Provider Update from the Division of Provider Services and Quality Assurance

Training for Online Submission of Incidents and Accidents (ELS)
Division of Provider Services & Quality Assurance
DPSQA is comprised of 3 units who work together in investigating maltreatment:

**Office of Long-Term Care** – They license and inspect nursing facilities, intermediate care facilities, and psychiatric residential treatment facilities; license nursing facility administrations; investigate complaints against long-term care facilities and their employees; and determine medical eligibility for Medicaid for long-term care facility placement and waiver services.

**Office of Community Services** – They license, certify, and regulate home- and community- based programs, ARChoices waiver, and alcohol and other drug abuse treatment providers and review concerns, complaints, and allegations of substandard quality of care as it relates to facility practices.

**Office of Performance and Engagement** – One of our first points of contact for allegations of maltreatment. They receive calls and emails through various sources and send them to the appropriate unit for investigations.
The link to log into the Provider Portal of the Enterprise Licensing System (ELS) is:


We recommend using Google Chrome or Microsoft Edge to access all of the system’s capabilities.
Everyone who will be submitting Incident and Accident reports on behalf of the facility will need to create an account. For example, the Administrator, Director of Nursing, the Charge Nurse, or the office staff in some cases may be responsible for reporting.

Because there are strict timelines based on discovery of and the type of incident, facilities may want to have more than one individual be able to submit I&A reports.
Login

Welcome back! Please sign into your account.

*Username

*Password

I'm not a robot

Click here

Forgot your Password? Click here

Register here
Enterprise Licensing System (ELS)

User Registration

Are you an Owner or acting on the behalf of an Owner?

Yes  No

Already a User? Click here
The person registering is not required to submit their personal SSN. The system will accept four numbers in order to proceed.
Once you complete your registration for the Enterprise Licensing System (ELS) database, send DPSQA the following information to connect your facility to your specific log in:

- Email address used to create account
- Legal Name of each facility
- License/Certification numbers for each facility
- Your official title (Administrator, Director of Nursing, Owner, CEO, etc.)
- Your phone number
WHY IS THIS IMPORTANT?

You will not be able to connect your login to your facility. Only DPSQA can connect you to your facility to help ensure the integrity of the information for each facility. Once DPSQA connects a person to the facility, they will be able to see all of the facility’s information. Therefore, it is important the facility determines who should and should not have access to the facility’s information. DPSQA is not responsible for who has access on behalf of the facility.
Please email this information to:

HCBS Providers:
DPSQA.ProviderApplications@dhs.arkansas.gov

OLTC Providers:
OLTC.LicensureCertification@dhs.arkansas.gov
Welcome,

**DPSQA Test Provider**

Please choose one of the Agency Types to get started.

---

**Child Care Licensing**

The Licensing Unit is responsible for the enforcement of the Child Care Licensing Act for registered childcare family homes, licensed homes, and licensed childcare centers in Arkansas.

**Placement and Residential Licensing**


**Home & Community Based Services Licensing**

Home and Community Based Services licenses, certifies, and regulates assisted living facilities, home and community based programs, day treatment programs, and alcohol and drug abuse treatment providers. This unit also reviews concerns, complaints, and allegations of substandard care as it relates to facility practices.

**Long Term Care Licensing**

Office of Long-term Care licenses, surveys, and regulates long term care facilities, such as skilled nursing facilities. This unit also investigates all nursing home complaints.

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Welcome,

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Welcome,

DPSQA Test Provider

You can apply for new applications here and use your dashboard to edit and track the status of previously created applications.

Resources

- Manage Applications
  - Get Started →
- Manage Facilities
  - Get Started →
- Online Payments
  - Get Started →
- Incidents and Accidents
  - Get Started →
## List of Facilities

<table>
<thead>
<tr>
<th>Facility No.</th>
<th>Facility Name</th>
<th>License/Certification Type</th>
<th>Provider Type</th>
<th>Facility Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Behavioral Health Agency</td>
<td></td>
<td>Regular</td>
<td>View</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult Day Health Care (ADHC)</td>
<td>ADHS</td>
<td>Regular</td>
<td>View</td>
</tr>
<tr>
<td>00046904</td>
<td>Test facility</td>
<td>Community Support Systems Provider</td>
<td>Base</td>
<td>Regular</td>
<td>View</td>
</tr>
<tr>
<td>00046760</td>
<td>Test Provider AR Choices</td>
<td>AR Choices Provider Certification</td>
<td>AR Choices - PERS</td>
<td>Regular</td>
<td>View</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol &amp; Other Drug Abuse Treatment Program</td>
<td>SA - Adult Outpatient, SA - Adult Partial Day Treatment</td>
<td>Operational Permit</td>
<td>View</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Early Intervention Day Treatment (EIDT)</td>
<td>Center Based, CHMS</td>
<td>Regular</td>
<td>View</td>
</tr>
</tbody>
</table>
### My Cases

Sort By: Select an Option

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Facility Number</th>
<th>Facility Name</th>
<th>Type of Incident</th>
<th>Created Date</th>
<th>Status</th>
<th>Status Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>014299</td>
<td>32341</td>
<td>DPSQA Test</td>
<td>Abuse</td>
<td>07/05/2023</td>
<td>Submitted</td>
<td>07/05/2023</td>
<td>View</td>
</tr>
</tbody>
</table>

**Back to Dashboard**

[Image of the Enterprise Licensing System (ELS) dashboard]
Instructions

- Provide necessary information to complete the 731 Incident Information.
- You may save the case prior to completion and return at a later time to complete and submit.
- Documents can be uploaded prior to submitting the 731 Incident Information.
- After submission of the 731 Incident Information, you will have five (5) days to submit the 742 Reporting Information.
- Submitted information can be accessed from the My Cases tab on the Facility Cases page.
731 - Incident & Accident Information

- Case Number: 014301
- Facility Name: DPSQA Test
- Facility Number: 32341
- Status Date: 7/7/2023
- Status: Case Pending
- Name of Involved Resident: 
- Resident Age: 
- Resident Sex: Select an Option
- Resident Race: Select an Option
- Other Resident Race: 
- * Status of Alleged Perpetrator: Select an Option
- If 'Other' Describe: 

New Incident & Accident:
DPSQA - Incident & Accident - HCBS

Back to Incidents & Accidents
Enterprise Licensing System (ELS)

New Incident & Accident:
DPSQA - Incident & Accident - HCBS

731 - Information

* Staff Reporting I&A
  Holmut Zero

* Title
  Administrator

* Type of Incident
  □ Abuse
  □ Misappropriation of Property
  □ Neglect
  □ Other

Specify if Abuse
  □ Emotional/Mental
  □ Physical
  □ Sexual
  □ Verbal

Specify if Misappropriation of Property
  □ Drugs
  □ Personal Property
  □ Resident Trust Fund

Other Type of Incident

731 - Summary of Incident

* Notifications
  □ Administrator
  □ Doctor
  □ Family
  □ Law Enforcement
  You must select at least one choice from this set.

* Steps taken during the investigation

Complete this field.
The next slides demonstrate the process to upload files. Before the file can be uploaded, you must select the type of document you are uploading. The options are:

- Witness statements
- Police report
- Care plan
- Medical records
- Photographs
- Financial records
- Drug screens
- Other
Videos cannot be uploaded into the system due to IT security restrictions. If there is a video of the incident being recorded, a physical copy must be sent to the I&A Unit at:

Office of Long-Term Care  
P.O. Box 8059, Slot 404  
Little Rock, AR 72203-8059

Please note the system generated case number associated with the video when submitted to the Office.
Enterprise Licensing System (ELS)
Enterprise Licensing System (ELS)
Enterprise Licensing System (ELS)
Enterprise Licensing System (ELS)
Enterprise Licensing System (ELS)

731 - Sign and Submit

I certify that my answers are true and to the best of my knowledge. By checking this box I understand that I am signing this Incident Report electronically.

Enter your Name

Submitted By

Submitted Date
7/7/2023
Enterprise Licensing System (ELS)
### Enterprise Licensing System (ELS)

**New Notifications**
- **Form 731** has been received for DPSQA Test.
  - Our office has received a 731 submitted by your facility. The 742 must be submitted to DPSQA within five (5) working days from when the incident became known to the facility.
  - 7 July, 2023

- **Form 742** has been received for DPSQA Test.

**My Cases**
- Start New Case

#### Sort By
- Select an Option

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Facility Number</th>
<th>Facility Name</th>
<th>Type of Incident</th>
<th>Created Date</th>
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<th>Status Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>014301</td>
<td>32341</td>
<td>DPSQA Test</td>
<td>Abuse</td>
<td>07/07/2023</td>
<td>Partially Submitted</td>
<td>07/07/2023</td>
<td>View</td>
</tr>
<tr>
<td>014299</td>
<td>32341</td>
<td>DPSQA Test</td>
<td>Abuse</td>
<td>07/05/2023</td>
<td>Submitted</td>
<td>07/05/2023</td>
<td>View</td>
</tr>
</tbody>
</table>
Enterprise Licensing System (ELS)
Resident was injured after being punched by CNA Barnes after a car accident.
742 - Findings and Actions Taken

* Resident's current medical condition

Complete this field.

* Findings and Actions Taken

* Facility Administrators Signature

* Date

MM/DD/YYYY
Enterprise Licensing System (ELS)

New Incident & Accident:
DPSQA - Incident & Accident - HCBS

742 - Administrator/Written Designee Must be Notified

- Name of Administrator
- Date
- Time

- Family Notified
- Date
- Time

Name of Family Member/Guardian
Relationship

Address
Address 2

City
State
AR

Zip Code
Phone Number

* Doctor Notified
- Date
- Time

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<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
<th>Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Notified</td>
<td>Select an Option</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>MM/DD/YYYY</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Doctors Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Sent To Hospital</td>
<td>Select an Option</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>MM/DD/YYYY</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Admitted to Hospital</td>
<td>Select an Option</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Name/Address/Phone of Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
742 - Law Enforcement Must be Notified For Abuse

Name of Law Enforcement Agency

Date

Time

Address

Address 2

City

State

Select an Option

Zip Code

Phone Number

Investigation Made?

Select an Option

Date of Investigation

Time of Investigation

Name of Officer

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Enterprise Licensing System (ELS)

New Incident & Accident:
DPSQA - Incident & Accident - HCBS

742 - Accused Party Information

- Name of Accused Party
- Job Title (if any)
- Phone Number
- Home Address
- Home Address 2
- City
- State
- Zip Code
- Social Security #
- Date of Birth
- Date of Current Employment From
- Date of Current Employment To

*Mandatory field
<table>
<thead>
<tr>
<th>Certified Nursing Assistant</th>
<th>Registration #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued</td>
<td></td>
</tr>
<tr>
<td>Licensed By State Board of Nursing</td>
<td>Date Issued of Criminal Background Check Completed</td>
</tr>
<tr>
<td>Date Issued</td>
<td></td>
</tr>
<tr>
<td>Type of License LPN#</td>
<td>Type of License RN#</td>
</tr>
</tbody>
</table>
Enterprise Licensing System (ELS)

Division of Provider Services and Quality Assurance - Home and Community Based Services

New Incident & Accident:
DPSQA - Incident & Accident - HCBS

742 - Documentation

Uploaded Documents:

<table>
<thead>
<tr>
<th>Document File Name</th>
<th>Document Title</th>
<th>Document Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELS Test (Stark).docx</td>
<td>Witness Statements</td>
<td></td>
</tr>
</tbody>
</table>

742 - Documentation

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Enterprise Licensing System (ELS)

New Incident & Accident:
DPSQA - Incident & Accident - HCBS

742 - Review

742 - Review

741 - Incident & Accident Information

741 - Information

741 - Information

741 - Description of Incident

741 - Findings and Actions Taken

741 - Administrator/Written Designee Must be Notified

741 - Law Enforcement Must be Notified For Abuse

741 - Accused Party Information

741 - Documentation

742 - Review

742 - Incident & Accident Information

742 - Information

742 - Information

742 - Description of Incident

742 - Findings and Actions Taken

742 - Administrator/Written Designee Must be Notified

742 - Law Enforcement Must be Notified For Abuse

742 - Accused Party Information

742 - Documentation

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742 - Sign and Submit

- I certify that my answers are true and to the best of my knowledge. By checking this box I understand that I am signing this Incident Report electronically.

* Enter your Name

Submitted By

* Submitted Date
7/7/2023
Enterprise Licensing System (ELS)
### Enterprise Licensing System (ELS)

#### New Notifications

**Form 742 has been received for DPSQA Test.**
Our office has received a 742 submitted by your facility.

- **7 July, 2023**

**Form 731 has been received for DPSQA Test.**
Our office has received a 731 submitted by your facility. The 742 must be submitted to DPSQA within...

### My Cases

- **Start New Case**

#### Sort By

- Select an Option

<table>
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<tr>
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<th>Facility Number</th>
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<td>DPSQA Test</td>
<td>Abuse</td>
<td>07/07/2023</td>
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<td>View</td>
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<td>07/05/2023</td>
<td>Submitted</td>
<td>07/05/2023</td>
<td>View</td>
</tr>
</tbody>
</table>
Facilities will have the capability to print to maintain copies for their records for possible surveys, and to maintain potential requests from regulatory agencies.
Over the past months, ten facilities have been testing the system and providing feedback. We would like to thank them for their assistance in helping to make this process change possible.
Due to the feedback we have received, we have altered our go live date from August 1\textsuperscript{st} to September 1\textsuperscript{st} to allow more time for the facilities to register users to access the system, answer questions, incorporate changes based on the feedback from the providers, and provide more training dates.
Find Us On...

@ArkDHS

@ArkDHS

@arkansasdhs

@arkansasdhs

@ARHumanServices

@ARHumanServices

Contact Information

IandARReports@dhs.arkansas.gov
We Care. We Act. We Change Lives.