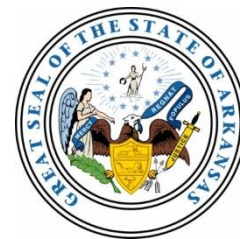




**Division of Provider Services & Quality Assurance**  
 Community Services Licensure and Certification  
<https://humanservices.arkansas.gov/about-dhs/dpsqa>



PO Box 8059, Slot S408, Little Rock, AR 72203-8059  
 501-320-6283 · Fax: 501-682-8551

**MEMORANDUM**

CSLC-A-2019-01

**TO:**  **ADDT**;  **Adult Day Care**;  **Adult Day Health Care**;  **ALF Level I**;  
 **ALF Level II**;  **AR Choices Waiver**;  **CES Waiver**;  **EIDT**;  **ILP**;  
 **Non-Medicaid Substance Abuse**;  **Outpatient Behavioral Health Services**;  
 **Post-Acute Head Injury**;  **RCF**;  **DHS County Offices**;  
 **Interested Parties**;

**FROM:** **Sherri Proffer, RN, Assistant Director,**  
**Division of Provider Services and Quality Assurance;**  
**Office of Community Services Licensure and Certification**

**DATE:** **January 11, 2019**

**RE:** **Advisory Memo – Licensure Renewal for FY2020**

Each provider type listed above and licensed by the Division of Provider Services and Quality Assurance is required to submit a yearly license renewal application.

Applications must be postmarked **no later than March 1, 2019. See item #1 below for those providers with application and licensure fees.** Any application completed and received from March 2, 2019 through June 30, 2019 will be assessed a **10% penalty.**

**Applications not completed or not received on or before June 30, 2019, will be considered expired. To relicense as of July 2019, the facility must have a current Permit of Approval (ALFs, PAHI, RCFs) and must meet current Life Safety Code standards.**

All operators must have a current criminal background check, both National and State in accordance with Arkansas Ann. Code 20-38-101 within the past five (5) years with no disqualifying convictions. The operator is defined as the person who signs the license application.

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

- **Adult Developmental Day Treatment Application (ADDT)**
- **Form DMS - 744 Adult Day Care and Adult Day Health Care**
- **Form DMS - 803 Assisted Living Level I and Assisted Living Level II**
- **Form AAS - 9582 ARChoices**
- **Community and Employment Supports Waiver Application (CES)**
- **Early Intervention Day Treatment Application (EIDT)**

- **Non-Medicaid Substance Abuse Application**
- **Form – 100 Outpatient Behavioral Health Services**
- **Form DMS – 744 Post-Acute Head Injury (PAHI)**
- **Form DMS – 744 Residential Care Facilities (RCF)**
- **Form DHS – 500 Independently Licensed Practitioners (ILP)**

1. A check or money order made payable to the Arkansas Department of Human Services in the amount equal to:
  - a. \$5.00 per licensed bed/slot for RCFs;
  - b. \$5.00 multiplied by the number of clients that can be served in an ADC/ADHC;
  - c. \$10.00 per licensed bed for Post-Acute Head Injury facilities and for Assisted Living I & II.
  - d. Assisted Living I & II facilities must also include a check or money order in the amount of \$250.00 as an application fee.
  - e. Substance Abuse must include a check or money order in the amount of \$75.00 as an application fee.
  - f. EIDTs include the following licensure fees serving up to:
    - i. 17 children - \$15/year;
    - ii. 17-99 children - \$50/year;
    - iii. 100+ children - \$100.00/year
  - g. 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, please go to the following website for information sent November 19, 2018.  
<https://humanservices.arkansas.gov/about-dhs/dpsqa/training-education>
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 and W-9 will be accepted.

Please **do not** send your policies and procedures, employee certifications, etc., those items were reviewed during the initial licensure process.

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

Attn: Dee Briscoe  
 Department of Human Services  
 Division of Provider Services and Quality Assurance  
 PO Box 8059, Slot S408  
 Little Rock, AR 72203

If forwarding by Federal Express, send to:

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

If there are any questions, please call Dee Briscoe at 501-320-6110, or via email at [dana.briscoe@dhs.arkansas.gov](mailto:dana.briscoe@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).

CC/sp