Arkansas Department of Human Services

Division of Medical Services

Office of Long Term Care

P.O. Box 8059, Slot S408 Little Rock, AR 72203-8059 501-682-8874 Fax 501-683-5306 TDD: 501-682-6789

MEMORANDUM

LTC-A-2011-02

TO: ☐ **Nursing Facilities;** ☐ **ICFs/MR 16 Bed & Over;** ☐ **HDCs;**
☐ **ICFs/MR Under 16 Beds;** ☒ **ALF Level I;** ☒ **ALF Level II;**
☒ **RCFs;** ☒ **Adult Day Cares;** ☒ **Adult Day Health Cares;**
☒ **Post-Acute Head Injury Facilities;** ☒ **Interested Parties;**
☒ **DHS County Offices**

FROM: **Carol Shockley, Director, Office of Long Term Care**

DATE: **January 4, 2011**

RE: **Advisory Memo - Licensure Renewal for 2011**

Each long-term care facility is required by State law to submit a yearly license renewal application. Enclosed is DMS-744 (Application for RCF, ADC/ADHC, Post-Acute Head Injury) or DMS-803 (Application for Assisted Living), IRS W-9 and Administrator Information Sheet (RCF and Assisted Living only). Additionally, the DMS-744 and the DMS-803 are available for download from the OLTC web site at:

http://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/forms/forms.aspx

*** Act 216 of 2009 made changes to/amended the requirements for sale and licensure of Long-Term Care Facilities.**

Applications must be postmarked **on or before March 1, 2011.** Any application completed and received from **March 2, 2011, to June 30, 2011**, will be assessed a **10% penalty.**

Applications not completed or not received on or before June 30, 2011, will be considered expired. To relicense as of July 1, 2011, the facility must have a current Permit of Approval and must meet current Life Safety Code Standards.

All "**operators"** must have a current criminal background check, both State and Federal. The operator is defined as **the person who signs the license application**.

"The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act."

The following attachments must be submitted with the completed and notarized renewal application:

1. A check or money order made payable to the Arkansas Department of Human Services in the amount equal to $5.00 per licensed bed/slot for RCFs; $5.00 multiplied by the number of clients that **can** be served in an ADC/ADHC; and $10.00 per licensed bed for Post Acute Head Injury Facilities and for Assisted Living I & II. Assisted Living I & II facilities **must also include** a check or money order in the amount of $250.00 as an application fee. The purpose of the check should be listed on the check. **Fees must accompany the licensure application**.
2. A copy of CRC1210 Determination Letter and 1230 Determination Letter if the Operator has already complied with the Criminal Records Check process.
3. If the criminal record check has not been completed on the Operator or is more than five (5) years old, an original completed Fingerprint Card on the Operator, completed DMS-736 Form, one (1) $25.00 check made payable to Arkansas State Police for the State Record check and one (1) $19.25 check made payable to Arkansas State Police for the National Background check must also be included. (This fee is for each person and should be increased if more than one record check is requested).
4. A completed W-9 Form
5. A completed Administrator Information Sheet (RCF and Assisted Living) with a copy of current Administrator's Certificate.

No photocopies, fax copies or hand-stamped signatures will be accepted. Only original documents and original signatures on the application or W-9 will be accepted.

Please return the original renewal application and attachments as instructed by **Certified Mail** to:

Department of Human Services
Division of Administrative Services
Long Term Care
PO Box 8181 Slot WG2
Little Rock, AR 72203-8181

If forwarding by Federal Express, send to:

DHS Cash Receipts
700 S. Main Street
Little Rock, AR 72201

If there are any questions, please contact Sherri Proffer-Feyen at (501) 682-8471.

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

CS/bcs