

Table of Contents

1.8 Organization of Response Documents

- a. Response Signature Page
- b. Agreement and Compliance page
- c. Proposed Subcontractors Form
- d. Addenda
- e. E.O. 98-04 Contract Grant and Disclosure Form
- f. Equal Opportunity Policy
- g. Information for Evaluation



Response Signature Page



Agreement and Compliance

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Connections Behavioral Health	h	Date:	April 2, 2019
Authorized Signature:	(tack look	ten	Title:	CEO
Print/Type Name:	Cindy Mahan			

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Connections Behavioral Health	Date:	April 2, 2019
Authorized Signature:	GAN Dabare	Title:	CEO
Print/Type Name:	Cindy Mahan		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Connections Behavioral Health	Date:	April 2, 2019
Authorized Signature:	Ch X /	Title:	CEO
Print/Type Name:	Cindy Mahan		



Proposed Subcontractors

PROPOSED SUBCONTRACTORS FORM

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

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

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

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

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

Vendor Name:	Connections Behavioral Health	Date:	April 2, 2019
Authorized Signature:	4 A	Title:	CEO
Print/Type Name:	Cindy Mahan		



Addenda

State of Arkansas DEPARTMENT OF HUMAN SERVICES OFFICE OF PROCUREMENT 700 South Main Street P.O. Box 1437 / Slot W345 Little Rock, AR 72203

ADDENDUM 1

DATE: March 12, 2019 SUBJECT: 710-19-1027 Therapeutic Foster Care

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

	Change of specification(s)
	Additional specification(s)
Х	Change of bid submission/opening date and time
	Cancellation of bid
	Other

BID OPENING DATE AND TIME

Bid opening date and time has changed to April 8, 2019, 2:00 PM

Revise Section 1.29 Schedule of Events:

Date and time for Opening Bids, April 8, 2019, 2:00 PM CST

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743. Vendor Signature

April 2, 2019

Date

Connections Behavioral Health Company

State of Arkansas DEPARTMENT OF HUMAN SERVICES OFFICE OF PROCUREMENT 700 South Main Street P.O. Box 1437 / Slot W345 Little Rock, AR 72203

ADDENDUM 2

DATE:March 19, 2019SUBJECT:710-19-1027 Therapeutic Foster Care

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- <u>X</u> Change of specification(s)
- Additional specification(s)
- _____ Change of bid submission/opening date and time
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time

CHANGES TO REQUIREMENTS

Section 2.2B

- Delete: For verification of the requirements specified above (A & B), Vendor **must** submit Vendor's Therapeutic Foster Care Placement Child Welfare Agency license obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE).
- Add: For verification of requirements specified above (A & B), Vendor **must** submit one of the following:
 - 1) Vendor's Therapeutic Foster Care Placement Child Welfare Agency License obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE), or

2) A copy of the application for licensure.

Vendor's license **must** be approved by the DCCECE board by June 1, 2019 in order to be awarded a contract.

REVISED ATTACHMENT

Revised Attachment G

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer <u>Margurite.al-uqdah@dhs.arkansas.gov</u> or 501-682-8743,

Vendor Signature

April 2, 2019 Date

Connections Behavioral Health Company State of Arkansas DEPARTMENT OF HUMAN SERVICES OFFICE OF PROCUREMENT 700 South Main Street P.O. Box 1437 / Slot W345 Little Rock, AR 72203

ADDENDUM 3

DATE: March 26, 2019

SUBJECT: 710-19-1027 Therapeutic Foster Care

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- ____X Change of specification(s)
- _____ Additional specification(s)
- Change of bid submission/opening date and time
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

CHANGE SPECIFICATIONS

Attachment C: Performance-Based Contracting

B. Delivery of Services

- **5.g: Delete:** "A physician and other personnel involved in the client's case will review each plan of care at least every ninety (90) days. The plan of care must be revised to reflect results of the review conducted as required herein."
 - Add: "Contractor shall review the plan at least semi-annually and shall update the plan to reflect the child's progress."

Insert: #9

Service Criteria:

Contractor shall maintain records of the TFC internal client specific treatment plan of care. This plan may be very similar to or mirror the youth's PCSP.

Documentation shall at a minimum reflect the following:

A. Treatment plan developed in accordance with recommendations made by a physician or other licensed professionals involved in the care of that client

B. Any revisions of the Treatment plan

Acceptable Performance:

Acceptable performance is defined as one hundred percent (100%) compliance with Service Criteria and Acceptable Performance Standards at all times throughout the contract term as determined by DHS.

Damages:

1st Incident: A Corrective Action Plan, acceptable to DHS, will be due to DHS within ten (10) business days of the request.

2nd incident: A ten percent (10%) penalty may be assessed in the following months' payments to the Vendor for each thirty (30) day period the Vendor is not in full compliance with these Service Criteria. The ten percent (10%) penalty shall be calculated from the total payment for the identified month in which the deficiency took place.

The total of all damage credits in any given month shall not exceed one hundred percent (100%) of the monthly invoice unless a third incident occurs for any of the Service Criteria.

3rd incident: DHS reserves the right to impose additional penalties including but not limited to: withholding payment on future invoices until Vendor is in full compliance, a substandard Vendor Performance Report maintained in DHS' Vendor file, and contract termination.

If you have questions, please contact the buyer <u>Margurite.al-uqdah@dhs.arkansas.gov</u> or 501-682-8743.

Vendor Signature

<u>April 2, 2019</u> Date

Connections Behavioral Health Company



E.O. 98-04 – Contract Grant and Disclosure Form



Equal Opportunity Policy

STATE OF ARKANSAS



Asa Hutchinson *Governor* Department of Career Education Arkansas Rehabilitation Services D. Alan McClain, Commissioner Charisse Childers, Ph.D. Director

Equal Opportunity Policy Disclaimer

ATTENTION VENDORS

Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding, who is responding to a formal bid request, Request for Qualifications or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although bidders are encouraged to have a viable equal opportunity policy, a written response stating the bidder does not have such an EO Policy will be considered that bidder's response and will be acceptable in complying with the requirement of Act 2157.

Note: This is a mandatory requirement when submitting an offer as described above. If you have any questions regarding this requirement, please contact by calling 501-296-1666.

Company Name or Individual: ______ Friendship Community Care, Inc.

Title: Cindy Mahan, CEO	Date April 2,2019
4 2	XI a
Signature ACA	



Information for Evaluation

Attachment G. has the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so that information can be verified. Failure to submit the requested information may cause your response to be disqualified. <u>Do not complete and return this form with your response</u>. It is for information only.

INFORMATION FOR EVALUATION

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

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

