

Details

For service of process contact the [Secretary of State's office](#).

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM

Fictitious Names

NEW BEGINNINGS C.A.S.A.

Filing

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

CHUCK LIVINGSTON

Agent Address

582 REBECCA CIRCLE MONTICELLO, AR 71655

Date Filed

04/05/2000

Officers

DANIEL SHELTON JR., Director
ROSEMARY WHITE, Director
CHARLES LIVINGSTON, Director
SEE FILE, Incorporator/Organizer
WILLIAM BRIDEWELL, President

Foreign Name

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](#)

carf INTERNATIONAL

A Three-Year Accreditation is issued to

New Beginnings, Casa

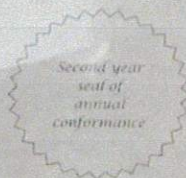
for the following program(s)/service(s):

***Residential Treatment: Integrated: SUD/Mental Health
(Adults)***

This accreditation is valid through
June 30, 2026

First accredited in 2011

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.



This accreditation certificate is granted by authority of:

A handwritten signature in black ink, reading "Donald J. Dew".

Donald J. Dew
Chair
CARF International Board of Directors

A handwritten signature in black ink, reading "Brian J. Boon, Ph.D.". The signature is stylized and includes the letters "Ph.D.".

Brian J. Boon, Ph.D.
President/CEO
CARF International

June 12, 2023

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

Dear Ms. Curry:

It is my pleasure to inform you that 10th District Substance Abuse Program dba New Beginnings, C.A.S.A. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
Residential Treatment: Integrated: SUD/Mental Health (Adults)

This accreditation will extend through June 30, 2026. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may order additional certificates from Customer Connect (<https://customerconnect.carf.org>).

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Melissa Cota by email at mcota@carf.org or telephone at (888) 281-6531, extension 7075.

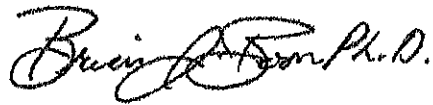
Ms. Curry

2

June 12, 2023

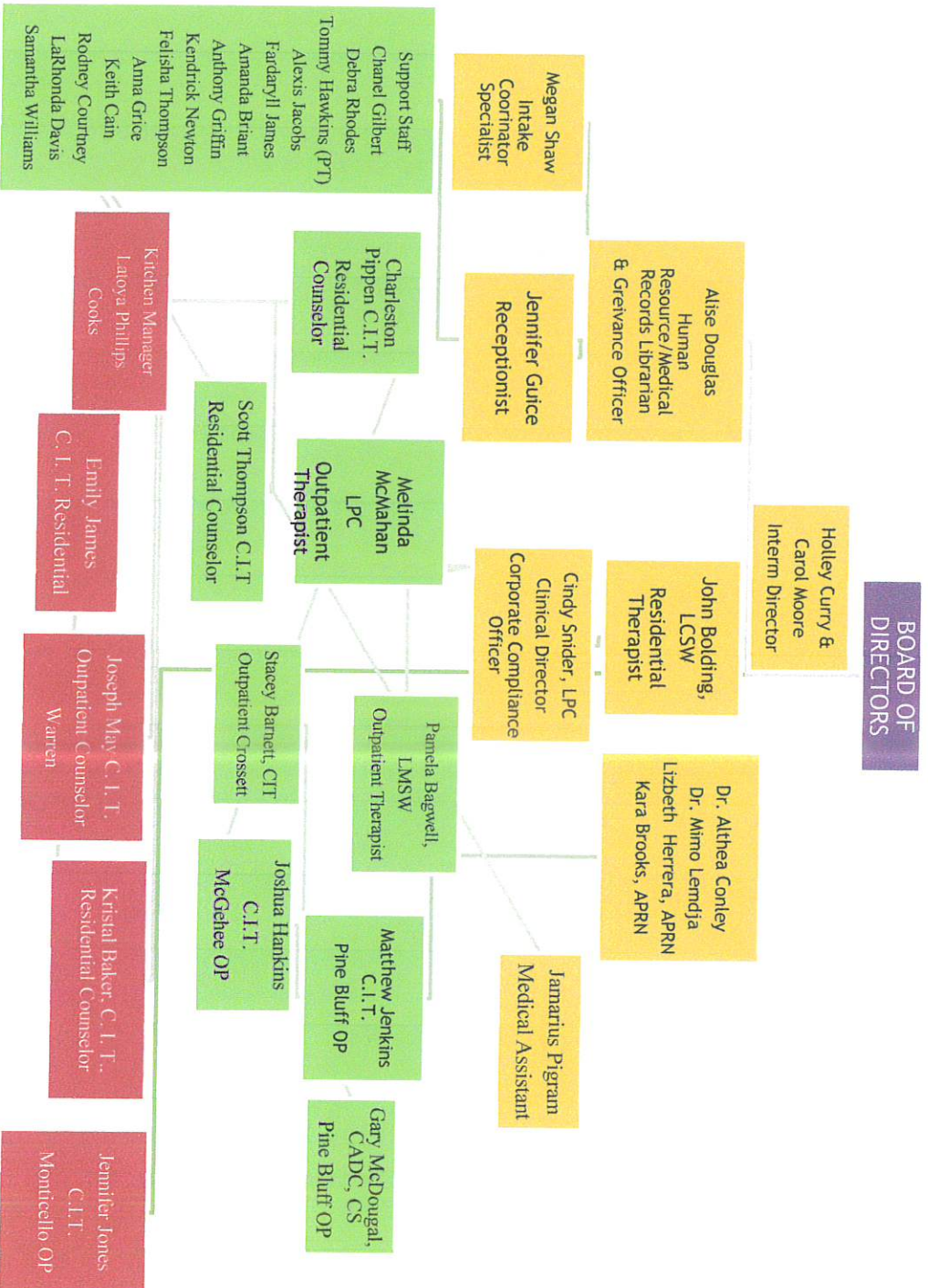
CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in black ink, reading "Brian J. Boon, Ph.D." in a cursive script.

Brian J. Boon, Ph.D.
President/CEO

Enclosures



Organizational Contact List

Holley Curry	870-466-2154	nbcexecutivedirector@gmail.com	Executive Director
Alise Douglas	870-820-0474	adouglas.nbcasa@gmail.com	Administrative Assistant/HR
Magen Shaw	870-308-0217	mshaw.nbcasa@gmail.com	Intake Coordinator
Jennifer Guice	318-231-6498	jguice.nbcasa@gmail.com	Receptionist
Mindy McMahan	870-314-0216	mmcmahan.nbcasa@gmail.com	Therapist
Pam Bagwell	870-281-4473	pbagwell.nbcasa@gmail.com	Therapist
John Bolding	501-291-3607	jebolding.nbcasa@gmail.com	Therapist
Gary McDougal	870-489-7903	gmcdougal.nbcasa@gmail.com	CADC, CS, PR
Lizabeth Herrera		herrerapsych@gmail.com	APRN
Kara Brooks	501-733-7095	brooks.nbcasa@gmail.com	APRN
Lemdja Mimo	870-786-2033	mmsruralclinic@gmail.com	MAT APRN
Jamarius Pigram	870-273-6340	jpigram.nbcasa@gmail.com	Medical Assistant
Kristal Baker	870-952-1309	kbaker.nbcasa@gmail.com	Residential CIT
Lisa Hoover	870-329-8100	lrice.nbcasa@gmail.com	Residential CIT
Emily James	870-820-8878	ejames.nbcasa@gmail.com	Residential CIT
Charleston Pippen	870-831-9232	cpipen.nbcasa@gmail.com	Residential CIT
Scott Thompson	501-226-9218	sthompson.nbcasa@gmail.com	Residential CIT
Joseph May	870-952-1295	jmay.nbcasa@gmail.com	Outpatient Warren CIT
Jennifer Jones	501-499-0526	jjones.nbcasa@gmail.com	Outpatient Monticello CIT
Matthew Jenkins	870-592-1938	mjenkins.nbcasa@gmail.com	Pine Bluff Outpatient CIT
Joshua Hankins	501-259-1901	jhankins.nbcasa@gmail.com	McGehee Outpatient CIT
Stacey Barnett	870-415-8993	sbarnett.nbcasa@gmail.com	Crossett Outpatient CIT
Alexis Jacobs	870-415-1952	ajacobs.nbcasa@gmail.com	Support Staff Warren
Chanel Gilbert	870-952-0821	ggilbert.nbcasa@gmail.com	Support Staff Warren
Tommy Hawkins	870-484-3355	thawkins.nbcasa@gmail.com	Support Staff Warren
Keith Cain	870-308-4603	kcain.nbcasa@gmail.com	Support Staff Warren
Fardaryll James	870-281-7285	fjames.nbcasa@gmail.com	Support Staff Warren
Amanda Briant	870-952-9355	abriant.nbcasa@gmail.com	Support Staff Warren
Kendrick Newton	870-820-4046	knewton.nbcasa@gmail.com	Support Staff Warren
Felisha Thompson	501-517-6055	ftompson.nbcasa@gmail.com	Support Staff Warren
Anna Grice	870-820-3332	agrice.nbcasa@gmail.com	Support Staff Warren
Anthony Griffin	870-224-3816	agriffin.nbcasa@gmail.com	Support Staff Warren

Sharnesha Green 870-224-6640 sgreen.nbcasa@gmail.com
Rodney Courtney 870-820-6148 rcourtney.nbcasa@gmail.com
LaRhonda Davis 870-250-1548 ldavis.nbcasa@gmail.com
Samantha Williams 870-466-2085 samanthaw.nbcasa@gmail.com
Latoya Phillips 870-820-7895 lphillips.nbcasa@gmail.com

Support Staff Warren
Support Staff Warren
Support Staff Warren
Support Staff Warren
Kitchen Manager



Primary Source
License Verification

Verification Report

Primary Source Board of Nursing Report Summary for

KARA MICHELLE BROOKS [NCSBN ID: 23004935] ⓘ

Monday, March 03 2025 03:47:55 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within this verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification and transfer/endorse to another state, use the Nurse License Verification (<https://www.nursys.com/>) service to request the required verification of licensure.

Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
BROOKS, KARA MICHELLE	LPN	LTP-008881	Inactive	08/03/2015	10/03/2016	N/A	NO
Primary Source Board of Nursing Messages & Notifications <ul style="list-style-type: none"> This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. 							

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
BROOKS, KARA MICHELLE	LPN	L057100	Expired	10/02/2015	10/31/2018	N/A	NO

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
BROOKS, KARA MICHELLE	RN	RTP-020247	Inactive	02/03/2017	04/20/2017	N/A	NO
Primary Source Board of Nursing Messages & Notifications <ul style="list-style-type: none"> This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. 							

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
BROOKS, KARA MICHELLE	RN	R103881	Active	04/20/2017	10/31/2026	Multistate	NO

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
BROOKS, KARA MICHELLE	APRN-CNP	229839	Active	07/16/2024	10/31/2026	N/A	NO

Advanced Practice license/recognition information

- Population Focus/Specialty:
 - Focus/Specialty: Psychiatric/mental Health
 - Certification expiration date: 06/09/2029
- Prescriptive Authority
 - Prescriptive Authority Status: Active
 - Prescriptive Authority Number: 14673

License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

Nurse Licensure Compact (NLC) Information

- Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state, provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)



Primary Source
License Verification

Verification Report

Primary Source Board of Nursing Report Summary for

LIZBETH LAURA HERRERA [NCSBN ID: 21162206] ⓘ

Monday, March 03 2025 03:47:11 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within this verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (<https://www.nursys.com/>) service to request the required verification of licensure.

Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
HERRERA, LIZBETH LAURA	RN	RTP-004011	Inactive	06/09/2008	07/18/2008	N/A	NO
Primary Source Board of Nursing Messages & Notifications <ul style="list-style-type: none"> This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. 							

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
HERRERA, LIZBETH LAURA	RN	R081715	Active	07/18/2008	12/31/2026	Multistate	NO

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
HERRERA, LIZBETH LAURA	APRN-CNP	121647	Active	07/24/2019	12/31/2026	N/A	NO

Primary Source Board of Nursing Messages & Notifications

- Full Practice Authority: Collaborative Practice Agreement not required.

Advanced Practice license/recognition information

- Population Focus/Specialty:
 - Focus/Specialty: Psychiatric/mental Health
 - Certification expiration date: 07/17/2029
- Prescriptive Authority
 - Prescriptive Authority Status: Active
 - Prescriptive Authority Number: 6121

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Detailed License Verification

Queried on: Monday, March 03, 2025 at: 3:43 PM

General Information

Name: Mimo Rose Lemdja, M.D.

Primary Specialty: Family Medicine

Secondary Specialty:

Address Information

Mailing Address: 113 W. Ruby Street

City/State/Zip: Stephens, AR 71764

Phone: (870) 299-2998

Fax: (870) 786-2034

Home State: AR

License Information

License Number: E-6606

Original Issue Date: 8/6/2010

Expiration Date: 8/31/2026

License Status: Active

License Category: Unlimited

License Number: T2010-084

Original Issue Date: 6/18/2010

Expiration Date: 8/6/2010

License Status: Inactive

License Category: Temporary

Certifications (ABMS Boards)

Specialty: Family Medicine
Certification Type: Certified
Certification Status: Active/Time Limited - Participating in MOC
Certification Board: ABMS - Amer Bd of Family Medicine
Certificate Number:
Certification Date: 04/16/2014
Recertification Date:
Expiration Date:
Verification Date: 10/11/2024
Verification Source: Certifacts
Remarks: Expiration date no longer listed on verification per source

o Information Found for: License Board History



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Lisa Hoover Rice

Location: Monticello, AR**Level:** LCSW**License Number:** 5412-C**Date Issued:** 9/20/2024**Expiration:** 9/30/2026**Disciplinary Action:** no

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.

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



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Pamela Sue Bagwell

Location: Sherwood, AR**Level:** LMSW**License Number:** 9754-M**Date Issued:** 11/26/2019**Expiration:** 11/30/2025**Disciplinary Action:** no

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.

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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



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

John Edward Bolding

Location: Searcy, AR**Level:** LCSW**License Number:** 7556-C**Date Issued:** 3/20/2018**Expiration:** 3/31/2026**Disciplinary Action:** no

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.

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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



Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy

Mary Snider

License Number

P0710060

License Status

Active

License Expiration Date

05/31/2026

License Type

LPC

Initial Date of Licensure

10/19/2007

Phone

(870) 949-3009

E-mail Address

cindy.snider@mail.com

Primary Place of Practice

Employer

New Beginnings CASA

Street

412 York Street

City

Warren

Province / State

Arkansas

Zip Code

71671

Powered by Thentia Cloud (<https://www.thentia.com>)



Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy

M. McMahan

License Number

P2009079

License Status

Active

License Expiration Date

05/31/2027

License Type

LPC

Initial Date of Licensure

09/22/2020

Phone

(870) 314-0216

E-mail Address

melindaf67@gmail.com

Primary Place of Practice

Employer

New Beginnings CASA

Street

156 McMahan Trce, NA

City

El Dorado

Province / State

Arkansas

Zip Code

71730

Powered by Thentia Cloud (<https://www.thentia.com>)



Joshua Hankins

Name:	Hankins Joshua
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00561
Active Status:	Not Expired
Expiration date:	2029-12-04
Application Status:	Completed



Kristal Baker

Name:	Baker Kristal
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00504
Active Status:	Not Expired
Expiration date:	2029-07-11
Application Status:	Completed



Emily James

Name:	James Emily
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00389
Active Status:	Not Expired
Expiration date:	2028-04-20
Application Status:	Completed



Jason Scott Thompson

Name:	Thompson Jason Scott
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00563
Active Status:	Not Expired
Expiration date:	2029-12-10
Application Status:	Completed



Charleston Pippen

Name:	Pippen Charleston
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00574
Active Status:	Not Expired
Expiration date:	2030-01-27
Application Status:	Completed



Jennifer Jones

Name:	Jones Jennifer
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00386
Active Status:	Not Expired
Expiration date:	2028-03-30
Application Status:	Completed



Gary McDougal

Name:	McDougal Gary
Credential acronym:	PR
Credential ID:	034
Active Status:	Not Expired
Expiration date:	2025-12-31
Application Status:	Completed



Gary McDougal

Name:	McDougal Gary
Credential acronym:	CS
Credential ID:	1690
Active Status:	Not Expired
Expiration date:	2025-12-31
Application Status:	Completed



Gary McDougal

Name:	McDougal Gary
Credential acronym:	ADC
Credential ID:	1690
Active Status:	Not Expired
Expiration date:	2025-12-31
Application Status:	Completed



Stacey Barnett

Name:	Barnett Stacey
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00475
Active Status:	Not Expired
Expiration date:	2029-05-09
Application Status:	Completed



Erica Dawson

Name:	Dawson Erica
Credential acronym:	CIT-M
Credential ID:	CIT-M-00179
Active Status:	Not Expired
Expiration date:	2028-07-07
Application Status:	Completed



Matthew Jenkins

Name:	Jenkins Matthew
Credential acronym:	CIT-M
Credential ID:	CIT-M-00181
Active Status:	Not Expired
Expiration date:	2028-07-31
Application Status:	Completed



Joseph May

Name:	May Joseph
Credential acronym:	CIT-HG
Credential ID:	CIT-HS-00344
Active Status:	Not Expired
Expiration date:	2027-11-15
Application Status:	Completed



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 49848

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA

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

N/A capacity

ALCOHOL & SUBSTANCE ABUSE TREATMENT

on the premises located at

1105 WOODLAWN ST

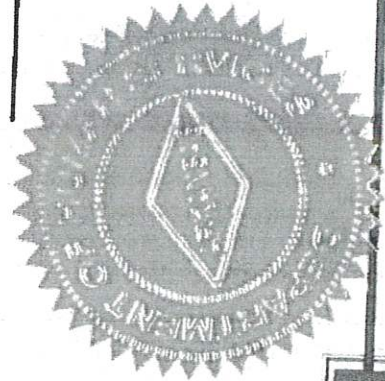
WARREN

, County of

BRADLEY

, Arkansas.

License Effective: 03/22/2024 | License Expires: 03/21/2025





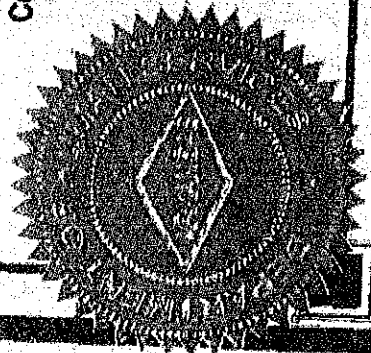
Certificate Number: 49851

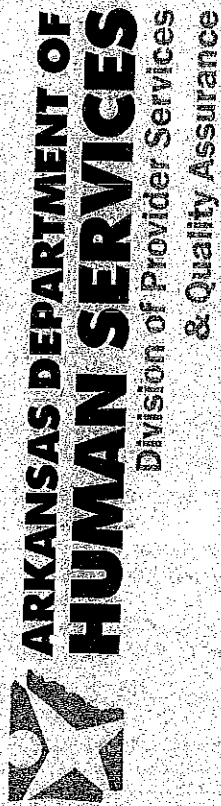
This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA
1105 WOODLAWN ST WARREN AR 71671-3050

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 03/22/2024 to 12/29/2026 (unless sooner revoked).





License Number: 34083

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA

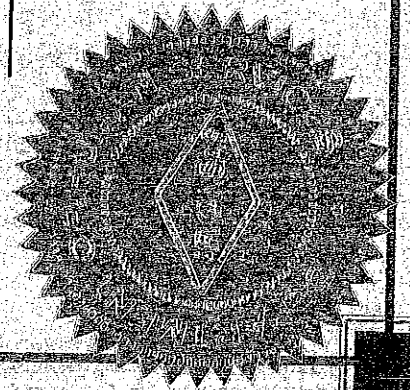
Is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

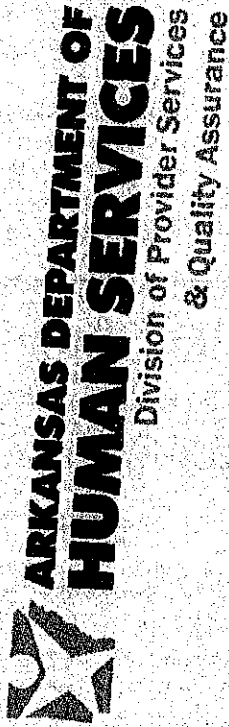
N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs

on the premises located at _____ 412 YORK STREET _____,

WARREN _____, County of _____ BRADLEY _____, Arkansas.

License Effective: 03/28/2023 | License Expires: 03/27/2026





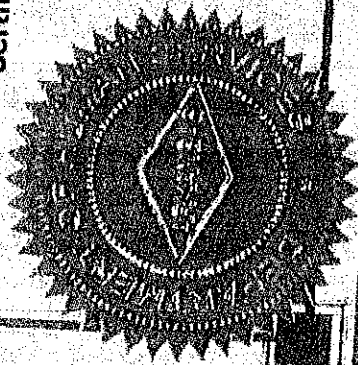
Certificate Number: 33263

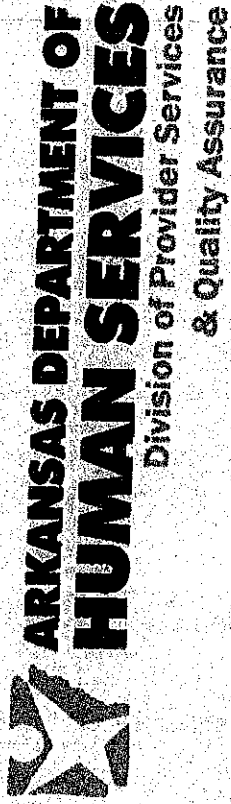
This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA
412 YORK ST WARREN AR 71671-3218

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

Certificate effective from 12/31/2023 to 12/30/2026 (unless sooner revoked).





License Number: 34083

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA

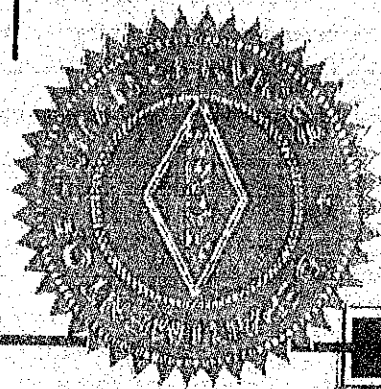
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs

on the premises located at _____ 2805 S WILLOW STREET

PINE BLUFF _____, County of _____ JEFFERSON _____, Arkansas.

License Effective: 03/29/2023 | License Expires: 03/28/2026





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

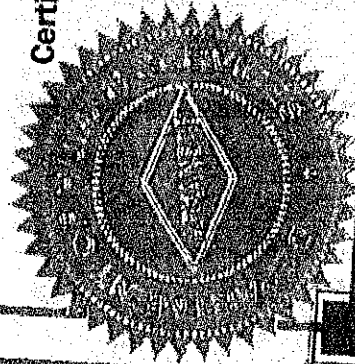
Certificate Number: 33263

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA
2805 SOUTH WILLOW STREET PINE BLUFF AR 71603

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

Certificate effective from 12/31/2023 to 12/30/2026 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34080

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA

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

N/A capacity

Alcohol and Other Substance Abuse Treatment Programs

on the premises located at

351 HWY 425 S SUITE B

MONTICELLO

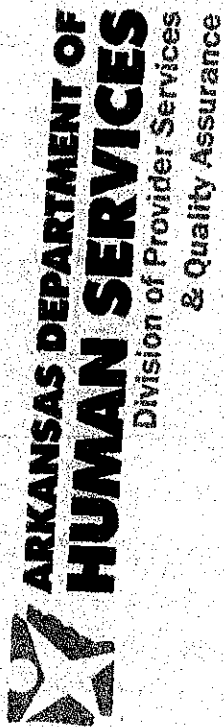
County of

DREW

Arkansas.

License Effective: 01/24/2023 | License Expires: 01/23/2026





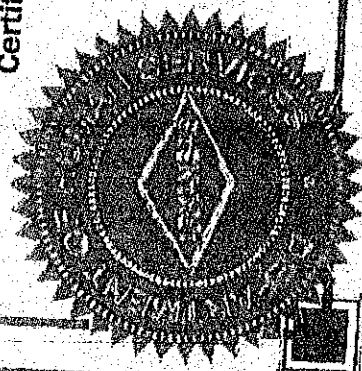
Certificate Number: 33160

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA
351 B HWY 425 S MONTICELLO AR 71655-4611

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

Certificate effective from 12/31/2023 to 12/30/2026 (unless sooner revoked).





License Number: 34071

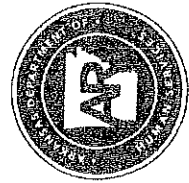
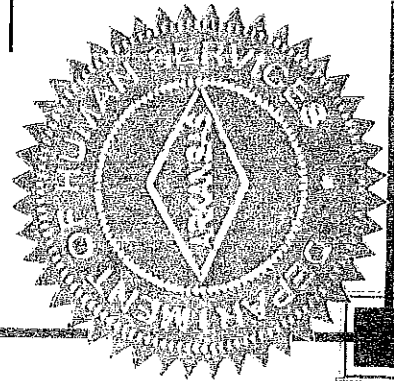
This Is to Certify That

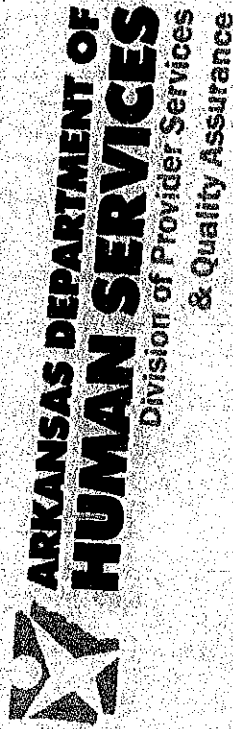
TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a
N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs _____

on the premises located at _____ 207 N 2ND STREET _____,
MCGEEHEE _____, County of _____ DESHA _____, Arkansas.

License Effective: 02/25/2023 | License Expires: 02/24/2026





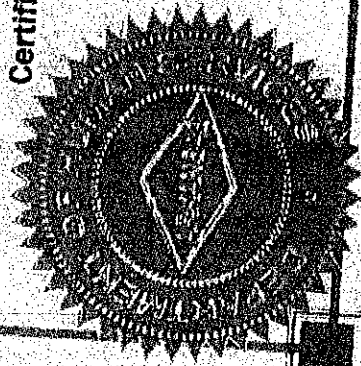
Certificate Number: 33444

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA
207 S 2ND ST MCGEE AR 71654-2348

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

Certificate effective from 12/31/2023 to 12/30/2026 (unless sooner revoked).





License Number: 34070

This Is to Certify That

NEW BEGINNINGS CASA

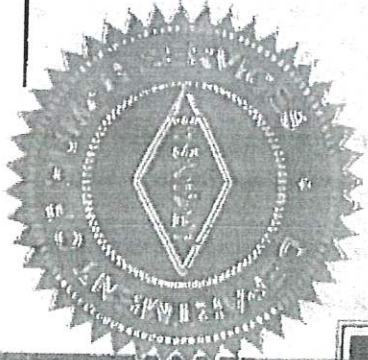
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

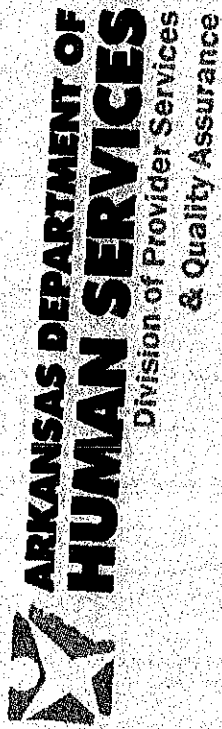
N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs _____

on the premises located at _____ 1211 HWY 133 S _____,

CROSSETT _____, County of _____ ASHLEY _____, Arkansas.

License Effective: 01/30/2023 | License Expires: 01/29/2026





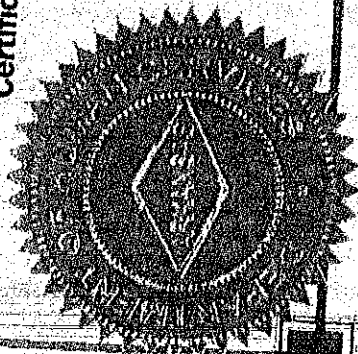
Certificate Number: 33461

This Is to Certify That

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS CASA
1211 AR-133 CROSSETT AR 71635-4843

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

Certificate effective from 12/31/2023 to 12/30/2026 (unless sooner revoked).



BID RESPONSE PACKET
710-24-025

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Tenth District Substance Abuse Treatment Program d.b.a New Beginnings, C.A.S.A			
Address:	412 York Street			
City:	Warren	State:	AR.	Zip Code: 71671
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #:		_____ * See Minority and Women-Owned Business Policy		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
Provide contact information to be used for bid solicitation related matters.				
Contact Person:	Holley Curry	Title:	Interim Executive Director	
Phone:	870-226-9955	Alternate Phone:	870-466-2154	
Email:	nbcexecutivedirector@gmail.com			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> 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. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Bid 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.</i>				
COMBINED CERTIFICATIONS FORM				
Prospective Contractor has included in this submission packet the signed Attachment H: Combined Certifications for Contracting with the State of Arkansas.				

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:

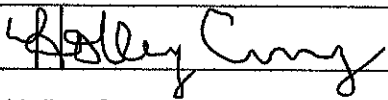
Authorized Signature: Holley Curry Title: Interim Executive Director

Printed/Typed Name: Holley Curry Date: 03/03/2025

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **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 the *bid solicitation*.

Vendor Name:	Tenth District Substance Abuse Treatment Program d.b.a New Beginnings, C.A.S.A.	Date:	03/03/2025
Signature:		Title:	Interim Executive Director
Printed Name:	Holley Curry		

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.

Type or Print the following information.

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE
SUBCONTRACTORS TO PERFORM SERVICES.**

COUNTIES

Instructions: Select each county in which services can be provided by the Prospective Contractor.

Arkansas	✓
Ashley	✓
Baxter	
Benton	
Boone	
Bradley	✓
Calhoun	
Carroll	
Chicot	✓
Clark	
Clay	
Cleburne	
Cleveland	✓
Columbia	
Conway	
Craighead	
Crawford	
Crittenden	
Cross	
Dallas	
Desha	✓
Drew	✓
Faulkner	
Franklin	
Fulton	

Garland	
Grant	✓
Greene	
Hempstead	
Hot Spring	
Howard	
Independence	
Izard	
Jackson	
Jefferson	✓
Johnson	
Lafayette	
Lawrence	
Lee	
Lincoln	✓
Little River	
Logan	
Lonoke	
Madison	
Marion	
Miller	
Mississippi	
Monroe	
Montgomery	
Nevada	

Newton	
Ouachita	
Perry	
Phillips	
Pike	
Poinsett	
Polk	
Pope	
Prairie	
Pulaski	
Randolph	
Saline	
Scott	
Searcy	
Sebastian	
Sevier	
Sharp	
St. Francis	
Stone	
Union	
Van Buren	
Washington	
White	
Woodruff	
Yell	

All counties (Statewide)	
--------------------------	--

SERVICE TYPES

Instructions: Select each type of substance abuse treatment service that can be provided by the Prospective Contractor. **All services will include intake and assessment.**

Residential - Full day	✓
Residential - Partial Day	✓
Residential - Adolescent	
Outpatient – Individual	✓
Outpatient – Family	✓
Outpatient – Group	✓

Outpatient – multi-family group	
Outpatient – Adolescent	✓
Outpatient - Intensive	✓
Specialized Women Services	
RADD Observation Detox	
Medication Management	✓

SECTION 2.4 MINIMUM QUALIFICATIONS



Currently enrolled as a service provider in the Arkansas Medicaid Program. Prospective Contractor's Medicaid Service Provider Number: _____



NOT currently enrolled as a service provider in the Arkansas Medicaid Program.

STATEMENT OF ATTESTATION

The Contractor **must** be enrolled as a service provider in the Arkansas Medicaid Program by the contract start date of May 1, 2024. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without enrollment. Any enrollment information after the bid opening must be submitted to

By signature below, the Prospective Contractor agrees to and shall fully comply with all requirements as described in this attestation.

Authorized Signature: Holley Curry

Printed/Typed Name: Holley Curry Date: 3/3/2025

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Certificate of Accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF)
- List of proposed staff
- *Official Bid Price Sheet*
- All documents provided in the *Bid Response Packet*
- Copy of Vendor's *Equal Opportunity Policy*
- Signed Addenda, if applicable
- EO 98-04 Contract and Grant Disclosure Form (Attachment A)
- Certifications and Restrictions (Attachment H)

Contract Number _____

Attachment Number _____

Action Number _____

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____

☐ Yes ☒ No

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

IS THIS FOR:

TAXPAYER ID NAME: Tenth District Substance Abuse Treatment Program dba New Beginnings, CA: Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Curry FIRST NAME Holley M.I.: D

ADDRESS: 412 York Street

CITY: Warren

STATE: AR

ZIP CODE: 71671

COUNTRY: USA

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:

FOR INDIVIDUALS *

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:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

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 of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Person's Name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly									
Constitutional Officer									
State Board or Commission Member									
State Employee									

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

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:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. 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.
2. I will include the following language as a part of any agreement with a subcontractor:

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.
3. 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.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Holley Curry Title Interim Executive Director Date 3/3/2025
Vendor Contact Person Holley Curry Title Interim Executive Director Phone No. (870) 466-2154

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Agency Contact Phone No. _____ Agency Contract or Grant No. _____



SECTION 2: EQUAL EMPLOYMENT OPPORTUNITY

New Beginnings CASA works hard to create an environment that promotes mutual trust and credibility. We are committed to personal respect for all employees. Therefore, New Beginnings CASA adheres to all federal, state and local laws regarding equal employment opportunity. Employment decisions including, but not limited to, recruitment, promotion, transfer, demotion, layoff, termination, compensation, and training are determined solely on the basis of qualifications and ability without regard to race, color, religion, sex, sexual orientation, national origin, ancestry, age, blindness or disability, military or veteran status, genetics, citizenship status or any other factor protected by applicable federal, state or local laws.

Reasonable Accommodation:

New Beginnings CASA will comply with all federal, state, and local laws concerning the employment of persons with disabilities, as required by The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendment Act (ADAA). This extends to all aspects of the employment relationship, including hiring, transfers, promotions, training, terminations, working conditions, compensation, benefits, making reasonable accommodation under the Americans with Disabilities Act, the Americans with Disabilities Amendment Act (ADAA) and other terms and conditions of employment.



COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.

A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.

2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.

No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.

3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.

A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.

4. **Scrutinized Company Restriction:** Required with bid or proposal submission.

A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: _____ Description: Substance Abuse Treatment

Agency Name: Tenth District Substance Abuse Program dba New Beginnings

Vendor Number: _____ Vendor Name: New Beginnings, CASA

Holley Curry
Vendor Signature

3/3/25
Date

OFFICIAL BID PRICE SHEET

710-24-025 Substance Abuse Treatment

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed *Official Bid Price Sheet* with bid submission.

Instructions:

Enter a unit price for each item. Totals for each table and the total average cost will automatically calculate. DCFS will not accept any rate above the current Medicaid rates.

<u>Table 1: Intake & Assessment</u>	<u>Unit of Measure</u>	<u>Unit Price</u>
Intake and Assessment	Rate per Each	\$ 200.00
Total		\$ 200.00
<u>Table 2: Residential Services</u>	<u>Unit of Measure</u>	<u>Unit Price</u>
Residential Treatment	Rate per Day	\$ 150.00
Partial Day Treatment	Rate per 4 Hours	\$ 75.00
Adolescent	Rate per Day	\$ -
Specialized Women Services	Rate per Day	\$ -
RADD Observation Detox	Rate per Each	\$ -
Medication Management	Rate per Each	\$ 125.00
Total		\$ 350.00
<u>Table 3: Outpatient Services</u>	<u>Unit of Measure</u>	<u>Unit Price</u>
Individual	Rate per 0.25 Hour	\$ 28.78
Family	Rate per 0.25 Hour	\$ 28.78
Group	Rate per 0.25 Hour	\$ 47.76
Multi-Family Group	Rate per 0.25 Hour	\$ -
Adolescent	Rate per 0.25 Hour	\$ 28.78
Intensive	Rate per Day	\$ 75.00
Total		\$ 209.10
TOTAL AVERAGE COST		\$ 619.70

AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name:

Tenth District Substance Abuse Treatment Program dba New Beginnings, C.A.S.A

Signature:

Printed Name:

Holley Curry

710-24-025 Substance Abuse Treatment

Tenth District dba New Beginnings, C.A.S.A

Clarification issued.

Medicaid provider number received: Medicaid provider number is 274871526