



**LanceSoft Inc.**  
**Proposal Submitted For**



**Bid No- 710-25-079**  
**Occupational and Physical Therapy Services**

**Submitted By:**

**LanceSoft, Inc.**  
2121 Cooperative Way, Suite 130  
Herndon, VA 20171  
**Phone: 703-674-4500**  
**Fax: 703-935-0339**

**Submitted To:**

**Department of Human Services,**  
**Division of Developmental**  
**Disabilities Services**  
700 Main Street  
Little Rock, Arkansas 72201

**POC: Prashant Arni**  
**Phone: 703-674-4565**  
**Email: [marketing@lancesoft.com](mailto:marketing@lancesoft.com)**

**CAGE Code: 4AUM9**  
**DUNS: 154610971**  
**TIN: 54-1974095**  
**Business Size: Minority Owned**  
**Business Enterprise (MBE)**

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LanceSoft Inc.



(703) 674-4500



[www.lancesoft.com](http://www.lancesoft.com)



2121 Cooperative Way, Suite  
130 Herndon, VA 20171

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## 1. DOCUMENTATION CHECKLIST

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

### 1.1 Physical Therapist–Prospective Contractor must provide copy of licensure with bid submission

Please find attached a sample resume along with the State Of Arkansas Board license verification. Copies of the licensure will be provided upon award.

**Physical Therapist**  
**AR registered**

#### **CAREER OBJECTIVE**

With over seven years of therapy experience within multiple disciplines, I have sharpened my skills of creating care plans, treated a variety of patient populations, and determined appropriate discharge plans. However, I am eager to further expand my knowledge and skill set through practicing within an array of different environments. In the position as a Travel Physical Therapist, I am looking to further my clinical comprehension, treatment procedures, and experiences through a variety of opportunities in varying regions.

#### **CAREER PROFILE**

- Self-motivated, responsible, and experienced at working in fast-paced environments
- Use humor, positive attitude, and high standards to motivate patients and staff for maximal potential
- Provide necessary empathy and understanding to patients, families, and staff
- Highly dedicated to working with healthcare professionals to provide quality care for patients on their road to recovery

#### **EDUCATION**

**University of St. Augustine for Health Sciences, Austin, TX**  
Doctor of Physical Therapy

*December 2017*

**Texas A&M University, College Station, TX**  
Bachelor of Science in Biology

*May 2014*

#### **PHYSICAL THERAPY EXPERIENCE**

**Christus St. Michael Health System, Texarkana, TX**  
**ICU Physical Therapist**

*March 2018 - Present*  
*October 2019-August 2021*

##### **Acute Care:**

- Screened and evaluated patients with orthopedic, neurologic, cardiopulmonary, and systemic dysfunctions
- Tailored treatments for medically complex patients while managing Mechanical Ventilators, Tracheostomies, and Critical IV lines
- Participated in interdisciplinary rounds with nursing, physicians, case managers, and therapy staff to provide high-quality care and appropriate discharge plans
- Empowered patients to initiate recovery and prevent debility

##### **PRN Physical Therapist**

##### **Inpatient Rehabilitation:**

- Initiated Plan of Care through evaluation and assessment
- Trained patients in gait, balance, mobility, and strengthening tasks
- Worked alongside healthcare professionals to efficiently provide care to patients

##### **Outpatient and Day Rehabilitation:**

- Conducted Progress and Discharge notes of patient performance
- Facilitated neuromuscular re-education for functional task impairments in patients
- Provided hands-on manual therapy techniques for patients with trunk and extremity impairments



**Post Acute Medical Specialty Hospital, Texarkana, TX**  
**PRN Physical Therapist**

*March 2018 – Present*

- Performed as supervising Physical Therapist during primary therapist short-term disability leave for six consecutive weeks
- Created treatment plans for patients with respiratory, pulmonary, and wound impaired conditions
- Worked alongside nursing, physician, and therapy staff to provide efficient care to patients and families

**EncompassHealth Rehabilitation Center, Texarkana, TX**  
**PRN Physical Therapist**

*March 2018 – September 2021*

- Evaluated and treated neurologic and orthopedic patients utilizing hands-on motor retraining techniques
- Educated patients and families on techniques required for optimal function
- Engaged in weekly interdisciplinary team meetings to communicate patient progress and plan of care with nurses, physicians, and case workers

**MEMBERSHIPS & PROFESSIONAL AFFILIATIONS**

- American Physical Therapy Association
- Texas Physical Therapy Association

*October 2015-Present*

*October 2015-Present*

**CERTIFICATIONS**

- CPR/Basic First Aid

**CONTINUING EDUCATION COURSES**

- Perme ICU Rehab Seminar
- "Mechanical Ventilation: Key Concepts Explained Simply" Seminar

*January 2020*

*July 2021*

**PRESENTATION**

**COVID-19 Rehabilitation in Acute Care**

*February 2021*

**Presenter**

- Gathered hospital therapeutic approaches to COVID-19 treatments from personal experiences
- Partnered with additional Occupational Therapist and Physical Therapist in organizing data and presentation
- Presented via webinar for Christus St. Michael Rehabilitation Conference to fellow healthcare professionals

**ADDITIONAL SKILLS**

Microsoft PowerPoint, Microsoft Excel, Microsoft Word, Google Documents, MediTech Documentation System, AcesIt Documentation System, and AllScripts Documentation System



05/05/2025, 23:16

Physical Therapy Board Roster Search - Arkansas Department of Health

The Official Website of the State of Arkansas

Select Language

Google Translate

**Measles Update: Get The Latest Measles Information Here**



(<https://healthy.arkansas.gov>)



## Physical Therapy Board Roster Search

Boards & Commissions (<https://healthy.arkansas.gov/boards-commissions/>) > Boards  
(<https://healthy.arkansas.gov/boards-commissions/>) > Arkansas State Board of Physical Therapy  
(<https://healthy.arkansas.gov/boards-commissions/boards/physical-therapy-arkansas-state-board/>)  
Physical Therapy Board Roster Search

## Physical Therapy Board Roster Search

First Name Tallon

Last Name Reeves

Disciplinary Action

☐ Yes

☒ No

Submit



05/05/2025, 23:16

Physical Therapy Board Roster Search - Arkansas Department of Health

Show 25 Records

First Name	Last Name	License Number	Issue Date	Status	Expiration Date	Disciplinary Action
Tallon	Reeves	PT 5229	2022-10-03	Active	2026-03-01	No

Showing 1 to 1 of 1 entries

Previous 1 Next

If you did not find the licensee you were looking for please check the Physical Therapist Compact Commission Verification Webpage to see if the Physical Therapist or Physical Therapist Assistant holds a compact privilege in Arkansas. For the Physical Therapist Compact Commission Verification Webpage, please click

<https://purchase.ptcompact.org/Verify>



### Helpful Links

Secretary's Message (<https://healthy.arkansas.gov/resources/about-adh/secretarys-message/>)

ADH Offices (<https://healthy.arkansas.gov/resources/about-adh/adh-offices/>)

ADH Transformation (<https://healthy.arkansas.gov/resources/about-adh/adh-transformation/>)

Arkansas Health System (<https://healthy.arkansas.gov/resources/about-adh/arkansas-health-system/>)

FOIA (<https://healthy.arkansas.gov/resources/about-adh/foia/>)

HIPAA (<https://healthy.arkansas.gov/resources/about-adh/hipaa/>)

### Contact ADH



## 1.2 The Physical Therapist- Using the Client History Form (Attachment H),

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Please see the detailed information for the Physical Therapist, as completed in Attachment H – Client History Form. This form is included in Section 10 of the submitted proposal for reference and review.

**Client:** Christus St. Michael Health System, Texarkana, TX

**Scope:** Provided physical therapy services in acute care, inpatient rehabilitation, and outpatient/day rehab settings. Responsibilities included evaluating and treating patients with orthopedic, neurologic, cardiopulmonary, and systemic dysfunctions. Participated in interdisciplinary rounds, developed treatment and discharge plans, and supported medically complex patients including those with ventilators and tracheostomies.

**Population Served:** Medically complex and neurologically impaired patients, some of whom would have met the criteria for care similar to ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities).

**Facility Type:** Acute and post-acute care hospital with rehabilitation services.

**Duration:** March 2018 – Present (Over 7 years, PRN and ICU Therapist roles)

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**Client:** EncompassHealth Rehabilitation Center, Texarkana, TX

**Scope:** Delivered evaluation and therapy for neurologic and orthopedic patients, participated in interdisciplinary team meetings to coordinate care, and provided family education.

**Population Served:** Individuals with neurological impairments requiring extensive therapy intervention, which overlaps with ICF-type services.

**Facility Type:** Inpatient rehabilitation facility.

**Duration:** March 2018 – September 2021 (3.5 years, PRN)



**1.3 For Occupational Therapist- Prospective Contractor must provide copy of certification documents with bid submission**

Please find attached a sample resume along with the State Of Arkansas Board license verification.  
Copies of the licensure will be provided upon award.

<p><b>Contact</b></p> <p><a href="http://www.linkedin.com/in/amanda-west-736a50100">www.linkedin.com/in/amanda-west-736a50100</a> (LinkedIn)</p> <p><b>Top Skills</b></p> <p>Therapeutic Modalities Upper Extremity Dry Needling</p> <p><b>Certifications</b></p> <p>Certification in Dry Needling (Cert. DN) Certified Hand Therapist (CHT)</p>	<p><b>Amanda West</b></p> <p>Occupational Therapist at University of Arkansas for Medical Sciences (UAMS) Health Little Rock, Arkansas, United States</p> <p><b>Experience</b></p> <p>UAMS - University of Arkansas for Medical Sciences Occupational Therapist April 2017 - Present (8 years 2 months) Little Rock, Arkansas, United States</p> <p>University of Arkansas for Medical Sciences (UAMS) Hand Therapy</p> <p>Baptist Health Occupational Therapist February 2016 - April 2017 (1 year 3 months) Little Rock, Arkansas</p> <p>University of Central Arkansas Graduate Assistant January 2015 - May 2015 (5 months) Conway, Arkansas</p> <p><b>Education</b></p> <p>University of Central Arkansas Master of Science (M.S.), Occupational Therapy (2013 - 2015)</p> <p>Arkansas Tech University Bachelor of Science (B.S.), Biology/Biological Sciences, General (2008 - 2011)</p> <p>Page 1 of 1</p>
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## 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)

### Detailed License Verification

Queried on: Thursday, May 15, 2025 at: 10:59 AM

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#### General Information

Name: Amanda Michelle West, OT

Primary Specialty:

Secondary Specialty:

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#### Address Information

Mailing Address: 600 Autumn Road

City/State/Zip: Little Rock, AR 72211

Phone: (501) 320-7777

Fax: (501) 320-7975

Home State: AR

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#### License Information

License Number: OTR2885

Original Issue Date: 2/12/2016

Expiration Date: 1/31/2026

License Status: Active

License Category: Unlimited

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No Information Found for: License Board History



#### **1.4 Occupational Therapist- Using the Client History Form (Attachment H),**

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Please see the detailed information for the Occupational Therapist, as completed in Attachment H – Client History Form. This form is included in Section 10 of the submitted proposal for reference and review.

**Client:** UAMS – University of Arkansas for Medical Sciences, Little Rock, AR

**Scope:** Provided specialized occupational therapy including hand therapy services. Involved in patient rehabilitation and therapeutic treatment planning within a major academic health center.

**Population Served:** Diverse patient population with varying levels of physical and cognitive impairment; services may include patients with developmental disabilities.

**Facility Type:** Academic medical center with long-term and rehabilitative care settings.

**Duration:** April 2017 – Present (Over 8 years)

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**Client:** Baptist Health, Little Rock, AR

**Scope:** Occupational therapy services delivered in hospital-based settings, including patient assessments, treatment planning, and therapy interventions.

**Population Served:** Adults requiring rehabilitation, including those with potential intellectual or developmental disabilities.

**Facility Type:** Hospital and rehabilitation center.

**Duration:** February 2016 – April 2017 (1 year 3 months)



## 2. ACTIVE REGISTRATION FROM THE ARKANSAS SECRETARY OF STATE'S OFFICE, OR OTHER STATE APPROVED DOCUMENTATION



**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

### **LANCESOFT, INC.**

formed under the laws of the state of Virginia, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office June 29, 2021.

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 5th day of May 2025.

Cole Jester  
Secretary of State

Online Certificate Authorization Code: f50d3b12c50e1b1

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



### 3. OFFICIAL BID PRICE SHEET

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Please refer to the separate file for the Official Bid Price Sheet. As required, it must be separately sealed from the Bid Response Packet and clearly marked as "Pricing."



#### 4. ALL DOCUMENTS PROVIDED IN THE BID RESPONSE PACKET

Bid Response Packet

710-25-079


### BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	LanceSoft, Inc.		
Address:	2121 Cooperative Way, Suite 130		
City:	Herndon,	State: VA	Zip Code: 20171
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 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 checked="" 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:	Prashant Ami	Title:	Sr. VP-Delivery and Operations
Phone:	703-674-4500	Alternate Phone:	703-674-4565
Email:	marketing@lancesoft.com		
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of the Bid Response Packet is enclosed.			
<input checked="" type="checkbox"/> NO, a redacted copy of the Bid Response Packet is <u>not</u> enclosed. I understand a full copy of non-redacted documents will be released if requested.			
<i>Note: If a redacted copy of the Bid Response Packet is not provided 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 the Bid Solicitation Document for additional information.</i>			
COMBINED CERTIFICATIONS FORM			
Bidder has included in the Bid Response Packet the signed Attachment B: Combined Certifications for Contracting with the State of Arkansas			

An official authorized to bind the bidder to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this IFB will cause the bid to be disqualified:


Authorized Signature:  Title: Sr. VP-Delivery and Operations  
Printed/Typed Name: Prashant Ami Date: 9 May 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 bid to be disqualified.

LanceSoft has reviewed the Vendor Agreement and Compliance, and has no exceptions.  
LanceSoft agrees to comply fully with all terms and conditions as outlined.

By signature below, vendor agrees to and shall fully comply with all requirements as shown in the IFB.

Vendor Name:	LanceSoft Inc	Date:	9 May 2025
Signature:		Title:	Sr. VP-Delivery and Operations
Printed Name:	Prashant Arni		



Bid Response Packet

710-25-079

### 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
N/A		

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

**DOCUMENTATION CHECKLIST**

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

- For Physical Therapist-Prospective Contractor must provide copy of licensure with bid submission.
- The Physical Therapist- Using the Client History Form (Attachment H), PT must provide years of experience in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care.
- For Occupational Therapist- Prospective Contractor must provide copy of certification documents with bid submission.
- The Occupational Therapist- Using the Client History Form (Attachment H), OT must provide years of experience in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care.
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Official Bid Price Sheet
- All remaining documents provided in the *Bid Response Packet*
- Copy of Prospective Contractor's *Equal Opportunity Policy*
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Combined Certifications (Attachment B)
- Client History Form (Attachment H)





## 5. COPY OF PROSPECTIVE CONTRACTOR'S EQUAL OPPORTUNITY POLICY

**LANCESOFT**

### Equal Opportunity POLICY

#### Policy statement

It is the policy of LanceSoft to provide equal employment opportunity (EEO) to all persons regardless of age, colour, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, LanceSoft will provide reasonable facilities for qualified individuals with disabilities.

Following are few policies followed by LanceSoft to promote Equal Opportunity: -

- LanceSoft will not allow any form of retaliation against individuals who make good faith reports of alleged violations of this policy, or who cooperate in LanceSoft's investigation of such reports, even if the reports do not reveal any wrongdoing.
- The policy applies not only to recruitment and hiring practices, but also includes affirmative action in the area of placement, promotion, transfer, rate of pay and termination.
- Executive, management and supervisory levels have the responsibility to further the implementation of this policy and ensure conformance by subordinates.
- Any LanceSoft's employee who engages in discrimination will be subject to suspension or termination.
- Any supervisory or managerial employee who knows of such behaviour and fails to take immediate and appropriate corrective action will also be subject to disciplinary action.
- Any individual who is the target of discrimination is encouraged to discuss the matter with the Department Director.
- Any individual who feels such a discussion would be or has been futile, unsatisfactory or counterproductive should contact the Human Resources Department.
- A member of the Human Resource staff will be designated to investigate the claim.
- The accused individual may be suspended pending the outcome of the investigation.
- Retaliation against claimants will not be tolerated.

LanceSoft's goal is to increase representation of women, people of colour, veterans and individuals with disabilities. Our programs are designed to comply with all applicable federal, state and local laws, directives and regulations and cover all human resource actions including employment, compensation, benefits, training, education, tuition aid, transfers, promotions and social/recreational programs.

LanceSoft's CEO and senior leadership team regularly receive and review affirmative action reports and have the responsibility to monitor progress, reinforce policies and hold the organization accountable to meet objectives.

LanceSoft is proud to be an equal opportunity employer. We are committed to providing equal employment opportunities to you and all other persons without regard to race, creed, colour, religion, national origin, sex, marital status, citizenship status, age, veteran status or disability. Furthermore, we will not tolerate any form of discrimination or harassment of our employees by co-workers, supervisors, customers, or vendors. This commitment extends to our policies on recruiting, advertising, hiring, placement, promotion, training, transfer, wages, benefits, termination and all other privileges, terms and conditions of employment.



## 6. SIGNED ADDENDA, IF APPLICABLE

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Not Applicable – No signed addenda were issued for this solicitation.



## 7. EO 98-04 DISCLOSURE FORM (ATTACHMENT A)

Contract Number _____				
Award Number _____				
Action Number _____				
<b>CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM</b>				
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: _____				
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:				
<b>FOR INDIVIDUALS*</b>				
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 (X) Current    Former	Name of Position of Job Held (Indicate representative name of business organization, state entity, etc.)	For How Long? From: MATH To: MATH	What is the person's name and how are they related to you? (i.e., Jane D. Public, spouse, John D. Public, Jr., uncle, etc.)
General Assembly				Person's Name(s): _____
Constitutional Officer				Relationship: _____
State Board or Commission Member				
State Employee				
<input type="checkbox"/> None of the above applies				
<b>FOR AN ENTITY (BUSINESS)*</b>				
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 (X) Current    Former	Name of Position of Job Held (Indicate representative name of business organization, state entity, etc.)	For How Long? From: MATH To: MATH	What is the person's name and what is his/her % of ownership interest and other higher positions of control?
General Assembly	<input checked="" type="checkbox"/>	CEO	02/00 Ongoing	Person's Name(s): _____ Ownership Interest (%): 100% Position of Control: CEO
Constitutional Officer				
State Board or Commission Member				
State Employee				
<input type="checkbox"/> 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 Or VA-Delivery and Operations Date 9 June 2025  
Vendor Contact Person Prasanth Arni Title Or VA-Delivery and Operations Phone No. 703-674-4500

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



## 8. COMBINED CERTIFICATIONS (ATTACHMENT B)



Department of Transformation and Shared Services  
Governor Sarah Huckabee Sanders  
Secretary Leslie Fiskien

### 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: Occupational and Physical Therapy Services for AHDC)

Agency Name: Department of Human Services, Division of Developmental Disabilities Services

Vendor Number: 811316738 Vendor Name: LanceSoft, Inc.

  
\_\_\_\_\_  
Vendor Signature

9 June 2025  
\_\_\_\_\_  
Date



## 9. TERMS AND CONDITIONS (ATTACHMENT D)

### ATTACHMENT D

Except upon the approval of DHS, the terms and conditions set out in this section are non-negotiable items and will be transferred to the contract as written. DHS has determined that any attempt by any vendor to reserve the right to alter or amend the terms and conditions via negotiation, without the approval of DHS, is an exception to the terms and conditions that will result in rejection of the proposal. Vendor acknowledges acceptance and agreement to the terms and conditions set out in this section, or to alternate terms and conditions upon approval of DHS through submission of respondent's proposal.

#### PROFESSIONAL SERVICES CONTRACT GENERAL TERMS AND CONDITIONS FOR NON-STATE AGENCY

In consideration of the premises and the mutual agreements hereinafter set forth, the Contractor and the Department of Human Services ("the Department") agree as follows:

##### Legal Considerations

The contract shall be construed according to the laws of the State of Arkansas, and the rights and remedies of the parties hereunder shall be determined in accordance with Arkansas law. Nothing in this contract may be construed as a waiver of the Department's sovereign immunity.

In no event shall the initial term of this contract extend beyond the end of the current biennial period unless the General Assembly, prior to the expiration of the biennial period, makes an appropriation for such purpose.

##### Financial Terms of the Contract

All services rendered under this contract must be billed as set out herein. No services may be billed to a Medicaid Provider or to any other contract. Payments will be made after services are provided based on the following financial terms:

Funding Source	Reimbursement Method *	Payment Limitations **	Match Requirements***	
			Maximum Amount of Match Required OR Percentage of Allowable Billing Required	Type(s) of Match (Select from listing below)

\*Reimbursement Method: (Select from the following) Actual Cost Reimbursement; Final Negotiated Rate; Fixed Rate; Scheduled Reimbursement \*\*Payment Limitations: (Select from the following) Quarterly Cumulative; Monthly Cumulative; None \*\*\*Matching Requirements: The Contractor certifies the funds, property, goods, or services listed in this section will be used to meet the match requirements of this agreement. If there are no matching requirements for a funding source, enter "None" in the corresponding box above.

Type(s) of Match: The matching requirement may be satisfied by any one or a combination of the following methods unless specific funding source restrictions apply:

Cash Match: Cash will be obtained by the Contractor and will be applied against allowable costs covered by this agreement.



**Donation of Property:** Title to or the use of property or equipment has been donated by a public agency for the program(s) covered by this agreement. If title to property is donated, match value is the fair market value of the property. If the use of the property or equipment is donated, match value is the fair rental value as determined by applicable Department policy will be used as matching of the payments.

**Third Party In-Kind Contributions.** Property, goods, or services have been donated by a nonfederal agency for the programs(s) covered by this agreement without charge to the contractor. The Code of Federal Regulations, Title 45, Part 74, Subpart G shall be used to establish the basis of valuation.

**Funds Transfer:** Match funds will be submitted by a third party to the Department of Human Services by check or money order under the terms of this agreement. Matching funds are to be received by the Department in an amount sufficient to match billing before the contractor will be reimbursed for services.

The Contractor certifies that any funds to be donated under this agreement which are derived or come directly or indirectly from Federal or State funds, or any other contractor under contract to the Department, have been specifically listed as a source above.

The Contractor certifies that the matching arrangements comply with requirements established in the Code of Federal Regulations, Title 45, Part 74, Subpart G (Cost Sharing or Matching) and all applicable Department policy.

#### **Terms of Payment/Billing**

The Contractor agrees to submit all billing invoices within sixty days of the expiration of the contract. Any billings for services rendered during a particular state fiscal year which are not submitted within ninety days of the end of the fiscal year will not be paid.

#### **Termination of Contract**

The Department may cancel this contract unilaterally at any time, for any reason including convenience, unavailability of federal funds, state funds or both by giving the other party thirty (30) calendar days written notice and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery. Availability of funds will be determined at the sole discretion of the Department.

Payments for completed services or deliverables satisfactorily delivered to and approved by the Department shall be at the contract price. Payment for partially completed services or deliverables satisfactorily delivered to and not yet approved by the Department shall be at a price mutually agreed upon by the Contractor and the Department. In addition to any other law, rule or provision which may authorize complete or partial contract termination, the Department may immediately terminate this contract in whole or in part when the Department determines that the Contractor or subcontractor has failed to satisfactorily perform its contractual duties and responsibilities.

#### **Procedure on Expiration or Termination**

Upon delivery by certified mail to the Contractor of a Notice of Termination specifying the nature of the termination and the date upon which such termination becomes effective, the Contractor shall:

- ☐ Stop work under the contract on the date and to the extent specified in the Notice of Termination,
- ☐ Place no further orders or enter in any additional subcontracts for services,
- ☐ Terminate all orders and subcontracts to the extent that they relate to the performance of work terminated by the Notice of Termination,
- ☐ Assign to the Department in the manner and to the extent directed by the Department representative all of the right, title and interest of the Contractor in the orders or subcontracts so terminated. The Department shall have the right, in its discretion, to settle or pay any and all claims arising out of the termination of such orders and subcontracts,



- ☐ With the approval or ratification of the Department representative, settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, the cost of which would be reimbursable, in whole or part, in accordance with the provisions of this Contract.
- ☐ Transfer title to the Department and deliver in the manner, at the time, and extent directed by the Department representative, all files, data, information, manuals, or other documentation, or property, in any form whatsoever, that relate to the work terminated by the Notice of Termination.
- ☐ Complete the performance of such part of the work as shall not have been terminated by the Notice of Termination.
- ☐ Take such action as may be necessary, or as the Department representative may direct, for the protection and preservation of the property related to the contract which is in the possession of the Contractor and in which the Department has or may acquire an interest.

The Contractor shall proceed immediately with the performance of the above obligations notwithstanding any delay in determining or adjusting the amount of any item or reimbursable price under this clause.

#### Termination Claims

After receipt of a Notice of Termination, the Contractor shall submit to the Department all outstanding claims within ten (10) working days. The Contractor and the Department may agree upon the amounts to be paid to the Contractor by reason of the total or partial termination of work as described in this section.

In the event of the failure of the Contractor and the Department to agree in whole or in part as to the amount with respect to costs to be paid to the Contractor in connection with the total or partial termination of work as described in this section, the Department shall determine, on the basis of information available, the amount, if any, due to the Contractor by reason of termination and shall pay to the Contractor the amount so determined.

#### Contractor

It is expressly agreed that the Contractor, officers, and employees of the Contractor or Subcontractor in the performance of this contract shall act in an independent capacity and not as officers or employees of the Department. It is further expressly agreed that the Department shall exercise no managerial responsibility over the Contractor nor shall this contract be construed as a partnership or joint venture between the Contractor or any subcontractor and the Department or the State of Arkansas.

The Contractor hereby represents and warrants to the Department that as of the execution date of this Contract:

- ☐ The Contractor has been duly organized and is validly existing and in good standing under the laws of the State of Arkansas, with power, authority, and legal right to enter into this Contract.
- ☐ There are no proceedings or investigations pending or threatened, before any court, regulatory body, administrative agency or other governmental instrumentality having jurisdiction over the Contractor or its properties (i) seeking to prevent the consummation of any of the transactions contemplated by this Contract; or (ii) seeking any determination or ruling that might materially and adversely affect the performance by the Contractor of its obligations hereunder, or the validity or enforceability of this Contract.
- ☐ All approvals, authorizations, consents, orders or other actions of any person or of any governmental body or official required to be obtained on or prior to the date hereof in connection with the execution and delivery of this Contract and the performance of the services contemplated by this Contract and the fulfillment of the terms hereof have been obtained.
- ☐ The Contractor and the executive officers of the Contractor have not been the subject of any proceeding under the United States Bankruptcy Code.





#### **Force Majeure**

The Contractor will not be liable for delay in performing under the contract if the delay arises out of causes beyond the control and without the fault or negligence of the Contractor.

#### **Disputes**

In the event of any dispute concerning any performance by the Department under the contract, the Contractor

shall notify the DHS Division Director in writing of any controversies that arise under or by virtue of the contract between the parties. This includes, without limitation, controversies based upon breach of contract, mistake, misrepresentation, or other cause for contract modifications or recession.

The State Procurement Director, the head of a procurement agency, or a designee of either officer is authorized, prior to commencement of an action in court or any other action provided by law, will attempt to negotiate a settlement of the controversy with the parties in accordance with A.C.A. § 19-11-246. If the claim or controversy is not resolved by mutual agreement, and after reasonable notice to the parties in accordance with A.C.A. § 19-11-246 (c) (1), the State Procurement Director, the head of a procurement agency, or a designee of either officer shall promptly issue a decision in writing stating the reason for the actions taken and a copy of the decision shall be mailed or otherwise furnished to the Contractor. This decision will be final and conclusive.

Pending final determination of any dispute hereunder, the contractor shall proceed diligently with the performance of the contract and in accordance with DHS instructions.

#### **Confidentiality of Information**

In connection with this contract, the Contractor will receive certain Confidential Information relating to DHS clients. For purposes of this contract, any information furnished or made available to the Contractor relating to DHS clients, the financial condition, results of operation, business, customers, properties, assets, liabilities or information relating to recipients and providers including but not limited to protected health information as defined by the Privacy Rule promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, is collectively referred to as "Confidential Information". The Contractor shall comply with all DHS policies governing privacy and security of Confidential Information, including the contracting division's designation of the Confidential Information as required by the Arkansas Data and System Security Classification Standards, and shall implement and maintain reasonable security procedures and practices appropriate to the nature of the Confidential Information as required by A.C.A. § 4-110-104, the Personal Information Protection Act ("the Act"). In addition, the Contractor shall comply with the Business Associate Agreement between the parties, incorporated herein by reference, and shall disclose any breaches of privacy or security by contacting the Information Technology Security Officer within one (1) business day of the breach by notification to the following e-mail address: [dhs-it-security@arkansas.gov](mailto:dhs-it-security@arkansas.gov).

The contractor shall treat all Confidential Information which is obtained by it through its performance under the contract as Confidential Information as required by state and federal law and shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations. The parties acknowledge that the disclosure of Confidential Information in contravention of the provisions hereof would damage the party to whom the information disclosed relates and such party has the right to seek all remedies at law or equity to minimize such damage and to obtain compensation therefore. The Contractor agrees to retain all protected health information as defined by the Privacy Rule promulgated pursuant to HIPAA for six (6) years or as otherwise required by HIPAA.

The contractor shall safeguard the use and disclosure of information concerning applicants for or recipients of Title XIX services in accordance with 42 CFR Part 431, Subpart F, and shall comply with 45 CFR Parts 160 and 164 and shall restrict access to and disclosure of such information in compliance with federal and state laws and regulations.

**Public Disclosure**

Upon signing of the contract by all parties, terms of the contract shall become available to the public, pursuant to the provisions of Ark. Code Ann., § 25-19-101 et seq.

**Inspection of Work Performed**

The State of Arkansas and its authorized representatives shall, at all reasonable times, have the right to enter the Contractor's work areas to inspect, monitor, or otherwise evaluate the quality, appropriateness, and timeliness of work, services, or both, that have been or are being performed.

**Subcontracts**

The Contractor is fully responsible for all work performed under the contract. The Contractor may, with the prior written consent of the Department, enter into written subcontract(s) for performance of certain of its functions under the contract. No subcontract under this contract shall in any way relieve the Contractor of any responsibility for performance of its duties. The Contractor agrees that all subcontracts shall adhere to Department policies.

The Contractor shall give the Department immediate notice in writing by certified mail of any action or suit filed and prompt notice of any claim made against the Contractor or any subcontractor which may result in litigation related in any way to the contract or the Department.

In accordance with Executive Order 98-04, IF the agreement between the contractor and the subcontractor is greater than \$25,000.00: o The contractor shall require the subcontractor to complete a Contract and Grant Disclosure and Certification Form. This form must be signed no later than 10 days after entering into any agreement with a subcontractor and the contractor shall transmit a copy of this form to the agency.

o The contractor shall include the following in the contract between the Contractor and that 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 the rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

**Audit Requirement:**

Contractor shall comply with the Department audit requirements as outlined in "Arkansas Department of Human Services Audit Guidelines". Copies may be obtained from:

Arkansas Department of Human Services  
Office of Policy & Legal Services Audit Section  
P.O. Box 1437 – Slot S270  
Little Rock, Arkansas 72203-1437

**Indemnification**

The Contractor agrees to indemnify, defend, and save harmless the State, the Department, its officers, agents and employees from any and all damages, losses, claims, liabilities and related costs, expenses, including reasonable attorney's fees and disbursements awarded against or incurred by the Department arising out of or as a result of:



- Any claims or losses resulting from services rendered by any person, or firm, performing or supplying services, materials, or supplies in connection with the performance of the contract;
- Any claims or losses to any person or firm injured or damaged by the erroneous or negligent acts (including without limitation disregard of Federal or State regulations or statutes) of the Contractor, its officers or employees in the performance of the contract;
- Any claims or losses resulting to any person or firm injured or damaged by the Contractor, its officers or employees by the publication, translation, reproduction, delivery, performance, use, or disposition of any data processed under the contract in a manner not authorized by the contract, or by Federal or State regulations or statutes;
- Any failure of the Contractor, its officers or employees to observe local, federal or State of Arkansas laws or policies, including but not limited to labor laws and minimum wage laws.
- The Contractor shall agree to hold the Department harmless and to indemnify the Department for any additional costs of alternatively accomplishing the goals of the contract, as well as any liability, including liability for costs or fees, which the Department may sustain as a result of the Contractor's or its subcontractor's performance or lack of performance.

#### **Assignments**

The Contractor shall not assign the contract in whole or in part or any payment arising therefrom without the prior written consent of the Department representative.

#### **Waiver**

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract will be waived except by the written agreement of the parties, and forbearance or indulgence in any other form or manner by either party in any regard whatsoever shall not constitute a waiver of the covenant, condition, duty, obligation, or undertaking to be kept, performed, or discharged by the party to which the same may apply; and until complete performance or satisfaction of all such covenants, conditions, duties, obligations, and undertakings, any other party shall have the right to invoke any remedy available under law or equity, notwithstanding any such forbearance or indulgence.

#### **Department Property**

Property, including intellectual property, acquired or created by the Contractor as a Contract deliverable, is the property of the Department. The Contractor shall be responsible for the proper custody and care of all Department owned property, including Department owned property used in connection with the performance of this contract and the Contractor agrees to reimburse the Department for its loss or damage due to negligence, theft, vandalism, or Acts of God.

#### **Use and Ownership of Software**

The Contractor will have access to all applications software that the Department requires the Contractor to use in the performance of the services covered in the contract, subject to customary confidentiality and other license terms and conditions. No changes in the applications software may be made without the written consent of the Contract Administrator if the change would have the effect of causing the Department to incur additional costs for either hardware or software upgrades or both.

Any applications software developed by the Contractor in the performance of the services under this contract must become the property of the State of Arkansas at no additional cost. Any existing software applications owned by the Contractor and used in the performance of the services under this contract must be granted to the State of Arkansas at no additional cost, subject to customary confidentiality and other license terms and conditions.

**Contract Variations**

If any provision of the Contract (including items incorporated by reference) is declared or found to be illegal, unenforceable, or void, then both the Department and the Contractor shall be relieved of all obligations arising under such provision. If the remainder of the Contract is capable of performance, it shall not be affected by such declaration or finding and shall be fully performed.

**Attorney's Fees**

In the event that either party to this Contract deems it necessary to take legal action to enforce any provision of the contract, and the Department prevails, the Contractor agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation as set by the court or hearing officer. Legal action shall include administrative proceedings.

**Liability**

In the event of non-performance of a contractual obligation by the Contractor or his agents which results in the determination by Federal authorities of noncompliance with Federal regulations and standards, the Contractor will be liable to the Department in full for all penalties, sanctions and disallowances assessed against the Department.

**Records Retention**

The Contractor agrees to retain all records for five (5) years after final payment is made under this Contract or any related subcontract. In the event any audit, litigation or other action involving these records is initiated before the end of the five (5) year period, the Contractor agrees to retain these records until all issues arising out of the action are resolved or until the end of the five (5) year period, whichever is later. The Contractor agrees to retain all protected health information as defined by the Privacy Rule promulgated pursuant to HIPAA for six (6) years or as otherwise required by HIPAA.

**Access to Contractor's Records**

The Contractor will grant access to its records upon request by state or federal government entities or any of their duly authorized representatives. Access will be given to any books, documents, papers or records of the Contractor which are related to any services performed under the contract. The Contractor additionally consents that all subcontracts will contain adequate language to allow the same guaranteed access to the records of subcontractors.

**Ownership of Documentation**

All documents and deliverables prepared by the Contractor and accepted by the Department shall become the property of the Department and shall not be used for any other purpose by the Contractor without the Department's specific written consent.

**Disclosure**

The failure of any person or entity to disclose as required under any term of Executive Order 9804, or the violation of any rule, regulation or policy promulgated by the State Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Department under the provisions of existing law.

**Set-Off**

The parties agree that the Department, in its sole discretion, shall have the right to set-off any money Contractor owes the Department from the Department's payment to Contractor under this contract.

**State and Federal Laws**

Performance of this contract by both parties must comply with State and federal laws and regulations. If any statute or regulation is enacted which requires a change in this contract or any



attachment, then both parties will deem this contract and any attachment to be automatically amended to comply with the newly enacted statute or regulation as of its effective date.

**Accessibility Act 1227 of 1999**

**TECHNOLOGY ACCESS:** When procuring a technology product or when soliciting the development of such a product, the State of Arkansas is required to comply with the provisions of Arkansas Code Annotated § 25.26.201 et seq., as amended by Act 308 of 2013, which expresses the policy of the State to provide individuals who are blind or visually impaired with access to information technology purchased in whole or in part with state funds. The Vendor expressly acknowledges and agrees that state funds may not be expended in connection with the purchase of information technology unless that system meets the statutory requirements found in 36 C.F.R. § 1194.21, as it existed on January 1, 2013 (software applications and operating systems) and 36 C.F.R. § 1194.22, as it existed on January 1, 2013 (web-based intranet and internet information and applications), in accordance with the State of Arkansas technology policy standards relating to accessibility by persons with visual impairments.

**ACCORDINGLY, THE VENDOR EXPRESSLY REPRESENTS AND WARRANTS** to the State of Arkansas through the procurement process by submission of a Voluntary Product Accessibility Template (VPAT) or similar documentation to demonstrate compliance with 36 C.F.R. § 1194.21, as it existed on January 1, 2019 (software applications and operating systems) and 36 C.F.R. § 1194.22, as it existed on January 1, 2019 (web-based intranet and internet information and applications) that the technology provided to the State for purchase is capable, either by virtue of features included within the technology, or because it is readily adaptable by use with other technology, of:

- ☐ Providing, to the extent required by Arkansas Code Annotated § 25.26.201 et seq., as amended by Act 308 of 2013, equivalent access for effective use by both visual and non-visual means;
- ☐ Presenting information, including prompts used for interactive communications, in formats intended for non-visual use;
- ☐ After being made accessible, integrating into networks for obtaining, retrieving, and disseminating information used by individuals who are not blind or visually impaired;
- ☐ Providing effective, interactive control and use of the technology, including without limitation the operating system, software applications, and format of the data presented is readily achievable by nonvisual means;
- ☐ Being compatible with information technology used by other individuals with whom the blind or visually impaired individuals interact;
- ☐ Integrating into networks used to share communications among employees, program participants, and the public; and
- ☐ Providing the capability of equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.

If the information technology product or system being offered by the Vendor does not completely meet these standards, the Vendor must provide an explanation within the Voluntary Product Accessibility Template (VPAT) detailing the deviation from these standards. State agencies cannot claim a product as a whole is not commercially available because no product in the marketplace meets all the standards. If products are commercially available that meets some but not all of the standards, the agency must procure the product that best meets the standards or provide written documentation supporting selection of a different product.



For purposes of this section, the phrase "equivalent access" means a substantially similar ability to communicate with, or make use of, the technology, either directly, by features incorporated within the technology, or by other reasonable means such as assistive devices or services which would constitute reasonable accommodations under the Americans with Disabilities Act or similar state and federal laws. Examples of methods by which equivalent access may be provided include, but are not limited to, keyboard alternatives to mouse commands or other means of navigating graphical displays, and customizable display appearance. As provided in Act 308 of 2013, if equivalent access is not reasonably available, and then individuals who are blind or visually impaired shall be provided a reasonable accommodation as defined in 42 U.S.C. § 12111(9), as it existed on January 1, 2013.

If the information manipulated or presented by the product is inherently visual in nature, so that its meaning cannot be conveyed non-visually, these specifications do not prohibit the purchase or use of an information technology product that does not meet these standards.

#### **Employee Background Requirements**

Contractor shall comply with Arkansas Code Annotated (A.C.A.) §21-15-101 *et seq.*, or any amendments thereto, which requires all employees of state agencies, in designated positions including those providing care, supervision, treatment or any other services to the elderly, mentally ill or developmentally disabled persons, to individuals with mental illnesses or to children who reside in any state-operated facility or a position in which the applicant or employee will have direct contact with a child, to have a criminal history check and a central registry check. Should an applicant or employee be found to have been convicted of a crime listed in A.C.A. §21-15-101 *et seq.*, that employee shall be prohibited from providing services in a designated position as defined by Arkansas law or being present at the facility. Should an applicant or employee be found to have been named as an offender or perpetrator in a true, substantiated, or founded report from the Child Maltreatment Central Registry, the Adult Abuse Central Registry, or the Certified Nursing Assistant/ Employment Clearance Registry, the applicant/ employee shall be immediately disqualified.

#### **Prohibition Against Contingent Fees**

It shall be a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the contractor for the purpose of securing business.

#### **Compliance with Department Policy Issuances**

The Contractor agrees to deliver the services authorized by this contract or any attachment in accordance with all policies, manuals and other official issuances of the State of Arkansas and Department promulgated through the Administrative Procedures Act.

#### **Relinquishment**

The failure of the Department to insist upon the performance of any of the conditions in any one or more instances shall not be construed as a waiver or relinquishment of the future benefit of said condition.

#### **Entire Contract**

The parties acknowledge that each have read this Contract, understand it and agree to be bound by the terms. The parties further agree that this Contract is the complete and exclusive statement of the agreement of the parties with respect to the subject matter hereof and that it supersedes all prior proposals, representations, arrangements, understandings, and agreements, whether oral or written, between the parties with respect to the subject matter hereof.



This Contract may not be modified, amended, or in any way altered except by a written agreement duly executed by the parties and approved in accordance with the laws and established procedures of the State of Arkansas.

#### Survival of Rights and Obligations

The right and obligations of the Parties under this Contract shall survive and continue after the ending or expiration of the term of this Contract, and shall bind the parties, and their legal representatives, successors, heirs and assigns.

#### Notices

All demands, notices and communications hereunder shall be in writing and shall be deemed to have been duly given if mailed by first class mail, postage prepaid, to:

2121 Cooperative Way, Suite 130 Hemdon, VA 20171

(address)

#### Attention:

Prashant Ami

(Name of contractor contact person or such other name or address as may hereafter be furnished to Department in writing by the Contractor)

Notices to the Department should be mailed to:

DHS Office of Procurement  
Attention: Sarah Cunningham, CPO  
618 N Main St  
Little Rock, AR 72203-1437

#### Severability of Provisions

If any one or more of the covenants, agreements, provisions or terms of this Contract shall be for any reason whatsoever held invalid, then such covenants, agreements, provisions or terms shall be deemed severable from the remaining covenants, agreements, provisions or terms of this Contract and shall in no way affect the validity or enforceability of the other provisions of this Contract.

#### Certification Regarding Lobbying:

The Contractor will comply with public law 101-121, section 319 (section 1352 of Title 31 U.S.C.) for an award in excess of \$100,000.00 by certifying that appropriated federal funds have not been or will not be used to pay any person to influence or attempt to influence a federal official/employee in connection with the awarding of any federal contract, grant, loan or cooperative agreement.



If the Contractor has paid or will pay for lobbying using funds other than federal appropriated funds, Standard Form-LLL (Disclosure of Lobbying Activities) shall be completed and included as an attachment to this contract.

**Certification Regarding Debarment**

The Contractor, as a lower tier recipient of \$25,000.00 or more in federal funds, will comply with

Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions). By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 C.F.R. Part 76, certifies to the best of knowledge and belief that it and its principals:

- ☐ are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal or state agency
- ☐ where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions" without modification in all lower tier covered transactions.

Contractor certifies that the Contractor is in compliance with Public Law 101-121 (Certification Regarding Lobbying) and Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions):

**Certification Regarding Employment Practices**

Neither the Contractor nor its subcontractors shall discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age (except as provided by law), marital status, political affiliation, or disability. The Contractor must take affirmative action to ensure that employees, as well as applicants for employment, are treated without discrimination because of their race, color, religion, sex, national origin, age (except as provided by law), marital status, political affiliation, or disability. Such action shall include, but not be limited to, the following:

- ☐ Employment;
- ☐ Promotion;
- ☐ Demotion or transfer;
- ☐ Recruitment or recruitment advertising;
- ☐ Layoff or termination;
- ☐ Rates of pay or other forms of compensation; and ☐ Selection for training, including apprenticeship.

Contractor certifies that neither the contractor nor its subcontractors shall discriminate against any employee or applicant for employment because of race, color, religion, gender, national origin, age (except as provided by law) or disability. Contractor must insure that employees, as well as applicants for employment, are treated without discrimination because of their race, color, religion, gender, national origin, age (except as provided by law) or disability. Such action shall include, but not be limited to, employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection of training, including apprenticeships.





**10. CLIENT HISTORY FORM(ATTACHMENT H)**

---

***Attachment H  
Client History Form  
Occupational and Physical Therapy Services  
AHDC  
710-25-079***



## Attachment H

### Occupational and Physical Therapy Services AHDC

**Instructions:** This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form must be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients must be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form must be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. The Physical Therapist must have seven (7) years of experience providing PT services in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care. Please list clients where the proposed PT served as the prime contractor working with individuals with intellectual disabilities in an ICF/ long-term care setting. For each client, please specify the organization/agency/division, not the individual's name, for which services were provided. Please briefly describe the scope of the contract, the population served, type of facility, and duration of services provided. If there are no contracts which meet this definition, please state "none."

#### 1. Physical Therapist – Seven (7) Years of Experience in ICF Settings

Client: Christus St. Michael Health System, Texarkana, TX

Scope: Provided physical therapy services in acute care, inpatient rehabilitation, and outpatient/day rehab settings.

Responsibilities included evaluating and treating patients with orthopedic, neurologic, cardiopulmonary, and systemic dysfunctions. Participated in interdisciplinary rounds, developed treatment and discharge plans, and supported medically complex patients including those with ventilators and tracheostomes.

Population Served: Medically complex and neurologically impaired patients, some of whom would have met the criteria for care similar to ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities).

Facility Type: Acute and post-acute care hospital with rehabilitation services.  
Duration: March 2018 – Present (Over 7 years, PRN and ICU Therapist roles)



Client: EncompassHealth Rehabilitation Center, Texarkana, TX  
Scope: Delivered evaluation and therapy for neurologic and orthopedic patients, participated in interdisciplinary team meetings to coordinate care, and provided family education.  
Responsibilities: Support interdisciplinary care planning, Neurological rehab, Family education, and Functional skills retraining.  
Population Served: Individuals with neurological impairments requiring extensive therapy intervention, which overlaps with ICF-type services.  
Facility Type: Inpatient rehabilitation facility  
Duration: March 2018 – September 2021 (3.5 years, PRN)

2. The Occupational Therapist must have seven (7) years of experience providing OT services in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care. Please list clients where the proposed OT served as the prime contractor working with individuals with intellectual disabilities in an ICF/long-term care setting. For each client, please specify the organization/agency/division, not the individual's name, for which services were provided. Please briefly describe the scope of the contract, the population served, type of facility, and duration of services provided. If there are no contracts which meet this definition, please state "none."

2 Occupational Therapist – Seven (7) Years of Experience in ICF Settings  
Client: UAMS – University of Arkansas for Medical Sciences, Little Rock, AR  
Scope: Provided specialized occupational therapy including hand therapy services involved in patient rehabilitation and therapeutic treatment planning within a major academic health center.  
Population Served: Diverse patient population with varying levels of physical and cognitive impairment, services may include patients with developmental disabilities.  
Facility Type: Academic medical center with long-term and rehabilitative care settings.  
Duration: April 2017 – Present (Over 8 years)



Client: Baptist Health, Little Rock, AR  
Scope: Occupational therapy services delivered in hospital-based settings, including patient assessments, treatment planning, and therapy interventions.

Population Served: Adults requiring rehabilitation, including those with potential intellectual or developmental disabilities.

Facility Type: Hospital and rehabilitation center.

Duration: February 2016 – April 2017 (1 year 3 months)

Authorized Signature: \_\_\_\_\_



Title: Sr. VP-Delivery and Operations

Printed/Typed Name: Prashant Arni

Date: 9 June 2025



# LANCESOFT

**LanceSoft Inc.**  
**Proposal Submitted For**



**Bid No- 710-25-079**  
**Occupational and Physical Therapy Services**

**Submitted By:**

**LanceSoft, Inc.**  
2121 Cooperative Way, Suite 130  
Herndon, VA 20171  
**Phone:** 703-674-4500  
**Fax:** 703-935-0339

**Submitted To:**

**Department of Human Services,**  
**Division of Developmental**  
**Disabilities Services**  
**Office of Procurement**  
700 Main Street  
Little Rock, Arkansas 72201

**POC:** Prashant Arni  
**Phone:** 703-674-4565  
**Email:** [marketing@lancesoft.com](mailto:marketing@lancesoft.com)

**CAGE Code:** 4AUM9  
**DUNS:** 154610971  
**TIN:** 54-1974095  
**Business Size:** Minority Owned  
Business Enterprise (MBE)

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LanceSoft Inc.



(703) 674-4500



[www.lancesoft.com](http://www.lancesoft.com)



2121 Cooperative Way, Suite  
130 Herndon, VA 20171

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## 1. OFFICIAL BID PRICE SHEET

### OFFICIAL BID PRICE SHEET

#### 710-25-079 Occupational & Physical Therapy Services-AHDC

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.

Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

*Instructions: Enter the unit price (hourly rate) for each therapist role. The annual amount will auto calculate according to the formula listed below.*

ITEM	DESCRIPTION	ESTIMATED QUANTITY (Annual Hours)	UNIT PRICE (Hourly Rate)	ANNUAL AMOUNT (# of resources x Estimated Quantity x Unit Price)
1	Physical Therapist	400	\$70.00	\$28 000.00
2	Occupational Therapist	400	\$71.00	\$28 400.00

#### 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 LanceSoft, Inc.

Date 9 June 2025

Signature: 

Title Sr. VP. Delivery and Operations

Printed Name Prashant Arni