I am applying. All policies and procedures required by the regulations and/or standards that govern the operation of this facility have been developed and comply with the appropriate regulations and standards. I declare that I am authorized to sign this form.

Last saved at 04/11/25 at 08:47AM

6

Submit



**CONGRATULATIONS! You have submitted your license or certification renewal application through the LCP**