



Division of Medical Services
Office of Long Term Care

http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6198 · Fax: 501-682-8551



MEMORANDUM

LTC-A-2016-02

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

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

Handwritten signature of Carol Shockley

DATE: January 11, 2016

RE: Advisory Memo – Licensure Renewal for 2016

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, and 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://humanservices.arkansas.gov/dms/Pages/oltcForms.aspx

Applications must be postmarked no later than March 1, 2016. Any application completed and received from March 2, 2016 through June 30, 2016 will be assessed a 10% penalty.

Applications not completed or not received on or before June 30, 2016, will be considered expired. To relicense as of July 2016, 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 National. The operator is defined as the person who signs the license application.

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 **CRC 1210 Determination Letter** and **1250 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, one (1) \$25.00 check made payable to Arkansas State Police for the State Record check and one (1) \$14.75 check made payable to the Arkansas State Police for the National record 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. The required **Form W-9** is available for download at: <http://www.irs.gov>. Please use the Form W-9 that is available on the IRS website at the time of preparation of the license renewal application; otherwise, the renewal will be delayed while OLTC requests and awaits receipt of the correct Form W-9.
  5. A completed Administrator Information Sheet (RCF and Assisted Living)
  6. A copy of the current administrator's certificate (RCF and Assisted Living)

No photocopies, fax copies or hand-stamped signatures will be accepted. Only original copies 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  
Office of Finance and Administration  
Long Term Care-Slot WG2  
PO Box 8181  
Little Rock, AR 72203-8181

If forwarding by Federal Express, send to:

DHS-Cash Receipts  
112 West 8<sup>th</sup>  
Donaghey Plaza South  
Little Rock, AR 72201

If there are any questions, please call Michelle Goodrich at 501-320-6198 or via email at Michelle Goodrich@dhs.arkansas.gov.

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-320-6422 (voice) or 501-682-6789 (TDD).

CS/sp