

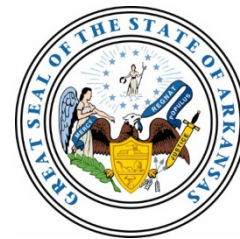


**Division of Provider Services  
and Quality Assurance**

**Office of Long Term Care**

<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S409, Little Rock, AR 72203-8059  
501-320-6194 · Fax: 501-682-1197



**MEMORANDUM**

**LTC-A-2019-01**

**TO:**            Nursing Facilities;  ICFs/MR 16 Bed & Over;  HDCs;  
 ICFs/MR Under 16 Beds;  Interested Parties;  
 DHS County Offices

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

A handwritten signature in cursive script that reads "Carol Shockley".

**DATE:**       January 14, 2019

**RE:**           Advisory Memorandum - Nursing Facility Licensure Renewal for 2019

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Each long term care nursing facility is required by State law to submit a yearly license renewal application to the Office of Long Term Care in accordance with Act 1238 of 1993 (Ark. Code Ann. 20-§ 20-10-224). The DMS-726 (R. 1/13) Application for License to Conduct a Long Term Care Facility, the instructions for completion, the checklist, and the Director of Nurses form are available for download at <https://humanservices.arkansas.gov/about-dhs/dpsqa/forms>.

Once on the website, scroll down to DMS-726, then click on Nursing Homes. 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.

A **10 percent (10%) penalty** on the amount due will be assessed for each nursing facility if the renewal application is **not delivered before March 1, 2019 or if mailed, is not postmarked on or before March 1, 2019**. The fee submission is \$10.00 per licensed bed.

**A check made payable to Arkansas Department of Human Services** must be attached to each application. The **facility name** and **city** must be included on the check. **Note: The check will be returned if not made payable to Arkansas Department of Human Services.**

**NOTE:** Due to the DocuShare Scanning Program, please do not submit two-sided pages or legal-sized pages for the DMS-726 Form or other attachments. Thank you for your assistance with this request.

## **CRIMINAL RECORD CHECK**

As stated in the instructions and the Rules and Regulations for Conducting Criminal Record Checks for Employees of Long Term Care Facilities effective October 1, 1997 (and as revised), **all operators** (the person signing this renewal application) **must fulfill the requirements as set forth in Section 202 (1) and Section 400 respectively.**

If you are signing the license application as Operator, Administrator or Owner of the facility, you must complete the State criminal record check process and the National Criminal Background Check process. If the National Criminal Background Check (CRC) process has not been completed on the Operator, Administrator or Owner of the facility, or is more than five (5) years old, you must resubmit both CRC processes. If you have completed **only** the State CRC process, you must resubmit another State CRC and complete the National Criminal Background Check process. Effective January 1, 2019, all state criminal background checks must be performed online. All national criminal background checks must be submitted to the Division of Provider Services and Quality Assurance (DPSQA) for processing and referral to the Arkansas State Police. On November 19, 2018, a memo was mailed to all facilities titled – Regulatory Memo – Changes to Criminal Record Checks. Please refer to this memo outlining the current procedures for the submission of Criminal Record Checks.

All documents submitted for Licensure must have the legal entity name and the doing business as name as filed with the Arkansas Secretary of State consistent throughout the paperwork. If the legal or doing business as name has an “and” or an “&” in either name this should be consistent throughout. “Please do not use abbreviations when completing the paperwork; abbreviations are permissible in the legal entity name or the doing business name **IF** the abbreviations are actually part of the name.”

The completed, notarized license renewal application, including all attachments and a separate fee submission for each application must be sent by the following procedures:

***(Postmarked on or before March 1, 2019 for each situation)***

If mailed, 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 sent Federal Express, send to:

DHS-CASH RECEIPTS-SLOT WG2  
112 WEST 8<sup>th</sup>  
DONAGHEY PLAZA SOUTH  
LITTLE ROCK, AR 72201

If HAND DELIVERED by March 1: You must come to 700 Main in Little Rock to the Donaghey Plaza South Building, show identification, and surrender your driver’s license to obtain a visitor’s pass.

Facilities operated by the State must send the completed, notarized application and attachments to:

Office of Long Term Care - Slot S404  
Nursing Facility Licensure Section  
P. O. Box 8059  
Little Rock, AR 72203-8059

If you have questions or need the required forms faxed to you, please contact Kenneth Hanft at (501) 320-6194.

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:klh