Arkansas Department of Human Services
Division of Aging, Adult, and Behavioral Health Services
Provider Communications Form AAS-9511 – Change of Client Status

The purpose of this Form 9511 is to provide a means of communication between DAABHS and Providers of Services when there's been a change in a DAABHS client's status. This form must be completed by the provider or DAABHS staff immediately upon learning of a change in the client's status. This form must be retained in the DAABHS client's case record according to all applicable state and federal policies.

Instructions: Complete each item in Section I. Under Section II., click the box that best applies to the client's change of status. Finally, click on the text box next to the item you selected and include as many relevant details to the change as possible. It is vital that you submit this form whenever you stop service to a client for any reason. If you need assistance completing this form, contact your local DAABHS RN or DAABHS central office administrative staff.

I.   Client is: ☐ ARChoices   ☐ Living Choices   ☐ PACE   ☐ Personal Care

Client Name   Date of Change

Medicaid#   Date Submitted

Client's Last Known Address

Name of Agency/Facility Submitting Form

Name of Person Completing Form

II.   Status Change

☐   1. Change of Provider Requested (Reason):

☐   2. Death (Date, if known):

☐   3. New Address or New Phone Number(Services still provided by agency?):

☐   4. Refused or No Longer Providing Services (Reason):

☐   5. Unable to Locate (Details, if any):

☐   6. Hospitalized (Date of Admission/Release, Name of Hospital):

☐   7. Entered Nursing Home (Date of Admission, Name of Facility):

☐   8. Returned Home/to Facility (Re-entered Program):

☐   9. Transferred to Another Agency/Facility (Date and name, if known):

☐   10. Health Deteriorated (Explain):

☐   11. Health Improved (Explain):

☐   12. Finances Improved (Eligibility re-determination needed? Client employed?):

☐   13. Waiver Case Closed (Date and reason, if known):

☐   14. Requesting Reconsideration (Adverse action and why needed):

☐   15. Other (Be specific):