

***BID RESPONSE PACKET***  
***710-25-070***

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	ARBNSTAR Living Assistance Services LLC			
Address:	412 N 65+82			
City:	Lake Village	State:	AR	Zip Code: 71653
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input 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:	Ethel Fredrickson	Title:	CEO	
Phone:	870-632-7099	Alternate Phone:	870-632-5000	
Email:	Ethel.Fredrickson@yahoo.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.				
<p><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></p>				
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: Ethel Fredrickson      Title: CEO  
 Printed/Typed Name: Ethel Fredrickson      Date: 4-28-2025

## 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:	ARROWSTAR	Date:	4-28-2025
Signature:	Ethel Fredrickson	Title:	CEO
Printed Name:	Ethel Fredrickson		



## 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
Cresting Changes Behavioral Health Therapist LAC/LPC & Family	Plaza Suite 100	Little Rock, AR 72211
Althea Conley, MD, PhD		
DBA: AT&TC Consultant Services PIIC	406 Audubon Dr	El Dorado, AR 717130
TANA L. ALLEN, APRN	33 Riley Lane	Bigelow, AR 72016
Psychiatric Mental Health Nurse		

☐ **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	✓
Fauquier	
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 2.2 MINIMUM QUALIFICATIONS



Currently enrolled as a service provider in the Arkansas Medicaid Program. Prospective Contractor's Medicaid Service Provider Number: 325504796 CI



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

## STATEMENT OF ATTESTATION

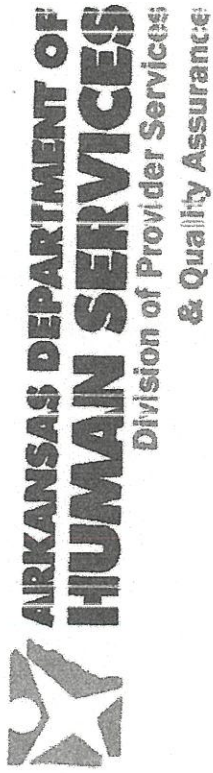
The Contractor **must** be enrolled as a service provider in the Arkansas Medicaid Program by the contract start date. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without enrollment.

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

Authorized Signature: Ethel Fredrickson

Printed/Typed Name: ETHEL FREDRICKSON Date: 4-28-2025





License Number: 52185

This Is to Certify That

Arrowstar Living Assistance Services LLC

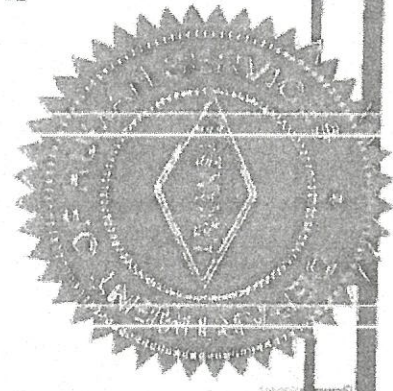
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity ALCOHOL & SUBSTANCE ABUSE TREATMENT

on the premises located at 412 N 65

Lake Village, County of Arkansas, Arkansas.

License Effective: 09/20/2024 | License Expires: 9/19/2025







**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**  
Division of Provider Services  
& Quality Assurance

Certificate Number: 52834

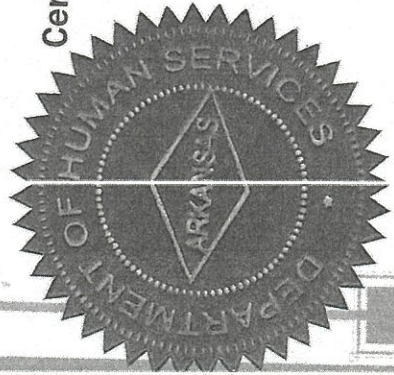
***This Is to Certify That***

ARROWSTAR LIVING ASSISTANCE SERVICES LLC

4112 N 65 LAKE VILLAGE AR 71653

has met provider requirements to operate a(n)/as Community Support System Provider (Enhanced).

Certificate effective from 12/09/2024 to N/A (unless sooner revoked).





# ARKANSAS STATE MEDICAL BOARD

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

[www.armedicalboard.org](http://www.armedicalboard.org)

**Althea Theresa Conley, M.D.**  
**PO Box 10193**  
**El Dorado, AR, USA 71730**

**Registration Year: 2025**

**Active/Unlimited**

**No.: E-4070**

**Issued: 6/4/2004**

**Expires: 6/30/2026**

**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.: E-4070**

**Issued: 6/4/2004**

**Expires: 6/30/2026**

**Althea Theresa Conley, M.D.**  
**PO Box 10193**  
**El Dorado, AR, USA 71730**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC7415347 <del>XC7415347</del>	08-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER-DW/100	09-01-2022
CONLEY, ALTHEA, T, (MD, PHD) AT&TC CONSULTATION SERVICES, PLLC P.O. BOX 10193 EL DORADO, AR 717300023		

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.

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>BC7415347 XC7415347</td> <td>08-31-2025</td> <td>\$888</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5</td> <td>PRACTITIONER-DW/100</td> <td>09-01-2022</td> </tr> </table> <div style="border: 1px solid black; padding: 5px;"> <p>CONLEY, ALTHEA, T, (MD, PHD)  AT&amp;TC CONSULTATION SERVICES, PLLC  P.O. BOX 10193  EL DORADO, AR 717300023</p> </div>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	BC7415347 XC7415347	08-31-2025	\$888	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5	PRACTITIONER-DW/100	09-01-2022	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>CONTROLLED SUBSTANCE/REGULATED CHEMICAL  REGISTRATION CERTIFICATE</b></p> <p style="text-align: center;">UNITED STATES DEPARTMENT OF JUSTICE  DRUG ENFORCEMENT ADMINISTRATION  WASHINGTON D.C. 20537</p> <p>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.</p> <p><b>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF  OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,  AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</b></p> </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p style="text-align: center;"><b>REQUESTING MODIFICATIONS TO YOUR  REGISTRATION CERTIFICATE</b></p> <p>To request a change to your registered name, address, the drug  schedule or the drug codes you handle, please</p> <ol style="list-style-type: none"> <li>1. visit our web site at <a href="http://deaddiversion.usdoj.gov">deaddiversion.usdoj.gov</a> - or</li> <li>2. call our customer Service Center at 1-(800) 882-9539 - or</li> <li>3. submit your change(s) in writing to:</li> </ol> <p style="text-align: center;"><b>Drug Enforcement Administration  P.O. Box 2639  Springfield, VA 22152-2639</b></p> <p>See Title 21 Code of Federal Regulations, Section 1301.51  for complete instructions.</p> </div>
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BC7415347 XC7415347	08-31-2025	\$888											
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE											
2,2N,3, 3N,4,5	PRACTITIONER-DW/100	09-01-2022											

Form DEA-223/511 (9/2016)

REPORT  
CHANGES  
PROMPTLY

----- You have been registered to handle the following chemical/drug codes: -----





The Commission on Certification grants

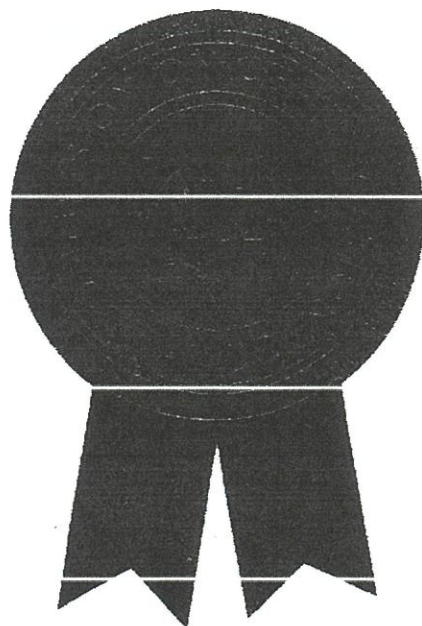
**Tana L Allen**

the credential of

**PSYCHIATRIC-MENTAL HEALTH  
NURSE PRACTITIONER  
(Across the Lifespan)  
PMHNP-BC**

valid from August 4, 2022 to August 3, 2027

Certification Number: 2017018994



*Heidi McNeely*

Heidi McNeely, MSN, RN, PCNS-BC  
Chair, Commission on Certification

*Rhonda Anderson DNSC(h), MPA, RN, FAAN*

Rhonda Anderson, DNSC(h), MPA, RN, FAAN  
President, American Nurses Credentialing Center



**ABSNC**

Accreditation Board for  
Specialty Nursing Certification

Formerly the ABNS Accreditation Council

This ANCC certification is accredited by the National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification.



**Arkansas  
State Board of Nursing**

**Certified Nurse Practitioner (CNP)  
TANA LEA ALLEN**

License No. A005326  
Initial Licensure: 8/10/2017

*Dana C. Johnson*  
Executive Director

To verify current status check the ASN registry board at [www.asnboard.org](http://www.asnboard.org)



**Arkansas  
State Board of Nursing**

**Registered Nurse  
TANA LEA ALLEN**

License No. R70774

Initial Licensure: 2/17/2004

*Joe A. Shaford, M.D., RN*  
Executive Director

To verify current status check the ASBN registry search at [www.arsbn.org](http://www.arsbn.org)



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MA4541531	06-30-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3,3N, 4,5	MLP-NURSE PRACTITIONER	05-15-2023
ALLEN, TANA L 33 RILEY LN BIGELOW, AR 720169544		

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

Registered Activity within schedule is restricted by your State.

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.

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MA4541531	06-30-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3,3N, 4,5	MLP-NURSE PRACTITIONER	05-15-2023
ALLEN, TANA L 33 RILEY LN BIGELOW, AR 720169544		

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MA4541531	06-30-2026	\$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3,3N, 4,5	MLP-NURSE PRACTITIONER	05-15-2023

ALLEN, TANA L  
33 RILEY LN  
BIGELOW, AR 720169544

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

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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.**

Form DEA-23/511 (9/2016)

**REPORT  
CHANGES  
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR  
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug  
schedule or the drug codes you handle, please

1. visit our web site at [deادiversion.usdoj.gov](http://deادiversion.usdoj.gov) - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:

Drug Enforcement Administration  
P.O. Box 2639  
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51  
for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

# Arkansas Substance Abuse Certification Board

Whereby Certifies

CHERYL JACKSON-GOLDEN

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

## Certified Alcohol and Drug Counselor

10/02/2023

Issue Date

2219

Certificate Number

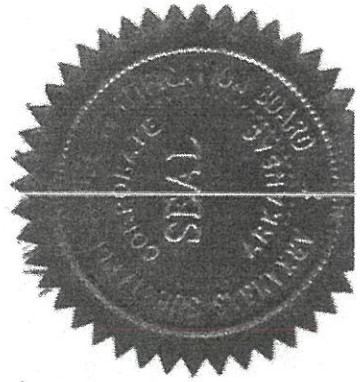
10/02/2025

Expiration Date

Marybeth L MSW, LADAC, CS, RADAC

[Signature]  
Vice-President

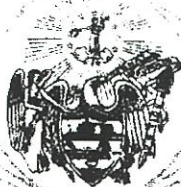
[Signature]  
Secretary





# STATE OF ARKANSAS

SECRETARY OF STATE



**Mark Martin**

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

## Articles of Organization

of

**ARROWSTAR LIVING ASSISTANCE SERVICES LLC.**

filed in this office  
January 28, 2018.

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 28th day of January, 2018.



*Mark Martin*

Arkansas Secretary of State

March 31, 2025

HCO ID: # 637196

Ethel Fedrickson  
CeO  
Arrowstar  
412 N. 65  
Lake Village, Arkansas 71653

Dear Ms. Fedrickson:

This letter is to confirm that The Joint Commission surveyed Arrowstar, for Behavioral Health Care and Human Services Accreditation, on March 4, 2024. Based upon the successful submission of your evidence of standards compliance on March 18, 2024, the Joint Commission is granting your organization an accreditation decision of Limited, Temporary Accreditation with an effective date of March 18, 2024. This decision has been extended through July 30, 2025. This recommendation applies to the following locations:

Arrowstar Living Assistance Services DBA Pathway Recovery 1846 Industrial Dr.	Fordyce	AR 71742
ARROWSTAR LIVING ASSISTANCE DBA Pathway Recovery 412 N. 65	Lake Village	AR 71653

If you have any questions, please do not hesitate to contact me at (630) 792-5121.

Sincerely,

*Austin Floistad*

Austin Floistad  
Lead Account Executive  
Accreditation and Certification Operations





## 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

### **ARROWSTAR LIVING ASSISTANCE SERVICES LLC.**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office January 28, 2018.

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 8th day of May 2025.

A handwritten signature of Cole Jester in black ink, written over a horizontal line.

Cole Jester  
Secretary of State

Online Certificate Authorization Code: 6653a569150ca91

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)

## **Arrowstar Equal Opportunity Policy**

At **Arrowstar**, we are committed to creating and sustaining an inclusive, respectful, and diverse work environment. We believe that every team member deserves fair and equitable treatment regardless of background or identity. This commitment is reflected in our equal opportunity practices across all aspects of employment.

### **1. Non-Discrimination Statement**

Arrowstar provides equal employment opportunities to all employees and applicants without regard to:

- Race
- Color
- Religion or creed
- Sex (including pregnancy, sexual orientation, or gender identity)
- National origin
- Age
- Disability (physical or mental)
- Genetic information
- Marital status
- Veteran status
- Any other status protected by applicable federal, state, or local law

### **2. Employment Practices**

This policy applies to all employment practices including, but not limited to:

- Recruitment and hiring
- Promotion, transfer, and layoff decisions

- Compensation and benefits
- Training and professional development
- Termination and discipline
- Workplace conditions and assignments

### **3. Workplace Culture**

Arrowstar is dedicated to fostering a culture of mutual respect, accountability, and inclusion. We expect all staff to uphold these values and contribute to a professional environment free from discrimination, harassment, and bias.

### **4. Reporting and Resolution**

Employees who believe they have experienced or witnessed discrimination or harassment are encouraged to report concerns to Human Resources or any supervisor or director. Reports will be investigated promptly, thoroughly, and confidentially, and retaliation against any individual who files a report in good faith is strictly prohibited.

### **5. Compliance and Responsibility**

All Arrowstar managers, directors, and employees share responsibility for upholding this policy. Leadership is expected to lead by example and promote equity and access in all operations and decision-making processes.

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## 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: ARROWSTAR Living Asst Services LLC

Vendor Number: \_\_\_\_\_ Vendor Name: Ethel Fredrickson

Ethel Fredrickson  
Vendor Signature

5-4-25  
Date



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

TAXPAYER ID NAME: Arrowstar Living Assistance Services LLC Goods? ☐ Services? ☒ Both? ☐  
YOUR LAST NAME: Fredrickson FIRST NAME: Ethel M.I.: M  
ADDRESS: 1012 Saeath Dr  
CITY: Lake Village STATE: AR ZIP CODE: 71653 COUNTRY: United States

IS THIS FOR:  
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?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%) Position of Control
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 Etzel Guedrich Title CEO Date 5-4-25  
Vendor Contact Person Etzel Guedrich Title CEO Phone No. 870-632-7099

Agency use only

Agency Number 0710

Name Department of Human Services

Agency

Contact Person

Contact

Phone No.

Contract

or Grant No.

<b>Position</b>	<b>FTEs</b>	<b>Schedule</b>	<b>Responsibilities</b>
Medical Director (MD/DO)	0.5–1.0	On-call + scheduled rounds	Oversight of medical care, prescribing, detox protocols, compliance
Nurse Practitioner/PA	1.0	M–F, 8am–5pm	Daily medical evaluations, follow-ups, MAT management
Registered Nurses (RN)	3.0	24/7 coverage, 3 shifts/day	Medication administration, vitals, detox monitoring

## 2. Clinical Department

<b>Position</b>	<b>FTEs</b>	<b>Ratio</b>	<b>Responsibilities</b>
Clinical Director (LCSW, LPC)	1.0	—	Program oversight, supervision, quality control, audits
Primary Counselors (LCDC, CADC, LCSW, LPC)	5.0	1:8 client ratio	Individual and group therapy, treatment planning, documentation
Case Managers	2.0	1:15 client ratio	Discharge planning, housing/job referrals, benefits coordination
Peer Recovery Coaches	2.0	Shift-based	Recovery support, engagement, lived experience guidance

## 3. Behavioral Health Support / Residential Staff

<b>Position</b>	<b>FTEs</b>	<b>Coverage</b>	<b>Responsibilities</b>
Residential Aides / BHTs	6.0–8.0	24/7, 3 shifts/day	Monitor clients, conduct rounds, support groups, enforce rules, crisis response
Activities Coordinator	1.0	Daily programming	Recreation, wellness activities, community outings



#### 4. Administrative & Support Staff

Position	FTEs	Responsibilities
Executive Director	1.0	Overall facility leadership, operations, budgeting
HR / Compliance Officer	1.0	Licensing, hiring, policy adherence, incident reports
Intake Coordinator	1.0	Screening, assessments, admission process
Billing & Insurance Specialist	1.0	Insurance verification, claims, authorizations
Administrative Assistants	1.5	Reception, scheduling, clerical support
Housekeeping / Maintenance	2.0	Cleanliness, facility upkeep
Kitchen Staff	3.0	Meal planning and prep (3 shifts/day for residential coverage)

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Position	FTEs	Purpose
Psychiatrist (Consultant)	0.25–0.5	Psychiatric evaluations, co-occurring disorders

# 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. D/CFS 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	134.00
Table 2: Residential Services	Unit of Measure	Unit Price
Residential Treatment	Rate per Day	149.00
Partial Day Treatment	Rate per 4 Hours	129.00
Adolescent	Rate per Day	150.00
Specialized Women Services	Rate per Day	149.00
RAC D Observation Detox	Rate per Each	N/A
Medication Management	Rate per Each	49.92
Table 3: Outpatient Services	Unit of Measure	Unit Price
Individual	Rate per 0.25 Hour	25.00
Family	Rate per 0.25 Hour	16.50
Group	Rate per 0.25 Hour	10.00
Multi-Family Group	Rate per 0.25 Hour	19.00
Adolescent	Rate per 0.25 Hour	23.19
Intensive	Rate per Day	111.00

### AUTHORIZED SIGNATURE:

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

Vendor Name:

ARROW STRAIGHT Living Asst Services LLC

Signature:

Emily Pedraza

Printed Name:

Emily Pedraza