Arkansas Department of Human Services
Division of Medical Services
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Internet Website: www.medicaid.state.ar.us

TO: **Arkansas Medicaid Health Care Providers - Developmental Rehabilitation Services**

DATE: **September 1, 2005**

SUBJECT: **Provider Manual Update Transmittal #14**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
201.000	10-13-03	201.000	9-1-05

Explanation of Updates

Section 201.000 is included to add information to the manual about the new provider participation and enrollment procedures.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

201.000 Arkansas Medicaid Participation Requirements for Developmental Rehabilitation Services 9-1-05

Providers of developmental rehabilitation services must meet the following requirements to be eligible to participate in the Arkansas Medicaid Program:

A. Providers must be certified as First Connections Program participants by the Arkansas Division of Developmental Disabilities Services (DDS) to provide early intervention services.

B. A provider must complete and submit to the Medicaid Provider Enrollment Unit a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). **View or print a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9).**

C. Verification of current certification from DDS must accompany the provider application and the Medicaid contract.

The Arkansas Department of Health and Human Services must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid program.

D. Subsequent certifications must be forwarded to the Medicaid Provider Enrollment Unit within 30 days of issuance. If the renewal document(s) have not been received within this timeframe, the provider will have an additional and final 30 days to comply.

E. Failure to timely submit verification of certification renewals will result in termination of enrollment in the Arkansas Medicaid Program.