Provider Reconsideration Submission Instructions

To submit documentation for a Reconsideration, please go to the following site

Go to https://dhs.arkansas.gov/eup/DAASProviderSubmissions/

Enter your User ID and Access Code

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| Ent | ler vour creden | tials to acce | ess the unio | ad portal. | |
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Once you have logged in, complete all fields before submitting information.

| AAS Provider Submissions Upload Po Provider Submissions | rtal | |
|--|--------------------|-----------------|
| Last Name | Client | |
| First Name | Information | |
| County | | |
| | Select | |
| Last 4 of SSN | "Reconsideration": | |
| Documentation Type | Documentation Type | Select One |
| | | DAAS Program |
| Type Submitters Name Here | | |
| DAAS Program | Reconsideration | Assisted Living |
| | | PACE |
| File to Upload | | Personal Care |

When you are ready to upload, click on browse and find the file on you PC you want to submit for the client, click on the file, then click on OPEN. There should now be a path located in the "File to Upload", then hit "Upload File".

| File to Upload | |
|--------------------------|--------|
| C:\New Docs\Test_doc.pdf | Browse |

Once submitted, a confirmation for your records will appear on the next screen along with an option to upload another document or log out.

