

MEMORY CARE SERVICES TRAINING PROGRAM LICENSING MANAGEMENT SYSTEM (LMS)

LMS Reference Guide

Last Updated: 8/20/25

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NOTE: Images, screenshots, and steps outlined in this guide may not reflect the current portal site. Examples shown may not reflect the exact license type or facility type you are managing. This guide is intended to represent typical uses and fields. Refer to the portal site for the most up-to-date experience.

SECTION 1 - Portal Overview and Tabs

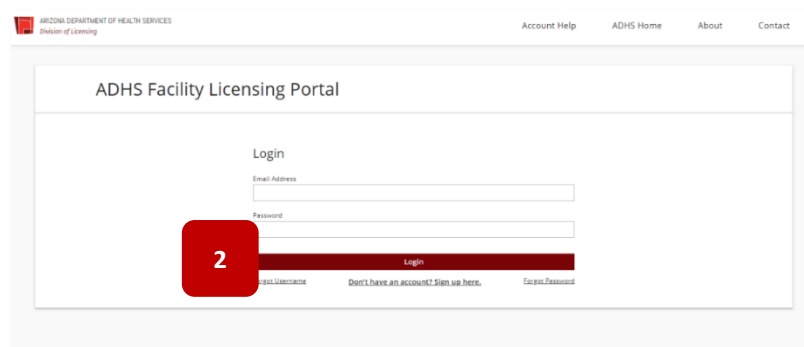
1.1 Portal Overview

Change Password, Change Email / Username and More

Upon logging in to the portal, portal account holders will be directed to the home screen containing information related the Individual and Facility Licensing Portals. [For additional support, watch this step-by-step video guide](#)

1. To log into the Licensing Portals, Designated Persons or other users with facility access will enter their email address and password
2. The facility portal user will click **Login**
3. If the facility portal user forgets their username or password, the user can click the appropriate links (Use the **Forgot Username** or **Forgot Password**) to reset those items on the account
4. If the user does not have an account, they can click the **Don't have an account? Sign up here** link. The link should be used to create a new account if an account has never been created before

NOTE: If the user has a login to the portal but needs access to a specific facility, they need to request access from the facility's Designated Person who will grant the user Facility Access to that facility account



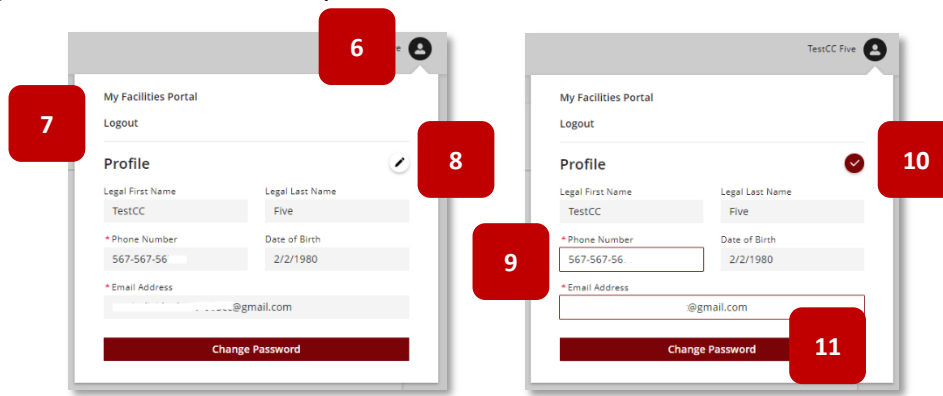
5. Upon login, the user will be directed to the **Select a Portal** page
6. Click the **Person Icon** in the top right corner to view profile details
7. The **Profiles** pop-out will appear
8. Click the **Pencil Icon** to edit certain fields within the Profile - Editable fields include Phone Number and email address

NOTE: If editing email address, the system will send two emails to confirm the new email address change and the username change. Both confirmation emails will need to be completed to finalize the change.

NOTE: The Legal First/Last Name and Date of Birth are not editable from the account. If these need to change, contact your ADHS Bureau to request this change in the system.

9. The Editable fields will appear with the red outline
10. Click the **Check Mark** icon to save changes

11. Click **Change Password** to reset the password for the account



1.2 Program Portal Navigation

Site Navigation, Edit Facility Phone, Address, Update Facility Director(s)

The Facility Licensing Portal contains specific tabs related to functionality within the portal. The user can click each tab to view information related to that topic. [For additional support, watch this step-by-step video guide](#)

Initial Portal Selection Page

1. Upon log in, users will be able to select between either the Individual or Facility Portal

The **Individual Portal** is used for personal licenses/applications

The **Facility Portal** is used for facility applications, licensing and submitting transactions (sales, payments), inspections and more

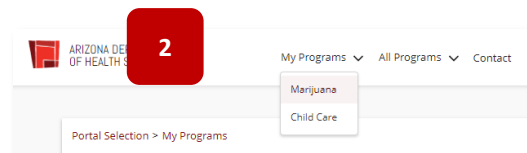
Select a Portal



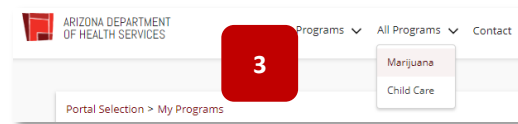
Facility Portal Navigation Overview

2. The top menu bar of the Facility Portal page layout displays My Programs, All Programs and Contact menus

My Programs will display programs that the user has or had (in the last three years) an active associated license to that program

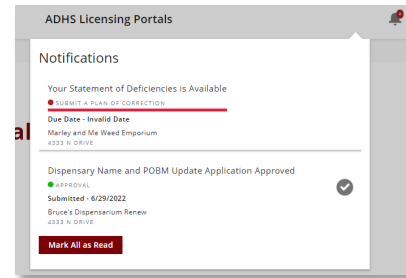


3. The **All Programs** menu will display all programs on the portal system



4. The **Notification Bell** - Notifications will be bundled under the notification bell and will include notifications from all records for all facilities the user is associated to

NOTE: Selecting certain notifications will navigate the user to the specific record



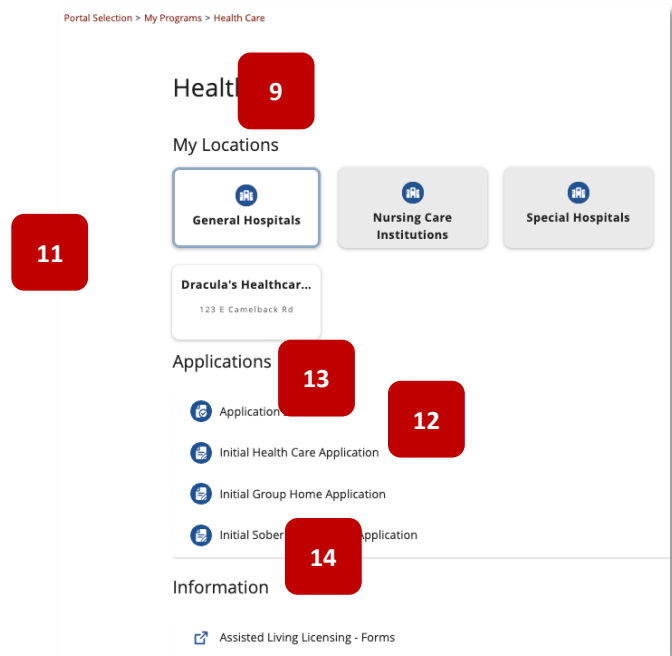
5. Toward the top of the pages will display 'breadcrumbs' – breadcrumbs are a small text path that identifies where the user is on the site

Portal Selection > My Programs > > Bruce Children Centers

6. Select a text link on the path to be redirected back to that page on the site
7. The Facility Program selection page will display program tiles based on user account access
8. Other Licenses section will display all other licensing programs on the system – use this section to apply for a new facility license



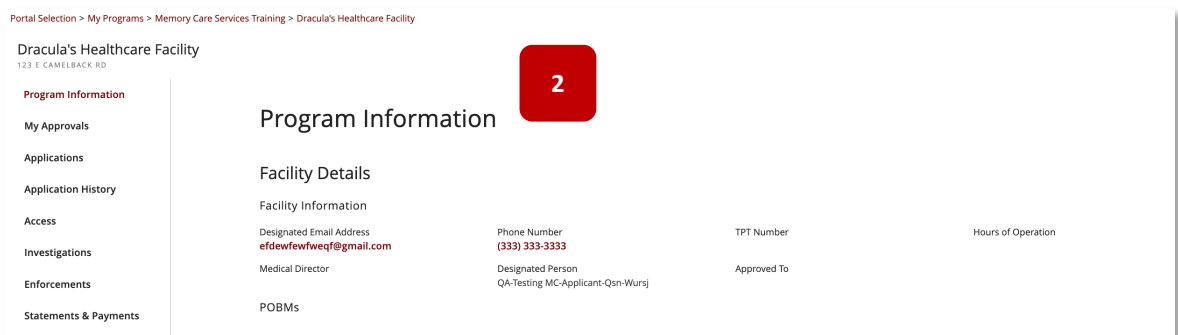
9. Once the program type is selected – the facility location types will display based on user permissions
10. My Locations display any affiliated facility types based on user permissions
11. Once a facility type is selected, the associated facility(ies) will display (alphabetically by facility name)
12. Applications for new facilities (if applicable) will display
13. Check current applications statuses by selecting the **Application Status** link
14. The Information section will link to the ADHS site for additional forms and information regarding the specific program



Portal Navigation Details

PROGRAM DETAILS: Current portal details are displayed. Some of these fields can be edited from this page

Program Tabs will display based on roles and permissions set by the Program Administrator / Individual in Charge. The Program Details tab contains the most current approved information related to a program; Updates to details may require an Information Update application



Additional Portal Tabs

NOTE: Some features may not be available for certain license or approval types

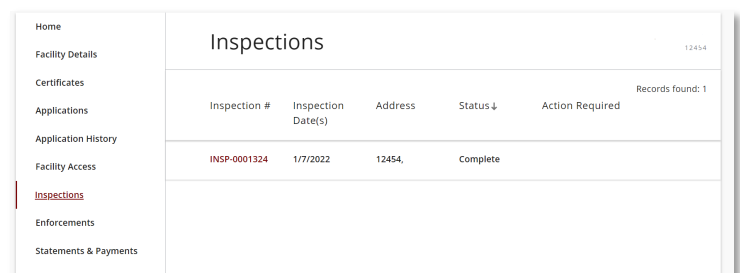
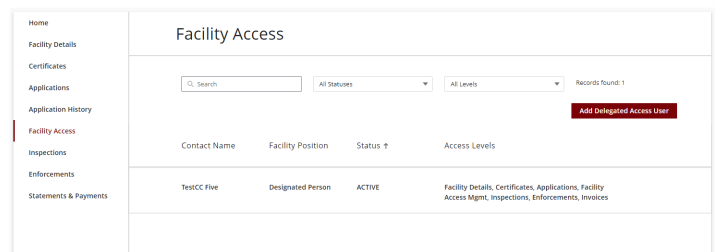
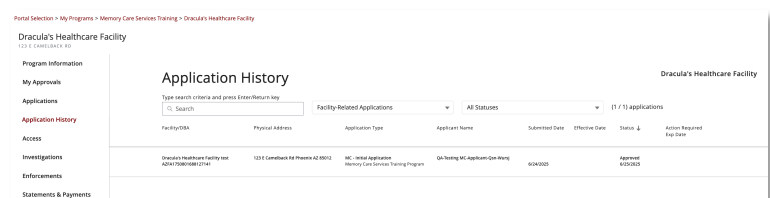
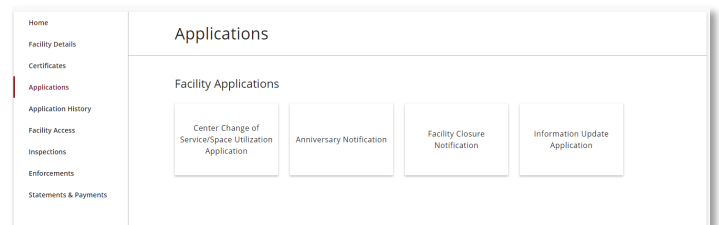
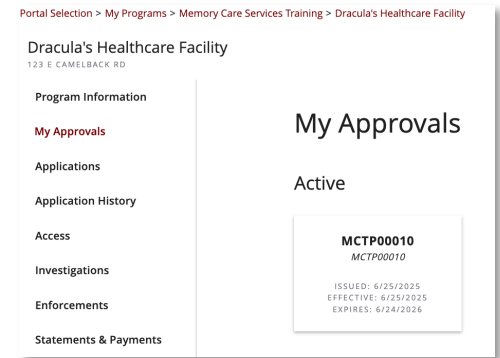
My Approvals: The tab contains any approvals associated with the Program, click the tile to download a PDF version of the associated approval, including current and historical approvals. The Program can print/download an Approval as needed

APPLICATIONS: Available applications are listed on the Applications Tab – click the appropriate tile to open an application

APPLICATION HISTORY: The Application History tab will display applications related to the Program - view previous, current, and drafted applications. This section allows users to resume applications in Not Submitted status or Action Required status. Users can resubmit application with corrected items when in Action Required status.

ACCESS: The Access tab can be used to grant access to the Program for users – follow the instructions in the Facility Access section to add users

INSPECTION / INVESTIGATIONS: The Investigations tab is where all information related to investigations are housed - once an inspection has been conducted, the user will use this page to view any action that must be taken because of an Investigation



ENFORCEMENTS: The Enforcements tab is where all information related to enforcements is housed – the user will use this page to respond to enforcements or view enforcement related information

Home	Enforcements							
Facility Details	WEST CHANDLER BLVD							
Certificates	Enforcement #	Description	Status	Action Letter Sent	Hearing Request Deadline	Hearing Date/Time	ISC Date/Time	Records found: 1
Applications	00001653	Repeated Health and Safety Violations	In Process	1/24/2022	2/23/2022			
Application History								
Facility Access								
Inspections								
Enforcements								
Statements & Payments								

STATEMENTS & PAYMENTS: Any current or historical invoices associated with the facility for applications or enforcements can be viewed and paid on the statements & payments tab

Home	Statements & Payments							
Facility Details	WEST CHANDLER BLVD							
Certificates	To make a payment, select a Payment Amount and click the Submit Payment button. If multiple invoices are listed, a Payment Amount per invoice with the same invoice type can be selected. Based on the invoice selected, all remaining invoices with a different invoice type will not be selectable and a separate payment must be made.							
Applications	Total Selected Payment \$0.00							
Application History	Submit Payment							
Facility Access	Invoice #	Invoice Type	Description	Status	Total	Balance	Invoice Date Due	
Inspections								
Enforcements								
Statements & Payments								

SECTION 2 - ACCESS

2.1 Update Delegated Persons Permissions / Access

Persons associated to a program can give access to certain facility portal functions to other facility related employees with an active portal account.

1. Select the **Access** tab
2. To add an employee to the facility access, select **Add Access User**

Contact Name	Facility Position	Status	Access Levels
Ororo Munroe	Designated Person	ACTIVE	Facility Details, Certificates, Applications, Facility Access Mgmt, Inspections, Enforcements, Invoices

3. The **Add Facility Access** form will display
4. Enter the **username/email** of the person being added (user must have an existing and active portal account in order to be added) – select the **Enter/Return** key on keyboard to search for the user in the system
5. Select desired access features from the Available Access column – select multiple by holding down the CTRL key and make each selection or repeat steps 5 and 6 for each item
6. Select the **right arrow key** to confirm selection(s)
7. Select **Save** to continue

Available Access

- Facility Details
- Certificates
- Applications
- Facility Access Mgmt
- Inspections
- Enforcements

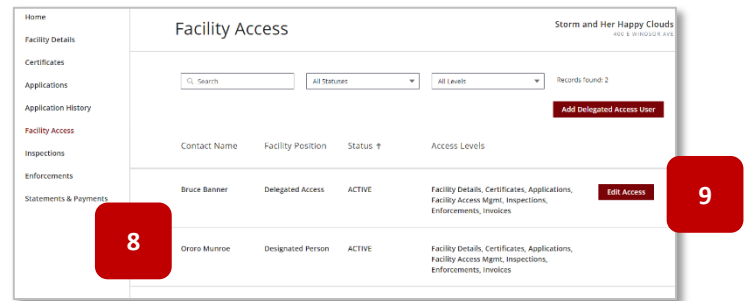
Chosen Access

Cancel Save

8. Upon save, the new delegated person will display on the Facility Access page

NOTE: When that user logs into the ADHS Facility Portal, the Facility tile will now display for that user

9. Access for the delegated person can be edited by selecting the **Edit Access** button



10. When **Edit Access** is selected, the Edit Facility Access form will display again

11. To remove access, select **Access Types** from the right column and once highlighted

12. Select the left arrow button to remove Selected access, to add additional access, select the item from the left column and the right arrow

13. Select **Save** when completed

The 'Edit Facility Access' form contains the following fields and controls: a portal username/email field with the value 'david.rosebudhotel+208@gmail.com'; first, middle, and last name fields with values 'Bruce', an empty field, and 'Banner' respectively; a 'Facility Position' dropdown set to 'Delegated Access'; a checked 'Facility Access' checkbox with the label 'Active'; and a descriptive text block. Below these are two lists: 'Available Access' (empty) and 'Chosen Access' containing 'Facility Details', 'Certificates', 'Applications', 'Facility Access Mgmt', 'Inspections', and 'Enforcements'. Red callout boxes with numbers 11, 12, and 13 point to the 'Certificates' item in the 'Chosen Access' list, the left arrow button between the lists, and the 'Save' button at the bottom right respectively.

Section 3 - Applications

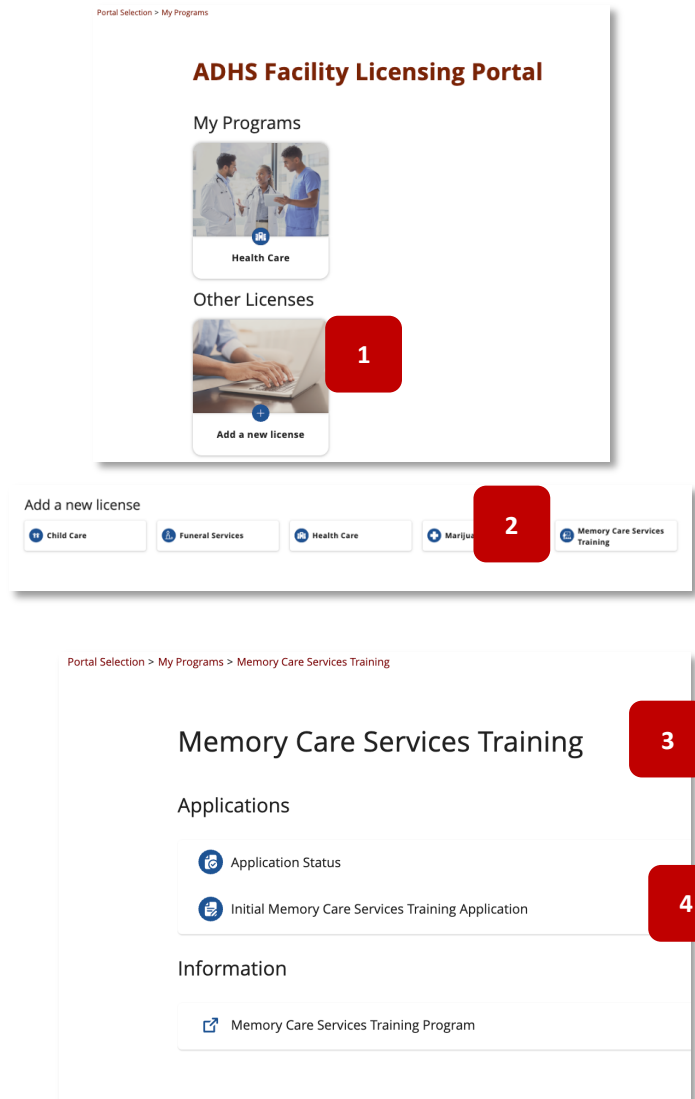
3.1 Initial Application

Initial Applications can be submitted by the Designated Person from their Facility Licensing Portal.

1. Upon logging into the ADHS Facility Licensing Portal, the facility selection page will display – select **Other Licenses**
2. Select the **Memory Care Training Program** tile or the **Add a new license** tile

NOTE: The Facility Licensing Portal is used by other Arizona Licensing Bureaus, there may be additional tiles located in the Other Facility Information section for these areas

3. The Memory Care Training Program main page will display
4. Select the **Initial Memory Care Services Training Application** link



NOTE: Some users may want to print the page from the browser to reference the information

5. Upon selecting the Application tile, the Agreement Page will display. The Agreement page contains the following items:
 - A. Overview of the Application
 - B. Required documents list
 - C. Arizona Rules and Statutes statement
6. Once reviewed, select **I Agree** to proceed

Memory Care
Initial Memory Care Services Training Program

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

✓ **In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice(s) from the Department to inform me of the error.**

Provide the information necessary for the license/registration application. When complete, pay the applicable state fees (if applicable) and submit. Your license/registration application will be reviewed by the appropriate regulatory body.

Before beginning the application process, please have the following documents in digital format, for example, a .pdf, ready for upload (where applicable):

- Complete documentation describing the minimum 8 hours of initial MCS training for staff and contractors includes:
 - One of the following:
 - Dementia care training curriculum from a nationally recognized organization; or
 - Per 19-1122(A)(1)(a)(i), the evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
 - Communication techniques with cognitively impaired residents;
 - Managing challenging behaviors such as aggression, wandering, and agitation;
 - Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - Implementation of individualized service planning for residents receiving memory care services;
 - Emergency and safety protocols specific to memory care;
 - Recognizing, preventing, and reporting abuse, neglect, or exploitation;
 - Activities of daily living specific to residents receiving memory care services;
 - Palliative care and end-of-life training; and
 - Medication management and administration; and
 - If not utilizing a dementia care training curriculum from a nationally recognized organization, in addition to 19-1122(A)(1)(a)(i):
 - The amount of time allotted to each topic;
 - The skills an individual is expected to acquire for each topic; and
 - The testing method used to verify an individual has acquired the stated skills for each topic.
- Complete documentation describing the minimum 4 hours of annual MCS training for staff and contractors includes:
 - The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - Managing challenging behaviors such as aggression, wandering, and agitation; or
 - Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - Recognizing, preventing, reporting abuse, neglect, or exploitation; and
 - Implementation of individualized service planning for residents receiving memory care services;
 - The amount of time allotted to each topic;
 - The skills an individual is expected to acquire for each topic; and
 - The testing method used to verify an individual has acquired the stated skills for each topic.
- Complete documentation describing the minimum 4 hours of MCS training for managers includes:
 - The evidence-based information presented for each of the following required topics:
 - Development and implementation of individualized service planning for residents receiving memory care services; and
 - Staffing levels and resource allocation;
 - Any additional relevant topics, which may include evidence-based information or facility-specific information, such as:
 - Supervisory skills for leading interdisciplinary teams;
 - Effective delegation and team-building strategies;
 - Conflict resolution and managing workplace dynamics;
 - In-depth understanding of state regulations specific to memory care services;
 - Monitoring care outcomes and resident satisfaction;
 - Engaging with families during crises or challenging situations;
 - Leading meetings and facilitating collaboration among staff;
 - Advocacy for residents and families;
 - Coaching and mentoring staff for professional growth;
 - Staying updated on advancements in dementia care;
 - Developing emergency protocols;
 - Cultural competency to ensure inclusivity and sensitivity in care;
 - Strategies to improve staff retention and job satisfaction;
 - Supporting mental health and wellness among team members;
 - Room assignments, operations, and environmental standards; or
 - Identification and implementation of control measures for infectious diseases;
 - The amount of time allotted to each topic;
 - The skills an individual is expected to acquire for each topic; and
 - The testing method used to verify an individual has acquired the stated skills for each topic.
- Complete copy of materials used for providing the MCS training program includes all required information detailed in the documentation describing:
 - The minimum 8 hours of initial MCS training for staff and contractors
 - The minimum 4 hours of annual MCS training for staff and contractors
 - The minimum 4 hours of MCS training for managers

Pursuant to A.R.S. § 13-2704:

A. A person commits unlawful falsification by knowingly:

- Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license.
- Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 13-2801.

B. Unlawful falsification pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unlawful falsification pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 41-1030(B)(5)(F)(G):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's administrative rules.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

7. The first page of the application is the **Applying Entity Information**

8. Enter all required Business fields regarding the **Applying Entity**

9. Add **Individual in Charge** and **Administrator** by selecting the **Add** button for each section

Memory Care
Initial Memory Care Services Training Program

Entity Info
Program Info
Documents
Signature
Review

Applying Entity Information

* Business (Legal Entity) Name:

Full legal name of individual or business organization requesting a license

Individual in Charge (*)

First Name Last Name Phone Number Email Address

More

Administrator (0)

First Name Last Name

10. The Add form will display

11. Provide all required information

12. Select **Save** to confirm

Add Individual in Charge

* First Name 11 Moir

* Last Name Rose

* Phone Number 3333333333

* Email Address david.rosebudhotel@gmail.com

The email address provided will receive ALL communication related to any applications, complaints, inspection or enforcements concerning this memory care program request.

12

Cancel Save

Add Administrator

First Name 11

Last Name 12

Cancel Save

13. Once **Individual in Charge** and **Administrator** details are saved, the details will display on the application

NOTE: Only one name can be entered for each field

14. Select **Save & Continue** to proceed

Memory Care Initial Memory Care Services Training Program

Entity Info Program Info Documents Signature Review

Applying Entity Information

* Business Legal Entity Name: David's Memory Care Program

* Business Name (Doing Business As): David's Memory Care Program

Full legal name of individual or business organization requesting a license

Individual in Charge (1) *

First Name: Moir Last Name: Rose Phone Number: (333) 333-3333 Email Address: david.rosebudhotel@gmail.com

Administrator (1)

First Name: Court Last Name: David

13 14

Back Save & Exit Save & Continue

15. The next section of the application is the **Program Information** section

16. Upon entering the Address details, select **Validate Address**. Review the suggested address – the system will auto select the best match by default.

17. Verify the address by selecting the **Confirm** button

18. If suggested addresses are incorrect, select **Keep Address as Entered** button – If errors on the address are found, users can select **Confirm** on the pop-up and select **Edit Address** from the application page to edit address fields

Memory Care Initial Memory Care Services Training Program

✓ Program Info Documents Signature Review

Address where the Memory Care Services training program records will be maintained

* Street: 123 E Camelback Suite, Unit, etc.

* City: Phoenix * State/Territory: AZ * Zip Code: 85012 * County: Maricopa

Validate Address 16

Check if mailing address is the same as the physical address

Address(es) where the Memory Care Services training will be provided

Location(s) (0) + 19 Add

To add a location, click the "Add" button. To edit or remove a location, click the dropdown arrow and choose an option.

Location Name Telephone Number Full Address

Back Save & Exit Save & Continue

Address Confirmation

Address As Entered

123 E Camelback, Phoenix, AZ, 85012, United States, Maricopa County

Address Suggestions

123 E Camelback Rd, Phoenix, Arizona, 85012, Maricopa County

✓ Selected

18 17

Keep address as entered

Confirm

19. Select the **Add** button to enter address(es) where the Memory Care Services training will be provided

20. Once address is entered, select Validate Address and repeat validation steps as noted previously

21. Select **Save**

22. Select **Save & Continue** to proceed

The first screenshot shows the 'Add Location(s)' form. It has a title 'Add Location(s)' and a subtitle 'Address(es) where the Memory Care Services training will be provided'. The form contains fields for 'Location Name' (Stark Legacy Care Center), 'Telephone Number' (3333333333), 'Street' (123 E Camelback Rd), 'Suite, Unit, etc' (empty), 'City' (Phoenix), 'State/Territory' (AZ), 'Zip Code' (85012), and 'County' (Maricopa). There are 'Validate Address' and 'Save' buttons. A red circle with the number 21 is overlaid on the 'Save' button.

The second screenshot shows the 'Address Confirmation' form. It has a title 'Address Confirmation' and a subtitle 'Address As Entered' and 'Address Suggestions'. It shows the entered address '123 E Camelback Rd, Phoenix, AZ, 85012, United States, Maricopa' and a suggestion '123 E Camelback Rd, Phoenix, Arizona, 85012, Maricopa County'. A 'Selected' button is highlighted. A red circle with the number 20 is overlaid on the 'Selected' button.

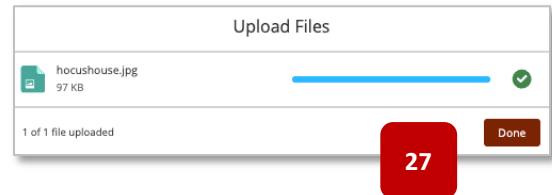
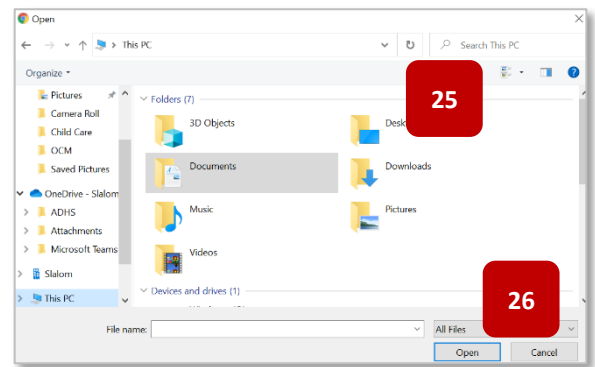
This screenshot shows the 'Memory Care Initial Memory Care Services Training Program' form. It has a title 'Memory Care Initial Memory Care Services Training Program' and a subtitle 'Address where the Memory Care Services training program records will be maintained'. The form contains fields for 'Street' (123 E Camelback Rd), 'Suite, Unit, etc' (empty), 'City' (Phoenix), 'State/Territory' (AZ), 'Zip Code' (85012), and 'County' (Maricopa). There is an 'Edit Address' button. A red circle with the number 22 is overlaid on the form.

This screenshot shows the 'Memory Care Initial Memory Care Services Training Program' form, Documents section. It has a title 'Memory Care Initial Memory Care Services Training Program' and a subtitle 'Upload Supporting Documentation'. The form contains a list of required documentation topics, including 'Complete documentation describing the minimum 8 hours of initial MCS training for staff and contractors, that includes:', 'Complete documentation describing the minimum 4 hours of annual MCS training for staff and contractors includes:', 'Complete documentation describing the minimum 4 hours of MCS training for managers includes:', and 'Complete copy of materials used for providing the MCS training program includes all required information detailed in the documentation describing:'. A red circle with the number 24 is overlaid on the form.

23. The Documents section is next

24. Upload required Supporting Documentation – select the **Upload Files** button

25. **Local Files** window will appear – select desired file(s) to upload – multiple files can be selected
26. Select **Open**
27. Once upload is complete, select **Done**
28. Select **Save & Continue** to proceed – **Save & Exit** will save progress and exit out of the application



29. The Signature is the next page
30. The applicant can select whether to upload a signed attestation (form is available when checkbox is selected) OR
31. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded
32. To digitally sign, use cursor to sign inside the designated box
33. Select **Accept** – to save the signature or Select **Clear** to redo the signature
34. Select **Save & Continue** to proceed

35. The final page in the application will be the Review and Submit page
36. All details entered in the application will display for final review by the applicant – select **Edit Section** to return to that specific section to edit details
37. Select **Submit** to submit the application for Bureau review

Outdoor (Indoor Substitution) Activity Area(s)

*Type	*Name	*Square Feet	Playground Capacity	Calculated Maximum Area Capacity
Outdoor	Outdoor 1	5,000	66	133
*Type	*Name	*Square Feet	Playground Capacity	Calculated Maximum Area Capacity

Review

Applying Entity Information

36

Edit Section

Full Legal Name of Applying Entity *

ENTITY INFO NAME 412

Type Of Organization *

Public School

Subtype Of Organization *

--None--

Telephone Number *

3333333333

Email Address *

danny.silathone@acphs.gov

Street Address *

100 N Central Ave

Suite, Unit, etc

City *

Phoenix

State *

AZ

Zip Code *

85004

County *

Maricopa

☐ Check if mailing address is different than physical address

Application Signature

Bart

Simpson


david.rosseth@acphs-1558g

I, Bart Simpson, attest that:

- I agree to allow the Department to submit supplemental requests for information.
- Pursuant to A.A.C. 180-9-202 (A), the applicant and the Department agree to extend the substantive review time frame and overall time frame if necessary. This will not exceed 25% of the overall time frame.
- I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with these statutes and rules.
- I am at least 21 years of age.
- I affirm that no Controlling Person or Responsible Party has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.
- Under penalty of law, I declare that the information provided in the application is accurate and complete.
- I have read and will comply with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter

I prefer to sign and upload an attestation form. ☐

Write your signature in the box below to complete your agreement to do business electronically.



Back

37

Submit & Go to Payment

3.2 Info Update Application

If a program needs to update program information such as locations or administrators, the Info Update Application can be submitted to update those details. Info Update Applications can be submitted by the Designated Person from their Facility Licensing Portal.

1. From the Facility page, select **Applications**
2. Select the **Info Update Application** tile

Program Information

My Approvals

Applications 1

Application History

Access

Investigations

Enforcements

Statements & Payments

2

Info Update Application

Permanent Closure Application

Available Applications

3. The Agreement Page will display, review all details
4. Once completed, select **I Agree** to proceed

Memory Care

Memory Care Services Training Program Info Update Application

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

☒ In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice(s) from the Department to inform me of the error.

Provide the information necessary for the license/registration application. When complete, pay appropriate fees (if applicable) and submit. Your license/registration application will be reviewed by the appropriate regulatory body.

Before beginning the application process, please have the following documentation available in digital format, for example, a .pdf, ready for upload (where applicable):

- Complete documentation describing the minimum 8 hours of initial MCS training for staff and contractors, that includes:
 - One of the following:
 - Dementia care training curriculum from a nationally recognized organization; or
 - Per RS-10.122(A)(7)(iii), the evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
 - Communication techniques with cognitively impaired residents;
 - Managing challenging behaviors such as aggression, wandering, and agitation;
 - Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - Implementation of individualized service planning for residents receiving memory care services;
 - Emergency and safety protocols specific to memory care;
 - Recognizing, preventing, and reporting abuse, neglect, or exploitation;
 - Activities of daily living specific to residents receiving memory care services;
 - Palliative care and end-of-life training; and
 - Medication management and administration; and
 - If not utilizing a dementia care training curriculum from a nationally recognized organization, in addition to RS-10.122(A)(7)(iii):
 - The amount of time allotted to each topic;
 - The skills an individual is expected to acquire for each topic; and
 - The testing method used to verify an individual has acquired the stated skills for each topic.
- Complete documentation describing the minimum 4 hours of annual MCS training for staff and contractors includes:
 - The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - Managing challenging behaviors such as aggression, wandering, and agitation;
 - Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - Recognizing, preventing, reporting abuse, neglect, or exploitation; and
 - Implementation of individualized service planning for residents receiving memory care services;
 - The amount of time allotted to each topic;
 - The skills an individual is expected to acquire for each topic; and
 - The testing method used to verify an individual has acquired the stated skills for each topic.
- Complete documentation describing the minimum 4 hours of MCS training for managers includes:
 - The evidence-based information presented for each of the following required topics:
 - Development and implementation of individualized service planning for residents receiving memory care services; and
 - Staffing levels and resource allocation;
 - Any additional relevant topics, which may include evidence-based information or facility-specific information, such as:
 - Supervisory skills for leading interdisciplinary teams;
 - Effective delegation and team-building strategies;
 - Conflict resolution and managing workplace dynamics;
 - In-depth understanding of state regulations specific to memory care services;
 - Monitoring care outcomes and resident satisfaction;
 - Engaging with families during crises or challenging situations;
 - Leading meetings and facilitating collaboration among staff;
 - Advocacy for residents and families;
 - Coaching and mentoring staff for professional growth;
 - Staying updated on advancements in dementia care;
 - Developing emergency protocols;
 - Cultural competency to ensure inclusivity and sensitivity in care;
 - Strategies to improve staff retention and job satisfaction;
 - Supporting mental health and wellness among team members;
 - Room assignments, operations, and environmental standards; or
 - Identification and implementation of control measures for infectious diseases;
 - The amount of time allotted to each topic;
 - The skills an individual is expected to acquire for each topic; and
 - The testing method used to verify an individual has acquired the stated skills for each topic.
- Complete copy of materials used for providing the MCS training program includes all required information detailed in the documentation describing:
 - The minimum 8 hours of initial MCS training for staff and contractors
 - The minimum 4 hours of annual MCS training for staff and contractors
 - The minimum 4 hours of MCS training for managers

Pursuant to A.R.S. § 13-2704:

A. A person commits unsworn falsification by knowingly:

1. Making any statement that he believes to be false, in regard to a material issue, to a public servant in connection with an application for any benefit, privilege or license;
2. Making any statement that he believes to be false in regard to a material issue to a public servant in connection with any official proceeding as defined in A.R.S. § 13-2801.

B. Unsworn falsification pursuant to paragraph 1, subsection A, is a class 2 misdemeanor. Unsworn falsification pursuant to subsection A, paragraph 2 is a class 1 misdemeanor.

Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the action to a party that prevails in an action against the state for a violation of this section.

F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Back I Agree 4

5. Current information for the program will display

6. From the **Proposed Effective Date of the Changes** field, select the date the proposed updates will be in effect

7. Select **Save & Continue** to proceed

8. Applying Entity details page will display with current information

9. To update/edit Administrator, select the **drop-down button** and select **Edit**

10. The Administrator form will display – select the change type being submitted (Remove, Update, No Change)

11. Once completed, select **Save** to proceed

12. Select **Save & Continue** to proceed

13. Program Information page will display

14. To add another location, select **Add**

15. Complete the required details when displayed (Validate Address, etc)

16. Select **Save** to complete

17. To edit an existing location, select the **drop-down menu** to the right of the location details – select **Edit**

18. From the location edit form, select the change type being submitted (Remove, Update, No Change) – update details as needed

19. Select **Save** to proceed

20. Upload all necessary documentation supporting the updates/changes by the appropriate category

21. Select **Save & Continue** to proceed

Memory Care
Memory Care Services Training Program Info Update Application

✓ ✓ ✓ Documents Signature Review

Upload Supporting Documentation

Complete documentation describing the minimum 8 hours of initial MCS training for staff and contractors, that includes:

- One of the following:
 - Dementia care training curriculum from a nationally recognized organization; or
 - Per 89-112(A)(2)(A)(3)(a), the evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
 - Communication techniques with cognitively impaired residents;
 - Managing challenging behaviors such as aggression, wandering, and agitation;
 - Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - Implementation of individualized service planning for residents receiving memory care services;
 - Emergency and safety protocols specific to memory care;
 - Recognizing, preventing, and reporting abuse, neglect, or exploitation;
 - Activities of daily living specific to residents receiving memory care services;
 - Palliative care and end-of-life training; and
- If not utilizing a dementia care training curriculum from a nationally recognized organization, in addition to 89-112(A)(2)(A)(3)(a):
 - The amount of time allotted to each topic;
 - The skills an individual is expected to acquire for each topic; and
 - The testing method used to verify an individual has acquired the stated skills for each topic.

Upload Files Or drop files

Complete documentation describing the minimum 4 hours of annual MCS training for staff and contractors includes:

- The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - Managing challenging behaviors such as aggression, wandering, and agitation;
 - Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - Recognizing, preventing, reporting abuse, neglect, or exploitation; and
 - Implementation of individualized service planning for residents receiving memory care services;
- The amount of time allotted to each topic;
- The skills an individual is expected to acquire for each topic; and
- The testing method used to verify an individual has acquired the stated skills for each topic.

Upload Files Or drop files

Complete documentation describing the minimum 4 hours of MCS training for managers includes:

- The evidence-based information presented for each of the following required topics:
 - Development and implementation of individualized service planning for residents receiving memory care services; and
 - Staffing levels and resource allocation;
- Any additional relevant topics, which may include evidence-based information or facility-specific information, such as:
 - Supervisory skills for leading interdisciplinary teams;
 - Effective delegation and team-building strategies;
 - Conflict resolution and managing workplace dynamics;
 - In-depth understanding of state regulations specific to memory care services;
 - Monitoring care outcomes and resident satisfaction;
 - Engaging with families during crises or challenging situations;
 - Leading meetings and facilitating collaboration among staff;
 - Advocacy for residents and families;
 - Coaching and mentoring staff for professional growth;
 - Staying updated on advancements in dementia care;
 - Developing emergency protocols;
 - Cultural competency to ensure inclusivity and sensitivity in care;
 - Strategies to improve staff retention and job satisfaction;
 - Supporting mental health and wellness among team members;
 - Room assignments, operations, and environmental standards; or
 - Identification and implementation of control measures for infectious diseases;
- The amount of time allotted to each topic;
- The skills an individual is expected to acquire for each topic; and
- The testing method used to verify an individual has acquired the stated skills for each topic.

Upload Files Or drop files

Complete copy of materials used for providing the MCS training program includes all required information detailed in the documentation describing:

- The minimum 8 hours of initial MCS training for staff and contractors
- The minimum 4 hours of annual MCS training for staff and contractors
- The minimum 4 hours of MCS training for managers

Upload Files Or drop files

Back

Save & Exit Save & Continue

21

22. The Signature page is next

23. The applicant can select whether to upload a signed attestation (form is hyperlinked on the application)

OR

24. Applicant can digitally sign the application – If digitally signed, no attestation is required to be uploaded

25. To digitally sign, use cursor to sign inside the designated box

26. Select **Accept** – to save the signature or Select **Clear** to redo the signature

27. Select **Save & Continue** to proceed

Memory Care
Memory Care Services Training Program Info Update Application

✓ ✓ ✓ ✓ Signature Review

Signature

ATTESTATION

I, **Laura Oldaker**, agree or attest to the following:

- I have read and understand the Arizona Revised Statutes and Arizona Administrative Code regulations that govern memory care services training programs and I agree to comply with these regulations.
- I attest that the information provided in the application is true, accurate and complete.
- I understand that per A.A.C. 89-16-1200, the Department may deny, revoke, or suspend an approval to operate a memory care services training program if a memory care services training program provider or an applicant applying to operate a memory care services training program:
 - Provides false or misleading information to the Department;
 - Does not comply with the applicable statutes and rules;
 - Issues a training certificate of completion to an individual who did not,
 - Complete the memory care services training program; or
 - Demonstrate the skills the individual was expected to acquire; or
 - Does not implement the memory care services training program as described in or use the materials submitted with the application.

Write your signature in the box below to complete your agreement electronically.

Accept Clear

Attestation Form(s)

Please download and sign your completed attestation form. Once signed, you will need to scan it into a PDF and upload to the Completed Attestation field as a supporting document.

Completed Attestation.

Upload Files Or drop files

Back

Save & Exit Save & Continue

23

25

26

27

28. The final page in the application will be the Review and Submit page

29. All details entered in the application will display for final review by the applicant – select **Edit Section** to return to that specific section to edit details

30. Select **Submit** to submit the application for Bureau review

Memory Care Services Training Program Info Update Application

Review

Information Review

Proposed Effective Date of the Changes
8/25/2025

This is the proposed effective date for all requested changes specified in this application. If changes are effective on different dates, then separate applications must be submitted for each date.

Business Entity Information

Business Name (Including Business Aid #)

Applying Entity Information

29

I have read and understand the Arizona Revised Statutes and Arizona Administrative Code regulations that govern memory care services training programs and I agree to comply with these regulations.

I certify that the information provided in this application is true, accurate and complete.

I understand that per A.R.C. 30-19-1205, the Department may deny, revoke, or suspend an approval to operate a memory care services training program if a memory care services training program provider or an applicant applying to operate a memory care services training program:

- Provides false or misleading information to the Department.
- Does not comply with the applicable statutes and rules.
- Issues a training certificate of completion for an individual who did not:
- Complete the memory care services training program, or
- Demonstrate the skills the individual was required to acquire, or
- Does not implement the memory care services training program as described in or use the materials submitted with the application.

Write your signature in the box below to complete your agreement to do business electronically.

Attestation Form(s)

Please download and sign your completed attestation form. Once signed, you will need to scan it into a PDF and upload to the Completed Attestation field on a supporting document.

30

Back Submit

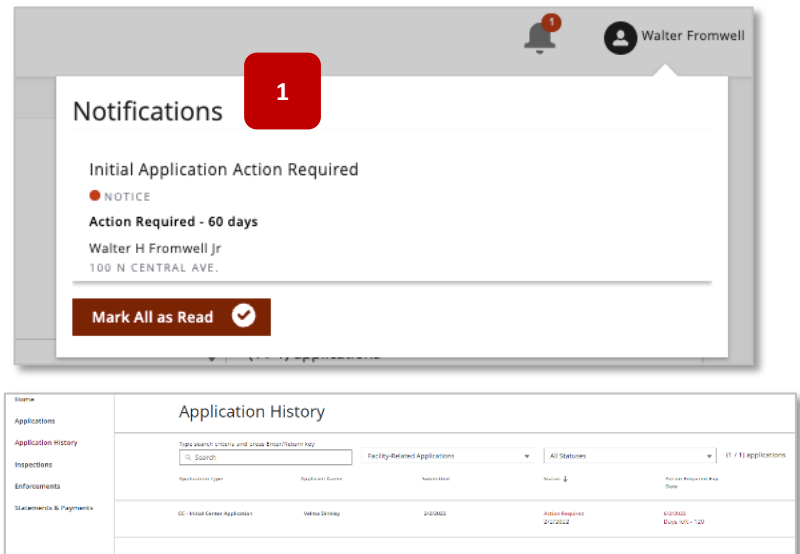
3.3 Applications in Action Required Status

Applications with Errors Require Revisions by Applicant – Including Final Payment

Applications that have missing information or errors will be set to the Action Required status by ADHS. This indicates that corrections must be made and submitted by the applicant before the application can be processed further. Applicants are given a set amount of time to correct and resubmit applications based on the issue type.

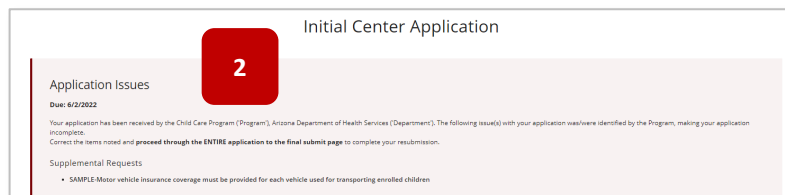
1. Once an application is set to Action Required, Applicants will receive notification via email, portal notifications and Application History tab updates

NOTE: To reopen an application from Action Required status either: select the link in the email, select the notification bell on the home page of the facility site or select the application from the Application History



2. Upon opening the application, a notification box will display at the beginning of the application noting all the issues found on the applications at this point in the review process
3. Applicants can edit existing fields or submit additional documents to correct the identified issues

NOTE: It is critical when resubmitting the application to go through the **ENTIRE** application to the final submit page to complete the resubmission process – otherwise the application will **NOT** be considered resubmitted



3.4 Check Application Status & Deleting Applications

Applications drafted and submitted from the LMS can be viewed online

Application statuses and updates can be viewed from the portal. Users can delete applications in Not Submitted status.

1. Once logged into the LMS and in the facility account, select the **Application History** tab
2. All drafted and submitted applications related to the facility will display
3. To delete a Not Submitted application – select the **Delete** button next to the application

NOTE: Only applications in Not Submitted status are able to be deleted

The screenshot shows the 'Application History' page. On the left is a sidebar with navigation links: Applications, Application History (highlighted in red), Inspections, Enforcements, and Statements & Payments. A red square with the number '1' is placed over the 'Application History' link. The main content area has a title 'Application History' and a header for 'Count Dracula and Kids' with the address '400 E WINDSOR AVE'. Below the title is a search bar with the placeholder 'Type search criteria and press Enter/Return key' and a search icon. To the right of the search bar are two dropdown menus: 'Facility-Related Applications' and 'All Statuses'. Below these is a table with columns: Application Type, Applicant Name, Submitted, Status, and Action Required Exp Date. The table contains one row with the following data: 'CC - Initial Center Application', 'Count Dracula', 'Not Submitted', '8/19/2022'. A red square with the number '2' is placed over the 'Submitted' column header, and another red square with the number '3' is placed over the 'Delete' button in the 'Action Required' column. The text '(1 / 1) applications' is displayed to the right of the status dropdown.

4. Once the Delete button is selected, a confirmation pop-up message will display – select Submit to confirm the deletion

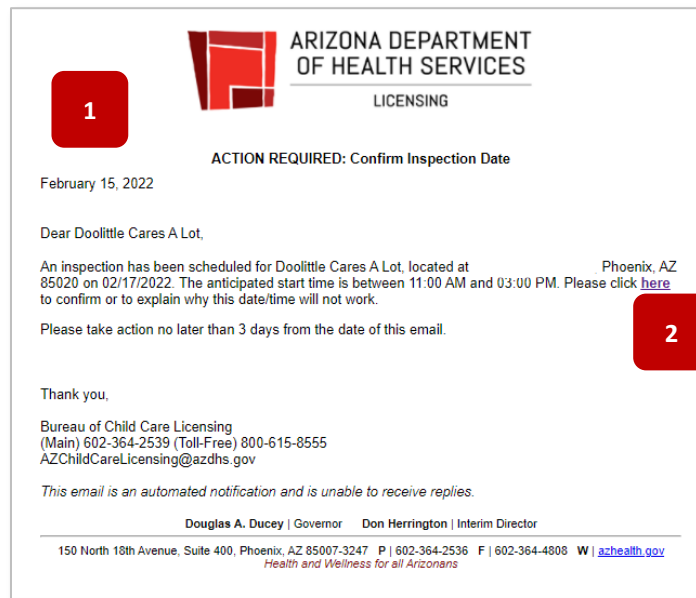
The screenshot shows a confirmation pop-up window titled 'Delete Application'. The text inside the pop-up asks 'Are you sure you want to delete this application?'. At the bottom right of the pop-up are two buttons: 'Cancel' and 'Submit'.

SECTION 4 - Inspections / Investigations

4.1 Inspections Scheduling

Some Bureau inspections may be scheduled with the Facility to ensure the appropriate attendance. If an inspection has been scheduled, the Facility will receive notice to confirm the pending inspection in order to proceed.

1. If an announced inspection is scheduled for the Facility, the Facility will receive email notice requesting confirmation of the scheduled **Inspection Date**
2. From the email, click the **link to navigate** to the Inspection Confirmation page



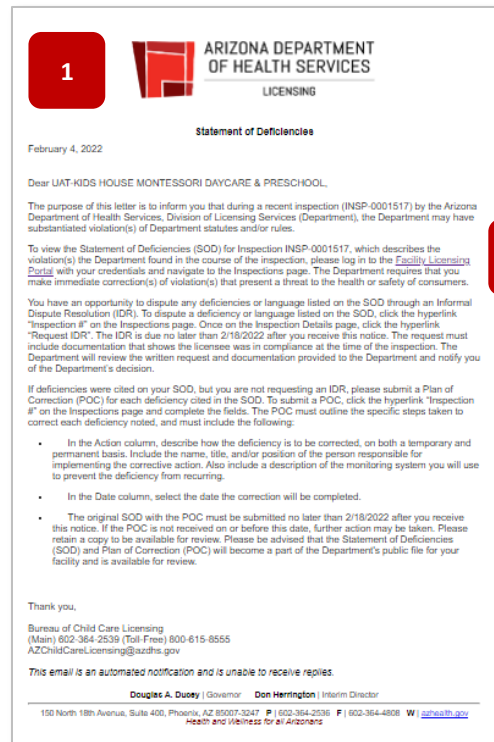
3. The Confirm Inspection page will appear in a new tab
4. Click the dropdown to **Accept** or **Reject** the Inspection date/time
5. If Reject is selected, enter a rejection reason
6. Click **Submit** to send the information to ADHS
7. The Facility will receive an email from ADHS once the inspection is confirmed

4.2 Viewing the SOD & Submitting a POC

Statement of Deficiency and Plan of Correction

The Statement of Deficiencies (SOD) will be sent following an inspection if deficiencies are found at the facility. Action is required at this time and a Plan of Corrections (POC) must be submitted for each deficiency found.

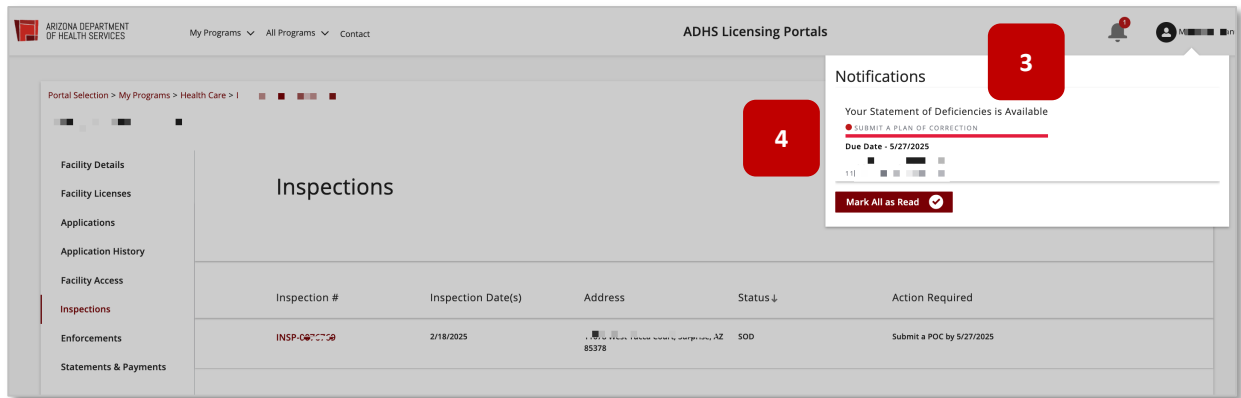
1. An email notification will be sent to the Designated Facility email address stating that the SOD is available in the Portal with instructions
2. Click the **Facility Licensing Portal** link in the email to login and view more information related to the SOD



3. Once logged into the Facility Licensing Portal, the SOD notification will appear on the Home page under the **Bell** icon

NOTE: The SOD notification will show the due date for the Plan of Correction (POC)

4. Click the **SOD** notification to be directed to the Inspections page




- The Inspections page will appear with the Inspection Number listed as a line item

NOTE: The **Status** of the inspection will be listed as SOD (or Enforcement) and the **Action Required** column will show the appropriate action needed

- In the Inspection # column, click the **Inspection Number** link to open the **Inspection Detail** page

Inspection #	Inspection Date(s)	Address	Status	Action Required
INSP-0001326	2/18/2025	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 5/27/2025
INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022
INSP-0001323	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/7/2022
INSP-0001517	2/1/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/18/2022

- The **Inspection Detail** page will appear and will include the Initial Comments, Rosters, and list the Statement of Deficiencies related to the Inspection including the citation, the evidence documented by the Department, and any files or attachments that the Department has chosen to share
- View the specific rule or statute that was identified as having deficiencies in the first column
- View the comments and attached files (if applicable) in the second column from the paperclip icon
- View the **Plan of Correction** section
- Click on the notebook icon  to open the **Plan of Correction Action** page for each item

Home PRESCHOOL

Inspection Detail

<div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">7</div>	Inspection # INSP-0001517	Inspection Date(s) 2/1/2022	Status SOD	Address DRIVE, NOGALES, AZ 85621
Initial Comments:				
Statement of Deficiency The following deficiencies were found during the inspection held on Feb 1, 2022				
<div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">8</div>	<div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">9</div>			
<div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">10</div>	<div style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">11</div>			

12. The **Plan of Correction Action** form will appear

13. Fill in the sections with the appropriate information regarding the action plan, including the Name, Title and/or Position of the Person Responsible, Permanent Solution, and Date when that permanent solution will be completed

NOTE: Items marked with * are required

14. Once complete, click **Save**

Plan of Correction Action

AAC R9-3-102.A.

* Name, title and/or Position of the Person Responsible

* Permanent Solution

* Date permanent correction will be complete

Cancel Save

15. Once the **Plan of Correction** Action plan has been added, the notebook icon will change from red to gray, showing that all required fields for that Action form have been completed

16. Click the **paper clip icon** to add any supporting files

17. The **POC Attachments** upload pop-up will appear

18. Click **Upload Files** to upload any supporting files

19. Click **OK** to save and attach files

20. Repeat the same process to complete any additional **Plan of Correction** actions that are needed.
Corrective action must be documented for each deficiency stated
21. Once all actions have been completed for each line item, click **Submit** to send the POC to ADHS for processing

Inspection Detail PRESCHOOL

Inspection # INSP-0001517	Inspection Date(s) 2/1/2022	Status SOD	Address DRIVE, NOGALES, AZ 85621
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Initial Comments:

Statement of Deficiency The following deficiencies were found during the inspection held on Feb 1, 2022	Request IDR	Plan of Correction (Due by Feb 18, 2022)
<p>AAC 89-9-102.A. The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Chapter is set forth in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.</p> <p>AAC 89-9-102.C.2. The substantive review time-frame described in A.R.S. § 41-1072 is set forth in Table 1.1 and begins on the date of the notice of administrative completeness. 2. As part of the substantive review for a request for approval of a change affecting a certificate that requires a change in the use of physical space at a child care group home, the Department shall conduct an inspection that may require more than one visit to the child care group home.</p>	<p>This is not good for Child Care.</p> <p>We can't tolerate this.</p>	<p>Actions</p> <p>Attachment(s)</p>

15 **16** **21**

Back Submit

22. ADHS will review the **Plan of Correction**
 23. If it is **Accepted**, an email notification will be sent to the Facility email address
 24. If any documented corrective actions are **Rejected**, an email notice will be sent stating that the **Plan of Corrections** has been rejected, and additional action is needed – a notification tile will also appear
- NOTE:** Upon processing completion or if a POC was rejected, you will receive an email from ADHS – To review the reason for rejection, select the **Action** button (step 6)
25. Navigate to the inspection to view any information that needs to be reviewed and corrected
 26. Notes from ADHS will appear in red text; correct the information per the comments from ADHS and follow the previous process (steps 16- 20) to **save and resubmit a POC**

Inspection Detail Dispensary 172

Inspection # INSP-0000192	Inspection Date(s) 3/2/2021	Status SOD	Address 1212 N Barkley, Mesa, AZ 85203
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Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021

<p>POC Rejected A.R.S. 36-2806(G) G. A nonprofit medical marijuana dispensary shall not allow any person to consume marijuana on the property of the nonprofit medical marijuana dispensary.</p>	<p>Marijuana was being consumed.</p>	<p>Plan of Correction (Due by Mar 16, 2021)</p> <p>Actions</p> <p>Attachment(s)</p>
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25 **26**

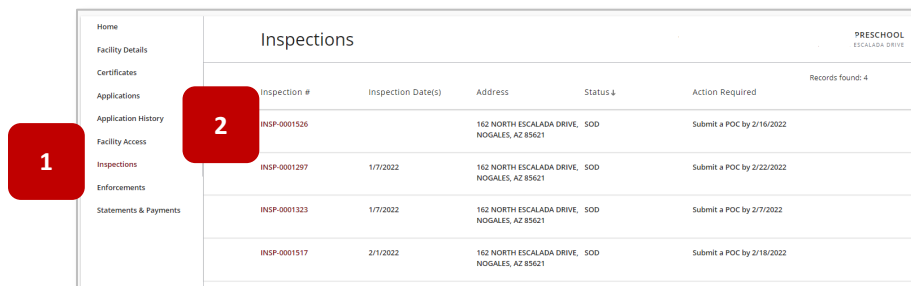
Back Submit

4.3 Submitting an IDR

Informal Dispute Resolution

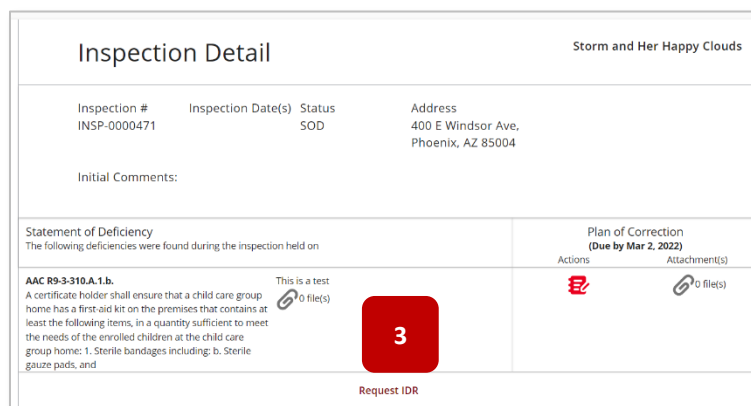
For some inspections, an Informal Dispute Resolution (IDR) can be requested after a Statement of Deficiency (SOD) has been sent to the Facility following an Inspection. To dispute a deficiency listed on the SOD, a Facility can request an IDR. An IDR may only be submitted once and cannot be submitted when the inspection occurs from an application.




1. To submit an IDR, click the **Inspections** tab in the Facility Licensing Portal
2. Click on the **Inspection Number** to open the inspection



Home	Inspections					PRESCHOOL ESCALADA DRIVE
Facility Details	Inspection #	Inspection Date(s)	Address	Status	Action Required	Records found: 4
Certificates	INSP-0001526		162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/16/2022	
Applications	INSP-0001297	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/22/2022	
Application History	INSP-0001323	1/7/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/7/2022	
Facility Access	INSP-0001517	2/1/2022	162 NORTH ESCALADA DRIVE, NOGALES, AZ 85621	SOD	Submit a POC by 2/18/2022	
Inspections						
Enforcements						
Statements & Payments						

3. From the Inspection Detail page, click **Request IDR**



Inspection Detail		Storm and Her Happy Clouds
Inspection # INSP-0000471	Inspection Date(s) SOD	Address 400 E Windsor Ave, Phoenix, AZ 85004
Initial Comments:		
Statement of Deficiency The following deficiencies were found during the inspection held on		Plan of Correction (Due by Mar 2, 2022)
AAC R9-3-310.A.1.b. A certificate holder shall ensure that a child care group home has a first-aid kit on the premises that contains at least the following items, in a quantity sufficient to meet the needs of the enrolled children at the child care group home: 1. Sterile bandages including: b. Sterile gauze pads, and		Actions  Attachment(s) 
 Request IDR		

4. The guidelines pertaining to an IDR will appear on the screen and the IDR table will replace the POC information

NOTE: To cancel the IDR request, click **Cancel IDR**

5. Click the **notebook icon** to dispute a specific deficiency

NOTE: One item, or all items listed may be disputed. An IDR can only be requested once and cannot be requested if a POC has already been submitted

Inspection Detail Storm and Her Happy Clouds

Inspection # INSP-0000471	Inspection Date(s) SOD	Status SOD	Address 400 E Windsor Ave, Phoenix, AZ 85004
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Initial Comments:

4

Statement of Deficiency The following deficiencies were found during the inspection held on An IDR may only be requested once. You must enter a reason for any item being disputed prior to submitting	Informal Dispute Resolution (Due by Mar 2, 2022) Reason Attachment(s)
AAC R9-3-310.A.1.b. A certificate holder shall ensure that a child care group home has a first-aid kit on the premises that contains at least the following items, in a quantity sufficient to meet the needs of the enrolled children at the child care group home: 1. Sterile bandages including: b. Sterile gauze pads, and	This is a test 0 file(s)

5

Cancel IDR

6. Enter notes indicating why you are disputing the deficiency in the IDR Reason pop-up

NOTE: Prior to submitting the IDR, users must enter a reason for each item being disputed

7. Click **OK**

6

7

IDR Reason

AAC R9-17-320(A)(1)

Enter Reason for IDR

Cancel OK

8. The **notebook icon** will turn gray once a reason for IDR has been entered

9. Click the **paperclip icon** to add any necessary files to support the reason for the dispute

10. Repeat the steps if additional deficiencies are being disputed

11. Once all relevant disputed reasons and files have been added, click **Submit**

Inspection Detail Dispensary 173

Inspection # INSP-0000202	Inspection Date(s) 3/2/2021	Status SOD	Address 1228 N Terrillin, Mesa, AZ 85207
------------------------------	--------------------------------	---------------	--

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021
An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting

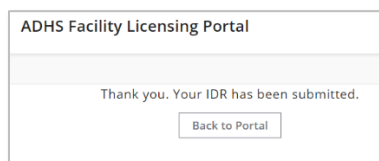
8

9

11

12. A message will appear stating that the **IDR has successfully been submitted**

NOTE: Once the IDR has been accepted or rejected, you will receive email notice from ADHS



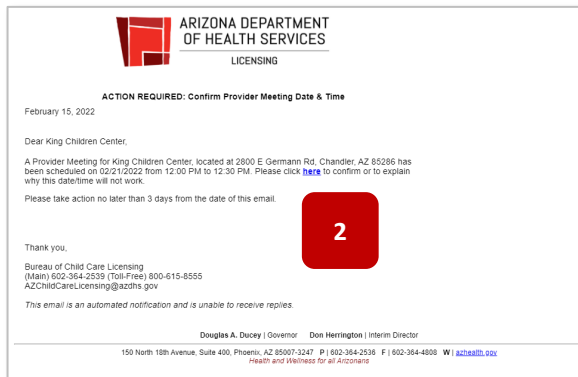
SECTION 5 - Enforcements

5.1 Scheduling a Provider Meeting

1. In some cases, the Bureau will schedule a meeting with the Facility to discuss the Enforcement Action being taken. In these cases, an email will be generated to the Facility to confirm the date / time of the Provider Meeting

NOTE: Some licensing programs utilize emails to determine enforcement details

2. Click on the **link** to open the scheduling confirmation page
3. **Accept or Reject** the proposed date/time using the **dropdown** provided
4. If **Reject** is chosen, an explanation is required for why the date / time of the scheduled Provider Meeting will not work



Confirm Provider Meeting

Address
150 N 18th Ave # 400, Phoenix, AZ 85007

Scheduled Date/Time
Date
2/21/2022
Time
12:00 PM - 1:00 PM

* Accept/Reject Provider Meeting
Accept/Reject Provider Meeting

Submit

5. If accept is chosen, enter the name and title of any Attendees

NOTE: A Licensee is **required** to be present

6. Click **Submit** to send your response to ADHS

Confirm Provider Meeting

Address
150 N 18th Ave # 400, Phoenix, AZ 85007

Scheduled Date/Time
Date
2/21/2022
Time
12:00 PM - 12:30 PM

* Accept/Reject Provider Meeting
Accept

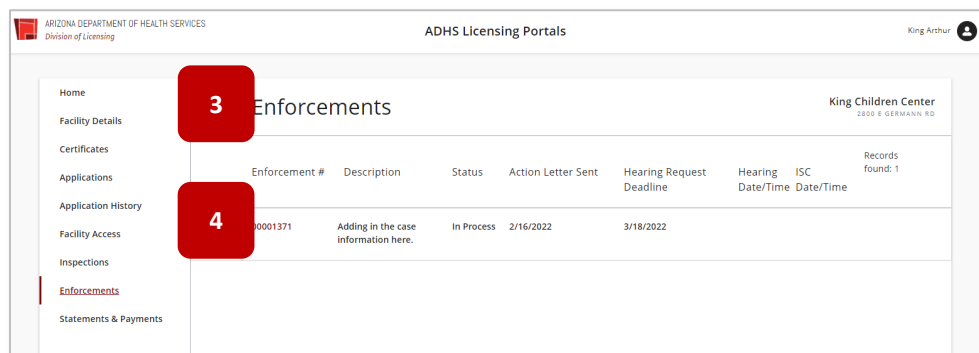
Attendees

* First Name	* Last Name	* Title	Add
Joe	Smith	Licensee	

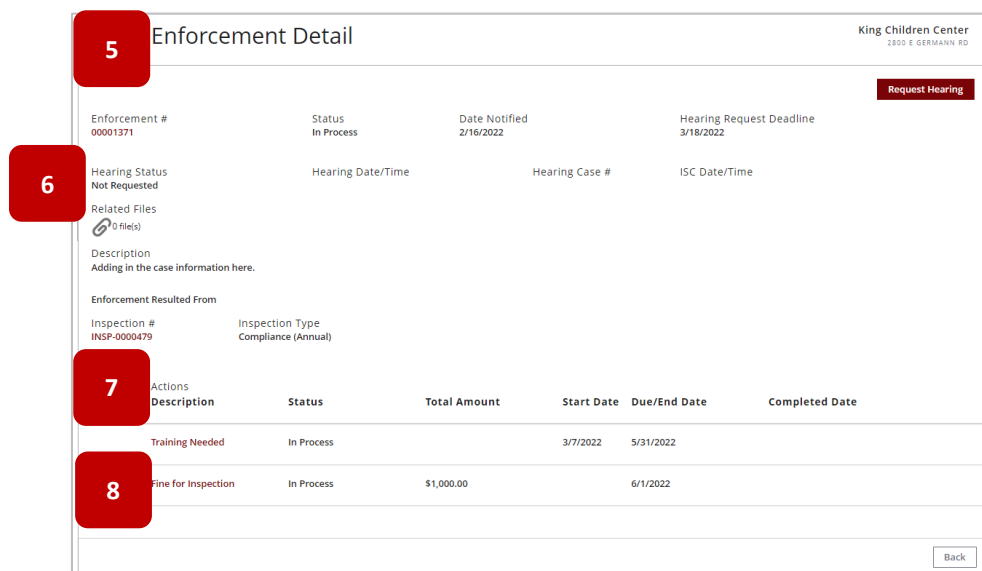
Submit

5.2 Viewing an Enforcement

1. Once the **Provider Meeting** has taken place, the Bureau will post the Enforcement in the portal
2. If an agreement was reached during the Provider Meeting and Enforcement Action finalized, the Facility will receive an **email notice** indicating that the **Enforcement Agreement** is available in the portal
3. The **Enforcements** page will appear with a list of all related enforcement actions
4. To view more information regarding a specific enforcement action, click the **Enforcement #** link to open the **Enforcement Detail** page



5. The **Enforcement Detail** page will appear
6. View all of the information related to the Enforcement on the page
7. View the **Actions** associated with the Enforcement in the bottom section
8. Click on the **Description Link** in the Actions section to view the required action



9. The **Action Detail Page** will appear for the action selected

10. Depending on the type of Enforcement Action, the Action detail page may display required Civil Penalty payments or Action Items required of the Facility
11. To submit the correction response for an **Action Item**, enter any relevant files in the Attachments section or comments in the Comments section by clicking on the notebook icon
12. Click **Submit** to send the Action Item(s) to ADHS for review

9 Action Detail

Enforcement Demo Account
100 N 7TH AVE

Description	Status	Start Date	End/Due Date	Completed Date	Related Files
Required Training	In Process	2/11/2022	2/11/2022		

Due Date	Status	Attachments	Comments	Completed Date
2/11/2022	Not Submitted	0 file(s)		

12 Submit

11

13. Return to the **Enforcement Detail** page and select any additional **Actions**

Enforcement Detail

King Children Center
2000 S GERMANS RD

Request Hearing

Enforcement #	Status	Date Notified	Hearing Request Deadline
00001371	In Process	2/16/2022	3/18/2022

Hearing Status: Not Requested

Hearing Date/Time:

Hearing Case #:

ISC Date/Time:

Related Files: 0 file(s)

Description: Adding in the case information here.

Enforcement Resulted From:

Inspection #	Inspection Type
INSP-0000479	Compliance (Annual)

13

Actions	Description	Status	Total Amount	Start Date	Due/End Date	Completed Date
	Training Needed	In Process		3/7/2022	5/31/2022	
	Fine for Inspection	In Process	\$1,000.00		6/1/2022	

Back

14. Once the submissions are reviewed, if ADHS is satisfied with the submission(s) for a non-monetary case action item, the Action will show as **complete**
15. If ADHS is **NOT** satisfied with the submission, the Facility will receive an email notice indicating that they must **resubmit the Action Item**
16. From the email, click on the **Facility Licensing Portal** link to be taken to the portal
17. Navigate to the **Enforcement Detail** page, and then to the **Action Detail** page
18. The rejection reason will appear when the Facility clicks on the comments field for the Action Item that was rejected
19. To resolve, edit comments and add any new attachments needed to resubmit the action item

20. For a **Civil Penalty Case Action**, the Action Detail Page will show the upcoming required payments, which the user can pay entirely or partially with the following options:
- Amount Due
 - Balance
 - Other

21. Click the **Pay** button to make a payment

Action Detail					King Children Center 2800 E GERMANN RD
Description	Status	End/Due Date	Completed Date	Related Files	
Fine for Inspection	In Process	6/1/2022			
Next Payment Date	Total Amount	Total Remaining			
2022-03-01	\$1,000.00	\$1,000.00		Pay	

22. Continue in the **Statements & Payments** section for more information on payments

23. Once the payment has been made, the total remaining will reflect the update

24. The Enforcement Case will be updated to complete once all payments in the payment plan have been paid showing no remaining balance and/or any associated action items have been fully completed and accepted

SECTION 6 - STATEMENTS & PAYMENTS

Submit Payments Online

Certain enforcements may result in a monetary Civil Penalty, Application Fees, and more. The related invoice can be found in the Statements & Payments tab of the Facility Licensing Portal.

1. To make a payment, locate the appropriate **Invoice** within the **Statements & Payments** tab or by clicking through the **Enforcement Action**
2. Click the **Invoice #** to be taken to the Invoice Detail Page
3. View all information related to the invoice on the **Invoice Detail** page
4. **Scheduled payments** will be listed in the bottom section
5. To pay, click on the **payment amount** or select the “**other**” option

The screenshot shows the 'Invoice Detail' page. On the left is a navigation menu with items: Home, Facility Details, Certificates, Applications, Application History, Facility Access, Inspections, Enforcements, and Statements & Payments. A red box with the number '1' highlights the 'Statements & Payments' menu item. The main content area has a title 'Invoice Detail' with a red box and number '2' above it. Below the title, invoice details are shown: Invoice # INV-000059, Status Sent, Total \$1,000.00, Balance \$1,000.00, Due 06/01/2022, and Selected Payment: \$0.00. A red box with the number '3' highlights the 'Description' field, which contains 'Related to Enforcement 00001371'. To the right of the description, there is a 'Payment Plan' section with a red box and number '5' highlighting the 'Select Payment Amount' dropdown menu, which shows options: '\$250.00 (Amount Due on 03/01/2022)', '\$1,000.00 (Balance)', and 'Other', along with a 'clear selection' link. Below this is a 'Submit Payment' button. A red box with the number '4' highlights the 'Payment Schedules' section, which contains a table of scheduled payments.

Due Date	Status	Amount Due	Amount Remaining
03/01/2022	Due in 13 Days Not Paid	\$250.00	\$250.00
04/01/2022	Due in 44 Days Not Paid	\$250.00	\$250.00
05/01/2022	Due in 74 Days Not Paid	\$250.00	\$250.00
06/01/2022	Due in 105 Days Not Paid	\$250.00	\$250.00

6. When the **payment amount** has been selected, the **Submit Payment** button will illuminate
7. Click **Submit Payment** to submit the payment to ADHS

This is a close-up of the payment selection modal. It shows the 'Selected Payment: \$250.00' at the top. Below is the 'Select Payment Amount' section with three radio button options: '\$250.00 (Amount Due on 03/01/2022)' (which is selected), '\$1,000.00 (Balance)', and 'Other'. There is a 'clear selection' link below the options. A red box with the number '6' highlights the selected radio button. At the bottom of the modal is a red 'Submit Payment' button, which is highlighted with a red box and the number '7'.

8. The confirmation screen will appear with the **Payment Amounts Selected** listed

9. Click **Next** to proceed

Payment Amounts Selected

Invoice #	Amount
INV-000059	\$250.00

Total Amount: **\$250.00** Cancel Next

10. Enter **Payment Information** to complete the payment

State of Arizona Checkout Utility
State of Arizona

Payment Information

CHECKOUT - PAYMENT INFORMATION

*First Name *Last Name

*Billing Address *City

*State *Zip

*Email *Phone Number

☒ Credit Card
☐ Electronic Check

Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.

*Credit Card Number

*Expiration Date *CVV/CVV2

11. Once the payment has been successfully submitted, the **Payment Confirmation Screen** will appear

Payment Confirmation

11 Success! The payment has been processed and your application is now in our queue. An email confirmation has been sent to you with payment confirmation and next steps information.

[Back to Portal](#)

12. The **Total Remaining** for the penalty will be reflected to update the current amount

Action Detail

King Children Center
2800 E GERMANN RD

Description	Status	End/Due Date	Completed Date	Related Files
Fine for Inspection	In Process	6/1/2022		

Next Payment Date	Total Amount	Total Remaining
2022-04-01	\$1,000.00	\$750.00

12 Pay