# **BID SIGNATURE PAGE**

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION							
Company:	ARVAC, Inc., dba Lake	Point Recover	y and Wellness				
Address:	227 SR 333						
City:	Russellville		State:	AR	Zip Code:	72802	
Business Designation:	□ Individual □ Partnership		Proprietorship poration		<ul> <li>Public Servic</li> <li>Nonprofit</li> </ul>	e Corp	
Minority and Women-Owned Designation*:	Not Applicable     African American     Asian American     AR Certification #:			Vomen-Ov			
	PROSPECTIV Provide contact info	/E CONTRAC	FOR CONTACT INFOR	MATION			
Contact Person:	Amanda Atkinson		Title:	Chief Cor	mpliance Office	er	
Phone:	501-242-1535 Alternate Phone: 479-219-5292						
Email: aatkinson@arvacinc.org arvac@arvacinc.org							
CONFIRMATION OF REDACTED COPY							
<ul> <li>□ YES, a redacted copy of submission documents is enclosed.</li> <li>☑ 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.</li> </ul>							
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.							
	CON	BINDED CER	TIFICATIONS FORM				
Prospective Contr Contracting with th	actor has included in this ae State of Arkansas.	submission p	acket the signed Attac	hment H:	Combined C	ertifications for	
The signature below	zed to bind the Prospecti v signifies agreement that tive Contractor's bid to b	any exception	that conflicts with a Re			olicitation will	

Authorized Signature:	Auphanie Ste	<u></u>	CEO	
Printed/Typed Name:	Stephanie Garner	Date:	5/12/25	

# **SECTIONS 1 - 4 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 the bid solicitation.

Vendor Name:	ARVAC, Inc. dba Lake Point Recovery and WEllness	Date:	5/12/2025
Signature:	Suphane Juner	Title:	CEO
Printed Name:	Stephanie Garner, CEO		

# 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	

All counties (Statewide)

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	

# SERVICE TYPES

<u>Instructions:</u> 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	V
Residential - Partial Day	V
Residential - Adolescent	
Outpatient - Individual	V
Outpatient - Family	1./
Outpatient - Group	17

Outpatient - multi-family group	V
Outpatient – Adolescent	
Outpatient - Intensive	~
Specialized Women Services	1.1
RADD Observation Detox	1
Medication Management	1

# **SECTION 2.2 MINIMUM QUALIFICATIONS**





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. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without enrollment.

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

Authorized Signature: D Jarner Date: 5/12/25 Printed/Typed Name: ephanie

Action Number Failure to complete all of the follo	wing info		CONTRACT AND GRAN	T DISCL	OSURE	GRANT DISCLOSURE AND CERTIFICATION FORM		
SUBCONTRACTOR: SUBCON	ITRACTOR	NAME:	5 5 D			subcontractor: subcontractor name: Subcontractor name: Subcontractor name: Subcontractor name: State Agency.		
TAXPAYER ID NAME: ARVAC Inc.	lnc.					IS THIS FOR: Goods? Services? V Both?		
YOUR LAST NAME: Garner			FIRST NAME	Stephanie		II		
ADDRESS: 227 SR 333								
стту: Russellville			STATE:	AR	ZIP CODE:	72802	COUNTRY: United States	
<u>AS A CONDITION OF OBTAINING, EXTENDING, AMEI OR GRANT AWARD WITH ANY ARKANSAS STATE A</u>	BTAIN TH AN	Y AR	EXTENDING, AMENDING, KANSAS STATE AGENCY	OR REN	MOTIC	CONTRACT, LEASE, PURCHASE / G INFORMATION MUST BE DISCLO	INT,	
2			FOR	IND	ΙΙΔΙ	INDIVIDUALS*		<b></b>
Indicate below if: you, your spou: Member, or State Employee:	se or the I	brother,	sister, parent, or child of you or your	spouse <i>is</i> a	current or	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:	tate Board or Commission	
Position Held	Mar	Mark (√)	Name of Position of Job Held [senator, representative, name of	For How Long?	/ 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.]	) you? etc.1	
	Current	Former	board/ commission, data entry, etc.]	From MM/YY	To MM/YY	Person's Name(s)	Relation	
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								
None of the above applies	Se			-				
			FOR AN EN	TITV	У (	BUSINESS)*		
Indicate below if any of the followi Officer, State Board or Commissic Member, or State Employee. Pos	Ig person n Membe tion of co	is, currer er, State introl me	nt or former, hold any position of con Employee, or the spouse, brother, s ans the power to direct the purchasi	trol or hold a ster, parent, ng policies o	any owners , or child of or influence	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 Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.	Assembly, Constitutional oard or Commission	
Position Held	Mark (√)	(N) ×	Name of Position of Job Held	For How Long?	Long?	What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	nterest and/or	
	Current	Former	board/commission, data entry, etc.]	From MM/YY	To MM/YY	Person's Name(s) Ownership	Position of	
General Assembly							COULTO	
Constitutional Officer								
State Board or Commission Member	2		ADFA Bo9ard Member	10/18 F	Present	Stephanie Garmer 0%	N/A	
State Employee								
None of the above applies	s							

Docusign Envelope ID: 06BC8A04-3777-4D03-ABC8-D286D4F4F0EF

Attachment Number

DHS Revision 11/05/2014

Action Number Contract and Grant Disclosure and Certification Form	<u>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 adopted pursuant to disclosure or who violates any rule, regulation, or policy adopted pursuant to 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.</u>	As an additional condition of obtaining, extending, amending, or renewing a contract with a <i>state agency</i> 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 <b>CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM</b> completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.	belief, all of the above infor	Vendor Contact Person Stephanie Title CEO Title CEO Phone No. (479) 219-5292	<u>Agency use only</u> Agency Number 0710 Name Department of Human Services Contact Person Phone No. or Grant No.	
--	--	--	--	--	--------------------------------	--	---	--

Docusign Envelope ID: 06BC8A<u>04-3777-4D03-ABC8-</u>D286D4F4F0EF Attachment Number



# Arkansas Secretary of State Cole Jester

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501-682-3409

# **Certificate of Good Standing**

I, Cole Jester, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

## ARVAC, INC.

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office February 10, 1965.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof,** I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of May 2025.

Cole Jester Secretary of State Online Certificate Authorization Code: 441c137ce83a68a To verify the Authorization Code, visit sos.arkansas.gov

May 11, 2023

Amanda D. Atkinson Lake Point Recovery and Wellness 83 Arvac Lane Russellville, AR 72802

Dear Ms. Atkinson:

It is my pleasure to inform you that Lake Point Recovery and Wellness has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Day Treatment: Integrated: SUD/Mental Health (Adults) Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) 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.

CARF International Headquarters 6951. E. Southpoint Road Tucson, AZ 85756-9407, USA Ms. Atkinson

Sincerely,

Jon Ph.D.

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

Enclosures

### **Staffing Plan**

Lake Point Recovery and Wellness (LPRW) will implement a comprehensive and multidisciplinary staffing model to support its proposed scope of services, which includes residential, and outpatient substance use disorder treatment, co-occurring mental health services, and supportive recovery services. The staff listed below fulfill key roles necessary for compliance with DHS, DBHS, and CARF standards, and bring a blend of professional licensure, clinical expertise, and operational support.

## **Clinical Team (Therapists)**

All therapists must hold CIT (Counselor in Training) status or licensure (LAC/LPC) and meet QBHP requirements.

- Whitney Jackson, LPC Clinical Director
- Summer Prado, LPC, LADAC, ICCS, ICADC, SAP Certified Clinical Supervisor
- Matthew Asaro CIT / ADC
- Hailey Smiley CIT / ADC
- Lenore Tripp CIT / AADC

# Support Staff / Treatment Specialists

Support staff must hold RDS and/or CIT status and meet QBHP qualifications to provide direct client care and assist in treatment delivery.

- Jennifer Caudell RDS / QBHP
- Shana Cotton RDS / QBHP
- Jordan Gadberry RDS / QBHP
- Michal Klein RDS / QBHP
- Diana Rodriguez RDS / QBHP
- Michael Sargent CIT / QBHP
- Patricia Terry RDS / QBHP
- Yvonne Hickey RDS / QBHP
- Amare Ellis RDS / QBHP

• Allyson Wood – RDS / QBHP

### Medical & Health Staff

Medical personnel are required to hold current nursing licensure.

- Leslie Smith, M.D. Medical Director
- Joshua Manatt, P.A. Physician Assistant
- Kylie Wallace Licensed Practical Nurse (LPN)

### **Kitchen Staff**

Kitchen staff assist in daily food service and meal preparation to support clients in residential treatment.

- Dennis E. Martin Kitchen Coordinator
- Holly Beth Pickrell Kitchen Assistant
- Jewel Ann Harlan Kitchen Assistant

### Data, Outreach, and Compliance

These roles support program integrity, reporting, community engagement, and adherence to clinical and regulatory guidelines.

- Sarah Lasiter Director of Data and Reporting
- Chloe Ellis Intake Case Manager
- Lesa Ford Intake Case Manager
- Tiffany May Quality Assurance & Intake Coordinator / CIT
- Nikki Vaught Health & Safety Director / Compliance Oversight

Name	Credentials	Role
Matthew Asaro	CIT / QBHP	Therapist
Hailey Smiley	CIT / QBHP	Therapist
Lenore Tripp	CIT / QBHP	Therapist
Allyson Wood	RDS / QBHP	Support Staff / Treatment Specialist
Jennifer Caudell	RDS / QBHP	Support Staff / Treatment Specialist
Shana Cotton	RDS / QBHP	Support Staff / Treatment Specialist
Jordan Gadberry	RDS / QBHP	Support Staff / Treatment Specialist
Michal Klein	RDS / QBHP	Support Staff / Treatment Specialist
Diana Rodriguez	RDS / QBHP	Support Staff / Treatment Specialist
Michael Sargent	CIT / QBHP	Support Staff / Treatment Specialist
Patricia Terry	RDS / QBHP	Support Staff / Treatment Specialist
Yvonne Hickey	RDS / QBHP	Support Staff / Treatment Specialist
Amare Ellis	RDS / QBHP	Support Staff / Treatment Specialist
Kylie Wallace	LPN	Nurse
Dennis E. Martin		Kitchen Coordinator
Holly Beth Pickrell		Kitchen Assistant
lewel Ann Harlan		Kitchen Assistant

Name	Credentials	Role
Sarah Lasiter	QBHP	Director of Data and Reporting
Chloe Ellis		Intake Case Manager
Lesa Ford		Intake Case Manager
Tiffany May	CIT	Quality Assurance & Intake Coordinator
Nikki Vaught	Health & Safety Director	Compliance Oversight
Summer Prado	LPC, LADAC, ICCS, ICADC, SAP	Certified Clinical Supervisor
Leslie Smith	M.D.	Medical Director
Joshua Manatt	P.A.	Physicians Assistant
Whitney Jackson	LPC	Clinical Director

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- Diana Rodriguez RDS / QBHP
- Michael Sargent CIT / QBHP
- Patricia Terry RDS / QBHP
- Yvonne Hickey RDS / QBHP
- Amare Ellis RDS / QBHP
- Allyson Wood RDS / QBHP

### IV. ARVAC – EQUAL OPPORTUNITY POLICIES

### A. Statement of Assurance

ARVAC is an equal opportunity agency, employer, and provider in making decisions regarding employment, administration, services provided, and other functions within the day-to-day operations, and adheres to a policy of non-discrimination and complies with all applicable federal regulations and requirements. It is the policy of ARVAC that ARVAC and its employees do not discriminate against or refuse services to any person or child receiving services, attempting to receive services, applying for employment, or any other employment related decision (hiring, promotion, re-assignment, transfer) on the basis of race, color, creed, religion, national origin, sex, gender, pregnancy, childbirth, medical conditions, genetic information, age, disability or handicap, citizenship status, marital status, service member status, or any other category protected by federal, state, or local law. Any violation to this policy will result in discipline up to and including termination. Employees who have questions regarding ARVAC's compliance with and implementation of the above-mentioned regulations should contact their supervisor or the HR Department.

### B. Employment-At-Will

The State of Arkansas is an at-will state. Employment with ARVAC is voluntarily entered into, and the employee is free to resign at-will at any time, with or without cause. Similarly, ARVAC may terminate the employment relationship at-will at any time, with or without notice or cause.

### C. Equal Employment Opportunity

We are an Equal Opportunity Employer committed to providing equal opportunity in all of our employment practices, including selection, hiring, assignment, re-assignment, promotion, transfer, compensation, discipline, and termination. The agency prohibits discrimination, harassment, and retaliation in employment based on race; color; religion; national origin; sex (including same sex); sexual orientation, gender expression, pregnancy, childbirth, or related medical conditions; age; disability or handicap; citizenship status; service member status; or any other category protected by federal, state, or local law. Violation of this policy will result in disciplinary action, up to and including immediate termination.



### 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: \_\_\_\_\_ Agency Name: ARVAC, Inc. dba Lake Point Recovery and Wellness

Vendor Number:

Vendor Name:

Vendor Signature

5/12 Date



Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S408, Little Rock, AR 72203-8059 P: 501.682.2441 F: 501.682.8155

Confirmation Letter Thursday, April 24, 2025

Amanda Atkinson ARVAC Inc dba Lake Point Recovery and Wellness 227 AR-333 Russellville AR 72802-1008

Please find enclosed license number 38334. This is issued for the following locations(s):

83 ARVAC Ln Russellville AR 72802-0988

If you have any questions, please contact DPSQA.ProviderApplications@dhs.arkansas.gov.

Sincerely,

**Rachael Nall** 

cc: DPSQA Susan Morrow and Artilya Gilbert-White



Revenues of the services of th

License Number: 38334

# This Is to Certify That

**ARVAC Inc dba Lake Point Recovery and Wellness** 

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

ALCOHOL AND OTHER DRUG ABUSE TREATMENT PROGRAM \_ capacity . N/A

**83 ARVAC Ln** on the premises located at

, Arkansas. Pope \_, County of Russellville

License Effective: 05/01/2025 | License Expires: 4/30/2028





Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S408, Little Rock, AR 72203-8059 P: 501.682.2441 F: 501.682.8155

Confirmation Letter Thursday, April 24, 2025

Amanda Atkinson ARVAC Inc dba Lake Point Recovery and Wellness 227 AR-333 Russellville AR 72802-1008

Please find enclosed license number 38384. This is issued for the following locations(s):

193 ARVAC Ln Russellville AR 72802-0988

If you have any questions, please contact DPSQA.ProviderApplications@dhs.arkansas.gov.

Sincerely,

Rachael Nall

cc: DPSQA Susan Morrow and Artilya Gilbert-White



& Quality Assurance

License Number: 38384

# This Is to Certify That

**ARVAC Inc dba Lake Point Recovery and Wellness** 

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

ALCOHOL AND OTHER DRUG ABUSE TREATMENT PROGRAM N/A capacity.

**193 ARVAC Ln** on the premises located at

, Arkansas. Pope \_, County of Russellville

License Effective: 05/01/2025 | License Expires: 4/30/2028





# **OFFICIAL BID PRICE SHEET**

### 710-25-070 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 dollar amount for each item. DCFS will not accept any rate above the current Medicaid rates.

Table 1: Intake & Assessment	Unit of Measure	Unit Price	
Intake and Assessment	Rate per Each	\$	200.00
Table 2: Residential Services	Unit of Measure	Unit Price	
Residential Treatment	Rate per Day	\$	150.00
Partial Day Treatment	Rate per 4 Hours	\$	43.65
Adolescent	Rate per Day	\$	87.29
Specialized Women Services	Rate per Day	\$	200.00
RADD Observation Detox	Rate per Each	\$	150.00
Medication Management	Rate per Each	\$	150.00
Table 3: Outpatient Services	Unit of Measure	Unit Price	
Individual	Rate per 0.25 Hour	\$	21.47
Family	Rate per 0.25 Hour	\$	23.81
Group	Rate per 0.25 Hour	\$	23.81
Multi-Family Group	Rate per 0.25 Hour	\$	23.86
Adolescent	Rate per 0.25 Hour	\$	23.81
Intensive	Rate per Day	\$	95.24

### 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: Reavenja Wellness S Signature: el Printed Name:

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Intake and Assessment

Expense	 Daily amount per client
Payroll Expense - Wages & Salaries	\$ 83.26
Payroll Expense - Payroll Tax	6.21
Payroll Expense - 403B Retirement	0.58
Payroll Expense - Health Insurance	9.70
Payroll Expense - Payroll Fees	0.70
Payroll Expense - Workers Compensation	0.72
Expense - Employee Screenings/Miscellaneous	0.11
Expense - Contract Labor	8.21
Expense - Dr visit	4.58
Expense - PA visit	2.49
Expense - Professional Services	10.75
Expense - Accounting/Administration 15% de minimis	
	25.26
Expense - Insurance Fees	7.05
Expense - Conferences & Training	5.18
Expense - Local Travel	-
Expense - Food Cost	0.68
Expense - Supplies	0.53
Expense - Telecommunications	1.69
Expense - Dues & Membership	0.50
Expense - Bank Fees/Interest	0.12
Expense - IT Hardware/Software/Support	3.86
Expense - Postage	0.53
Expense - Copy Costs	0.49
Expense - Advertising/Promotion	4.05
Expense - Space Cost	7.46
Expense - Utilities	8.33
Expense - M&R Building	0.14
Expense - M&R General	6.83
Daily Rates	\$ 200.00

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Medication Management Based on 5 clients

Expense	Daily amount per client	Daily amount for 5 clients
Payroll Expense - Wages & Salaries	\$ 24.65	\$ 123.25
Payroll Expense - Payroll Tax	1.89	9.43
Payroll Expense - 403B Retirement	1.10	5.50
Payroll Expense - Health Insurance	1 50	7.05
Payroll Expense - Payroll Fees	1.53	7.65
Payroll Expense - Workers	0.15	0.75
Compensation	0.21	1.06
Expense - Employee Screenings/Miscellaneous	0.03	0.17
Expense - Dr visit/medication	58.42	292.10
Expense - PA visit/medication	30.00	150.00
Expense - Accounting/Administration	0000	100000
15% de minimis	19.34	96.70
Expense - Insurance Fees	2.33	11.63
Expense - Conferences & Training	1.71	8.55
Expense - Local Travel	2.62	13.10
Expense - Supplies	0.18	0.88
Expense - Telecommunications	1.12	5.60
Expense - Dues & Membership	0.16	0.82
Expense - Bank Fees/Interest	0.04	0.20
Expense - IT		
Hardware/Software/Support	1.27	6.35
Expense - Postage	0.17	0.87
Expense - Copy Costs	0.16	0.80
Expense - Advertising/Promotion	1.34	6.69
Expense - Space Cost	0.46	2.30
Expense - Utilities	0.75	3.75
Expense - M&R Building	0.01	0.05
Expense - M&R General	0.36	1.80
Daily Rates	\$ 150.00	\$ 750.00

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Out Patient Family Based on 5 clients

Expense	Daily amount per client	Daily amount for 5 clients
Payroll Expense - Wages & Salaries	32.48	\$ 162.39
Payroll Expense - Payroll Tax	2.55	12.75
Payroll Expense - 403B Retirement	0.24	1.20
Payroll Expense - Health Insurance	3.20	16.00
Payroll Expense - Payroll Fees	0.28	1.40
Payroll Expense - Workers Compensation	0.24	1.18
Expense - Employee Screenings/Miscellaneous	0.04	0.19
Expense - Contract Labor	10.00	50.00
Expense - Dr visit/medication	0.58	2.90
Expense - PA visit/medication	0.17	0.85
Expense - Professional Services	10.75	53.77
Expense - Accounting/Administration 15% de minimis	10.40	co 10
Expense - Insurance Fees	12.42	62.10
Expense - Conferences & Training	4.65	23.25
Expense - Supplies	5.18	25.90
Expense - Telecommunications	0.75	3.75
Expense - Dues & Membership	2.00	10.00
Expense - Bank Fees/Interest	0.50	2.50
Expense - IT	0.08	0.41
Hardware/Software/Support	3.86	19.30
Expense - Postage	0.53	2.65
Expense - Copy Costs	0.49	2.45
Expense - Advertising/Promotion	2.67	13.37
Expense - Space Cost	0.46	2.30
Expense - Utilities	0.75	3.74
Expense - M&R Building	0.01	0.05
Expense - M&R General	0.36	1.80
Daily Rates \$	95.24	\$ 476.20

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Out Patient Group Based on 5 clients

Expense	Daily amount per client	Daily amount for 5 clients
Payroll Expense - Wages & Salaries	32.48	\$ 162.39
Payroll Expense - Payroll Tax	2.55	12.75
Payroll Expense - 403B Retirement	0.24	1.20
Payroll Expense - Health Insurance	3.20	16.00
Payroll Expense - Payroll Fees	0.28	1.40
Payroll Expense - Workers Compensation Expense - Employee	0.24	1.18
Screenings/Miscellaneous	0.04	0.19
Expense - Contract Labor	10.00	50.00
Expense - Dr visit/medication	0.58	2.90
Expense - PA visit/medication	0.17	0.85
Expense - Professional Services	10.75	53.77
Expense - Accounting/Administration 15% de minimis	12.42	62.10
Expense - Insurance Fees	4.65	23.25
Expense - Conferences & Training	5.18	25.20
Expense - Supplies	0.75	3.75
Expense - Telecommunications	2.00	10.00
Expense - Dues & Membership	0.50	2.50
Expense - Bank Fees/Interest	0.08	0.41
Expense - IT Hardware/Software/Support Expense - Postage	3.86 0.53	19.30 2.65
Expense - Copy Costs	0.49	2.44
Expense - Advertising/Promotion	2.67	13.37
Expense - Space Cost	0.46	2.30
Expense - Utilities	0.75	3.75
Expense - M&R Building	0.01	0.05
Expense - M&R General	0.36	1.80
Daily Rates \$	95.24	\$ 476.20

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Out Patient Individual Based on 5 clients

Expense	Daily amount per client	Daily amount for 5 clients
Payroll Expense - Wages & Salaries	\$ 27.28	\$ 136.40
Payroll Expense - Payroll Tax	2.10	10.48
Payroll Expense - 403B Retirement	1.69	8.45
Payroll Expense - Health Insurance	1.73	8.65
Payroll Expense - Payroll Fees	0.15	0.74
Payroll Expense - Workers Compensation Expense - Employee	0.47	2.36
Screenings/Miscellaneous	0.07	0.37
Expense - Contract Labor	10.00	50.00
Expense - Dr visit/medication	0.58	2.90
Expense - PA visit/medication	0.17	0.85
Expense - Professional Services	10.75	53.77
Expense - Accounting/Administration 15% de minimis	10.50	52.50
Expense - Insurance Fees	4.65	23.25
Expense - Conferences & Training	5.18	25.90
Expense - Supplies	0.53	2.65
Expense - Telecommunications	1.90	2.65 9.50
Expense - Dues & Membership	0.50	9.50
Expense - Bank Fees/Interest	0.00	2.50 0.40
Expense - IT Hardware/Software/Support Expense - Postage	3.86 0.53	19.30 2.65
Expense - Copy Costs	0.53	2.65
Expense - Advertising/Promotion	2.67	2.45
Daily Rates	\$ 85.89	\$ 429.45

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Out Patient Intensive Based on 5 clients

Expense	Daily amount per client	Daily amount for 5 clients
Payroll Expense - Wages & Salaries	\$ 32.48	\$ 162.39
Payroll Expense - Payroll Tax	2.55	12.75
Payroll Expense - 403B Retirement	0.24	1.20
Payroll Expense - Health Insurance	3.20	16.00
Payroll Expense - Payroll Fees	0.28	1.40
Payroll Expense - Workers Compensation	0.24	1.18
Expense - Employee Screenings/Miscellaneous	0.04	0.19
Expense - Contract Labor	10.00	50.00
Expense - Dr visit/medication	0.58	2.90
Expense - PA visit/medication	0.17	0.85
Expense - Professional Services	10.75	53.77
Expense - Accounting/Administration 15% de minimis		
15% de minimis	12.42	62.10
Expense - Insurance Fees	4.65	23.25
Expense - Conferences & Training	5.18	25.90
Expense - Supplies	0.75	3.75
Expense - Telecommunications	2.00	10.00
Expense - Dues & Membership	0.50	2.50
Expense - Bank Fees/Interest	0.08	0.41
Expense - IT Hardware/Software/Support	3.86	19.30
Expense - Postage	0.53	2.65
Expense - Copy Costs	0.49	2.44
Expense - Advertising/Promotion	2.67	13.37
Expense - Space Cost	0.46	2.30
Expense - Utilities	0.75	3.75
Expense - M&R Building	0.01	0.05
Expense - M&R General	0.36	1.80
Daily Rates	\$ 95.24	476.20

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Out Patient Multifamily Group Based on 5 clients

Expense	Daily amount per client	Daily amount for 5 clients
Payroll Expense - Wages & Salaries	\$ 32.48	\$ 162.39
Payroll Expense - Payroll Tax	2.55	12.75
Payroll Expense - 403B Retirement	0.24	1.20
Payroll Expense - Health Insurance	3.20	16.00
Payroll Expense - Payroll Fees	0.28	1.40
Payroll Expense - Workers Compensation	0.24	1.18
Expense - Employee Screenings/Miscellaneous	0.04	0.19
Expense - Contract Labor	10.00	50.00
Expense - Dr visit/medication	0.58	2.90
Expense - PA visit/medication	0.17	0.85
Expense - Professional Services	10.75	53.77
Expense - Accounting/Administration		
15% de minimis	12.42	62.10
Expense - Insurance Fees	4.65	23.25
Expense - Conferences & Training	5.18	25.90
Expense - Supplies	0.86	4.30
Expense - Telecommunications	2.10	10.50
Expense - Dues & Membership	0.50	2.50
Expense - Bank Fees/Interest	0.08	0.41
Expense - IT Hardware/Software/Support	3.86	19.30
Expense - Postage	0.53	2.65
Expense - Copy Costs	0.49	2.44
Expense - Advertising/Promotion	2.67	13.37
Expense - Space Cost	0.46	2.30
Expense - Utilities	0.75	3.75
Expense - M&R Building	0.01	0.05
Expense - M&R General	0.36	1.80
Daily Rates	\$ 95.45	477.25

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Radd Observational Detox Based on 5 clients

Expense	Daily amount per client		Daily amount for 5 clients
Payroll Expense - Wages & Salaries	66.60	\$	333.00
Payroll Expense - Payroll Tax	5.10	\$	25.50
Payroll Expense - 403B Retirement	2.20	\$	11.00
Payroll Expense - Health Insurance			
Payroll Expense - Payroll Fees	6.40 0.56	\$ \$	32.00
Payroll Expense - Workers Compensation Expense - Employee	0.38	ъ \$	2.80 2.36
Screenings/Miscellaneous	0.07	\$	0.37
Expense - Contract Labor	5.42	\$	27.08
Expense - Dr visit	0.39	\$	1.95
Expense - PA visit	0.17	\$	0.85
Expense - Professional Services	10.75	\$	53.77
Expense - Accounting/Administration 15% de minimis	19.13	\$	95.65
Expense - Insurance Fees	4.65	ъ \$	23.25
Expense - Conferences & Training	3.42	φ \$	17.10
Expense - Local Travel	2.62	ъ \$	
Expense - Food Cost	0.45	ъ \$	13.10 2.26
Expense - Supplies		-	
Expense - Telecommunications	0.35	\$	1.76
Expense - Dues & Membership	1.12	\$	5.59
Expense - Bank Fees/Interest	0.33	\$	1.65
Expense - IT	0.08	\$	0.41
Hardware/Software/Support	2.55	\$	12.73
Expense - Postage	0.35	\$	1.74
Expense - Copy Costs	0.32	\$	1.60
Expense - Advertising/Promotion	2.67	\$	13.37
Expense - Space Cost	4.92	\$	24.62
Expense - Utilities	5.50	\$	27.48
Expense - M&R Building	0.09	\$	0.45
Expense - M&R General	3.31	\$	16.55
Daily Rates \$	150.00	\$	750.00

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Residential Partial Day Based on 5 clients

Expense	Daily amount per client	Daily amount for 5 clients
Payroll Expense - Wages & Salaries	32.48	\$ 162.38
₽ Payroll Expense - Payroll Tax	2.55	۶ 102.38 12.75
Payroll Expense - 403B Retirement	0.24	12.75
Payroll Expense - Health Insurance	0.24	1.20
	3.20	16.00
Payroll Expense - Payroll Fees	0.28	1.40
Payroll Expense - Workers Compensation Expense - Employee	0.24	1.18
Screenings/Miscellaneous	0.04	0.19
Expense - Contract Labor	3.71	18.55
Expense - Dr visit/medication	0.39	1.95
Expense - PA visit/medication	0.17	0.85
Expense - Professional Services	10.75	53.75
Expense - Accounting/Administration		
15% de minimis	11.39	56.95
Expense - Insurance Fees	2.33	11.63
Expense - Conferences & Training	3.42	17.10
Expense - Local Travel	2.62	13.10
Expense - Food Cost	0.15	0.75
Expense - Supplies	0.18	0.88
Expense - Telecommunications	1.50	7.50
Expense - Dues & Membership	0.16	0.82
Expense - Bank Fees/Interest	0.04	0.20
Expense - IT		10.75
Hardware/Software/Support Expense - Postage	2.55	12.75
Expense - Copy Costs	0.35	1.75
Expense - Advertising/Promotion	0.32	1.60
	1.34	6.69
Expense - Space Cost	2.46	12.31
Expense - Utilities Expense - M&R Building	2.75	13.74
	0.05	0.21
Expense - M&R General	1.66	8.28
Daily Rates \$	87.29	\$ 436.45
\$	10.91	Per hr
\$	43.65	Per 4 hrs

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 Residential Based on 20 clients

Expense	Daily amount per client	Daily amount for 20 clients
Payroll Expense - Wages & Salaries	66.60	\$ 1,332.00
Payroll Expense - Payroll Tax	5.10	102.00
Payroll Expense - 403B Retirement	2.20	44.00
Payroll Expense - Health Insurance	6.40	128.00
Payroll Expense - Payroll Fees	0.56	11.20
Payroll Expense - Workers Compensation	0.47	9.45
Expense - Employee Screenings/Miscellaneous	0.07	1.48
Expense - Contract Labor	5.42	108.31
Expense - Dr visit	0.39	7.80
Expense - PA visit	0.17	3.40
Expense - Professional Services	10.75	215.10
Expense - Accounting/Administration 15% de minimis		
	19.13	382.60
Expense - Insurance Fees	4.65	93.02
Expense - Conferences & Training	3.42	68.42
Expense - Local Travel	2.62	52.40
Expense - Food Cost	0.45	9.04
Expense - Supplies	0.35	7.04
Expense - Telecommunications	1.12	22.35
Expense - Dues & Membership	0.33	6.60
Expense - Bank Fees/Interest	0.08	1.63
Expense - IT Hardware/Software/Support	2.55	50.90
Expense - Postage	0.35	6.95
Expense - Copy Costs	0.32	6.36
Expense - Advertising/Promotion	2.67	53.48
Expense - Space Cost	4.92	98.48
Expense - Utilities	5.50	109.94
Expense - M&R Building	0.09	1.85
Expense - M&R General	3.31	66.20
Daily Rates	\$ 150.00	\$ 3,000.00

### ARVAC, Inc. DHS Block Grant Budget As of 4.30.25 SWS Based on 10 clients and 5 children

Expense	Daily amount per client	Daily amount for 10 clients
Payroll Expense - Wages & Salaries	30.04	300.40
Payroll Expense - Payroll Tax	2.94	29.40
Payroll Expense - 403B Retirement	0.72	7.20
Payroll Expense - Health Insurance	8.00	80.00
Payroll Expense - Payroll Fees	0.72	7.24
Payroll Expense - Workers Compensation	1.30	12.97
Expense - Employee Screenings/Miscellaneous	0.06	0.64
Expense - Contract Labor	4.34	43.42
Expense - Professional Services	21.65	216.53
Expense - Accounting/Administration		
15% de minimis	25.74	257.40
Expense - Conferences & Training	4.34	43.38
Expense - Food Cost	0.62	6.23
Expense - Supplies	6.33	63.32
Expense - Formula	2.38	23.76
Expense - Diapers	1.94	19.38
Expense - Infant and child furniture/equiment	0.69	6.94
Expense - Local Travel	9.44	94.43
Expense - Non Local Travel	21.77	217.70
Expense - Telecommunications	8.16	81.64
Expense - Dues & Membership	0.49	4.86
Expense - IT Hardware/Software/Support	2.88	28.85
Expense - Postage	0.65	6.48
Expense - Copy Costs	0.42	4.23
Expense - Advertising/Promotion	2.86	28.56
Expense - Space Cost	5.63	56.35
Expense - Utilities	7.08	70.83
Expense - M&R Building	0.01	0.09
Expense - M&R General	7.28	72.77
Expense - Vehicle	7.34	73.45
Expense - Furniture & Equipment	2.26	22.65
Expense - Property & Casualty insurance	11.89	118.91
	200.00	2,000.00








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### **RDS** Explanation

The RDS (Regional Detoxification Specialist) certification includes completion of CPI (Crisis Prevention Intervention), CPR (Cardiopulmonary Resuscitation), and RADD (Regional Alcohol and Drug Detoxification) training. This staff member has successfully completed all required components. As confirmed by Karen Stribling with the Arkansas Department of Human Services, the official RDS certificate was mailed to our agency on May 8, 2025.



FEER				EEC			D/	
Sciliar	Tramekia Eaily, LPN RADD Instructor RADD Instructor	October 21, 2024 Expires (2) years from completion date	Regional Alcohol and Drug Detoxification	Amare Ellis Has successfully completed (6) hours of training in	This is to certify that	Arkansas Department of Human Services Division of Aging, Adult and Behavioral Health Services		
				A A				

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HSI 1450 Westec Drive Eugene, OR 97402 800-447-3177

10/21/2024 Amare Ellis

Dear Amare

Congratulations on successfully completing your HSI Adult First Aid | CPR AED All Ages (2020) -DC class. This HSI-Approved Training Center has chosen to issue your certification card digitally.

The digital certification card below is identical to a printed version of the card. It documents that you have demonstrated achievement of the required knowledge and hands-on skill objectives of the training program to the satisfaction of a currently authorized HSI Instructor. Your digital certification card may be printed for validation of certification. If further proof is required, scan the QR Code or go to www.hsi.com/validation and follow the instructions. The QR Code link in this letter will stay active. If you lose this letter, you may request a copy from the Training Center named below.

We strongly recommend that you download and save a copy of this letter for safekeeping.

To download the digital student book for this class or to complete a short evaluation of your class and instructor, please go to www.hsi.com/passport and register using the following number: 202662

Preparedness And Training LLC Conway, AR



Certification Validation QR Code



Authorized Instruct 32462	
Registry	No.
9/27/2024	9/2026
Class Completion Date	Expiration Date
479-857-0715	3246255
Training Center Phone No.	Training Center I.D.
nis Adult First Aid   CPR AED training progra	m conforms with the 2020 American Hea

requirements and should not be used for that purpose. Expiration date may not exceed two years from month of class completion.

### **RDS** Explanation

The RDS (Regional Detoxification Specialist) certification includes completion of CPI (Crisis Prevention Intervention), CPR (Cardiopulmonary Resuscitation), and RADD (Regional Alcohol and Drug Detoxification) training. This staff member has successfully completed all required components. As confirmed by Karen Stribling with the Arkansas Department of Human Services, the official RDS certificate was mailed to our agency on May 8, 2025.



C epartmen 0 f Human and Behaviora Services

This is to certify that

# Diane Rodriguez Has successfully completed training for

**Regional Detoxification Specialist** 

October 24, 2024 Expires (2) years from completion date

DAABHS Nurse Practitioner

, APRW

LP 1133 R



### **ARKANSAS STATE MEDICAL BOARD**

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

Leslie Gene Smith, M.D. 700 S Schiller St. Little Rock, AR, USA 72201

Registration Year: 2025 Active/Unlimited

No.: C-7972 Issued: 8/6/1990 Expires: 3/31/2026

Below is your registration card to be carried with you.

You may make copies of this registration card, have them notarized and mail to any agency requiring registration verification.

You may return to this site at any time to notify this board of any address changes. Simply use the Change of Address link from the left-hand navigation menu found on your Account Home page. Name changes must be submitted in writing with supporting, legal documentation (i.e. marriage license or divorce decree).



Arkansas State Medical Board 1401 West Capitol, Suite 340 Little Rock, AR 72201

Registration Year: 2025

Active/Unlimited

No.: C-7972 Issued: 8/6/1990 Ex

Expires: 3/31/2026

Leslie Gene Smith, M.D. 700 S Schiller St. Little Rock, AR, USA 72201

### CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

		ENFORCEMENT ADMINIST WASHINGTON D.C. 20537	
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	
BS2695849	02-28-2027	\$888	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N,3, 3N,4,5	PRACTITIONER	02-13-2024	
SMITH, LESLIE G M 700 S SCHILLER S LITTLE ROCK, AR	г		Sections 304 and 1008 (21 USC 824 and 958) Controlled Substances Act of 1970, as ame provide that the Attorney General may revo suspend a registration to manufacture, dist dispense, import or export a controlled substan

### Arkansas Board of Examiners in Counseling And Marriage & Family Therapy

### LICENSE CARD

This is to certify that Whitney Jackson holds ACTIVE status as a(n): LPC in the state of Arkansas in accordance with Arkansas Code Annotated §17-27 — 101 et seq. License #: P2501024 Initial Date: 01/31/2025 Expiration Date: 05/31/2026 PLEASE NOTIFY ARBOEC OF ANY CHANGE OF ADDRESS IMMEDIATELY

Author And

Justin Moore BOARD CHAIR



### Dear HAILEY CARSON

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2023/12/20 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Jason C. Skinner

Jason C. Skinner, Administrator ASACB



### Certificate of Completion QBHP

THIS IS TO CERTIFY THAT

## Jennifer Caudell

Has successfully completed training as a Qualified Behavioral Health Provider at Lake Point Recovery and Wellness for a year from

September 27, 2024

R E C O V E R Y

Di Arkan 0 s a s Jennifer Caudell Has successfully completed training for 0 **Regional Detoxification Specialist** epart March 29, 2023 Expires (2) years from completion date This is to certify that ment ABHS Nurse Practitioner Ad Ser • **WPRN** e e Human a n Be Services a V ora FH 1116 R NE



Arka 5 Jordan Gadberry Has successfully completed training for C **Regional Detoxification Specialist** October 24, 2024 Expires (2) years from completion date This is to certify that r m e n **AABHS** Nurse Practitioner Jehnifer Shuller, APRN 0 1 H u m a n n Behav Service or a LP 1114 R 5



### **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: Thursday, May 15, 2025 at: 11:29 AM

### **General Information**

Name: Joshua David Manatt, PA

Primary Specialty:

Secondary Specialty:

Address Information
---------------------

Mailing Address:	719 Detroit Street
City/State/Zip:	Danville, AR 72833
Phone:	(479) 495-6270
Fax:	(479) 495-6298
Home State:	AR

### **License Information**

License Number: PA-712 Original Issue Date: 4/7/2017 Expiration Date: 9/30/2025 License Status: Active License Category: Unlimited

License Number:	PT2017-021
Original Issue Date:	3/24/2017
Expiration Date:	4/7/2017
License Status:	Inactive
License Category:	Temporary

No Information Found for: License Board History



### **QuickConfirm License Verification Report**

Primary Source Boards of Nursing Report Summary for

### KYLIE REANN WALLACE [NCSBN ID: 24038918]

As of Tuesday February 11 2025 02:42:34 PM US Central Time

### **Disclaimer of Representations and Warranties**

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

This report does not contain KYLIE REANN WALLACE's licenses from: ARKANSAS (PN), MISSOURI (PN)

For a full report please visit www.nursys.com and print the report of all licenses.

Name on License	Туре	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
WALLACE, KYLIE REANN	PN	ARKANSAS	222046	YES	UNENCUMBERED	01/17/2023	12/31/2026	MULTISTATE

### Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

ALABAMA (PN)	MAINE (PN)
ARIZONA (PN)	MARYLAND (PN)
ARKANSAS (PN)	MISSISSIPPI (PN)
COLORADO (PN)	MISSOURI (PN)
DELAWARE (PN)	MONTANA (PN)
FLORIDA (PN)	NEBRASKA (PN)
GEORGIA (PN)	NEW HAMPSHIRE (PN)
GUAM (PN)	NEW JERSEY (PN)
IDAHO (PN)	NEW MEXICO (PN)
INDIANA (PN)	NORTH CAROLINA (PN)
IOWA (PN)	NORTH DAKOTA (PN)
KANSAS (PN)	OHIO (PN)
KENTUCKY (PN)	OKLAHOMA (PN)
LOUISIANA (PN)	PENNSYLVANIA (PN)

RHODE ISLAND (PN) SOUTH CAROLINA (PN) SOUTH DAKOTA (PN) TENNESSEE (PN) TEXAS (PN) UTAH (PN) VERMONT (PN) VIRGINIA (PN) WASHINGTON (PN) WEST VIRGINIA (PN) WISCONSIN (PN) WYOMING (PN)

APRN authorization to practice details are not available.

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

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

### License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

### 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 (NLC) 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.
- Privilege to Practice (PTP): Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any
  compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take
  actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

### CSBN (

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www.nursys.com



### Dear LENORE TRIPP

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2022/03/07 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

### Certificate THIS IS TO CERTIFY THAT of Completion Lenore Tripp QBHP

Has successfully completed training as a Qualified Behavioral Health Provider at Lake Point Recovery and Wellness for a year from

September 27, 2024

E C O V E R Y



CIT-B-00328

### Dear MATTHEW ASARO

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2023/09/25 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Jason C. Skinner

Jason C. Skinner, Administrator ASACB









March 11, 2014

Michael Sargent 10663 Wildcat Hollow Road Dardanelle, AR. 72834

Dear Michael,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of February 14<sup>th</sup>, 2014 your CIT registration is <u>valid for 5 years</u>.

This letter is to give to your agency to start your practicum. <u>It is your</u> responsibility to notify us in the even your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or ph. (501) 749-4040

Jason C. Skinner

Jason Skinner, Administrator, ASACB



0 20 0 S 20 co. Has successfully completed training for 0 **Regional Detoxification Specialist** e p a July 30, 2024 Expires (2) years from completion date Michael Klein This is to certify that rtme **DAABHS** Nurse Practitioner Jennifer Shuler, A H u 3 m a = Behaviora Servic LP 1124 R es












Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

## Summer Prado

License Number P2311011 License Status Active License Expiration Date 05/31/2025 License Type LPC Initial Date of Licensure 11/07/2023 Phone (501) 660-6884 E-mail Address

sprado@thecentersar.com

## Primary Place of Practice

Employer			
The Centers for Youth and Families			
Street			
6501 West 12th St			
City			
Little Rock			
Province / State			
Arkansas			
Zip Code			
72205			
Employer			
Employer Holistic Recovery			
Holistic Recovery			
Holistic Recovery Street			
Holistic Recovery Street 115 Shelton Ave			
Holistic Recovery Street 115 Shelton Ave City			
Holistic Recovery Street 115 Shelton Ave City Monticello			
Holistic Recovery Street 115 Shelton Ave City Monticello Province / State			
Holistic Recovery Street 115 Shelton Ave City Monticello Province / State Arkansas			

State of Arkansas Board of Examiners of Alcoholism and Drug Abuse Counselors certifies that Summer Prado is currently licensed under the authority of Act 443 of 2009 as a <u>LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR</u> Date of Issue License No. Expiration Date 06/20/2020 419 L 12/31/23 <u>PAMESIVE</u> Board Administrator

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Secretary/Treasurer has complied with the requirements in accordance with the laws of the State and is Rusti Holwick hereby licensed with all rights, privileges and responsibilities prescribed by **Becember 31, 2025** Board of Examiners of Alcoholism and Expiration Date 4192 Licensed Alcoholism and Drug Abuse Counselor Drug Abuse Counselors Act 1588 of 1999 to practice as a State of Arkansas Summer Prado Andrea Roaf-Little Certifies that: **Vice-Chair** January 1, 2024 Effective Date Carol Moore Chairperson

ATIONAL CERTIFICATION IPROCITY CONSORTIUM	certifies that	Summer Prado	ne knowledge, skills and professional competencies for an	ICCS	as attested to by ASACB	Ted A CallationUnderse Lass11/29/2022Carlificate NumberDate of IssueS2938012/31/2024Certificate NumberValid Through
INTERN & REC			has demonstrated the		CREDENTIAL MEET	CCRRC Handrowers

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	certifies that	
	Summer Prado	
has demonstrated the	e knowledge, skills and professional competencies for an	ies for an
	ICADC	
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ICCIRC Thomas simulates	Ted A Qudaon A&RC President 122403 Certificate Number	12/18/2023 Date of Issue 12/31/2025 Valid Through

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	Professional Training Center, Inc.
	Certificate of Achievement
	DOT/SAP Re-Qualification Training
analise Stationals	ner Prado
u su su sangan sanah sa 1997 - Na Sangar San 1997 - Sangar	Ohio: OCDPB 20-888108 12 RCH (C,S ) (D 6.0)* OCDPB MCST12212943 12 CPE Social Worker** MCST12212943 12 CPE Counselor** MCST12212943 12 CPE MFT** Michigan MCBAP 12 contact hours
n an	a 🕅
	Instructor, William L(Mock, Ph.D., LISW, LICDC, SAP $  \dot{\neg}   \dot{\neg}   \dot{\lor}   \dot{\lor}$ Attendee License Number
	Professional Training Center, 9060 Stonegate Circle, North Ridgeville, OH 216 299 9506 *this training meets the requirements of the OCDPB for 6.0 hours of Supervision and 3.0 hours of Ethics **this training <u>does not</u> meet the requirements of these Boards for Ethics or Supervision



July 19, 2022

Tiffany May

302 Holly St. Russellville, AR. 72802

Dear Tiffany,

This letter is to let you know that you have successfully renewed your Counselor In Training (CIT) status with the Arkansas Substance Abuse Certification Board. We have received your fee and updated background to complete your CIT renewal. As of July 19, 2022 your CIT registration is valid for 5 years.

This letter is to give to your agency to complete your practicum. <u>It is your responsibility to</u> notify us in the event your address or name changes.

## <u>Please remember that ONLY Certified Clinical Supervisors certified through ASACB</u> may sign off on your 300 hour supervised practicum.

If you have any questions, please contact me at <u>ar.asacb@gmail.com</u> or by phone at (501) 749-4040

All the best,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB Arkansas Board of Examiners in Counseling And Marriage & Family Therapy

LICENSE CARD

This is to certify that Whitney Jackson holds ACTIVE status as a(n): LPC in the state of Arkansas in accordance with Arkansas Code Annotated §17-27 — 101 et seq.

License #: P2501024 Initial Date: 01/31/2025 Expiration Date: 05/31/2026 PLEASE NOTIFY ARBOEC OF ANY CHANGE OF ADDRESS IMMEDIATELY

Jullion flid

Justin Moore BOARD CHAIR





CPI Blue Card® y Hicken vonne has completed the Verbal Intervention™, 3rd Edition Training. 25 4-ules 24 Hours Complete For more learning opportunities visit crisisprevention.com. VI3D48753

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HSI 1450 Westec Drive Eugene, OR 97402 800-447-3177

10/21/2024 Yvonne Hickey

Dear Yvonne

Congratulations on successfully completing your HSI Adult First Aid I CPR AED All Ages (2020) -DC class. This HSI-Approved Training Center has chosen to issue your certification card digitally.

The digital certification card below is identical to a printed version of the card. It documents that you have demonstrated achievement of the required knowledge and hands-on skill objectives of the training program to the satisfaction of a currently authorized HSI Instructor. Your digital certification card may be printed for validation of certification. If further proof is required, scan the QR Code or go to www.hsi.com/validation and follow the instructions. The QR Code link in this letter will stay active. If you lose this letter, you may request a copy from the Training Center named below.

We strongly recommend that you download and save a copy of this letter for safekeeping.

To download the digital student book for this class or to complete a short evaluation of your class and instructor, please go to www.hsi.com/passport and register using the following number: 202662

Preparedness And Training LLC Conway, AR



Certification Validation QR Code



Authorized Instruct 32462	
Registry	No.
9/27/2024	9/2026
Class Completion Date	Expiration Date
479-857-0715	3246255
raining Center Phone No.	Training Center I.D.

This Adult First Aid | CPR AED training program conforms with the 2020 American Heart Association (AHA) Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care and the 2020 AHA and American Red Cross Focused Update for First Aid. This training program was not designed to meet pediatric first aid training requirements and should not be used for that purpose.

Expiration date may not exceed two years from month of class completion.

## **RDS** Explanation

The RDS (Regional Detoxification Specialist) certification includes completion of CPI (Crisis Prevention Intervention), CPR (Cardiopulmonary Resuscitation), and RADD (Regional Alcohol and Drug Detoxification) training. This staff member has successfully completed all required components. As confirmed by Karen Stribling with the Arkansas Department of Human Services, the official RDS certificate was mailed to our agency on May 8, 2025.