

# Instructions for On-Line Entry of Nursing Facility Admissions

The on-line entry of Nursing Facility Admissions is the required way to report daily admissions to your facility.

To access the application, open the browser on your computer and enter the following address:

<https://dhs.arkansas.gov/daas/NursingHome/>

It is recommended that you save this address in your favorites for your browser so that you do not have to retype it each time.

Press the enter key to display the website home page.



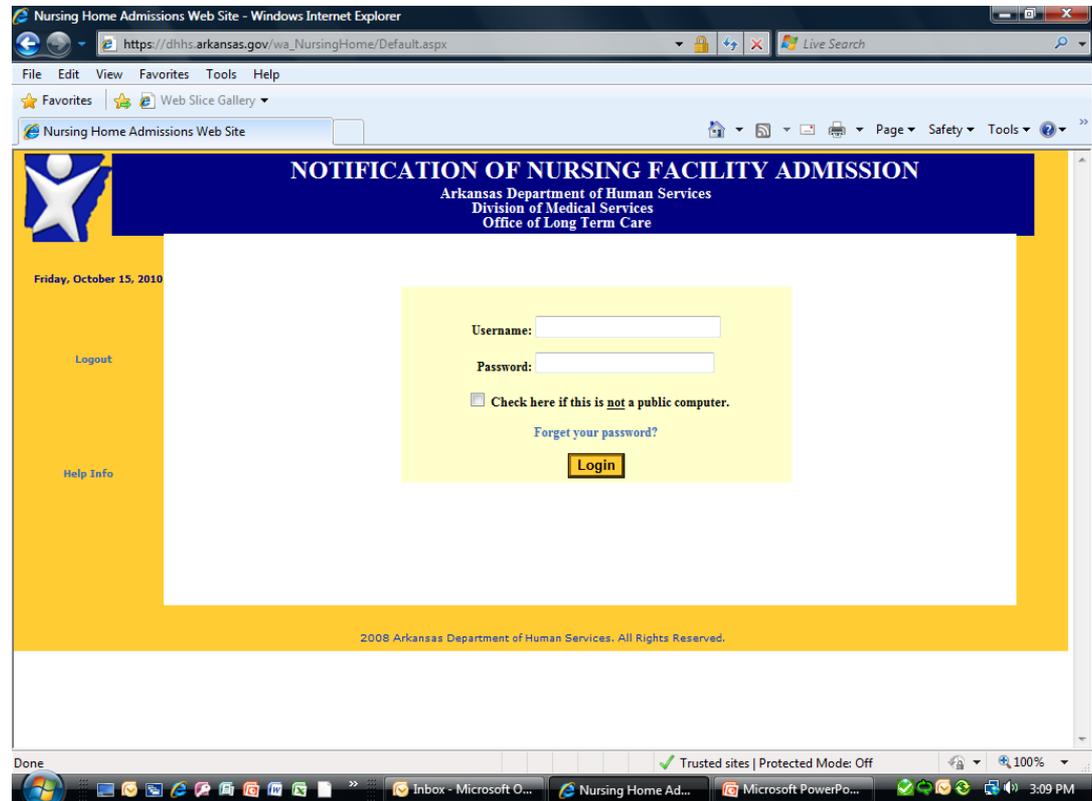
# SIGN IN SCREEN

User name:

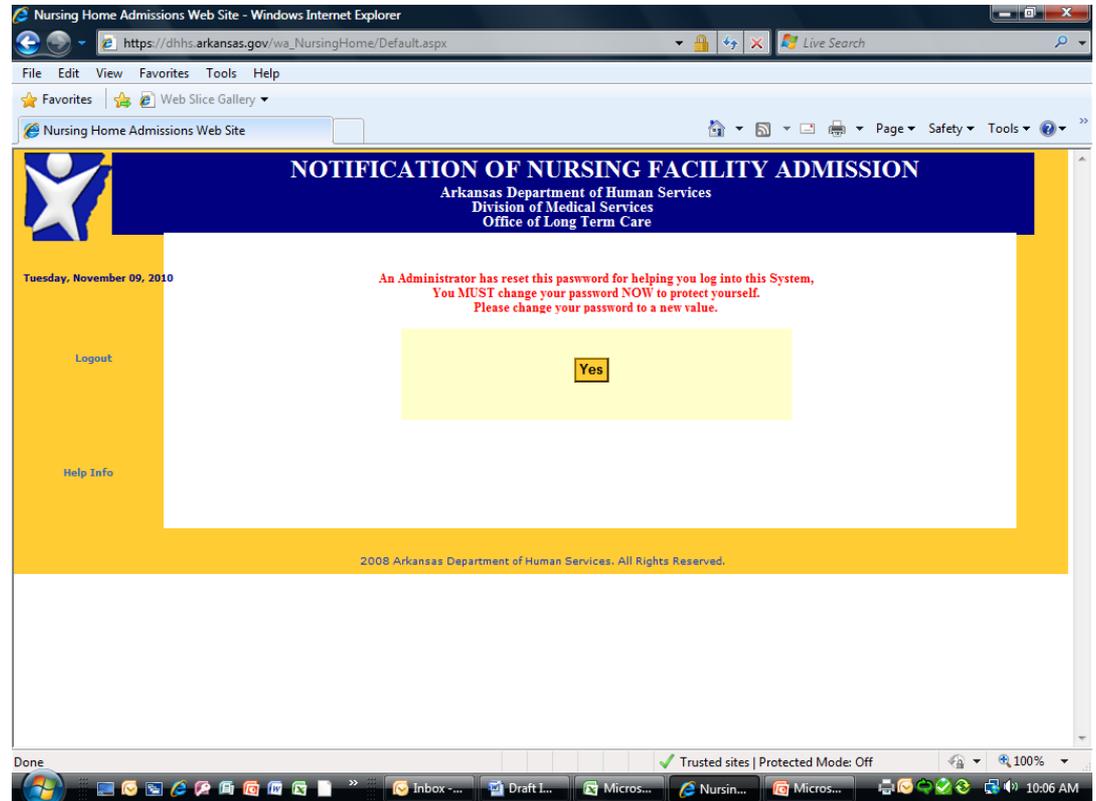
Your user name is your facility's four digit vendor code.

Password:

If you do not have a password, please contact Ramona at 501-320-6579. A default password will be set for you to access the site and establish your password.



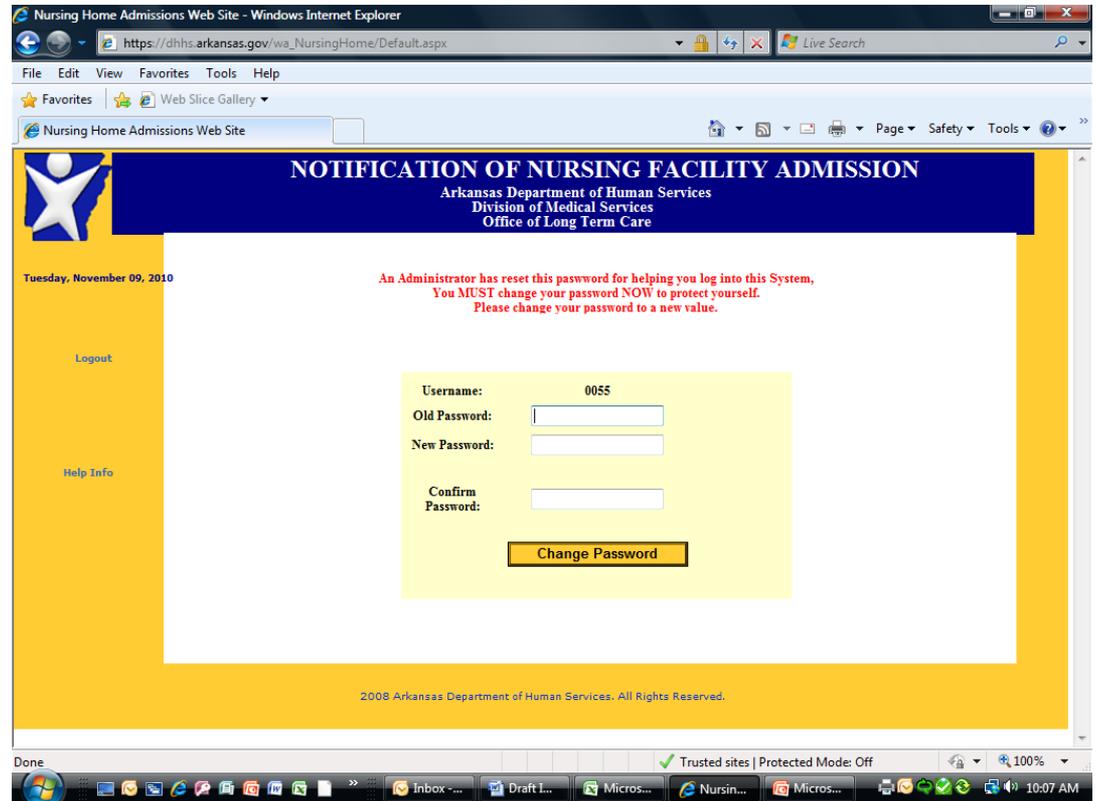
After you enter the user name and password and click Enter, you will be presented with this display. You must change your password so that the initial, generic password is no longer valid. Click on Yes.



Type the generic password in the field for Old Password.

For security purposes, a complex password is required which must be at least 8 characters in length and contain at least one upper case letter, one lower case letter, one number, and one character or punctuation mark.

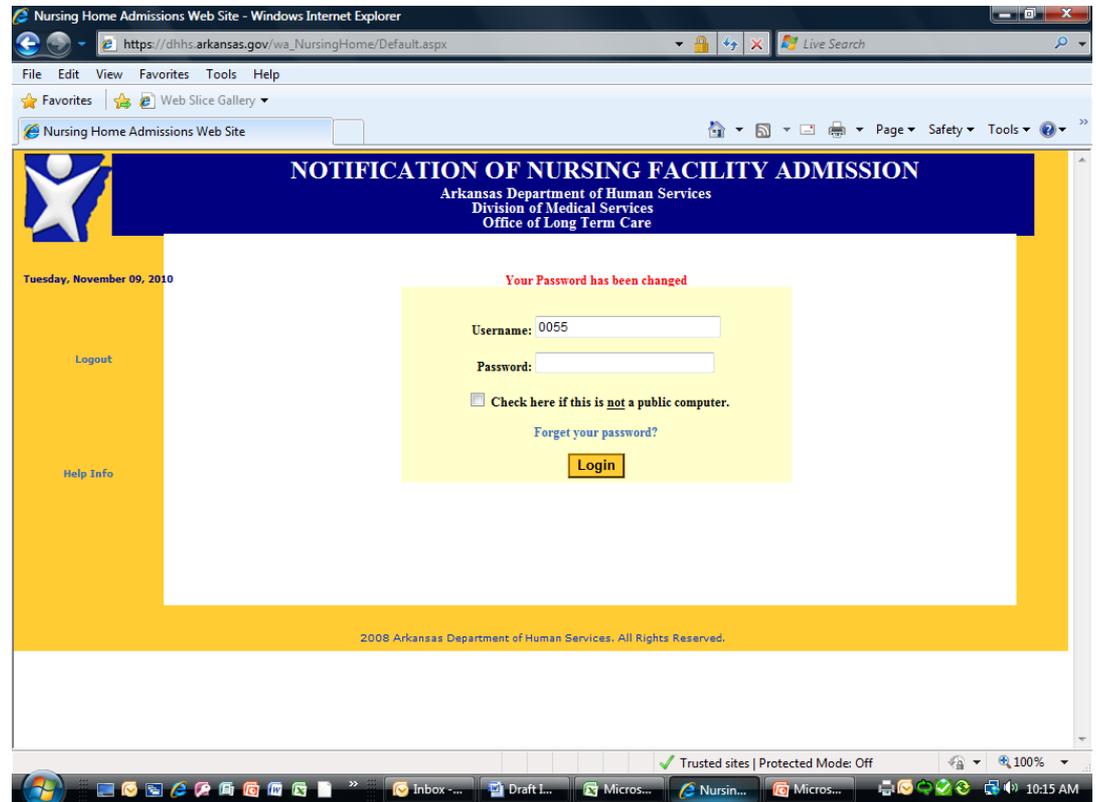
The new password must be entered twice to confirm. Click on Change Password.



Once you have clicked on Change Password, the system will determine if you have entered a properly formed password. If the password does not meet the criteria, you will see a display message to that affect. You must construct a new password. If the password is properly formed, you will receive a message that the password has been changed.

You must now log in with the new password. Enter your new password and click Login.

You will be locked out of the system if there are three incorrect attempts at password entry. Contact the administrator to unlock your account.



# Beginning Data Entry

For Notice of Admission, enter resident's data.

All fields are required.

For dates, you must use the slash (/) to separate the month, day, and year.

For telephone numbers, use the hyphen (-).

Include all relevant data for the resident's designated contact person.

The screenshot shows a web browser window displaying the 'NOTICE OF NURSING FACILITY ADMISSION' form. The browser's address bar shows the URL: [https://dhhs.arkansas.gov/wa\\_NursingHome/Center%20Office/Default.aspx](https://dhhs.arkansas.gov/wa_NursingHome/Center%20Office/Default.aspx). The page title is 'NOTICE OF ADMISSION'. The form header includes the Arkansas Department of Human Services logo and the text: 'NOTIFICATION OF NURSING FACILITY ADMISSION', 'Arkansas Department of Human Services', 'Division of Medical Services', and 'Office of Long Term Care'. The date 'Tuesday, October 26, 2010' is displayed. A sidebar on the left indicates 'You are an Administrator!' with a 'Logout' link and a 'Help Info' link. The main form area has a title 'NOTICE OF ADMISSION' and two radio buttons: 'Notice of Admission' (selected) and 'MDS Referral'. Below this, there is a field for 'Please Enter A State Vendor Number of Nursing Home' with a placeholder 'Ex: 0010 (4 Digits)'. The form is divided into sections: 'FACILITY' with fields for 'Name of Facility' and 'City'; 'Resident's Name' with fields for 'First', 'Middle', 'Last', and 'Date of Birth' (with example 'mm/dd/yyyy'); and 'Contact Person and Title' with fields for 'Contact Person's Telephone Number' (with example '501-555-6666'). The Windows taskbar at the bottom shows the system tray with the time '10:00 AM' and various icons.

The county field is automatically populated for you.

Do not use dashes when entering the social security number.

A referral date is required. This is the date when the new resident was referred to your facility.

If the resident does not have a Medicaid ID #, enter not applicable (na or NA); do not use a hyphen or slash between letters.

Notice Of Admission - Windows Internet Explorer  
https://dhhs.arkansas.gov/wa\_NursingHome/Nursing%20Home/NoticeOfAdmission.aspx

File Edit View Favorites Tools Help

Notice Of Admission

RESIDENT	Resident's County of Residence	Garland	Resident's SSN	Ex: 123456789 (9 Digits)
	Referral Date	Ex: mm/dd/yyyy	Medicaid ID (or N/A)	Ex: 1234567001 (10 Digits or NA)

**Type of Placement (Choose one)**

- Long Term NF (Permanent)
- Short Term NF (Convalescent not to exceed 6 months)
- NF Rehab (Also considered Short Term, but admission specifically related to Rehab)
- Hospice
- Other (Specify)

Date of Admission Ex: mm/dd/yyyy

**Payment Source**

Medicaid  Medicare  Private Pay/Third Party

**DECLINATION FOR LONG TERM CARE OPTIONS COUNSELING**

You are eligible to receive counseling on various options regarding long term care services. Your facility may be the most appropriate place to reside and to receive care. In other instances, you may find other programs that provide care in the home and in the community to be an alternative to nursing facility care. If you do not wish to receive counseling regarding these programs, please check the following box:

I DO NOT WISH TO RECEIVE LONG TERM CARE OPTIONS COUNSELING

**LTC Options Counseling Form:**

Read to Resident/Representative

Done Trusted sites | Protected Mode: Off 100% 3:16 PM

Indicate the type of placement by clicking on the appropriate category. If Other, provide additional information . For example: Respite Care

Enter the resident's admission date.

Indicate payment source; click all that apply.

NOTICE OF ADMISSION - Windows Internet Explorer  
https://dhhs.arkansas.gov/wa\_NursingHome/Center%20Office/Default.aspx

File Edit View Favorites Tools Help

NOTICE OF ADMISSION

Resident's County of Residence: (None)

Resident's SSN: Ex: 123456789 (9 Digits)

Referral Date: Ex: mm/dd/yyyy

Medicaid ID (or N/A): Ex: 1234567001 (10 Digits or NA)

Type of Placement (Choose one)

- Long Term NF (Permanent)
- Short Term NF (Convalescent not to exceed 6 months)
- NF Rehab (Also considered Short Term, but admission specifically related to Rehab)
- Hospice
- Other (Specify)

Date of Admission: Ex: mm/dd/yyyy

Payment Source

Medicaid  Medicare  Private Pay/Third Party

**DECLARATION FOR LONG TERM CARE OPTIONS COUNSELING**

You are eligible to receive counseling on various options regarding long term care services. Your facility may be the most appropriate place to reside and to receive care. In other instances, you may find other programs that provide care in the home and in the community to be an alternative to nursing facility care. If you do not wish to receive counseling regarding these programs, please check the following box:

I DO NOT WISH TO RECEIVE LONG TERM CARE OPTIONS COUNSELING

LTC Options Counseling Form:

If the resident or family is not interested in receiving information about long term care options, click the box stating “I DO NOT WISH TO RECEIVE LONG TERM CARE OPTIONS COUNSELING”. If there is interest, do not click.

Click on the appropriate area to indicate if the resident or designated representative has read this form.

Enter your name; the date and time of data entry will automatically be inserted for you.

NOTICE OF ADMISSION - Windows Internet Explorer

https://dhs.arkansas.gov/wa\_NursingHome/Center%20Office/Default.aspx

File Edit View Favorites Tools Help

NOTICE OF ADMISSION

Date of Admission  Ex: mm/dd/yyyy

Payment Source

Medicaid  Medicare  Private Pay/Third Party

**DECLINATION FOR LONG TERM CARE OPTIONS COUNSELING**

You are eligible to receive counseling on various options regarding long term care services. Your facility may be the most appropriate place to reside and to receive care. In other instances, you may find other programs that provide care in the home and in the community to be an alternative to nursing facility care. If you do not wish to receive counseling regarding these programs, please check the following box:

I DO NOT WISH TO RECEIVE LONG TERM CARE OPTIONS COUNSELING

**LTC Options Counseling Form:**

Read to Resident/Representative

Not Read to Resident/Representative because the resident lacks decisional capacity and does not have a representative.

Enter Your Name:  Ex: mm/dd/yyyy Ex: hh:mm:ss PM

Fax Date:  Time:

Distribution: Complete and submit a COPY of this form to the Office of Long Term Care no later than 5:00 p.m. of the next business day following the contact. Maintain the original of this form in the individual's file at the Long Term Care facility.

DHS-9571 (4-1-08)

Remember to click on the appropriate boxes if Resident's Representative and Facility Representative have signed a copy of this form.

NOTICE OF ADMISSION - Windows Internet Explorer  
https://dohs.arkansas.gov/wa\_NursingHome/Center%20Office/Default.aspx

File Edit View Favorites Tools Help

NOTICE OF ADMISSION

I DO NOT WISH TO RECEIVE LONG TERM CARE OPTIONS COUNSELING

**LTC Options Counseling Form:**

Read to Resident/Representative

Not Read to Resident/Representative because the resident lacks decisional capacity and does not have a representative.

Enter Your Name:  Ex: mm/dd/yyyy Fax Date:  Time:  Ex: hh:mm:ss PM

Distribution: Complete and submit a COPY of this form to the Office of Long Term Care no later than 5:00 p.m. of the next business day following the contact. Maintain the original of this form in the individual's file at the Long Term Care facility.

DHS-9571 (4-1-08)

**Comments:**

Did Representative Sign?  Did Facility Sign?

InComplete Form?  Transmit to O LTC via Fax Late?  The right of option counseling notified or offered?

**Confirm Notice Admission**

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Done Trusted sites | Protected Mode: Off 100% 11:00 AM

# What if something is wrong?

When you have completed the data entry, click on **Confirm Notice Admission**

If there are errors in the data entry or all fields are not filled, you will see indicators of the incorrect or missing information at the bottom of the form, as well as beside the field which must be corrected.

When all data is correct, click on **Confirm Notice Admission**

The screenshot shows a web browser window titled "NOTICE OF ADMISSION - Windows Internet Explorer". The address bar displays the URL: [https://dhs.arkansas.gov/wa\\_NursingHome/Center%20Office/Default.aspx](https://dhs.arkansas.gov/wa_NursingHome/Center%20Office/Default.aspx). The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page content is titled "NOTICE OF ADMISSION" and features a yellow border. At the top, there is a radio button option: "Not Read to Resident/Representative because the resident lacks decisional capacity and does not have a representative. (required)". Below this, there are input fields for "Enter Your Name:" (with a red "(required)" label), "Fax Date:" (with a red "(required)" label), and "Time:" (with a red "(required)" label). Examples for the date and time are provided: "Ex: mm/dd/yyyy" and "Ex: hh:mm:ss PM". A distribution instruction states: "Distribution: Complete and submit a COPY of this form to the Office of Long Term Care no later than 5:00 p.m. of the next business day following the contact. Maintain the original of this form in the individual's file at the Long Term Care facility." The form number "DHS-9571 (4-1-08)" is listed. A "Comments:" section contains four checkboxes: "Did Representative Sign?", "Did Facility Sign?", "InComplete Form?" (checked), and "Transmit to OLTC via Fax Late?". A fifth checkbox, "The right of option counseling notified or offered?", is also present. A red error message is displayed at the bottom right of the form: "Date of Admission Required", "LTC Options Counseling Form read Required", "Signature Required", "Fax Date Required", and "Fax Time Required". A "Confirm Notice Admission" button is located at the bottom center of the form. The footer of the page reads "2008 Arkansas Department of Human Services. All Rights Reserved." The browser's status bar at the bottom shows "Trusted sites | Protected Mode: Off" and a zoom level of "100%". The taskbar at the very bottom displays various application icons and the system clock showing "10:04 AM".

## Second Screen

Once all data is correct and you have clicked on **Confirm Notice Admission**, you will see a second screen which is identical to the first with the exception that there are two buttons at the bottom of the screen: **Back to Change** and **Submit+Print**.

Clicking on **Back to Change** provides you with the opportunity to review the information before submission.

Clicking on **Submit +Print** will send the information to the data base.

The screenshot shows a Windows Internet Explorer browser window displaying a form titled "DECLARATION FOR LONG TERM CARE OPTIONS COUNSELING". The form is part of a web application from the Arkansas Department of Human Services, as indicated by the URL: [https://dhhs.arkansas.gov/wa\\_NursingHome/Center%20Office/ConfirmNotices.aspx](https://dhhs.arkansas.gov/wa_NursingHome/Center%20Office/ConfirmNotices.aspx). The form contains the following fields and options:

- Date of Admission:** 10/15/2010
- Payment Source:**  Medicaid  Medicare  Private Pay/Third Party
- DECLARATION FOR LONG TERM CARE OPTIONS COUNSELING:** A section with a heading and a paragraph of text explaining the purpose of the form. Below the text is a checkbox:  I DO NOT WISH TO RECEIVE LONG TERM CARE OPTIONS COUNSELING.
- LTC Options Counseling Form:** A section with two radio button options:  Read to Resident/Representative and  Not Read to Resident/Representative because the resident lacks decisional capacity and does not have a representative.
- Signature and Date:** Two lines for "Signature of Resident and/or Representative" and "Date".
- Distribution:** A paragraph of text: "Distribution: Complete and submit a COPY of this form to the Office of Long Term Care no later than 5:00 p.m. of the next business day following the contact. Maintain the original of this form in the individual's file at the Long Term Care facility."
- DHS-9571 (4-1-08):** A reference number.
- Comments:** A section with three checkboxes:  Did Representative Sign?,  Did Facility Sign?, and  InCompleted Form?; and two more checkboxes:  Transmit to OLTC via Fax Late? and  The right of option counseling notified or offered?.
- Buttons:** Two buttons at the bottom: "Back to Change" and "Submit + Print".

The browser's status bar at the bottom shows "Done", "Trusted sites | Protected Mode: Off", and "100%". The taskbar at the very bottom shows several open applications, including "Drafts - ...", "RE: Tha...", "Untitle...", "Micros...", and "Docum...".

# Print a Copy

It will also bring up a “Print” box so that you can print a copy of the form for your file. Click on **Print** to send the form to your printer or **Cancel** if you do not need a copy of the form.

The screenshot shows a web browser window displaying a 'FACILITY ADMISSION' form. A 'Print' dialog box is open in the foreground, allowing the user to select a printer and print settings. The form in the background contains the following information:

<b>FACILITY ADMISSION</b>			
services			
Date of Birth	12/12/1912		
Contact Person's Telephone Number	501-555-6666		
Contact Person's Home Address	1212 South Main Street Anytown, AR 70000		
Residence's County of Residence	Pulaski	Residence's SSN	xxx-xx-6789
Referral Date	11/11/2010	Medicaid ID (or N/A)	
<b>Type of Placement</b>			
<input type="radio"/> Long Term NF (Permanent)			

The 'Print' dialog box shows the following settings:

- Select Printer: DLSLRC0203 on printp1 (Microsoft XP)
- Status: Ready
- Location: DPS 9th Floor, Cubicle 5381
- Comment: 10.140.72.45
- Page Range: All
- Number of copies: 1
- Collate:

Close this screen.

The screenshot shows a Windows Internet Explorer browser window displaying a form titled "NOTIFICATION OF NURSING FACILITY ADMISSION" from the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care. The form is divided into two main sections: "FACILITY" and "RESIDENT".

**NOTIFICATION OF NURSING FACILITY ADMISSION**  
Arkansas Department of Human Services  
Division of Medical Services  
Office of Long Term Care

Notice of Admission

FACILITY	
Name of Facility	Sample Nursing Facility
	1111 Main Street
City	Anytown, AR.70000

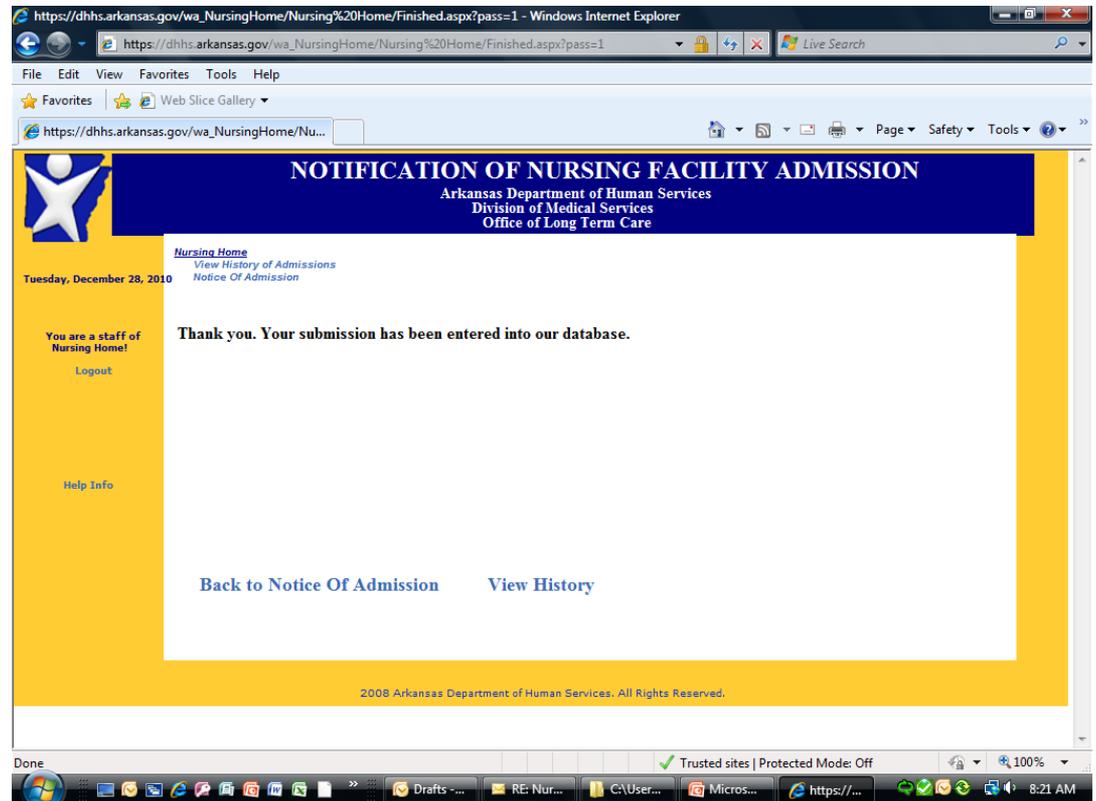
RESIDENT			
Name of Resident	John Smith	Date of Birth	12/12/1912
Contact Person and Title	John Smith, Jr. Son	Contact Person's Telephone Number	501-555-6666
Contact Person's Home Address	1212 South Main Street Anytown, AR 70000		
Residence's County of Residence	Pulaski	Residence's SSN	xxx-xx-6789
Referral Date	11/11/2010	Medicaid ID (or N/A)	
<b>Type of Placement</b>			
<input type="radio"/> Long Term NF (Permanent)			

The browser window shows the URL "https://dhhs.arkansas.gov/ - Notice Of Admission - Windows Internet Explorer". The taskbar at the bottom displays the system tray with the time "8:01 AM" and various icons. A sidebar on the left contains a logo and the text "Tuesday, December 14, 2011" and "You are Administrator Logout". A sidebar on the right contains a search bar and a list of "Office E..." items.

## The Next Step

If you have additional admissions to submit, click on **Back to Notice of Admission**. You will be returned to the first screen for data entry.

If you want to check that the information entered is in the data base, click **View History**.



# View History

This will provide you with a listing of all individuals at your facility whose data has been submitted to the website.

If an admissions record is not found, it did not reach the data base and you will need to reenter the information.

When you have completed your data entry or review of history, click **Logout**.

View History of Admissions - Windows Internet Explorer

https://dhhs.arkansas.gov/wa\_NursingHome/Nursing%20Home/ViewHistory.aspx

File Edit View Favorites Tools Help

View History of Admissions

## NOTIFICATION OF NURSING FACILITY ADMISSION

Arkansas Department of Human Services  
Division of Medical Services  
Office of Long Term Care

[Nursing Home](#)  
[View History of Admissions](#)  
[Notice Of Admission](#)

Tuesday, December 28, 2010

You are a staff of Nursing Home!  
[Logout](#)

Help Info

### View History of Admissions

You May want to entry Notice of Admission, Pease Click [Notice Of Admission](#).  
Or Enter a time period of history about your Nurising Home Admissions.

Please Enter the Time Range: From:  To:

Ex: mm/dd/yyyy Ex: mm/dd/yyyy

[Refresh Your History](#)

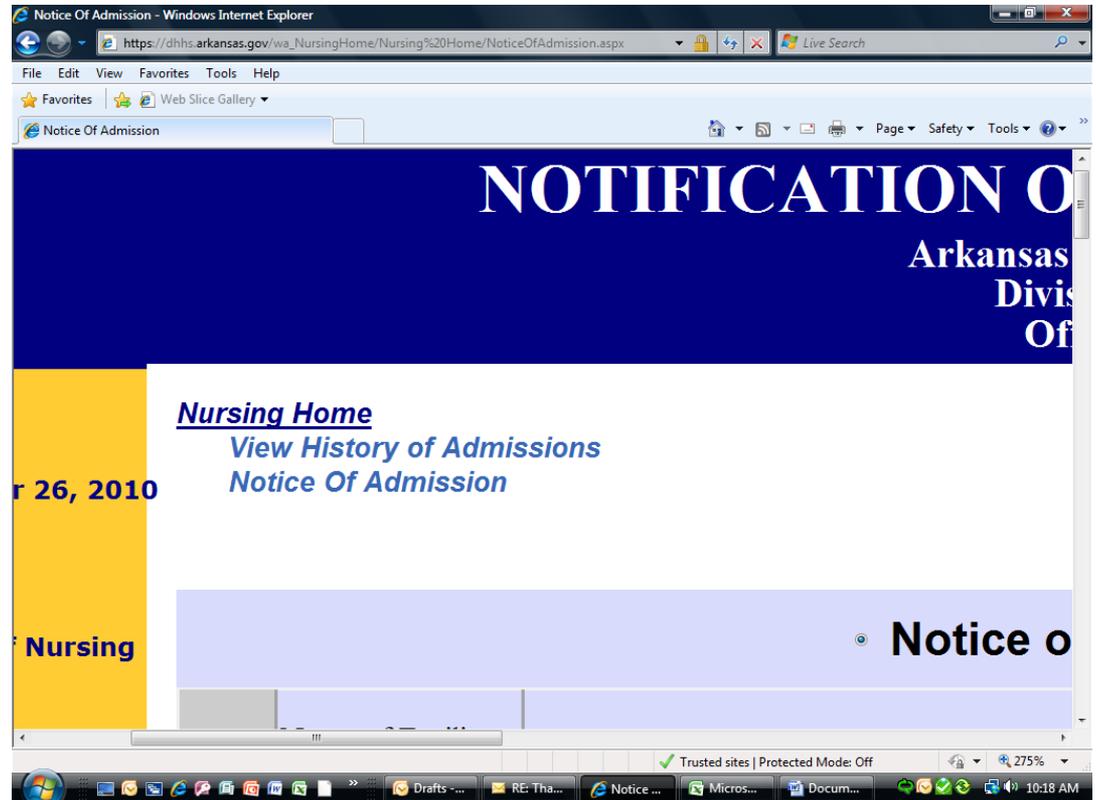
AdmissionDate	First Name	LastName	SSN	ContactPerson	DataEntryBy	EntryDate
11/11/2010	John	Smith	xxxxxx6789	John Smith Jr. - Son	Ramona Sangalli	12/28/2010
11/11/2010	John	Smith	xxxxxx6789	John Smith, Jr. Son	Ramona Sangalli	12/28/2010

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Trusted sites | Protected Mode: Off | 100% | 8:26 AM

# FYI

At any time, you may view also view the history of your facility's admissions by clicking on **View History of Admissions** at the top, left of the first screen.



# For Questions, Problems, Password Reset, and Other Website Issues

Ramona Sangalli

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