

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of BEHAVIORAL HEALTH Services

NOTIFICATION FORM FOR CLOSING OR MOVING OF

AN RSPMI Provider SITE

Moving a site constitutes a closing of one site and a move of the program(s), move of existing staff and move of existing client base to another location. If a provider relocates a currently certified site within a thirty (30) mile radius the accrediting agency, DBHS and Medicaid must be notified thirty (30) days prior to that relocation. Neither an on-site survey nor a new Medicaid number is required in order to extend certification to the moved location.

If the relocation constitutes a move of the program(s), move of existing staff, and move of existing client base beyond a thirty (30) mile radius, a justification for considering the site a move rather than the opening of a new site must be submitted in writing to DBHS for status determination.

Name of Agency: _____

Chief Executive Officer: _____

Corporate Compliance Officer: _____

(or equivalent)

Telephone: _____ **FAX:** _____

Address: _____ **E-mail:** _____

This is notification that the following site/s have: _____ moved _____ closed.

CLOSING

ADDRESS:

Date of Closing:

MOVING

Date of Move:

PREVIOUS ADDRESS:

NEW ADDRESS:
(Include street, city,
county, telephone & fax)

Please attach all documentation to and from your accrediting organization regarding the above information. Certification will not be extended to the new site address until all information from the accrediting organization indicates that the new site address is accredited.

As the chief executive officer (or equivalent position) of the agency named above, I verify that all information contained in this form and in all attachments is correct and complete.

Signature of Chief Executive Officer

Date

Name of CEO, typed or printed

Page Two
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1. In addition to this form, please provide any information that is specific to the site/s for which certification extension is being requested that is different from those agency sites already certified by DBHS.
2. Include a photograph of all new site locations.

If you have any questions, please contact Charlotte Carlson, Director of Policy & Certification, Division of Behavioral Health Services at (501) 683-6903 or e-mail charlotte.carlson@arkansas.gov.

Please send this form with required documentation to the following address:

Attn. Charlotte Carlson
Division of Behavioral Health Services
305 South Palm
Little Rock, AR 72205