

Provider Reconsideration Registration Instructions

Send an email to DHS.DAAS.Reconsiderations@arkansas.gov with the following information

1. Provider-Facility Name
2. County (Main office)
3. Contact Person (First & Last Name)
4. Telephone number with extension
5. Contact Person's Email Address

Once you provide this information, an account will be set up. Two separate emails (DHS Security Policy) with a User ID in one and Access Code in the other will be sent. Please review the information in the return email(s) to insure we have entered your information correctly.

Once an account has been established, you will be able to submit client information for reconsideration.

****Each Provider will be given one account per agency. ****