



Version 3.0

*Department of Economic Security*

**Division of Developmental Disabilities**

**Project:** OLCR Tracking Application

**Subject:** Provider Reference Guide

**Doc ID:** DDD-OLCR-040-002\_Provider

# **OLCR Tracking Application (OLCR)**

## **Provider Reference Guide**

**Document ID: DDD-OLCR-040-002\_Provider**

**Version 3.0**

**August 2020**



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**DEPARTMENT OF ECONOMIC SECURITY**

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**Division of Developmental Disabilities**



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<b>Division of Developmental Disabilities</b>
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02/02/2017	Kathryn Elliott	001	Updated Vehicle Template 3.1.2 to exclude Provider ID and AHCCCS ID.
11/20/2017	Rob Swoboda	002	Update content relating to: Initial Application, Renewal Activation and Vendor Roster Update.
11/27	Hema Subbareddy	2.0	Updated the new functionalities and newer screen shots
07/28/2020	Poonam Thakur Harika Podishetti Karthik Ranga	3.0	Updated with new Bootstrap screens, Agency Roster 3.0 and New HCBS forms



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# 1 Setting up the [OLCR Tracking Application](#) in FOCUS

If logging into FOCUS for the first time, the designated Admin user must perform the following initial setup prior to activating OLCR and setting up user access. If already a current FOCUS user, skip this step and advance to **Section 1.2**.

- Set up security questions.
- Add the OLCR application to FOCUS.
- Assign security roles for user access.
- Access the OLCR Application.

## 1.1 Setting up Security Questions

The initial login will require setting up security questions as an added security measure. Each question must be different. This will allow users to reset their password when necessary. NOTE: **all** users must perform this step when initially logging in to FOCUS.



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The screenshot displays the 'Change Security Questions' page for John Adams. The page header includes the Arizona Department of Economic Security logo and navigation links. The user's account is identified as 'Vendor, Inc.'. The main content area is titled 'Change Security Questions' and contains the following elements:

- Announcements:** No announcements at this time.
- Miscellaneous:** No miscellaneous info at this time.
- Change Security Questions:**
  - Instruction: To change your security questions and answers fill out the information below. You will receive a confirmation email confirming a successful change.
  - Section: **(\* Required information)**
  - Form fields for three questions, each with a dropdown menu and an answer field:
    - Question: Select a Question: What was your favorite place to visit as a child?
    - Answer: \*
  - Button: **Save Questions**

Footer text: Contact | Site Map | Site Best Viewed... Copyright 2003 DES Arizona @ Your Service. All Rights Reserved

There are several questions to choose from allowing users to customize their selections.





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The screenshot shows a web browser window with the URL "Security - Change Password". The page header includes the Arizona Department of Economic Security logo and the date "Monday, August 15, 2016". The user is logged in as "John Adams" with the account "Vendor, Inc.". The page contains a list of security questions, including "In what city or town does your nearest sibling live?", "In what city were you born?", "What is the name of your favorite childhood pet?", "What is the name of your first boyfriend or girlfriend?", "What is the name of your first grade teacher?", "What is the name of your first school?", "What is your fathers middle name?", "What is your favorite movie?", "What street did you grow up on?", "What was the make and model of your first car?", "What was your favorite place to visit as a child?", and "Who is your favorite actor, musician, or artist?". A dropdown menu is open, showing the selected question "What was your favorite place to visit as a child?". Below the questions, there are two "Select a Question:" dropdowns, each with an "Answer:" field. A "Save Questions" button is located at the bottom of the form.

When each question and answer is entered, click [Save Questions].

The screenshot shows the "Change Security Questions" page. The page header includes the Arizona Department of Economic Security logo and the date "Monday, August 15, 2016". The user is logged in as "John Adams" with the account "Vendor, Inc.". The page contains a list of security questions, including "In what city or town does your nearest sibling live?", "In what city were you born?", "What is the name of your favorite childhood pet?", "What is the name of your first boyfriend or girlfriend?", "What is the name of your first grade teacher?", "What is the name of your first school?", "What is your fathers middle name?", "What is your favorite movie?", "What street did you grow up on?", "What was the make and model of your first car?", "What was your favorite place to visit as a child?", and "Who is your favorite actor, musician, or artist?". A dropdown menu is open, showing the selected question "In what city were you born? visit as a child?". Below the questions, there are three "Select a Question:" dropdowns, each with an "Answer:" field. A "Save Questions" button is located at the bottom of the form.



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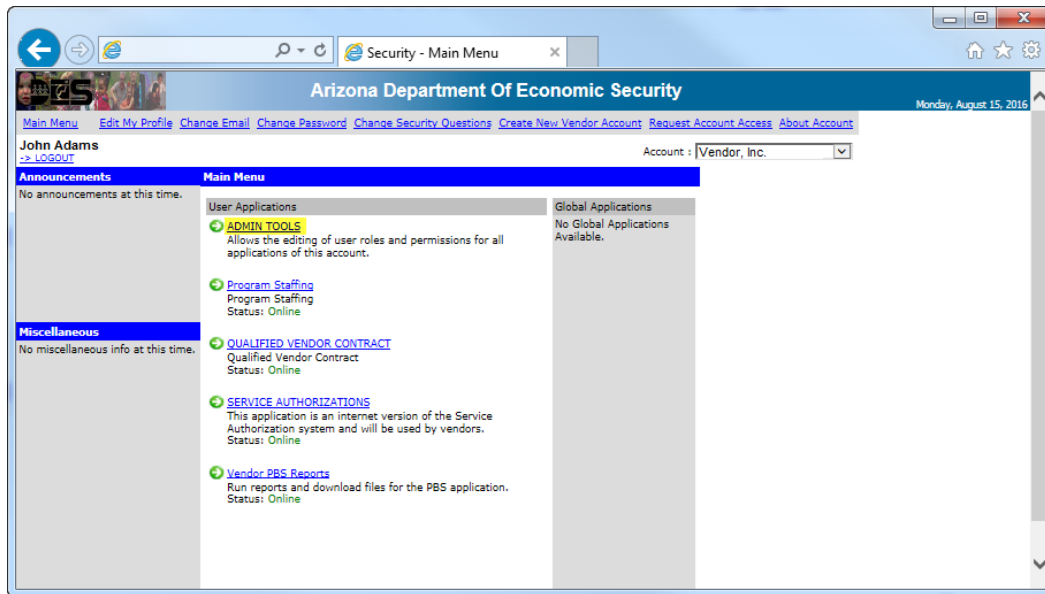
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## 1.2 Adding the OLCR Application to FOCUS

After the security questions are saved, the FOCUS main menu will display. To set up security roles for each worker, select [ADMIN TOOLS](#).



Click the link [Available Applications](#) in the gray status bar.



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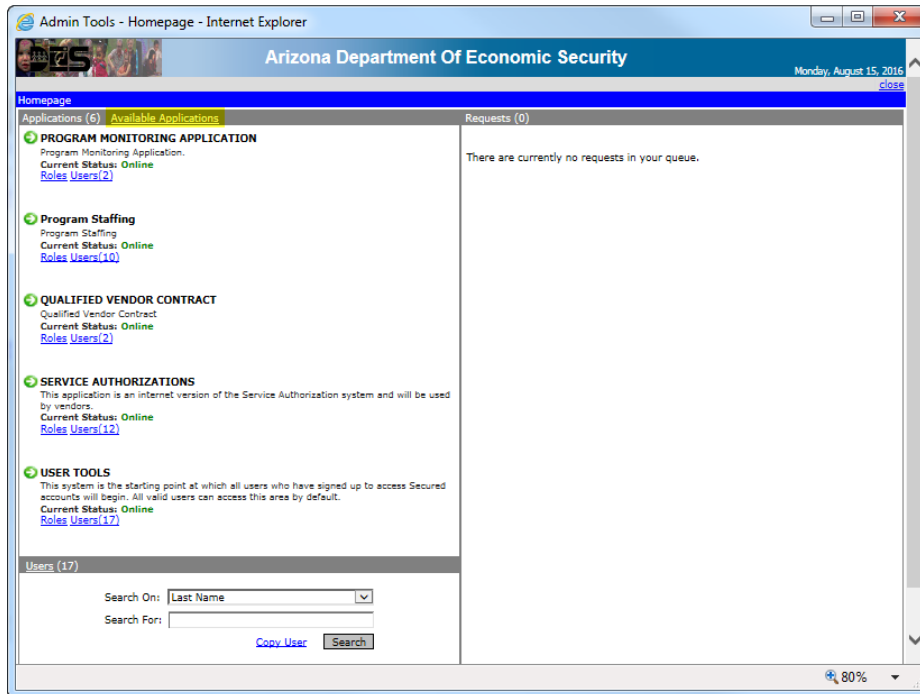
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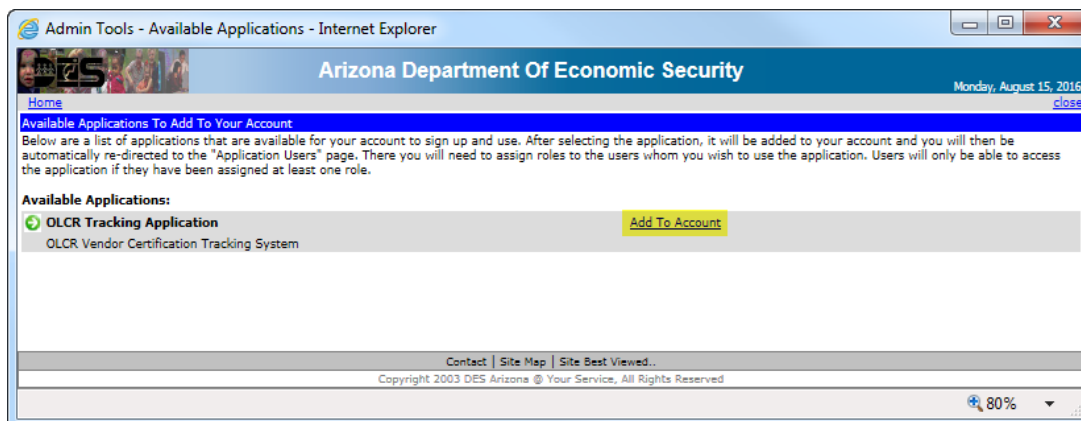
**Subject:** Provider Reference Guide

**Doc ID:** DDD-OLCR-040-002\_Provider



From the list of Applications find the **OLCR Tracking Application**

Select [Add to Account](#)

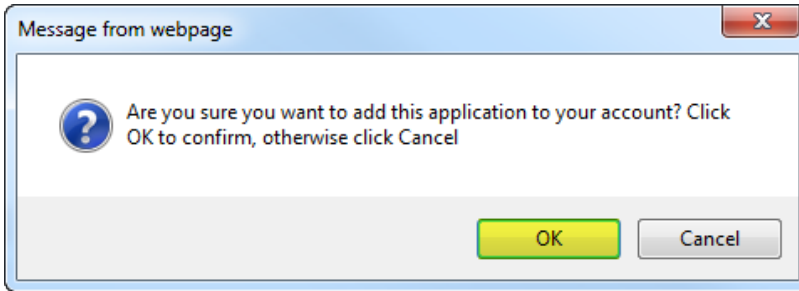


When the following message displays, click [OK] to add the OLCR application to the FOCUS main menu.

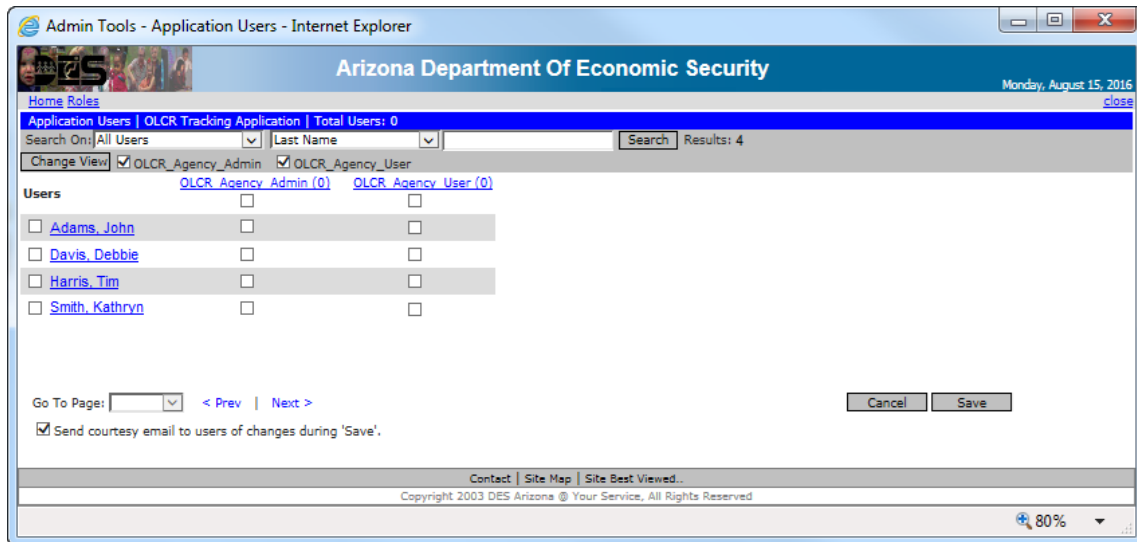


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When [OK] is selected, the following worker list will display



### 1.3 Assign Security Roles for User Access

The Admin user will setup user access by assigning the pertaining role for each worker. The [OLCR Agency Admin](#) role will have full functional access, while the [OLCR Agency User](#) role will have limited access.



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Users	OLCR_Agency_Admin (0)	OLCR_Agency_User (0)
<input checked="" type="checkbox"/> <a href="#">Adams, John</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <a href="#">Davis, Debbie</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <a href="#">Harris, Tim</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <a href="#">Smith, Kathryn</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

After [Save] is selected, the message **Changes Saved Successfully** will display in green. After changes are saved, exit from this screen by clicking the

Users	OLCR_Agency_Admin (0)	OLCR_Agency_User (0)
<input checked="" type="checkbox"/> <a href="#">Adams, John</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <a href="#">Davis, Debbie</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <a href="#">Harris, Tim</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <a href="#">Smith, Kathryn</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Select LOGOUT to make the security changes go into effect at the next login.



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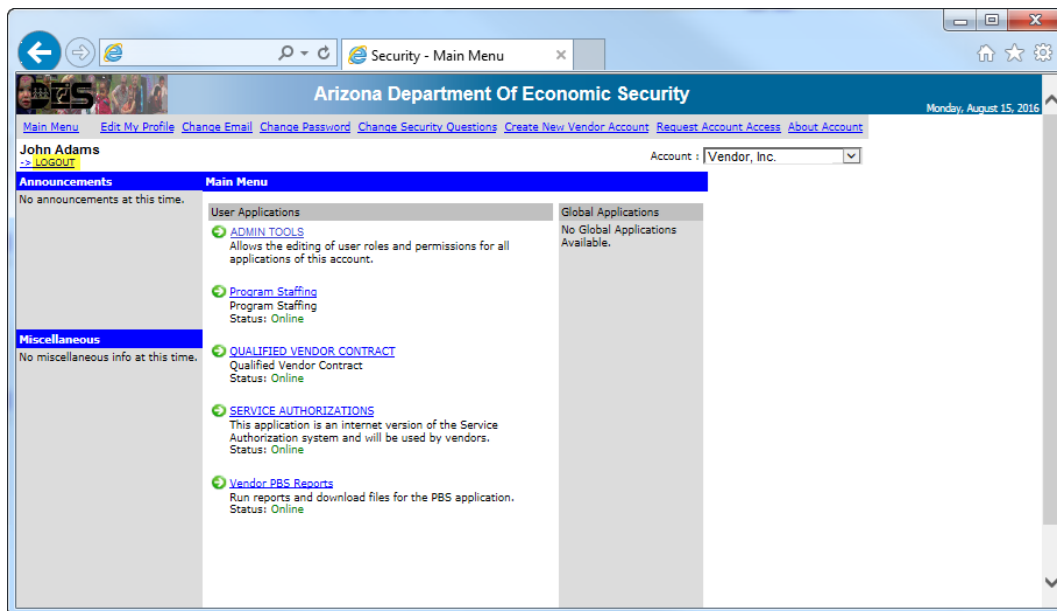
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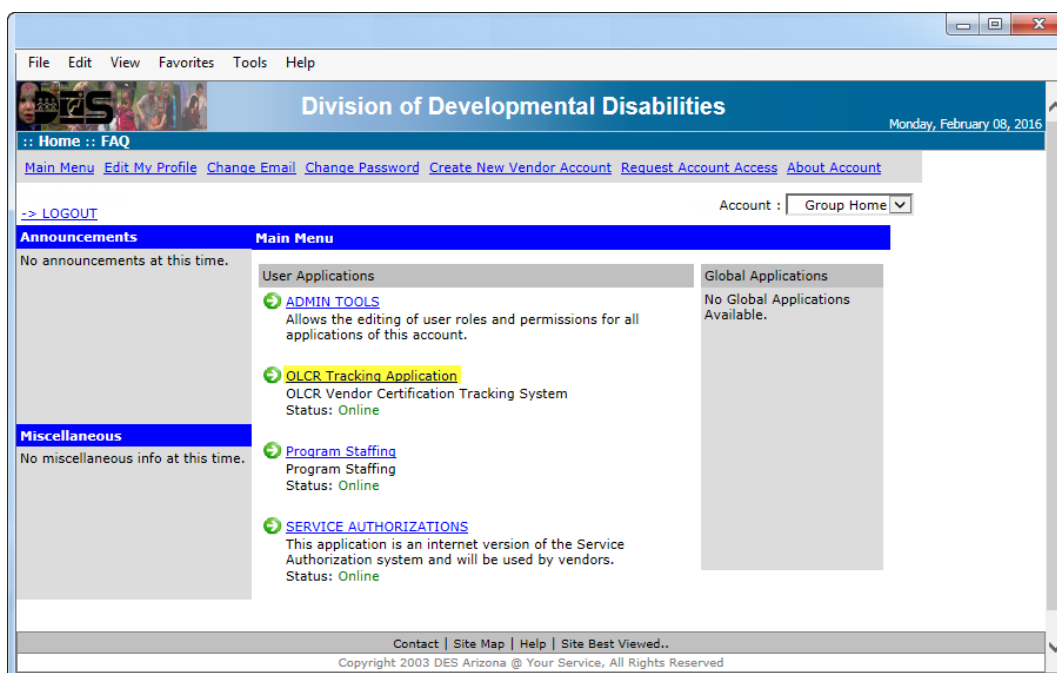
**Subject:** Provider Reference Guide

**Doc ID:** DDD-OLCR-040-002\_Provider



### 1.4 Access the OLCR Application

Login to FOCUS and verify the [OLCR Tracking Application](#) has been added to the menu and is accessible. Once this is verified, all users must do the same.

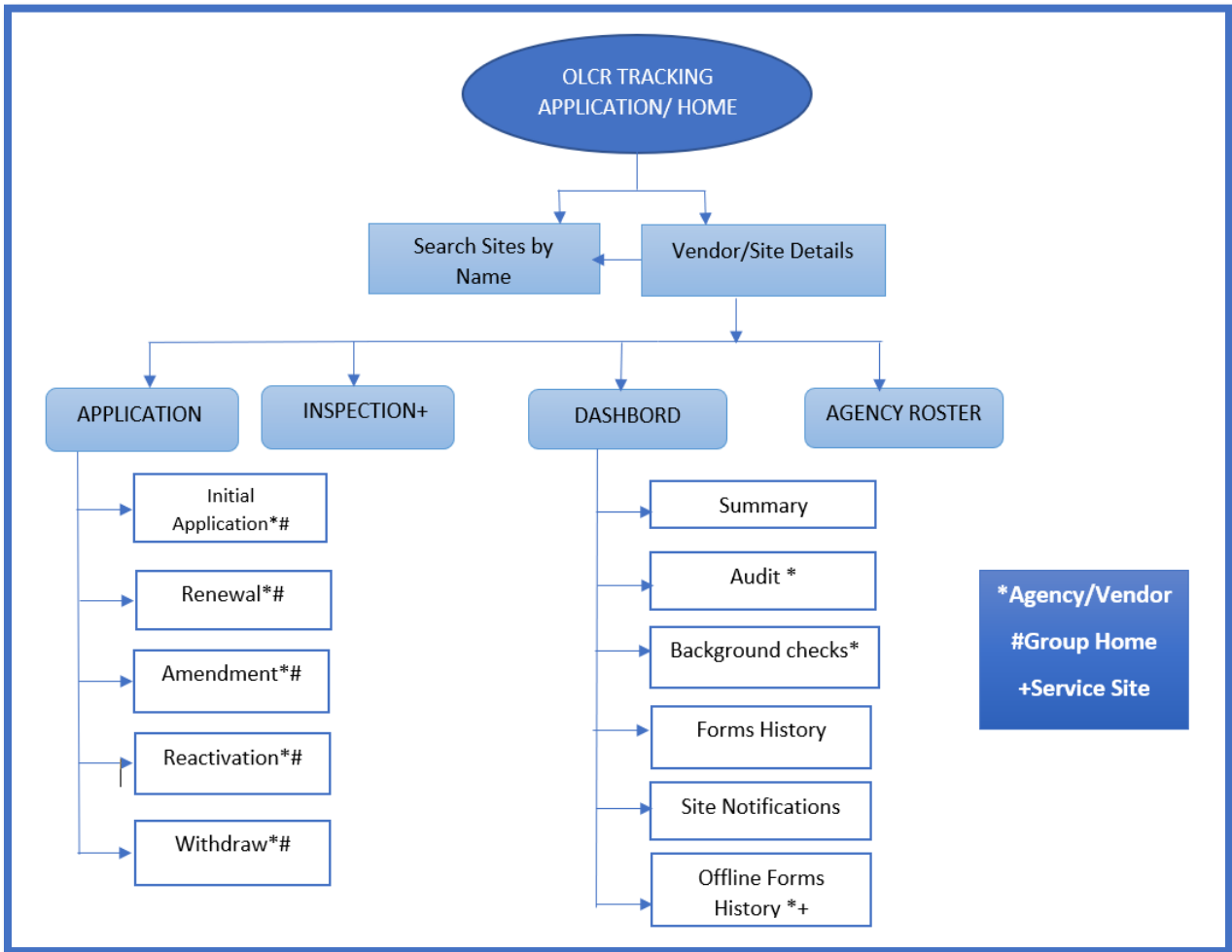




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## 1.5 Site Map



## 2 The [OLCR Tracking Application](#) User Interface (UI)

The OLCR Tracking Application utilizes the information available on your Qualified Vendor Contract. Before you begin please review your Qualified Vendor Contract Information to ensure it is up to date.



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Qualified Vendor Contracts that have an amendment under review by contracts must complete the amendment process (approved/denied) prior to submitting documents through the OLCR Application.

## 2.1 Home

The **Home** screen will display upon initial login to OLCR. Clicking on any of the available sites will display the Summary page.

OLCR Tracking Application **Home** OLCR test Vendor

[Certification Status](#)
[Contract Status](#)
[Site Count](#)
[Scrolling Banner](#)
[Search Window](#)

t be requested by clicking on the service site and submitting an inspection request | OLCR Application is best viewed with IE 11 & above. It is not compat

HCBS CERTIFICATION STATUS: OPEN      CONTRACT STATUS: MANAGEMENT APPROVED      **Active Sites Count**      Search:

ADM:1 | DH:0 | GH:5 | IDLA:0 | SS:1

Site Name	Reference Office ID	Site Code	Address	City, State ZipCode	AHCCCS ID	Office Type	Status in OLCR	Status in QVP App
Office Name 1	203495	AA	Office W ADR1 1 Ste 2 ADR2 1	City1, AZ 80511	9291	ADM	Open	Open
Office Name 11	212412	BA	Office W ADR1 11 Ste 2 ADR2 11	City11, AZ 80511	92911	GH	Open	Open
Office Name 12	212871	BD	Office W ADR1 12 Ste 2 ADR2 12	City12, AZ 80511	92912	GH	Open	Open
Office Name 14	213669	BB	Office W ADR1 14 Ste 2 ADR2 14	City14, AZ 80511	92914	GH	Open	Open
Office Name 15	214320	BC	Office W ADR1 15 Ste 2 ADR2 15	City15, AZ 80511	92915	GH	Closed	Open
Office Name	215261		Office W ADR1 16 Ste 2	City16, AZ 80511	92916	GH	New	Closed

## 2.2 Summary

The Summary Page is the default screen when a site is clicked from the Home page (above). The Summary page has tabs options as **Application**, **Dashboard**, and **Agency Roster**. The other information available on the Summary page is **Certificaion Status**, **Cetification Issue Date**, **Cetification Exp Date**, **Certification End Date**, **Last Renewal Date**, **AHCCCS ID**, **Multiple AHCCCS ID**, **Site Start Date in Contracts**, **Site End Date in Contracts**, **Certificate ID**, **Manual and Webinar Link**. The other two options are to view **Services** summary and **Add Notes**.





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The screenshot displays the OLCR Tracking Application interface for a vendor. The top navigation bar includes links for Home, Back to Vendor Sites, and OLCR test Vendor. Below this are tabs for Application, Dashboard, and Agency Roster. The main content area is divided into three sections: Summary, Services, and Notes.

**Summary Section:**

**Certification Info**

<b>Certification Status</b>	Vendor Office is Certified		
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>
08/31/2019	08/30/2020		08/31/2019
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>
9291		09/04/2008	
<b>Last Audit Date</b>	05/26/2018		

**Help/Notes**

- Certificate ID:** [LCR-203495-4280](#)
- Manual:** [Vendor User Manual](#)
- Webinar Link:** HCBS Certification Webinar is now available. Click [here](#) to register.

**Services Section:**

Service Code	Service Description	AHCCCS ID	Provider Type	Status	AHCCCS Begin Date	AHCCCS End Date	OLCR Begin Date	OLCR End Date
32	HABILITATION	455613	39	ACTIVE	09-27-2010		08-31-2019	08-30-2020
26	RESPIRE CARE SERVICES	455613	39	ACTIVE	08-31-2009		08-31-2019	08-30-2020
28	ATTENDANT CARE	455613	39	ACTIVE	08-31-2009		08-31-2019	08-30-2020
31	NON-EMERGENCY TRANSPORTATION	455613	39	ACTIVE	08-31-2009		08-31-2019	08-30-2020
42	DD PROGRAMS (DD DAY CARE PROGRAMS)	455613	39	ACTIVE	08-31-2009		08-31-2019	08-30-2020

**Notes Section:**

Search:

Note	Created Date	Created By
THIS NOTE IS MASKED	3/10/2020 1:23:31 PM	EDITH SCHANINGER

### 2.2.1 Application Tab

The Application Tab has dropdown options of **Withdraw** , **Renewal** , **Amendment**, and **Reactivation**. In the below example, this Admin site has been certified and has the **Withdraw**, **Renewal** and **Amendment** tabs as dropdown options.



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OLCR Tracking Application [Home](#)

[Back to Vendor Sites](#)

Application | Dashboard | Agency Roster

OLCR test Vendor | Office Name 2 | ADM | Reference Office ID: 211370 | AA

**Summary**

Certification Info

<b>Certification Status</b>	Vendor Office is Certified		
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>
07/25/2019	07/24/2020		07/25/2019
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>
9292		04/11/2013	
<b>Last Audit Date</b>			

### 2.2.2 Dashboard Tab

The **Dashboard Tab** of an ADM site has the **Summary, Audit, Background Checks, Forms History, Site Notifications, Offline Forms History** tabs as Dashboard options.

OLCR Tracking Application [Home](#)

[Back to Vendor Sites](#)

Application | **Dashboard** | Agency Roster

OLCR test Vendor | Office Name 2 | ADM | Reference Office ID: 211370 | AA

**Summary**

Certification Info

<b>Certification Status</b>	Vendor Office is Certified		
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>
07/25/2019	07/24/2020		07/25/2019
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>
9292		04/11/2013	
<b>Last Audit Date</b>			



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- The following table shows available options and tabs for each Site type (Admin, Group Home, or Service Site) and each Site status (New, Open, or Closed).

Status ⇨	New		Open	Closed, and within 6 months of Withdraw date.
Admin Site	Application	Initial Application	Withdraw	Reactivation
			Renewal*	
			Amendment**	
	Dashboard	Summary Audit Background Checks Forms History Site Notifications Offline Forms History	Summary Audit Background Checks Forms History Site Notifications Offline Forms History	Summary Audit Background Checks Forms History Site Notifications Offline Forms History
Agency Roster		Agency Roster	Agency Roster	
Group Home	Application	Initial Application	Withdraw	Reactivation
			Renewal*	
			Amendment***	
Dashboard	Summary Forms History Site Notifications	Summary Forms History Site Notifications	Summary Forms History Site Notifications	
Service Site			Inspection	Summary Forms History Site Notifications Offline Forms History
			Dashboard	



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- \* Only if the site is Open and within 60 days of Certificate Expiration Date.
- \*\* Only if a category of service is added or deleted, address change, contact change, FEIN change, Agency name change, ownership change, or provider type change has occurred.
- \*\*\* Only if address change, contact change, FEIN change, Agency name change, ownership change, or provider type change has occurred.

### ***2.2.2.1 Summary***

The Summary Screen will summarize details related to a site depending on one's site type.

#### **Admin Site:**

- **Certificate Information:** Certification Status, Certificate Issue Date, Certificate Exp Date, Certificate End Date, Last Renewal Date, AHCCCS ID, Multiple AHCCCS ID, Site start date in contracts, Site End Date in Contracts, Last Audit Date.
- **Help/Notes:** Certificate ID, Manuals and Webinar links.
- **Services:** Services will show the services that are assigned to the site in the Qualified Vendor Contract Application. Admin Sites will show the Qualified Vendor Contract Application services.
- **Notes:** Notes for personal reference.



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OLCR test Vendor

Application | Dashboard | Agency Roster

OLCR test Vendor | Office Name 68 | ADM | Reference Office ID: 200641 | AA

---

**Summary**

Certification Info				Help/Notes	
<b>Certification Status</b>	Vendor Office is Certified			<b>Certificate ID</b>	<a href="#">JCR-200641-4716</a>
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>	<b>Manual</b>	<a href="#">Vendor User Manual</a>
12/01/2019	11/30/2020		12/01/2019	<b>Webinar Link</b>	HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>		
92968		06/19/2003			
<b>Last Audit Date</b>					
04/10/2018					

---

**Services**

Service Code	Service Description	AHCCCS ID	Provider Type	Status	AHCCCS Begin Date	AHCCCS End Date	OLCR Begin Date	OLCR End Date
31	NON-EMERGENCY TRANSPORTATION	017766	39	ACTIVE	12-01-1988		12-01-2019	11-30-2020
32	HABILITATION	017766	39	ACTIVE	12-01-1988		12-01-2019	11-30-2020
42	DD PROGRAMS (DD DAY CARE PROGRAMS)	017766	39	ACTIVE	12-01-1988		12-01-2019	11-30-2020
23	HOMEMAKER SERVICES	017766	39	ACTIVE	07-01-1998		12-01-2019	11-30-2020
26	RESPIRE CARE SERVICES	017766	39	ACTIVE	07-01-1998		12-01-2019	11-30-2020
28	ATTENDANT CARE	017766	39	ACTIVE	07-01-1998		12-01-2019	11-30-2020

---

**Notes**

**Group Home Site:**

- **Certificate Information:** Certification Status, Certificate Issue Date, Certificate Exp Date, Certificate End Date, Last Renewal Date, AHCCCS ID, Site start date in contracts, Site End Date in Contracts, DHS License No., DHS License Exp Date
- **Help/Notes:** Certificate ID.
- **Services:** Service Sites will show the services that are assigned to the site in the Qualified Vendor Contract Application. Group Homes will only show a service of Habilitation.
- **Notes:** Notes for personal reference.



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OLCR Tracking Application | Home

OLCR test Vendor

Application | Dashboard

OLCR test Vendor | Office Name 10 | GH | Reference Office ID: 215159 | BD

### Summary

Certification Info

<b>Certification Status</b>	Vendor Office is Certified			<b>Certificate ID</b>	<a href="#">LCR-215159-4267</a>	
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>			
08/04/2019	08/03/2020		08/04/2019			
<b>AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>				
92910	08/02/2018					
<b>DHS License No</b>	<b>DHS License Exp Date</b>					
DDH2977	07/31/2020					

### Services

Service Code	Service Description	AHCCCS ID	Provider Type	Status	AHCCCS Begin Date	AHCCCS End Date	OLCR Begin Date	OLCR End Date
32	HABILITATION						10-23-2018	08-03-2020

### Notes

[Add Note](#)

Search:

Note	Created Date	Created By
No Results Found		

Showing 0 to 0 of 0 entries

**Service Site:**

- **Certificate Information:** Certification Status, Site Start Date in Contracts, Site End Date in Contracts, Last Inspection Date, Inspection Exempt
- **Notes:** Notes for personal reference

OLCR Tracking Application | Home

OLCR test Vendor

Inspection | Dashboard

OLCR test Vendor | Office Name 2 | SS | Reference Office ID: 213949 |

### Summary

Certification Info

<b>Certification Status</b>	Vendor Office is Certified		
<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>	<b>Last Inspection Date</b>	<b>Inspection Exempt</b>
04/16/2017		03/13/2019	No

### Notes

[Add Note](#)

Search:

Note	Created Date	Created By
No Results Found		

Showing 0 to 0 of 0 entries





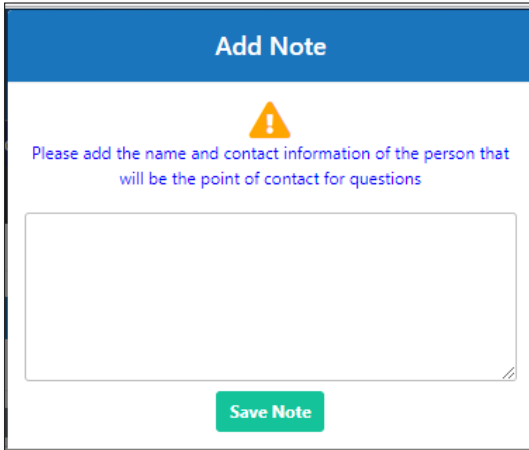
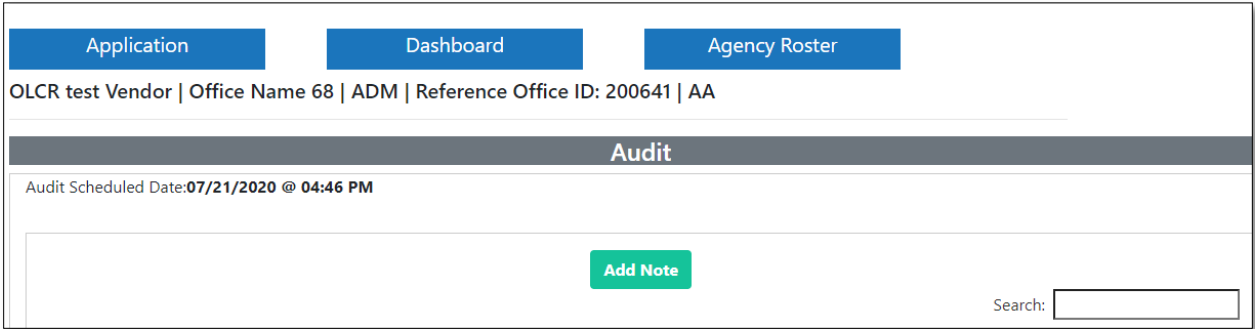
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### 2.2.2.2 Audit

The **Audit** tab will show the date and time of audits scheduled by OLCR. It also gives providers the ability to add Notes to OLCR as a means of communication for specific events.

This can be accomplished by clicking , entering information, and clicking .




### 2.2.2.3 Background Checks

The **Background Checks** tab shows the employee's background check when there is at least one failed/pending result. Records for employees that have no failed results can be viewed by clicking the link "[Display all employees with no fails](#)".




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A	B	C	D	E	F	G
 DEPARTMENT OF ECONOMIC SECURITY <i>Your Partner For A Stronger Arizona</i> Division of Developmental Disabilities <b>DES - OLCR</b> <b>Background Check Report</b>						
Vendor Name	Employee Name	Hired Date	CCTS	CCTS Card Status	APS	Checks Run Date

NOTE:

- When new employees are added through the OLCR application, they will be in the ‘awaiting Results’ status till midnight during which the background checks are run.
- The pending CCTS Fingerprint cards are indicated by a pending icon  in the CCTS grid.





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
The screenshot displays the OLCR Tracking Application interface. At the top, there is a navigation bar with the Arizona Department of Economic Security logo and the text "Your Partner for a Stronger Arizona". The main header includes "OLCR Tracking Application" and "Home". Below the header, there are navigation links: "About DES", "Services", "Contact Us", "Document Center", "Media Center", and "Find Your Local Office". The main content area is titled "OLCR test Vendor" and contains three tabs: "Application", "Dashboard", and "Agency Roster". Below the tabs, there is a breadcrumb trail: "OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 213603 | AA". The main section is titled "Background Checks" and contains two sub-sections: "List of CCTS Pending/Failures" and "List of APS Failures". The "List of CCTS Pending/Failures" table shows the following data:

Person	Card	CCTS
Yanora Anita , Age: 48		✖
Whipple William , Age: 21		✖
Westover Jaida , Age: 41		⌚
Walker Meiyko , Age: 23		✖
Valencia Lizeth , Age: 44		✖
Thomas Sarah , Age: 22		✖
Taylor Natalie , Age: 60		✖

The "List of APS Failures" section shows "No Results Found" and "Showing 0 to 0 of 0 entries". A tooltip is visible over the CCTS column, displaying the following information:

```
ccs
Background Check Pending,
APPLICATION ID: "S
APPLICATION NU
CARD NUMBER: "
CARD STATUS: "P
CARD STATUS ID: "2
DATE APPLIED: "4/21/2010 "
FIRSTNAME:
HISTORY ID:
LASTNAME:
MIDDLEINITIAL: "R"
SSN:
TRAC
```

#### 2.2.2.4 Forms History

The **Forms History** tab displays each event or submitted form to OLCR, including any subsequent updates. Clicking the  icon displays all .pdf forms associated with the historical event (Task and Status).



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---

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OLCR test Vendor

Application    Dashboard    Agency Roster

OLCR test Vendor | Office Name 68 | ADM | Reference Office ID: 200641 | AA

---

**Forms History**

From Date:  To Date:  Search    Search:

Task	Status	Created By	Assigned To	Forms	Completed
Audit	Audit Cap Required	[Redacted]	OLCR HCBS SPECIALIST	☰	7/20/2020 5:03:10 PM
Audit	Audit CAP Denied	[Redacted]		☰	7/20/2020 5:00:58 PM
Audit	Audit CAP Assigned	[Redacted]	[Redacted]	☰	7/20/2020 5:00:58 PM
Audit	Audit CAP Assigned	[Redacted]	[Redacted]	☰	7/20/2020 5:00:33 PM
Audit	Audit Cap Required	[Redacted]	OLCR HCBS SPECIALIST	☰	7/20/2020 4:54:43 PM

Each .pdf form can be selected (opened) for viewing, printing, or saving

**Forms pop-up example:**

**Forms**

**Provider Registration Form (LCR-1077A)**  
**Provider Registration: Olcr Approval (OLCR-1077A)**  
**Certificate**

**2.2.2.5 Site Notifications**

Site Notifications tab have all the information related to Notifications that was sent to agency or site. All Admin Sites have notifications that was sent to agency, while other site types have notifications related to specific site.



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OLCR Tracking Application [Home](#)

[Home](#) [Back to Vendor Sites](#) OLCR test Vendor

[Application](#) [Dashboard](#) [Agency Roster](#)

OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 203495 | AA

**Site Notifications**

Search:

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Approval Request (Test and Test Development) (20495)	Office Name 1	09/11/2019 08:02 AM
Email message has been sent to the recipient.	dddtesting@live.com	Request Approval (Test and Test Development) (20495)	Office Name 13	09/10/2019 07:40 AM
Email message has been sent to the recipient.	dddtesting@live.com	Supporting HR Request (Test and Test Development) (20495)	Office Name 13	09/03/2019 01:26 PM
Email message has been sent to the recipient.	dddtesting@live.com	17 Day Renewal Notice (Test and Test Development) (20495)	Office Name 1	08/23/2019 08:30 PM
Email message has been sent to the recipient.	dddtesting@live.com	30 Day Renewal Notice (Test and Test Development) (20495)	Office Name 1	07/31/2019 08:30 PM
Email message has been sent to the recipient.	dddtesting@live.com	Notification Renewal Notice (HR-145) (Test and Test Development) (20495)	Office Name 1	07/01/2019 08:30 PM
Email message has been sent to the recipient.	dddtesting@live.com	Request Approval (Test and Test Development) (20495)	Office Name 1	10/26/2018 12:40 PM
Email message has been sent to the recipient.	dddtesting@live.com	Request Approval (Request) (Test and Test Development) (20495)	Office Name 1	10/05/2018 03:38

### 2.2.2.6 Offline Forms History

Providers can view site Inspection and Audit forms completed by OLCR personnel. Clicking on any of the offline form records will display in .pdf format.

NOTE: This tab will only appear for Admin and Service sites.

Below is a Service Site example.

OLCR Tracking Application [Home](#)

[Back to Vendor Sites](#) OLCR test Vendor

[Inspection](#) [Dashboard](#)

OLCR test Vendor | Office Name 14 | SS | Reference Office ID: 216455 |

**Offline Forms History**

Search:

Forms	Created Date	Created By
LCR 1005A, 2019-10-31, For Inspection	10/31/2019 8:50:44 PM	
LCR 1023A, 2019-10-31	10/31/2019 8:50:12 PM	

Showing 1 to 2 of 2 records



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### 2.2.3 Agency Roster Tab

Options available in Agency Roster are:

1. Agency Roster of Employees
2. View Roster Compliance Error Report
3. Agency Roster Template for Excel Upload
4. Agency Roster (EXCEL) Specifications
5. Roster and BG check Guide
6. Criminal History Self-Guide
7. DPS Fingerprint Link Form
8. Choose File
9. Upload Roster

#### 2.2.3.1 Uploading Employee and Vehicle Information:

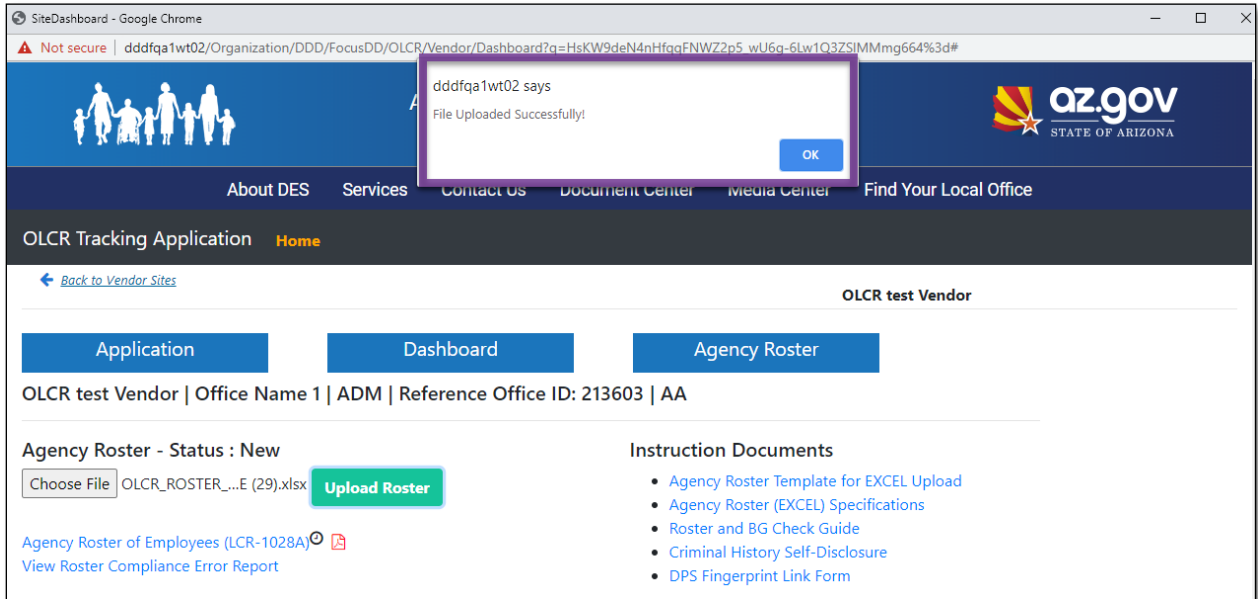
Providers can upload the employees and vehicle information via the upload button available in the UI of Agency Roster tab in the OLCR application. OLCR provides the [Agency Roster Template for EXCEL Upload](#) under the 'Instruction Documents' section for Providers to enter information to upload to the OLCR application. Upon uploading the spreadsheet (if there are any errors in the upload file) '**Error file generated**' message will be displayed; else a '**File uploaded successfully**' message will be displayed.

This simplifies the process by giving providers the ability to add/update/delete multiple employees or vehicles immediately after the upload. This process has been tested for Microsoft Excel 2010 and Microsoft Excel 2013, for best results use the specified software versions.



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### 2.2.3.2 Spreadsheet Templates

The agency must enter all their employee information into a pre-formatted Excel file referred to as 'Excel spreadsheet template'. This 'Excel spreadsheet template' is available in the OLCR application by logging into FOCUS, navigating to the OLCR app, clicking on any 'ADMIN Site' and then navigating to the agency roster tab. Under the 'Instruction Documents' click on the [Agency Roster Template for EXCEL Upload](#) link and download/save it to your local folder. The downloaded spreadsheet contains both employee and vehicle templates (worksheets) within the same spreadsheet.

NOTE:

1. Do not change the format of the downloaded template.
2. The vehicles tab can be left blank if there are no vehicles that are used by the agency to render services to the members. Please do not delete the tab.

Below is a sample of the first 10 completed columns of the EMPLOYEES sheet of the **OLCR\_ROSTER\_TEMPLATE**



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1	Classification	LastName	FirstName	MI	Gender	SSN	DateOfBirth	DateHired	Orientation ToMember	Application Resume	ThreeReference LettersOnFile
2	Adult Household Member	John	Doe				10/18/1968				
3	New Direct Care Worker	John	Rick			000000002	10/12/1968	10/18/2020	y	y	Y
4	Inactive Employee	Sam	Roger			000000001	12/18/1952	10/18/2017			
5											

Below is a sample of VEHICLES sheet of the **OLCR\_ROSTER\_TEMPLATE**.

1	Make	Model	Year	License	RegistrationExpDate	LiabilityInsuranceExpDate	VehicleEndDate
2	Ford	Mustang	1967	67 MSTNG	12/31/2017	12/31/2017	
3	Ford	Taurus	2002	FT 105	12/31/2017	12/31/2017	

### 2.2.3.3 Agency Roster (EXCEL) Specifications.

Any questions / doubts related to the Agency Roster template will be addressed in this document. ‘The agency Roster (EXCEL) Specifications’ document is available in the Agency Roster tab. This document contains a detailed description of all the fields that are available for an employee record. Vehicle Template

Vehicle information is optional. The second worksheet (tab) of the **.xlsx** file. NOTE: fields designated with ‘\*’ are required.

Make \* (max length = 20)

Model \* (max length = 50)

Year \* (max length = 4)

License \* (max length = 15)

RegistrationExpDate \* (mm/dd/yyyy)

LiabilityInsuranceExpDate \* (mm/dd/yyyy)

VehicleEndDate (mm/dd/yyyy)

\* Required Fields



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### 2.2.3.4 Agency Roster Upload Process

#### 2.2.3.4.1 Upload navigation to Roster

Navigate to any Vendor Admin site. From main menu click 'OLCR TRACKING APPLICATION' then click the Vendor Admin site. Select any Admin site.

OLCR Tracking Application Home

About DES Services Contact Us Document Center Media Center Find Your Local Office

OLCR test Vendor

card errors can usually be resolved by ensuring the current card number is entered in FOCUS | All service sites, including respite homes, must be added to the contract application and should be displayed in the OLCR application. Inspections must be requested by clicking on the service site and submitting an insp

HCBS CERTIFICATION STATUS: OPEN CONTRACT STATUS: MANAGEMENT APPROVED Active Sites Count ADM:1 | DH0 | GH:5 | IDLA:0 | SS:1 Search:

Site Name	Reference Office ID	Site Code	Address	City, State, Zip Code	AHCCES ID	Office Type	Status in OLCR	Status in QVP App
Office Name 1	203495	AA	Office W ADR1 1 Ste 2 ADR2 1	City1, AZ 80511	9291	ADM	Open	Open
Office Name 11	212412	BA	Office W ADR1 11 Ste 2 ADR2 11	City11, AZ 80511	92911	GH	New	Open
Office Name 12	212871	BD	Office W ADR1 12 Ste 2 ADR2 12	City12, AZ 80511	92912	GH	Open	Open
Office Name 14	213669	BB	Office W ADR1 14 Ste 2 ADR2 14	City14, AZ 80511	92914	GH	Open	Open
Office Name 15	214320	BC	Office W ADR1 15 Ste 2 ADR2 15	City15, AZ 80511	92915	GH	Closed	Open
Office Name 16	215261		Office W ADR1 16 Ste 2 ADR2 16	City16, AZ 80511	92916	GH	New	Close
Office Name 17	216466		Office W ADR1 17 Ste 2 ADR2 17	City17, AZ 80511	92917	GH	Submitted	Open
Office Name 4	203498		Office W ADR1 4 Ste 2 ADR2 4	City4, AZ 80514	9294	SS	Open	Open

Showing 1 to 8 of 8 records

Select an Admin Site

#### 2.2.3.4.2 Select and upload Roster

Select the Agency Roster tab. Next click the 'Choose File' button to locate your completed Agency Roster spread sheet then click the 'Upload Roster' button to upload the selected roster.

Application Dashboard Agency Roster

OLCR test Vendor | Office Name 68 | ADM | Reference Office ID: 200641 | AA

Agency Roster

Choose File No file chosen Upload Roster

click to choose file click to upload file

Instruction Documents

- Agency Roster Template for EXCEL Upload
- Agency Roster (EXCEL) Specifications
- Roster and BG Check Guide
- Criminal History Self-Disclosure
- DPS Fingerprint Link Form

Agency Roster of Employees (LCR-1028A) View Roster Compliance Error Report

#### 2.2.3.4.3 Roster Upload Status

**Success:** If your upload is successful you will receive a 'File Uploaded Successfully' Message.



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File Uploaded Successfully!

[OK](#)

**Failure:** If issues exist in your Agency Roster excel you will receive the following error message with an option to open the error text file.

The screenshot shows a web browser window with the URL: `dddffa1wt02/Organization/DDD/FocusDD/OLCR/Vendor/Dashboard?q=HsKW9deN4nHfqqFNWZ2p5_wU6g-6Lw1Q3ZSIMmg664%3d#`. The page header includes the Arizona state logo and navigation links like 'About DES', 'Services', 'Contact Us', 'Document Center', 'Media Center', and 'Find Your Local Office'. The main content area is titled 'OLCR test Vendor' and features three buttons: 'Application', 'Dashboard', and 'Agency Roster'. Below these buttons, there is a section for 'Agency Roster - Status : New' with a 'Choose File' button and an 'Upload Roster' button. To the right, there is a list of 'Instruction Documents' including 'Agency Roster Template for EXCEL Upload', 'Agency Roster (EXCEL) Specifications', 'Roster and BG Check Guide', 'Criminal History Self-Disclosure', and 'DPS Fingerprint Link Form'. A modal error message box is overlaid on the page, containing the text: 'dddffa1wt02 says Error File is Generated' and an 'OK' button.

**2.2.3.4.4 How to review the Error message(s) in the Roster Error file:**

Below image is a sample error file.

1. The first row indicates the column names (highlighted in the below image with pink)
2. The employees that failed to load into the application are listed in the following rows.

Example: In the below error file, an employee record (highlighted in green) of employee type Direct care Worker whose Last name is: DCW-R and First Name is: Mar'lin did not upload into application because of an error in the validation field Central Registry Date due to a date format issue.





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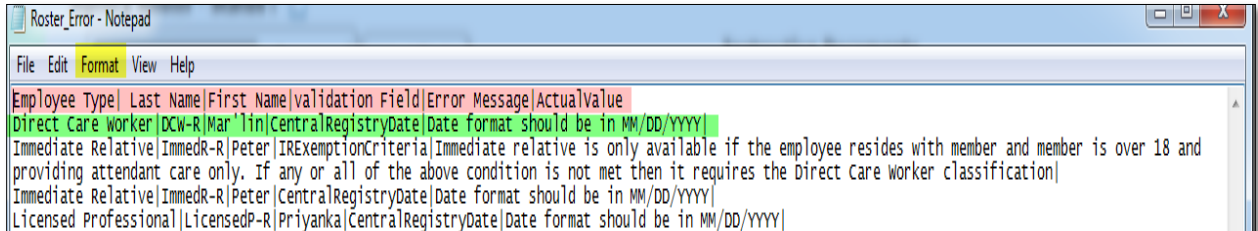
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Tip: To make this file easier to read click on 'Format> Word Wrap'.

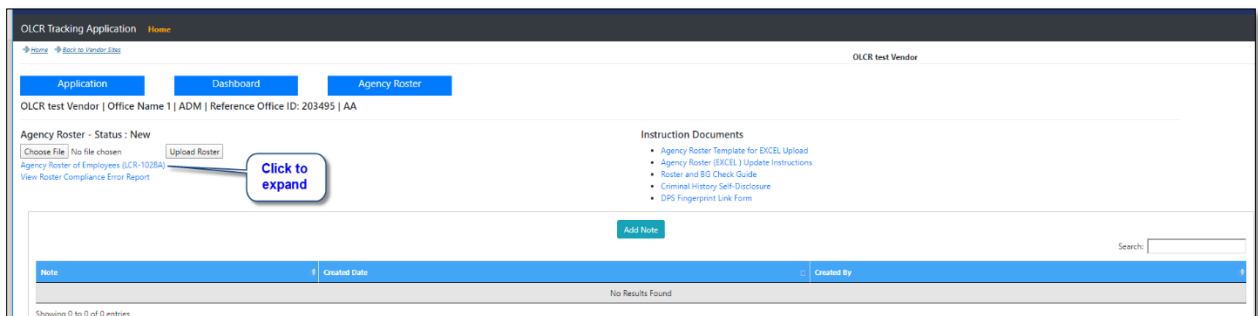
**Note:** Correct the errors in your Agency Roster Excel file and try the upload process again.

Keep a copy of your Agency Roster Excel file as you can use it to maintain/Update your Vendor Employees and Vehicle information.

### 2.2.3.5 Reviewing and updating the Agency Roster

#### 2.2.3.5.1 Reviewing the Agency Roster.

From any Admin Dashboard select the Agency Roster tab and click on the 'Agency Roster of Employees (LCR-1028A)' link.



#### 1 Agency Roster page - Employees Grid



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← Home ← Back to Dashboard

OLCR test Vendor

Total Number of Employees: 885  
Total Number of Active Employees: 876

**OLCR test Vendor - Agency Roster**

Compliance Metrics

96.69

Compliant: 847 Non-Compliant: 29

To Add/Delete Employees

+ - Staff Roster

Run compliance checks Search:

To search Employee

Select All	Compliant	LastName	FirstName	EmployeeType	DateOfBirth	DateHired	UpdatedDate
<input type="checkbox"/>	✗	Villegas	Helen	Direct Care	03/1945	07/17/2017	07/27/2020
<input type="checkbox"/>	✓	Abbott-Whitley	Deena	Executive/Signatory/Supervisor	07/19/1965	01/28/2019	07/27/2020
<input type="checkbox"/>	✓	Abdeljabar	Mohamed	Direct Care Worker	07/17/1991	06/17/2019	07/27/2020
<input type="checkbox"/>	✓	Abdi	Abdullahi	Direct Care Worker	10/02/1998	12/11/2017	07/27/2020
<input type="checkbox"/>	✓	Abdi	Hawo	Direct Care Worker	05/17/1995	03/18/2019	07/27/2020
<input type="checkbox"/>	✓	Abdi	Makye	Direct Care Worker	12/11/2000	07/06/2020	07/27/2020

Showing 1 to 885 of 885 records

Click to Run Compliance Checks

Compliant values



→ To add an employee



→ To delete an employee

Note: You can delete multiple employees by selecting them (check the check box next to the employee name) and clicking the delete button.

### 2.2.3.5.2 Run Compliance Checks

After the employee information is loaded/ updated into the OLCR application, the compliancy checks can be run on the employees to see if they adhere to the OLCR compliancy rules. Please click on the 'Run Compliance Checks' button to run the compliance checks on the newly updated employees.

**NOTE:** click on the employee record in the roster employee grid page. This will navigate to the 'Edit Employee' window scroll to the bottom of the 'Edit Employee' window to see the list of fields an employee has failed in the compliancy checks:



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The compliance Value of any updated/Newly added employee will be in 'Pending Compliant' state.

An employee record can be in any of the following 3 compliant states:

-  → Pending Compliant
-  → Non Compliant
-  → Compliant

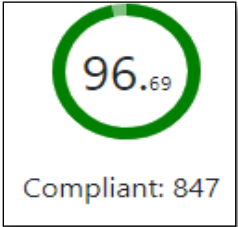
### Understanding Compliance Metrics

- **Total No. of Employees :** Count of All Employees excluding Adult Household Members.
- **Total No. of Active Employees:** Total No. of Employees excluding Inactive Employees.
- **Compliant :** Count of all compliant Active Employees.
- **Non-compliant :** Count of all Non-compliant Active Employees.



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**Compliant circle** : Shows the Percentage (with-in the circle) Active compliant Employees.



**Non-compliant Circle** : Shows Percentage (with-in the circle) Active Non-compliant Employees.

1-Agency Roster page - Vehicles section

-  → To add an employee
-  → To delete an employee

+ Add or - Remove buttons

Search Vehicle

Select	Make	Model	Year	License	RegistrationExpDate	LiabilityInsuranceExpDate
<input type="checkbox"/>	CHEVY	TAHOE	2008	CEG4772	08/31/2019	09/12/2019
<input type="checkbox"/>	CHEVY	TAHOE	2008	AZR4931	02/28/2019	09/12/2019
<input type="checkbox"/>	FORD	E350	2008	CK60952	02/28/2019	09/12/2019

Showing 1 to 3 of 3 entries



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### 2.2.3.6 Updating Employees and Vehicles in the Agency Roster page

It is easy to update an individual record in the Agency Roster page.

#### 2.2.3.6.1 Updating Employees in the Agency Roster page

Clicking on any employee record will redirect to the 'Edit employee' page where the employee record can be edited

**NOTE:**

1. An employee SSN cannot be edited once it is entered into the system. In such case please delete and add a new record
2. An employee classification cannot be modified to or from any existing classification to Adult household member. In such case please delete and add a new record

The screenshot shows the 'Edit Employee' form in the OLCR Tracking Application. The form is divided into several sections:

- Classification:** A dropdown menu set to 'Adult Household Member'.
- Employment Type:** A dropdown menu set to 'Select'.
- Agency EIN:** A text input field.
- Personal Information:** Fields for Last Name, First Name, Middle Name, Gender, SSN, Date of Birth, Date Hired, and Employee End Date.
- General Requirements:** Radio buttons for 'Obtainer to Member', 'Application/Resume', and '3 Reference Letters on file'.
- Engineering Registry:** Fields for EP Card Number, DR, EP Application, CHS Disclosure Date, and Central Registry Date.
- Professional License Info:** Fields for ANCCS ID and Prof License Exp Date.
- Transportation:** Radio buttons for 'Does the employee transport members?' and 'Does the employee transport members in their personal vehicle?'. Fields for Vehicle Registration Exp Date and Vehicle Insurance Exp Date.
- Training:** Fields for Article 8 Exp Date, CCR Exp Date, First Aid Exp Date, and Prevention Support Exp Details per ICF.
- Site Inspection:** Radio buttons for 'Services are delivered at provider residence and member resides elsewhere?' and 'If Yes, select vendor office?'. A dropdown menu for 'Select'.
- Immediate Relative Exemption Criteria:** Radio buttons for 'The employee resides with member/member is over 18, and services provided is attendant care only?'.
- Household Members only:** A dropdown menu for 'Linked to employee'.

At the bottom of the form, there are 'Save' and 'Cancel' buttons. A footer contains 'Privacy Policy', 'Reasonable Accommodation', and 'Disclaimer' links.

Whenever updating, adding, or deleting a record you must sign, date, and save at the bottom of the Agency Roster page.



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I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.

Sign here

### 2.2.3.6.2 Updating Vehicles in the Agency Roster page

Click on any of the field for the vehicle you want to update.

**Agency Owned Vehicles** Search:

#Select All	Compliant	Make	Model	Year	License	RegistrationExpDate	LiabilityInsuranceExpDate
<input type="checkbox"/>	X	Ford	E450	2005	KYH06	05/01/2020	09/13/2019
<input type="checkbox"/>	X	Ford	Econoline	2012	KMH46	09/31/2020	09/13/2019
<input type="checkbox"/>	X	Ford	Econoline 350	2011	ksw15	06/01/2020	09/13/2019
<input type="checkbox"/>	X	Ford	Transit 350	2016	BVL1669	12/15/2021	10/01/2019

Showing 1 to 4 of 4 records

I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.

Sign here

Update any of the editable fields and click Save. Then on Agency Roster page sign, date and save.



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Edit Vehicle

Make

Model

Year

License

Registration Exp Date

Liability Insurance Exp Date

Save
Cancel

COMPLIANCE ERROR as of : 7/12/2020 10:12:07 PM

1 | Vehicle|Ford|E450|RegistrationExpDate|Registration Expiry Date cannot be a previous date|05/01/2020

2 | Vehicle|Ford|E450|LiabilityInsuranceExpDate|Liability Insurance Expiry Date cannot be a previous date|09/13/2019

### 2.2.3.7 Adding and deleting Employees and Vehicles in the Agency Roster page

To add and remove individual records in the Agency Roster page.

#### 2.2.3.7.1 Adding Employees in the Agency Roster page

Click on Blue '+' button above the Employees table on the Agency Roster page.

#Select All	Compliant	LastName	FirstName	EmployeeType	DateOfBirth	DateHired	UpdatedDate
<input type="checkbox"/>	X	Aberra	Jemila	Direct Care Worker	03/19/1964	11/08/2018	08/01/2019



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Update all required fields for the type of employee you are adding and click 'Save' Then on Agency Roster page sign, date and save.

### 2.2.3.7.2 Adding Vehicles in the Agency Roster page

Click on Blue '+' button above the Vehicles table on the Agency Roster page.

Update all required fields for the new vehicle you are adding and click 'Save' Then on Agency Roster page sign, date and save.





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**Add Vehicle**

Make

Model

Year

License

Registration Exp Date

Liability Insurance Exp Date

SaveCancel

### 2.2.3.7.3 Deleting Employee(s) in the Agency Roster page

Check the boxes on to the left the Employee(s) you want to delete. Then Click on Blue '-' button above the Employee(s) table on the Agency Roster page. The Employee record is deleted.



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+ <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">-</span> Staff Roster		Run compliance checks						Search: <input type="text"/>
Select All	Compliant	LastName	FirstName	EmployeeType	DateOfBirth	DateHired	UpdatedDate	
<input type="checkbox"/>	✘	Aberra	Jemila	Direct Care Worker	03/19/1964	11/08/2018	08/01/2019	
<input type="checkbox"/>	✘	Ahmed	Sumiya	Direct Care Worker	01/01/1988	05/23/2019	07/31/2019	
<input type="checkbox"/>	✘	Anderson	Chase	Direct Care Worker	01/01/1994	06/03/2019	07/31/2019	
<input type="checkbox"/>	✘	Bagwill	Trica	Direct Care Worker	03/28/1974	01/08/2019	07/31/2019	
<input type="checkbox"/>	✘	Bautista	Juan	Direct Care Worker	08/23/1998	12/19/2018	07/31/2019	
<input type="checkbox"/>	✘	Bingham	Brazia	Direct Care Worker	12/12/1991	09/01/2017	07/31/2019	

Showing 1 to 71 of 71 records

#### 2.2.3.7.4 Deleting Vehicles in the Agency Roster page

Check the boxes on to the left the Vehicles(s) you want to delete. Then Click on Blue '-' button above the Vehicles table on the Agency Roster page. The Vehicles record is deleted.

+ <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">-</span> Agency Owned Vehicles		Search: <input type="text"/>						
Select All	Compliant	Make	Model	Year	License	RegistrationExpDate	Liability/InsuranceExpDate	
<input type="checkbox"/>	✘	Ford	E450	2005	KYH06	05/01/2020	09/13/2019	

**Note:** individual record can also be updated by modifying and re-uploading the Agency Roster Excel initially completed, uploaded, and save.

#### 2.2.3.8 Roster Compliance Error Report

View Roster Compliance Error report lists all the employee records that have Validation and Compliance errors needed to be updated in the Agency Roster for the vendor. It also gives the list of employees who have certain dates expired or to be expired within the next 30 days.

- Validation error → Data is missing
- Compliance Error → Data is present, and it is not in compliance

##### 2.2.3.8.1 Fields listed in the Error Report

- Employee Name
- Employee Type
- Employee AHCCCS ID
- Inspection
- Prof License



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- Fingerprint
- CHS Disclosure
- Central Registry
- CPR
- Prevention Support Training
- Driver's License
- Vehicle REG
- Vehicle Insurance
- Article 9
- First Aid
- Compliance Errors
- Validation Errors

Compliance Error Report																
Employee Name	Employee Type	Employee AHCCCS ID	Expiration Dates													
			Inspection	Prof License	Finger Print	CHS Disclosure	Central Registry	CPR	Prevention Support Training	Driver's License	Vehicle REG	Vehicle Insurance	Article 9	First Aid	Compliance Errors	Validation Errors

### 3 Certification Process

There are five provider office types: *Admin Site* (ADM), *Group Home* (GH), *Developmental Homes* (DH), IDLA and *Service Sites* (SS).

*Admin Sites* represent the main vendor site; the first Admin site added to the Qualified Vendor Contract is recognized as the Admin Site.

*Group Homes* are defined as a service site added to the Qualified Vendor Contract that has any one of three Services (HAB, HPD, HAN)

*Developmental Homes* are defined as a service site added to the Qualified Vendor Contract that has the service HBA. Developmental Homes are view-only and will still be administered through Quick Connect.

*IDLA (Individually Designed Living Arrangement)* are defined as a service site added to the Qualified Vendor Contract that has the service HAI only.

*Service Sites* are defined as a service site added to the Qualified Vendor Contract that does not meet any of the above requirements.

Only *Admin* and *Group Home* sites go through the certification process. The *Service Sites* will be certified under the umbrella of the *Admin Site* certification and will show a Status of 'Inspection due' until an inspection is requested then it turns to 'Inspection requested', once Inspection is completed and then



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status changes to 'Open.' If the Service site is exempt from Inspection, status will turn to Open-exempt and when service site is closed the status changes to Inactive.

There are five Certificate statuses; *New, Submitted, Open, Open expired and Closed*. *New* sites have not been certified yet, *Submitted* sites have documentation that is awaiting review, *Open* sites have completed the certification process, Site with expired cert that needs supporting info to complete the certification process have *Open expired* status and *Closed* sites are no longer certified (Withdrawn).

OLCR Tracking Application Home

OLCR test Vendor

OLCR application will be down for an up:

HCBS CERTIFICATION STATUS: SUBMITTED      CONTRACT STATUS: MANAGEMENT APPROVED      Active Sites Count: ADM:1 | DH:0 | GH:5 | IDLA:0 | SS:5      Search:

Site Name	Reference Office ID	Site Code	Address	City, State ZipCode	AHCCCS ID	Office Type	Status in OLCR	Certificate status
Office Name 1	213603	AA	Office W ADR1 1 Ste 2 ADR2 1	City1, AZ 80511	9291	ADM	Submitted	Open
Office Name 10	215159	BD	Office W ADR1 10 Ste 2 ADR2 10	City10, AZ 80511	92910	GH	Submitted	Open
Office Name 13	215876	BE	Office W ADR1 13 Ste 2 ADR2 13	City13, AZ 80511	92913	GH	Submitted	Open
Office Name 6	214467	BA	Office W ADR1 6 Ste 2 ADR2 6	City6, AZ 80516	9296	GH	Submitted	Open

### 3.1 Initial Application (IA)

The IA is the initial step in the certification process.

#### 3.1.1 Required Forms

The required forms for IA will be the [Application for Initial HCBS Certification \(LCR-1083A\)](#) for *Admin Sites* and [Application for Group Home Certification \(LCR-1082A\)](#) for *Group Homes*. Since the status of a *Service Site* becomes 'Open' after the inspection has been completed, the only required form is the [Life-Safety Inspection Request \(LCR-1033A\)](#). *Developmental Homes* have no required forms.

Admin Site	Group Home	Service Site
<a href="#">Application for Initial HCBS Certification (LCR-1083A)</a>  <a href="#">Vendor Qualifications Checklist (LCR-1027CFORNA)</a>	<a href="#">Application for Group Home Certification (LCR-1082A)</a>  <a href="#">Vendor Qualifications Checklist (LCR-1027CFORNA)</a>	<a href="#">Life-Safety Inspection Request (LCR-1033A)</a> .



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In this example, note the status of all the sites as 'New' which indicates that they have not yet been certified. Once the site has been certified, the Status will change to 'Open.' To begin the certification process, select the Admin site.

Note: Agency Roster will be available for all Admin Sites.

Special instructions: Agency Roster must always be up to date for Certificate to be valid.

OLCR Tracking Application [Home](#) LLC

HCBS CERTIFICATION STATUS: NEW      CONTRACT STATUS: MANAGEMENT APPROVED      **Active Sites Count**      Search:

ADM:1 | DH:0 | GH:0 | IDLA:0 | SS:0

Site Name	Reference Office ID	Site Code	Address	City, State ZipCode	AHCCCS ID	Office Type	Status in OLCR	Status in QVP App
	213401	AA		Phoenix, AZ 85018	133635	ADM	New	Open

The initial screen will show the Summary details of the selected site.

Application      Dashboard      Agency Roster

ADM | Reference Office ID: 213401 |

**Summary**



Certification Info				Help/Notes
<b>Certification Status</b>	Certification is closed			<b>Certificate ID</b> <span style="background-color: #e0e0e0; padding: 2px;">[Redacted]</span>
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>	<b>Manual</b> <a href="#">Vendor User Manual</a>
04/04/2018	04/03/2019	04/16/2019	04/04/2018	<b>Webinar Link</b> HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>	
133635		06/30/2016		
<b>Last Audit Date</b>				
04/04/2017				

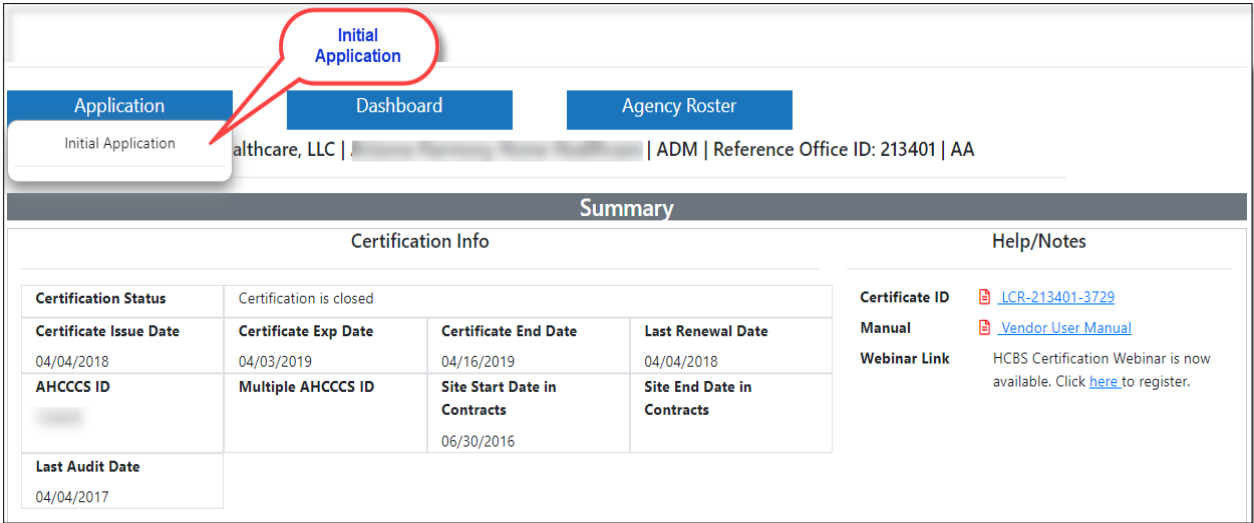


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### 3.1.2 Completing Forms

Click the Application option, **Initial Application** to display the required forms to complete and submit to OLCR. Moving your mouse over the  icon will display the form status. NOTE: the  button will not be activated until all forms are completed and ready to submit.



The screenshot shows the OLCR application interface. At the top, there are three main navigation buttons: "Application", "Dashboard", and "Agency Roster". The "Application" button is highlighted, and a red circle with a callout points to the "Initial Application" link within its dropdown menu. Below the navigation bar, the user's current session information is displayed: "althcare, LLC | [redacted] | ADM | Reference Office ID: 213401 | AA".

The main content area is titled "Summary" and is divided into two columns: "Certification Info" and "Help/Notes".

Certification Info				Help/Notes
<b>Certification Status</b>	Certification is closed			<b>Certificate ID</b> <a href="#">LCR-213401-3729</a>
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>	<b>Manual</b> <a href="#">Vendor User Manual</a>
04/04/2018	04/03/2019	04/16/2019	04/04/2018	<b>Webinar Link</b> HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>	
[redacted]	[redacted]	06/30/2016	[redacted]	
<b>Last Audit Date</b>				
04/04/2017				

#### 3.1.2.1 Application for Initial HCBS Certification

The first required form is [Application for Initial HCBS Certification \(LCR-1083A\)](#) for Adm site.



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Application
Dashboard
Agency Roster

| ADM | Reference Office ID: 213401 | AA

**Initial Application - Status :**

Application for Initial HCBS Certification (LCR-1083A)

Vendor Qualifications Checklist (LCR-1027CFORNA)

**Documents and Instructions**

- Certification Instructions
- ARTICLE 15 R6-6-1501
- Agency Roster Template for EXCEL Upload
- Agency Roster (EXCEL) Specifications
- Criminal History Self-Disclosure
- DPS Fingerprint Link Form

Submit Button

Submit to OLCR

This form is auto populated with the required information but needs a “signature” by clicking the checkbox next to the username. Click “Save Application”.

APPLICATION FOR AGENCY CERTIFICATE - INITIAL

AGENCY INFORMATION

Name:

Mailing Address:

City:  State:

ZIP Code:  Application Date:

FEL/TAX ID Number:  AHCCCS ID, if known:

AGENCY INFORMATION

Physical/Service Address:

City:  State:

ZIP Code:

CONTACT INFORMATION

Email:

Agency/Business Phone:

Emergency/After Hours Phone:

Name of CEO/Owner:  Name of Authorized Person Completing Application:

Categories of Service

32 - HABILITATION  Hourly/Daily/Both

06 - PHYSICAL THERAPY

45 - REHABILITATION

Page 1 Page 2 Page 3 Page 4

1. Has this agency or the CEO / Owner ever been registered with AHCCCS to provide services?  
If so, what was the AHCCCS ID?

2. Has the agency or CEO/Owner ever been licensed or certified to provide care to children or adults?  
If yes, please explain:

3. Has the agency or the CEO/Owner ever had a license/certificate denied, revoked or suspended?  
If yes, please submit a detailed written explanation to hbscertification@azdes.gov



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The first required form is [Application for Group Home Certification \(LCR-1082A\)](#) for Group Home.

NOTE: For Group Homes, the DHS License No. and DHS License Expiration Date are required.

[← Back to Vendor Sites](#)

**Application** | **Dashboard**

Initial Application | Home | GH | Reference Office ID: 212037 | BC

**Initial Application - Status :**  
[Application for Group Home Certification \(LCR-1082A\)](#)  
[Vendor Qualifications Checklist \(LCR-1027CFORNA\)](#)

**Documents and Instructions**

- [Certification Instructions](#)
- [ARTICLE 15 R6-6-1501](#)
- [Criminal History Self-Disclosure](#)
- [DPS Fingerprint Link Form](#)

**Submit to OLCR**

[← Home](#) | [← Back to Dashboard](#) | OLCR test Vendor

**APPLICATION FOR GROUP HOME CERTIFICATE - INITIAL**

**AGENCY INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Scottsdale AZ

ZIP Code: \_\_\_\_\_ Application Date: \_\_\_\_\_

852605331 06/24/2020

FEL/TAX ID Number: \_\_\_\_\_ AHCCCS ID (if known): \_\_\_\_\_

**GROUP HOME INFORMATION**

Name: \_\_\_\_\_

Physical/Service Address: \_\_\_\_\_

38414 N 12th St

City: \_\_\_\_\_ State: \_\_\_\_\_

Phoenix AZ

ZIP Code: \_\_\_\_\_ DHS License Number: \_\_\_\_\_

85086

DHS License Expiration: \_\_\_\_\_

05/31/2022

**CONTACT INFORMATION**

Email: \_\_\_\_\_

Agency/Business Phone: \_\_\_\_\_

Emergency/After Hours Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of CEO/Owner: \_\_\_\_\_ Name of Authorized Person Completing Application: \_\_\_\_\_

Kimberly Smith

**Categories of Service**

32 - HABITATION  Hourly/Daily/Both

**Signature**

I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.  
I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.

SIGNED BY: \_\_\_\_\_ DATE OF SIGNATURE: \_\_\_\_\_

Kevin Smith 06/23/2020 **Save Application**





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### 3.1.2.2 Vendor Qualifications Checklist

For Admin sites, the following Checklist will display.

## Document CheckList-Initial Agency Certification

	Vendor	OLCR
Application for Initial Certification(LCR-1083A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agency Roster of Employees (LCR-1028A)	<input type="checkbox"/>	<input type="checkbox"/>
A copy of Fingerprint Clearance Card(s) (submit to hcbscertification@azdes.gov)	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Self-Disclosure(s) (submit to hcbscertification@azdes.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Three (3) reference letters (submit to hcbscertification@azdes.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life-safety Inspection Request(s) (LCR-1033A)	<input type="checkbox"/>	<input type="checkbox"/>

[Submit Document Checklist](#)



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For Group Homes, the following checklist will display.


**Document CheckList-Initial Group Home Certification**

	Vendor	OLCR
Request for Group Home Certificate(LCR-1082A)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of DHS License (submit to hbscertification@azdes.gov)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[Submit Document Checklist](#)

Click [Submit Document Checklist](#) to save and submit the form.

### 3.1.3 Submitting Forms to OLCR

As each form is completed and saved, it is designated with a  and a .pdf of the form is created and can be opened by clicking the  icon. Also, the [Submit to OLCR](#) button will be enabled.

Clicking the [Proceed to Submit](#) button opens the 'Add Note' text-box. Entering notes and clicking [Save Note](#) enables the [Submit to OLCR](#) button for submission to OLCR.



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The screenshot shows the OLCR Tracking Application dashboard. At the top, there is a navigation bar with links for 'About DES', 'Services', 'Contact Us', 'Document Center', 'Media Center', and 'Find Your Local Office'. Below this, the page title is 'OLCR Tracking Application Home'. The main content area includes a breadcrumb trail 'Home > Back to Dashboard' and the user's role 'OLCR test Vendor'. There are three main navigation buttons: 'Application', 'Dashboard', and 'Agency Roster'. Below these, the user's current session information is displayed: 'OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 216704 |'. The dashboard is divided into two columns. The left column shows the 'Initial Application - Status : Incomplete Notice Requested' with two sub-items: 'Application for Initial HCBS Certification (LCR-1083A)' and 'Vendor Qualifications Checklist (LCR-1027CFORNA)'. The right column is titled 'Documents and Instructions' and lists several links: 'Certification Instructions', 'ARTICLE 15 R6-6-1501', 'Disclosure Instructions', 'Agency Roster Template for EXCEL Upload', 'Agency Roster (EXCEL ) update Instructions', 'Criminal History Self-Disclosure', and 'DPS Fingerprint Link Form'. A green 'Submit to OLCR' button is located at the bottom left. A green notification box at the bottom center says 'Add Note Notes saved successfully.' A search bar is located at the bottom right.

The screenshot shows the 'Add Note' dialog box. It has a blue header with the title 'Add Note' and a close button. Below the header, there is a yellow warning icon and the text: 'Please add the name and contact information of the person that will be the point of contact for questions'. A text input field contains the placeholder text 'Loren Epsum'. At the bottom of the dialog, there is a blue 'Save Note' button.

Clicking the Save Note take you to next screen In the next screen select “ Submit to OLCR” will submit all forms to continue the certification process.



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The screenshot shows the OLCR Tracking Application interface. At the top, there is a navigation bar with links for 'About DES', 'Services', 'Contact Us', 'Document Center', 'Media Center', and 'Find Your Local Office'. Below this, the page title is 'OLCR Tracking Application' with a 'Home' link. The user is logged in as 'OLCR test Vendor'. The main content area has three tabs: 'Application', 'Dashboard', and 'Agency Roster'. The 'Application' tab is active, showing the status 'Initial Application - Status: Incomplete Notice Requested'. Below this, there are two items: 'Application for Initial HCBS Certification (LCR-1083A)' and 'Vendor Qualifications Checklist (LCR-1027CFORNA)'. To the right, there is a 'Documents and Instructions' section with a list of links: 'Certification Instructions', 'ARTICLE 15 86-6-1501', 'Disclosure Instructions', 'Agency Roster Template for EXCEL Upload', 'Agency Roster (EXCEL) update Instructions', 'Criminal History Self-Disclosure', and 'DPS Fingerprint Link Form'. At the bottom left, there is a green 'Submit to OLCR' button. At the bottom center, there is a green 'Add Note' button with the text 'Notes saved successfully.'. At the bottom right, there is a search bar.

### 3.1.4 Notifications

Notifications can be email, system generated, or both. They are generated for each pertaining event that occurs.

#### 3.1.4.1 Introduction

The first notification received by providers will be the introduction email and system generated notification because of submitting the required forms for Qualified Vendor Contract to Contracts.



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**Subject:** Notice of Qualified Vendor Application Approval

**VENDOR NAME**

This email is to notify you that your Qualified Vendor Application has been processed. Please refer to the attached "Vendor Agreement Award Notice" for the services you have been approved to provide.

Your agreement approval and notice of award will follow shortly by US mail.

**Agreement Approval is not an authorization to provide services. You must obtain HCBS certification as required by the Arizona Administrative Code (A.A.C.) and Section 5 of the Qualified Vendor Agreement.**

To apply for an HCBS Certificate, log into the OLCR Tracking Application (FOCUS) and complete the application.

The following documents should be emailed to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov). Please include the Reference Office ID number from the application in any email communications.

1. Copy of a Level 1 Fingerprint Clearance Card (FCC) issued by the Arizona Department of Public Safety (DPS) for the CEO/President/Owner(s) and Signatory(s) on the QVA. If FCC is pending, you may enclose a copy of the FCC Application (DPS-802-06857) and money order that was submitted to DPS. For questions related to the FCC, please contact DPS at (602) 223-2279.
2. Copy of the Criminal History Self Disclosure Affidavit (LCR-1034) for the CEO/President/Owner(s) and Signatory(s) on the QVA.
3. Three (3) References for the agency or for the CEO/President/Owner(s) attesting to the fitness of the agency or provider to provide HCBS services.
4. If the CEO/President/Owner(s)/Signatory(s) on the QVA is providing direct care to DDD members, enclose the front and back of the CPR Card (MUST be Current and not expired provided by a Certified Instructor – On-Line Classes NOT accepted); the front and back of the First Aid Card (MUST be Current and not expired provided by a Certified Instructor – On-Line Classes NOT accepted) OR if applicant is a licensed registered nurse (R.N.), LPN, Certified Nursing Assistant, or a Physical, Occupational, Respiratory, or a Speech/Hearing therapist; the Article 9 Certificate of Training OR Attendance Sheet from Article 9 Training Class Roster with Instructor's Name, Date of Class, and location of class. For information on Article 9 training, please contact the DDD training office at (602) 771-8125.
5. Complete the staff roster within the OLCR tracking application. Ensure both the CEO/Owner and secondary signatory on the QVA are listed on the roster.



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For more information about HCBS Certification, refer the technical guidance documents available within the OLCR tracking application.

A life-safety inspection is required for each service site used to provide HCBS, unless the services are to be provided in the private home of the DDD member. Once the service site is added to the contract application, the address will transfer into the OLCR Tracking Application. Log into the OLCR tracking application to complete an inspection request (LCR-1033).

If you are enrolling with AHCCCS as a Provider Type 39 or Provider Type 25, you will need to provide a copy of the HCBS certificate to AHCCCS. AHCCCS will notify once your AHCCCS Identification Number has been issued.

Questions related to HCBS Certification should be emailed to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) or faxed to 602-257-7045

For questions concerning this matter, contact:

DDD Contracts Manager  
P.O. Box 6123 2HC3  
1789 W Jefferson, 4th Floor  
Phoenix, AZ, 85005  
Phone : 1-(844) 770-9500  
Email : [DDDContractsManager@azdes.gov](mailto:DDDContractsManager@azdes.gov)


Thank You,  
DDD Contracts Manager

cc:

- [Contracts](#) Personnel -1
- Contracts Personnel-2

This is an electronically generated message. Please do not reply to this notice.

### **3.1.4.2 Incomplete Information Requested**

When submitted forms have incomplete information, the OLCR Admin Review process will return the form(s) to the provider. The form status will change back to a pending icon  and the IA status will change to "Incomplete Notice Requested." The provider must open the form, complete the information, and resubmit to OLCR.



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Application	Dashboard	Agency Roster
OLCR test Vendor   Office Name 1   ADM   Reference Office ID: 216704		
<b>Initial Application - Status : Incomplete Notice Requested</b> Application for Initial HCBS Certification (LCR-1083A) ✓ Vendor Qualifications Checklist (LCR-1027CFORNA) ✓		<b>Documents and Instructions</b> <ul style="list-style-type: none"><li>• Certification Instructions</li><li>• ARTICLE 15 R6-6-1501</li><li>• Agency Roster Template for EXCEL Upload</li><li>• Agency Roster (EXCEL) Specifications</li><li>• Criminal History Self-Disclosure</li><li>• DPS Fingerprint Link Form</li></ul>
<a href="#">Proceed to Submit</a>		

An email and system notification are generated.

The system generated notification can be viewed from **Site Notifications** under Dashboard Tab.



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TO:  
FROM:  
CC:  
SUBJECT: Incomplete Information Requested |Vendor Name | reference office ID



**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

Date:

Status: (Incomplete Information Requested)  
Request Type: (Initial, Renewal, Amendment)  
Agency:  
Agency Contact:  
Phone Number:  
Email:

Additional Information is required to continue processing of your (Request Type). Necessary information includes:

(Notes entered by OLCR staff go here)


Please submit the requested information as quickly as possible. Once the additional information is either added to Focus (if applicable) or forwarded to your specialist (per request), be sure to click *Add Note and Continue*. After entering and saving the note, click *Submit to OLCR* to complete the application. Documentation may be sent to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) or may be faxed to 602.257.7045.

If you have any questions, please contact me.

Thank you  
(OLCR personnel name is auto populated here)  
6027714870  
Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)  
Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

### 3.1.4.3 **Additional Information Requested**

When submitted forms have passed the Admin Review process, but additional information is required for the Sub Review process, OLCR will return the form(s) to the provider to complete and resubmit to

OLCR. The form status will change to a pending icon  and IA status will change to “Additional Info Requested.”





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The screenshot shows the OLCR Tracking Application interface. At the top, there is a navigation bar with links for 'About DES', 'Services', 'Contact Us', 'Document Center', 'Media Center', and 'Find Your Local Office'. Below this, the page title is 'OLCR Tracking Application Home'. There are two links: 'Home' and 'Back to Vendor Sites'. On the right, it says 'OLCR test Vendor'. Below the navigation, there are three buttons: 'Application', 'Dashboard', and 'Agency Roster'. The current page is the 'Application' page, showing 'OLCR test Vendor | Office Name 3 | ADM | Reference Office ID: 216597 |'. The main content area is divided into two sections. The left section is titled 'Initial Application - Status : Additional Info Requested' and contains two links: 'Application for Initial HCBS Certification (LCR-1083A)' and 'Vendor Qualifications Checklist (LCR-1027CFORNA)'. The right section is titled 'Documents and Instructions' and contains a list of links: 'Certification Instructions', 'ARTICLE 15 R6-6-1501', 'Disclosure Instructions', 'Agency Roster Template for EXCEL Upload', 'Agency Roster (EXCEL) update Instructions', 'Criminal History Self-Disclosure', and 'DPS Fingerprint Link Form'. At the bottom left, there is a green button labeled 'Submit to OLCR'.

An email and system notification are generated.

The system generated notification can be viewed from the **Site Notifications** under Dashboard tab

The screenshot shows the OLCR Tracking Application interface, similar to the previous one, but with the 'Dashboard' tab selected. The page title is 'OLCR Tracking Application Home'. There are two links: 'Home' and 'Back to Vendor Sites'. On the right, it says 'OLCR test Vendor'. Below the navigation, there are three buttons: 'Application', 'Dashboard', and 'Agency Roster'. The current page is the 'Dashboard' page, showing 'OLCR test Vendor | Office Name 68 | ADM | Reference Office ID: 200641 | AA'. The main content area is titled 'Site Notifications' and contains a search bar. Below the search bar, there is a table with the following columns: 'Status', 'To', 'Subject', 'Office', and 'Notification Date'. The table contains one row of data:

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Additional Information Requested	Office Name 68	12/05/2018 12:27 PM



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TO:

FROM:

CC:

SUBJECT: Additional Information Requested | Vendor Name | reference office ID



**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

Date:

Status: Additional Information Requested

Request Type: Initial

Agency:

Agency Contact:

Phone Number:

Email:

Additional Information is required to continue processing of your (Request Type). Necessary information includes:

(Notes entered by OLCR staff go here)

Please submit the requested information as quickly as possible. Once the additional information is either added to Focus (if applicable) or forwarded to your specialist (per request), be sure to click *Add Note and Continue*. After entering and saving the note, click *Submit to OLCR* to complete the application. Documentation may be sent to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) or may be faxed to 602.257.7045.

Failure to submit the necessary information within 30 days, or by [DATE], may result in the closure of the application.

If you have any questions, please contact me.

Thank you

(OLCR personnel name is auto populated here)

6027714870

Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

### **3.1.4.4 Initial Application Approved**

When the admin and sub review process is complete, and the certification is approved by OLCR, an email and system notification is issued to the provider.



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TO:

FROM:

CC:

SUBJECT: Initial Application Approved | Vendor Name | reference office ID



[DATE]

[Address 1]

[Address 2]

[City, State, Zip]

**HCBS Certification - Approved**

Congratulations, your agency has met the certification requirements as a provider for Home & Community Based Services (HCBS). A copy of your certificate is attached to this e-mail. You may view and print a copy of your certificate from within the OLCR FOCUS application.

It is the responsibility of the vendor agency to maintain records demonstrating continuous compliance with HCBS rules contained in Article 15. As required by the Division's Provider Manual, the roster should be updated every 30 days. You may update your roster at any time during the certification period.

Your HCBS certification must be renewed annually. OLCR will notify you 60 days prior to the expiration date and provide you with instructions for renewal.

Thank you for your service and commitment to individuals with developmental disabilities and their families.

OLCR HCBS Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

FOCUS Login: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

CC: [contracts](#) email id |

**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***



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The system generated notification can be viewed from in **Site Notifications** under Dashboard Tab.

The screenshot shows the OLCR Tracking Application interface. At the top, there are navigation links: About DES, Services, Contact Us, Document Center, Media Center, and Find Your Local Office. Below this is a breadcrumb trail: OLCR Tracking Application > Home. The main header area includes buttons for Application, Dashboard, and Agency Roster. The user is logged in as 'OLCR test Vendor'. Below the navigation, there is a summary line: 'OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 213603 | AA'. The 'Site Notifications' section is active, displaying a table with one notification:

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Initial Application Approved	Office Name 1	08/04/2017 04:26 PM

Showing 1 to 1 of 1 records (filtered from 15 total records)

The Dashboard **Summary** option will show the certification information. Only *Group Homes* have a DHS License No. and DHS License Expiration Date. NOTE: when a site is certified, the Dashboard option for **Initial Application** is removed, and options for **Withdraw** and **Agency Roster** are added.

The screenshot shows the 'Summary' section of the dashboard for a certified site. The navigation tabs are Application, Dashboard, and Agency Roster. The 'Application' tab is selected, and a 'Withdraw' button is visible. The site name is 'powerment Center, Inc | ADM |'. The 'Summary' section is divided into two main areas: 'Certification Info' and 'Help/Notes'.

Certification Info				Help/Notes
<b>Certification Status</b>	Vendor Office is Certified			<b>Certificate ID</b> <a href="#">LCR-201991-3832</a>
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>	<b>Manual</b> <a href="#">Vendor User Manual</a>
06/02/2020	05/31/2021		06/02/2020	<b>Webinar Link</b> HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>	
		05/10/2018		



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Clicking on the Certificate # will allow providers to download and print a copy of the Certificate.

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
**Office of Licensing, Certification & Regulation (OLCR)**  
**Home & Community-Based Services (HCBS)**

**Certificate**  
*OLCR test Vendor*

*MAIN ADRS 1, MAIN ADRS 2, PHOENIX 45848*

*is hereby certified for*

<u>Service(s)</u>	<u>Effective</u>	<u>End Date</u>
32 HABILITATION	07/16/2020	07/15/2021
42 DD PROGRAMS (DD DAY CARE PROGRAMS)	07/16/2020	07/15/2021

OLCR

A.A.C. R6-6-1509, requires the re-certification of services each year. This certificate will remain in effect yearly with the Department's receipt of the signed Notice of Renewal, unless sooner suspended or revoked.

Issue Date: [07/16/2020](#)      Certificate End Date: AHCCCS ID: # 9293  
Certificate ID: LCR-216597-7984

Print Date: 7/15/2020



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After the certification process is complete, the Status will change from 'New' to 'Open'.

OLCR test Vendor

OLCR application will be

HCBS CERTIFICATION STATUS: OPEN      CONTRACT STATUS: MANAGEMENT APPROVED      **Active Sites Count**      Search:

ADM:3 | DH:0 | GH:0 | IDLA:0 | SS:2

Site Name	Reference Office ID	Site Code	Address	City, State ZipCode	AHCCCS ID	Office Type	Status in OLCR	Status in QVP App
Office Name 3	212613	AA	Office W ADR1 3 Ste 2 ADR2 3	City3, AZ 80513	9293	ADM	Open	Open
Office Name 5	212615		Office W ADR1 5 Ste 2 ADR2 5	City5, AZ 80515	9295	ADM	Open	Open
Office Name 9	216222		Office W ADR1 9 Ste 2 ADR2 9	City9, AZ 80519	9299	ADM	Open	Open
Office Name 6	212699		Office W ADR1 6 Ste 2 ADR2 6	City6, AZ 80516	9296	SS	Open	Open

### 3.2 Renewal

Certifications must be renewed prior to the expiration date. Providers are notified (via email and system notification) 60 days prior to the Certificate Expiration Date.

The Renewal option under the Application tab is automatically added 60 days prior to the Certificate Expiration Date. In this example, the current date is 12/05/2016 which is 60 days prior to the Certificate Expiration Date of 02/03/2017.

OLCR test Vendor

OLCR application will be

HCBS CERTIFICATION STATUS: OPEN      CONTRACT STATUS: MANAGEMENT APPROVED      **Active Sites Count**      [Click on ADM site](#)

ADM:3 | DH:0 | GH:0 | IDLA:0 | SS:2

Site Name	Reference Office ID	Site Code	Address	City, State ZipCode	AHCCCS ID	Office Type	Status in OLCR	Status in QVP App
Office Name 3	212613	AA	Office W ADR1 3 Ste 2 ADR2 3	City3, AZ 80513	9293	ADM	Open	Open
Office Name 5	212615		Office W ADR1 5 Ste 2 ADR2 5	City5, AZ 80515	9295	ADM	Open	Open
Office Name 9	216222		Office W ADR1 9 Ste 2 ADR2 9	City9, AZ 80519	9299	ADM	Open	Open
Office Name 6	212699		Office W ADR1 6 Ste 2 ADR2 6	City6, AZ 80516	9296	SS	Open	Open



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The screenshot shows the OLCR Tracking Application interface. At the top, there is a navigation bar with 'About DES' and 'Se'. Below this, the main header includes 'OLCR Tracking Application' and 'Home'. A dropdown menu is open under 'Application', with 'Select Renewal' highlighted. The menu options are 'Renewal' and 'Withdraw'. Below the menu, there are buttons for 'Application', 'Dashboard', and 'Agency Roster'. The user's profile information is displayed as 'ame 1 | ADM | Reference Office ID: 212648 | AA'. A 'Certification Info' section contains a table with the following data:

Certification Info		
Certification Status	Vendor Office is Certified	
Certificate Issue Date	Certificate Exp Date	Certificate End
06/20/2019	06/19/2020	
AHCCCS ID	Multiple AHCCCS ID	Site Start Date
9291		03/28/2015
Last Audit Date		

### 3.2.1 Required Renewal Forms

The Required Renewal forms that needs to be submitted to OLCR are

**For Admin Site renewal:** [Application for Renewal HCBS Certification \(LCR-1077A\)](#) and [Vendor Qualification Checklist \(LCR-1027FORNA\)](#)

The screenshot shows the OLCR Tracking Application interface for a user named 'OLCR test Vendor'. The navigation bar includes 'Home' and 'Back to Vendor Sites'. The main header shows 'OLCR test Vendor' and 'OLCR test Vendor'. Below this, there are buttons for 'Application', 'Dashboard', and 'Agency Roster'. The user's profile information is displayed as 'OLCR test Vendor | Office Name 4 | ADM | Reference Office ID: 212472 |'. A 'Renewal - Status : Incomplete Notice Requested' section is highlighted, with a 'Click to open' button. Below this, there are links for 'Application for Renewal HCBS Certification (LCR-1077A)' and 'Vendor Qualifications Checklist (LCR-1027CFORNA)'. A 'Submit to OLCR' button is visible at the bottom left. On the right, there is a 'Documents and Instructions' section with a list of links:

- Certification Instructions
- ARTICLE 15 R6-6-1501
- Disclosure Instructions
- Agency Roster Template for EXCEL Upload
- Agency Roster (EXCEL ) update Instructions
- Criminal History Self-Disclosure
- DPS Fingerprint Link Form

**For Group Home Renewal:** [Application for Group Home Certification \(LCR-1082A\)](#) and [Vendor Qualification Checklist \(LCR-1027FORNA\)](#)



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OLCR Tracking Application [Home](#)

[← Back to Vendor Sites](#) OLCR test Vendor

[Application](#) [Dashboard](#)

OLCR test Vendor | Office Name 8 | GH | Reference Office ID: 206582 | JI

**Renewal - Status : Incomplete Notice Requested**

[Application for Group Home Certification \(LCR-1082A\)](#)

[Vendor Qualifications Checklist \(LCR-1027CFORNA\)](#)

[Submit to OLCR](#)

**Documents and Instructions**

- [Certification Instructions](#)
- [ARTICLE 15 R6-6-1501](#)
- [Criminal History Self-Disclosure](#)
- [DPS Fingerprint Link Form](#)

### 3.2.2 Application for Agency Certificate-Renewal (LCR-1077A)

The form must be signed (check-box), saved, and submitted to OLCR.

OLCR test Vendor

#### APPLICATION FOR AGENCY CERTIFICATE - RENEWAL

**AGENCY INFORMATION**

Name:

AMC Group LLC

Mailing Address:

15925 W Taylor St

City:  State:

Goodyear AZ

ZIP Code:

853383249

Application Date:

04/20/2020

FBI/TAX ID Number:

473409963

AHCCCS ID (if known):

200272

**AGENCY INFORMATION**

Physical/Service Address:

15925 W Taylor St

City:  State:

Goodyear AZ

ZIP Code:

853383249

**CONTACT INFORMATION**

Email:

amcgroupaz@gmail.com

Agency/Business Phone:

(602) 202-2423

Emergency/After Hours Phone:  Fax:

(632) 932-0491

Name of CEO/Owner:

Mantha Zayas

Name of Authorized Person Completing Application:

**Categories of Service**

32 - HABILITATION  Hourly/Daily/Both

06 - PHYSICAL THERAPY

45 - REHABILITATION

**Signature**

I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.

SIGNED BY  DATE OF SIGNATURE

alejandra zayas 04/20/2020

### 3.2.3 Application for Group Home Certification-Renewal (LCR-1082A)

NOTE: For Group Homes, the DHS License No. and DHS License Expiration Date are optional.





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OLCR Tracking Application [Home](#) [About DES](#) [Services](#) [Contact Us](#) [Document Center](#) [Media Center](#) [Find Your Local Office](#)

OLCR test Vendor

### APPLICATION FOR GROUP HOME CERTIFICATE - RENEWAL

AGENCY INFORMATION	GROUP HOME INFORMATION	CONTACT INFORMATION
Name: OLCR test Vendor	Name: Office Name & Physical/Service Address: Office W ADR1 &	Email: DDOTesting@Live.com
Mailing Address: MAILING ADDR 1	City: City@	Agency/Business Phone: (999) 123-4548
City: PHOENIX	State: AZ	Emergency/After Hours Phone: (123) 759-2649
State: 31625	City@: 80518	Fac: (888) 123-4548
ZIP Code: 47848	State: AZ	Name of CEO/Owner: Rose Bizard
Application Date: 05/26/2020	DHS License Number: N/A	Name of Authorized Person Completing Application: Rose Bizard
FEL/TAX ID Number: 9999999	DHS License Expiration: 06/30/2019	
AHCCCS ID (if known): 9288		

### Categories of Service

32 - HABITATION (Hourly/Daily):Both

### Signature

I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.  
I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.

SIGNED BY	DATE OF SIGNATURE
<input type="text" value="Rose Bizard"/>	<input type="text" value="05/26/2020"/>

[Save Application](#)



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### 3.2.2 Submitting Renewal Forms to OLCR

Please refer to section 3.1.3.


### 3.2.4 Notifications

Notifications can be email, system generated, or both.

#### 3.2.4.1 60-day Renewal Notifications

Sixty days prior to the Certificate Expiry Date, an email and system notification are generated for providers.

Subject: Certification Renewal Notice (60 day) | Vendor Name | reference office ID |



Vendor Name  
Site Name  
Attention: Notice Contact name  
Address Line-1,  
Address Line-2.  
Reference Office ID: #####

**Re: Annual Renewal of Vendor HCBS Certification—60 Day Notice**

Your HCBS certification for 'SITE NAME' expires on MM/DD/YYYY. Please log in to the OLCR Tracking Application in Focus to submit your renewal application.

Failure to submit your renewal application prior to the expiration date will result in your HCBS Certification being closed. This will impact your ability to receive payment by the Division of Developmental Disabilities (DDD) for services provided.

This renewal notification is inclusive of any group home sites if applicable. If your agency provides group home services, each of the individual group home sites must be re-certified concurrently with the overall agency certification.

**To renew your HCBS Certification:**

1. Log-in to the OLCR Tracking Application in FOCUS
  - a. Complete the [Application for Renewal HCBS Certification \(LCR-1077A\)](#) on the Renewal Dashboard
  - b. Electronically Submit the [Application for Renewal HCBS Certification \(LCR-1077A\)](#) to OLCR



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**Project:** OLCR Tracking Application

**Subject:** Provider Reference Guide

**Doc ID:** DDD-OLCR-040-002\_Provider

- c. Ensure all service sites are listed in Focus. Request an inspection for any service sites that are due for an inspection. As of today, the following service sites are due for inspection:
  - a. Service site 1
  - b. Service site 2
  - c. Service site 3
  - d. Service site 4
- d. Update the Agency Roster (LCR-1028A)
- e. Electronically Sign the Agency Roster (LCR-1028A)

2.. Submit any required hard copy items to: |

- a. Email to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) include agency name in the email Subject Line
- b. Fax to (602) 257-7045
- c. Mail to DES/OLCR, P.O. Box 6123 – Mail Drop 2HF1, Phoenix, AZ 85005-6123

Focus Login: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

Please disregard this notice if you have already submitted your renewal application.  
If you have any questions regarding this notification or you need assistance with the renewal of your certification, please call OLCR at 602-771-4861.

**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

---

The system generated notification can be viewed from the **Site Notifications** under Dashboard tab.



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[Back to Vendor Sites](#) OLCR test Vendor

Application | Dashboard | Agency Roster

OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 213603 | AA

**Site Notifications**

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Certification Renewal Notice (60 day)   [redacted]   213603	Office Name 1	06/04/2018 08:30 PM
Email message has been sent to the recipient.	dddtesting@live.com	OLCR Background Check Failure Notice	Office Name 1	10/18/2017 07:00 AM

*Note: A red callout bubble points to the '60 Day Renewal Notice' in the subject column of the first row.*

### 3.2.4.2 30-day Renewal Notifications

Thirty days prior to the Certificate Expiry Date, an email and system notification are generated for providers.

**Site Notifications**

Search:

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Renewal Approved   [redacted]   213603	Office Name 1	08/07/2019 08:09 AM
Email message has been sent to the recipient.	dddtesting@live.com	7 Day Renewal Notice   [redacted]   213603	Office Name 1	07/27/2019 08:30 PM
Email message has been sent to the recipient.	dddtesting@live.com	30 Day Renewal Notice   [redacted]   213603	Office Name 1	07/04/2019 08:30 PM

*Note: A red callout bubble points to the '30 Day Renewal Notice' in the subject column of the second row.*



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**Doc ID:** DDD-OLCR-040-002\_Provider

Subject: 30 Day Renewal Notice | Vendor Name | reference office ID



MM/DD/YYYY

Vendor Name

Site Name

Attention: Notice Contact name

Address Line-1,

Address Line-2.

Reference Office ID: #####

**Re: Annual Renewal of Vendor HCBS Certification—30 Day Notice**

Your HCBS certification for 'SITE NAME' expires on MM/DD/YYYY. Please log in to the OLCR Tracking Application in Focus to submit your renewal application.

Failure to submit your renewal application prior to the expiration date will result in your HCBS Certification being closed. This will impact your ability to receive payment by the Division of Developmental Disabilities (DDD) for services provided.

This renewal notification is inclusive of any group home sites if applicable. If your agency provides group home services, each of the individual group home sites must be re-certified concurrently with the overall agency certification.

**To renew your HCBS Certification:**

1. Log-in to the OLCR Tracking Application in FOCUS

- a. Complete the [Application for Renewal HCBS Certification \(LCR-1077A\)](#) on the Renewal Dashboard
- b. Electronically Submit the [Application for Renewal HCBS Certification \(LCR-1077A\)](#) to OLCR



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**Doc ID:** DDD-OLCR-040-002\_Provider

- c. Ensure all service sites are listed in Focus. Request an inspection for any service sites that are due for an inspection. As of today, the following service sites are due for inspection:
  - a. Service site 1
  - b. Service site 2
  - c. Service site 3
  - d. Service site 4
- d. Update the Agency Roster (LCR-1028A)
- e. Electronically Sign the Agency Roster (LCR-1028A)

2.. Submit any required hard copy items to:

- a. Email to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) include agency name in the email Subject Line
- b. Fax to (602) 257-7045
- c. Mail to DES/OLCR, P.O. Box 6123 – Mail Drop 2HF1, Phoenix, AZ 85005-6123

Focus Login: [https://ddd.azdes.gov/orqanization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/orqanization/ddd/focusdd/frm_login.aspx)

Please disregard this notice if you have already submitted your renewal application.  
If you have any questions regarding this notification or you need assistance with the renewal of your certification, please call OLCR at 602-771-4861.

**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

---



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**Subject:** Provider Reference Guide

**Doc ID:** DDD-OLCR-040-002\_Provider

The system generated notification can be viewed from the **Notification** menu option or the **Site Notification** tab.

### 3.2.4.3 7-day Renewal Notifications

Seven days prior to the Certificate Expiry Date, an email and system notification are generated for providers.

Subject: 7 Day Renewal Notice | Vendor Name | reference office ID



MM/DD/YYYY

Vendor Name

Site Name

Attention: Notice Contact name

Address Line-1,

Address Line-2.

Reference Office ID: #####

Re: Expiring HCBS Certification—URGENT ACTION NEEDED

Your HCBS certification for 'SITE NAME' expires in 7 Days or on MM/DD/YYYY. Please log in to the OLCR Tracking Application in Focus to submit your renewal application. Your immediate action is needed [in order](#) to prevent your HCBS Certificate from expiring.

Failure to submit your renewal application prior to the expiration date will result in your HCBS Certification being closed. This will impact your ability to receive payment by the Division of Developmental Disabilities (DDD) for services provided. |

This renewal notification is inclusive of any group home sites if applicable. If your agency provides group home services, each of the individual group home sites must be re-certified concurrently with the overall agency certification.

To renew your HCBS Certification:

1. Log-in to the OLCR Tracking Application in FOCUS

- a. Complete the Application for Renewal HCBS Certification (LCR-1077A) on the Renewal Dashboard
- b. Electronically Submit the Application for Renewal HCBS Certification (LCR-1077A) to OLCR



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- c. Ensure all service sites are listed in Focus. Request an inspection for any service sites that are due for an inspection. As of today, the following service sites are due for inspection:
  - a. Service site 1
  - b. Service site 2
  - c. Service site 3
  - d. Service site 4
- d. Update the Agency Roster (LCR-1028A)
- e. Electronically Sign the Agency Roster (LCR-1028A)

2.. Submit any required hard copy items to:

- a. Email to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) include agency name in the email Subject Line
- b. Fax to (602) 257-7045
- c. Mail to DES/OLCR, P.O. Box 6123 – Mail Drop 2HF1, Phoenix, AZ 85005-6123

Focus Login: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

Please disregard this notice if you have already submitted your renewal application.

If you have any questions regarding this notification or you need assistance with the renewal of your certification, please call OLCR at 602-771-4861.

**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***





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The system generated notification can be viewed from the **Site Notifications** under the Dashboard Tab.

Site Notifications					
					Search: <input type="text"/>
Status	To	Subject	Office	Notification Date	
Email message has been sent to the recipient.	dddtesting@live.com	Renewal Approved   <b>7 Day Renewal Notice</b>	Office Name 1	08/07/2019 08:09 AM	
Email message has been sent to the recipient.	dddtesting@live.com	7 Day Renewal Notice   [REDACTED]   213603	Office Name 1	07/27/2019 08:30 PM	
Email message has been sent to the recipient.	dddtesting@live.com	30 Day Renewal Notice   [REDACTED]   213603	Office Name 1	07/04/2019 08:30 PM	

### 3.2.4.4 Incomplete Information Requested

If Application [for Renewal HCBS Certification \(LCR-1077A\)](#) is returned for incomplete information from the Admin Review process, please refer to section 3.1.4.2 (Incomplete Information Requested).



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**Subject:** Provider Reference Guide

**Doc ID:** DDD-OLCR-040-002\_Provider

TO:

FROM:

CC:

SUBJECT: Incomplete Information Requested | Vendor Name | reference office ID



**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

Date:

Status: Incomplete Information Requested

Request Type: Renewal

Agency:

Agency Contact:

Phone Number:

Email:

Additional information is required to continue processing of your (Request Type). Necessary information includes:

(Notes entered by OLCR staff go here)

Please submit the requested information as quickly as possible. Once the additional information is either added to Focus (if applicable) or forwarded to your specialist (per request), be sure to click *Add Note and Continue*. After entering and saving the note, click *Submit to OLCR* to complete the application. Documentation may be sent to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) or may be faxed to 602.257.7045.

If you have any questions, please contact me.

Thank you

(OLCR personnel name is auto populated here)

6027714870

Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

Website: [https://ddd.azdes.gov/orqanization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/orqanization/ddd/focusdd/frm_login.aspx) |

### 3.2.4.5 **Additional Information Requested**

If any of the Renewal forms are returned for additional information from the Sub Review process, please refer to section 3.1.4.3 (Additional Information Requested).



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**Subject:** Provider Reference Guide

**Doc ID:** DDD-OLCR-040-002\_Provider

TO:

FROM:

CC:

SUBJECT: Additional Information Requested | Vendor Name | reference office ID



**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

Date:

Status: Additional Information Requested

Request Type: Renewal

Agency:

Agency Contact:

Phone Number:

Email:

Additional Information is required to continue processing of your (Request Type). Necessary information includes:

(Notes entered by OLCR staff go here)

Please submit the requested information as quickly as possible. Once the additional information is either added to Focus (if applicable) or forwarded to your specialist (per request), be sure to click *Add Note and Continue*. After entering and saving the note, click *Submit to OLCR* to complete the application. Documentation may be sent to [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov) or may be faxed to 602.257.7045.

Failure to submit the necessary information within 30 days, or by [DATE], may result in the closure of the application.

If you have any questions, please contact me.

Thank you

(OLCR personnel name is auto populated here)

6027714870

Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

### 3.2.4.6 **Renewal Approved**

The form must be signed (check-box) and submitted to OLCR. For submitting the forms, please refer to section 3.1.4.4 (Renewal Approved). When the renewal is approved, it will generate an email and system notification.



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**Doc ID:** DDD-OLCR-040-002\_Provider

TO:

FROM:

CC:

SUBJECT: Renewal Approved | Vendor Name | reference office ID



[DATE]

[Site Name]

[Address]

[City, State, Zip]

**HCBS Certification - Approved**

Congratulations, your agency has met the certification requirements as a provider for Home & Community Based Services (HCBS). A copy of your certificate is attached to this e-mail. You may view and print a copy of your certificate from within the OLCR FOCUS application.

It is the responsibility of the vendor agency to maintain records demonstrating continuous compliance with HCBS rules contained in Article 15. As required by the Division's Provider Manual, the roster should be updated every 30 days. You may update your roster at any time during the certification period.

Your HCBS certification must be renewed annually. OLCR will notify you 60 days prior to the expiration date and provide you with instructions for renewal.

Please contact OLCR if you have questions about amending your certificate or to add or delete services.

Thank you for your service and commitment to individuals with developmental disabilities and their families.

OLCR HCBS Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

FOCUS Login: [https://ddd.azdes.gov/organization/ddd/focusdd/fm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/fm_login.aspx)

CC: DDD Contracts\_email id

\*\*This notice is electronically generated. Please do not reply to this notice. \*\*

The system generated notification can be viewed from the **Site Notifications** under the Dashboard Tab.



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**Subject:** Provider Reference Guide  
**Doc ID:** DDD-OLCR-040-002\_Provider

Site Notifications					
Status	To	Subject	Office	Notification Date	
Email message has been sent to the recipient.	dddtesting@live.com	Renewal Approved   [redacted]   213603	Office Name 1	08/07/2019 08:09 AM	
Email message has been sent to the recipient.	dddtesting@live.com	7 Day Renewal Notice   [redacted]   213603	Office Name 1	07/27/2019 08:30 PM	
Email message has been sent to the recipient.	dddtesting@live.com	30 Day Renewal Notice   [redacted]   213603	Office Name 1	07/04/2019 08:30 PM	

### 3.3 Withdraw (Site Closure)

A request to withdraw a certification can be initiated by either the provider or OLCR.

#### 3.3.1 Withdraw – Dashboard Option

Initially, the Withdraw option is not available until a site becomes certified.

Application
Dashboard
Agency Roster

Renewal
Home 1 | ADM | Reference Office ID: 213603 | AA

Withdraw

Summary

Certification Info				Help/Notes
<b>Certification Status</b>	Vendor Office is Certified			<b>Certificate ID</b> <a href="#">LCR-213603-4036</a>
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>	<b>Manual</b> <a href="#">Vendor User Manual</a>
08/04/2019	08/03/2020		08/04/2019	<b>Webinar Link</b> HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>	
9291		11/27/2016		
<b>Last Audit Date</b>				

#### 3.1.1 Withdraw – Required Form

There is one required form to submit for Withdrawal, the [Request to Withdraw HCBS Initial App \(LCR-1030A\)](#). The form must be completed, signed (checkbox), and submitted to OLCR.



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OLCR Tracking Application **Home**

[Back to Vendor Sites](#) OLCR test Vendor

**Application** **Dashboard** **Agency Roster**

OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 213603 | AA

**Withdrawal Status :**  
[Request To Withdraw HCBS Initial App \(LCR-1030A\)](#) **Withdrawal Form**

Before an Admin site is withdrawn, all the GH's should submit their withdrawal request.

**Submit to OLCR**

### 3.1.1.1 Request to Withdraw HCBS Initial Application or Current Certification

One of the “I wish to ...” radio-button selections is required, as well as an Effective Date of Withdrawal, “signing” the form (checkbox) and clicking **Save** to save the information.



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<b>Doc ID:</b> DDD-OLCR-040-002_Provider

**WITHDRAW HCBS CERTIFICATION**

<b>AGENCY NAME</b> OLCR test Vendor	<b>AGENCY CONTACT PERSON'S NAME (First, Last)</b> RoseAnne Hatch	<b>FEIN/SSN (Tax ID No.)</b> 9999999	<b>SITE CODE</b> AA
<b>MAILING ADDRESS</b> MAILING ADRS 1, MAIL ADRS 2, PHOENIX, 31625, 47848	<b>BUSINESS PHONE NO.</b> (999) 123-4548	<b>AHCCCS ID NO.</b> 9291	<b>EMERGENCY PHONE NO.</b> (125) 759-2649

PLEASE SELECT\*

- I wish to notify the DES/DDD of my intent NOT to RENEW my HCBS certification.
- I wish to terminate my certification to provide home and community based services.
- I wish to voluntarily withdraw my application for initial HCBS certification.

EFFECTIVE DATE OF WITHDRAWAL:

I WISH TO VOLUNTARILY WITHDRAW FOR THE FOLLOWING REASON

- Moved out of state. (T33/MOVE)
- No longer interested in providing services (T34/VOL)
- Ownership change (T51/OWNER)
- Retired (T55/RETIR)
- Out of business/closed (T56/OOB)
- Other (T30/OTH)

SIGNATURE

I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.

RoseAnne Hatch Save

### 3.1.2 Submitting Required Withdraw Form to OLCR

When the form is completed and saved, click  to submit the form. If Agency has Group homes, Group homes withdrawal request needs to be processed before processing the Admin site withdrawal.

NOTE: the  will not become enabled until the form is completed.



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OLCR Tracking Application **Home**

[← Back to Vendor Sites](#) OLCR test Vendor

Application Dashboard Agency Roster

OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 213603 | AA

**Withdraw - Status :**  
[Request To Withdraw HCBS Initial App \(LCR-1030A\)](#)

Before an Admin site is withdrawn, all the GH's should submit their withdrawal request.

[Submit to OLCR](#)

After OLCR accepts the request and closes the certification, the Site's Dashboard **Summary** page will be updated. The Certificate End Date is updated accordingly. NOTE: when a Site is closed, the **Reactivation** Dashboard option is activated and available for six months.

OLCR Tracking Application **Home**

[← Home](#) [→ Back to Vendor Sites](#) OLCR test Vendor

Application Dashboard Agency Roster

OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 212648 | AA

**Summary**

Certification Info				Help/Notes	
Certification Status	Vendor Office is Certified			Certificate ID	<a href="#">LCR-212648-3083</a>
Certificate Issue Date	Certificate Exp Date	Certificate End Date	Last Renewal Date	Manual	<a href="#">Vendor User Manual</a>
06/20/2019	06/19/2020		06/20/2019	Webinar Link	HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
AHCCCS ID	Multiple AHCCCS ID	Site Start Date in Contracts	Site End Date in Contracts		
9291		03/28/2015			
Last Audit Date					

Service Code	Service Description	AHCCCS ID	Provider Type	Status	AHCCCS Begin Date	AHCCCS End Date	OLCR Begin Date	OLCR End Date
32	HABILITATION	200272	39	ACTIVE	06-20-2016		06-20-2019	06-19-2020

**Notes**

[Add Note](#)

Search:

Note	Created Date	Created By
No Results Found		

Showing 0 to 0 of 0 entries

### 3.3.2 Notifications

Notifications can be email, system generated, or both.

#### 3.3.2.1 Closure of Agency

An email notification is generated and sent to providers.





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**Doc ID:** DDD-OLCR-040-002\_Provider

TO:

FROM:

CC:

SUBJECT: Closure of Agency | Vendor Name | reference office ID



[DATE]

[Site Name]

[Address]

[City, State, Zip]

Closure of HCBS Certification

AHCCCS #: [REDACTED]

Dear HCBS Provider:

Effective [Effective Date], OLCR closed your HCBS Certification to provide Home and Community Based Services. The reason for closure was: [list reason selects here, otherwise list text entered if 'Other' was selected].

If you wish to reactivate your certification, you must again apply and submit required documents to demonstrate that you meet the HCBS certification standards pursuant to Title 6, Chapter 6, and Article 15 of the Arizona Administrative Code.

Please visit our website for more information on the certification requirements or contact your HCBS Representative with the Division of Developmental Disabilities for assistance with the application process.

HCBS Certification Unit

Office of Licensing, Certification and Regulation (OLCR)

Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

CC: DDD contracts email address

The Withdrawal (Closure of Agency) can be viewed from the **Site Notifications** tab.



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About DES Services Contact Us Document Center Media Center Find Your Local Office

OLCR Tracking Application [Home](#)

[Back to Vendor Sites](#) OLCR test Vendor

Application Dashboard Agency Roster

OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 203173 |

**Site Notifications**

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.		Closure of Agency   OLCR test Vendor   203173	Office Name 1	07/20/2020 02:24 PM

### 3.2 Reactivation

After a Site closure, the **Reactivation** option is available for six months after closure. After six months, the option is no longer available, and providers must activate the certification through the **Initial Application** process.

[Back to Vendor Sites](#) OLCR test Vendor

Application Dashboard Agency Roster

Reactivation

ame 3 | ADM | Reference Office ID: 214834 | AA

**Summary**

Certification Info				Help/Notes	
<b>Certification Status</b>	Certification is closed			<b>Certificate ID</b>	<a href="#">LCR-203751-3873</a>
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>	<b>Manual</b>	<a href="#">Vendor User Manual</a>
03/31/2019	03/30/2020	03/31/2020	03/31/2019	<b>Webinar Link</b>	HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>		
9293		05/24/2018			
<b>Last Audit Date</b>					
12/19/2019					

#### 3.2.1 Required Forms

The required forms to reactivate a certification are the [Application for Reactivation HCBS Certification \(LCR-1083A\)](#) and [Vendor Qualifications Checklist \(LCR-1027CFORNA\)](#).



# Department of Economic Security

## Division of Developmental Disabilities

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**Doc ID:** DDD-OLCR-040-002\_Provider

OLCR Tracking Application [Home](#)

[Home](#) [Back to Vendor Sites](#)

[Application](#) [Dashboard](#) [Agency Roster](#)

OLCR test Vendor | Office Name 3 | ADM | Reference Office ID: 214834 | AA

Reactivation - Status : Incomplete Notice Requested

[Application for Reactivation HCBS Certification \(LCR-1083A\)](#)

[Vendor Qualifications Checklist \(LCR-1027CFORNA\)](#)

[Submit to OLCR](#)

In the [Application for Reactivation HCBS Certification \(LCR-1083A\)](#) , Person completing the form , questionnaire, signed by checkbox needs to be checked by the provider to submit the Reactivation to OLCR.

APPLICATION FOR AGENCY CERTIFICATE - REACTIVATE

AGENCY INFORMATION	AGENCY INFORMATION	CONTACT INFORMATION
Name: OLCR test Vendor Mailing Address: MAILING ADDRESS 1 State: City: ZIP Code: Application Date: AGENCY NUMBER: AGENCY ID NUMBER: AGENCY ID NUMBER:	Physical/Service Address: OFFICE W/ADMIT 2 City: State: City: State: ZIP Code: AGENCY ID NUMBER:	Email: DDD@testing@ddm.com Agency Business Phone: (999) 123-4567 Emergency/After Hours Phone - Fax: (999) 123-4568 Name of CEO/Owner: Name of Authorized Person Completing Application: Item Storage:
<b>Categories of Service</b> <input type="checkbox"/> 01 - OCCUPATIONAL THERAPY <input type="checkbox"/> 02 - RESPIRATORY SERVICES <input type="checkbox"/> 03 - PHYSICAL THERAPY <input type="checkbox"/> 04 - PSYCHOLOGICAL <input type="checkbox"/> 05 - SPEECH/LANGUAGE THERAPY <input type="checkbox"/> 06 - HOME HEALTH AID SERVICE <input type="checkbox"/> 07 - HOME HEALTH NURSE SERVICE		
Page 1   Page 2   Page 3   Page 4 1. Has this agency or the CEO/Owner ever been registered with ANELCS to provide services? If no, what was the ANELCS ID? <input type="text"/> 2. Has the agency or CEO/Owner ever been licensed or certified to provide care to children or adults? If yes, please explain: <input type="text"/> 3. Has the agency or the CEO/Owner ever had a license/certificate denied, revoked or suspended? If yes, please submit a detailed written explanation to hcbv@ddm.com: <input type="text"/>		
<b>Signatures</b> I agree, under penalty of law including perjury, false swearing or untruthful address, that the information I have provided on this form is true, accurate and complete to the best of my knowledge. I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application. I AGREE BY: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF SIGNATURE: <input type="text"/> SIGNATURE: <input type="text"/>		



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### 3.3 Inspections:

There are four types of inspections, Initial, Relocation, Renewal, and Special Request. NOTE: Only Service Sites are inspected. Inspections are a concurrent process with the forms required for certification.

Type of Inspection	Description
Initial	A new site requesting an inspection for the first time.
Relocation	For open site relocations.
Renewal	For open sites requesting a renewal inspection (every 2 years).
Special Request	Can be done at any time for special circumstances that require an inspection.

#### 3.3.1 Notifications

Inspection requests generate email and system notifications 45 days prior to the 2-year inspection expiration date and when inspections are scheduled.

##### 3.3.1.1 Inspection Request Notice

An email and system notification are generated 45 days prior to the 2-year inspection expiration date.



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TO:

FROM:

CC:

SUBJECT: Inspection Request Notice | Vendor Name | reference office ID



The site listed below will be due for an Inspection on [DATE]:

Vendor Name:

Site Name:

Site Address:

Please visit OLCR Tracking Application and complete Life-Safety Inspection request (LCR-1033A). An OLCR Inspector will contact you to schedule an Inspection. If the site is a private residence, the inspector will contact the provider directly.

Please disregard this notice if you have already scheduled your Life-Safety Inspection. Please email any questions to

Email: [olcrinspect@azdes.gov](mailto:olcrinspect@azdes.gov)

Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

\*\*This notice is electronically generated. Please do not reply to this notice. \*\*

### **3.3.1.2 Scheduled Inspection Confirmation**


When an inspection is scheduled, an email and system notification are generated.



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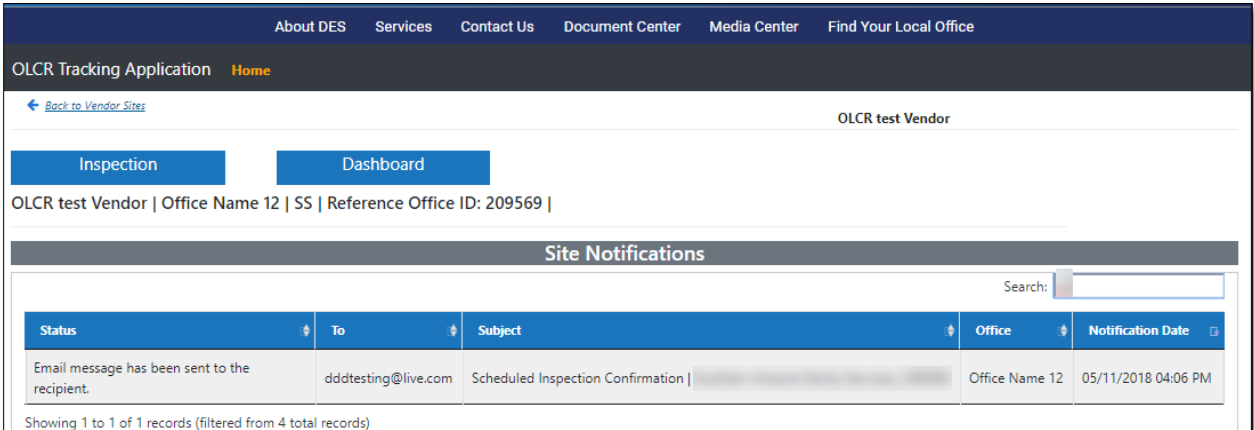
From: <ddolcr@azdes.gov>  
 Date:  
 Subject: Scheduled Inspection Confirmation |Test Vendor| 211160  
 To:



The site listed below has been scheduled for an Inspection [DATE]  
 The approximate appointment time is [Time]. Please be prepared for the inspector to arrive up to an hour before or after the set time.  
 Vendor Name:  
 Site Name:  
 Site Address:  
 Email: [olcrinspect@azdes.gov](mailto:olcrinspect@azdes.gov)  
 Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

System notification can be viewed from the **Site Notifications** under the **Dashboard Tab**.



The screenshot shows the OLCR Tracking Application interface. At the top, there are navigation links: About DES, Services, Contact Us, Document Center, Media Center, and Find Your Local Office. Below this is the 'OLCR Tracking Application' header with a 'Home' link. A 'Back to Vendor Sites' link is visible on the left. The main content area is titled 'OLCR test Vendor' and contains two tabs: 'Inspection' and 'Dashboard'. Below the tabs, there is a breadcrumb trail: 'OLCR test Vendor | Office Name 12 | SS | Reference Office ID: 209569 |'. The 'Site Notifications' section is highlighted, featuring a search bar and a table of notifications.

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Scheduled Inspection Confirmation   [REDACTED]	Office Name 12	05/11/2018 04:06 PM

Showing 1 to 1 of 1 records (filtered from 4 total records)

### 3.4 Audits

When an audit is scheduled by OLCR, it will generate an email and system generated notification.




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**Subject:** Provider Reference Guide  
**Doc ID:** DDD-OLCR-040-002\_Provider

From: <dddolcr@azdes.gov>  
Date: Wed, Nov 13, 2019 at 5:24 PM  
Subject: Audit Notification | OLCR Test V | 213492  
To:

  
DEPARTMENT OF ECONOMIC SECURITY  
*The Future for a Brighter Arizona*

HCBS COMPLIANCE AUDIT NOTICE (per A.A.C. R6-6-1512)

Your HCBS agency compliance audit has been scheduled as follows:

Location: 10720 XYZ ABC, Phoenix, AZ 850375722  
Scheduled date: 11/13/2019  
Scheduled time: 06:00:00 PM

Scheduled time is approximate. The auditor may arrive one hour before or after the scheduled time.

Please review the attached document which outlines the HCBS audit process. A sample audit checklist has also been attached for your reference.

If you have any questions regarding your upcoming audit, please feel free to call me at (602) 771-4861. A copy of the audit report will be uploaded to the audit site in the OLCR (FOCUS) application.

OLCR MANAGER  
Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)  
Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

**\*\*This notice is electronically generated. Please do not reply to this notice.\*\***

The system generated notification can be viewed from the **Site Notifications** tab under the **Dashboard Tab**.

[← Back to Vendor Sites](#) OLCR test Vendor

Application
Dashboard
Agency Roster

OLCR test Vendor | Office Name 3 | ADM | Reference Office ID: 212613 | AA

**Site Notifications**

Search:

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Audit Notification   A Brighter Avenue, L.L.C.   212613	Office Name 3	02/20/2018 09:01 AM

Showing 1 to 1 of 1 records (filtered from 370 total records)

### 3.4.1 Audit Compliance

If the scheduled audit is complying, no further action is necessary.



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### 3.4.2 Corrective Action Plan Required

When an audit is out of compliance, the provider must submit a Corrective Action Plan (CAP) form to OLCR for approval. Click on the *Audit* tab to select, complete, and submit the CAP ([LCR-1000C FORFF](#)) to OLCR.

The screenshot shows a web interface for an "OLCR test Vendor". At the top, there is a navigation bar with three tabs: "Application", "Dashboard", and "Agency Roster". Below the navigation bar, the user's profile information is displayed: "OLCR test Vendor | Office Name 68 | ADM | Reference Office ID: 200641 | AA". The main content area is titled "Audit" and contains a section for "Audit Forms". A link labeled "Corrective action Plan(Agency)- LCR-1000C FORFF" is present, with a red callout bubble pointing to it that says "CAP FORM". Below the link, there is a green "Add Note" button and a search box on the right.





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### Corrective Action Plan (Agency)

<b>Agency's Name</b>	<b>FEIN</b>	<b>AHCCCS ID</b>	<b>Audit Date</b>
<input type="text" value="OLCR test Vendor"/>	<input type="text" value="9999999"/>	<input type="text" value="92968"/>	<input type="text" value="07/21/2020"/>

**Action taken to correct the non-compliance. Specify any documents sent to OLCR**

Enter your message

**Action taken to prevent the recurrence of the non-compliance**

Enter your message

<b>Service Provider's Name</b>	<input type="checkbox"/>	<b>Service Provider's Signature</b>	<b>Date</b>
<input type="text" value="SERVICE PROVIDER'S NAME"/>		<input type="text" value="SERVICE PROVIDER'S SIGNATURE"/>	<input type="text" value="MM/DD/YYYY"/>

I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. I certify that I am authorized to sign this document on behalf of the entity named on the document.

When the required fields are completed, clicking  will send it to OLCR for review.

### 3.4.3 Corrective Action Plan Denied

When the provider submission of the CAP form is denied by OLCR, the following notification can be viewed **Site Notifications** under the dashboard tab. The provider must correct the form and resubmit it to OLCR.



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From: dddolcr@azdes.gov <dddolcr@azdes.gov>

Date: Fri, Jun 14, 2019 at 10:20 AM

Subject: The Correction Action Plan Form has been denied | OLCR Test Vendor| 201996

To:



The LCR-1000CFORFF\_0115 (corrective action plan form) for Amy Murray has been denied.

**Note:** test

Please make the suggested changes and re-submit it.

E-mail: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)


\*\*This notice is electronically generated. Please do not reply to this notice. \*\*

NOTICE: This e-mail (and any attachments) may contain PRIVILEGED OR CONFIDENTIAL information and is intended only for the use of the specific individual(s) to whom it is addressed. It may contain information that is privileged and confidential under state and federal law. This information may be used or disclosed only in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this e-mail and its attachments. If you have received this e-mail in error, please immediately notify the person named above by reply e-mail, and then delete the original e-mail. Thank you.

### 3.4.4 Corrective Action Plan Approved

When the CAP form has been approved by OLCR, the audit is complete. A system generated notification can be viewed from the **Site Notifications** tab under the dashboard tab.

### 3.4.5 Corrective Action Plan Printing Instructions

Corrective Action Plan can be downloaded using the Print Image  at the Right Bottom of CAP form.


Once clicked a .PDF file can be downloaded to the system which can be saved and printed.



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Corrective Action Plan (Agency)			
Agency's Name	FEIN	AHCCCS ID	Audit Date
OLCR test Vendor	9999999	92968	07/21/2020
Action taken to correct the non-compliance.Specify any documents sent to OLCR			
sdf			
Action taken to prevent the recurrence of the non-compliance			
fdsf			
Service Provider's Name	<input checked="" type="checkbox"/> Service Provider's Signature	Date	
dsfsd	dsfsdf	07/20/2020	

 [Click to Print](#)

### 3.5 Amendments

The **Amendment** option is available for Open sites (certified) that receive an amendment under the Application Tab. Below are the changes that will trigger an Amendment tab in OLCR application once approved in Qualified Vendor Portal.

- Add Service
- Change Address
- Change of Contact
- Change of Ownership
- Change SS or EIN
- Delete Service
- Name Change



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OLCR test Vendor

Application | Dashboard | Agency Roster

Office Name 2 | ADM | Reference Office ID: 211370 | AA

**click to submit Amendment**

### Summary

Certification Info				Help/Notes	
<b>Certification Status</b>	Vendor Office is Certified			<b>Certificate ID</b>	<a href="#">LCR-211370-6042</a>
<b>Certificate Issue Date</b>	<b>Certificate Exp Date</b>	<b>Certificate End Date</b>	<b>Last Renewal Date</b>	<b>Manual</b>	<a href="#">Vendor User Manual</a>
07/25/2019	07/24/2020		07/25/2019	<b>Webinar Link</b>	HCBS Certification Webinar is now available. Click <a href="#">here</a> to register.
<b>AHCCCS ID</b>	<b>Multiple AHCCCS ID</b>	<b>Site Start Date in Contracts</b>	<b>Site End Date in Contracts</b>		
9292		04/11/2013			
<b>Last Audit Date</b>					

### 3.5.1 Required Forms

All amendments for an Agency require the [Application for Amendment HCBS Certification \(LCR-1077A\)](#). For *Group Homes*, the [Application for Group Home Certification \(LCR-1082A\)](#) are to be completed signed and submitted. OLCR may require additional forms depending on the amended items.

Application | Dashboard | Agency Roster

OLCR test Vendor | Office Name 2 | ADM | Reference Office ID: 211370 | AA

**Amendment - Status : Incomplete Notice Requested**

[Application for Amendment HCBS Certification \(LCR-1077A\)](#) ✓

**Proceed to Submit** **Click to submit** **Click to open link** **Click to Add Note** **Add Note**



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OLCR Tracking Application [Home](#)

[← Back to Vendor Sites](#) OLCR test Vendor

[Application](#) [Dashboard](#)

OLCR test Vendor | Office Name 106 | GH | Reference Office ID: 205210 | EZ

**Amendment - Status : Incomplete Notice Requested**

[Application for Group Home Certification \(LCR-1082A\)](#)

[Submit to OLCR](#)

### Application for Agency Certificate-Amendment

APPLICATION FOR AGENCY CERTIFICATE - AMENDMENT

**AGENCY INFORMATION**

Name:

Mailing Address:

City:  State:

ZIP Code:  Application Date:

FEL/TAX ID Number:  AHCCCS ID (if known):

**AGENCY INFORMATION**

Physical/Service Address:

City:  State:

ZIP Code:

**CONTACT INFORMATION**

Email:

Agency/Business Phone:

Emergency/After Hours Phone: Fax:

Name of CEO/Owner:  Name of Authorized Person Completing Application:

**AMENDMENT TYPE**

DD PROGRAMS (DD DAY CARE PROGRAMS) Added:

Add Service

Change Address

Change of Contact

Change of Ownership

Change SS or EIN

Delete Service

Name Change/Attach documentation

**Categories of Service**

26 - RESPIRE CARE SERVICES

32 - HABILITATION  Hourly  Daily  Both

06 - PHYSICAL THERAPY

45 - REHABILITATION

28 - ATTENDANT CARE

42 - DD PROGRAMS (DD DAY CARE PROGRAMS)

**Signature**

I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.

SIGNED BY:  DATE OF SIGNATURE:  [Save Application](#)



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**Application for Group Home Certificate- Amendment**

APPLICATION FOR GROUP HOME CERTIFICATE - AMENDMENT

<p><b>AGENCY INFORMATION</b></p> <p>Name: OLCR test Vendor</p> <p>Mailing Address: MAILING ADDR 1</p> <p>City: State: PHOENIX 31625</p> <p>ZIP Code: Application Date: 47848 06/22/2020</p> <p>FEL/TAX ID Number: AHCCCS ID (if known): 999999 929106</p>	<p><b>GROUP HOME INFORMATION</b></p> <p>Name: Office Name 106</p> <p>Physical/Service Address: Office W ADR1 106</p> <p>City: State: City 106 AZ</p> <p>ZIP Code: DHS License Number: 8051106 DDH1469</p> <p>DHS License Expiration: 01/31/2022</p>	<p><b>CONTACT INFORMATION</b></p> <p>Email: DDDTesting@Live.com</p> <p>Agency/Business Phone: (999) 123-4548</p> <p>Emergency/After Hours Phone: Fax: (125) 759-2649 (999) 123-4548</p> <p>Name of CEO/Owner: Name of Authorized Person Completing Application: William (Billy) Malkovich</p>
<p><b>AMENDMENT TYPE</b></p> <p><input type="checkbox"/> Add Service <input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Change of Contact <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change SS or EIN <input type="checkbox"/> Delete Service <input type="checkbox"/> Name Change(Attach documentation)</p>	<p><b>Categories of Service</b></p> <p><input checked="" type="checkbox"/> 32 - HABITATION <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Both</p>	
<p style="text-align: center;"><b>Signature</b></p> <p>I swear, under penalties of law including perjury, false swearing or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge. I agree that entering my name and checking the box is my legal signature and is the same as if I had signed my name on paper. Important! Only the applicant or the applicant's authorized representative can sign this application.</p> <p><input type="checkbox"/> SIGNED BY: DATE OF SIGNATURE Marisela Gonzalez 06/22/2020 <a href="#">Save Application</a></p>		

**3.5.2 Notifications**

There are eight different amendment notifications that can occur. The system generated notifications will be generic in nature (example below). However, the email notifications will indicate which amendment type has occurred.



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### 3.5.2.3 Amendment Notification

OLCR Tracking Application [Home](#)

[Home](#) [Back to Vendor Sites](#) OLCR test Vendor

[Application](#) [Dashboard](#) [Agency Roster](#)

OLCR test Vendor | Office Name 1 | ADM | Reference Office ID: 215901 | AA

---

**Site Notifications**

Search:

Status	To	Subject	Office	Notification Date
Email message has been sent to the recipient.	dddtesting@live.com	Incomplete Information Requested   Elite Home Care Services LLC   215901	Office Name 1	06/05/2020 11:45 AM
Email message has been sent to the recipient.	dddtesting@live.com	Amendment Notification   Elite Home Care Services LLC   216722	Office Name 2	06/04/2020 02:53 PM
Email message has been sent to the recipient.	dddtesting@live.com	Renewal Approved   Elite Home Care Services LLC   215901	Office Name 1	05/29/2020 05:43 PM
Email message has been sent to the recipient.	dddtesting@live.com	Amendment Approved   Elite Home Care Services LLC   215901	Office Name 1	05/29/2020 05:41 PM
Email message has been sent to the recipient.	dddtesting@live.com	Supporting Info Requested   Elite Home Care Services LLC   216722	Office Name 2	05/21/2020 08:14 PM
Email message has been sent to the recipient.	dddtesting@live.com	Certification Renewal Notice (60 day)   Elite Home Care Services LLC   215901	Office Name 1	05/15/2020 08:30 PM
Email message has been sent to the recipient.	dddtesting@live.com	Amendment Notification   Elite Home Care Services LLC   216722	Office Name 2	04/14/2020 01:37 PM
Email message has been sent to the recipient.	dddtesting@live.com	Amendment Notification   Elite Home Care Services LLC   215901	Office Name 1	12/12/2019 03:26 PM
Email message has been sent to the recipient.	dddtesting@live.com	Initial Application Approved   Elite Home Care Services LLC   215901	Office Name 1	07/15/2019 07:57 AM

Showing 1 to 9 of 9 records

### 3.5.2.4 Add Category of Service (COS)

When a COS is added by the *Admin* site, the [Application for Amendment HCBS Certification \(LCR-1077A\)](#) will be available under the Application tab **Amendment** option. The form will be displayed with only the added service(s) checked (selected). When approved by OLCR personnel, the *Certificate Start Date* will be given which will be the *Service Effective Date* shown on both the Certificate, as well as the **Services** tab. For Group Homes, this is applicable when HAB, HAN, or HPD services are added.



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### 3.5.2.5 Address Change

If an *Admin* site has an address change, the [Application for Amendment HCBS Certification \(LCR-1077A\)](#) will be available under the Application tab **Amendment** option. For *Group Homes*, the [Application for Group Home Certification \(LCR-1082A\)](#) will be available under the Application tab **Amendment** option and will be required. For *Service* sites, the [Life-Safety Inspection Request \(LCR-1033A\)](#) will be available from Inspection tab for the relocated sites.

Below is the Notification for Admin site Address change.

From:  
Date:  
Subject: Amendment Notification | OLCR TEST VENDOR | 211210  
To:

  
**DEPARTMENT OF ECONOMIC SECURITY**  
*Your Partner For A Stronger Arizona*

Vendor Name: OLCR TEST VENDOR  
Site Name: Brown  
**An Amendment is required for the following changes. Please visit the OLCR Tracking Application to complete the Amendment process.**  
Changes for this office:  
Site Street Address: TEST, 12345

**Please submit the form(s):**  
Application for Amendment HCBS Certification (LCR-1077A)

HCBS Certification Unit  
Office of Licensing, Certification and Regulation (OLCR)  
Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)  
Website: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

**\*\*This notice is electronically generated. Please do not reply to this notice. \*\***

### 3.5.2.6 Contact Change

An Amendment for Contact changes pertains only to *Admin* sites and *Group Homes*. [the Application for Amendment HCBS Certification \(LCR-1077A\)](#) will be available under the Application tab **Amendment** option. For *Group Homes*, the [Application for Group Home Certification \(LCR-1082A\)](#) will be available under the Application tab **Amendment** option. This amendment type does not apply to *Service* sites.





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### **3.5.2.7 Delete Category of Service**

When a COS is deleted by the **Admin site**, the [Application for Amendment HCBS Certification \(LCR-1077A\)](#) will be available under the Application tab **Amendment** option. The form will be displayed with only the deleted service(s) checked (selected). When approved by OLCR personnel, the *Certificate End Date* will be given which will be the *Service End Date* shown on both the Certificate, as well as the **Services** tab. For *Group Homes*, the PRF will be available with the deleted service(s) checked (selected).

### **3.5.2.8 FEIN Change**

When a FEIN changes for an **Admin site** the [Application for Amendment HCBS Certification \(LCR-1077A\)](#) will be available under the Application tab **Amendment** option. For *Group Homes*, the [Application for Group Home Certification \(LCR-1082A\)](#) will be available under the Application tab **Amendment** option. No amendment action is required for *Service Sites*.

### **3.5.2.9 Agency Name Change**

For Agency name changes, for an **Admin site** the [Application for Amendment HCBS Certification \(LCR-1077A\)](#) will be available under the Application tab **Amendment** option. For *Group Homes*, the [Application for Group Home Certification \(LCR-1082A\)](#) will be available under the Application tab **Amendment** option. No amendment action is required for *Service Sites*.

### **3.5.2.10 Ownership Change**

When ownership changes, for an **Admin site** the [Application for Amendment HCBS Certification \(LCR-1077A\)](#) will be available under the Application tab **Amendment** option. For *Group Homes*, the [Application for Group Home Certification \(LCR-1082A\)](#) will be available under the Application tab **Amendment** option. No amendment action is required for *Service Sites*.



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**3.5.2.11 Amendment Approved**

An email notification is generated when an amendment is approved.

Subject: Amendment Approved | vendor Name | Reference office id



[DATE]

Vendor Name,

Vendor address

**HCBS Certification - Approved**

Congratulations, your agency has met the certification requirements as a provider for Home & Community Based Services (HCBS). A copy of your certificate is attached to this e-mail. You may view and print a copy of your certificate from within the OLCR FOCUS application.

It is the responsibility of the vendor agency to maintain records demonstrating continuous compliance with HCBS rules contained in Article 15. As required by the Division's Provider Manual, the roster should be updated every 30 days. You may update your roster at any time during the certification period.

Please contact OLCR if you have questions about amending your certificate or to add or delete services.

Thank you for your service and commitment to individuals with developmental disabilities and their families.

OLCR HCBS Email: [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

FOCUS Login: [https://ddd.azdes.gov/organization/ddd/focusdd/frm\\_login.aspx](https://ddd.azdes.gov/organization/ddd/focusdd/frm_login.aspx)

CC: [DDDTesting@Live.com](mailto:DDDTesting@Live.com)

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<b>Department of Economic Security</b> <b>Division of Developmental Disabilities</b>
<b>Project:</b> OLCR Tracking Application <b>Subject:</b> Provider Reference Guide <b>Doc ID:</b> DDD-OLCR-040-002_Provider

## 4 Glossary

<b>Term</b>	<b>Definition</b>
<b>CAS</b>	Contracts Administration System
<b>QVC</b>	Qualified Vendor Contract Application
<b>FOCUS</b>	FOCUS is a web-based system used by DDD staff to capture and store data on DDD consumers, providers, service authorizations, and payments.
<b>OLCR</b>	Office of Licensing, Certification and Regulation
<b>Provider</b>	An individual or organization that provides services to DDD and ALTCS eligible consumers and non-DDD consumers. Providers may have one or multiple sites that must be monitored for compliance of standards and rules set forth by the State of Arizona.