



GACH/APH ONLINE APPLICATION PROCESSING  
Providers – User Guide

California Department of Public Health  
Licensing and Certification Program  
Centralized Applications Branch

---

## Revision History

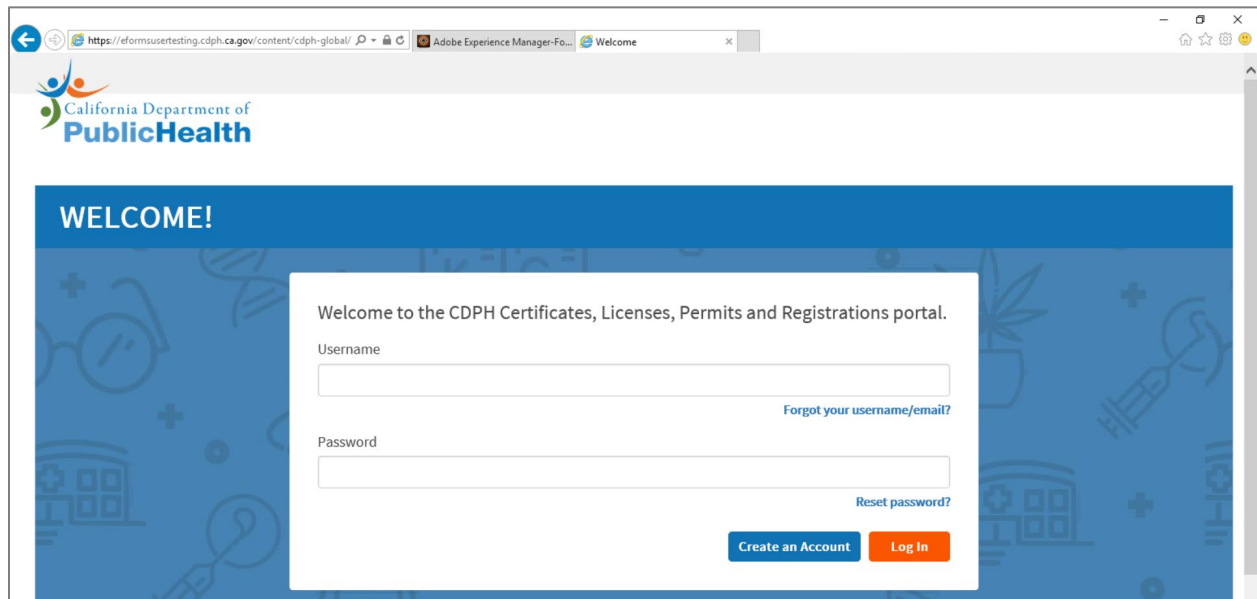
Version	Author/Reviewer	Date	Purpose
V1.0	Krishna Karthikeyan	12/16/2019	Initial Version
V2.0			
V3.0			
V4.0			

## Table of Contents

<b>1</b>	<b>User Login</b> .....	<b>3</b>
1.1	Creating a user account .....	3
1.2	Reset password? .....	4
1.3	Forgot your username/email? .....	5
<b>2</b>	<b>GACH/APH Online Application Access</b> .....	<b>7</b>
<b>3</b>	<b>Online Application Components</b> .....	<b>10</b>
3.1	Homepage.....	10
3.2	My Applications .....	12
3.3	Facility Details .....	14
3.4	Online Forms.....	15
3.5	Form Tiles .....	18
3.6	Services Selection Tiles .....	20
3.6.1	Onsite Services .....	20
3.6.2	Offsite Services .....	22
<b>4</b>	<b>Troubleshooting</b> .....	<b>25</b>

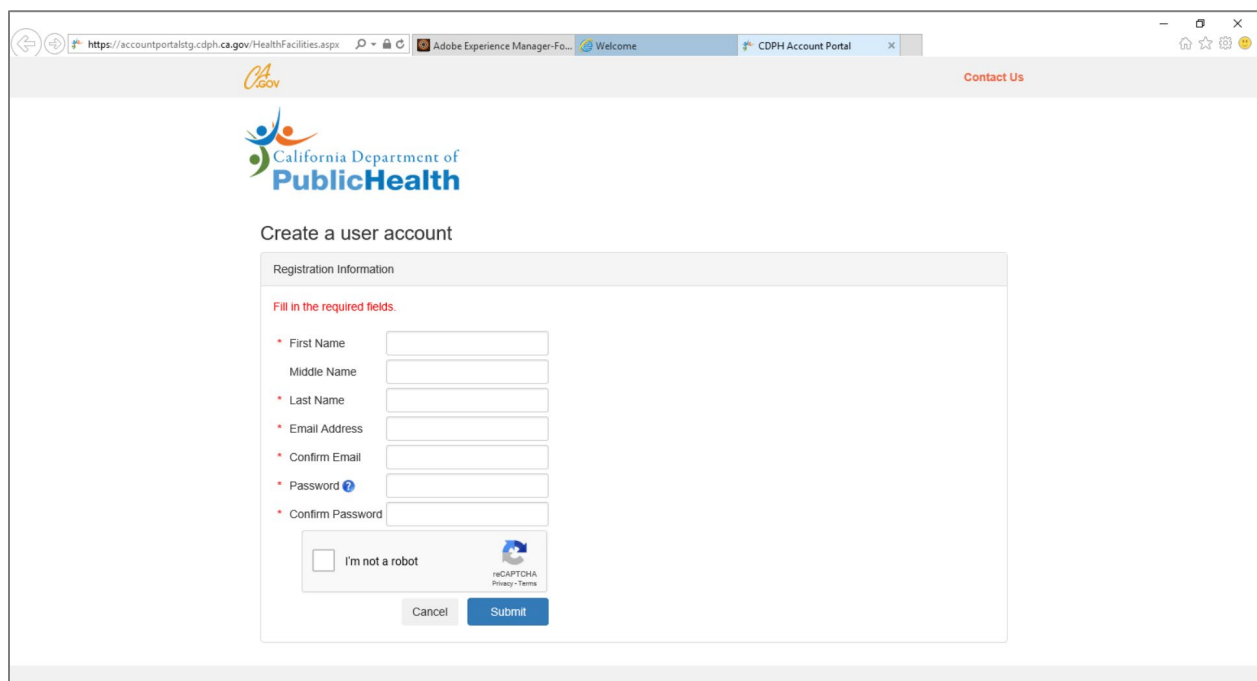
# 1 User Login

To sign in to your account, visit link [CDPH Certificates, Licenses, Permits, and Registrations Portal](#).

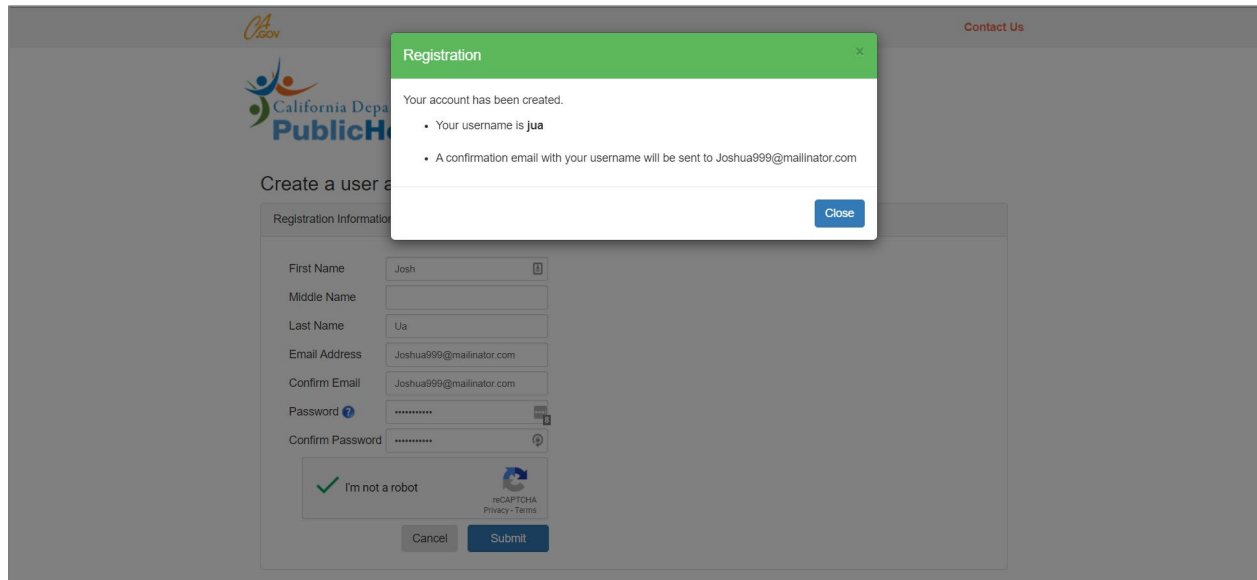


## 1.1 Creating a user account

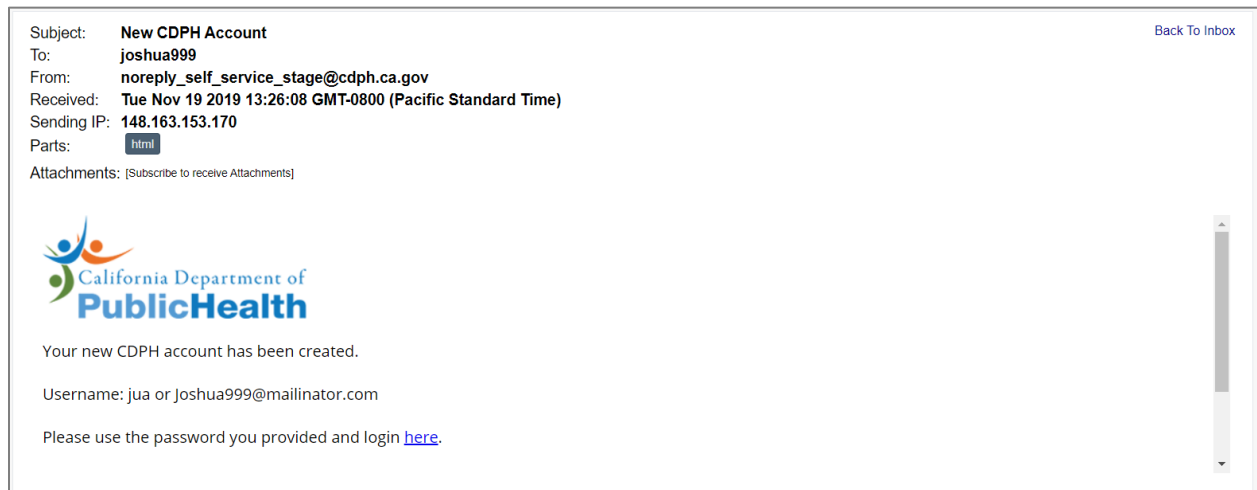
If you are a first-time visitor, you will need to create an account by clicking the **Create an Account** button. You will be redirected to the **Create a user account** screen.



Once you create your account you will see a popup window confirming that your account has been created.

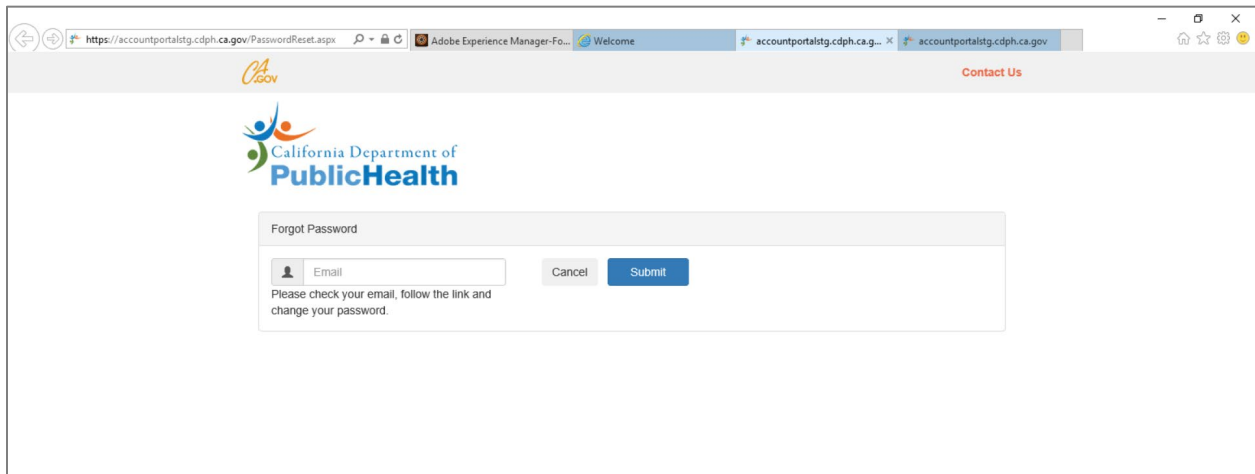


You should also receive a confirmation to the email address provided during account registration.



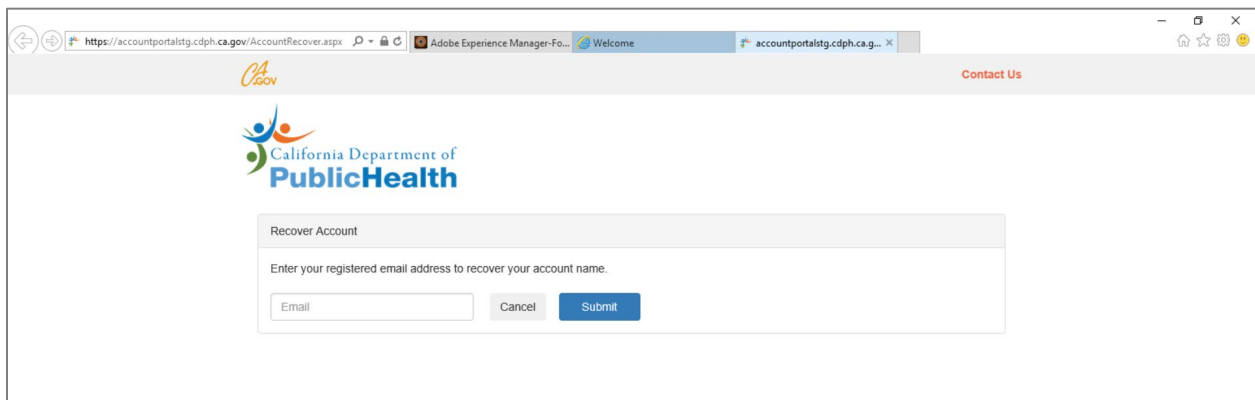
## 1.2 Reset password?

If you have forgotten your password but you have the email address you used to create and register your account, you can click on **Reset Password?** link to trigger a temporary password to the email address provided.

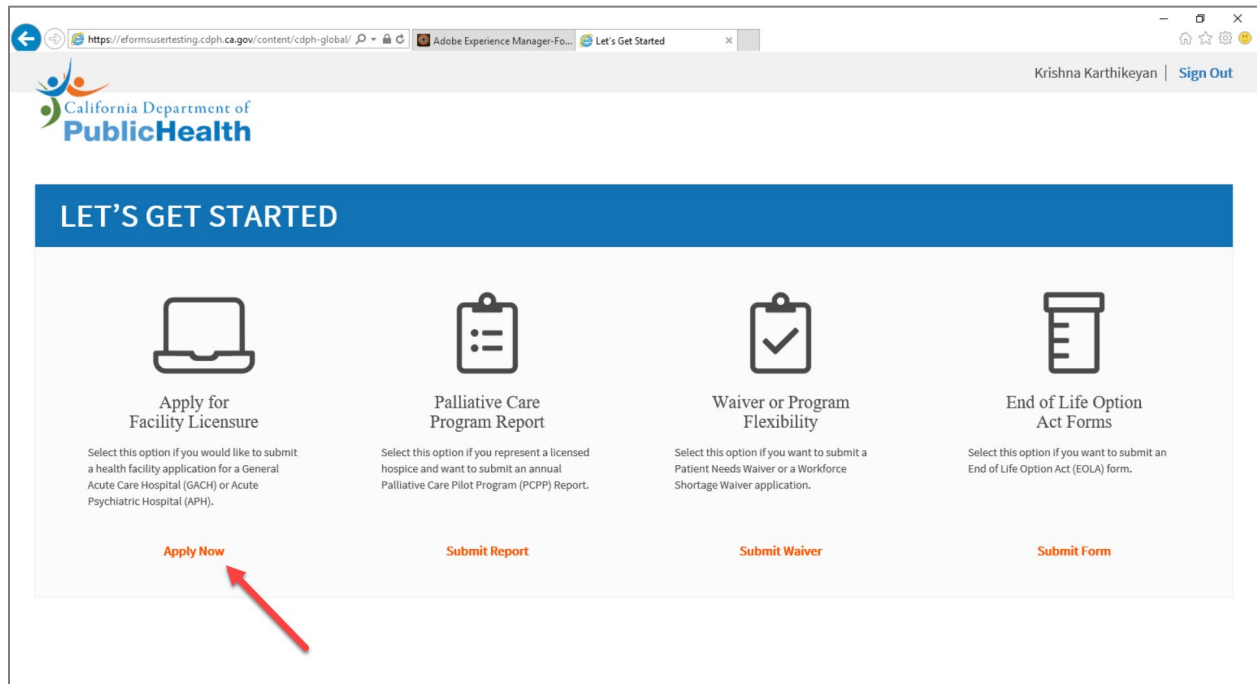


### 1.3 Forgot your username/email?





If you have forgotten your username but you have the email address you used to create and register your account, you can click on **Forgot your username/email?** link to retrieve your username.



Once you login to the application, you will see the Application Landing Screen. Click on **Apply Now** under **Apply for Facility Licensure** to gain access to the GACH/APH Online Application.



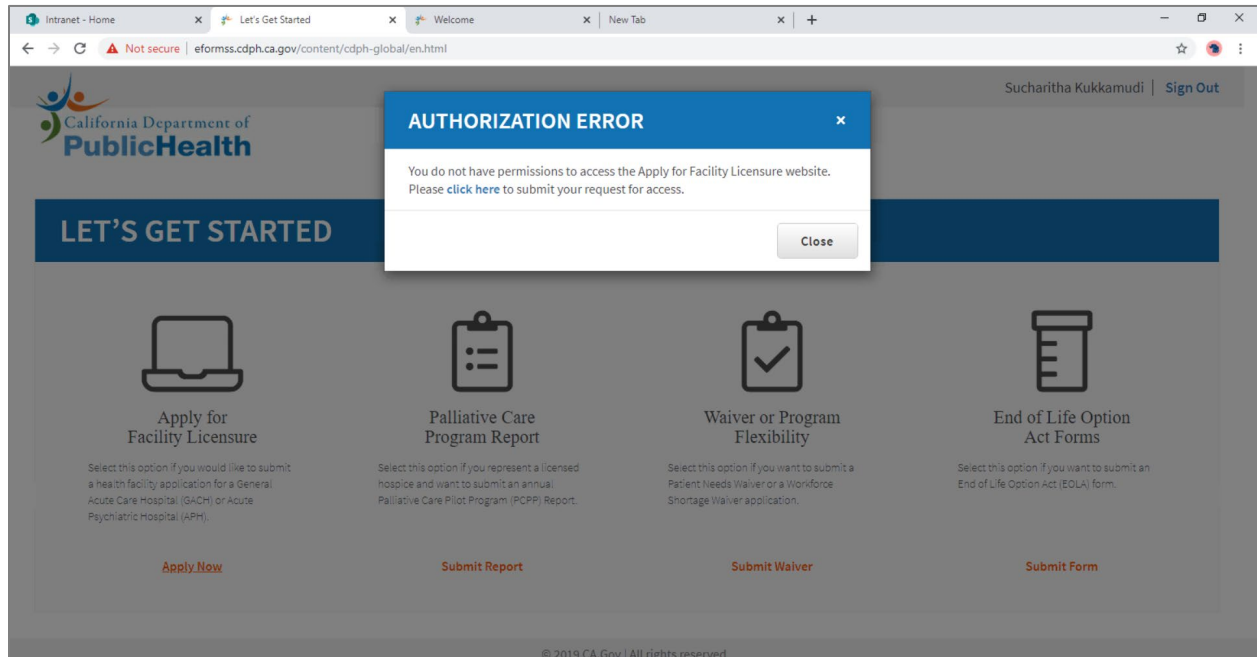
**LET'S GET STARTED**

Apply for Facility Licensure	Palliative Care Program Report	Waiver or Program Flexibility	End of Life Option Act Forms
			
<b>Apply for Facility Licensure</b>	<b>Palliative Care Program Report</b>	<b>Waiver or Program Flexibility</b>	<b>End of Life Option Act Forms</b>
Select this option if you would like to submit a health facility application for a General Acute Care Hospital (GACH) or Acute Psychiatric Hospital (APH).	Select this option if you represent a licensed hospice and want to submit an annual Palliative Care Pilot Program (PCPP) Report.	Select this option if you want to submit a Patient Needs Waiver or a Workforce Shortage Waiver application.	Select this option if you want to submit an End of Life Option Act (EOLA) form.
<b>Apply Now</b>	<b>Submit Report</b>	<b>Submit Waiver</b>	<b>Submit Form</b>

## 2 GACH/APH Online Application Access

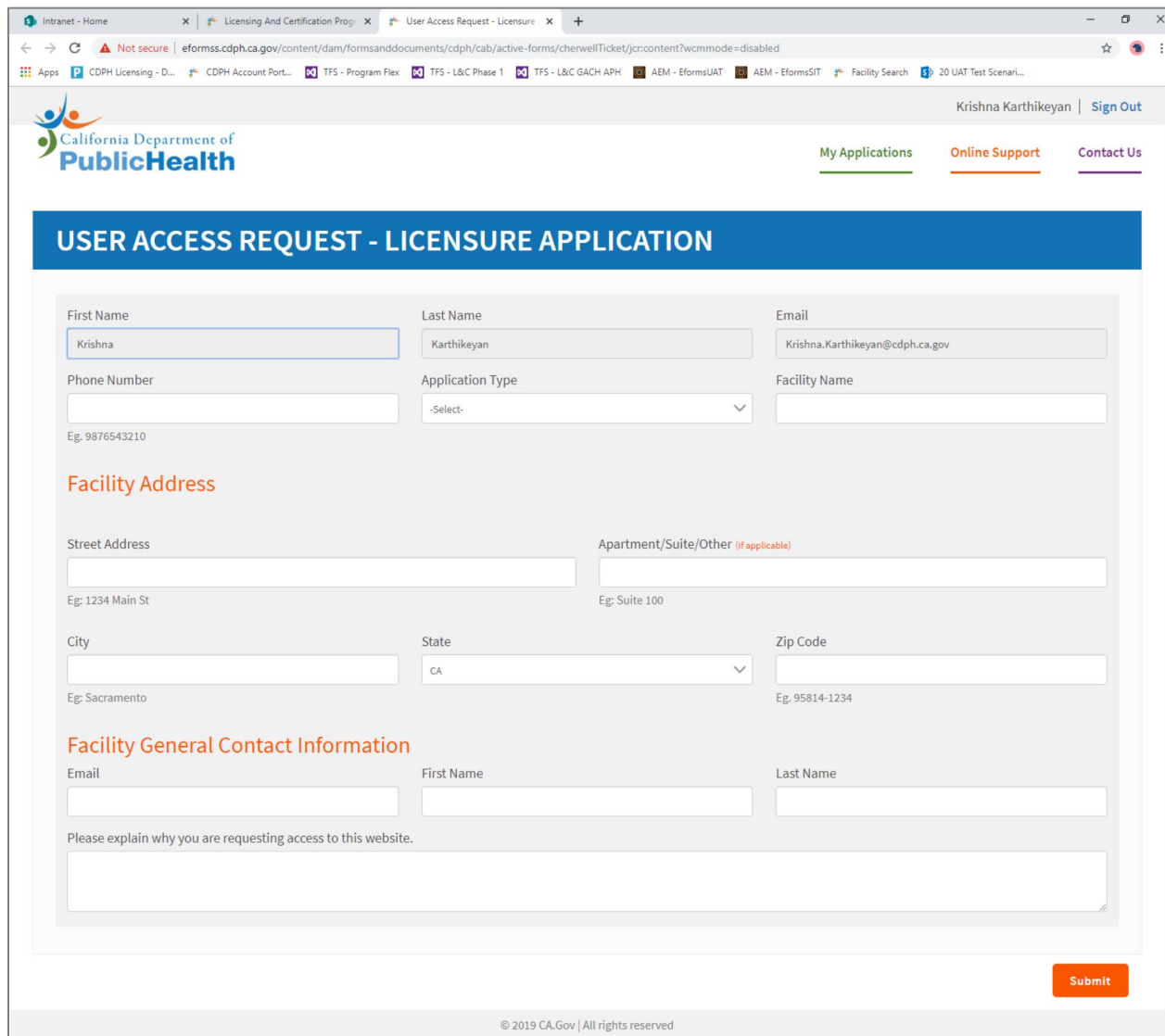
Access to the GACH/APH Online Application is controlled at two levels

- 1) Application Landing Page – Only users authorized to access the Apply for Facility Licensure will be allowed to go past this screen. When an unauthorized user clicks on **Apply Now** under the Apply for Facility Licensure, they will get an Authorization Error popup.



- 2) To request access to the GACH/APH Online Application, the user will need to complete the User Access Request form by clicking the **click here** link on the Authorization Error popup. This will open the User Access Request form in a new tab. Once the request is submitted, CAB will review the request and if approved, grant the necessary access to the user.





**USER ACCESS REQUEST - LICENSURE APPLICATION**

First Name: Krishna  
Last Name: Karthikeyan  
Email: Krishna.Karthikeyan@cdph.ca.gov

Phone Number:   
Eg. 9876543210

Application Type: -Select-  
Facility Name:

**Facility Address**

Street Address:   
Eg. 1234 Main St

Apartment/Suite/Other (if applicable):   
Eg. Suite 100

City:   
Eg. Sacramento

State: CA  
Zip Code:   
Eg. 95814-1234

**Facility General Contact Information**

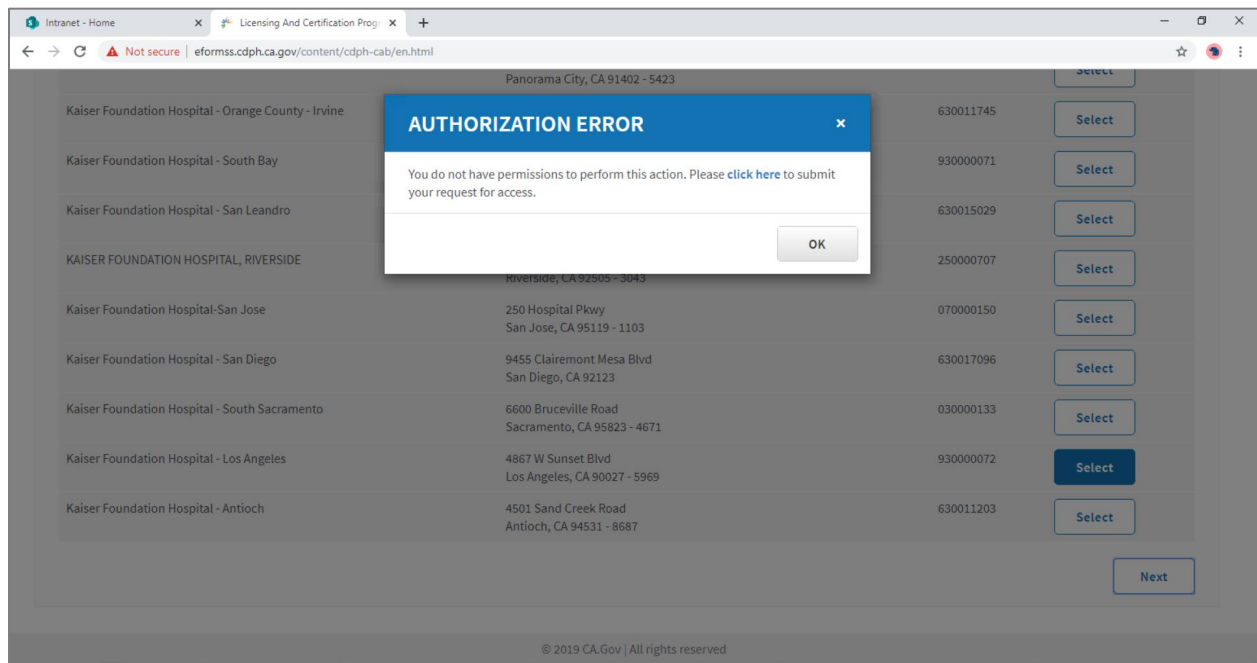
Email:   
First Name:   
Last Name:

Please explain why you are requesting access to this website.

**Submit**

© 2019 CA.Gov | All rights reserved

- 3) Once approved, you will be given access to the facility that you requested under Step 2. You will not be permitted to access the information for a facility that you do not have access to. If you require access to a different facility, follow the instructions under Step 2 above to request access for this facility.

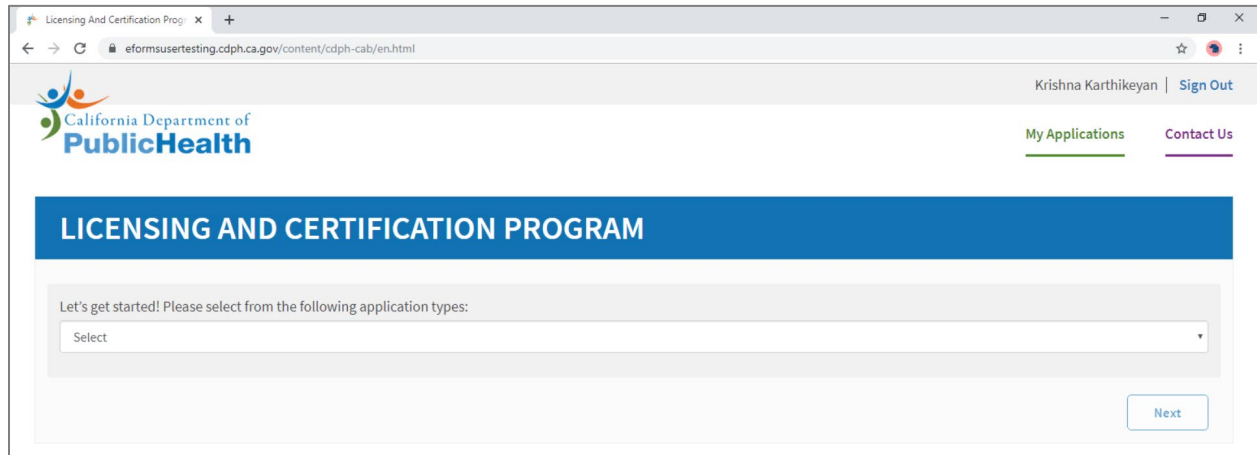


**Note:** If there are multiple authorized users submitting applications for multiple facilities, a separate User Access Request will be required for each user and each facility.

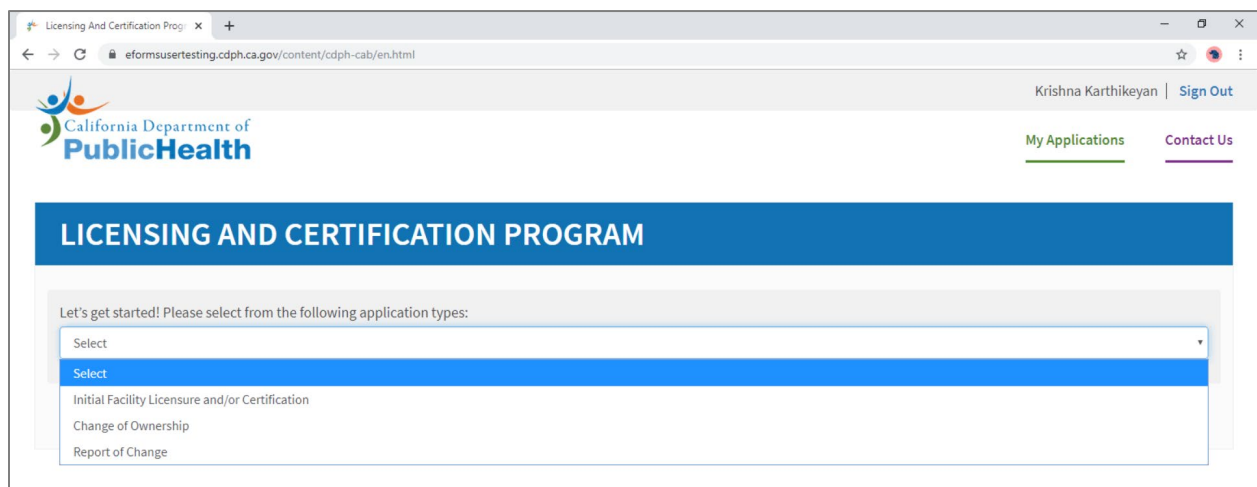
## 3 Online Application Components

### 3.1 Homepage

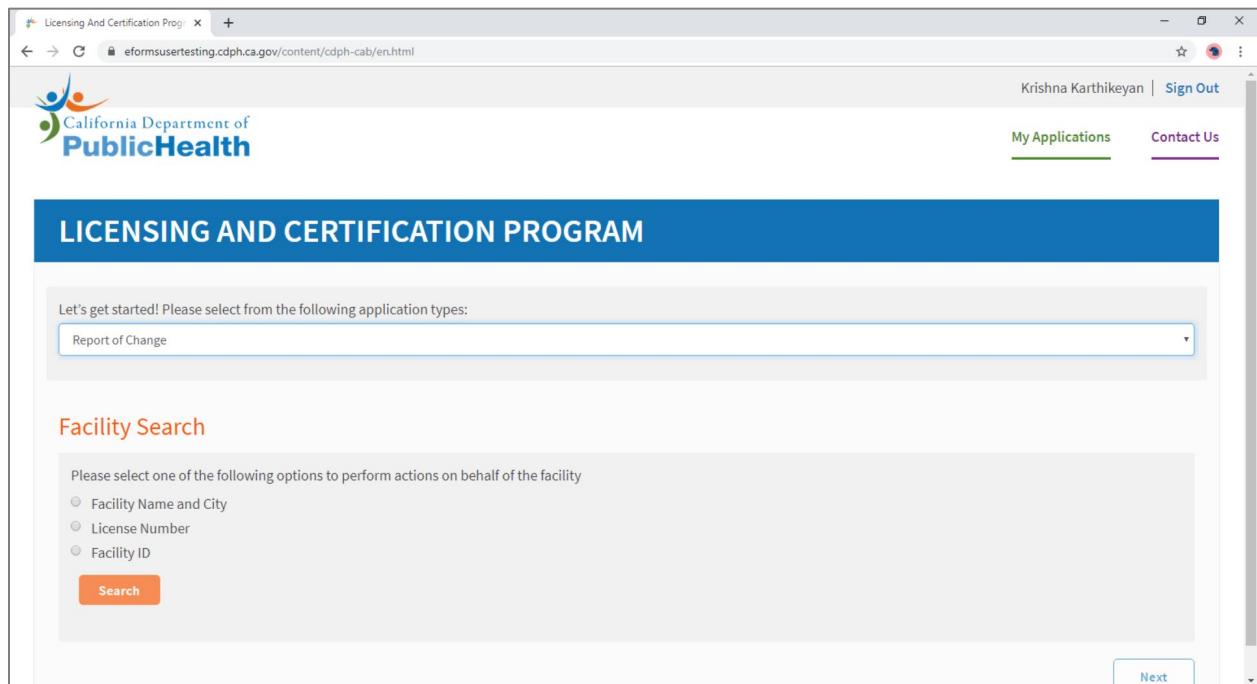
All new users, when they login to the GACH/APH Online Application for the first time, will land at the application homepage.



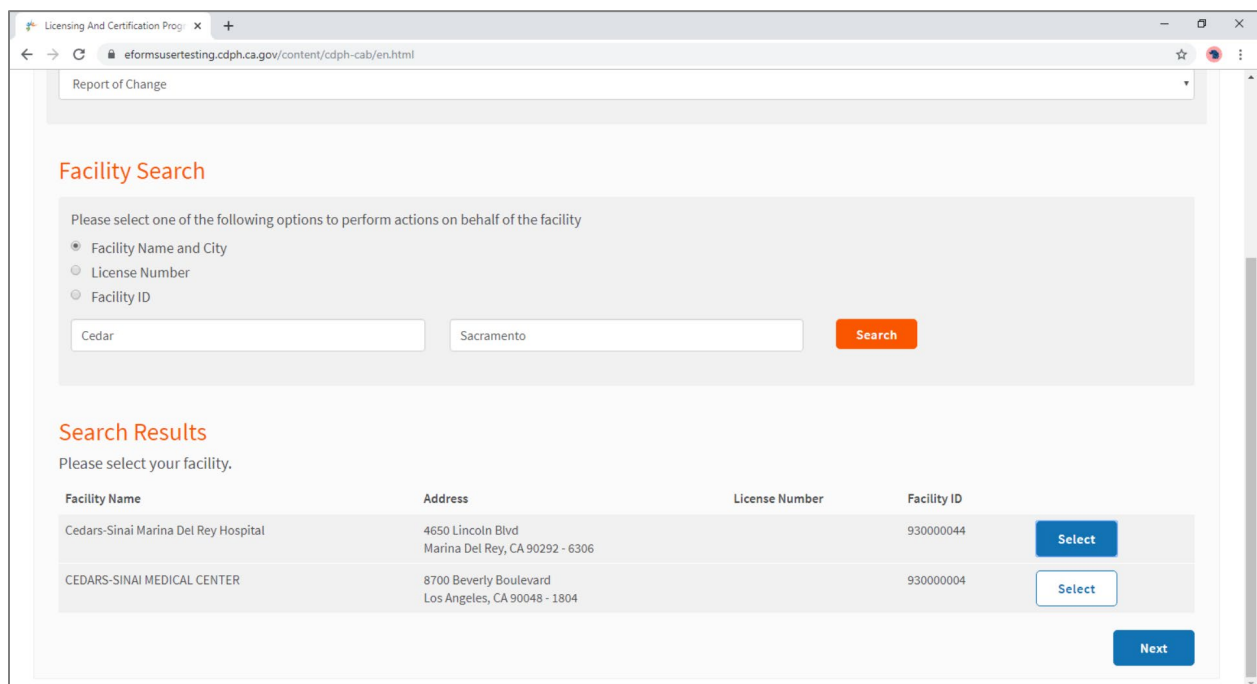
They will have the option to choose the application type they wish to start with.



If the application is for an existing facility, the user will also have an option to search for this facility by name and location, license number or facility ID.

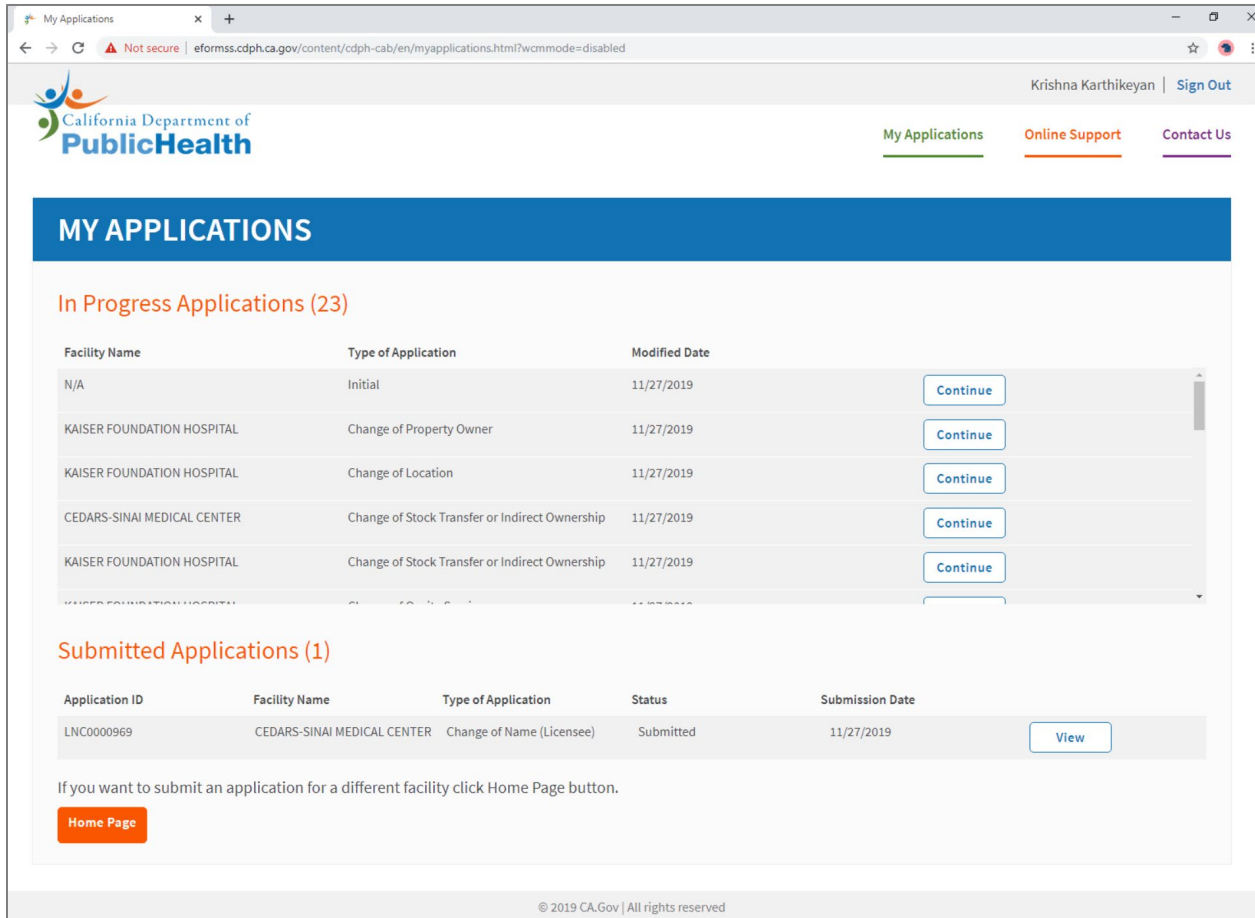


Once the results are populated, the user can select one of the list facilities and click on **Next** to gain access to the facility details (this is assuming the user is authorized to see details for the selected facility).



## 3.2 My Applications

On this screen, the provider will be able to see all the in-progress and submitted applications. The users can also navigate to this page from any screen by clicking on the **My Applications** link at the top right of the page.



My Applications

California Department of Public Health

Krishna Karthikeyan | Sign Out

My Applications Online Support Contact Us

### MY APPLICATIONS

#### In Progress Applications (23)

Facility Name	Type of Application	Modified Date	
N/A	Initial	11/27/2019	<a href="#">Continue</a>
KAISER FOUNDATION HOSPITAL	Change of Property Owner	11/27/2019	<a href="#">Continue</a>
KAISER FOUNDATION HOSPITAL	Change of Location	11/27/2019	<a href="#">Continue</a>
CEDARS-SINAI MEDICAL CENTER	Change of Stock Transfer or Indirect Ownership	11/27/2019	<a href="#">Continue</a>
KAISER FOUNDATION HOSPITAL	Change of Stock Transfer or Indirect Ownership	11/27/2019	<a href="#">Continue</a>

#### Submitted Applications (1)

Application ID	Facility Name	Type of Application	Status	Submission Date	
LNC0000969	CEDARS-SINAI MEDICAL CENTER	Change of Name (Licensee)	Submitted	11/27/2019	<a href="#">View</a>

If you want to submit an application for a different facility click Home Page button.

[Home Page](#)

© 2019 CA.Gov | All rights reserved

If the user is already associated with a facility and has access to the facility details, then they will see an additional option to navigate to the facility details page.

**Submitted Applications (6)**

Application ID	Facility Name	Type of Application	Status	Submission Date	
LNC8007885	Healthy Hospitals System	Change of Stock Transfer/Indirect Owners	Submitted	10/08/2019	<a href="#">View</a>
LNC0000032	Healthy Hospitals System	Change of Director of Nursing	Submitted	10/08/2019	<a href="#">View</a>
LNC9980307	Healthy Hospitals System	Change of Beds	Submitted	10/08/2019	<a href="#">View</a>
LNC3142896	Beneficial Hospitals System	Change of Stock Transfer/Indirect Owners	Submitted	10/07/2019	<a href="#">View</a>
LNC0000026	Beneficial Hospitals System	Change of Administrator	Submitted	10/07/2019	<a href="#">View</a>

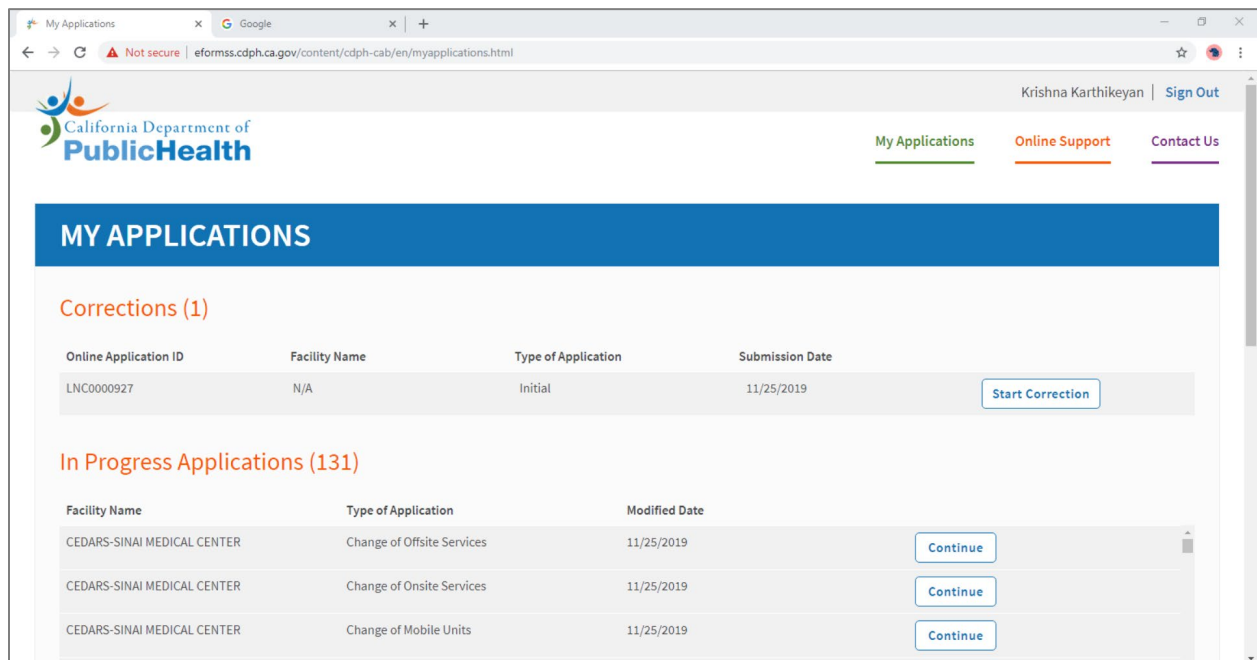
To submit a Report of Change application for **Test SD Profile APH, 1103 Hilltop Dr, Chula Vista CA 91911-1103**, click Facility Details button.

[Facility Details](#)

If you want to submit an application for a different facility or submit a Change of Ownership application, click Home Page button.

[Home Page](#)

If there are corrections pending for an application submitted by the provider, they will see an additional section at the top of the My Applications page to navigate them through the corrections process.



My Applications

California Department of PublicHealth

Krishna Karthikeyan | [Sign Out](#)

[My Applications](#) [Online Support](#) [Contact Us](#)

### MY APPLICATIONS

**Corrections (1)**

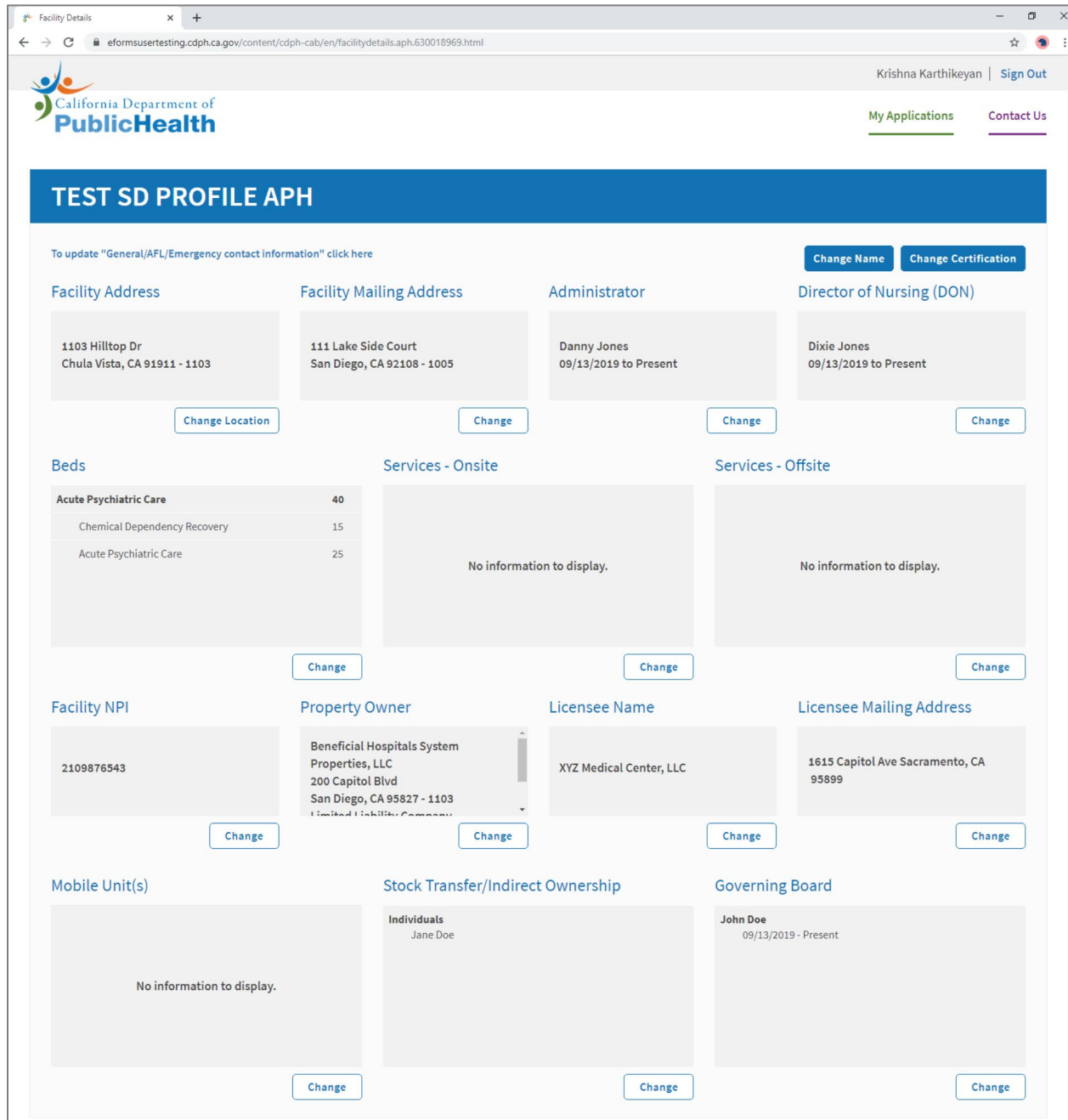
Online Application ID	Facility Name	Type of Application	Submission Date	
LNC0000927	N/A	Initial	11/25/2019	<a href="#">Start Correction</a>

**In Progress Applications (131)**

Facility Name	Type of Application	Modified Date	
CEDARS-SINAI MEDICAL CENTER	Change of Offsite Services	11/25/2019	<a href="#">Continue</a>
CEDARS-SINAI MEDICAL CENTER	Change of Onsite Services	11/25/2019	<a href="#">Continue</a>
CEDARS-SINAI MEDICAL CENTER	Change of Mobile Units	11/25/2019	<a href="#">Continue</a>

### 3.3 Facility Details

This page will provide the summary level information regarding the selected facility. This will serve as the central navigation point from where the provider can initiate Report of Change applications, by clicking on the **Change** buttons next to the boxes.



The screenshot displays the 'Facility Details' page for 'TEST SD PROFILE APH'. The page includes a header with the user's name 'Krishna Karthikeyan' and a 'Sign Out' link. Below the header, there are links for 'My Applications' and 'Contact Us'. The main content area is titled 'TEST SD PROFILE APH' and contains several sections of information, each with a 'Change' button:

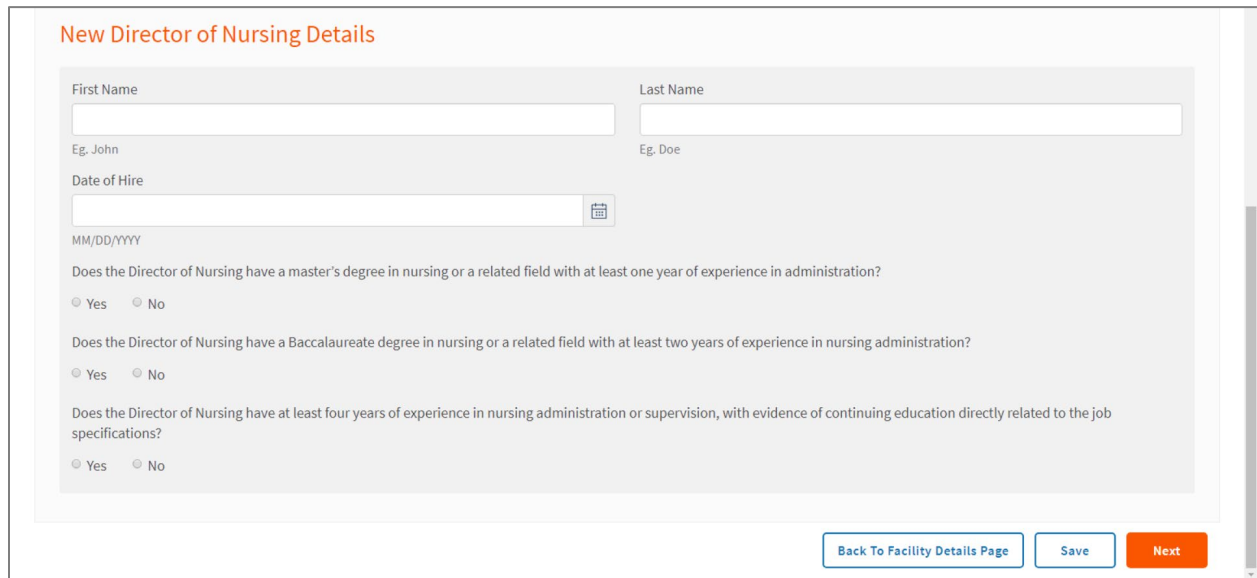
- Facility Address:** 1103 Hilltop Dr, Chula Vista, CA 91911 - 1103. Change Location button.
- Facility Mailing Address:** 111 Lake Side Court, San Diego, CA 92108 - 1005. Change button.
- Administrator:** Danny Jones, 09/13/2019 to Present. Change button.
- Director of Nursing (DON):** Dixie Jones, 09/13/2019 to Present. Change button.
- Beds:** A table showing bed counts for different services:
 

Acute Psychiatric Care	40
Chemical Dependency Recovery	15
Acute Psychiatric Care	25

 Change button.
- Services - Onsite:** No information to display. Change button.
- Services - Offsite:** No information to display. Change button.
- Facility NPI:** 2109876543. Change button.
- Property Owner:** Beneficial Hospitals System Properties, LLC, 200 Capitol Blvd, San Diego, CA 95827 - 1103. Change button.
- Licensee Name:** XYZ Medical Center, LLC. Change button.
- Licensee Mailing Address:** 1615 Capitol Ave Sacramento, CA 95899. Change button.
- Mobile Unit(s):** No information to display. Change button.
- Stock Transfer/Indirect Ownership:** Individuals: Jane Doe. Change button.
- Governing Board:** John Doe, 09/13/2019 - Present. Change button.


### 3.4 Online Forms

The online application is built using adaptive forms. The system behavior and information presented on the screen will be based on the user actions on the prior sections. Hint text and expected data format will be available under the data entry fields where applicable.



**New Director of Nursing Details**

First Name  Last Name   
 Eg. John Eg. Doe

Date of Hire    
 MM/DD/YYYY

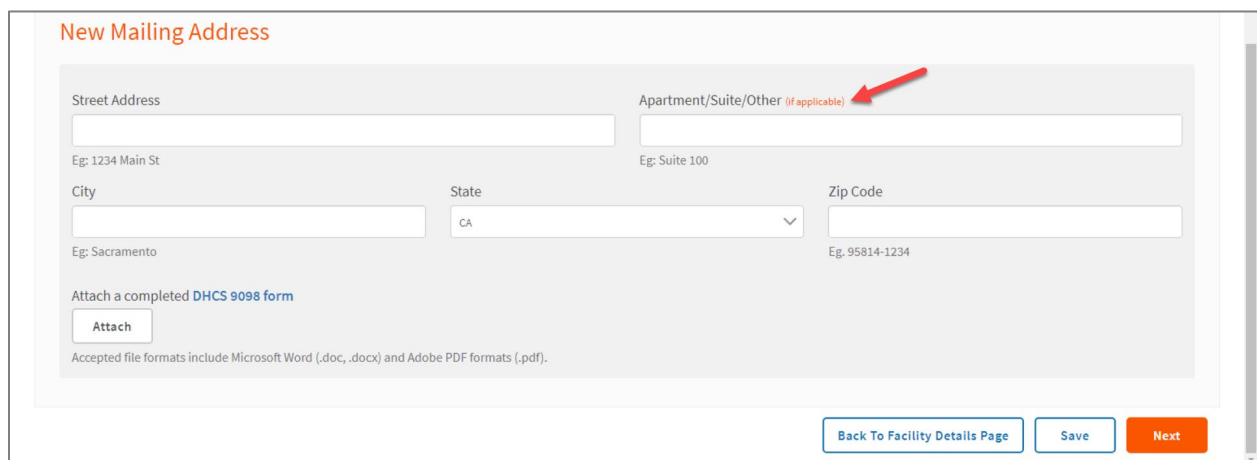
Does the Director of Nursing have a master's degree in nursing or a related field with at least one year of experience in administration?  
 Yes  No

Does the Director of Nursing have a Baccalaureate degree in nursing or a related field with at least two years of experience in nursing administration?  
 Yes  No


Does the Director of Nursing have at least four years of experience in nursing administration or supervision, with evidence of continuing education directly related to the job specifications?  
 Yes  No

[Back To Facility Details Page](#) [Save](#) [Next](#)

All optional fields will be indicated by the text (if applicable) next to the field labels. Unless specified all fields must be treated as mandatory for the form submission.



**New Mailing Address**

Street Address  Apartment/Suite/Other *(if applicable)*    
 Eg: 1234 Main St Eg: Suite 100

City  State  Zip Code   
 Eg: Sacramento Eg: 95814-1234

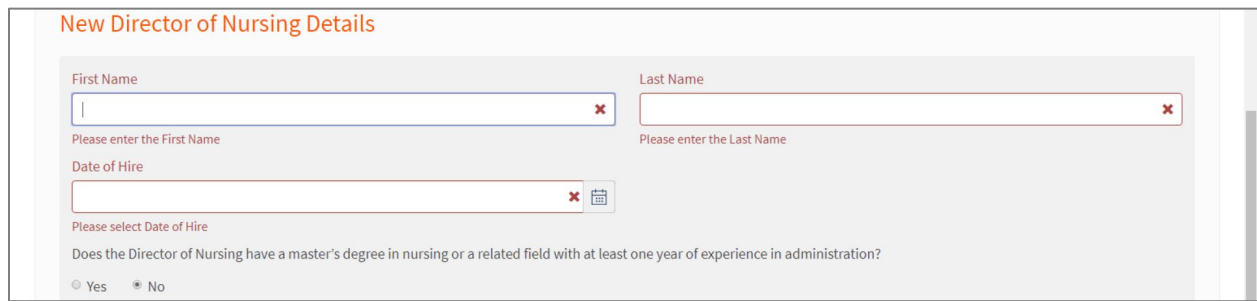
Attach a completed [DHCS 9098 form](#)

Accepted file formats include Microsoft Word (.doc, .docx) and Adobe PDF formats (.pdf).

[Back To Facility Details Page](#) [Save](#) [Next](#)

Errors during data entry will be highlighted to the users and the error message will be displayed under the field.






**New Director of Nursing Details**

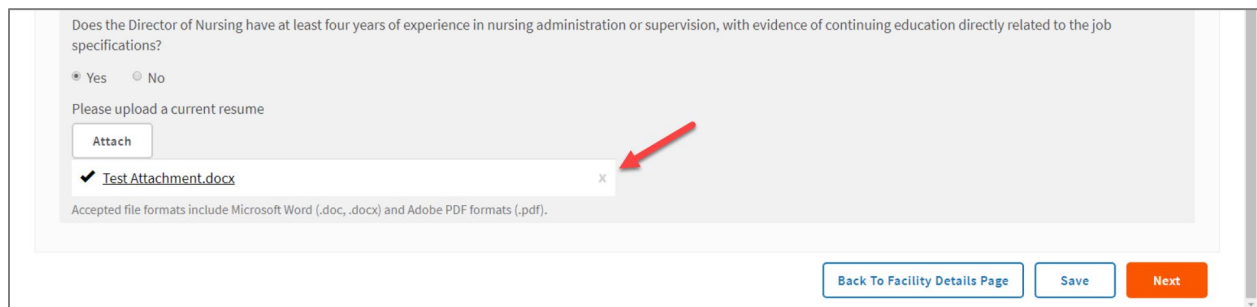
First Name  ✕  
Please enter the First Name

Last Name  ✕  
Please enter the Last Name

Date of Hire  ✕   
Please select Date of Hire


Does the Director of Nursing have a master's degree in nursing or a related field with at least one year of experience in administration?  
 Yes  No

If the application requires the user to submit an attachment, they will be able to do so by clicking the **Attach** button. The users will be able to remove these attachments by clicking on **X** next to the attachment labels.



Does the Director of Nursing have at least four years of experience in nursing administration or supervision, with evidence of continuing education directly related to the job specifications?  
 Yes  No

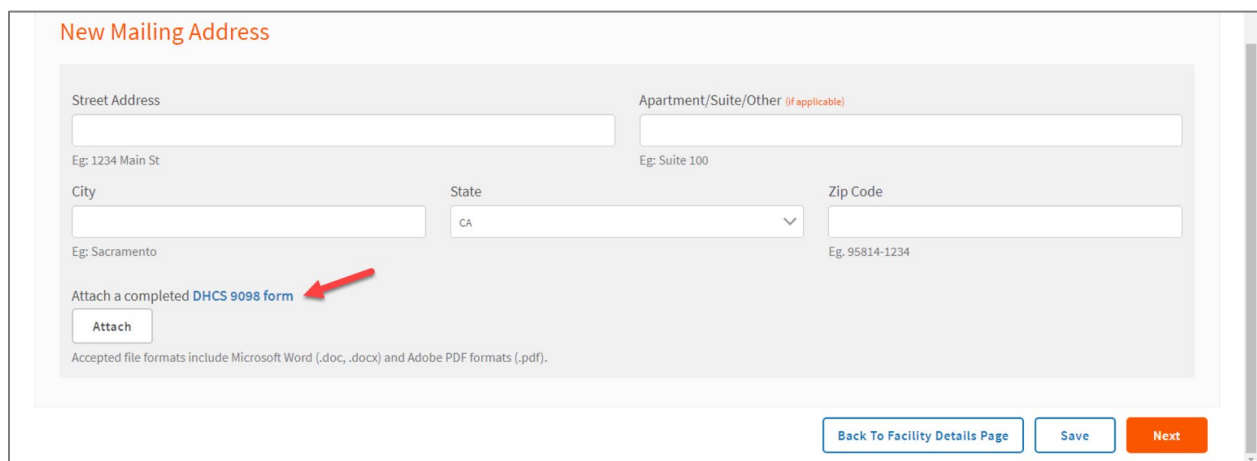
Please upload a current resume

✓ **Test Attachment.docx** ✕ 

Accepted file formats include Microsoft Word (.doc, .docx) and Adobe PDF formats (.pdf).

Some of these attachments sections will allow the users to upload multiple files (one after the other). Review the question above the **Attach** button to verify if the requirement is to upload one or more files. If the system does not allow attaching multiple files but you have a need to provide additional documentation, consider merging the documents into one file and then attach them under the appropriate question.


If the requirement is to upload a document in a specific format, links will be provided which will redirect the user to an external website.



**New Mailing Address**

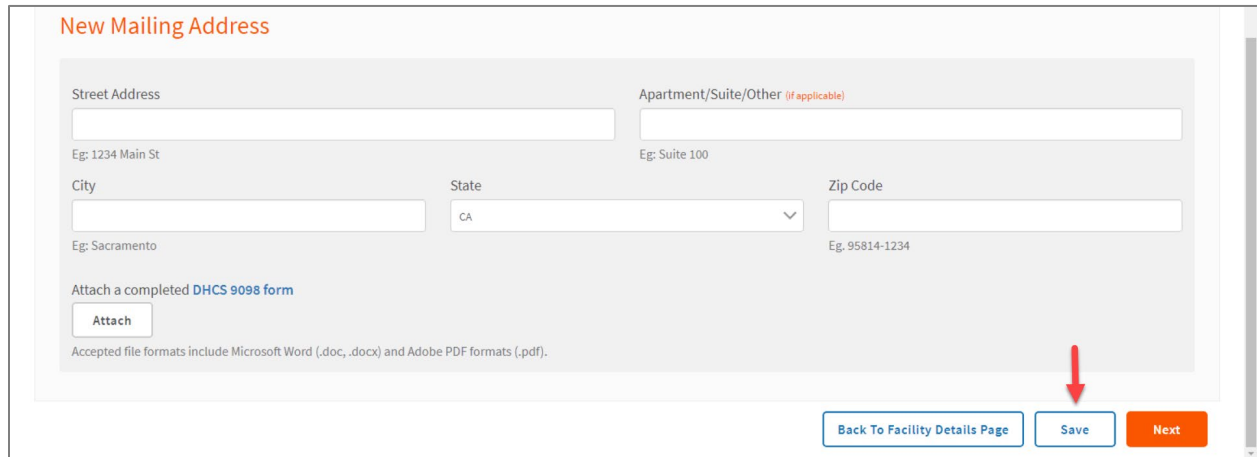
Street Address  Apartment/Suite/Other (if applicable)   
 Eg: 1234 Main St Eg: Suite 100

City  State  Zip Code   
 Eg: Sacramento Eg: 95814-1234

Attach a completed [DHCS 9098 form](#) 

Accepted file formats include Microsoft Word (.doc, .docx) and Adobe PDF formats (.pdf).

Clicking on **Save** will save the current state of the form and store the data in the In-Progress section under My Application. The user can use this option to save the work in-progress application and return to it at a future time.



**New Mailing Address**

Street Address  Apartment/Suite/Other (if applicable)   
Eg: 1234 Main St Eg: Suite 100

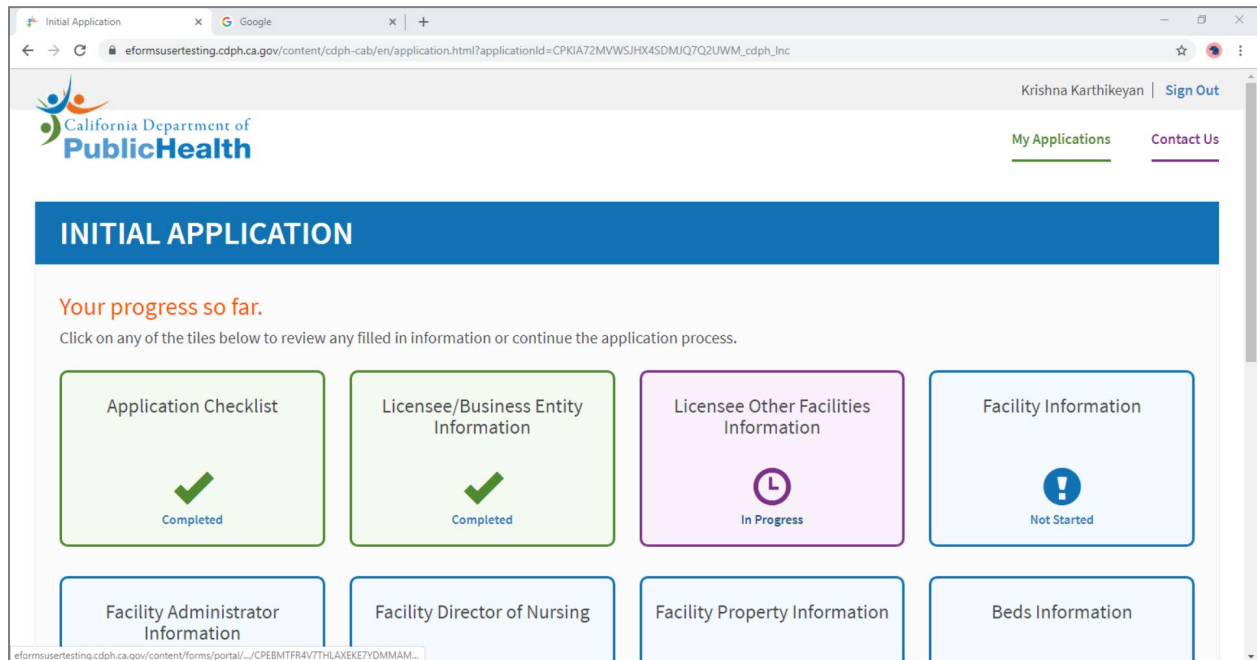
City  State  Zip Code   
Eg: Sacramento Eg: 95814-1234

Attach a completed [DHCS 9098 form](#)

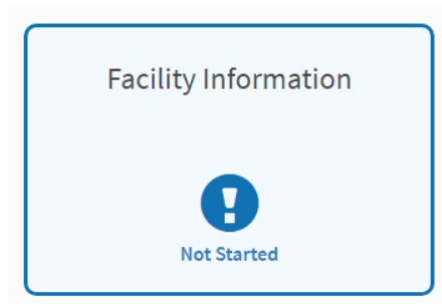
Accepted file formats include Microsoft Word (.doc, .docx) and Adobe PDF formats (.pdf).

### 3.5 Form Tiles

For Initial Applications, Change of Ownership, Change of Location and Change of Service applications, the larger application form is split into individual tiles, each representing a distinct form. The providers will need to complete all the mandatory forms before they can complete their application.



Forms that are not yet started will show as **Not Started** on the tiles.



Forms that are in progress will show as **In Progress** on the tiles.

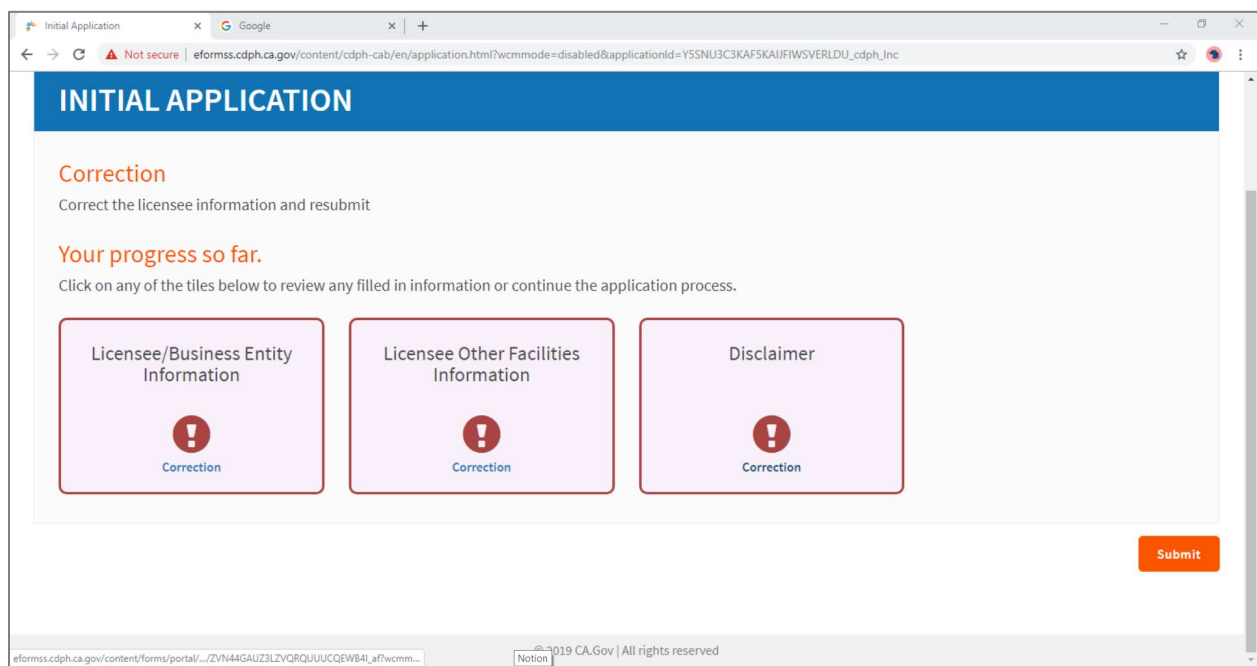


Forms that are completed will show as **Completed** on the tiles.



In case corrections are needed on the forms represented by these tiles, they will appear as Correction, and the guidance on what needs to be corrected will be available at the top of the screen.

(Disclaimer will always reappear on the form anytime correction is required)



## 3.6 Services Selection Tiles

### 3.6.1 Onsite Services

The services selection screen for onsite services is broken down into three parts,

- 1) Existing Services – This will provide a list of all the basic and non-basic services which are currently available at the facility location. The user will have an option to change the non-basic services, and to expand/relocate the basic services.
- 2) New Services – This will provide a list of all the non-basic services which are currently not available at the facility location. The user will have an option to add these non-basic services.
- 3) Other Changes – This will include all the common information that are applicable across services such as Construction and Disclaimer, and non-mandatory information such as Equipment.



**CHANGE OF SERVICES - ONSITE**

**Existing Services** ←

To remove, suspend, reactivate, or expand services at the Onsite location, click on the "Change" button.

- Basic Emergency Medical (Change)
- Nuclear Medicine - Diagnostic Breast Center (Change)
- Outpatient Services - Bronchoscopy (Change)
- Outpatient Services - Interventional Radiology (Change) →

---

- Anesthetic Service (Expand)
- Clinical Laboratory Service (Expand)
- Dietetic Service (Expand)
- Medical Service (Expand) →

---

**New Services** ←

To add services at the Onsite location, click on the "Add" button.

- Acute Respiratory Care Service (Add)
- Burn Center (Add)
- Cardiac Catheterization Laboratory Services (Add)
- Cardiovascular Surgery (Add) →

---

- Speech Pathology (Add)
- Speech Pathology and/or Audiology Service (Add)
- Standby Emergency Medical Services (Add)

---

**Other Changes** ←

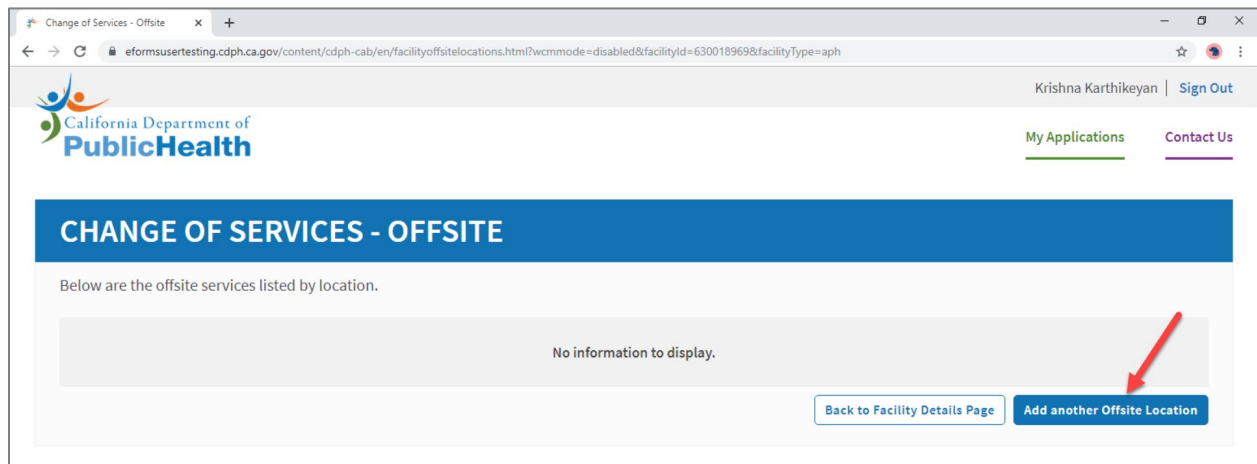
To request other changes at the Onsite location, click on the "Change" button.

- Construction (Change)
- Equipment (Change)
- Disclaimer (Change)

Back to Facility Details Page | Submit

### 3.6.2 Offsite Services

To add offsite services for an offsite location, the provider will be required to first include the address information for the offsite location.



Once the offsite location information is added, the provider will have an option to add services and provide the necessary information for those services.

ADD OFFSITE LOCATION

**Offsite Location Information**

Please enter the offsite address location

Name of Service (if Applicable)

Test Service

Street Address

123 Main St

Eg: 1234 Main St

Apartment/Suite/Other (if applicable)

Eg: Suite 100

**Services Selection**

Please select the services that are provided at this location.

Basic Emergency Medical Service, Physician on Duty <input type="button" value="Add"/>	Cardiac Catheterization Laboratory (Only) <input type="button" value="Add"/>	Chronic Dialysis Service <input type="button" value="Add"/>	Comprehensive Emergency Medical Service <input type="button" value="Add"/>
Dental Service <input type="button" value="Add"/>	Nuclear Medicine Service <input type="button" value="Add"/>	Occupational Therapy Service <input type="button" value="Add"/>	Pediatric Service <input type="button" value="Add"/>

**Basic Emergency Medical Service - Physician on Duty**

**Regulation Information**

See Title 22 California Code of Regulations (CCR) Sections 70411 through 70419 for additional information.

Is there a physician with training and experience in emergency medical services that has overall responsibility for the service?

Yes  No

**Occupational Therapy Service**

**Regulation Information**

See Title 22 California Code of Regulations (CCR) Sections 70515 through 70523 for additional information.

Number of outpatient occupational therapy services performed annually.

Number of services should be greater than or equal to 1 and less than or equal to 1000000.

**Construction**

Is construction required for this location?

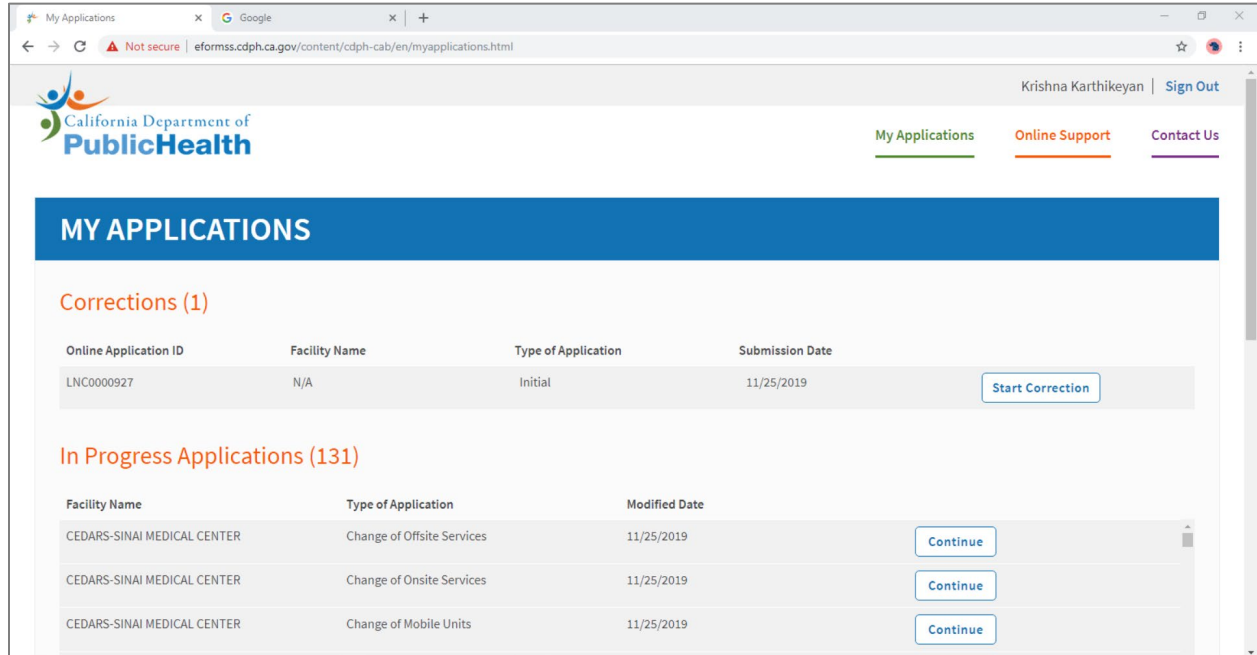
Yes  No



In case there are more than one offsite location, the provider will be required to follow the same process of adding additional offsite locations and then adding the services associated with that location.

## 4 Troubleshooting

- If you are unable to login to the application try forgot username or reset your password links.
- If the validation error message on the forms do not go away, click outside the field (text box, etc.) once you have corrected the data. This should reset the validation and allow you to proceed by clicking **Complete**.
- If the text entry field does not allow you to enter special characters, remove the special characters and enter the information.
- If you wish to attach multiple documents in response to a question, and the system does not allow you to attach more than one document, consider merging the documents into a single file and then attach it to the form.
- If you have received a notification for corrections, open the form on the online application and make sure to review all the pages by clicking **Back** until you reach the page(s) where correction is needed.
- For questions on application process, click on **Online Support** link at the top right of the page for additional guidance on most frequently asked questions.
- For all other issues, click on **Contact Us** link at the top right of the page.



The screenshot shows the 'MY APPLICATIONS' page. At the top, there is a navigation bar with the California Department of Public Health logo, the user name 'Krishna Karthikeyan', and a 'Sign Out' link. Below the navigation bar are three links: 'My Applications', 'Online Support', and 'Contact Us'. The main content area is titled 'MY APPLICATIONS' and is divided into two sections: 'Corrections (1)' and 'In Progress Applications (131)'. The 'Corrections (1)' section contains a table with one row of application data and a 'Start Correction' button. The 'In Progress Applications (131)' section contains a table with three rows of application data and 'Continue' buttons for each row.

Online Application ID	Facility Name	Type of Application	Submission Date	
LNC0000927	N/A	Initial	11/25/2019	<a href="#">Start Correction</a>

Facility Name	Type of Application	Modified Date	
CEDARS-SINAI MEDICAL CENTER	Change of Offsite Services	11/25/2019	<a href="#">Continue</a>
CEDARS-SINAI MEDICAL CENTER	Change of Onsite Services	11/25/2019	<a href="#">Continue</a>
CEDARS-SINAI MEDICAL CENTER	Change of Mobile Units	11/25/2019	<a href="#">Continue</a>