

HEALTH SYSTEMS DIVISION

MENTAL HEALTH

LICENSING & CERTIFICATION



Online Application & Payment Portal



August 6, 2024

CONTENTS

Contents	2
Introduction	3
Registration	4
Verify email address	7
Payments	11
Facility Information.....	12
Application Type	13
Customer Information	15
Payment Information	17
Submission Successful.....	21

INTRODUCTION

The Health Systems Division has developed an online payment and license application submission system. AccessGov (<https://or.accessgov.com/dhshoha>) is an easy-to-use system that will allow providers to upload their initial or renewal application and pay the required fee online using a credit or debit card. This portal will reduce delays in application and payment processing while providing a secure system that accepts various payment methods including:

- American Express
- Discover
- Mastercard
- Visa

The use of this system is optional. Individuals not wishing to use the system should submit their applications by email to: HSD.MH.Applications@oha.oregon.gov, and continue to mail their fee payment to:

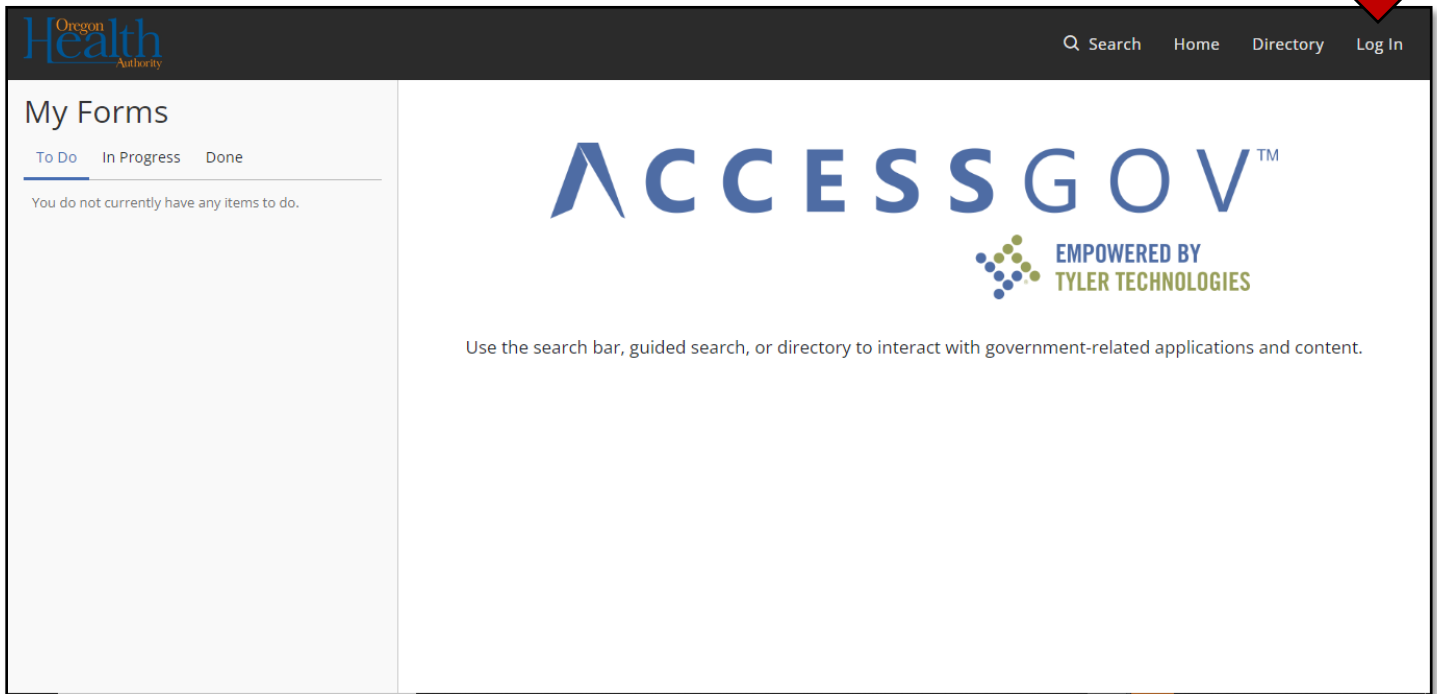
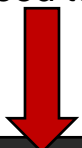
HSD - Licensing & Certification
Oregon Health Authority
500 Summer St NE – E86
Salem, OR 97301

Use of this system does not apply to governmentally operated facilities or homes. Government agencies should submit their applications by email to: HSD.MH.Applications@oha.oregon.gov.

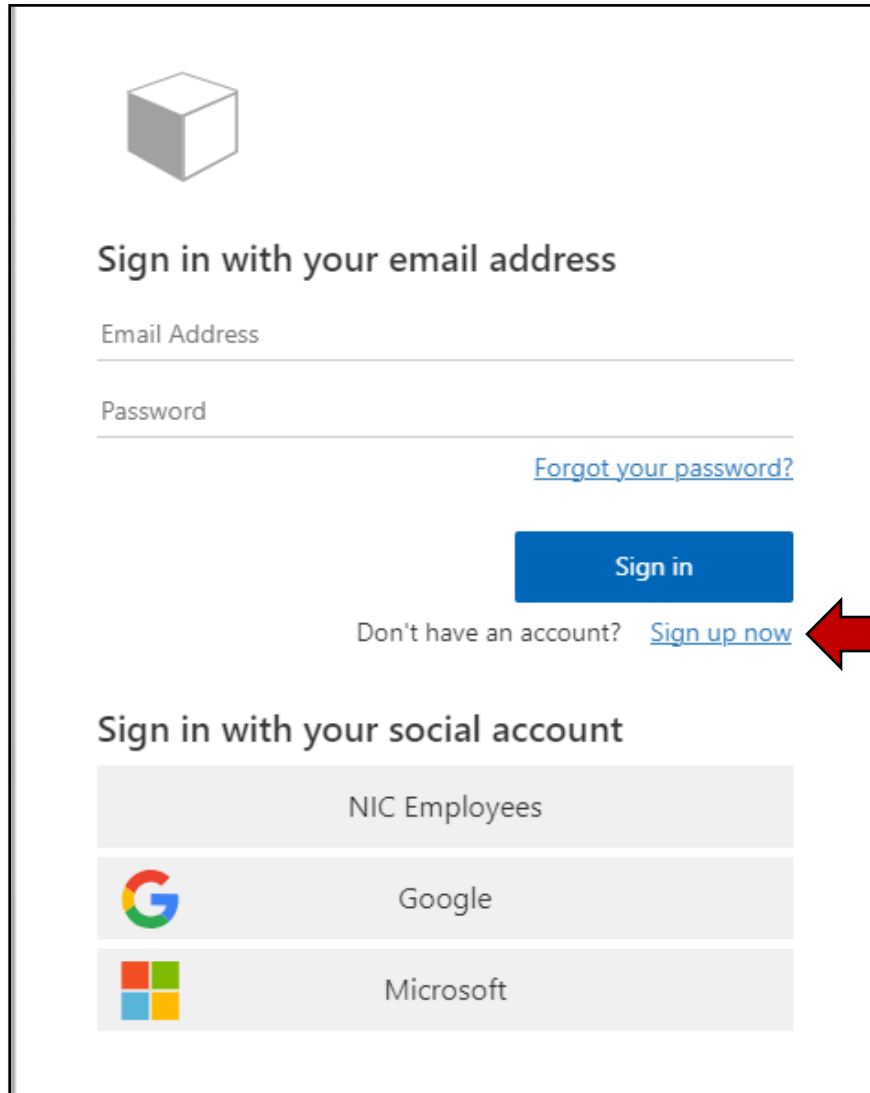
REGISTRATION

Use of this site does not require registration however, providers may want to register so they can save and recall information already entered should they need to interrupt the process, rather than re-entering information.

- From the website <https://or.accessgov.com/dhshoha> click on “Log In”.

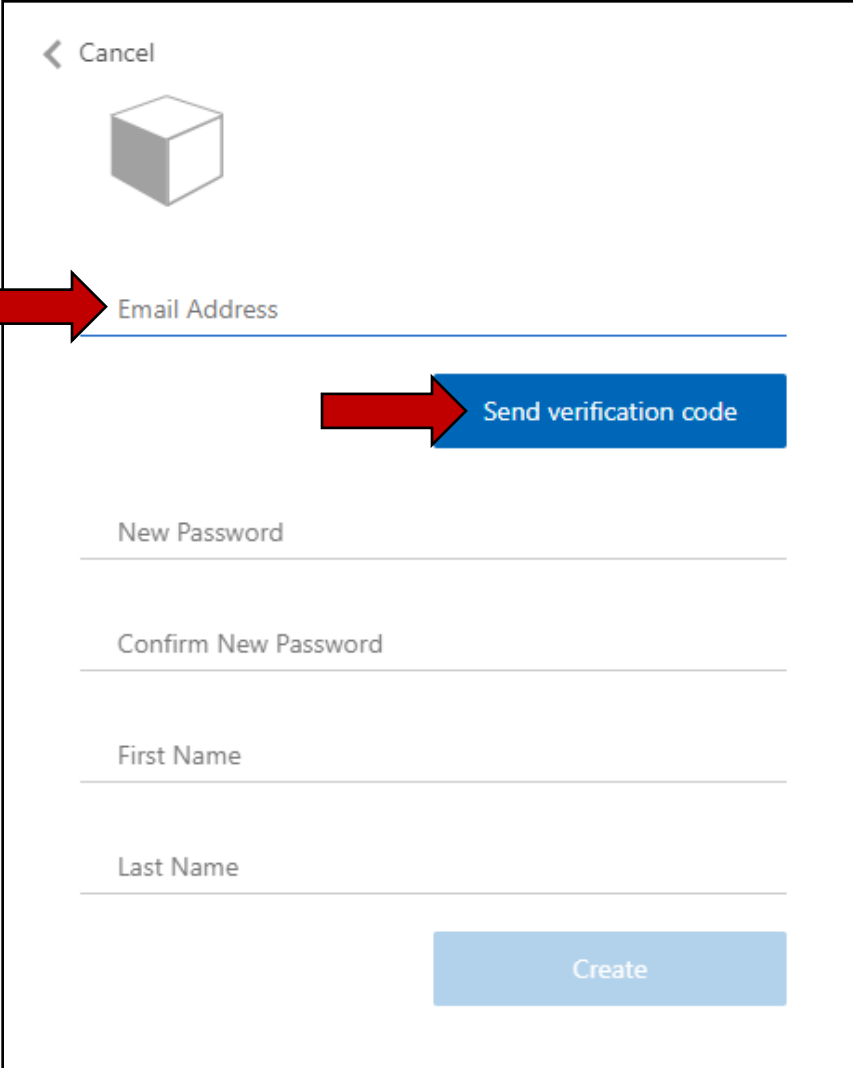


- Click on “Sign up now”.



The image shows a login interface. At the top left is a 3D cube icon. Below it is the heading "Sign in with your email address". There are two input fields: "Email Address" and "Password". To the right of the password field is a blue link "Forgot your password?". Below these is a blue "Sign in" button. Underneath the button is the text "Don't have an account?" followed by a blue link "Sign up now". A red arrow points from the right side of the page towards the "Sign up now" link. Below the email sign-in section is the heading "Sign in with your social account". This section contains three buttons: "NIC Employees", "Google" (with the Google logo), and "Microsoft" (with the Microsoft logo).

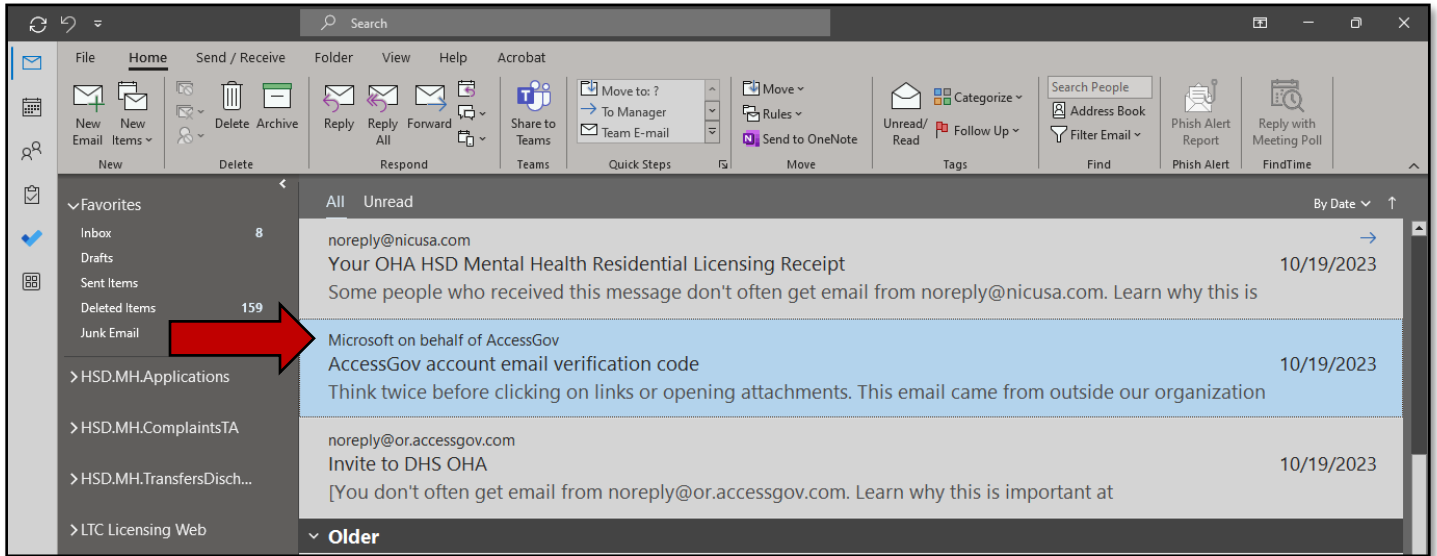
- Enter you email address.
- Click on “Send verification code”.



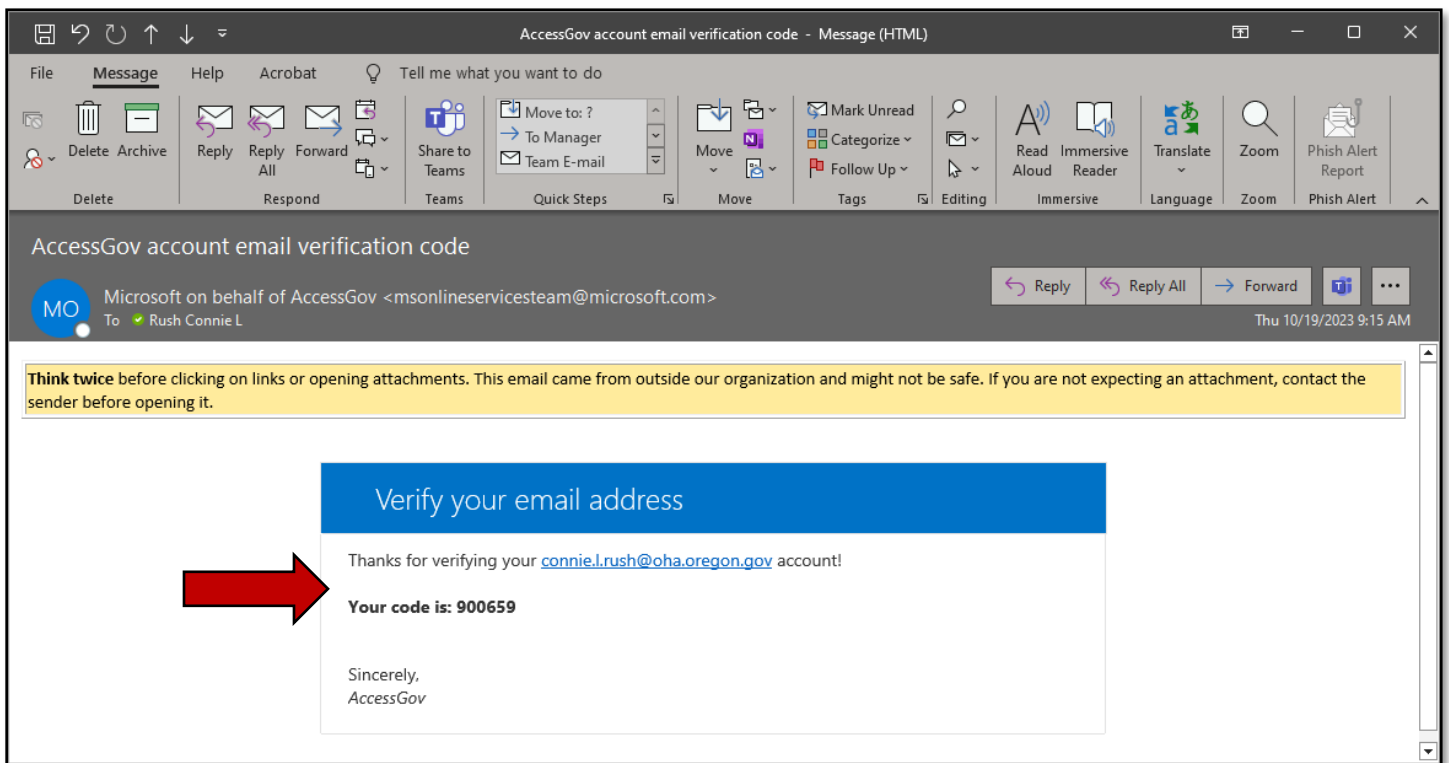
A screenshot of a registration form interface. At the top left, there is a back arrow and the text "Cancel". Below this is a 3D cube icon. The form contains several input fields: "Email Address", "New Password", "Confirm New Password", "First Name", and "Last Name". A blue button labeled "Send verification code" is positioned to the right of the "Email Address" field. A light blue button labeled "Create" is located at the bottom right of the form. Two red arrows are overlaid on the image: one points to the "Email Address" input field, and the other points to the "Send verification code" button.

Verify email address

Retrieve the verification email from your email account. The verification email will come from “Microsoft on behalf of AccessGov”.



Open the verification email. Highlight and copy the verification code.



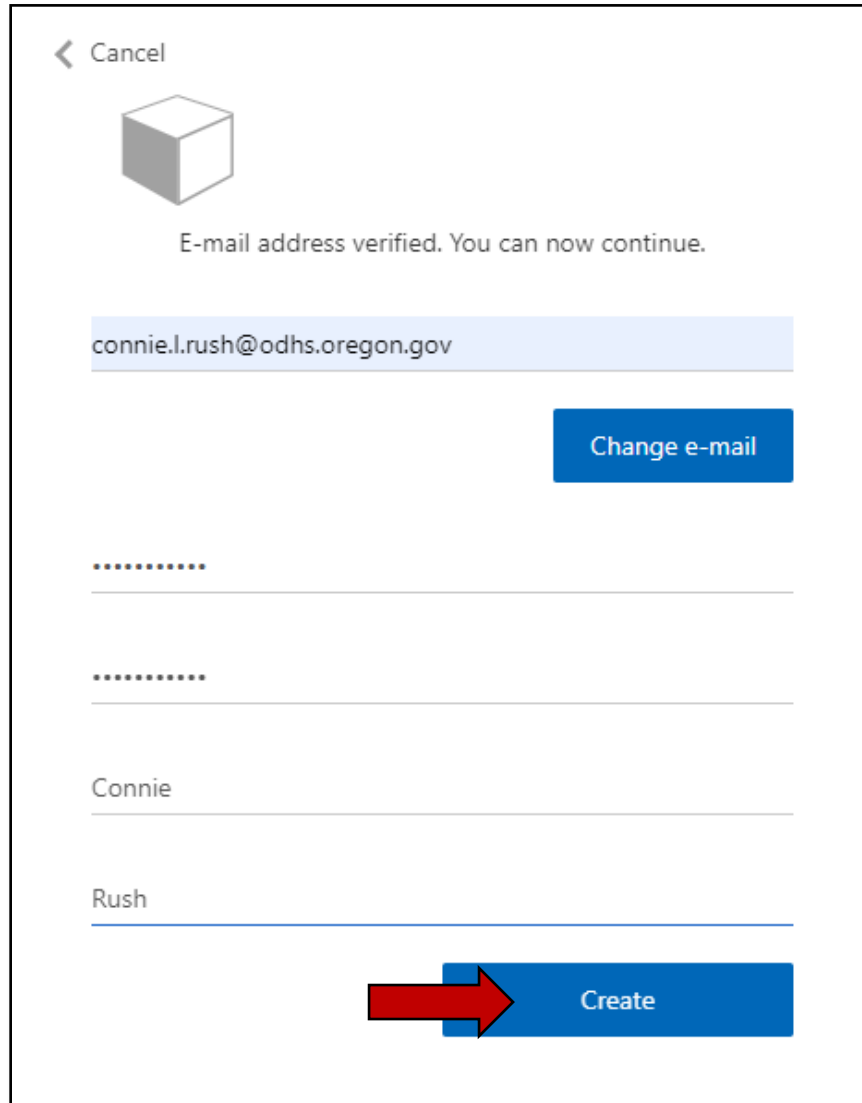
- Return to the website;
- Enter the verification code;
- Click “Verify code”;

A screenshot of a mobile application interface for account verification. At the top left, there is a back arrow and the text "Cancel". Below this is a 3D cube icon. The text reads: "Verification code has been sent to your inbox. Please copy it to the input box below." Below the text is a light blue input field containing the email address "connie.l.rush@odhs.oregon.gov". Below the email field is a "Verification Code" input field. A red arrow points from the left towards this field. Below the "Verification Code" field are two blue buttons: "Verify code" and "Send new code". A red arrow points from the left towards the "Verify code" button. Below these buttons are four more input fields: "New Password", "Confirm New Password", "First Name", and "Last Name". At the bottom right of the form is a light blue "Create" button.

- Enter your desired password;
- Confirm your desired password;
- Enter your first name;
- Enter your last name;
- Click “Create”;

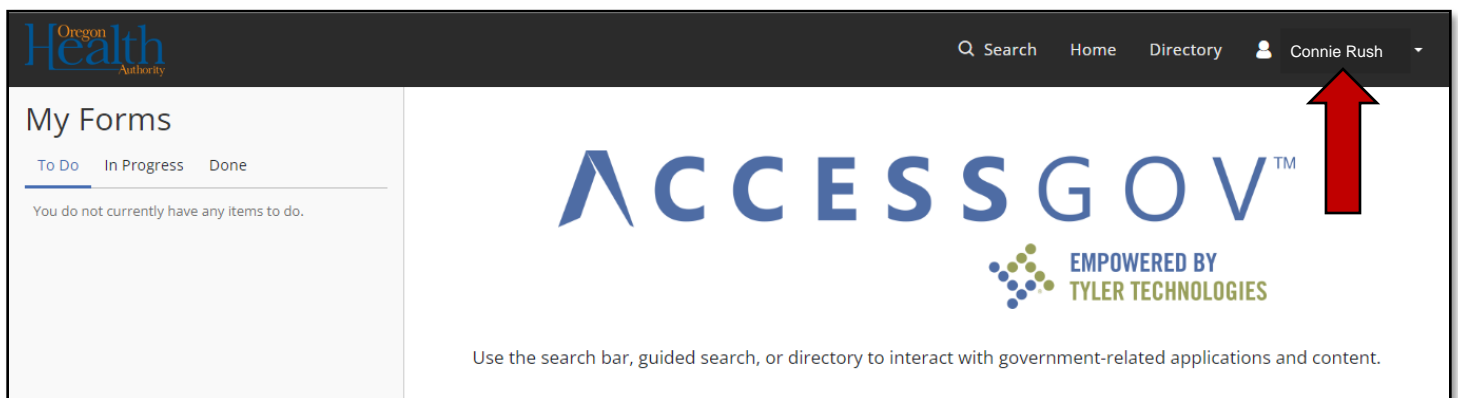
The screenshot shows a mobile-style registration form. At the top left is a back arrow and the text "Cancel". Below that is a 3D cube icon and the message "E-mail address verified. You can now continue." The email address "connie.l.rush@odhs.oregon.gov" is displayed in a light blue box. To the right of the email box is a blue button labeled "Change e-mail". Below the email section are four input fields: "New Password", "Confirm New Password", "First Name", and "Last Name". Each of these four fields has a large red arrow pointing to it from the left. At the bottom right of the form is a blue button labeled "Create".

- Click “Create”.



A registration confirmation screen with a white background and a black border. At the top left is a back arrow and the text "Cancel". Below this is a 3D cube icon. The text "E-mail address verified. You can now continue." is centered. A light blue box contains the email address "connie.l.rush@odhs.oregon.gov". To the right of this box is a blue button labeled "Change e-mail". Below the email box are two sets of dotted lines followed by horizontal lines, representing masked fields. The name "Connie" is entered in the first field, and "Rush" is entered in the second. At the bottom right is a blue button labeled "Create", with a red arrow pointing to it from the left.

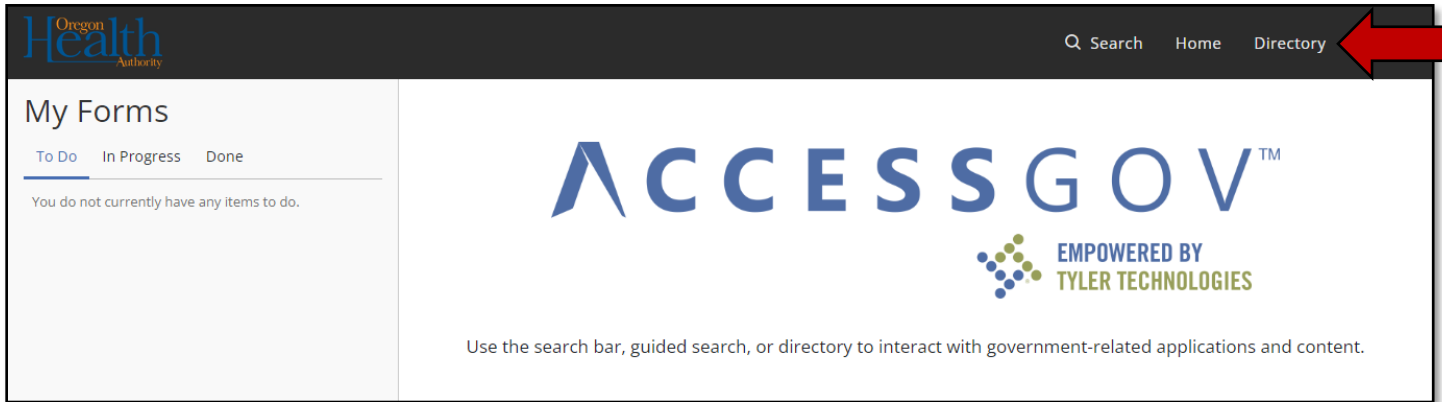
Successful registration will result in automatically being logged into the system and return to the home page.



A screenshot of the AccessGov home page. The top navigation bar is dark grey with the Oregon Health Authority logo on the left and search, home, directory, and user profile (Connie Rush) on the right. A red arrow points to the user profile. The main content area features the "ACCESSGOV" logo in blue, with "EMPOWERED BY TYLER TECHNOLOGIES" below it. A red arrow points to the top right corner of the page. On the left, there is a "My Forms" section with tabs for "To Do", "In Progress", and "Done". The "To Do" tab is selected, and it shows "You do not currently have any items to do." Below the logo, there is a message: "Use the search bar, guided search, or directory to interact with government-related applications and content."

PAYMENTS

In order to submit payment of the licensing fee and upload the application packet, you need to navigate to the Mental Health Residential Licensing page. From the home screen, click on “Directory”.



In the directory, click on “OHA Mental Health Residential Licensing”.



In the Description section click “Open”.

The screenshot shows the Oregon Health Authority Directory page. At the top, there is a navigation bar with 'Search', 'Home', 'Directory', and 'Log In'. Below the navigation bar, the page title is 'Directory'. There are two tabs: 'Mental Health Residential Licensing' and 'Payment'. A dropdown menu is set to 'Sort by Most Viewed'. A search bar contains the text 'Search the directory...'. The main content area shows a card for 'OHA Mental Health Residential Licensing'. Under the 'Description' section, there is a blue 'Open' button with a red arrow pointing to it.

Facility Information

In the Facility Information screen:

- Enter facility name;
- Enter facility physical address;
- Enter facility city, state and ZIP; and
- Click “Next”.

The screenshot shows the 'Facility Information' form for 'OHA Mental Health Residential Licensing'. On the left, there is a sidebar with 'Facility Information' and 'Application Type' tabs, and a 'Submit' button. The main form area has the following fields: 'Facility Name *' (text input), 'Facility Address *' (text input), 'Address Line 1' (text input), 'Address Line 2' (text input), 'City' (text input), a state dropdown menu, and 'Zip' (text input). At the bottom, there are buttons for '< Previous', 'Save and Exit', and 'Next >'. Red arrows point to the Facility Name, Facility Address, Address Line 1, City, State dropdown, Zip, and Next > buttons.

Application Type

In the Application Type screen:

- Click on “Choose File” to select and upload your application packet;

OHA Mental Health Residential Licensing

Facility Information

Application Type

Submit Delete

Application Upload *

Choose File

Application Type *

Adult Foster Home

Community-Based Structured Housing

Resident Manager

Residential Treatment Home

Residential Treatment Facility

Secure Residential Treatment Facility

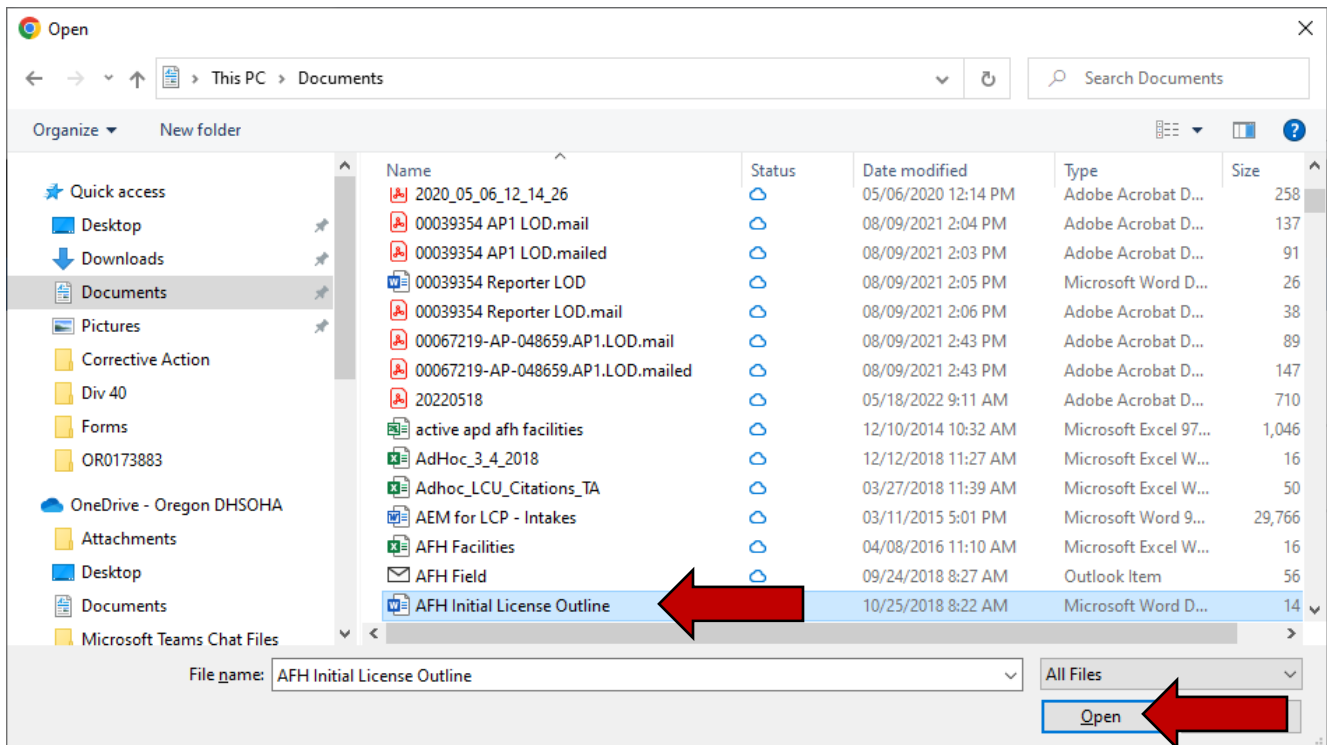
Payment Amount

\$0

Refund Policy: Refunds must be issued in an amount not greater than the original amount of the transaction. Refunds must be returned using the original method of payment. Cash refunds are prohibited. The agency will comply with PCI security standards related to chargebacks. Per OAR 801-010-0010(1), all application fees are non-refundable.

< Previous Save and Exit Submit

- Select the appropriate file;
- Click “Open”;



- Select the appropriate application type;
- If selecting “Adult Foster Home”, enter the number of beds (Maximum of 5);

OHA Mental Health Residential Licensing

Facility Information
 Application Type

Application Upload *

MH Form Template.docx

Application Type *

Adult Foster Home
 Community-Based Structured Housing
 Resident Manager
 Residential Treatment Home
 Residential Treatment Facility
 Secure Residential Treatment Facility

Payment Amount

\$0

Refund Policy: Refunds must be issued in an amount not greater than the original amount of the transaction. Refunds must be returned using the original method of payment. Cash refunds are prohibited. The agency will comply with PCI security standards related to chargebacks. Per OAR 801-010-0010(1), all application fees are non-refundable.

The payment amount due will automatically populate.

- Click on “Continue to Payment”;

OHA Mental Health Residential Licensing

Facility Information
 Application Type

Application Upload *

MH Form Template.docx

Application Type *

Adult Foster Home
 Community-Based Structured Housing
 Resident Manager
 Residential Treatment Home
 Residential Treatment Facility
 Secure Residential Treatment Facility

Payment Amount

\$60

Refund Policy: Refunds must be issued in an amount not greater than the original amount of the transaction. Refunds must be returned using the original method of payment. Cash refunds are prohibited. The agency will comply with PCI security standards related to chargebacks. Per OAR 801-010-0010(1), all application fees are non-refundable.

Customer Information

In the Customer Information screen:

- Verify the fee amount;
- Enter the first name on the credit or debit card; and
- Enter the last name on the credit or debit card; or
- Enter the company name on the credit or debit card;

The screenshot displays the Oregon Health Authority's Customer Information screen. At the top left is the logo, and at the top right are navigation links: Search, Home, Directory, and Log In. The main content area is divided into several sections:

- Item Table:** A table with columns for SKU, Description, Unit Price, Quantity, and Amount. It lists one item: "Secure Residential Treatment Fac" with a description of "OHA HSD Mental Health Residential Licensing Fee", a unit price of \$60.00, a quantity of 1, and an amount of \$60.00. A "Total" row shows a total amount of \$60.00.
- Payment Type:** A blue header section with the text "Credit/Debit Card".
- Customer Information:** A blue header section with a "Country" dropdown menu (set to "United States") and three input fields: "First Name", "Last Name", and "Company Name". A note says "Complete all required fields [*]".
- Summary:** A box on the right showing "OHA HSD Mental Health Residential Licensing Fee" for \$60.00 and a "TOTAL \$60.00".
- Instructions:** A box below the summary stating: "Customer Information to be entered is the Card Holder. For technical assistance call 1-855-255-4304".

Red arrows highlight the "TOTAL \$60.00" in the summary, and the "First Name", "Last Name", and "Company Name" input fields in the customer information section.

- Enter your address;
- Enter your city, state and ZIP;
- Enter your phone number;
- Enter your email address;
- Click “Next”;

The screenshot shows a registration form for the Oregon Health Authority. The form includes the following fields and elements:

- Address *:** Input field containing "234 Any Street".
- Address 2:** Empty input field.
- City *:** Input field containing "Any Town".
- State *:** Dropdown menu showing "OR - Oregon".
- ZIP/Postal Code *:** Input field containing "97301".
- Phone Number *:** Input field containing "503-555-1212".
- Email *:** Input field containing "connie.l.rush@oha.oregon.gov".
- Next >:** A blue button with a right-pointing arrow.
- Payment Information:** A blue header for a section containing a "Cancel" button.

On the right side of the form, there is a summary table and a note:

OHA HSD Mental Health Residential Licensing Fee	\$60.00
TOTAL	\$60.00

Customer Information to be entered is the Card Holder. For technical assistance call 1-855-255-4304

Red arrows in the image point to each of the input fields and the "Next" button, indicating the sequence of data entry.

Payment Information

In the Payment Information screen:

- Enter the credit or debit card number;
- Enter the expiration month and year on the credit or debit card;
- Enter the security code of the credit or debit card;
- Enter the name on the credit or debit card;
- Verify the payment address is the same as the customer address;
- Click “Next”;

Payment Information Complete all required fields [*]

Credit Card Number * 4111111111111111

Expiration Month * 01 - January

Expiration Year * 2026

Security Code * 123

Name on Credit Card * Marion Square

Payment Address is the same as Customer Information *

Next >

Cancel

OHA HSD Mental Health Residential Licensing Fee	\$60.00
TOTAL	\$60.00

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information. For technical assistance call 1-855-255-4304.

- Confirm the Customer Information and Payment Information is correct;
- Click “I’m not a robot”;

Oregon Health Authority Search Home Directory Log In

Customer Information Edit

Address
Marion Square
Marion's SRTF
234 Any Street
Any Town, OR 97301

Phone Number
503-555-1212

Country
United States


Email Address
connie.l.rush@oha.oregon.gov

Payment Information Edit

Credit Card
Visa ****1111
Exp. 01/2026

Name on Credit Card
Marion Square

Verification

I'm not a robot 

RECAPTCHA
Privacy - Terms

Cancel Submit Payment

OHA HSD Mental Health Residential Licensing Fee	\$60.00
TOTAL	\$60.00

Review the customer and payment information. You may click Edit in either section to make changes, if needed. When complete, select Submit Payment.

- Complete the CAPTCHA;
- Click “VERIFY”;

[Search](#) [Home](#) [Directory](#) [Log In](#)

Customer Information

Address
Marion Square
Marion's SRTF
234 Any Street
Any Town, OR 97301

Phone Number
503-555-1212

[Edit](#)

County
Un

Address
ush@oha.oregon.gov

[Edit](#)

Select all images with
bicycles

Verify

Credit Card
quare

[Edit](#)

Submit Payment

VERIFY

OHA HSD Mental Health Residential Licensing Fee	\$60.00
TOTAL	\$60.00

Review the customer and payment information. You may click Edit in either section to make changes, if needed. When complete, select Submit Payment.

- Click "Submit Payment";

Oregon Health Authority Search Home Directory Log In

Customer Information

Address
Marion Square
Marion's SRTF
234 Any Street
Any Town, OR 97301

Phone Number
503-555-1212

Country
United States

Email Address
connie.l.rush@oha.oregon.gov

Payment Information

Credit Card
Visa *****1111
Exp. 01/2026

Name on Credit Card
Marion Square

Verification

I'm not a robot

reCAPTCHA
Privacy - Terms

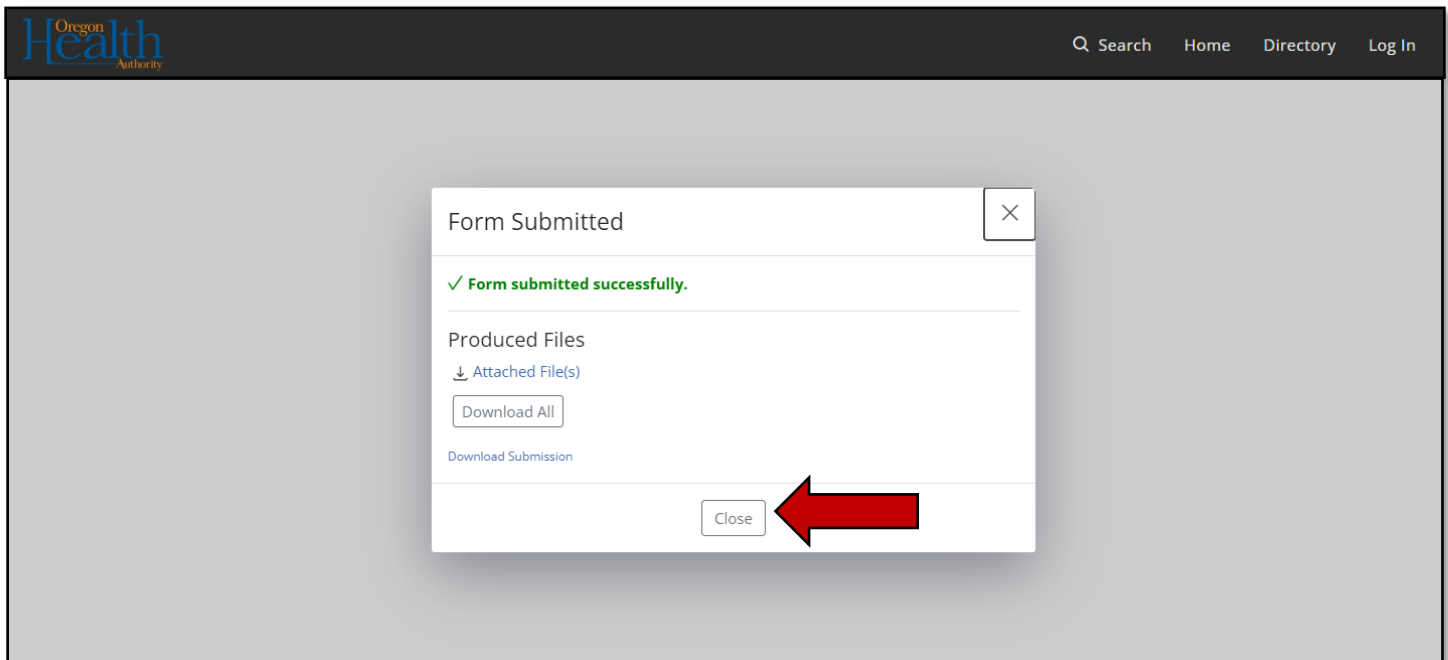
OHA HSD Mental Health Residential Licensing Fee	\$60.00
TOTAL	\$60.00

Review the customer and payment information. You may click Edit in either section to make changes, if needed. When complete, select Submit Payment.

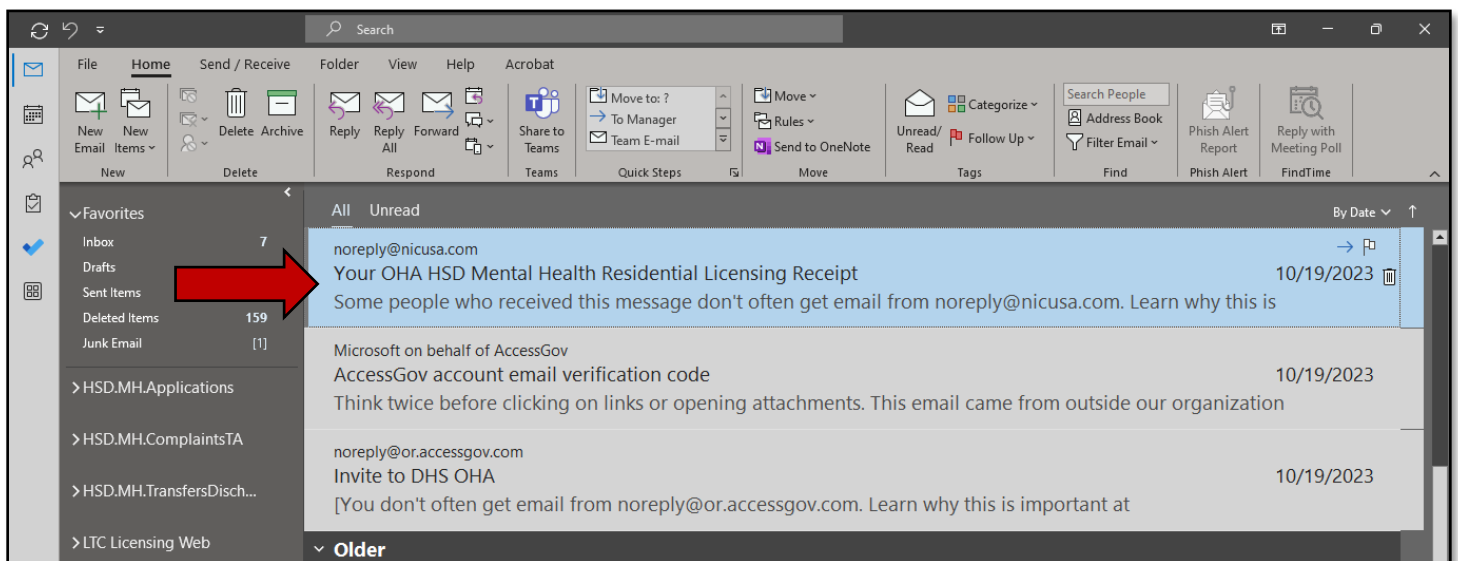
Cancel **Submit Payment**

Submission Successful

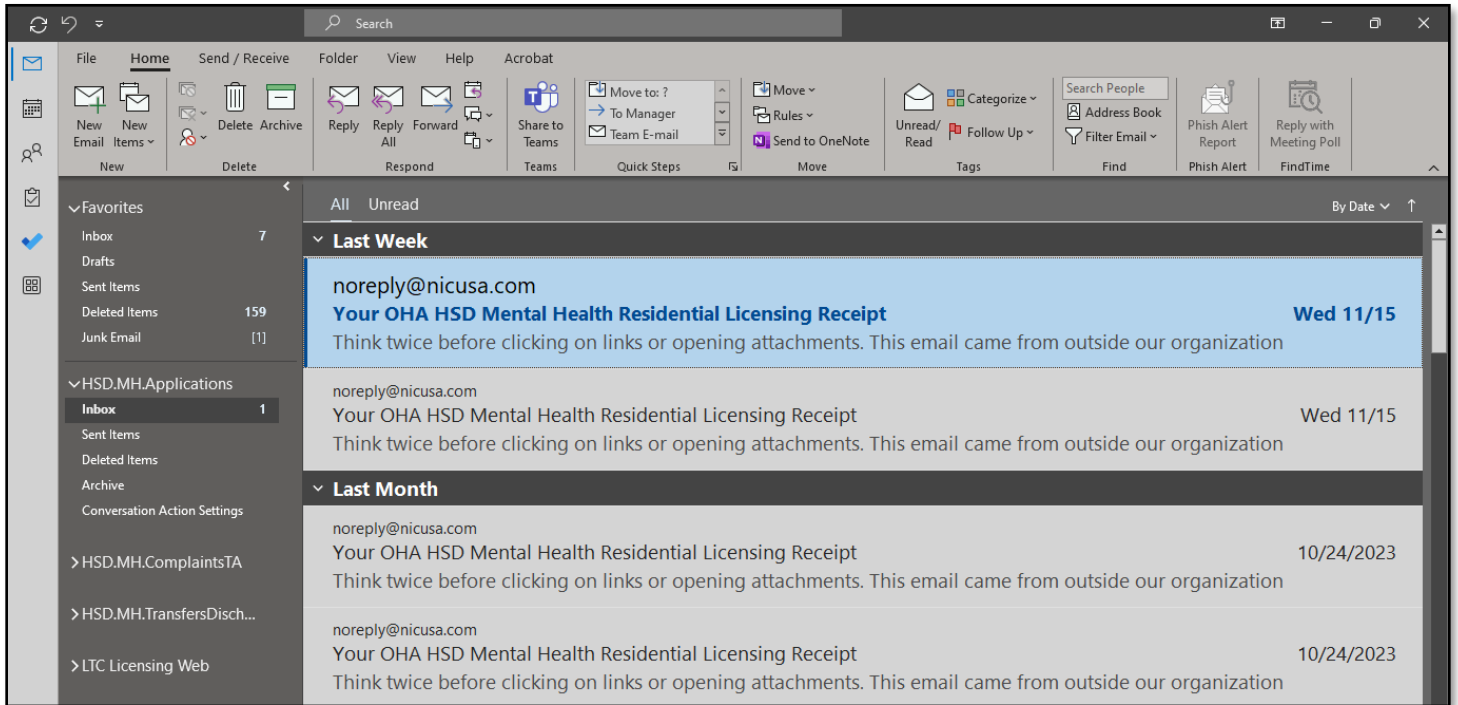
Upon completion, you will receive notification your application submission was successful.



You will receive an email containing the receipt of your payment from noreply@nicusa.com.



A copy of the receipt will also be sent to the HSD.MH.Applications email box. This email also provides us the notification an application has been submitted.




It is important to keep copies these emails for historical purposes. Additionally, the AccessGov system does not have any ability to re-create receipts, so these emails effectively become the backup receipts.

Your OHA HSD Mental Health Residential Licensing Receipt - Message (HTML)

File Message Help Acrobat Tell me what you want to do

Delete Archive Reply Reply All Forward Share to Teams Move to: ? To Manager Team E-mail Move Assign Policy Categorize Follow Up Immersive Translate Zoom Phish Alert Report Viva Insights Reply with Meeting Poll

Your OHA HSD Mental Health Residential Licensing Receipt

 noreply@nicusa.com
To

Reply Reply All Forward

Wed 11/15/2023 7:17 PM

If there are problems with how this message is displayed, click here to view it in a web browser.

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Payment Receipt Confirmation
Your payment was successfully processed. You may print this receipt page for your records by selecting Print. For technical assistance call 1-855-255-4304.

Transaction Summary

Description	Amount
OHA HSD Mental Health Residential Licensing	\$60.00
Total Amount Paid	\$60.00

Your payment was successfully processed. You may print this receipt page for your records by selecting Print.

Customer Information

Customer Name Marion Square
 Company Name Marion's SRTF
 Local Reference ID Secure Residential Treatment Facility
 Receipt Date 11/15/2023
 Receipt Time 07:16:29 PM PST

Payment Information

Payment Type Credit Card
 Credit Card Type VISA
 Credit Card Number *****1111
 Order ID 69129648
 Name on Credit Card Marion Square

Account Holder Information

Billing Address 234 Any Street
 Billing City, State Any Town, OR
 Billing Zip/Postal Code 97301
 Country US
 Phone Number 503-555-1212
 This receipt has been emailed to the address below.
 Email Address connie.l.rush@oha.oregon.gov

APPLICATIONS

Application packets must be uploaded to AccessGov in order for the provider to pay their application fee. Upon receiving an email of receipt for application fee payment, the assigned Compliance Specialist must proceed to the AccessGov website at <https://or.accessgov.com/dhshoha>.

Submission Successful

Upon completion