



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
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MEMORANDUM

LTC-A-2016-08

TO: [] Nursing Facilities; [] ICFs/MR 16 Bed & Over; [] HDCs;
[] ICFs/MR Under 16 Beds; [x] ALF I; [x] ALF II; [x] RCFs;
[x] Adult Day Cares; [x] Adult Day Health Cares; [x] Post-Acute Head Injury Facility; [x] Interested Parties; [x] DHS County Offices
FROM: Carol Shockley, Director, Office of Long Term Care
DATE: December 5, 2016
RE: Advisory Memo – Licensure Renewal for 2017

Each long-term care facility and adult day care and adult day health care facility is required by State law to submit a yearly license renewal application. Enclosed is DMS-744 (Application for RCF, ADC/ADHC and PAHI) or DMS-803 (Application for Assisted Living), IRS W-9, FD-258 (Finger Print Card), DMS-736 (Request for Criminal Record Check) and Licensure checklist. Additionally, the DMS-744 and the DMS-803 are available for download from the OLTC web site at:

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

Applications must be postmarked on or before March 1, 2017. Any application completed and received from March 2, 2017, to June 30, 2017, will be assessed a 10% penalty.

Applications not completed or not received on or before June 30, 2017, will be considered expired. To relicense as of July 1, 2017, 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 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, and ADCs/ADHCs; \$10.00 per licensed bed

for a Post Acute Head Injury Facility and for Assisted Living Level I and II. Assisted Living I & II facilities **shall 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 the CRC 1210 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) \$13.00 check made payable to Arkansas State police for the Federal record check must also be included. (This fee is for each person and should be increased if more than one record is requested).
4. A completed W-9 Form
5. A completed Administrator Information Sheet (RCF and ALF) with a copy of the current Administrator Certificate.

No photographs, 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
112 West 8th Street
Little Rock, AR 72201

If there are any questions, please contact Sherri Proffer at (501) 320-6192 or by email at: sherri.proffer@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) 682-8307 (voice) or (501) 682-6789 (TDD).

CS/sp