

New Provider Submission Portal Instructions

Registration

Send an email to DHS.DAAS.Reassessment@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 setup. 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.

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

Submission

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

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

Enter your User ID and Access Code



AR K A N S A S
D E P A R T M E N T O F
H U M A N
S E R V I C E S

Enter your credentials to access the upload portal.

User ID
Access Code

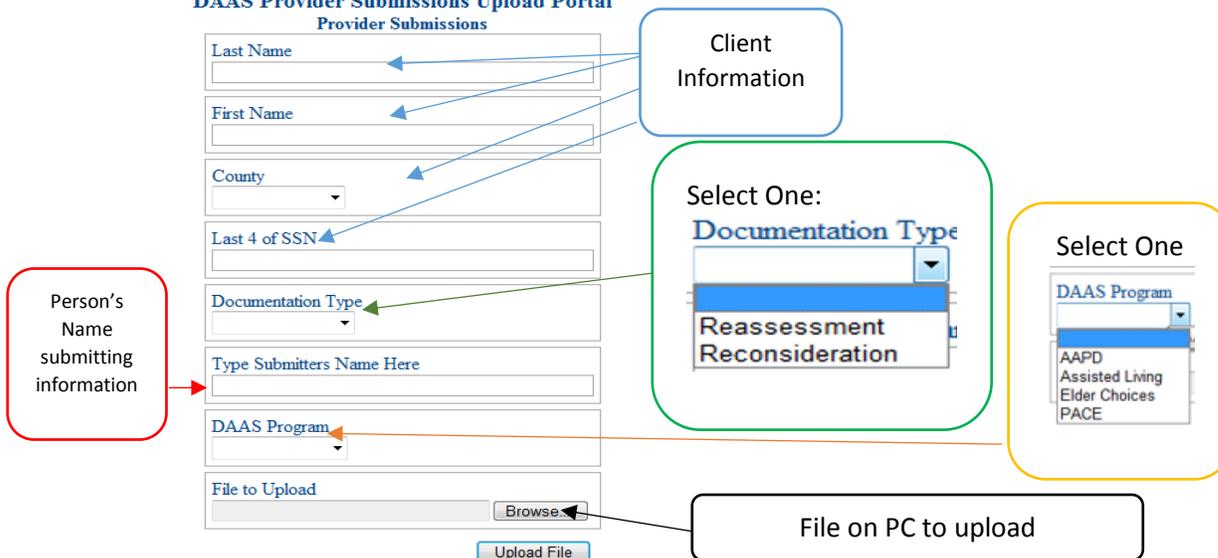
Log In

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Once you have logged in, complete all fields before submitting information.



DAAS Provider Submissions Upload Portal Provider Submissions



AR K A N S A S
D E P A R T M E N T O F
H U M A N
S E R V I C E S

DAAS Provider Submissions Upload Portal
Provider Submissions

Last Name
First Name
County
Last 4 of SSN
Documentation Type
Type Submitters Name Here
DAAS Program
File to Upload

Client Information

Person's Name submitting information

Select One:
Documentation Type
Reassessment
Reconsideration

Select One
DAAS Program
AAPD
Assisted Living
Elder Choices
PACE

File on PC to upload

Browse

Upload File

These fields are client related information.

Please be sure to list if it's a reassessment or reconsideration under the field "Document Type". That will determine which unit in DHS receives a notification that new information is available.

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



File to Upload

C:\New Docs\Test_doc.pdf

Browse

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

Successful upload. Your document tracking number is:99854

******These instructions, link to the submission site, and information for these processes will be located at <http://www.daas.ar.gov/provrequest.html> ******

For questions, email aging.services@arkansas.gov

FAQs

1. As the agency contact person, will I be able to send out my User ID and access code to anyone needing to submit documentation?
 - a. Yes. The site is a secure site to upload information. No one will be able to access any documentation previously submitted by another user.
2. What happens if our contact person leaves our employment?
 - a. Please email DHS.DAAS.Reassessment@arkansas.gov with the subject “New contact information”
 - i. In the body, include all the fields required for registration
 1. Provider Facility Name
 2. County (Main Office)
 3. New Contact Person
 4. Contact Person’s Phone number
 5. Contact Person’s email
3. What information will be provided on the website?
 - a. Link to the email for registration
 - b. Instructions on how to submit information (This document)
 - c. Link to the website for submitting documents
 - d. Link to email for any additional questions
 - e. Document to fill out for reassessments
 - f. Instructions on requesting a reconsideration
4. How will I know if the RN has received the information?
 - a. Once a document is submitted, an auto generated email is delivered.