

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.

Contact Information

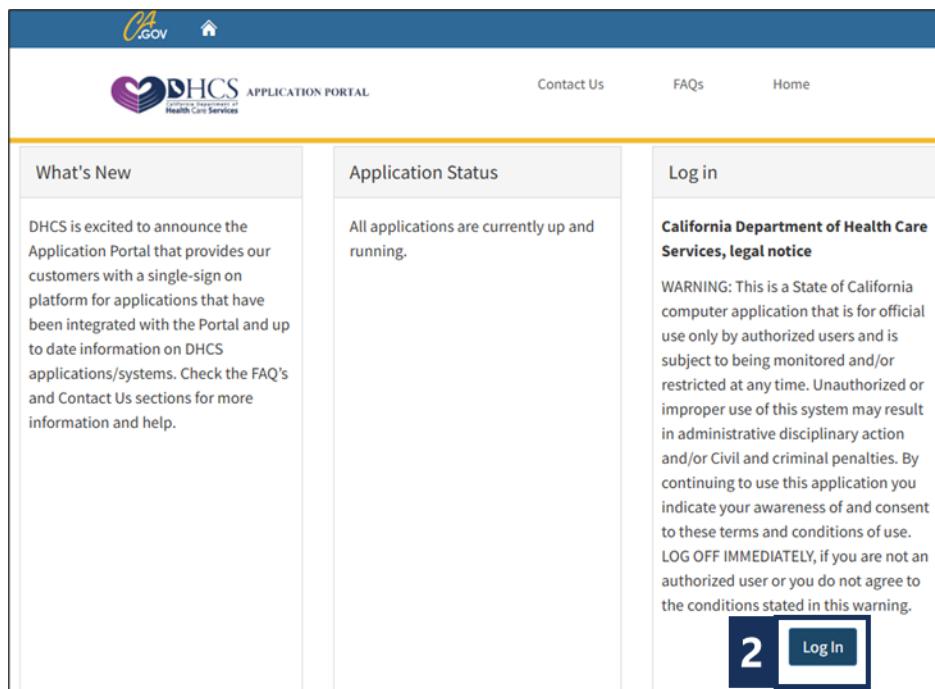
- » If you are **experiencing technical issues, have feedback, or need additional LCP support**, please contact [Carey Jones](#) and/or [Gabe Manion](#) from the LCP support team.
- » If you have **account-related/license and certification renewal questions**, please contact your analyst or reach out to LCDquestions@dhcs.ca.gov
- » 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.

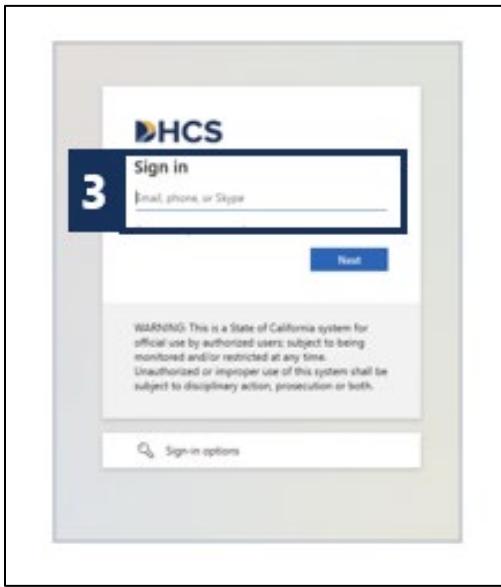
1. Navigate to the DHCS application portal; the web address is portal.dhcs.ca.gov.
2. Click "Log In" on the portal home page.



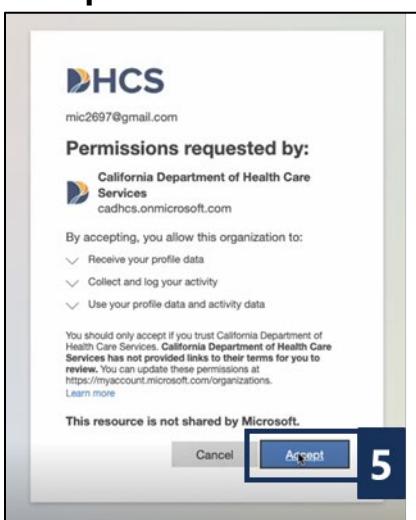
What's New	Application Status	Log in
DHCS is excited to announce the Application Portal that provides our customers with a single-sign on platform for applications that have been integrated with the Portal and up to date information on DHCS applications/systems. Check the FAQ's and Contact Us sections for more information and help.	All applications are currently up and running.	<p>California Department of Health Care Services, legal notice</p> <p>WARNING: This is a State of California computer application that is for official use only by authorized users and is subject to being monitored and/or restricted at any time. Unauthorized or improper use of this system may result in administrative disciplinary action and/or Civil and criminal penalties. By continuing to use this application you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY, if you are not an authorized user or you do not agree to the conditions stated in this warning.</p> <p>2 Log In</p>

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.

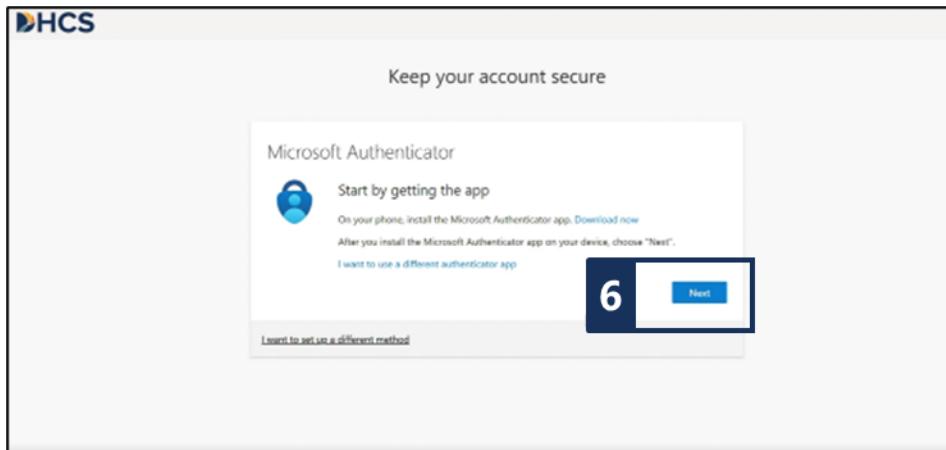


4. **If your organization does not use Microsoft Authenticator:** download the Microsoft Authenticator application on your phone and follow the prompts to connect your email address to the authenticator application.
5. After entering your Microsoft password, DHCS will request permissions. Click the "Accept"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

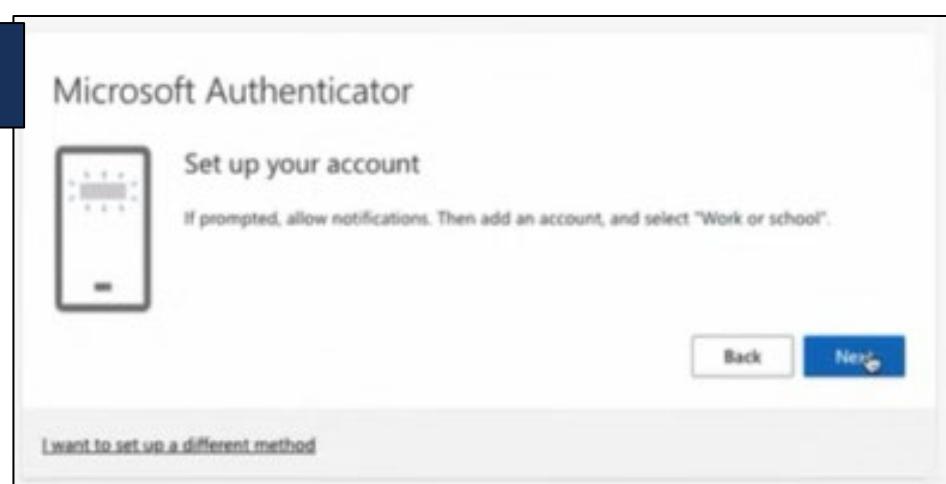


6. You will be prompted to set up multi-factor authentication (MFA). Click "**Next**" and follow the prompts to set up your preferred authentication method.
 - a. Microsoft Authenticator is the default and recommended option for MFA.

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.

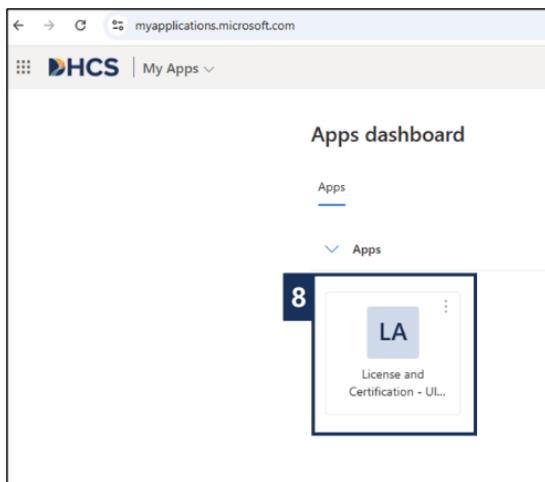


6b

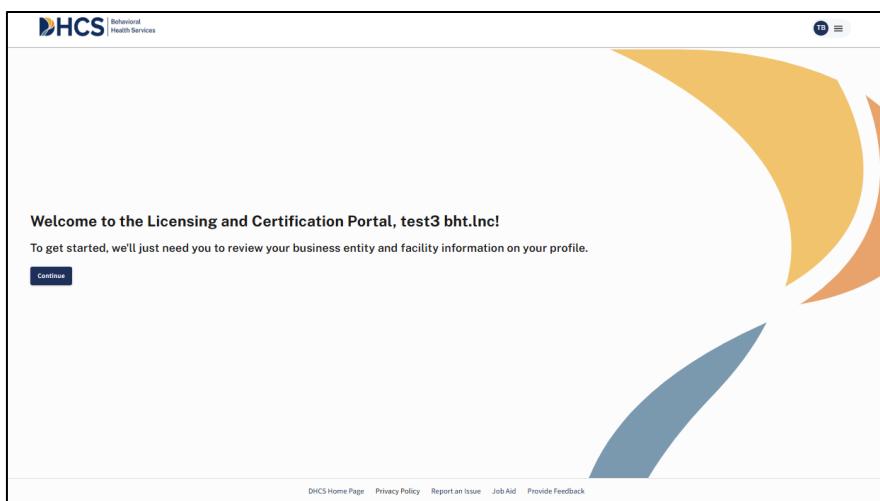


7. Once you have successfully set up MFA and verified access, your screen will display the **Apps Dashboard**.

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

1a

1b
TB ≡

1c

1b
TB ≡

1c

My profile

My organization My facilities

My organization

Contact information
Here are the contact details we have for your organization.

Business entity email address contact@abccorp.com	Business entity phone number 123-456-7890	Business entity website https://www.abccorp.com
---	--	--

Business entity information
Here are the details we have about your organization..

Type of organization Corporation	Business entity name David & Matts Healthy Shop	Business entity mailing address Suite 326 63044 Bahlinger Lakes Suite 326
City North Hollywood	State CA	Zipcode 91606

2. This table shows facility or program information.

- Click in the hyperlinked facility to launch a window to ...
- View that facility's or program's details

2a

2b

2a

2b

My profile

My organization My facilities

My facilities

15 items

Facility	Service address	License / Certification #	Status	Service type
B Facility	815 Schmedeman Road Suite 101, Sacramento, CA, 94237	123456/7890AB	Active	RESDETOX
A Facility	Suite 326 63044 Bahlinger Lakes Suite 326, North Hollywood, CA, 91606	1A2B3C4D5E6F	Active	RESDETOX
E Facility	1374 Chive Court 200, Los Angeles, CA, 90001	12A334CD/54FF78G	Active	RESDETOX
F Facility	593 Awood Drive Suite 5A, San Francisco, CA, 94102	GTH89/536F7G8	Active	RESDETOX
matt test Facility	803 New Castle Road Suite 300, San Diego, CA, 92103	123445F0/5699EFG	Active	RESDETOX

My Profile / B Facility

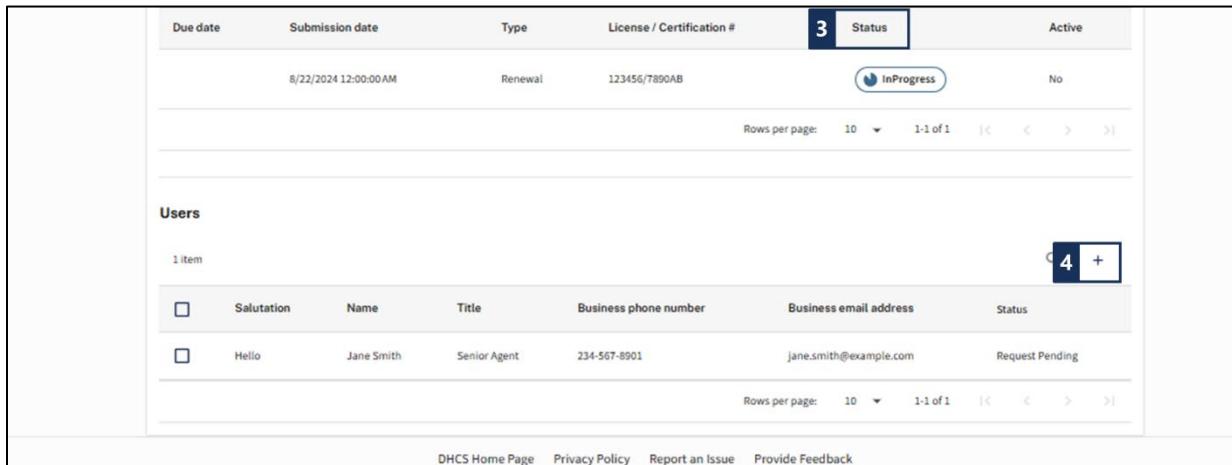
Review and confirm all information accurately. If something is incorrect, please contact DHCs for corrections.

2b B Facility

Facility information

Summary

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.



The screenshot displays a software interface with two main sections: a facility application table and a user list table.

Facility Application Table:

Due date	Submission date	Type	License / Certification #	Status	Active
8/22/2024 12:00:00 AM		Renewal	123456/7890AB	InProgress	No

Below the table are buttons for "Rows per page" (10), "1-1 of 1", and navigation arrows.

Users Table:

	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

Below the table are buttons for "Rows per page" (10), "1-1 of 1", and navigation arrows.

Page Footer:

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.

HCS Behavioral Health Services

1 Licensing and Certification

[Business Entity]

Applications

2

[All \(29\)](#) [Not Started \(19\)](#) [In Progress \(2\)](#) [Received By \(1\)](#) [Review in Progress \(1\)](#) [Corrections Needed \(1\)](#) [Pending Determination \(1\)](#) [Approved \(2\)](#)

[X](#)

4

[In Progress](#)

C Facility

17 Huxley Drive

Application for renewal

5

[License/Certification #](#)

1234ABEF

[Due Date](#)

9/30/2024 12:00:00AM

[Submission Date](#)

8/22/2024 12:00:00AM

[Certification Expiration Date](#)

1/28/2025 12:00:00AM

[License Expiration Date](#)

12/29/2025 12:00:00AM

[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](#)

6

[Edit](#)

[Not Started](#)

A Facility

[Not Started](#)

A Facility

[Not Started](#)

A Facility

[3](#)

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).

7c

Status:	Section
Review in progress	Overview
Renewal due date: [LCD review date]	7c
Certification expiration date: mm/dd/yyyy	Proof of payment and signature
License expiration date: mm/dd/yyyy	Business entity overview
Tertiary action	Facility information
Available on mm/dd/yyyy at hh:mm a.m.	Facility staff
	Contact person
	Disclosures
	Supporting documentation
	Review and submit

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.

Facility / Application for renewal / Proof of payment

Proof of payment

Proof of payment for application fee
In Progress

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

Choose payment method
HCS 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
To pay fees electronically, click [HCS EFT \(electronic funds transfer\) login portal](#) and follow the instructions provided.

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

1 [Return to landing page](#)

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.

4 **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

Pay by mail

4

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	Amount
1123	\$ 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

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.

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

Business entity overview

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: [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. Business entity mailing address

3. Business entity phone number

5. Business entity email address

6. Business entity website address

1 Return to landing page

2 Forms and Fees

3 Save

5 Corporate information

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%.
 - You cannot add or edit a stockholder to have more than 50% ownership.
 - 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.

DHCS Behavioral Health Services

bht.lnc, test3 Log Out

Return to landing page

Business entity information
In Progress

Corporation information
In Progress

Services Information
In Progress

Corporation information

Corporation details

1. Corporation Name
As listed with the Secretary of State. For more information, visit www.sos.ca.gov/business_programs/.
B12 Support
2. Incorporation date
mm/dd/yyyy
09/27/2001
3. Place of incorporation
California
4. Principle office of business address
1500 Capitol Ave
City
Roseville
State
CA
Zip code
95765

6

7b

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.

6 Items		6,7	Percentage of stock ownership
<input type="checkbox"/>	Name		10%
<input type="checkbox"/>	Alice Smith		5%
<input type="checkbox"/>	Smith Doe		23%
<input type="checkbox"/>	anakin skywalker		0%
<input type="checkbox"/>	padme skywalker		10%
<input type="checkbox"/>	Add Me		50%
7c	<input type="checkbox"/>	John Doe	

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 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 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](#). All fields are required unless otherwise indicated.

Facility contact information

1. Facility license (and/or) certification number
1234567890AB
2. 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.
BF Facility
3. Is this an integral facility?
 Yes
 No
4. Facility mailing and service address
Please include mailing address and all service addresses.

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

Rows per page: 10 1 2 of 1 11 12 13

4a

4b

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

5

6

SAVE

5. Issuance date of current fire clearance (optional)
mm/dd/yyyy
12/11/1990

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 ● In Progress	Facility services ● In Progress	Facility policies and procedures ● In Progress
7	Facility services 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 .	Facility services details
	1. Type of service(s) provided Residential detoxification	2. Target population General population (co-ed)
8	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
9	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
	< > 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.

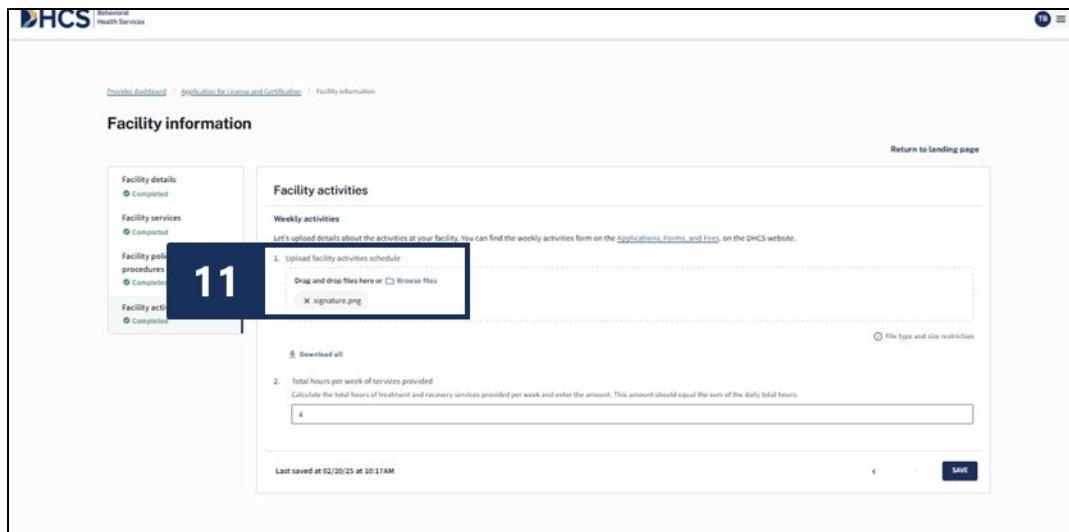
DHCS Behavioral Health Services

Provider dashboard / Application for License and Certification / Facility information

[Return to landing page](#)

Facility details ● Completed	Facility services ● Completed	Facility policies and procedures ● Completed
Facility policies and procedures ● Completed	Facility information 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.	10
Facility activities ● Completed	1. Upload updated policies and procedures Drag and drop files here or <input type="button" value="Browse files"/> X signature.png	<input type="checkbox"/> File type and size restriction
	<input type="button" value="Download all"/>	Last saved at 02/20/25 at 10:17AM < > SAVE

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



The screenshot shows the 'Facility information' page of the DHCS (Division of Health Services) application. On the left, a sidebar lists 'Facility details' (Completed), 'Facility services' (Completed), 'Facility policies/procedures' (Completed), and 'Facility activities' (Completed). The main content area is titled 'Facility activities' and contains a sub-section 'Weekly activities'. It includes a note: '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.' Below this is a step 1: 'Upload facility activities schedule' with options to 'Drag and drop files here' or 'Browse files', and a file named 'signature.png' is listed. Step 2: 'Total hours per week of services provided' is described with the note: '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.' A text input field contains the value '4'. At the bottom, a message 'Last saved at 02/20/25 at 10:17AM' is shown, along with a 'Save' button.

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.

Provider dashboard / Application for License and Certification / Facility staff

Facility staff

2

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 staff overview

Facility staff overview

Fill in details about the staff at your facility. All fields are optional.

1. Total number of individuals currently employed or to be employed at this facility (optional)
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)
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)
5

SAVE

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

Facility program director(s)/administrator(s) 4a

Facility designated agent(s) 4c

Facility staff and health care practitioners

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

4a Facility program director(s)/administrator(s) information

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.

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

5. **Past work experience** no longer requires a resume to be uploaded. Please enter work experience and education in the text field.
6. Selecting any of the **credentialing options** listed here (License, Certificate, or Registration) will cause a corresponding set of fields to appear below.
7. You will see six options for **“Name of issuing organization,”** including “Other.”
8. **Upload a .jpg or .png file of your program director’s signature.** Then complete the declaration below.
9. **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 types: jpg or png

8 Drag and drop files here or

9 Signature preview

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.

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

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 |

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| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Facility staff overview
 ● In Progress </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Facility program director(s)/administrator(s)
 ● In Progress </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Facility designated agent(s)
 ● In Progress </div> <div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;"> 12 </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Facility staff and health care practitioners
 ● In Progress </div> | <div style="text-align: right; margin-bottom: 5px;"> Return to landing page </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Facility staff and health care practitioners </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Review and edit staff information </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>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 10501 the following terms are defined as follows:</p> <p>“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.</p> <p>“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.</p> <p>“Licensed Vocational Nurse” means a person licensed as a vocational nurse by the Board of Vocational Nursing and Psychiatric Technicians.</p> <p>“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.</p> <p>“Physician” means a person licensed as a physician and surgeon by the Medical Board of California or by the Osteopathic Medical Board of California.</p> <p>“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.</p> <p>“Registered Nurse” means a person licensed as a registered nurse by the Board of Registered Nursing.</p> <p>“Staff” means employees, interns, or volunteers at a facility other than HCPs.</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Staff and/or health care practitioners </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Add all staff and/or health care practitioners at your facility. Staff list must meet the criteria below.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> 30% of individuals who provide counseling services are licensed or certified </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> 1 individual with active CPR Training </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> 1 individual with active first aid training </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> All licenses and certification have up to date information </div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: left;">2 items</th> </tr> <tr> <th style="width: 10%;"></th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 15%; text-align: left;">License expiration</th> <th style="width: 15%; text-align: left;">Certification expiration</th> <th style="width: 15%; text-align: left;">Registration expiration</th> <th style="width: 15%; text-align: left;">Last tuberculosis test</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">test1 tes1</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">5/5/2026</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">Bethany bridges</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">5/15/2026</td> <td style="text-align: center;">3/15/2024</td> </tr> </tbody> </table> </div> <div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;"> 13 </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: center;">15</th> <th style="width: 10%; text-align: center;">Expired</th> <th style="width: 10%; text-align: center;">[mm/dd/yyyy]</th> <th style="width: 10%; text-align: center;">[mm/dd/yyyy]</th> <th style="width: 10%; text-align: center;">[mm/dd/yyyy]</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name]</td> <td style="text-align: center;">Expired</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">Expired</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">Expired</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">Expired</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> <td style="text-align: center;">[mm/dd/yyyy]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> <td style="text-align: center;">[mm/dd/yyyy]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> <td style="text-align: center;">[mm/dd/yyyy]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td style="text-align: center;">Expired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">[First Name Last Name]</td> <td style="text-align: center;">[mm/dd/yyyy]</td> <td
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b. **Five credential choices** are shown here for all positions except for a health care practitioner. These fields are optional for a "staff" position.

3 items					
	Name	License expiration	Certification expiration	Registration expiration	Last tuberculosis test
<input type="checkbox"/>					
<input type="checkbox"/>					
Add new individual					
Individual details					
1.	First name	Last name			
<input type="text"/>					
2.	Position	<input type="text"/>			
3.	Date of hire mm/dd/yyyy	<input type="text"/>			
4.	Scheduled hours per week	<input type="text"/>			
5.	Please indicate if this individual is a contractor or volunteer (optional)				
<input type="radio"/> Contractor					
<input type="radio"/> Volunteer					
16	8. Date of last tuberculosis test mm/dd/yyyy	<input type="text"/>			
17	Professional credentials				
1. Please indicate if this individual holds any of the following credentials					
<input type="checkbox"/> License					
<input type="checkbox"/> Certification					
<input type="checkbox"/> Registration					
<input type="checkbox"/> CPR training					
<input type="checkbox"/> First aid training					
Cancel <input type="button" value="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.

bht.lnc.test3
[Log Out](#)

Contact person

Contact Details
● In Progress

Contact Details

Contact person(s) Information

1. Who should we contact regarding the application? Any contact person(s) already on file will appear below.

	Salutation	Name	Title	Phone number	Email address
<input type="checkbox"/>	Test	Test	Test	Test	Test
<input type="checkbox"/>	Anakin Skywalker	Jedi	9167309377		hanshotfirst@galaxyfaraway.net
<input type="checkbox"/>	padme skywalker	jedi	9167309377		jadiknight@galaxyfaraway.net

3 items

10 1-3 of 3

[SAVE](#)

1
2

2a
2

5
4

3
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."

The screenshot shows the DHCS Licensing & Certification Portal (LCP) Disclosures section. The top navigation bar includes the DHCS logo, a search bar, and a "Return to landing page" button. The sidebar on the left lists tasks: "Disclose relationships with recovery residencies/sober living environments" (In Progress), "Disclose relationships with entities licensed or certified by DHCS" (In Progress), and "Disclose your relationship with a business entity or individual". The main content area starts with a section titled "Disclose relationships with recovery residencies/sober living environments". It includes a note about the requirement under Health and Safety Code (HSC) Section 11833.05(g), a link to the full section, and a note that disclosures must be made at the time of initial and extension applications. Below this, a question asks if the user's business entity has any ownership, control, or financial interest in any recovery residence/sober living environment (SLE). The "Yes" radio button is selected. The next section, "Disclose your relationship with a business entity or individual", contains questions 1 through 4. Question 1 asks for the disclosed legal entity name, question 2 for the disclosed doing business as (DBA) name (if applicable), question 3 for physical addresses of the disclosed entity (including service locations), and question 4 for the relationship with the disclosed business entity or individual (with "Ownership" selected). A table is provided for listing physical addresses, showing columns for checkbox, Address, Room/suite, City, State, and Zip code. The table has 0 items listed. At the bottom, there are buttons for "Rows per page" (10), "0-0 of 0", and navigation arrows.

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 4. Relationship with the disclosed business entity or individual

▼

5 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 Rows per page: 10 ▼ 0-0 of 0 < < > >1

<input type="checkbox"/>	Address	Room/suite	City	State	Zip code
+ Add new address					

6 4. Relationship with the disclosed business entity or individual

▼

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

<input type="checkbox"/>	License / Certification #	Address	Room / suite	City	State	Zip code	Facility name	Service type
--------------------------	---------------------------	---------	--------------	------	-------	----------	---------------	--------------

Rows per page: 10 ▾ 0 of 0 (0 0 0 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

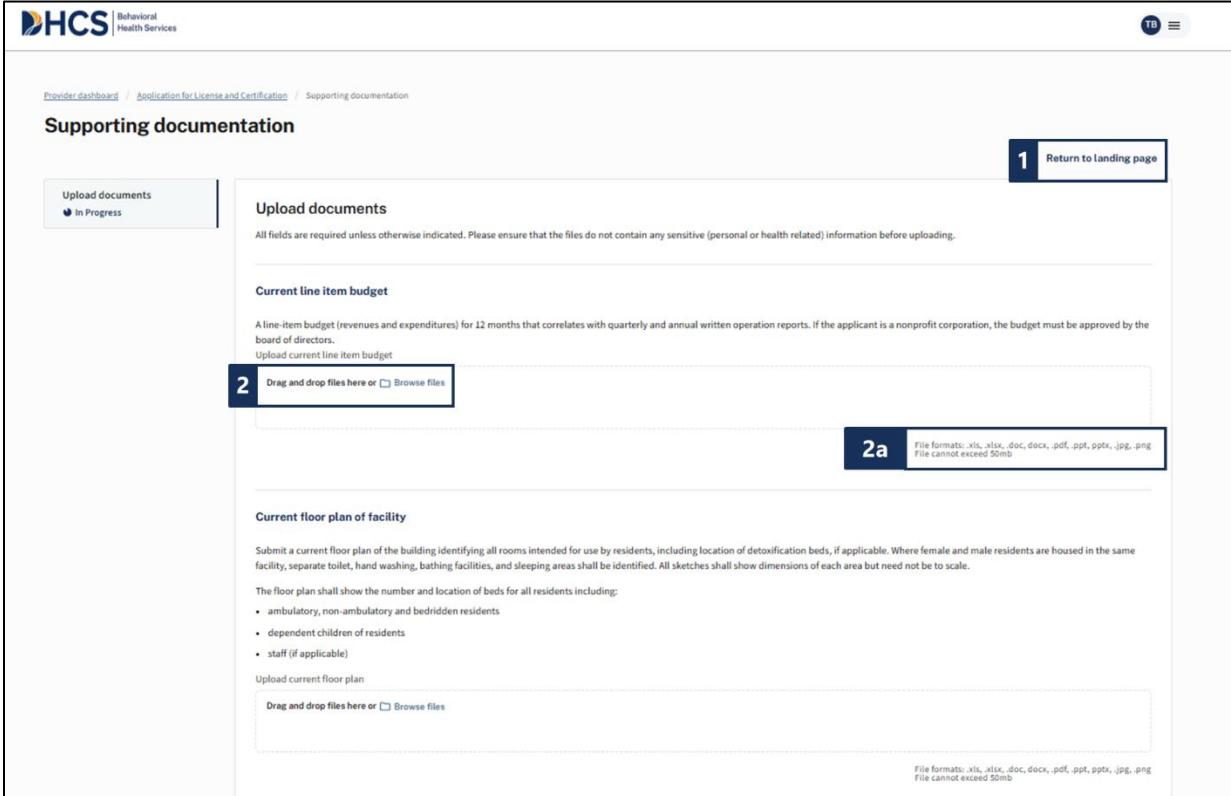
Required documents to upload:

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

Features

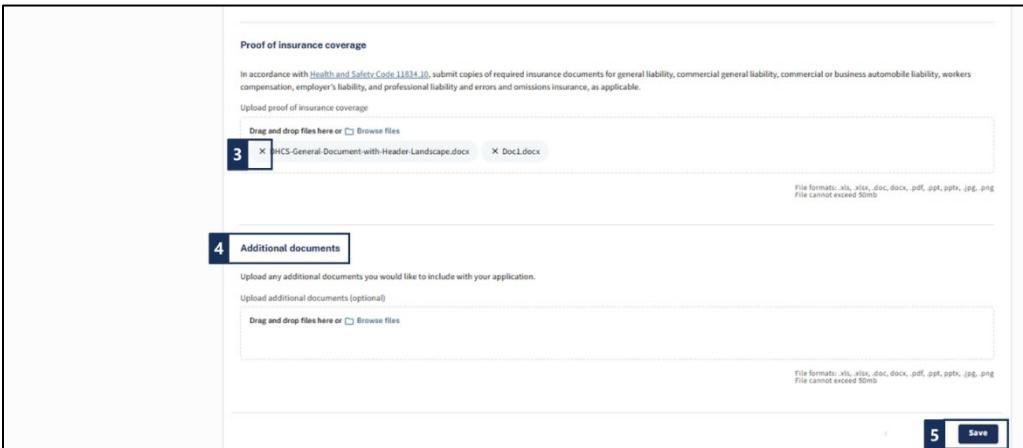
1. To return to your facility's application landing page, click "**Return to landing page.**" The LCP will prompt you to save any unsaved work.
2. You may **drag and drop files** to the outlined box or choose "**Browse files**" to add any documents.

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.



The screenshot shows a section titled 'Supporting documentation' under 'Current line item budget'. A sub-section 'Upload documents' is visible. A callout box labeled '1' points to the 'Return to landing page' button in the top right corner. A callout box labeled '2' points to the 'Drag and drop files here or Browse files' input field. A callout box labeled '2a' points to a note below the input field: 'File formats: .xls, .xlsx, .doc, .docx, .pdf, .ppt, .pptx, .jpg, .png' and 'File cannot exceed 50mb'.

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



The screenshot shows a section titled 'Additional documents'. A callout box labeled '3' points to the 'Drag and drop files here or Browse files' input field, which contains two files: 'HCS-General-Document-with-Header-Landscape.docx' and 'Doc1.docx'. A callout box labeled '4' points to the 'Additional documents' input field. A callout box labeled '5' points to the 'Save' button in the bottom right corner. Notes at the bottom of the input fields state: 'File formats: .xls, .xlsx, .doc, .docx, .pdf, .ppt, .pptx, .jpg, .png' and 'File cannot exceed 50mb'.

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.

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
X 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