### SIGNATURE PAGE

Type or Print the following information.

	PR	OSPECTIVE CONTRA	CTOR'S INF	ORMAT	ION					
Company:	Tenth Distric	- Substance Al	ing Progra	am d	ba Ne	w Beginnit	as C.A.S.A.			
Address:	412 YORK J	Street	- 0			0	<u> </u>			
City:	Warren	· · ·		State:	AR	Zip Code:	71671			
Business Designation <i>:</i>	☐ Individual ☐ Partnership	☐ Sole Pro □ Corpora	prietorship tion	Public Service Corp     Nonprofit						
Minority and Women-Owned	☑ Not Applicable □ African American	□ American Indian □ Hispanic American	□ Asian A □ Pacific		American	□ Service Disabled Veteran □ Women-Owned				
Designation*:	AR Certification #:		* See Minority and Women-Owned Business Policy							

	PROSPECTIVE CONTRAC Provide contact information to be	とかない ないがちゅう イーション しゅうちょう しょうしょう	"最优级最优的时候最优的人才,就是我们知道你们的?""你们我们不能让了这些我们我就做你没有你的好好吗?""你是我来了?""下说,你是
Contact Person:	Mitzy Sullivan	Title:	Executive Director
Phone:	870-226-9955	Alternate Phone	: 870-820-1874
Email:	mitysullivan@hotmail	.com	

CONFIRMATION OF REDACTED COPY

□ YES, a redacted copy of submission documents is enclosed.

NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will, not boycott Israel during the aggregate term of the contract.

Prospective Contractor does not and will not boycott israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Title: Authorized Signature: **Printed/Typed Name:** Date Page 2 of 8

### **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this
  page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
  number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. *Use Ink Only* 

Vendor Name:	TENTH District Substance Abuse about New Beginnings C.A.S.A	Date:	9/28/2020
Authorized Signature:	Mith Sullivoen	Title:	Executive Director
Print/Type Name:	Mitry Sullivan		

### **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this
  page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
  number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. *Use Ink Only* 

Vendor Name:	Tenth District	- Substance Abuse nings Colt. S.A.	Date:	9/28/2020
Authorized Signature:	Mitthe Sullivas	<b>ッ</b>	Title:	Executive Director
Print/Type Name:	Mitry Sulliva	ſ		

### SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

• Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only** 

Vendor Name:	Tenth District Substance Abuse aba New Beginnings C.A.S. A.	Date:	9/28/2020
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Mitry Sullivan		

☑ None of the above applies	State Employee	State Board or Commission Member	Constitutional Officer	General Assembly	Current Former board/commission, data entry, etc.] MM/YY MM/YY Person's Name(s)	low Long? What is the	Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional (Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.	FOR AN ENTITY (BUSINESS)*	□ None of the above applies	State Employee	State Board or Commission Member	Constitutional Officer	General Assembly	Current Former board/ commission, data entry, etc.] From To MM/YY MM/YY	Position Held Mark (\) Name of Position of Job Held For How Long? What is the person(s) name and how are [i.e., Jane Q. Public, spouse, John Q. Public	Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:	FOR INDIVIDUALS*	AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:	CITY: WARREN STATE: AR ZIP CODE: 7/67/	ADDRESS: 412 YORK Street	YOUR LAST NAME: SULTI VOUD FIRST NAME: NITE OF THE MIL: K	TAXPAYER ID NAME: 10837 JAA Goods? Vervices? Both?	use Program abou New,	ete all of the followi
					Name(s) Ownership Position of Interest (%) Control	inter	10% or greater in the entity: member of the General Assembly, Constitutional the General Assembly, Constitutional Officer, State Board or Commission rent of the entity.							son's Name(s) Relation	What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	eneral Assembly, Constitutional Officer, State Board or Commission		ASE, PURCHASE AGREEMENT, NMUST BE DISCLOSED:	COUNTRY: United States		ML: X		w Beginnings C.A.S.A	ard with any Arkansas State Agency.

Contract or Grant No	Contact Phone No.	Agency Contact Person	<u>Agency use only</u> Agency Agency NumberName
of the above information is true and correct and Director Date 9/27/2020 Director Phone No. 210-226-9955	ige and belief, all of the above intended belief, all of the above intended belief. Title Executive Director	nditions state	<u>I certify under penalty of periury, to the best c</u> <u>that I agree to the subcontractor disclosure co</u> Signature Muth Sullivan Vendor Contact Person Mitry Sullivan
r any violation of any rule, regulation, or policy adopted The party who fails to make the required disclosure or who to the contractor. ether prior or subsequent to the contract date, I will mail a sy the subcontractor and a statement containing the dollar	ve Order 98-04, or any violation of a this subcontract. The party who fails emedies available to the contractor. subcontractor, whether prior or subse <b>-ORM</b> completed by the subcontractor	<ul> <li>Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.</li> <li>No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the Contract and GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.</li> </ul>	<ul> <li>Failure to make any disclosure required b pursuant to that Order, shall be a material violates any rule, regulation, or policy shall</li> <li>3. No later than ten (10) days after entering into a copy of the CONTRACT AND GRANT DISCLOSUR amount of the subcontract to the state agency.</li> </ul>
require the subcontractor to complete a entity with whom I enter an agreement rmance required of me under the terms	ubsequent to the contract date, I will a contractor shall mean any person or exideration, all, or any part, of the perforactor:	Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a <b>CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM</b> . Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency. I will include the following language as a part of any agreement with a subcontractor:	<ol> <li>Prior to entering into any agreement CONTRACT AND GRANT DISCLOSURE whereby I assign or otherwise deleg of my contract with the state agency</li> <li>I will include the following language</li> </ol>
<u>gulation, or policy adopted pursuant to</u> <u>r entity, who fails to make the required</u> <u>rency.</u> <u>gree as follows:</u>	98-04, or any violation of any rule, regulation, or pol • contractor, whether an individual or entity, who fai o all legal remedies available to the agency. ing a contract with a state agency I agree as follows:	Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency. As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:	Failure to make any disclosure re <u>that Order, shall be a material br</u> disclosure or who violates any rul. As an additional condition of obt
	<b>Contract and Grant Disclosure and Certification Form</b>	<b>Contract and Grant Disclos</b>	

,

### 2. Policy: Equal Employment Opportunity Affirmative Action Plan

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. will base

personnel policies and procedures on the principles which are in compliance with established criteria; including, but not limited to, Federal and State regulations, to include compliance with:

- a. Title VI/Title VII of the 1964 Civil Rights Law, and standards of accrediting agencies.
- b. Age Discrimination in Employment Act of 1967.
- c. Equal Pay Act of 1963.

### Purpose

To assure equal employment opportunity for applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, age, gender, religion, disability or any other non-merit factor, except where such factor is a bona fide occupational requirement, with proper regard for the privacy and constitutional rights of citizens; and, prohibiting discrimination against any person on the basis of such non-merit factors.

### **Procedure:**

1. To recruit, select, and advance employees on the basis of their relative abilities, knowledge, and skill.

2. To provide equitable and adequate compensation.

3. To provide training opportunities for employees as identified to support high-quality performance and

promote career development.

4. To retain employees on the basis of the adequacy of their performance, to support correction of inadequate performance, and to separate employees whose inadequate performance is not corrected.

5. The Company, if required by law, will establish a written affirmative action program to achieve prompt

and full utilization of minorities, the disabled, Vietnam-era or disabled veterans, and women at all levels

and in all segments of the work force. The results of the program would be reviewed annually, and the

program modified as necessary to achieve its stated objective.

6. To process any claims of discrimination in accordance with applicable laws and internal policies/procedures.

7. Should there be a need regarding English Proficiency the company would find a local

It is the policy of Tenth District Substance Abuse Program dba New Beginnings, c.a.s.a. to comply with the Title II of the Genetic Information Nondiscrimination Act of 2008.

### **Purpose:**

To protect applicants and employees from discrimination based on genetic information in hiring, promotions, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employeers acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestion of disease or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **Procedure:**

1. TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. will not

recruit, select and advance employees based on their or their families genetic information.

2. To provide equitable and adequate compensation.

3. To provide training opportunities for employees as identified to support high-quality performance and

promote career development.

4. TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. restricts

acquisition of genetic information.

5. TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. strictly

limits disclosure of genetic information of applicants, employees or family members.

6. To process any claims of discrimination in accordance with applicable laws and internal policies/procedures.

### PROPOSED SUBCONTRACTORS FORM

• Do not include additional information relating to subcontractors on this form or as an attachment to this form.

### PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Subcontractor's Company Name	Street Address	City, State, ZIP
outheast Arkansas Behaviolal Health Care System	n 2500 Rike Drive	Fine Bluff, AR, 7/1/e/3

### □ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Tenth District Substance Abuse abo New Reginnings C.A.S.A.	Date:	9/28/2020
Authorized Signature:		Title:	Executive Direction
Print/Type Name:	Mitry Sullivan		

### **INFORMATION FOR EVALUATION**

• Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

• Do not include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 . Describe approach to providing substance abuse treatment services.	5
E.2 Provide a sample aftercare plan.	5
E.3 Provide matrix of aftercare partner providers.	5
E.4 Provide details of your approach to assessments.	5
E.5 Provide a sample of progress notes.	5

• Do not include additional information if not pertinent to the itemized request.

E. 1 See attached E.Z See attached E.Z See attached E.Y see attached E.S see attached E.S see attached

### **Mission/Vision**

The Mission/Vision of New Beginnings C.A.S.A. is to address the whole person and family whom are suffering or coping with the effects caused from substance and or behavioral health issues. In order to accomplish our goals, here at New Beginnings we believe it is important to establish and maintain a balanced lifestyle through multiple pathways from a holistic approach. We also utilize a medical model to ensure we are providing an all-around approach to treatment.

### **Treatment Philosophy**

It is important that we provide individualized treatment planning geared toward substance abuse and behavioral health issues through collective sources. New Beginnings treatment is overseen by a Board-Certified Psychiatrist, Masters level Social Worker, Licensed Professional Therapist, and many additional certified team members. It is our goal to have an honest and open line of communication with our clients and families inorder to provide the best possible treatment necessary.

### **Core Values of our services**

- Ethics
- Integrity
- Empathy
- Individuality
- Honesty
- Passion/Compassion
- Kindness
- Respect
- Team approach

### **Internal Session Form**

E.J

### New Beginnings, C.A.S.A.

This Is Where Recovery Begins...Make The Call.

412 York Street Warren, AR 71671 · 870-226-9970

Laurie Laster C.I.T License: 1006035

### TRANSITION/DISCHARGE/AFTERCARE PLAN

Name:	Client#: 00699
Session Type: Office Visit	Session Date: Wed Sep 30, 2020 9:00 am

Please utilize this form to begin transition planning as well as discharge planning with your client. This plan should begin early in the client's treatment.

1. Please check one of the following:

### · Transition from Residential to Outpatient

2. Please identify all the individuals involved in the transition/discharge planning.

· Client

· Agency Professional

3. If another individual was involved in the transition/discharge planning, please identify. **Outpatient provider and DCFS caseworker Brooke Lasley** 

4. For this transition/discharge plan, please identify what referrals were made to help assist the client. • Other AOD services (AA, Self-Help, etc.)

5. If other referral services were made for the client, please identify those.	Outpatient Services with New
Beginnings in Pine Bluff on 10-06-2020 @ 1:00 p.m.	

6. Describe the progress the client made during treatment. • Significant

7. Please identify any other information, if necessary, about the client's progress in treatment. **Completed all goals of her CTP** 

8. Is the client currently on any medication that will follow him/her during the transition/discharge planning? **yes** 

9. If yes, please identify the name of the medication, dosage, frequency and prescribing physician.



10. Please identify the client's strengths: Voluntary willingness to enter treatment Self-determination, Polite and respectful, Sincere and thoughtful, Pro-active, willing to ask for help, action-oriented, Open-Minded, Empathetic and Understanding, Resourceful, Persistent and willing to find solutions to problems, Identifies, expresses feelings, Has transportation, Good hygiene, Physically healthy

- · Positive support system
- · Self-determination
- · Compassionate, caring and concerned
- · Self-confident
- · Polite and respectful
- · Sincere and thoughtful
- · Pro-active, willing to ask for help, action-oriented
- <sup>•</sup> Open-Minded
- · Empathetic and Understanding
- · Resourceful
- · Independent
- · Positive hobbies and leisure activities
- · Persistent and willing to find solutions to problems
- · Patient and seems willing to demonstrate patience during treatment
- · Identifies, expresses feelings
- · Good hygiene
- · Physically healthy

11. Please identify the client's needs: Mental health attention needed, Feels hopeless and fearful, Extensive trauma history, Unhealthy thinking patterns, Significant lack of impulse control

• Assistance with transportation

12. Please identify the client's abilities: Social/Interactive Skills, Work Skills • Social/Interactive Skills

13. Please identify the client's preferences, if any: individual sessions, group sessions, outpatient Individual Sessions, Groups, Independent Study Work

14. Was this transition/discharge unplanned? • No

15. If yes, please check all that apply: blank

16. If there is another reason behind the unplanned transition/discharge, please identify: N/A

17. If this was a *planned* transition/discharge, did the client meet all treatment plan goals and objectives? • Yes

18. If no, please specify which goals/objectives client should continue with and how the client plans to meet those goals/objectives. N/A

F.Q

19. Were appropriate individuals notified of the client's discharge? yes
20. Were they notified within a timely manner (72 hours)? <b>yes</b>
<ul> <li>21. Please identify the services the client received while in treatment with New Beginnings.</li> <li>Initial Screening/Intake</li> <li>Complete Biopsychosocial Assessment</li> <li>Individual</li> <li>Group</li> <li>Treatment planning</li> <li>Transportation</li> <li>Crisis Intervention/Stabilization</li> <li>Referrals</li> </ul>
22. If other services were provided, please identify those services. <b>Parenting</b>
23. What was the presenting problem for the client? <b>The has a presenting problem of</b> methamphetamine
24. Client was discharged because: • All goals and objectives were met
25. If there is another reason for discharge, please identify the reason(s). N/A
<ul> <li>26. What is client's status at time of discharge?</li> <li>• Stable - All treatment goals were met</li> </ul>
27. Was the client provided details of transition/discharge plan? yes
28. If client was not provided details of his/her transition/discharge, please provide explanation. N/A
29. Please provide the client's perception of his/her treatment? Client states, "I want to thank you for being a stepping stone in my recovery. If it wasn't for New Beginnings I would not have had the opportunity to be a mother to my son. I got a lot out of my treatment here."

30. By signing this form, the client acknowledges involvement in the transition/discharge planning process and has been offered a copy of this plan.

31. Counselor Signature: Laurie Laster, CIT

, ·

F2

### E. 3

### **Aftercare Partner Providers**

- 1. Hope Place provides both men and women with parenting skills.
- 2. County Extension office provides nutritional education to clients.
- 3. Community Action provides food, housing assistance, and assistance with utilities.
- 4. Warren housing authority provides low rent housing.
- 5. Arkansas food bank provides food for people with inadequate food needs.
- 6. Light House Church provides a food bank and counseling service.
- 7. Ebenezer Church provides a food bank.
- 8. Mt. Carmel Church provides a food bank.
- 9. Immanuel Church provides a clothes closet for needy individuals and families.
- 10. Delta Counseling outpatient mental health treatment.
- 11. Mainline Rural Health Clinic mental health treatment.
- 12. Healing Hands Behavioral Health Center suboxone treatment.

### Steps in completing an assessment

- 1. Receive the encumbrance and began gathering information on client.
- 2. Interview the client and fill out a pre-screening form.
- 3. Complete an Addiction Severity Index.
- 4. After gathering all of the information through the above steps we then use the DSM V to diagnosis the client.
- 5. Once the diagnosis is complete and all other information is gathered, the American Society of Addiction Medicine (ASAM) Patient Placement Criteria is used to decide which service client is going to require.
- 6. The clinical evaluation is then typed.
- 7. The information is then sent to the requesting agency.

### Client Progress Note

### New Beginnings, C.A.S.A.

This Is Where Recovery Begins...Make The Call.

412 York Street Warren, AR 71671 · 870-226-9970

License: 1006035

Name: Mathematical Client#: 00655 Date: Fri Aug 14, 2020

### Session Details

Type: Office Visit

Format: Private Session

Length 45 minutes

Date/Time: Fri Aug 14, 2020 3:00 PM - 3:45 PM

CPT Code: 90834 - Psychotherapy, 45 minutes with patient

**Other Participants:** 

### **&** Diagnosis

Primary Diagnosis

F10.20 - Alcohol use disorder, Severe

F11.20 - Opioid use disorder, Severe

WHODAS

General Disability Score Total: 35 Avg: 1.1

### & Assessment

Affect:	Appropriate
Appearance:	Well Kempt
<b>Cognitive Functioning:</b>	Aware
Mood:	Pleasant
Speech:	Normal
Functional Status:	Functioning Well
Interpersonal:	Engaged
Other:	
Self-neglect or damage:	None
Impulse Control:	Sufficient
Treatment Compliance:	Fully Compliant
Sleep Quality:	Normal
Eating Behavior:	Normal
Substance use:	None/Normal use
Physical or sexual abuse:	No evidence

Suicide: No evidence

Homicide: No evidence

Psychosis: No evidence

Assessment Comments:

Medication

Yes

Suboxone

Symptom Description

**Interventions Used** 

· Motivational Interviewing

Intervention Comments:

7-31-2020 **Constant** wrote a essay on the negative impact his alcohol and drug use has had on his life. **Constant** also made a list of 10 pro social activities he could do without drinking or using. **Constant** states that he likes his treatment here this far. He feels like its working. He states that he is homesick. He thinks about home more than he does about drinking or using. **Constant** will write a 1 page essay on how long term sobriety will improve his quality of life and make a list of 5 people he can call instead of using by next session on 08/07/2020.

8-7-2020 **Revision** wrote an essay on how long term sobriety will improve his quality of life. Jackson also made a list of 5 people he can call when he feels like using. **Darkson** states that he needs to go to the dentist. He says that he's getting migraines and he thinks they are caused by his teeth.. **Garkson** states that he prays every night that he stays sober. **Revision** will make a list of coping skills and an essay on how changing his people places and things will help him in his recovery by next session on 08/14/2020.

8-14-20 **Gallow** wrote an essay on how changing his people places and things will have a positive impact on his recovery and he wrote a list of 10 copings skills he can use instead of drinking and using. **Gallow** is doing very well in treatment. He is compliant with his treatment plan and follows all rules and regulations. **Gallow** will read the first 164 pages of Alcoholics Anonymous and write a summary on More About Alcoholism by 8-21-20.

Treatment Plan Status

Frequency of Sessions: Once a Week

**V** Electronic Signature

I agree that the information provided above in this progress note is accurate to the best of my knowledge.

Electronic Signature: Dayna Peterson CIT Date Completed: 2020-08-14

E.5

Please check each county in which you are willing to provide the service. Please return with your response packet.

### DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) (SERVICE) **AREAS/COUNTIES**

AREA 3

□ Clark

□ Garland

□ Howard

□ Hot Springs

□ Montgomery

AD		1
<b>MR</b>	ᇊᇧ	- <b>L</b>

- Benton
- Carroll
- Madison
- □ Washington
- □ Crawford
- 🗀 Franklin

AREA 2

- □ Johnson
- 🗀 Logan
- Scott □ Sebastian
- 🗆 Yell

AREA 6

🗌 Pulaski

- □ Perry
  - □ Pike

  - □ Saline

AREA 7

M

 $|\mathbf{A}|$ 

M

 $\mathbf{V}$ 

 $\nabla$ 

M. Bradley

.Calhoun

Cleveland

.Dallas

Grant

Lincoln

Lonoke

M Prairie

Jefferson

- Area 4
- 🗀 Columbia
- □ Hempstead
- 🗌 Lafayette
- □ Little River
- 🗌 Miller
- 🗌 Nevada
- Ouachita
- 🗌 Sevier
- Union

### AREA 8

Clay Craighead 🗌 Fulton Greene Izard □ Lawrence □ Mississippi 🗌 Randolph □ Sharp

### AREA 5

□ Baxter □ Boone

- Conway
- 🗌 Faulkner
- □ Marion
- □ Newton
- Pope
- □ Searcy
- □ Van Buren

### Ango Q

<u> </u>	reu	<u> </u>	
	Cle	bu	rne

- Crittenden
- Cross
- □ Independence
- □ Jackson
- Poinsett
- □ Stone
- White
- Woodruff
- Area 10 M Arkansas ☑ Ashley 🗹 Chicot Desha 🖸 🗹 Drew V Lee 🗹 Monroe ☑ Phillips ☑ St. Francis



License Effective: 01/24	on the premises located at, c	is hereby granted a license by the Arkansa: N/A capacityAlco	New E	This I			
01/24/2020   License Expir	351 B Highway 425 South , County of Drew	is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a N/A capacity Alcohol and Other Drug Abuse Treatment Programs	New Beginnings CASA	This Is to Certify That	License Number: 34080	ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services & Quality Assurance	



McGehe       , County of       Desha         , County of       License Effective:       02/24/2020       License Expires:       02/24/2023         License Effective:       02/24/2020       License Expires:       02/24/2023	on the premises located at 207 North Second Street	is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a <a href="https://www.icensection.com">N/A</a> <a href="https://www.icensection.com">N/A</a> <a href="https://www.icensection.com">Alcohol and Other Drug Abuse Treatment Programs</a>	New Beginnings CASA	This Is to Certify That	License Number: 34071	ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Provider Services & Quality Assurance	
Arkansas.	u N	n and operate a					





License Number: 34070

## This Is to Certify That

### New Beginnings CASA

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

	in (c-)	Ì	on	N/A
And	License Effective: 01/30/2020	Hamburg	on the premises located at _	_ capacity
	01/30/2020 License Expires: 01/30/2023	, County of Ashley	110 West Cherry Street	Alcohol and Other Drug Abuse Treatment Programs
	Į	. Arkansas.		



Certificate Number: 32945

## This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

2500 Rike Drive Pine Bluff, AR 71603

has met provider requirements to operate a(n)/as

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022

(unless sooner revoked).



License Number: 33757

## This Is to Certify That

# Southeast Arkansas Behavioral Healthcare Systems

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

, Arkansas. **Alcohol and Other Drug Abuse Treatment Programs** Jefferson **2500 Rike Drive** , County of on the premises located at Pine Bluff capacity\_ N/A

License Effective: 07/01/2019 | License Expires: 07/01/2022





& Quality Assurance

Certificate Number: 33307

## This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

3004 West 34th Street Pine Bluff, AR 71603

has met provider requirements to operate a(n)/as

Behavioral Health Agency.

to 12/30/2022 Certificate effective from 07/01/2019

(unless sooner revoked).



Certificate Number: 33329

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

121 Commercial Drive B Stuttgart, AR 72160

has met provider requirements to operate a(n)/as

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022

(unless sooner revoked).

A CONTRACT OF THE STREET OF TO



License Number: 33754

### This Is to Certify That

## Southeast Arkansas Behavioral Healthcare System

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

Alcohol and Other Drug Abuse Treatment Programs \_ capacity N/A

on the premises located at 121 Commercial Drive "B"

, Arkansas. Arkansas , County of Stuggart

License Effective: 07/01/2018 | License Expires: 07/01/2021









& Quality Assurance

32936 Certificate Number:

## This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

301 N. Oak. Street Sheridan, AR 72150

Behavioral Health Agency. has met provider requirements to operate a(n)/as.

to 12/30/2022 Certificate effective from 07/01/2019

(unless sooner revoked).



License Number: 33755

### This Is to Certify That

## Southeast Arkansas Behavioral Healthcare System

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity Alc

Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 301 N. Oak Street

Arkansas. Grant , County of Sheridan

License Effective: 07/01/2019 | License Expires: 07/01/2022





### **Division of Medical Services**

Medicaid Provider Enrollment Unit

DXC Technology

P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov



Date: 02/19/2020

NEW BEGINNINGS,CASA 412 YORK ST WARREN, AR 71671-3218 Provider Number: 200535744

Dear NEW BEGINNINGS, CASA:

The 89<sup>th</sup> General Assembly of the State of Arkansas passed Act 1436 of 2013 requiring Arkansas Medicaid providers to be compliant with the Arkansas tax law in order to qualify as a Medicaid provider. This includes Arkansas Medicaid providers who are required to submit an annual audit to the Department of Human Services or who must file certain tax returns or pay any tax due from the previous calendar year.

You are receiving this letter because records indicate that you may be in violation of this legislation. You have thirty (30) days to resolve this matter or you will be disqualified from being an Arkansas Medicaid provider.

In order to address this situation, please contact:

Department of Finance and Administration Corporate Income Tax Section Attn: Marsha Caldwell 1816 West 7<sup>th</sup> Street, Room 2250 Little Rock, AR 72201 Phone: (501) 682-4775 E-mail: Marsha.Caldwell@dfa.arkansas.gov

When you become compliant with requirements, the Department of Finance and Administration will provide a tax clearance letter that you must then present to:

DXC Technology Provider Enrollment Unit P.O. Box 8105 Little Rock, AR 72203-8105 Phone: (501) 376-2211 Fax: (501)374-0746



Division of Medical Services Provider Enrollment Unit DXC Technology



### MAILROOM COVERSHEET

Dear NEW BEGINNINGS, CASA:

This Barcoded Coversheet must be included as page one (1) when you submit any form or document requested in the previous correspondence. Once sent, this coversheet cannot be reused.

Please verify that the information on the table below is correct. If there is an error, please contact the appropriate department to make sure corrections are made. The contact information is located at the top of the letter that is attached to this coversheet.

Arkansas Medicaid Provider Number:200National Provider ID:137Provider Name:NE

200535744 1376805515 NEW BEGINNINGS,CASA

Please send the documents to the following address

AR Medicaid Provider Enrollment Unit PO Box 8105 Little Rock, AR 72203



\*:8888\*\*8888\*


### Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

### **Begin New Search**

For service of process contact the Secretary of State's office.

Corporation Name	TENTH DISTRICT SUBSTANCE ABUSE PROGRAM
Fictitious Names	NEW BEGINNINGS C.A.S.A.
Fillng #	100183576
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	412 YORK STREET WARREN, AR 71671
Reg. Agent	MIKE KNICKERBOCKER
Agent Address	412 YORK ST
	WARREN, AR 71671
Date Filed	04/05/2000
Officers	SEE FILE, Incorporator/Organizer PATTY ZEIMAN, Director DAMON LAMPKIN, Director GARY SPEARS, Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR
Purchase a Certificate of Good Standing for this Entity	Submit a Nonprofit Annual Report

### **Change this Corporation's Address**

### Arkansas Substance Abuse Certification Board

### Hereby Certifies

GARY MCDOUGAL

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

### Certified Alcohol and Drug Counselor

1690 11/13/2019 12/31/2021 **Issue Date Expiration Date** Certificate Number ADC. CS PI President Secretary Vice-President

STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225



Asa Hutchinson Governor

Ruthie Bain Executive Director

Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

Issue Date: May 7, 2019

Melrita Maechel Johnson, LCSW P. O. Box 2028 Pine Bluff, AR 71613

Dear Melrita;

The Social Work Licensing Board is pleased to notity you of your licensure as a Licensed Certified Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 4028-C, is subject to renewal May 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (June 1, 2019 - May 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance. Sincerely,

Judson, LCOW

Leigh Hudson, LCSW Chairman of the Board



Arkansas Social Work License Card

License No. Expiration Date: 4028-C 5/31/2021 Melrita Maechel Johnson, LCSW P. O. Box 2028 Pine Bluff AR 71613

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board. July Under , Low

Chairman

Your LMSW license is hereby retired and is not subject to renewal.

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.

> Please remove card carefully! Bend back and forth along crease before separating.



www.carf.org

September 10, 2020

To Whom It May Concern;

Please be advised that the organization indicated below has earned a Three-Year Accreditation from CARF International:

10th District Substance Abuse Program dba New Beginnings, C.A.S.A. 412 York Street Warren, AR 71671

This accreditation is based on the survey conducted 5/20/2019-5/22/2019 and is effective until 12/31/2021.

The 10th District Substance Abuse Program dba New Beginnings, C.A.S.A. is currently in good standing with CARF and continues to adhere to CARF policies and procedures.

Please let us know if we can be of further assistance.

Sincerely,

Jeine Montyo

Jessica Montijo Resource Specialist Behavioral Health | Child and Youth Services

**CARF INTERNATIONAL** 

6951 East Southpoint Road Tucson, AZ 85756 USA Toll-free 888 281 6531 Tel/TTY 520 325 1044 Fax 520 318 1129

### **CARF-CCAC**

1730 Rhode Island Avenue, NW, Suite 209 Washington, DC 20036 USA Toll-free 866 888 1122 Tel 202 587 5001 Fax 202 587 5009

### **CARF CANADA**

10665 Jasper Avenue, Suite 1400A Edmonton, AB T5J 3S9 CANADA Toll-free 877 434 5444 Tel 780 429 2538 Fax 780 426 7274



### As of 2/19/2020

Survey Number:	117966
Company Number:	26559
Accreditation Decision:	Three-Year Accreditation
Accreditation Expiration Date:	6/30/2022
Company Submitting Application:	Southeast Arkansas Behavioral Healthcare System, Inc. 2500 Rike Drive Pine Bluff, AR 71613

### **Program Summary:**

Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Community Integration: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### **Companies with Programs:**

### Southeast Arkansas Behavioral Healthcare System, Inc. (26559)

2500 Rike Drive Pine Bluff, AR 71613 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - 34th Avenue Center (27781)

3004 West 34th Avenue Pine Bluff, AR 71603 Community Integration: Integrated: AOD/MH (Adults)

### Southeast Arkansas Behavioral Healthcare System - Arkansas County (27779)

121 Commercial Drive B Stuttgart, AR 72160 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Community Integration: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

As of 2/19/2020

### Southeast Arkansas Behavioral Healthcare System - Grant County (36662)

301 North Oak Street
Sheridan, AR 72150
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - Lincoln County (27780)

612 East Arkansas Street Star City, AR 71667 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System – Rison loc (330802)

402 North Main Street, Suite 2 Rison, AR 71665 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Company Count:

6



### As of 2/19/2020

Survey Number:	117966
Company Number:	26559
Accreditation Decision:	Three-Year Accreditation
Accreditation Expiration Date:	6/30/2022
Company Submitting Application:	Southeast Arkansas Behavioral Healthcare System, Inc. 2500 Rike Drive Pine Bluff, AR 71613

### **Program Summary:**

Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Community Integration: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### **Companies with Programs:**

### Southeast Arkansas Behavioral Healthcare System, Inc. (26559)

2500 Rike Drive Pine Bluff, AR 71613 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - 34th Avenue Center (27781)

3004 West 34th Avenue Pine Bluff, AR 71603 Community Integration: Integrated: AOD/MH (Adults)

### Southeast Arkansas Behavioral Healthcare System - Arkansas County (27779)

121 Commercial Drive B Stuttgart, AR 72160 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Community Integration: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

As of 2/19/2020

### Southeast Arkansas Behavioral Healthcare System - Grant County (36662)

301 North Oak Street
Sheridan, AR 72150
Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - Lincoln County (27780)

612 East Arkansas Street Star City, AR 71667 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Crisis Intervention: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System – Rison loc (330802)

402 North Main Street, Suite 2 Rison, AR 71665 Case Management/Services Coordination: Integrated: AOD/MH (Adults) Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents) Outpatient Treatment: Integrated: AOD/MH (Adults) Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Company Count:

6



Division of Provider Services & Quality Assurance

Certificate Number: 32945

## This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

2500 Rike Drive Pine Bluff, AR 71603

has met provider requirements to operate a(n)/as

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022

(unless sooner revoked).



Division of Provider Services & Quality Assurance

License Number: 33757

## This Is to Certify That

# Southeast Arkansas Behavioral Healthcare Systems

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

, Arkansas. **Alcohol and Other Drug Abuse Treatment Programs** Jefferson **2500 Rike Drive** , County of on the premises located at Pine Bluff capacity\_ N/A

License Effective: 07/01/2019 | License Expires: 07/01/2022





& Quality Assurance

Certificate Number: 33307

## This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

3004 West 34th Street Pine Bluff, AR 71603

has met provider requirements to operate a(n)/as

Behavioral Health Agency.

to 12/30/2022 Certificate effective from 07/01/2019

(unless sooner revoked).



Ision of Provider Services & Quality Assurance

Certificate Number: 33329

## This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

121 Commercial Drive B Stuttgart, AR 72160

has met provider requirements to operate a(n)/as

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022

(unless sooner revoked).

A CONTRACT OF THE STREET OF TO



Division of Provider Services & Quality Assurance

License Number: 33754

### This Is to Certify That

# Southeast Arkansas Behavioral Healthcare System

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

Alcohol and Other Drug Abuse Treatment Programs \_ capacity N/A

on the premises located at 121 Commercial Drive "B"

, Arkansas. Arkansas , County of Stuggart

License Effective: 07/01/2018 | License Expires: 07/01/2021









& Quality Assurance

32936 Certificate Number:

## This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

301 N. Oak. Street Sheridan, AR 72150

Behavioral Health Agency. has met provider requirements to operate a(n)/as.

to 12/30/2022 Certificate effective from 07/01/2019

(unless sooner revoked).



Division of Provider Services & Quality Assurance

License Number: 33755

### This Is to Certify That

# Southeast Arkansas Behavioral Healthcare System

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity Alc

Alcohol and Other Drug Abuse Treatment Programs

on the premises located at 301 N. Oak Street

Arkansas. Grant , County of Sheridan

License Effective: 07/01/2019 | License Expires: 07/01/2022





Medicaid Provider Enrollment Unit

DXC Technology



P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov

### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Address	Medicaid Number	NPI Number
as 2500 Rike Drive		
Pine Bluff, AR 716033937	116378726	1457398547
tem, Inc.		
41		~
	as 2500 Rike Drive	as 2500 Rike Drive Pine Bluff, AR 716033937 116378726

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original: DXC Technology Provider Enrollment Unit PO Box 8105 Little Rock, AR 72203 Harris President/CEO Courtesy Copy: Division of Provider Services and Quality Assurance PO Box 1437, Slot S530 Little Rock, AR 72203 <u>cynthia.corbitt@dhs.arkansas.gov</u>

une 11, 2018

Date



Medicaid Provider Enrollment Unit

DXC Technology



P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov

### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
Southeast Arkansa Behavioral Healt System, Inc.	s 3004 West 34TH ncare Pine Bluff, AR 716035502	187062526	1205123445
1			

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original: **DXC** Technology Provider Enrollment Unit PO Box 8105 Little Rock, AR 72203 President/CEC

Courtesy Copy: Division of Provider Services and Quality Assurance PO Box 1437, Slot S530 Little Rock, AR 72203 cynthia.corbitt@dhs.arkansas.gov

uhe II,

Date



Medicaid Provider Enrollment Unit

DXC Technology



P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov

### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
	as 121 Commercial Drive B thcare Stuttgart, AR 721607033	137460726	1730334798
	582		

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original: DXC Technology Provider Enrollment Unit PO Box 8105 Little Rock, AR 72203

Courtesy Copy: Division of Provider Services and Quality Assurance PO Box 1437, Slot S530 Little Rock, AR 72203 cynthia.corbitt@dhs.arkansas.gov

une 11, 2018



Medicaid Provider Enrollment Unit

DXC Technology

P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 # Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov



### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
	s 612 East Arkansas Street care Star City, AR 716674842	137459726	1235384009
System Inc.	1		
	24		2

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original: DXC Technology Provider Enrollment Unit PO Box 8105 Little Rock, AR 72203 sident/QEO

Courtesy Copy: Division of Provider Services and Quality Assurance PO Box 1437, Slot S530 Little Rock, AR 72203 cynthia.corbitt@dhs.arkansas.gov

e 11, 2018



Medicaid Provider Enrollment Unit

DXC Technology



P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov

### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
Southeast Arkansa	s 301 North Oak Street		
Behavioral	Sheridan, AR 721502133	137461726	1770738734
Healthcare Syst	em, Inc.		
2 2 1			

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original: DXC Technology **Provider Enrollment Unit** PO Box 8105 Little Rock, AR 72203 PresidentICEO

Courtesy Copy: Division of Provider Services and Quality Assurance PO Box 1437, Slot S530 Little Rock, AR 72203 cynthia.corbitt@dhs.arkansas.gov

June 11, 2018



### Search Incorporations, Cooperatives, Banks and Insurance Companies

### Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

Begin New Search

For service of process contact the Secretary of State's office.

Corporation Name	SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYSTEM, INC.
Fictitious Names	
Filing #	100047786
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 176 of 1963
Status	Good Standing
Principal Address	2500 RIKE DRIVE PINE BLUFF, AR 71603
Reg. Agent	SPENCER F. ROBINSON
Agent Address	11TH FLOOR SIMMONS FIRST NATIONAL BUILDING 501 MAIN STREET PINE BLUFF, AR 71601
Date Filed	07/01/1964
Officers	SEE FILE, Incorporator/Organizer KATHY HARRIS , Principal NOEL BRYANT , Director ROBERT THOMPSON , Director JACK JONES , Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR
Purchase a Certificate of Good Standing for this Entity	Submit a Nonprofit Annual Report

Change this Corporation's Address



### Home

Name	Jackson, Tori Morgan	
Location	Star City, AR	
Level	LCSW	
License Number	7522-C	
Date Issued	1/23/2018	
Expiration	1/31/2022	

Back

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
  - PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Arkansas Department of Health SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225



Nathaniel Smith, MD, MPH, Secretary of Health

> Ruthie Bain Director Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

January 13, 2020

Fori Morgan Jackson, LCSW 34 Aaron I ane Star City, AR 71667

Tori Morgan Jackson, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of February 1, 2020 through January 31, 2022. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event visit are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are mable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (January 31, 2022) you must obtain 48 hours of social work continuing education between the dates of February 1, 2020 through January 31, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Forure renewal notice remanders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change moddress and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

| Please remove card carefully! Bend back and forth along crease before separating. Arkansas Department of Health Social Work License Card Expiration Date: License No. 1/31/2022 7522-C Tori Morgan Jackson, LCSW 34 Aaron Lane Star City AR 71667 Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Boat Brigh Jubann, Lesar Chairman.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



### Home

Name	Lancelin, Bessie Smith	
Location	Pine Bluff, AR	
Level	LCSW	
License Number	152-C	
Date Issued	5/6/1982	
Expiration	7/31/2022	

Back

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
  - PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Arkansas Department of Health SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225

August 10, 2020

Bessie Smith Lancelin, LCSW 3110 Allister Dr. Pine Bluff, AR 71603



This is to notify you that your licensure as a Social Worker has been approved for the period of August 1, 2020 through July 31, 2022. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended all of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (July 31, 2022) you must obtain 30 hours of social work continuing education between the dates of August 1, 2020 through July 31, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully! Bend back and forth along crease before separating.



Arkansas Department of Health Social Work License Card

Chair

License No.	Expiration Date:
152-C	7/31/2022
Bessie Smith Lancelin, L0	
3110 Allister Dr.	
Pine Bluff AR 71603	
Card bearer is licensed and in good st	anding with the Arkansas
Social Work Licensing Board.	a Stage And DND, LSW

Nathaniel Smith, MD, MPH. Secretary of Health

**Ruthie Bain** Director Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.

### A r k a n s a s SOCIAL WORK LICENSING BOARD



Home

Name	Lipton, Marlyn Martha
Location	Little Rock, AR
Level	LCSW
License Number	1661-C
Date Issued	9/25/2001
Expiration	9/30/2021

Back

8/3/1954

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
  - PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.



Arkansas Social Work License Card

License No. Expiration Date: 1661-C 9/30/2021 Marlyn Martha Lipton, LCSW 4214 Lipton Ln.

Little Rock AR 72206-4556

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Boar

Chairman

### STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225



Asa Hutchinson Governor

Ruthie Bain Executive Director

Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

April 8, 2019

Lillian Marshall, LCSW 3603 Scenic Drive Pine Bluff, AR 71603

Lillian Marshall, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of May 1, 2019 through April 30, 2021. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (April 30, 2021) you must obtain 48 hours of social work continuing education between the dates of May 1, 2019 through April 30, 2021. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully! Bend back and forth along crease before separating.



The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.

### License Search



### Arkansas Psychology Board (501) 682-6167

### David A. Nanak

LICENSE #: 79-31EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

2500 S. Rike Dr. Pine Bluff, AR 71603

ADDITIONAL INFO License Issued - 6/16/1979 License Expires - 6/30/2021 Good Standing - Yes Sanctions - N Verification Check - https://www.ark.org/psych\_lic\_ver/index.php

### **Arkansas Psychology Board**

101 E. Capitol Avenue, Suite 415 Little Rock

David A. Nanak 2500 S. Rike Dr. Pine Bluff, AR 71603

### **STATE OF ARKANSAS**



### **ARKANSAS PSYCHOLOGY BOARD**

Attests that

### David A. Nanak

Is licensed as a

### Psychological Examiner - Independent - Active Status

6/16/1979	6/30/2021	79-31EI
Date Issued	Expiration Date	License Number



.

### License Search



### Arkansas Psychology Board (501) 682-6167

### Don Alan Neal

LICENSE #: 85-26EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

SEABHS 2500 Rike Dr. Pine Bluff, AR 71603

ADDITIONAL INFO License Issued - 6/21/1985 License Expires - 6/30/2021 Good Standing - Yes Sanctions - N Verification Check - https://www.ark.org/psych\_lic\_ver/index.php

### **Arkansas Psychology Board**

101 E. Capitol Avenue, Suite 415 Little Rock

Don Alan Neal 6805 Mount Magazine Cove Pine Bluff, AR 71603

### STATE OF ARKANSAS



### **ARKANSAS PSYCHOLOGY BOARD**

Attests that

Don Alan Neal

Is licensed as a

### Psychological Examiner - Independent - Active Status

6/21/1985	6/30/2021	85-26EI
Date Issued	Expiration Date	License Number





Home

Name	Pace, Reginald Allen	
Location	Pine Bluff, AR	
Level	LMSW	
License Number	6596-M	
Date Issued	6/18/2013	
Expiration	6/30/2021	

Back

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
- PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.



### <u>Home</u>

Name	Seidenstricker, Mallory Katherine	
Location	Devalls Bluff, AR	
Level	LMSW	
License Number	9574-M	
Date Issued	7/2/2019	
Expiration	7/31/2021	

### Back

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
  - PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225



Asa Hutchinson Governor

Ruthie Bain Executive Director

Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

Issue Date: July 2, 2019

Mallory Katherine Schroeder, LMSW 6698 Hwy. 63 S. Devalls Bluff, AR 72041

Dear Mallory;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Master Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LMSW" after your name on all professional correspondence.

Your license, No. 9574-M, is subject to renewal July 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (August 1, 2019 – July 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Sigh Hudson, Lesu

Leigh Hudson, LCSW Chairman of the Board



The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.

> Please remove card carefully! Bend back and forth along crease before separating.



Home

Name	Slaughter, Cynthia G.	
Location	Pine Bluff, AR	
Level	LCSW	
License Number	247-C	
Date Issued	4/15/1982	
Expiration	7/31/2022	

Back

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
  - PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Arkansas Department of Health SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225



Nathanlel Smith, MD, MPH. Secretary of Health

### Ruthie Bain

Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

August 10, 2020

Cynthia G. Slaughter, LCSW 1210 W. 35th Ave. Pine Bluff, AR 71603-6314

Cynthia G. Slaughter, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of August 1, 2020 through July 31, 2022. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (July 31, 2022) you must obtain 30 hours of social work continuing education between the dates of August 1, 2020 through July 31, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully! Bend back and forth along crease before separating.



Arkansas Department of Health Social Work License Card

Chair

License No. Expiration Date: 247-C 7/31/2022 Cynthia G. Slaughter, LCSW 1210 W. 35th Ave. Pine Bluff AR 71603-6314 Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board. The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



<u>Home</u>

Name	Swopes, Heather Nicole
Location	Star City, AR
Level	LCSW
License Number	2064-C
Date Issued	8/17/2006
Expiration	8/31/2022

Back

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
- PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.



### Arkansas Department of Health Social Work License Card

**Expiration Date:** 

 $\sim 2$ 

2064-C 8/31/2022 Heather Nicole Swopes, LCSW 30663 Hwy 11 South Star City AR 71667

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board

alora Stage And DAD LOW Chair

ARKANSAS DEPARTMENT OF HEALTH SOCIAL WORK LICENSING BOARD

Mailing Address: PO Box 251965 Little Rock, AR. 72225-1965

Physical Address: Freeway Medical Tower 5800 West 10<sup>th</sup>, Suite 100 Little Rock, AR 72204

Phone: 501-372-5071 <u>www.arkansas.gov/swlb</u> Fax: 501-372-6301 Email: swlb@arkansas.gov Arkansas State Board of Examiners in Counseling 101 East Capitol Avenue, Ste 202

Little Rock, AR 72201

Marious Tolbert



Date 10/21/2019 For LAC 1410 W. 26th street Pine Bluff, AR 71603 License # A1910138

> Speciality: Technology Assisted Counseling



Arkansas State Board of Examiners in Counseling

Licensee: Marious Tolbert License: A1910138 LAC Effective: 10/21/2019 Expires: 6/30/2021 CHAIR OF THE BOARD There Cher

Payor

Date 10/21/2019

Receipt No. 1498

ltem	Licensee	License No	Туре	Amount
1625	Marious Tolbert	A1910138	Application - Specialization	\$50.00
			Total	\$50.00



### License Search



Arkansas State Board of Examiners in Counseling

(501) 683-5800

### **Marious Tolbert**

LICENSE #: A1910138 | TYPE: LAC | STATUS: ACTIVE

Pine Bluff, 71603

ADDITIONAL INFO Date of Issue: 10/3/2019 Date of Expiration: 6/30/2021 Standing: Good Standing Email: mltolbert22@gmail.com



Home

Name	Walker, Joyce	
Location	Pine Bluff, AR	
Level	LCSW	
License Number	1199-C	
Date Issued	5/2/1996	
Expiration	5/31/2022	

Back

Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
  - PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.



Arkansas Department of Health Social Work License Card

License No. 1199-C

**Expiration Date:** 5/31/2022

Joyce Walker, LCSW 5803 Hampton Parkway Pine Bluff AR 71603

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Boat Sigh Hubson , Lesu

Chairman

### ARKANSAS DEPARTMENT OF HEALTH SOCIAL WORK LICENSING BOARD

Mailing Address: PO Box 251965 Little Rock, AR 72225-1965

Physical Address:

2020 W. Third, Suite 518 Little Rock, AR 72205 Phone: 501-372-5071 www.arkansas.gov/swlb Fax: 501-372-6301 Email: swlb@arkansas.gov

### Arkansas SOCIAL WORK LICENSING BOARD



Home

Name Wells, Leander Cacharel		
Location	Little Rock, AR	
Level	LMSW	
License Number	8528-M	
Date Issued	11/12/2019	
Expiration	11/30/2021	

Back

### Licensure Level Key:

- LCSW: Licensed Certified Social Worker
- LMSW: Licensed Master Social Worker
- LSW: Licensed Social Worker
- PLMSW: Provisional Licensed Master Social Worker
  - PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.



### Arkansas Social Work License Card

License No.

8528-M

11/30/2021

**Expiration Date:** 

Leander Cacharel Wells, LMSW 6410 The Divide Pkwy Apt 205

Little Rock AR 72223

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

Chairman