# *BID RESPONSE PACKET*
# *710-24-015*

# BID SIGNATURE PAGE

*Type or Print the following information.*

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | | |
|---|---|---|---|---|---|
| Company: | Independent Case Management | | | | |
| Address: | 1525 Merrill Drive, Suite 100 | | | | |
| City: | Little Rock | State: | AR | Zip Code: | 72211 |
| Business Designation: | ☐ Individual ☐ Sole Proprietorship ☐ Public Service Corp<br>☐ Partnership ☐ Corporation ☑ Nonprofit | | | | |
| Minority and Women-Owned Designation*: | ☒ Not Applicable ☐ American Indian ☐ Service Disabled Veteran<br>☐ African American ☐ Hispanic American ☐ Women-Owned<br>☐ Asian American ☐ Pacific Islander American | | | | |
| | AR Certification #: _____ * See *Minority and Women-Owned Business Policy* | | | | |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION<br>*Provide contact information to be used for bid solicitation related matters.* | | | |
|---|---|---|---|
| Contact Person: | Josh Wilson | Title: | Chief Executive Officer |
| Phone: | 501-228-0063 | Alternate Phone: | |
| Email: | josh.wilson@icm-inc.org | | |

**CONFIRMATION OF REDACTED COPY**

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

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

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

**ILLEGAL IMMIGRANT CONFIRMATION**

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

**ISRAEL BOYCOTT RESTRICTION CONFIRMATION**

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

☒ Prospective Contractor does not and will not boycott Israel.

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

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

**Authorized Signature:** _____ **Title:** Chief Executive Officer

**Printed/Typed Name:** Josh Wilson **Date:** 2-26-24

# 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:** | Independent Case Management | **Date:** | 2-26-24 |
| **Signature:** | | **Title:** | Chief Executive Officer |
| **Printed Name:** | Josh Wilson | | |

# DOCUMENTATION CHECKLIST

*As outlined in section 2.2 Minimum Qualifications in the solicitation document, please provide the following:*

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Copy of certification (Community Support System Provider (CSSP) or Community Employment (CES) Waiver Agency)
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Grant and Contract Disclosure Form (Attachment A)

# Annual Report for Domestic Nonprofit Corporation

## Filing Information

**State of Origin:** AR
**Entity File Number:** 100071523
**Alt Entity Type:** DomNonProfitOldCode
**Entity Name:** INDEPENDENT CASE MANAGEMENT, INC.
**File Date:** 2023-05-15 11:20:35
**Alt Tax Type:** NonProfitCorporation
**Tax Year:** 2023
**Filing Signature:** JOSH WILSON
**Is Exempt Organization:** Yes
**Type Of Exemption:** 501c3

## Registered Agent:

**First Name:** JOSH
**Last Name:** WILSON
**Address 1:** 1525 MERRILL DR
**Address 2:** SUITE 100
**City:** LITTLE ROCK
**State:** AR
**Zip:** 72211
**Country:** USA

## Officers

**First Name:** DEREK
**Last Name:** PIERCE
**Title:** Director
**Address 1:** 1525 MERRILL DRIVE SUITE 100
**City:** LITTLE ROCK
**State:** AR
**Zip:** 72211
**Country:** USA

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**First Name:** JOE
**Last Name:** BRYAN
**Title:** Director
**Address 1:** 1525 MERRILL DRIVE
**Address 2:** SUITE 100
**City:** LITTLE ROCK
**State:** AR
**Zip:** 72211
**Country:** USA

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**First Name:** JOSH
**Last Name:** WILSON
**Title:** Director
**Address 1:** 1525 MERRILL DRIVE SUITE 100
**City:** LITTLE ROCK
**State:** AR
**Zip:** 72211
**Country:** USA

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**First Name:** GEORGANNE
**Last Name:** FREASIER
**Title:** Director
**Address 1:** 1525 MERRILL DRIVE
**Address 2:** SUITE 100
**City:** LITTLE ROCK

**State:** AR
**Zip:** 72211
**Country:** USA

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**First Name:** JIMMY
**Last Name:** ANTHONY
**Title:** Director
**Address 1:** 1525 MERRILL DRIVE
**Address 2:** SUITE 100
**City:** LITTLE ROCK
**State:** AR
**Zip:** 72211
**Country:** USA

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**Principal**

**Address 1:** 1525 MERRILL DRIVE
**City:** LITTLE ROCK
**State:** AR
**Zip:** 72211
**Country:** USA

ARKANSAS DEPARTMENT OF HUMAN SERVICES

# Community and Employment Support Waiver License

## Arkansas Department of Human Services

This license is awarded to

## Independent Case Management, Inc

06/01/2023-05/31/2024

**Approved Services**

- [X] Community Transition Services
- [X] Consultation Services
- [n/a] Crisis Intervention
- [n/a] Environmental Modifications / Adaptive Equipment
- [X] Specialized Medical Supplies
- [X] Supplemental Support
- [X] Supported Employment
- [X] Supportive Living / Respite

**Organized Health Care Delivery System Services**

- [X] Community Transition Services
- [X] Consultation Services
- [n/a] Crisis Intervention
- [X] Environmental Modifications / Adaptive Equipment
- [X] Specialized Medical Supplies
- [X] Supplemental Support
- [X] Supported Employment
- [X] Supportive Living / Respite

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| [ ] Arkansas | [ ] Chicot | [ ] Crittenden | [ ] Grant | [ ] Johnson | [ ] Marion | [ ] Phillips | [ ] Scott | [ ] Washington |
| [ ] Ashley | [ ] Clark | [ ] Cross | [ ] Greene | [ ] Lafayette | [ ] Miller | [ ] Pike | [ ] Searcy | [ ] White |
| [ ] Baxter | [ ] Clay | [ ] Dallas | [ ] Hempstead | [ ] Lawrence | [ ] Mississippi | [ ] Poinsett | [ ] Sebastian | [ ] Woodruff |
| [ ] Benton | [ ] Cleburne | [ ] Desha | [ ] Hot Spring | [ ] Lee | [ ] Monroe | [ ] Polk | [ ] Sevier | [ ] Yell |
| [ ] Boone | [ ] Cleveland | [ ] Drew | [ ] Howard | [ ] Lincoln | [ ] Montgomery | [ ] Pope | [ ] Sharp | [X] Statewide |
| [ ] Bradley | [ ] Columbia | [ ] Faulkner | [ ] Independence | [ ] Little River | [ ] Nevada | [ ] Prairie | [ ] St. Francis | |
| [ ] Calhoun | [ ] Conway | [ ] Franklin | [ ] Izard | [ ] Logan | [ ] Newton | [ ] Pulaski | [ ] Stone | |
| [ ] Carroll | [ ] Craighead | [ ] Fulton | [ ] Jackson | [ ] Lonoke | [ ] Ouachita | [ ] Randolph | [ ] Union | |
| [ ] Chicot | [ ] Crawford | [ ] Garland | [ ] Jefferson | [ ] Madison | [ ] Perry | [ ] Saline | [ ] Van Buren | |

Regina Davenport, Asst.Director DDS Services
Agency/directory/designee, title

05/05/2023 LD
Date

ARKANSAS DEPARTMENT OF HUMAN SERVICES

**Division of Developmental Disabilities Services**
1200 East Broadway, P.O. Box 899 Forrest City, AR 72335
P: 870-261-6668 F: 870-633-8415 State Cell: 870-270-1732

May 5, 2023

Independent Case Management, Inc
1525 Merrill Drive, Ste. 100
Little Rock, AR 72211
501-228-0063

Mr. J. Wilson,

Your license for Community and Employment Services (CES) Waiver has been reissued for the 2023 thru 2024 Year. Your Quality Assurance Accreditation Certificate has been placed in your DDS file for the dates of Jan. 15, 2021, thru Jan. 15, 2024.

License Dates: June 1, 2023, thru May 31, 2024

Services:

- Community Transition
- Consultation
- Specialized Medical Supplies
- Supplemental Support
- Supported Employment
- Supportive Living/RESPITE

OHCDS:

- Community Transition
- Consultation
- Environmental Modifications and Adaptive Equipment
- Specialized Medical Supplies
- Supplemental Support
- Supported Employment
- Supportive Living/RESPITE

Your license allows you to provide services in the following counties:

- Statewide

If you have any questions, please contact Lynn Davenport at 870-261-6668
Louella.Davenport@DHS.Arkansas.Gov

Sincerely,

*Lynn Davenport*

Lynn Davenport
DDS Program Manager
DHS/DDS PASSE QA/ NCI
Unit

CC: File
Regina Davenport, DDS Assistant Director
Lynn Davenport, DDS Program Manager, DHS/DDS PASSE QA/ NCI Unit

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

**ADDENDUM 1**

**TO:** All Addressed Vendors
**FROM:** Office of Procurement
**DATE:** February 20, 2024
**SUBJECT:** 710-24-0015 Developmental Disability Services

The following change(s) to the above referenced IFB have been made as designated below:

__X__ Change of specification(s)
_____ Additional specification(s)
__X__ Change of bid opening date and time
_____ Cancellation of bid
__X__ Other

## CHANGE OF SPECIFICATION(S)

- Section 2.3.J – remove and replace with the following:

The Contractor shall work in conjunction with the family and DCFS to ensure the child placed received adequate and appropriate educational services in compliance with Arkansas and Federal law, including Department of Education (DOE) rules and regulations.

## OTHER

- Section 2.3.K.2 – move this language from 2.3.K.2 and add Section 2.3.S

The Contractor must meet DHS/DCFS Minimum Licensing Standards for Child Welfare Agencies (https://humanservices.arkansas.gov/wp-content/uploads/PUB_04_A.pdf), incorporated herein by reference, in addition to any other training.

a. Foster parents must follow the provisions of the Resource Parent Handbook (Attachment I)
b. Foster parents must be trained in a curriculum specific to the population that they are serving.
c. Foster parents must be trained in CPR/First Aid as prescribed by the American Red Cross or the American Heart Association.
d. If child is placed in an Alternative Living arrangement, Contractor shall employ, train, and maintain enough appropriately trained staff persons to meet the child's need for supervision twenty-four (24) hours a day.
e. The Contractor must provide on-going training and support to foster parents and caregivers to ensure health, safety, and well-being of child.
f. The Contractor must maintain up-to-date training records detailing training provided for all employees.

- Official Bid Price Sheet – remove and replace with the Revised Official Bid Price Sheet

## CHANGE OF BID OPENING DATE/TIME

- Bid submission date and time changed to: March 1, 2024, 1:00 pm Central Time.
- Bid opening date and time changed to: March 1, 2024, 2:00 pm Central Time

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: David King, DHS.OP.Solicitations@dhs.arkansas.gov at (501) 683-6456.

Vendor Signature

2-26-24
Date

Independent Case Management
Company

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

**ADDENDUM 2**

**TO:** All Addressed Vendors
**FROM:** Office of Procurement
**DATE:** February 23, 2024
**SUBJECT:** 710-24-0015 Developmental Disability Services

The following change(s) to the above referenced IFB have been made as designated below:

_____Change of specification(s)
_____ Additional specification(s)
_____ Change of bid opening date and time
_____ Cancellation of bid
___X___ Other

## OTHER

3.1 Payment and Invoice Provisions - Add the following:

The Contractor **shall** only bill against the resulting contract for services denied by the PASSE, clients who have been denied acceptance into the PASSE, or for clients who are not eligible or have been denied Medicaid. Contractor **must** provide documentation of PASSE denial with monthly invoicing.

Services shall be provided to all children as defined in Section 2.3.A. However, the Contractor **shall** seek payment through Medicaid and/or Provider-Led Shared Services Entity (PASSE) for those enrolled in the PASSE or on CES waiver prior to billing on the resulting contract. Services provided to those not enrolled in the PASSE or not on CES waiver are billable under the resulting contract.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: David King, DHS.OP.Solicitations@dhs.arkansas.gov at (501) 6836456.

[signature] 2-26-24
Vendor Signature Date

Independent Case Management
Company

Please find the following excerpt from ICM's Employee Handbook, page 8, which contains ICM's Equal Opportunity Statement.

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

ICM provides Equal Employment Opportunities (EEO) to all employees and applicants without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, marital status, disability, genetic information, amnesty, or status as a covered veteran in accordance with applicable federal, state, and local laws. ICM complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, termination, layoff, recall, transfers, leave of absence, compensation, and training. ICM will not discriminate. If the employee feels as if they are being discriminated against, the employee should contact the supervisor or the Finance and Administration department.

Contract Number _____

Attachment Number _____

Action Number _____

# CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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 **SUBCONTRACTOR NAME:**

**TAXPAYER ID NAME:** Independent Case Management, Inc

**IS THIS FOR:** Goods? ☐ Services? ☑ Both? ☐

**YOUR LAST NAME:** Wilson **FIRST NAME** Josh **M.I.:** B

**ADDRESS:** 1525 Merrill Drive

**CITY:** Little Rock **STATE:** AR **ZIP CODE:** 72211 **COUNTRY:** USA

***AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:***

## FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (√) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] | |
|---|---|---|---|---|---|---|---|
| | Current | Former | | 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**

## 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 _____ Title Chief Executive Officer Date 02/26/2024

Vendor Contact Person Josh Wilson Title Chief Executive Officer Phone No. (501) 228-0063

*Agency use only*

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