Office of Health Facilities

Application for Nursing Home Facility

Reference Guide for New Applicants

Let’s begin!

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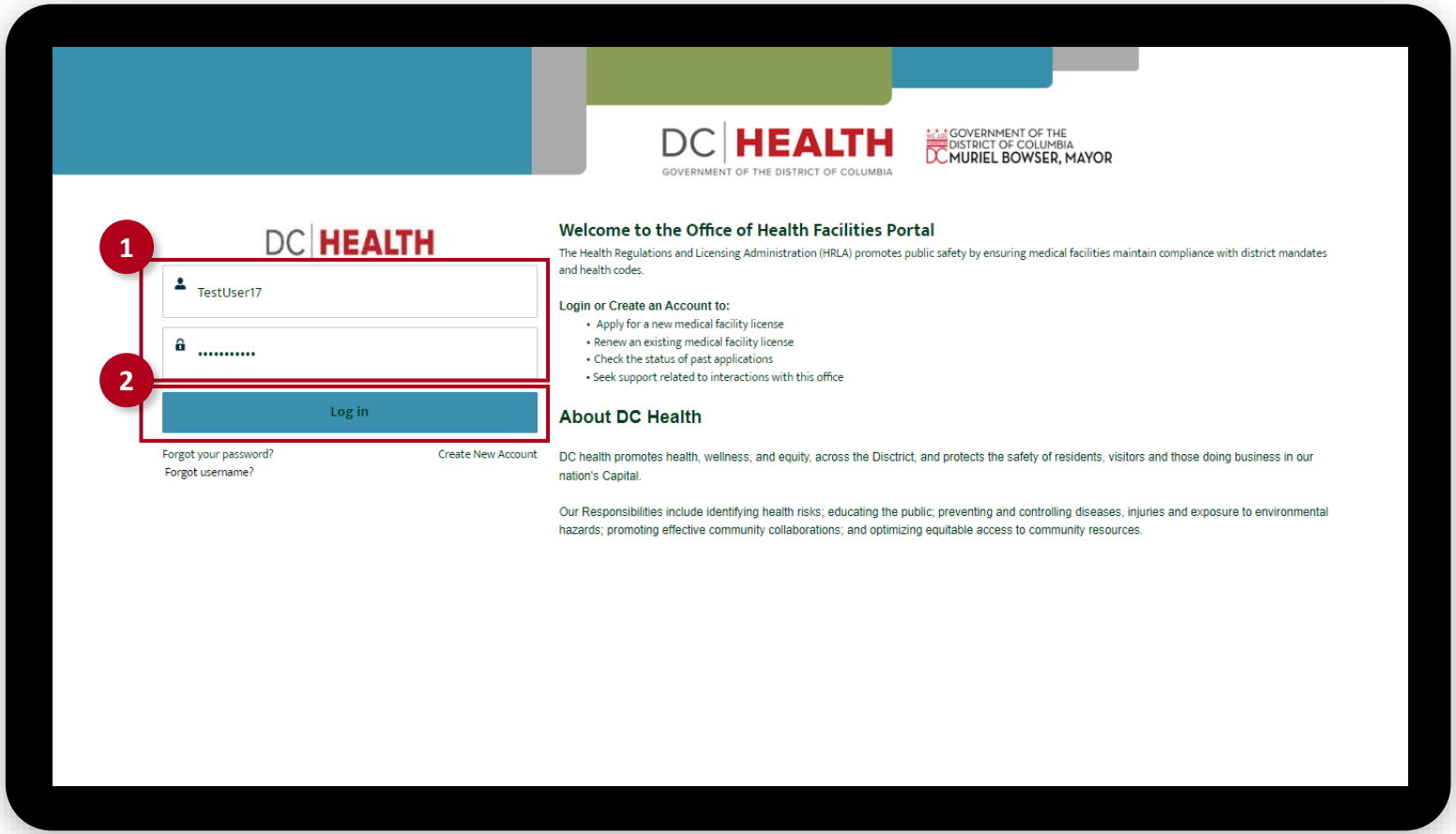
Log In to the platform

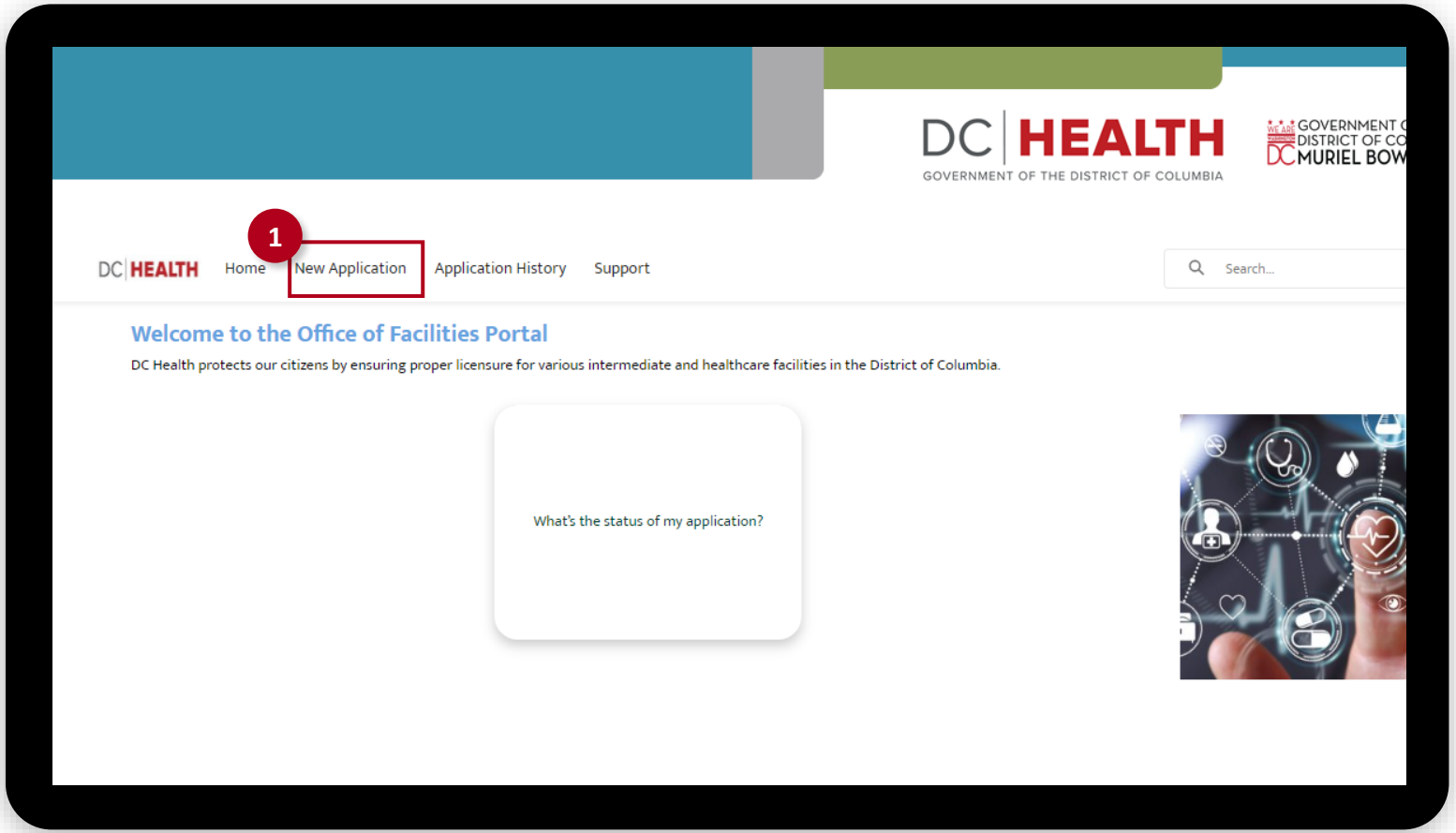
1. Enter your **username** and **password**.
2. Click the **Log In** button.



TIP: If you don't have an account click the **Create New Account** link.

Navigate to the New Application screen

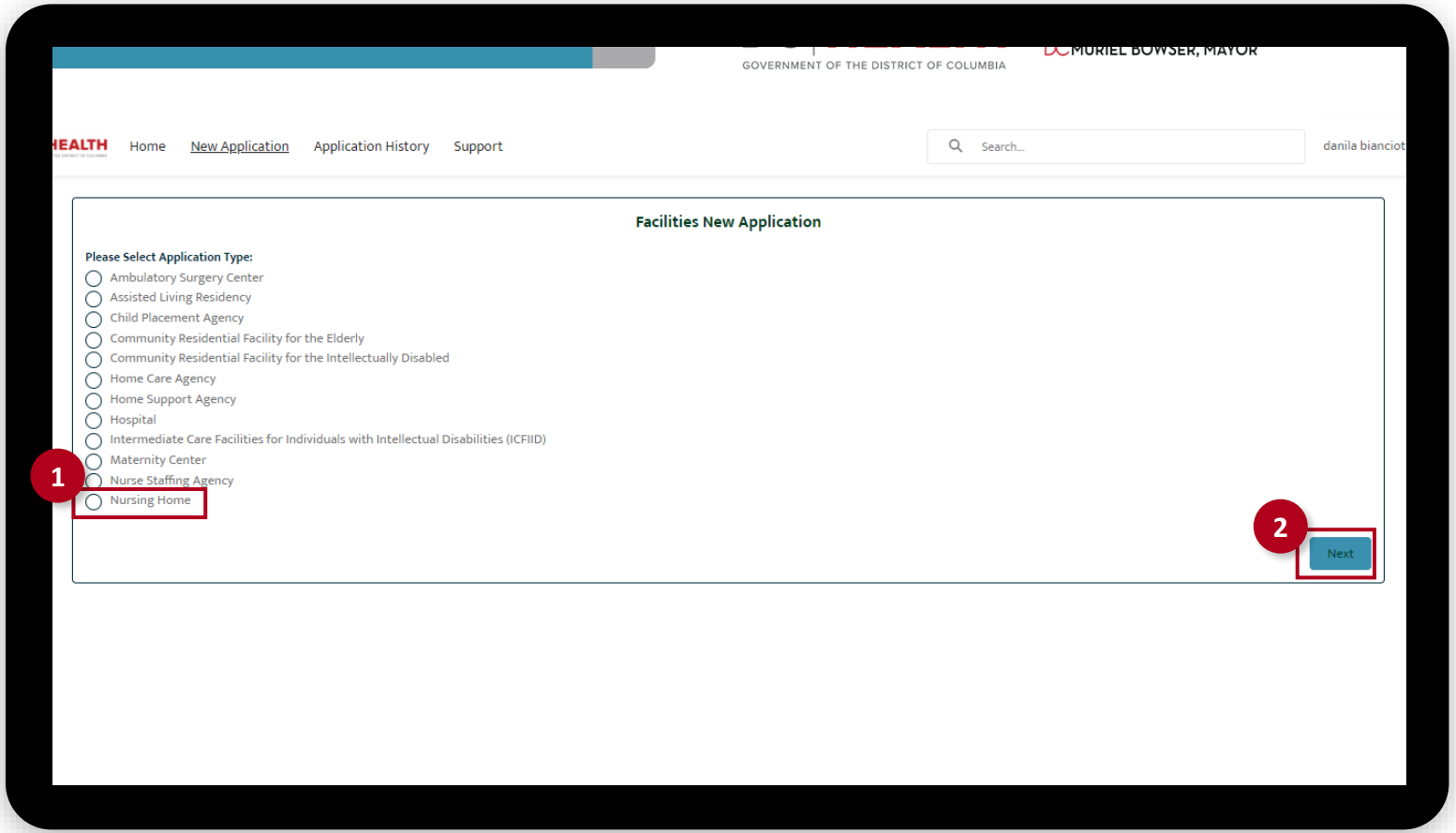
1. Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



Select the Facilities New Application

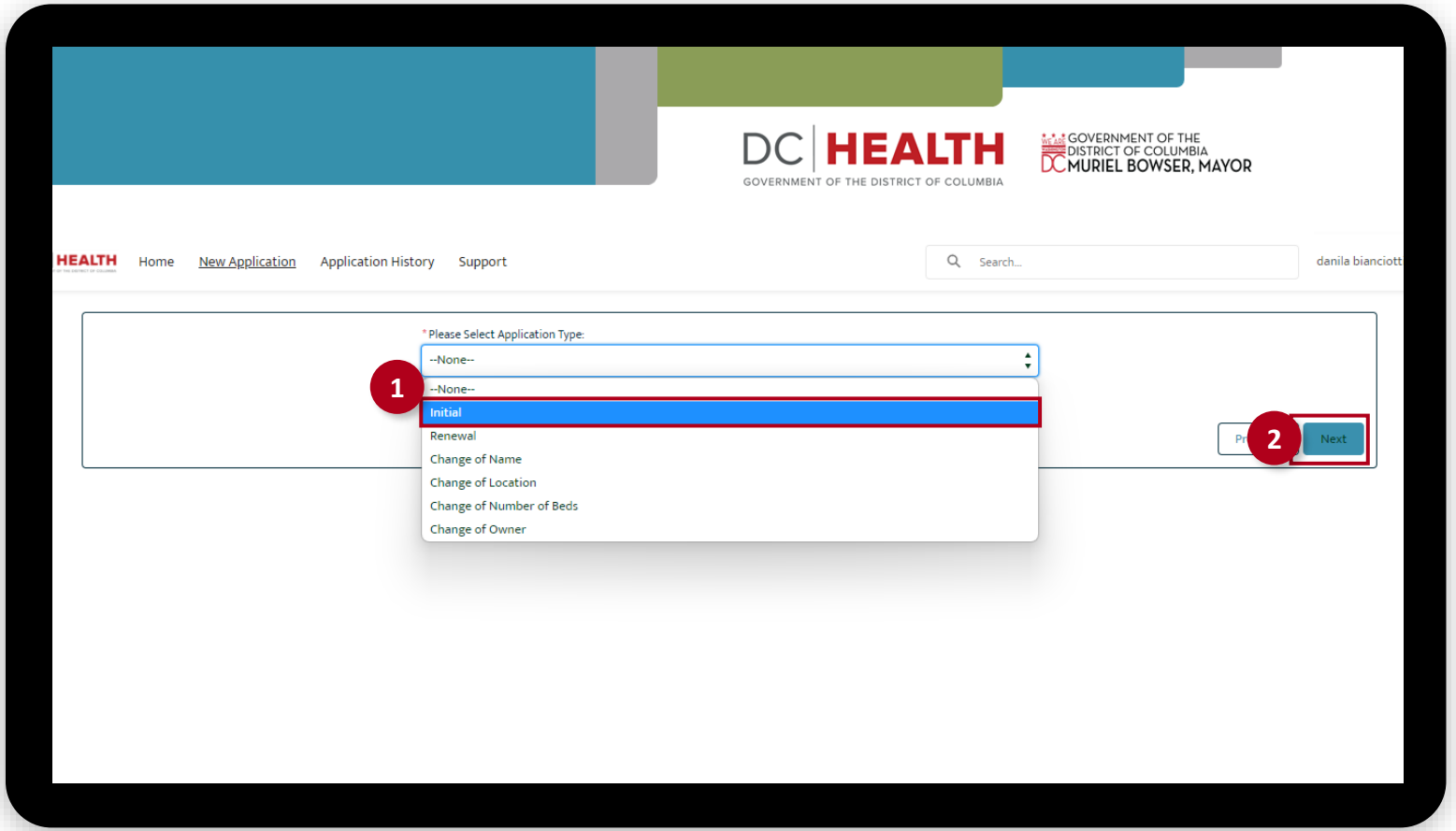
1. Select the **Nursing Home** option from the list.

2. Click the **Next** button.



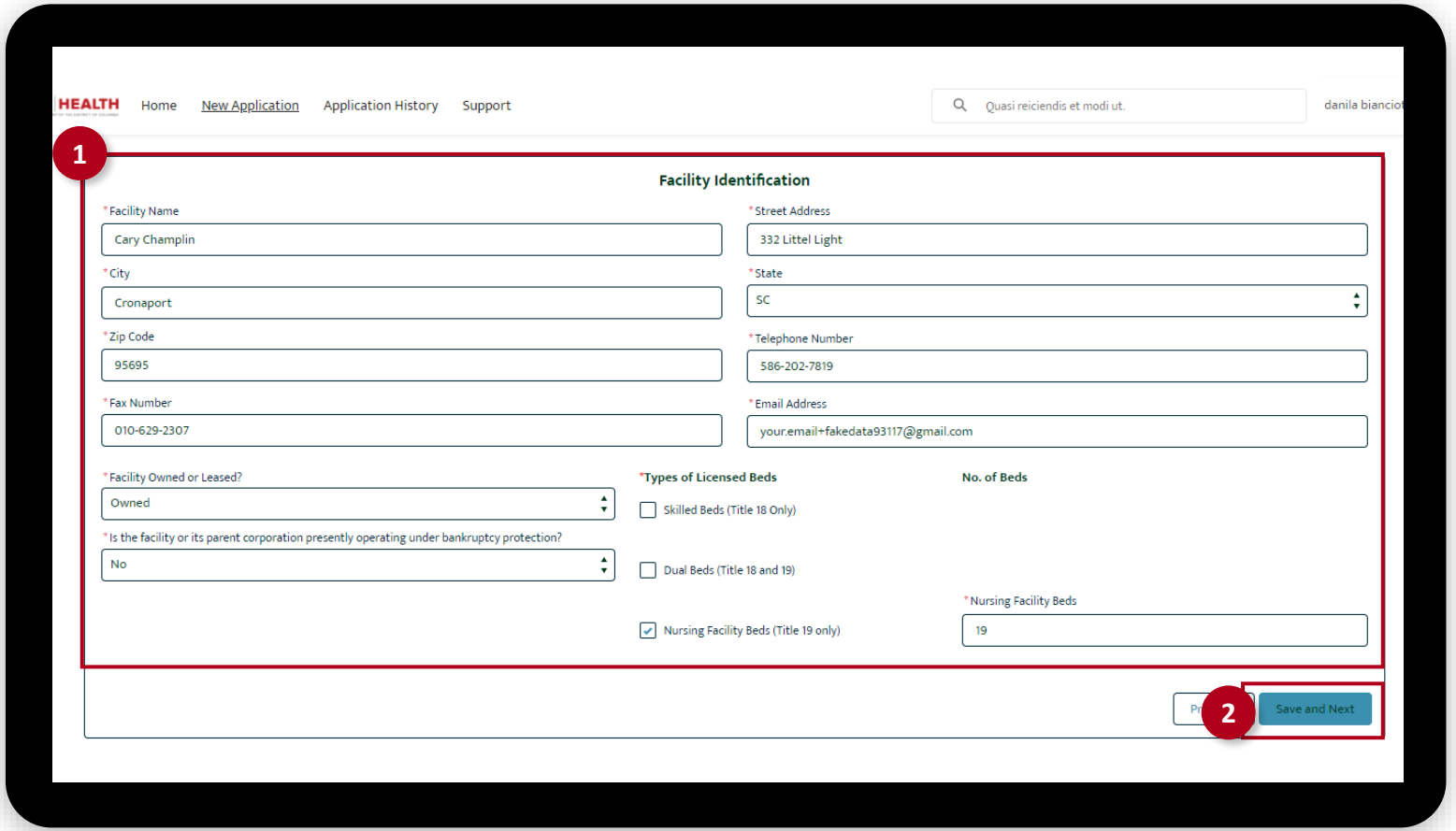
Select the Application Type

1. Select the **Initial** option from the drop-down list.
2. Click the **Next** button.



Fill out the Facility Identification Information

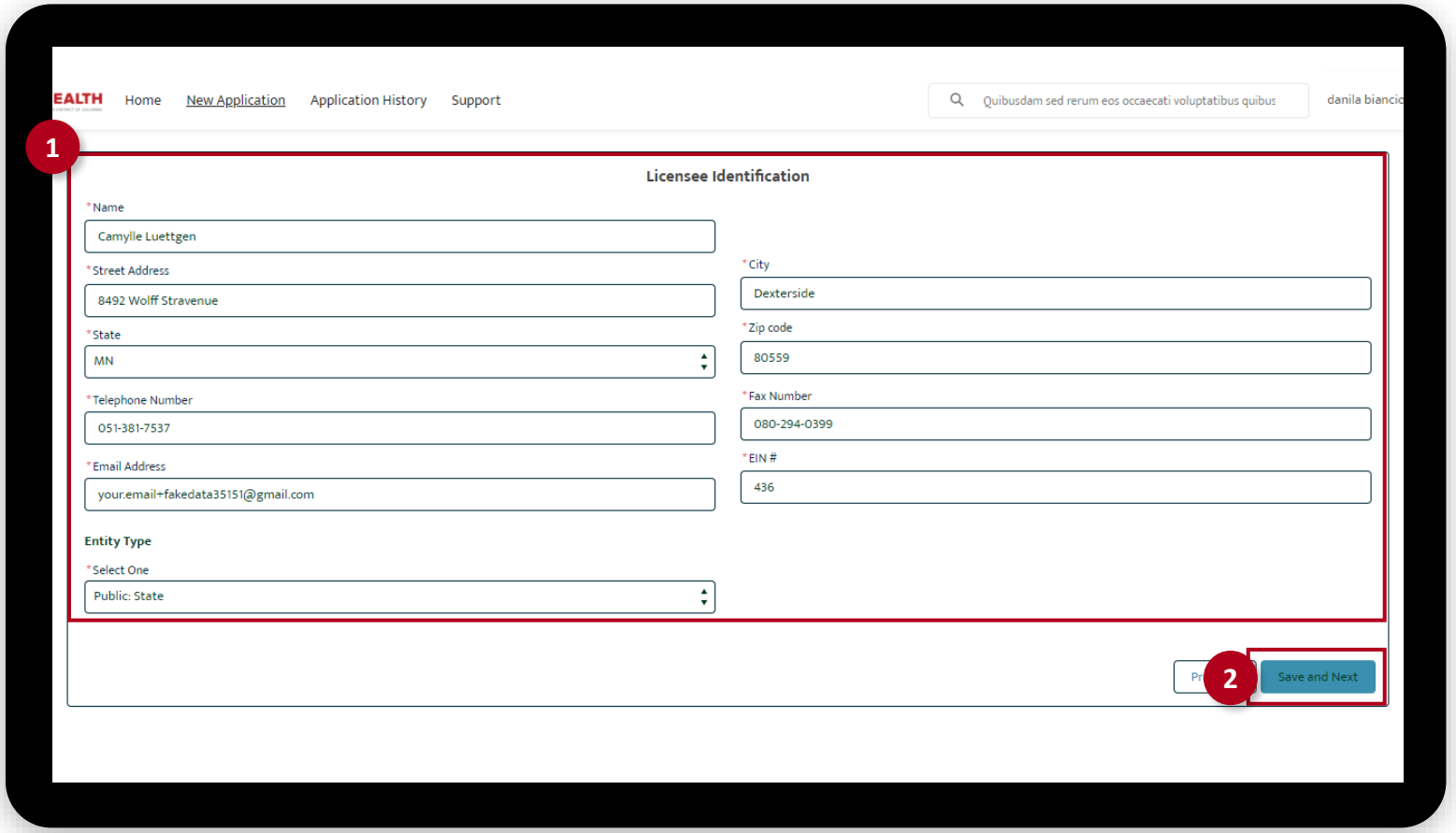
1. Fill out all the required fields.
2. Click the **Save and Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Licensee Identification Information

1. Fill out all the required fields.
2. Click the **Save and Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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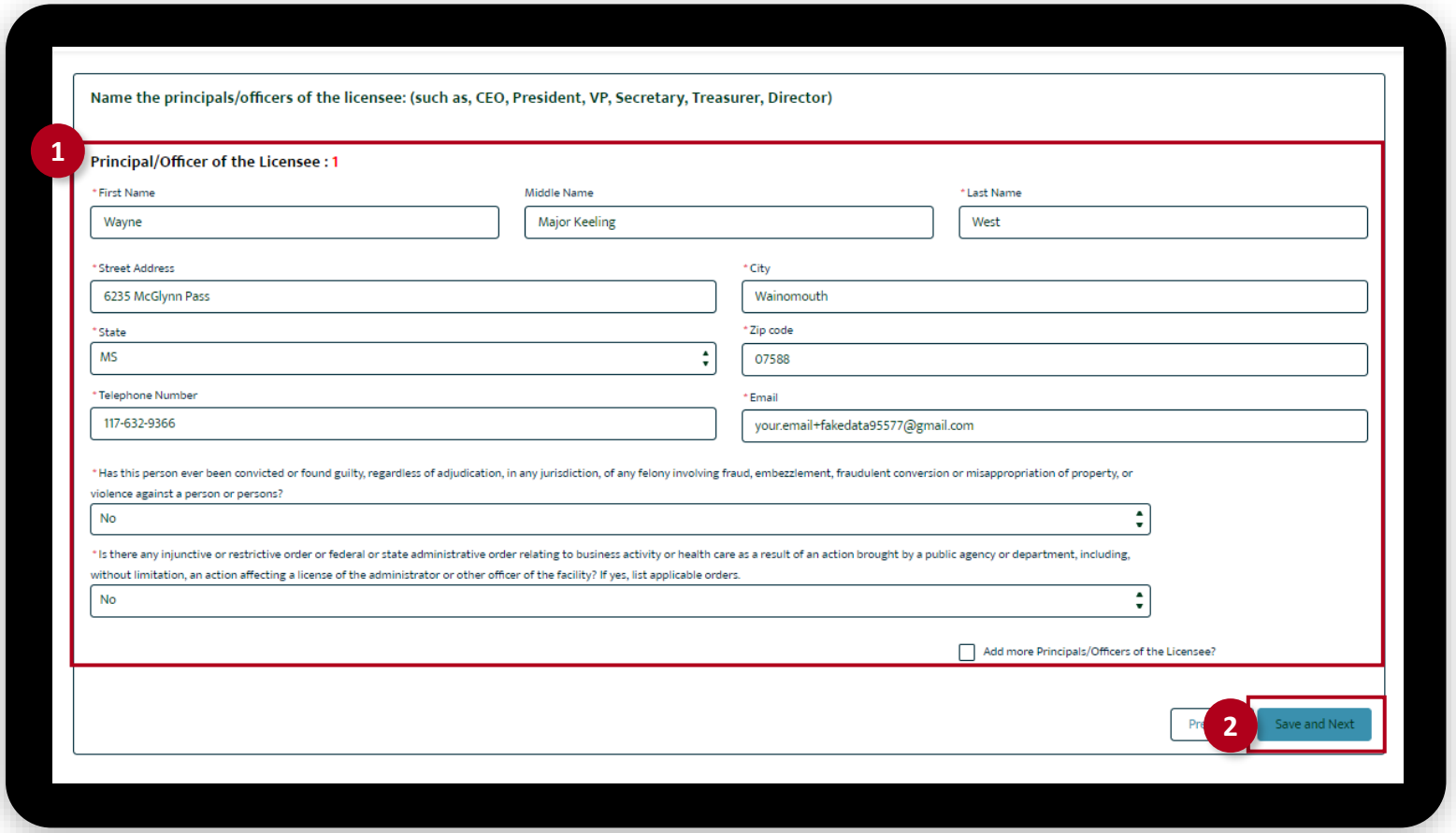
Fill out the principal/officers Information

1. Fill out all the required fields.
2. Click the **Save and Next** button.

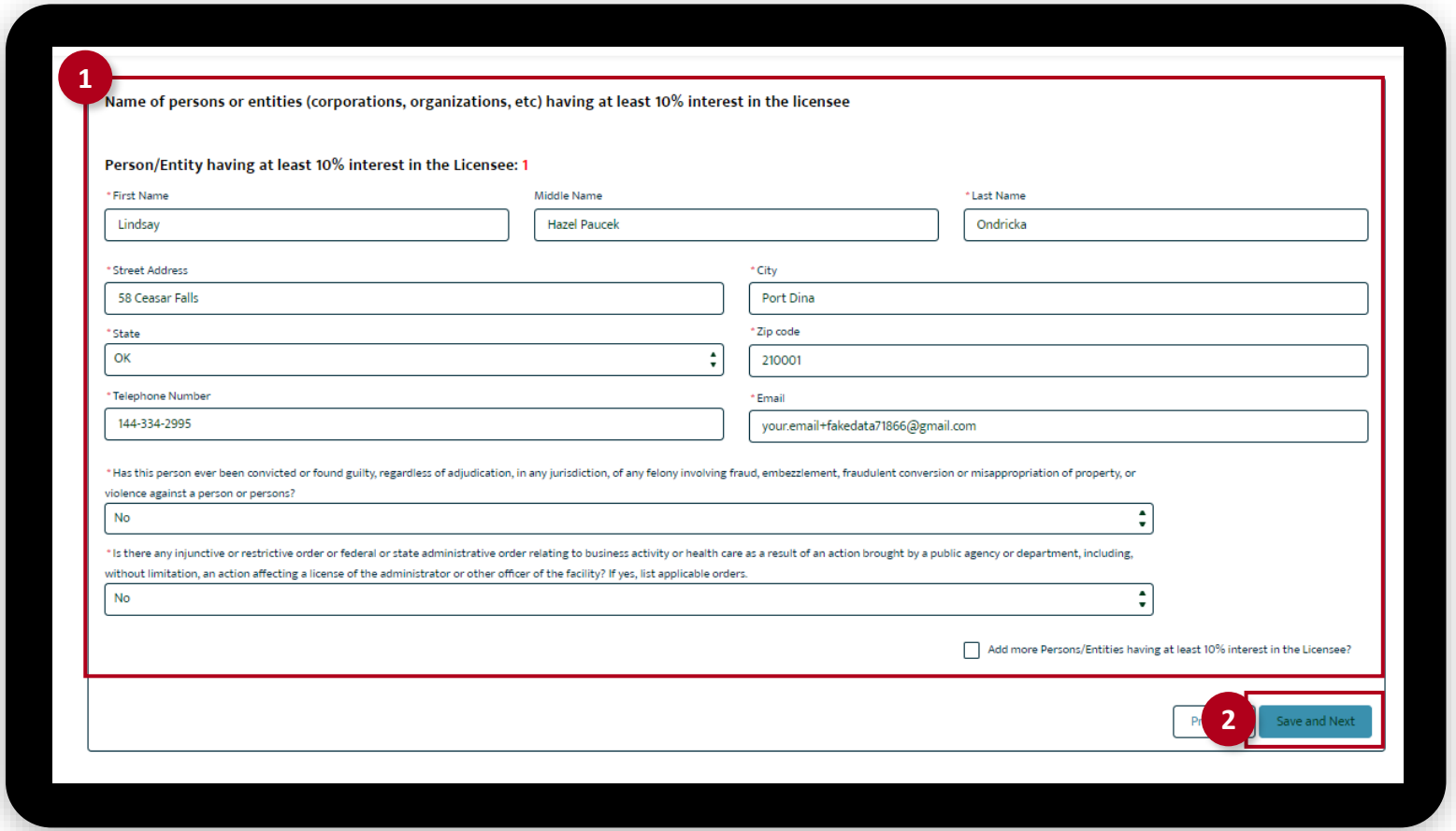


*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If needed, select the **Add more Principals/Officers of the License?.**

Fill out the Person/Entity Information

1. Fill out all the required fields.
2. Click the **Save and Next** button.

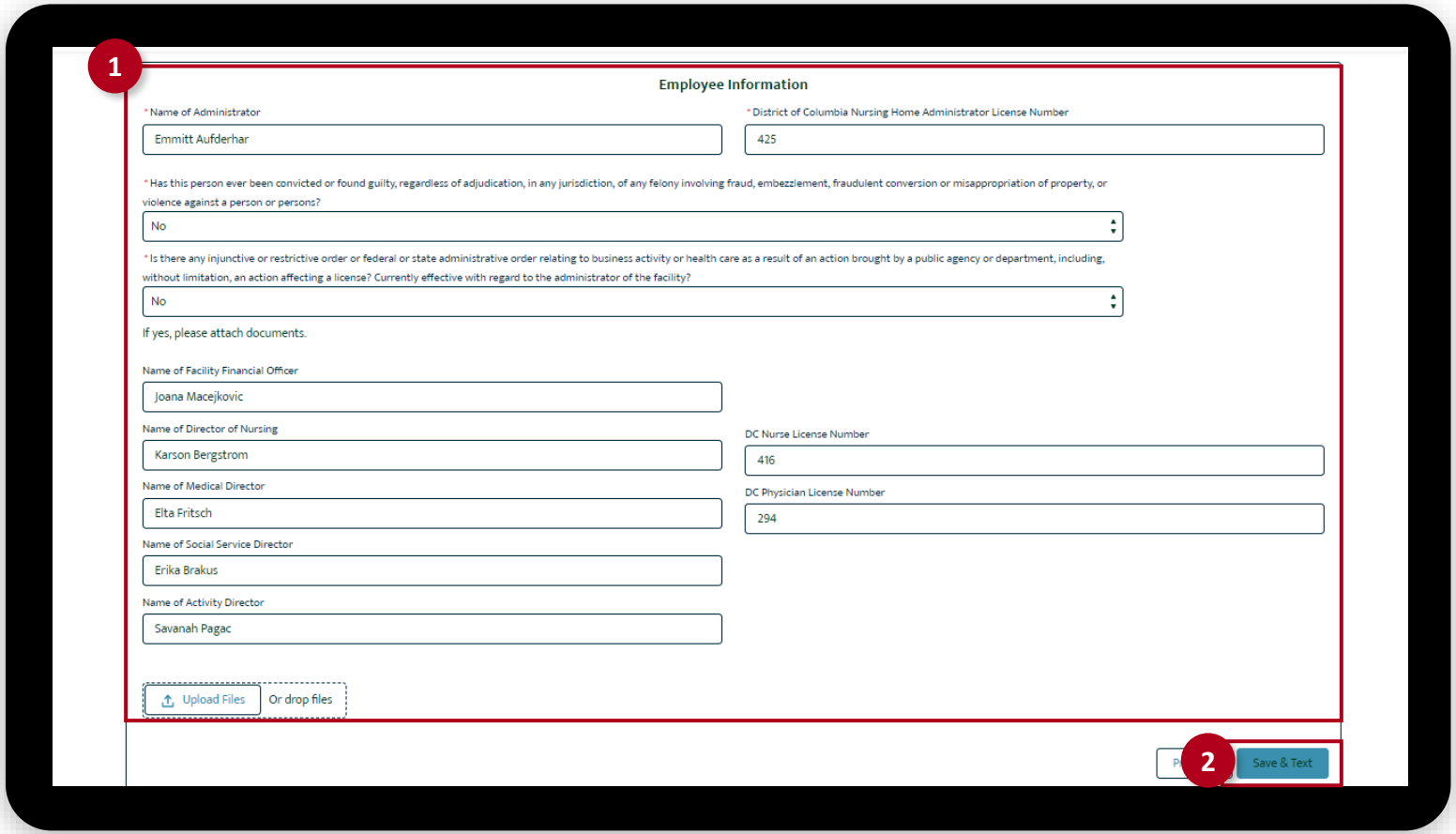


*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If needed, select the **Add more Persons/Entities having at least 10% interest in the License?.**

Fill out the Employee Information

1. Fill out all the required fields.
2. Click the **Save & Next** button.

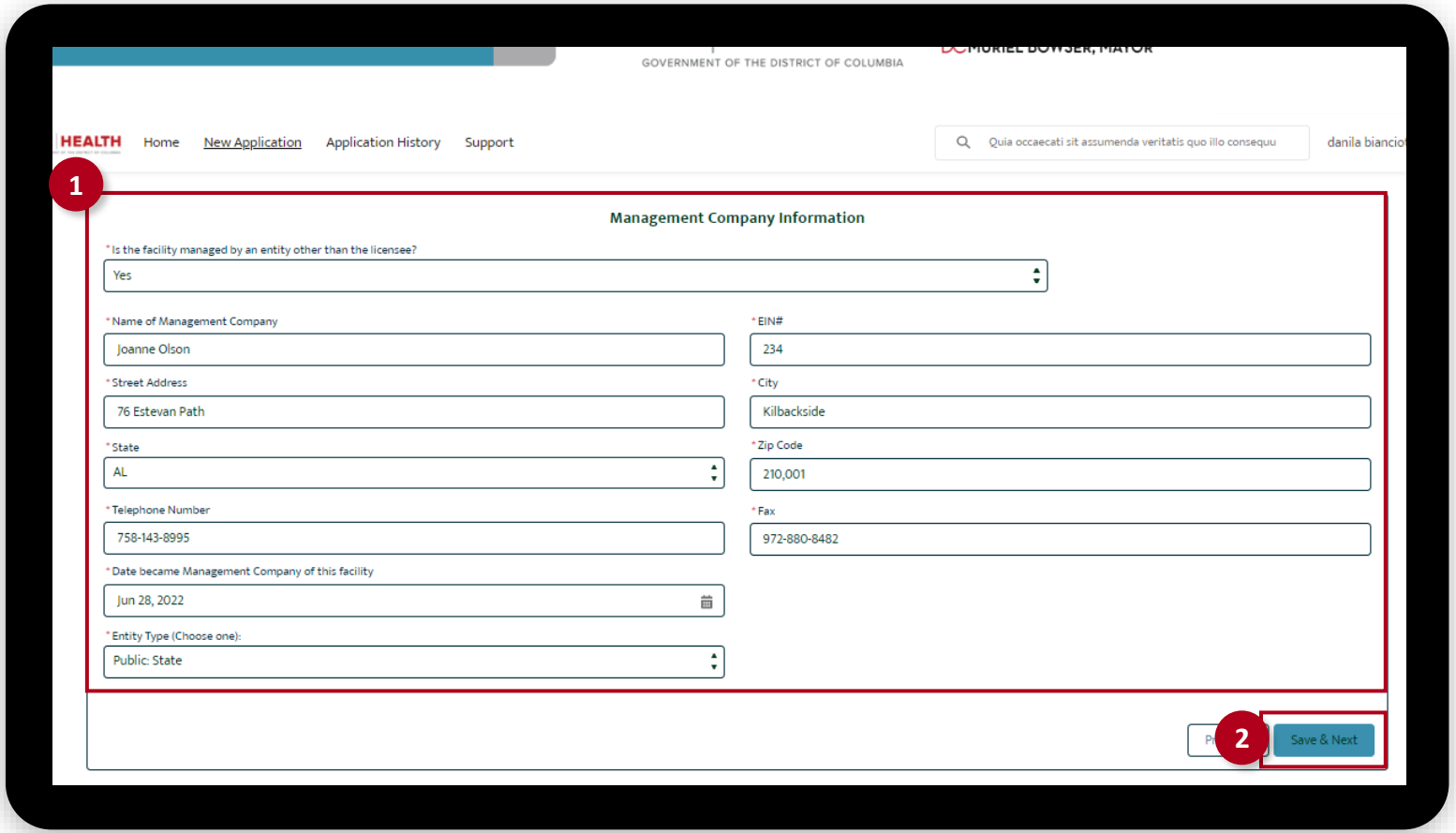


*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If needed, use the **Upload Files** button to attach needed documentation.

Select the Management Company Information

1. Select if the **facility is managed by an entity other than the licensee**. If **Yes** is selected, fill out the required information.
2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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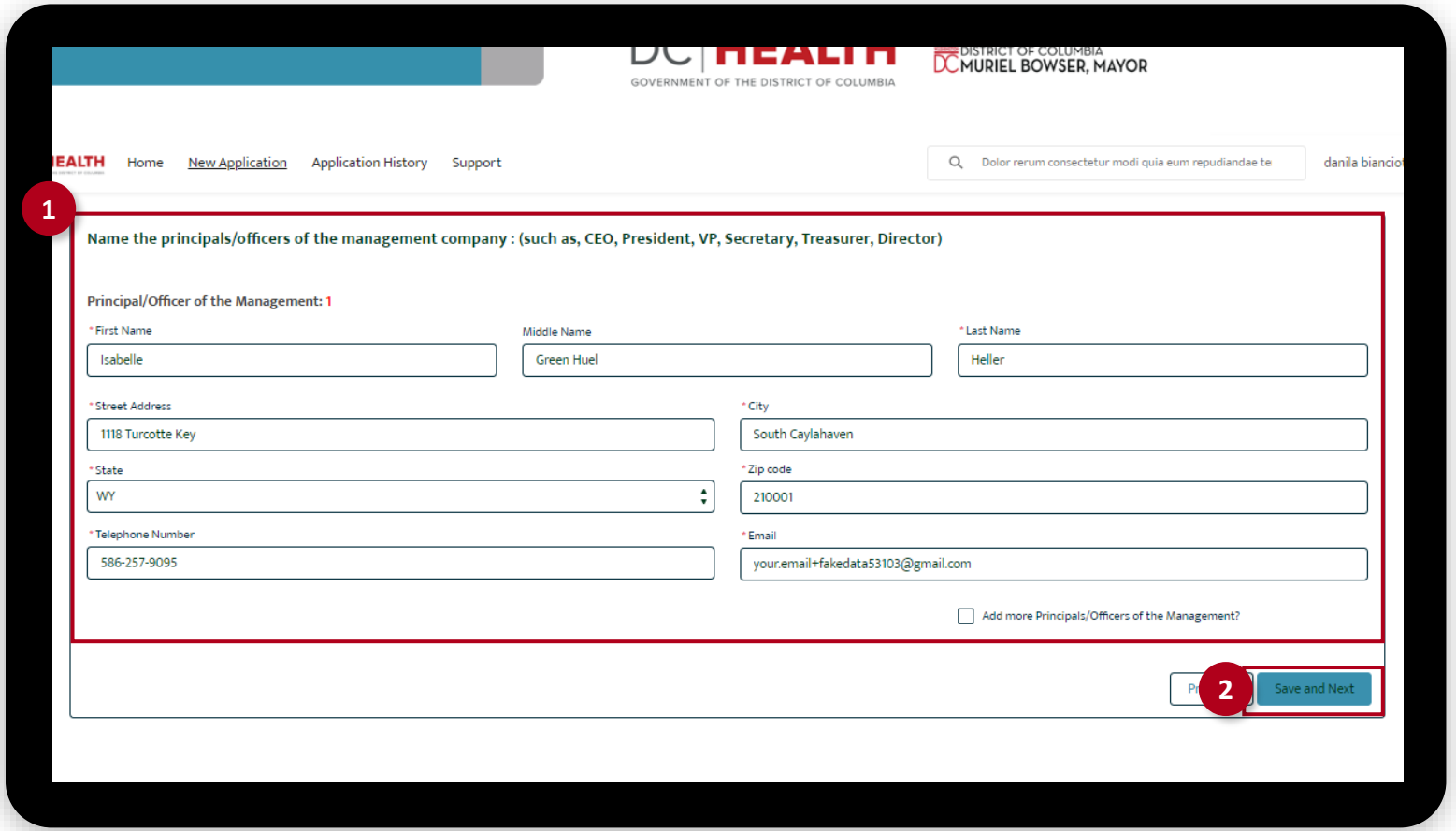
Fill out the principal/officers of management company Information

1. If **Yes** was selected in the **Management Company Information** screen, fill out the required fields.
2. Click the **Save and Next** button.

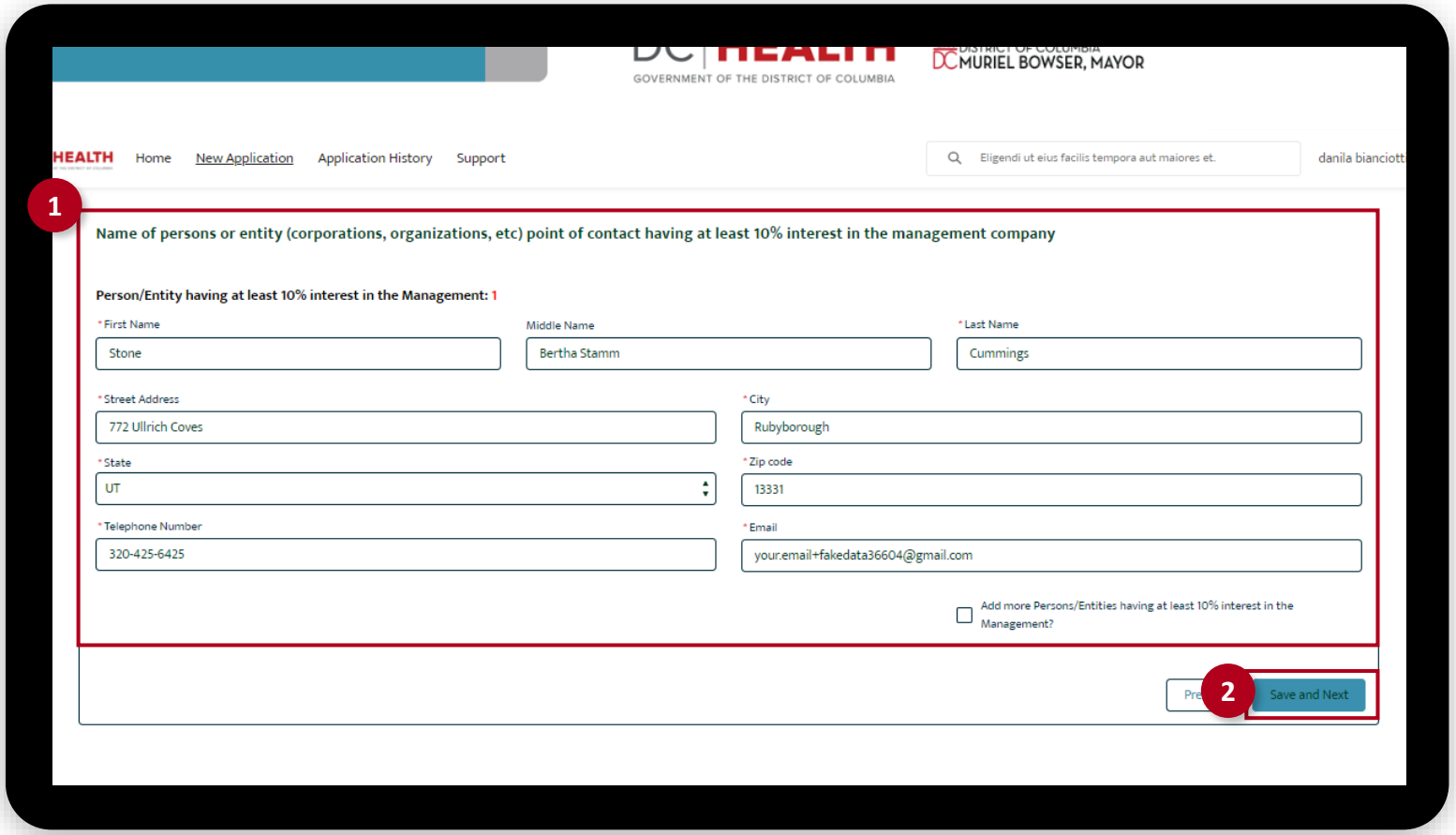


*The fields marked with * are mandatory and must be filled out to continue.*

TIP: This step is not needed if you selected **No** in the **Management Company Information** screen.

Fill out the persons/entity of management company Information

1. If **Yes** was selected in the **Management Company Information** screen, fill out the required fields.
2. Click the **Save and Next** button.

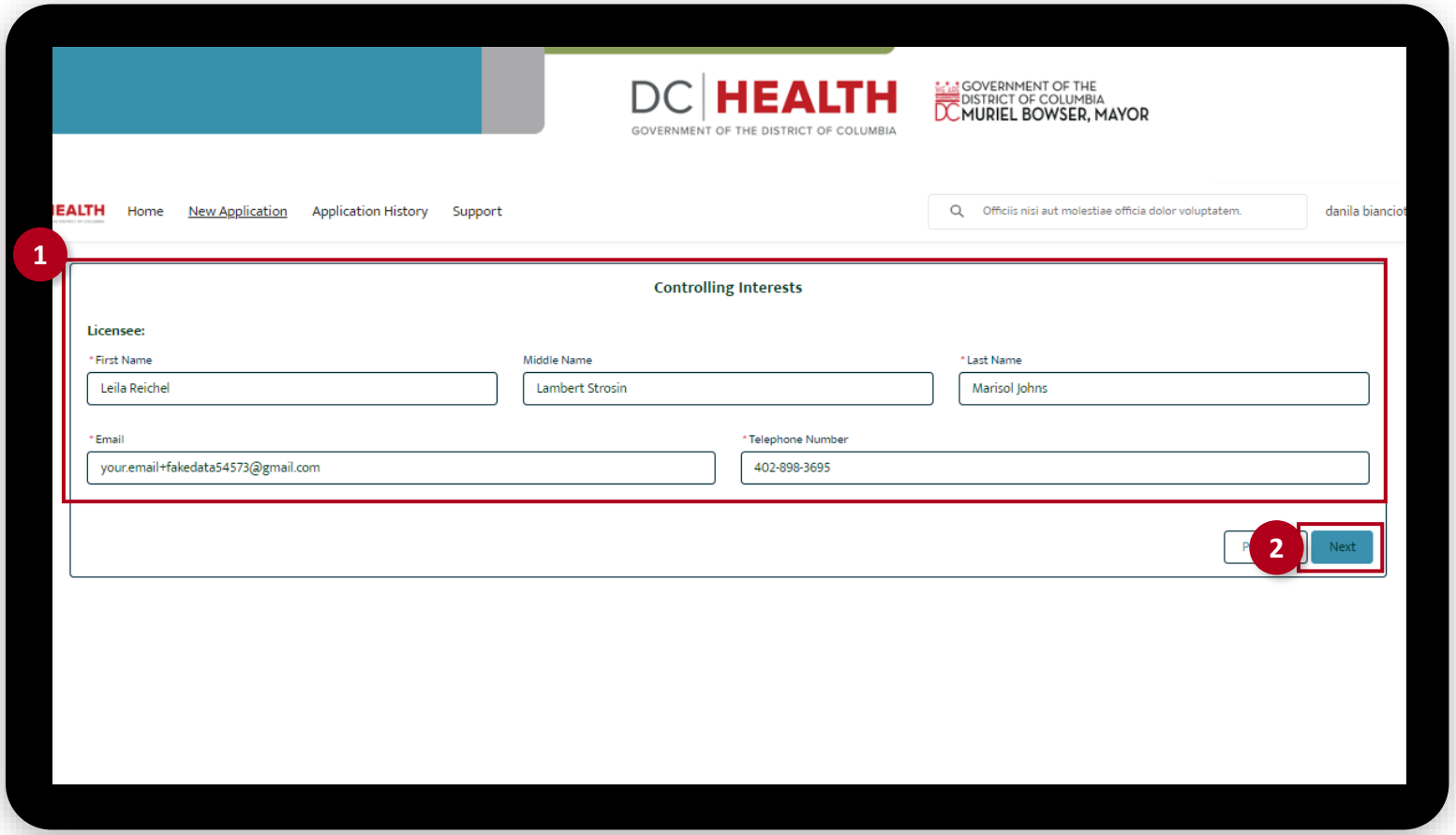


*The fields marked with * are mandatory and must be filled out to continue.*

TIP: This step is not needed if you selected **No** in the **Management Company Information** screen.

Fill out the Controlling Interests Information

1. Fill out all the required fields.
2. Click the **Next** button.



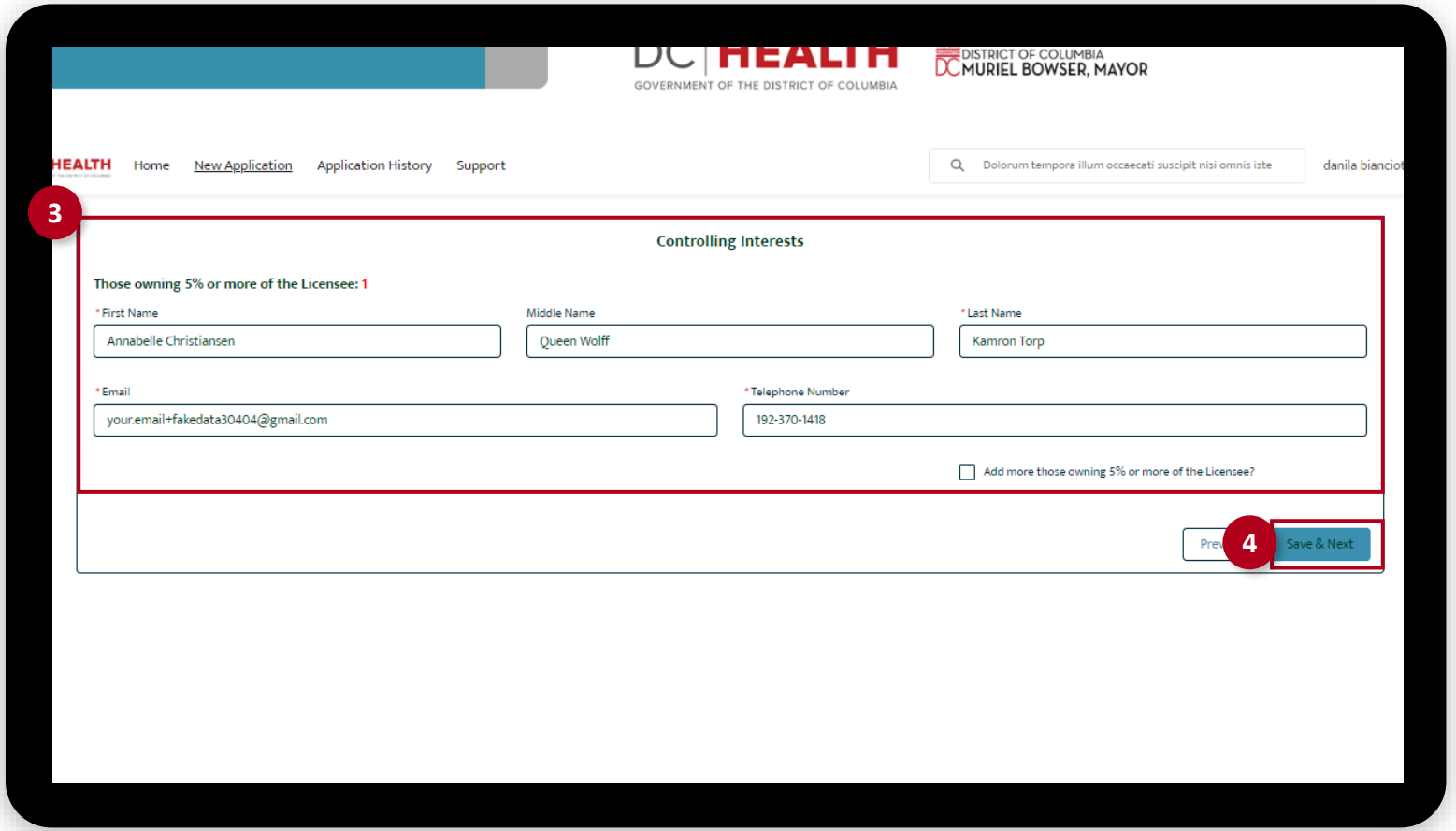
*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Controlling Interests Information

This screen is for those owning 5% or more of the Licensee.

3 Fill out all the required fields.

4 Click the **Save & Next** button.



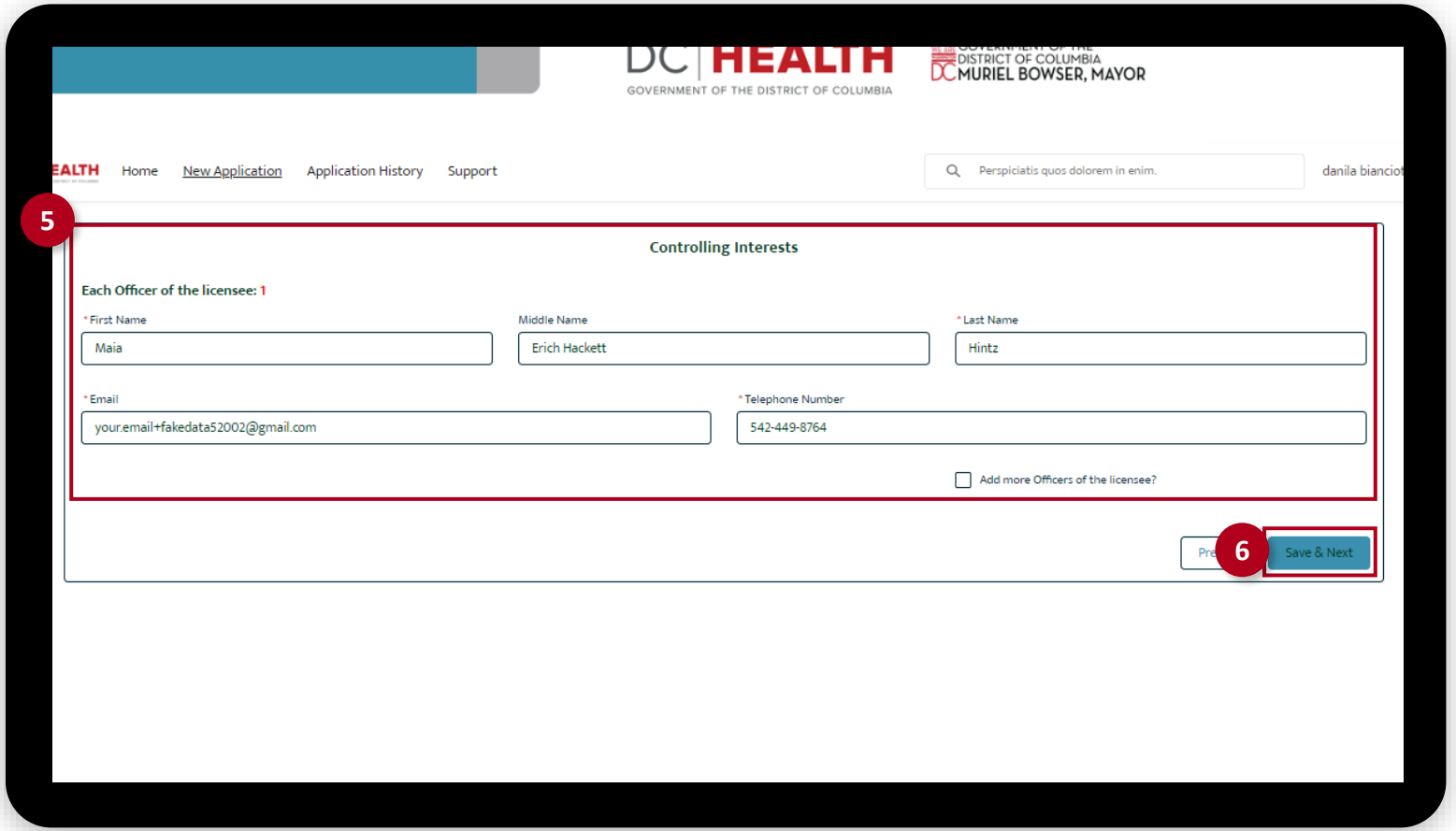
*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Controlling Interests Information

This screen is the Controlling Interests of each Officer of the licensee.

5 Fill out all the required fields.

6 Click the **Save & Next** button.



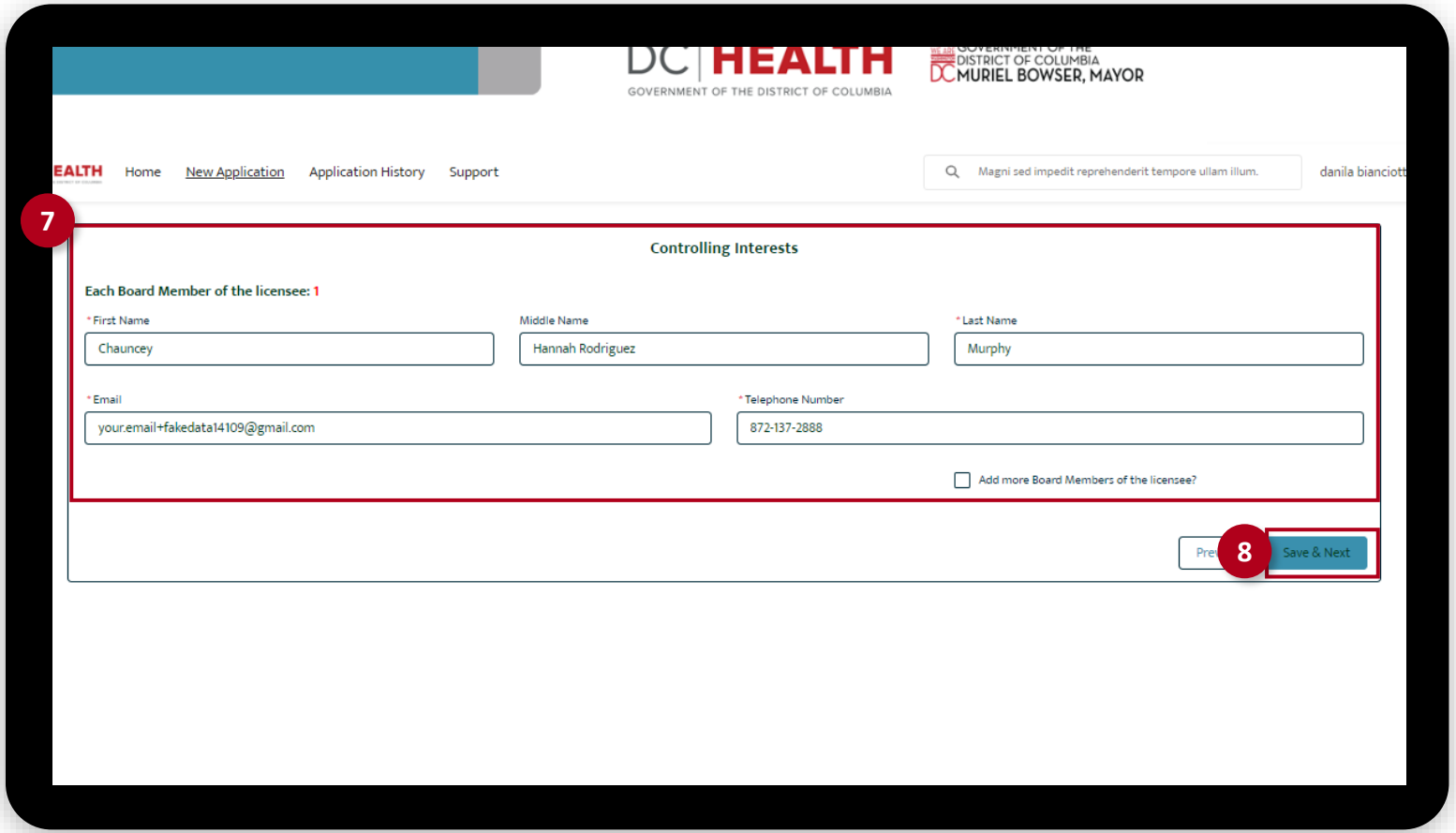
*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Controlling Interests Information

This screen is the Controlling Interests of each Board Member of the licensee.

7 Fill out all the required fields.

8 Click the **Save & Next** button.



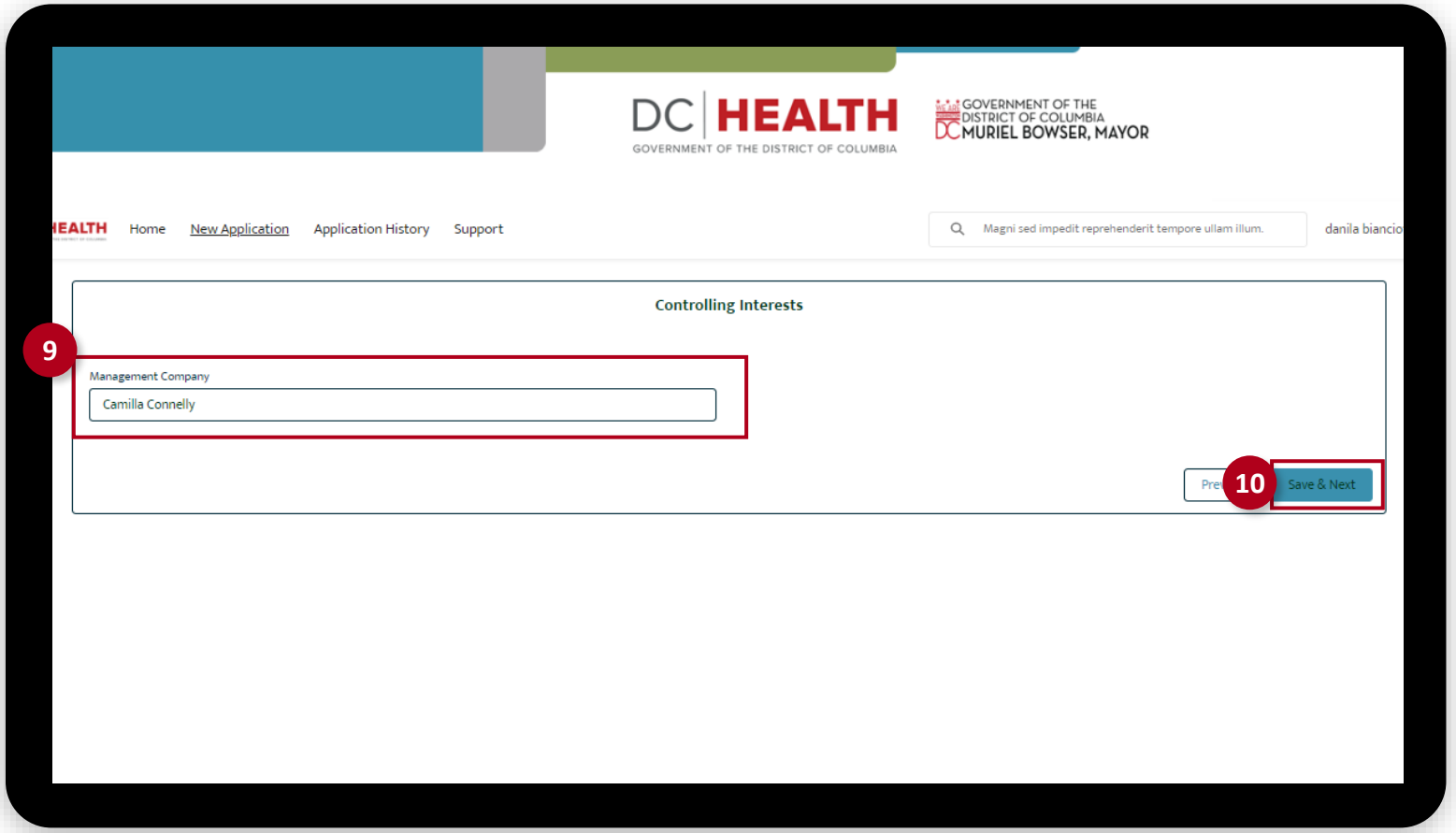
*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Controlling Interests Information

This screen is the name of the management company.

9. Fill out the name of the **Management Company** field.

10. Click the **Save & Next** button.



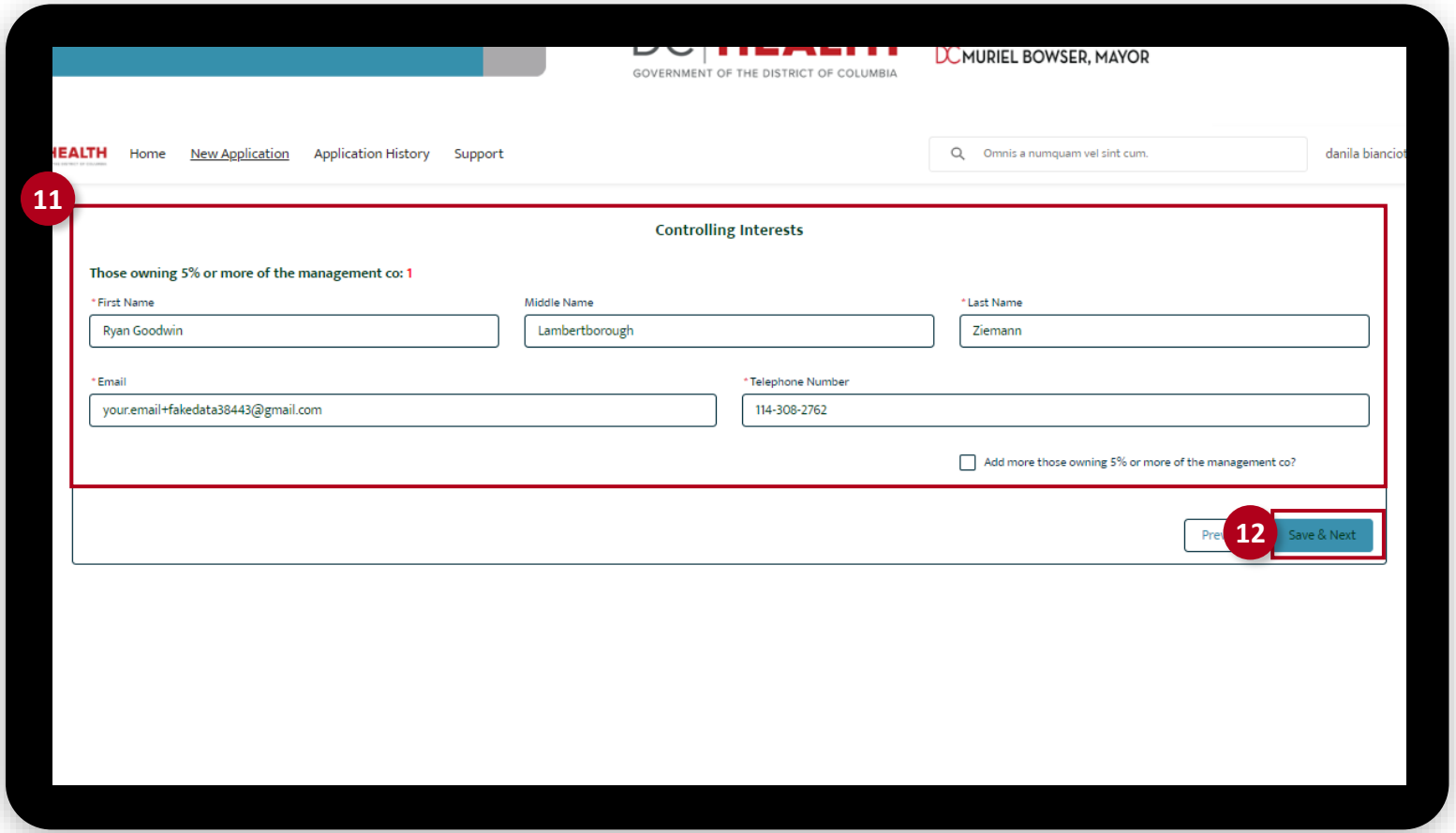
*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Controlling Interests Information

This screen is the information of those owning 5% or more of the management company.

11 Fill out the required fields.

12 Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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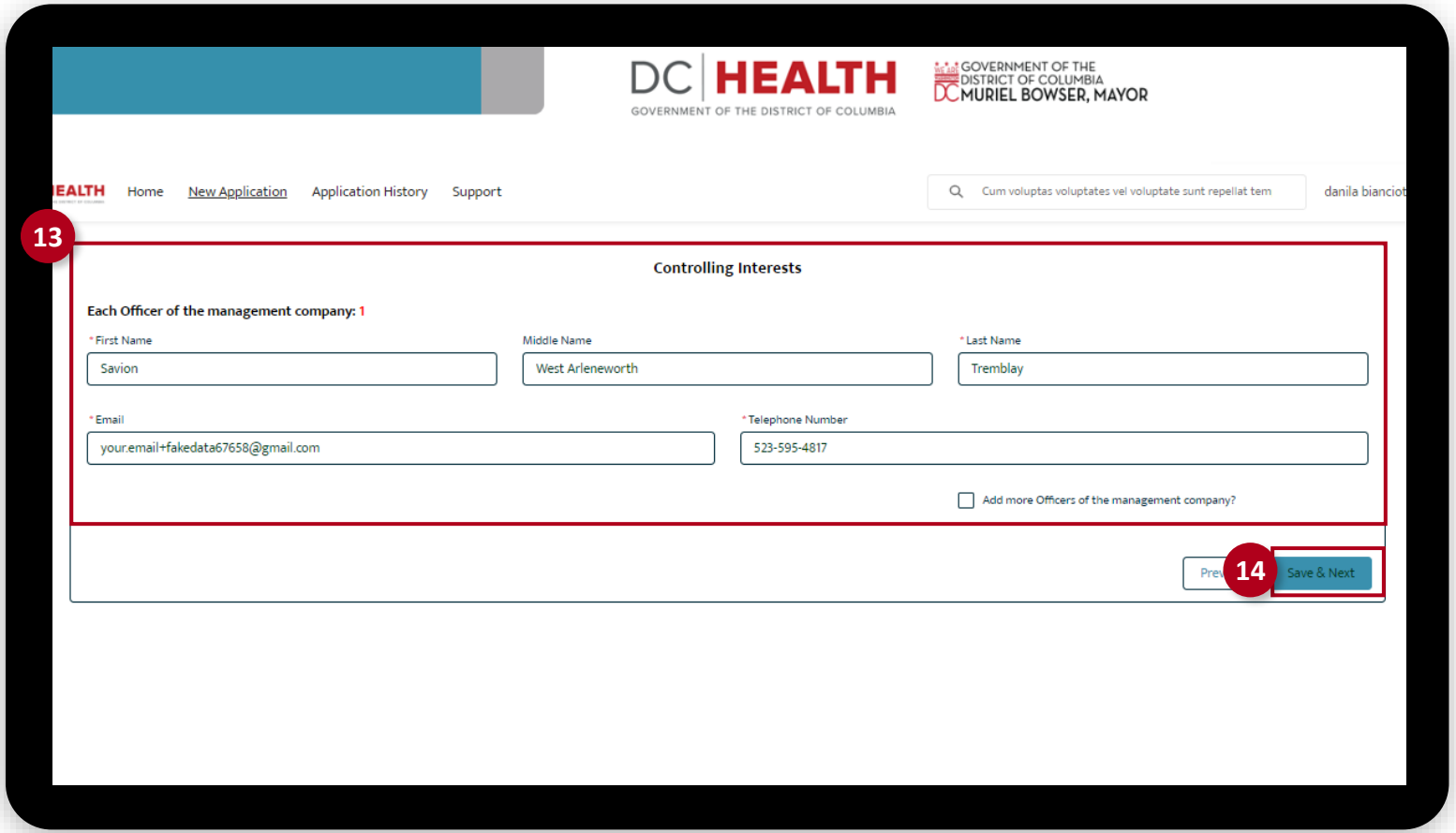
Fill out the Controlling Interests Information

This screen is the information of each Officer of the management company.

13 Fill out the required fields.

14 Click the **Save & Next** button.



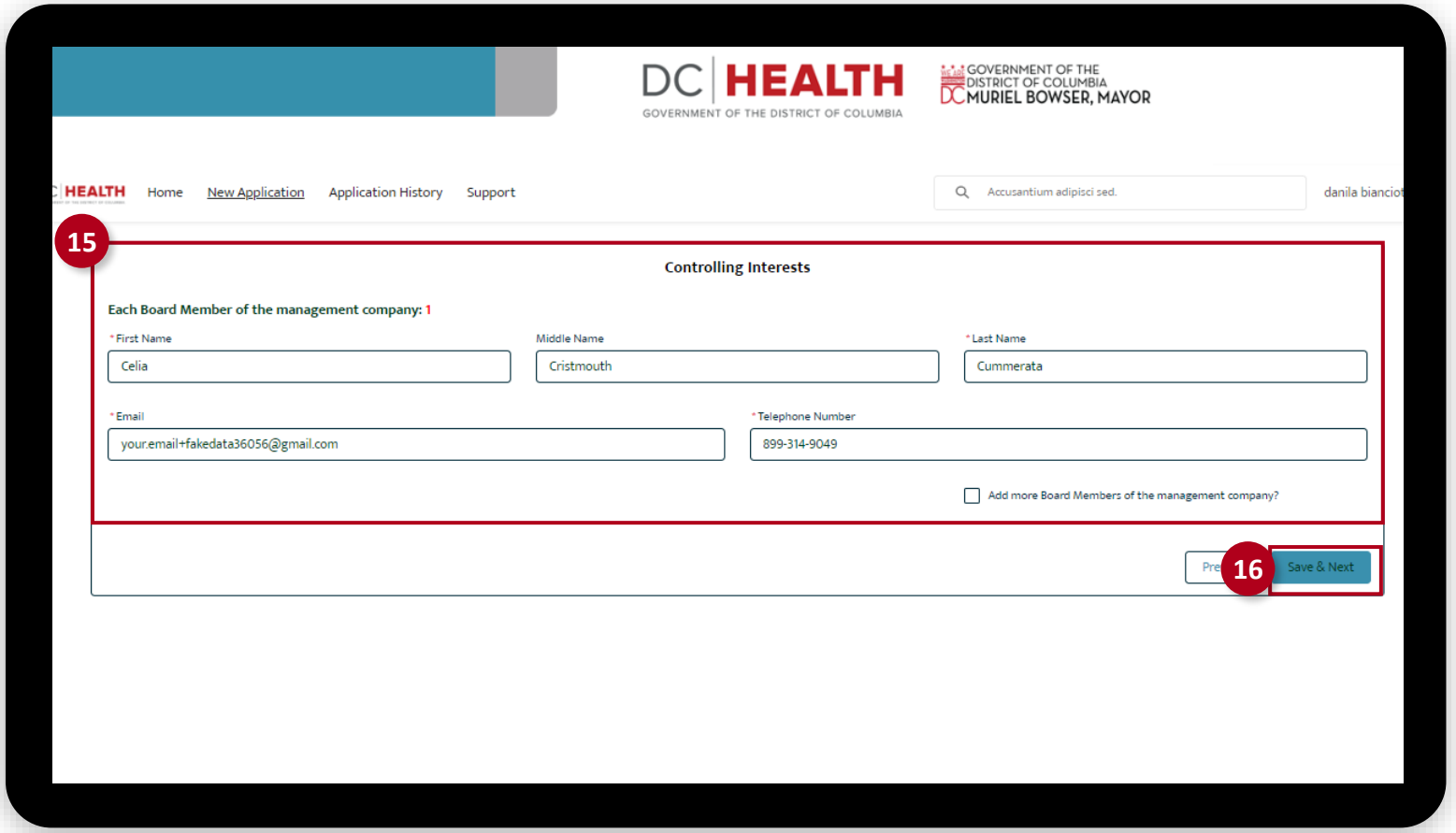
*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Controlling Interests Information

This screen is the information of each Board Member of the management company.

15 Fill out the required fields.

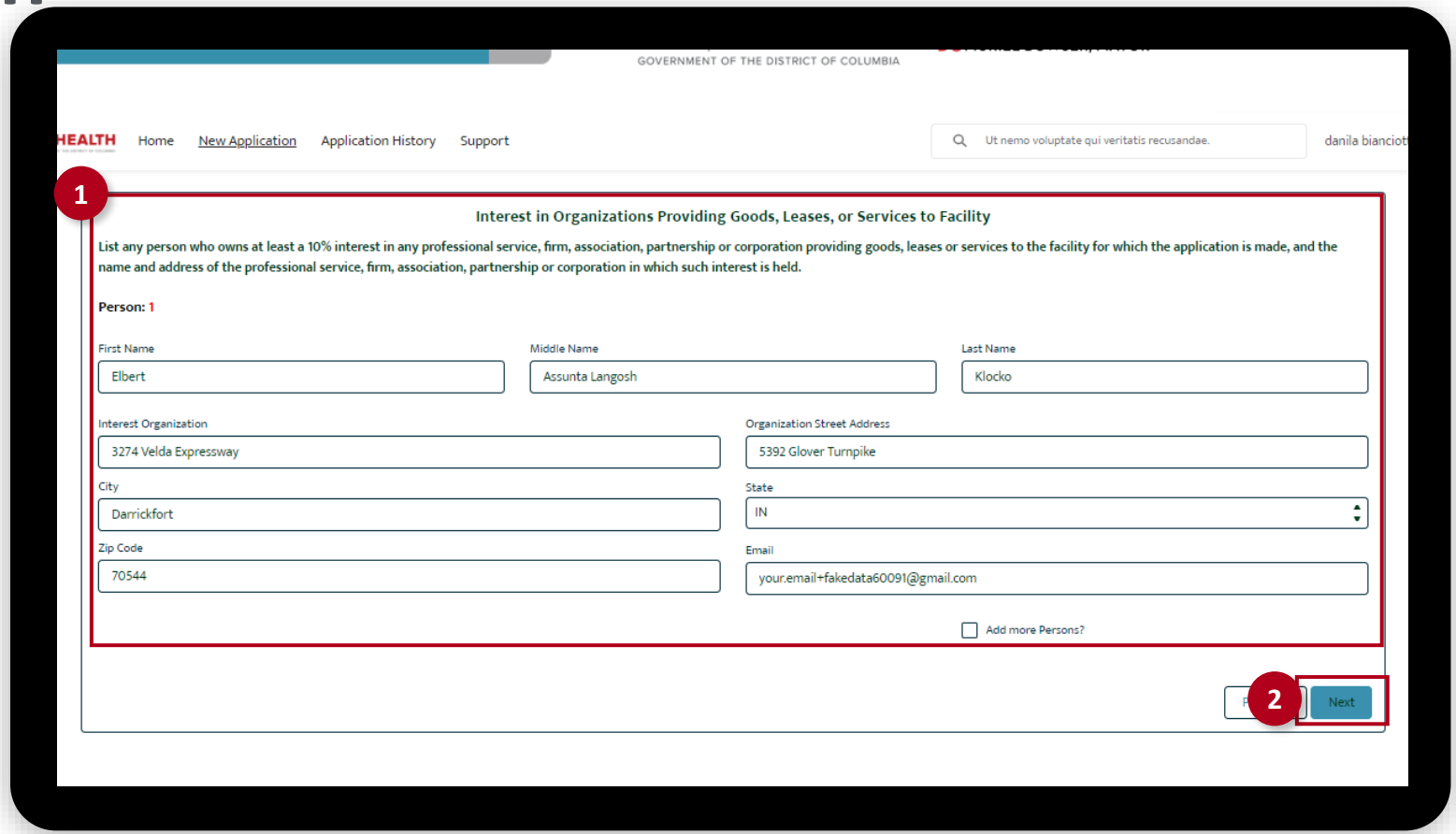
16 Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Organization Providing Goods, Leases, or Services Information

1. Fill out the required fields.
2. Click the **Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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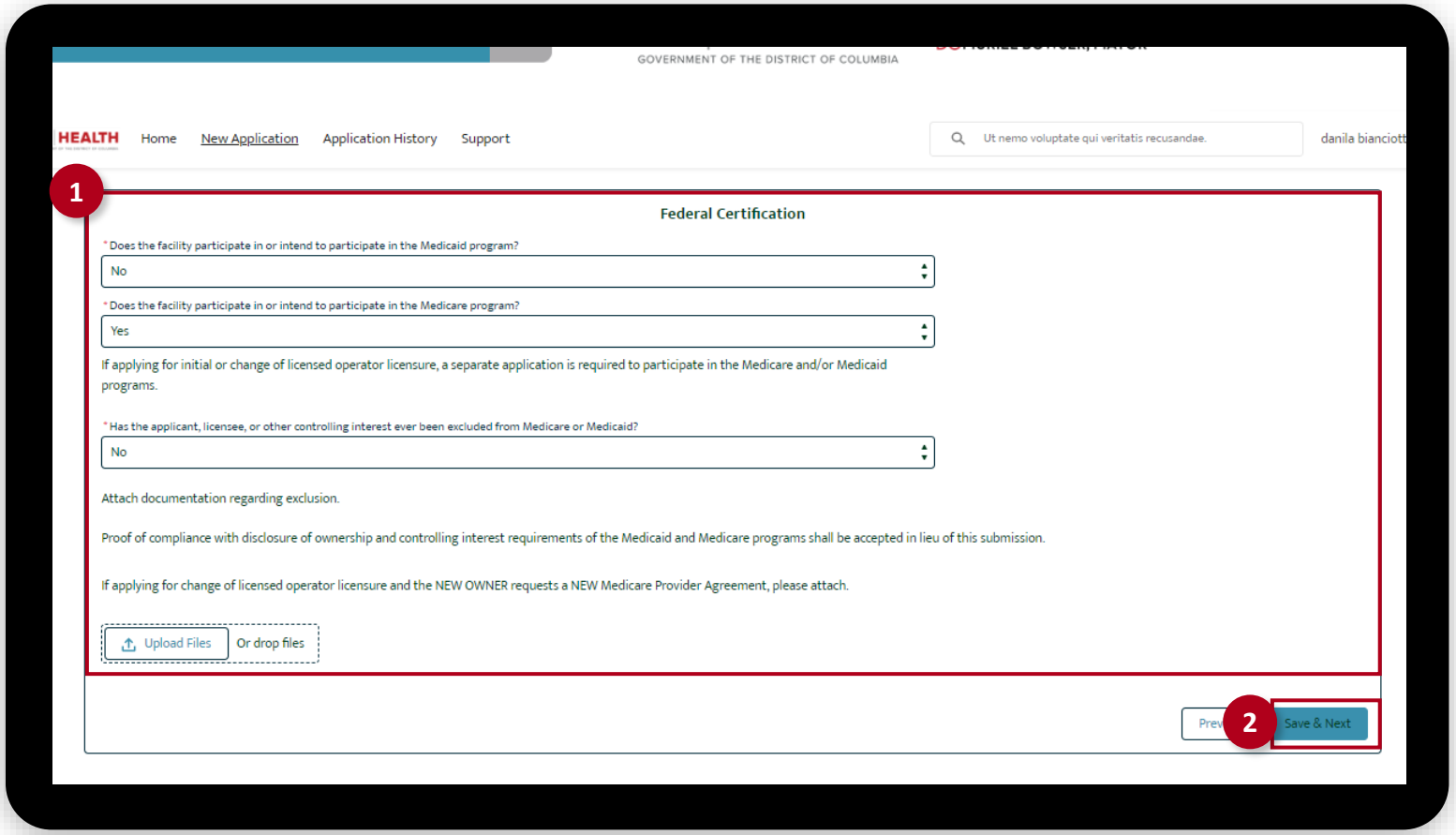
Fill out Federal Certification Information

1. Fill out the required fields.
2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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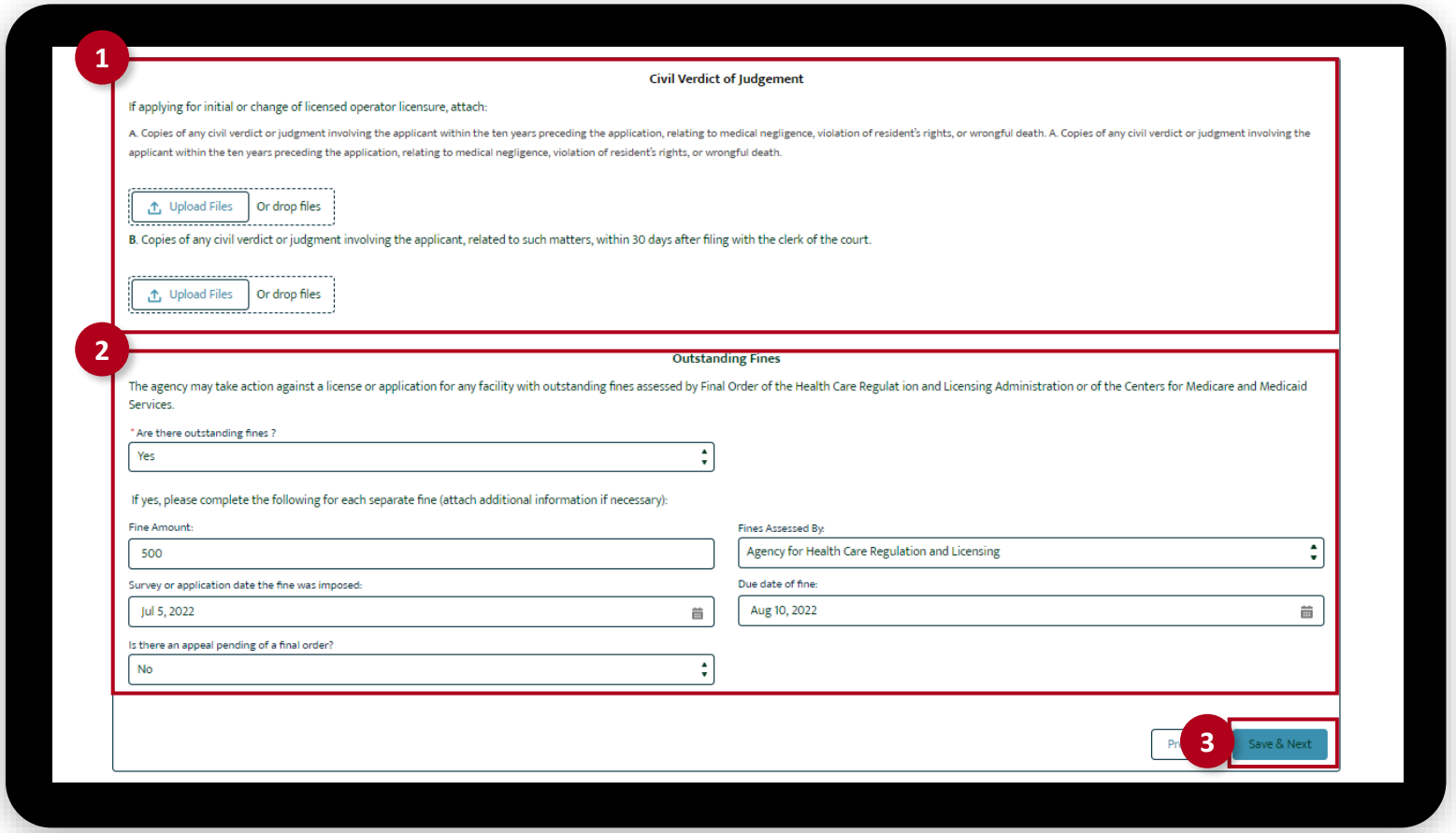
Fill out Civil Verdict of Judgment and Outstanding Fines Information

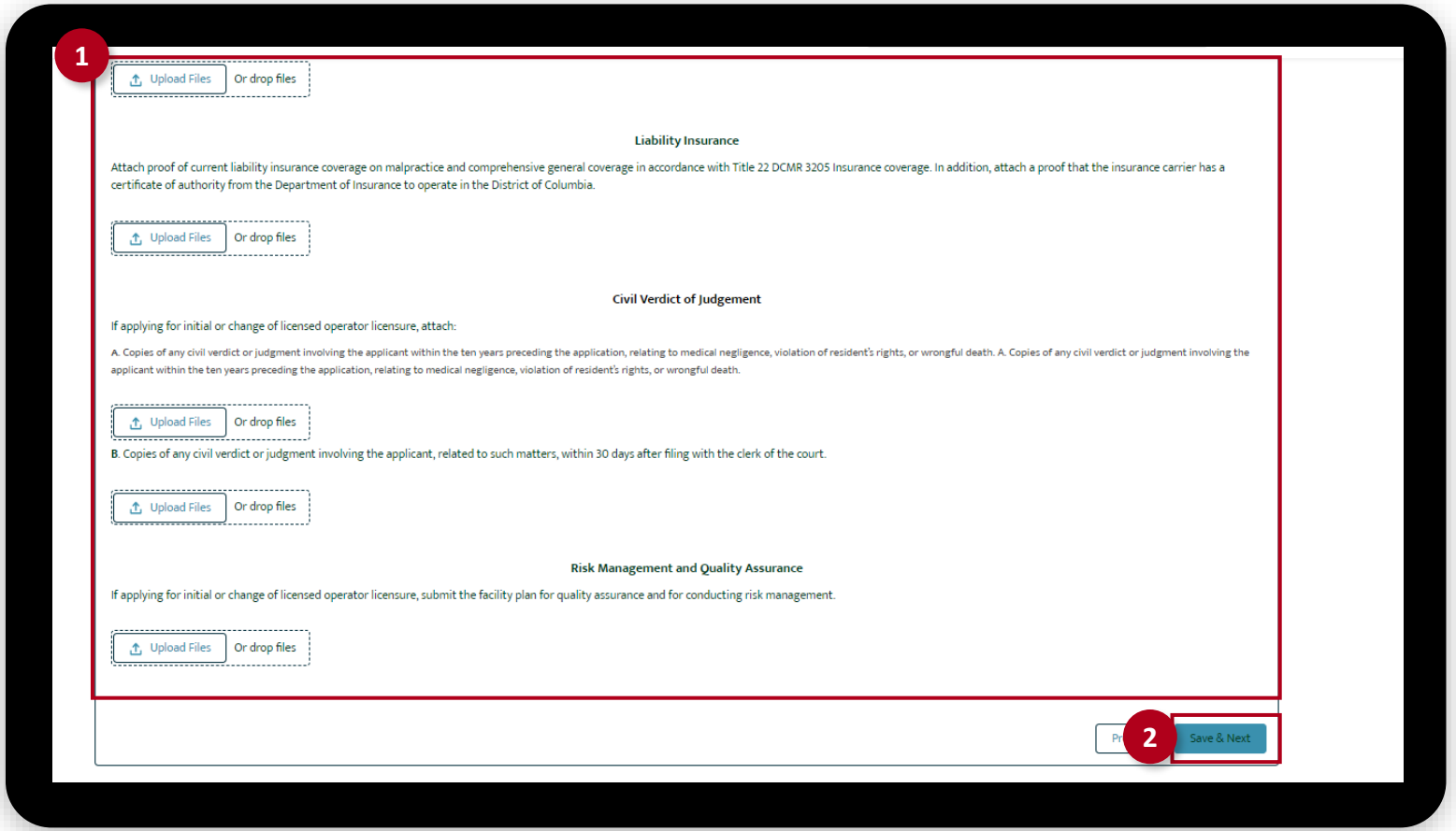
1. Fill out the required fields and attach needed files clicking the **Upload Files** button.
2. Select **Yes** or **No** from the drop-down menu. If **Yes** is selected, fill out the required information.
3. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Fill out additional information

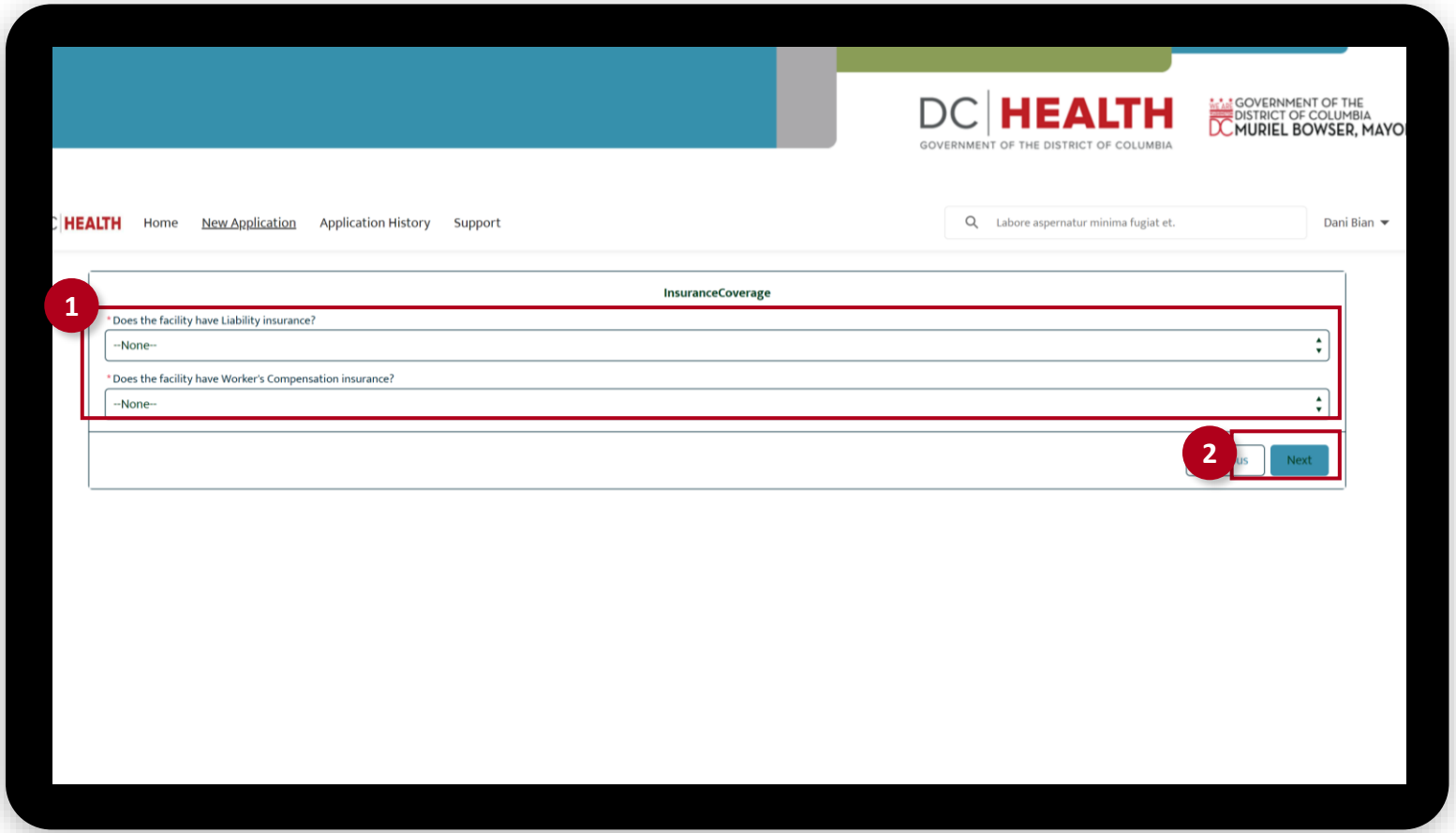
1. Fill out the required fields and attach needed files clicking the **Upload Files** button.
2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Fill out Insurance Coverage information

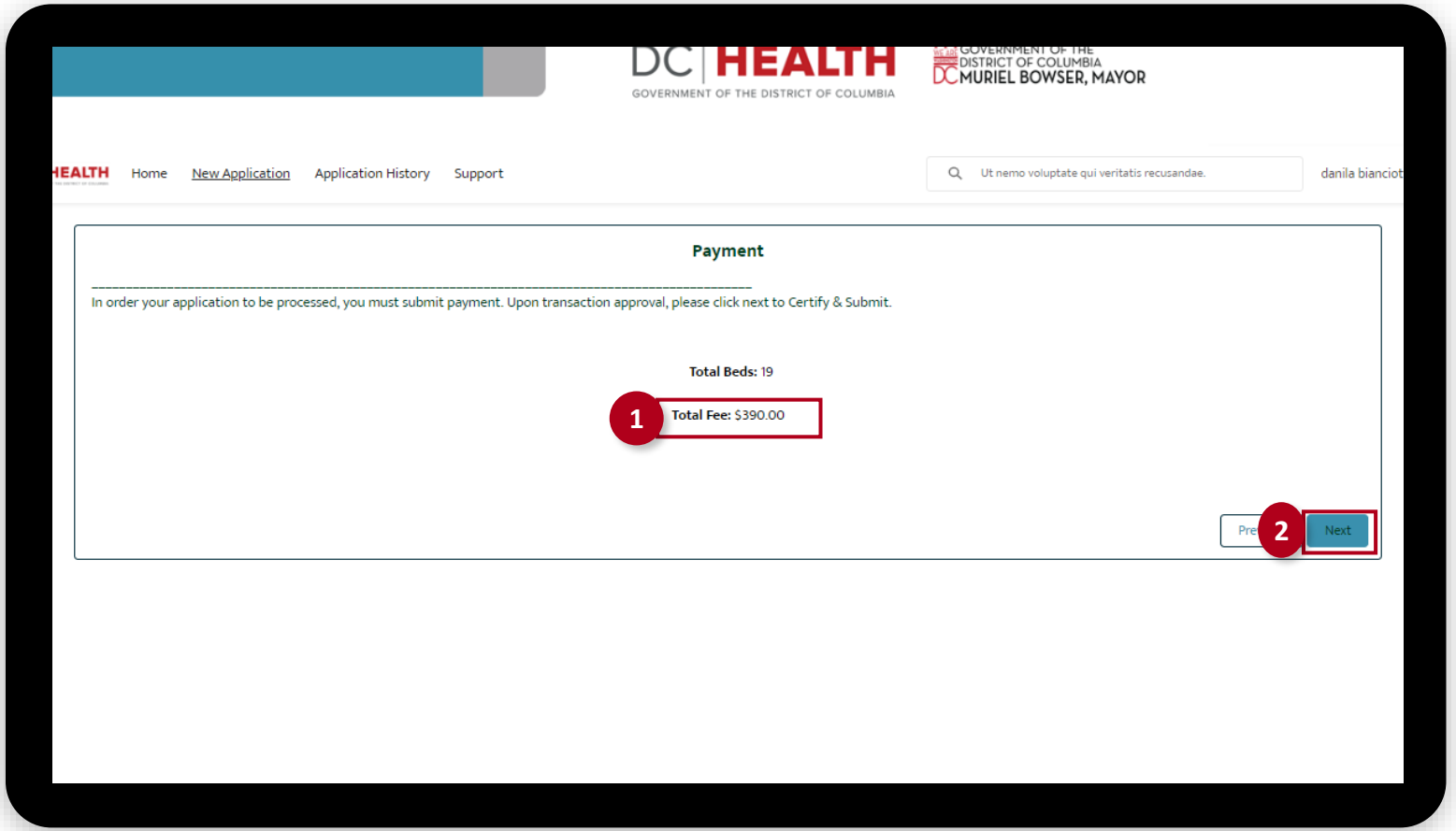
1. Select **Yes/No** in the required fields. Upload documentation by clicking the **Upload Files** button.
2. Click the **Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Payment

1. Check if **Total Fee** is correct.
2. Click the **Next** button.

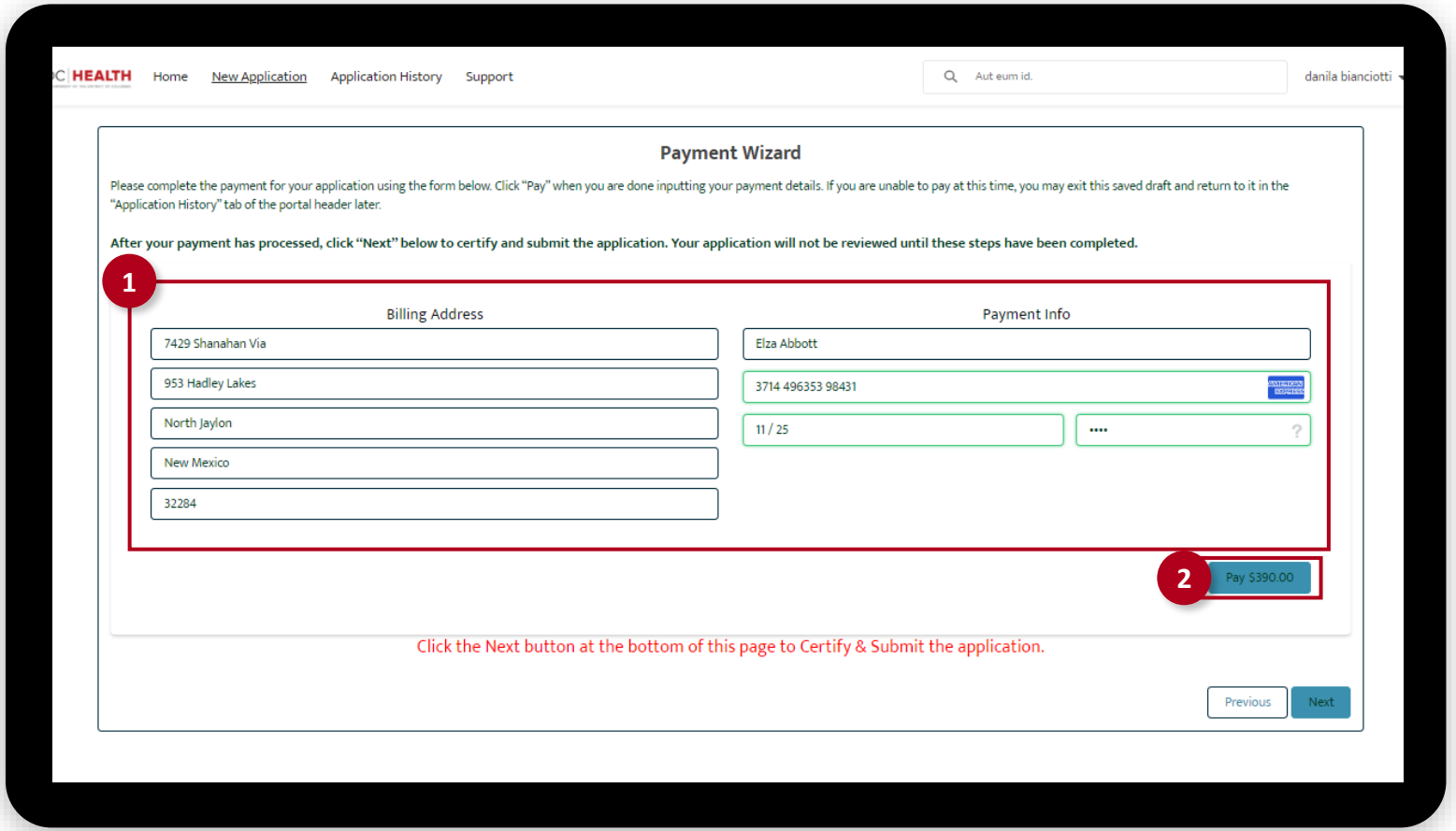


*The fields marked with * are mandatory and must be filled out to continue.*

Payment Wizard

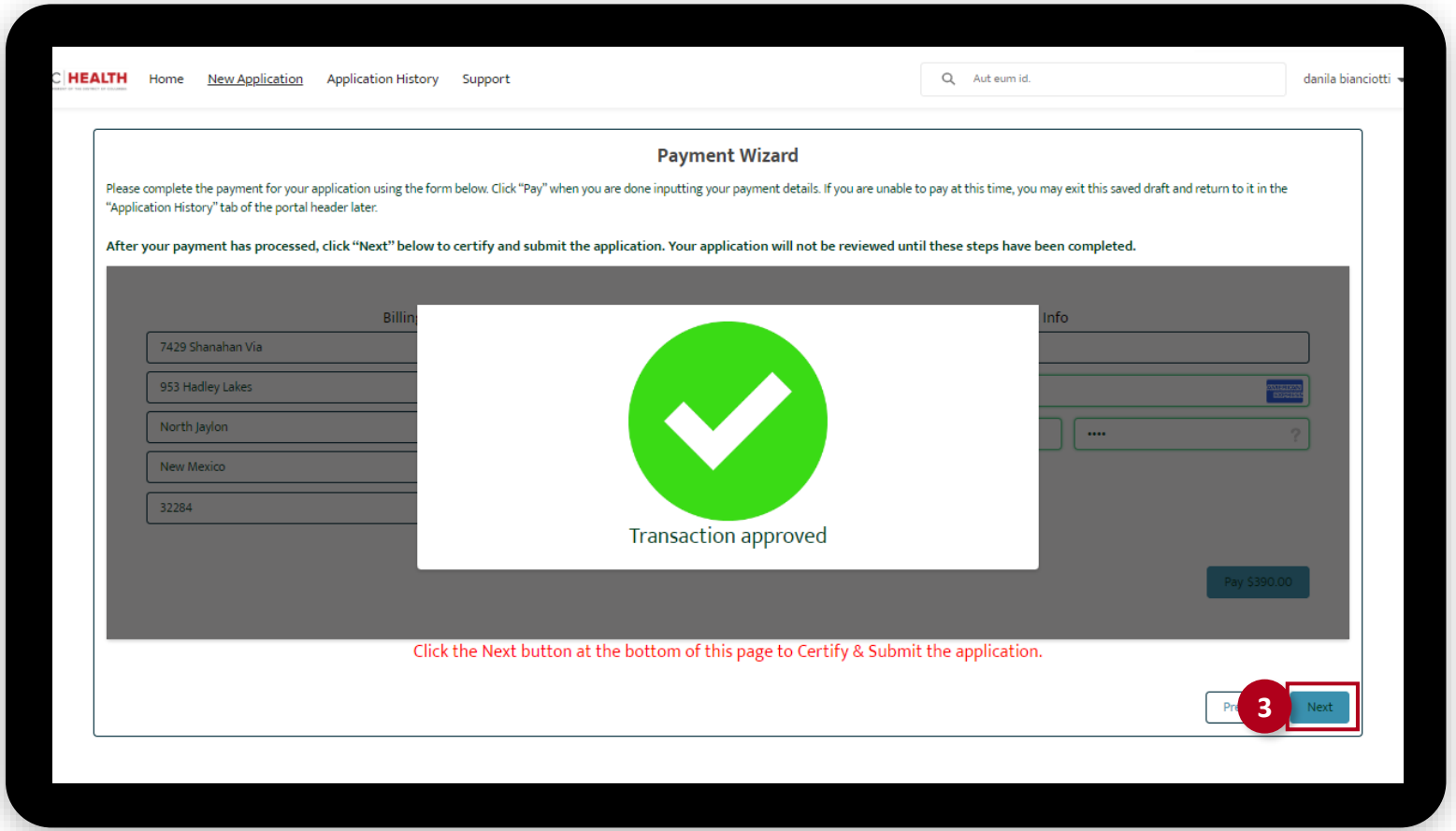
1. Fill out the **Billing Address** and **Payment Info** fields.

2. Click the **Pay** button.



Payment Wizard

3 Once the Transaction is approved, click the **Next** button.



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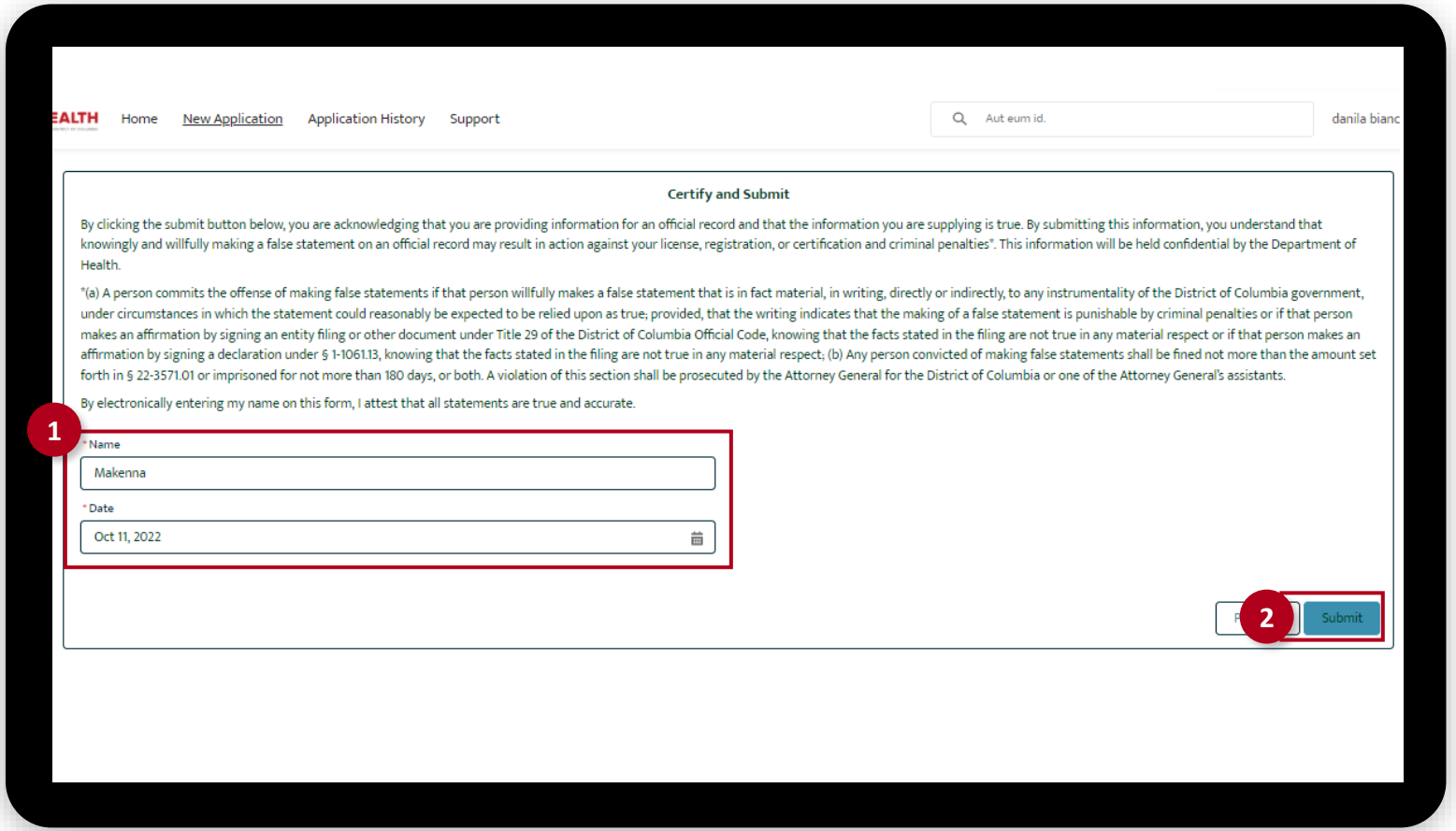
Certify and Submit

1. Fill out the **Name** and **Date** fields.
2. Click the **Submit** button.



*The fields marked with * are mandatory and must be filled out to continue.*

TIP: The date should correspond to today's date.

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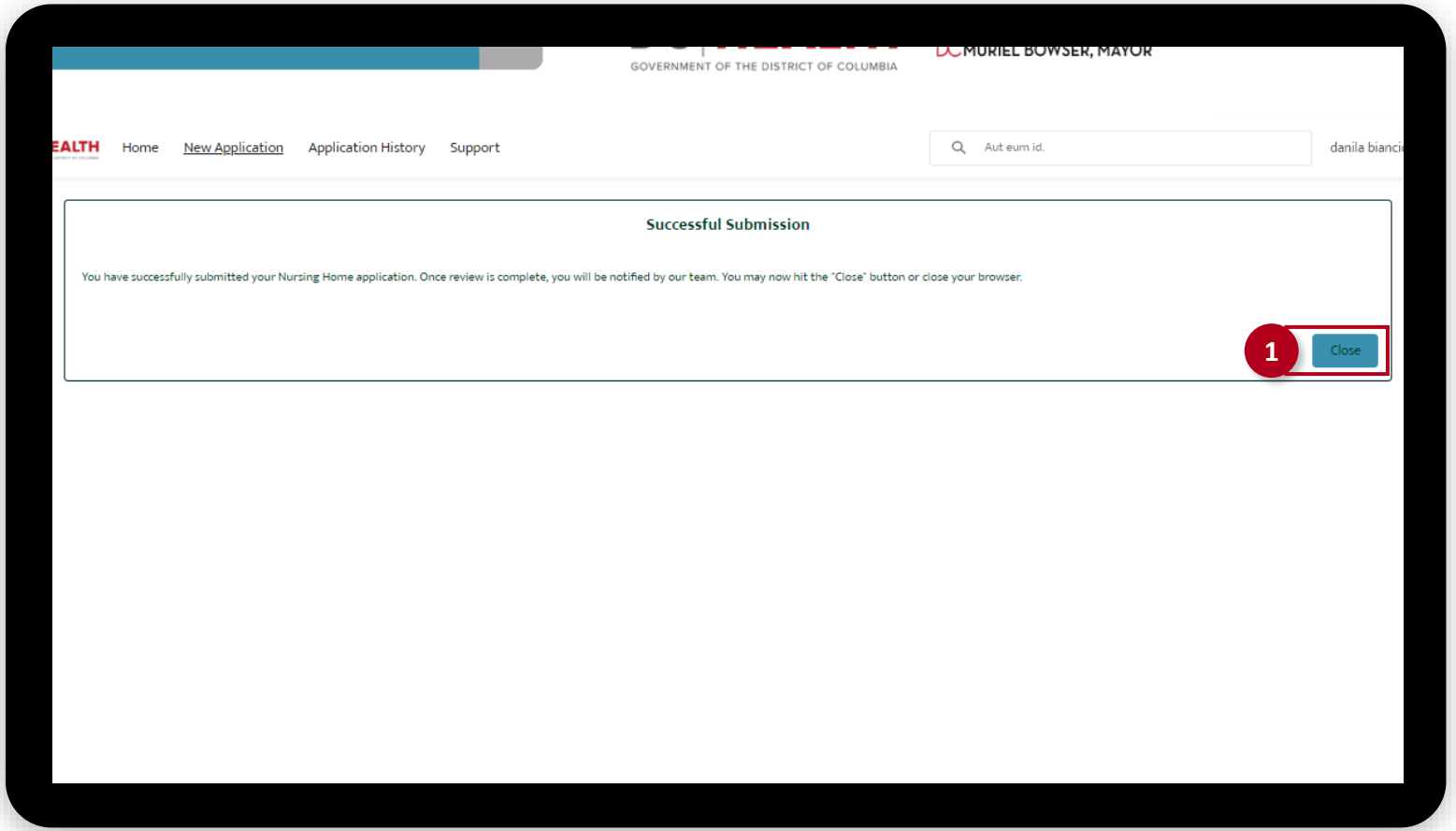
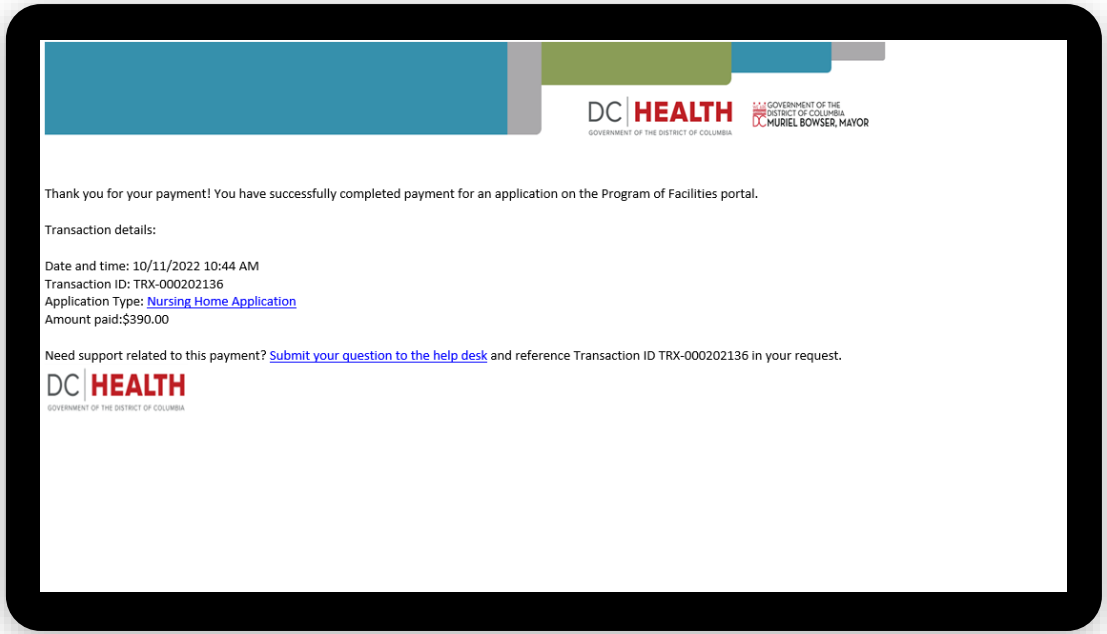
Close the Application

1. You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



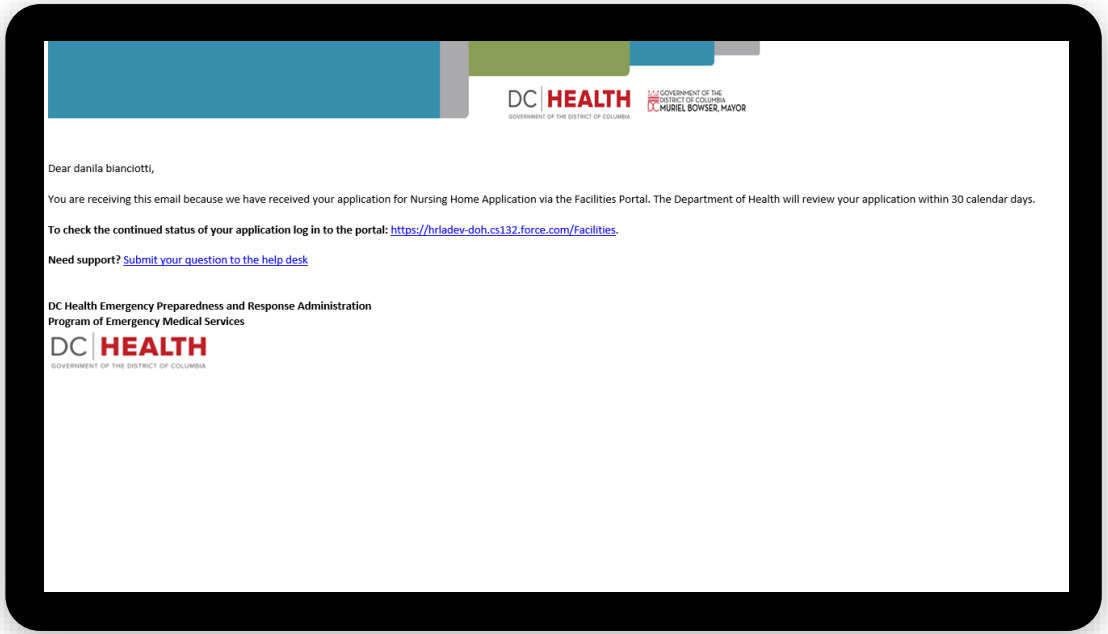
Thank you for your payment! You have successfully completed payment for an application on the Program of Facilities portal.

Transaction details:

Date and time: 10/11/2022 10:44 AM
Transaction ID: TRX-000202136
Application Type: Nursing Home Application
Amount paid:$390.00

Need support related to this payment? Submit your question to the help desk and reference Transaction ID TRX-000202136 in your request.

1 Check if you have received confirmation of payment.



Dear danila bianciotti,

You are receiving this email because we have received your application for Nursing Home Application via the Facilities Portal. The Department of Health will review your application within 30 calendar days.

To check the continued status of your application log in to the portal: https://hrladev-doh.cs132.force.com/Facilities.

Need support? Submit your question to the help desk

DC Health Emergency Preparedness and Response Administration
Program of Emergency Medical Services

2 Check if you have received confirmation for your application.

Thank you!