

# Navigating the Provider Certification Process

If you are applying as a NEW provider, complete steps ONE and TWO.

If you applying for a RENEWAL, complete step ONE only.

## Step ONE:

## New and Renewal Applicants

- Find the new application or the renewal application at:

**[http://www.daas.ar.gov/provider\\_services.html](http://www.daas.ar.gov/provider_services.html)**

- Complete each application and submit the following with each application:
  - A copy of **liability insurance or bond**.
  - A current list of **criminal background check** for each employee and supervisor.
  - A copy of the **in-service training schedule** for the current year.
  - If required, a copy of your agency's license issued by the Arkansas Department of Health (**1-800-462-0599**).
- Send all requested documents by email, fax, or standard US postal mail to the following:
  - **Email Address:** [daas.providers@arkansas.gov](mailto:daas.providers@arkansas.gov)
  - **Fax Number:** **501.682.6245**
  - **Mailing Address:** **DHS/DAAS  
ATTN: Certification Unit  
PO BOX 1437-Slot S-530  
Little Rock, AR 72203-1437**

## Step TWO:

## New Applicants ONLY

- Once you receive a letter from the DAAS Certification Unit with your certificate number, you must download the letter during the Medicaid Application process at:

**<https://www.medicaid.state.ar.us/InternetProviderEnrollment/StartAnApplication.aspx>**

1. Click on the "**Black Arrow**" until the application is completed.
2. For help, contact: **1.800.457.4454 OR 501.376.2211.**
3. Follow prompts for "**NEW PROVIDERS.**"

**TIPS**

- After your Medicaid Application and fees have been submitted, Medicaid will issue a PIN (Provider Identification Number). This PIN allows you to bill for Medicaid Services and be paid.
- The DAAS Certification Unit will mail you a certificate with your PIN and expiration date when all steps have been completed!

ARKANSAS DEPT OF HUMAN SERVICES-DIVISION OF AGING AND ADULT SERVICES

Environmental Modifications Provider Certification

STATE OFFICE USE ONLY

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

NOTES:

CHECK APPLICATION TYPE: NEW  OR RENEWAL

*Please Attach a Copy of Your Current Contractor's License*

SECTION ONE—Provider Information (Please type or print)

Contractor/Tradesman Name

SSN or PIN (renewal only)

Name of Company

Street Address and/or PO Box

City

State

Zip Code

( )

Contractor/Tradesman's Social Security Number/Federal Tax ID Number Telephone

E-Mail Address

Website

Mailing address if different from above:

Street Address and/or PO Box

City

State

Zip Code

Email Address: daas.providers@arkansas.gov

Fax Number: 501.682.6245

Mailing Address: DHS/DAAS  
ATTN: Certification Unit  
PO BOX 1437-Slot S-530  
Little Rock, AR 72203-1437

**SECTION ONE—Provider Information—*continued***

Please check the following box(es) of the county/counties listed below where you provide services.

- |                                     |                                       |                                      |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arkansas   | <input type="checkbox"/> Garland      | <input type="checkbox"/> Newton      |
| <input type="checkbox"/> Ashley     | <input type="checkbox"/> Grant        | <input type="checkbox"/> Ouachita    |
| <input type="checkbox"/> Baxter     | <input type="checkbox"/> Greene       | <input type="checkbox"/> Perry       |
| <input type="checkbox"/> Benton     | <input type="checkbox"/> Hempstead    | <input type="checkbox"/> Phillips    |
| <input type="checkbox"/> Boone      | <input type="checkbox"/> Hot Spring   | <input type="checkbox"/> Pike        |
| <input type="checkbox"/> Bradley    | <input type="checkbox"/> Howard       | <input type="checkbox"/> Poinsett    |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Independence | <input type="checkbox"/> Polk        |
| <input type="checkbox"/> Carroll    | <input type="checkbox"/> IZARD        | <input type="checkbox"/> Pope        |
| <input type="checkbox"/> Chicot     | <input type="checkbox"/> Jackson      | <input type="checkbox"/> Prairie     |
| <input type="checkbox"/> Clark      | <input type="checkbox"/> Jefferson    | <input type="checkbox"/> Pulaski     |
| <input type="checkbox"/> Clay       | <input type="checkbox"/> Johnson      | <input type="checkbox"/> Randolph    |
| <input type="checkbox"/> Cleburne   | <input type="checkbox"/> Lafayette    | <input type="checkbox"/> Saline      |
| <input type="checkbox"/> Cleveland  | <input type="checkbox"/> Lawrence     | <input type="checkbox"/> Scott       |
| <input type="checkbox"/> Columbia   | <input type="checkbox"/> Lee          | <input type="checkbox"/> Searcy      |
| <input type="checkbox"/> Conway     | <input type="checkbox"/> Lincoln      | <input type="checkbox"/> Sebastian   |
| <input type="checkbox"/> Craighead  | <input type="checkbox"/> Little River | <input type="checkbox"/> Sevier      |
| <input type="checkbox"/> Crawford   | <input type="checkbox"/> Logan        | <input type="checkbox"/> Sharp       |
| <input type="checkbox"/> Crittenden | <input type="checkbox"/> Lonoke       | <input type="checkbox"/> St. Francis |
| <input type="checkbox"/> Cross      | <input type="checkbox"/> Madison      | <input type="checkbox"/> Stone       |
| <input type="checkbox"/> Dallas     | <input type="checkbox"/> Marion       | <input type="checkbox"/> Union       |
| <input type="checkbox"/> Desha      | <input type="checkbox"/> Miller       | <input type="checkbox"/> Van Buren   |
| <input type="checkbox"/> Drew       | <input type="checkbox"/> Mississippi  | <input type="checkbox"/> Washington  |
| <input type="checkbox"/> Faulkner   | <input type="checkbox"/> Monroe       | <input type="checkbox"/> White       |
| <input type="checkbox"/> Franklin   | <input type="checkbox"/> Montgomery   | <input type="checkbox"/> Woodruff    |
| <input type="checkbox"/> Fulton     | <input type="checkbox"/> Nevada       | <input type="checkbox"/> Yell        |

**SECTION THREE—Certification & Verification**

I hereby make application for certification by the Department of Human Services— Alternatives for Adults with Physical Disabilities Waiver Program to provide Environmental/Accessibility Adaption Services.

I hereby certify that I am knowledgeable of state and local codes and the Americans With Disabilities Act Accessibility Guidelines (ADAAG).

I hereby certify that statements are true to the best of my knowledge and belief. I am aware that any willful misrepresentation of any material fact contained in or added as an attachment to this application will result in the denial of certification.

I have read and accept the regulations and provider assurances in the Alternatives for Adults with Physical Disabilities Medicaid Manual. Visit the following link and access Section II under Provider Manual:

<https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/apdwvr.aspx>

I further affirm that eligibility for certification is contingent upon the agency’s compliance with any federal, state or local licensure or certification requirements for the provisions of services.

Signature of Contractor/Tradesman \_\_\_\_\_ 

Printed or Typed Name of Contractor/Tradesman \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

***Please Attach:  
A Copy of Your Current Contractor’s License***

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