

# **RESPONSE SIGNATURE PAGE**

## SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION   |   |        |   |                 |
|--|---|--------|---|-----------------|
| Company:                               | Meritan, Inc.   |        |   |                 |
| Address:                               | 1400 W. Markham St. Suite 403   |        |   |                 |
| City:                                  | Little Rock   | State: | AR  | Zip Code: 72201 |
| Business Designation:                  | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp<br><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit  |        |   |                 |
| Minority and Women-Owned Designation*: | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran<br><input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned |        |   |                 |
|  | AR Certification #: _____   |        | * See <i>Minority and Women-Owned Business Policy</i> |                 |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION                                   |                           |                                 |
|--|---------------------------|---------------------------------|
| Provide contact information to be used for bid solicitation related matters. |                           |                                 |
| Contact Person:  | Darryl Johnson            | Title: Associate Vice President |
| Phone:   | 501 – 375-5808            | Alternate Phone: 501-247-2938   |
| Email:   | Darryljohnson@meritan.org |                                 |

| CONFIRMATION OF REDACTED COPY   |
|---|
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.<br><input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.<br><br><i>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.</i> |

| ILLEGAL IMMIGRANT CONFIRMATION   |
|--|
| By signing and submitting a response to this <i>Bid Solicitation</i> , 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.<br><br><input checked="" type="checkbox"/> 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: President/CEO

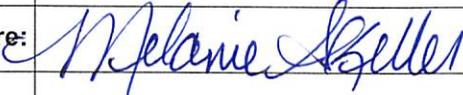
Printed/Typed Name: Melanie Keller Date: 04/03/19

**ALL AGREEMENT AND COMPLIANCE  
PAGES**

## SECTION 1 - 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.

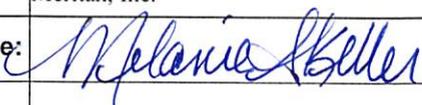
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

|                              |   |               |               |
|------------------------------|---|---------------|---------------|
| <b>Vendor Name:</b>          | Meritan, Inc.   | <b>Date:</b>  | 04/03/19      |
| <b>Authorized Signature:</b> |  | <b>Title:</b> | President/CEO |
| <b>Print/Type Name:</b>      | Melanie Keller  |               |               |

## SECTION 2 - 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.

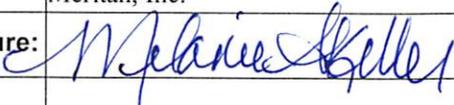
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

|                              |   |               |               |
|------------------------------|---|---------------|---------------|
| <b>Vendor Name:</b>          | Meritan, Inc.   | <b>Date:</b>  | 04/03/19      |
| <b>Authorized Signature:</b> |  | <b>Title:</b> | President/CEO |
| <b>Print/Type Name:</b>      | Melanie Keller  |               |               |

## SECTION 3.4.5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

|                              |   |               |               |
|------------------------------|---|---------------|---------------|
| <b>Vendor Name:</b>          | Meritan, Inc.   | <b>Date:</b>  | 04/03/19      |
| <b>Authorized Signature:</b> |  | <b>Title:</b> | President/CEO |
| <b>Print/Type Name:</b>      | Melanie Keller  |               |               |

# **PROPOSED SUBCONTRACTORS FORM**



**SIGNED ADDENDA, IF APPLICABLE**

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

**ADDENDUM 1**

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

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

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

**BID OPENING DATE AND TIME**

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

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Revise Section 1.29 Schedule of Events:

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

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

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

If you have questions, please contact the buyer [Margurite.al-ugdah@dhs.arkansas.gov](mailto:Margurite.al-ugdah@dhs.arkansas.gov)  
or 501-682-8743.

  
Vendor Signature

4-3-2019  
Date

Meritan, Inc  
Company

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

**ADDENDUM 2**

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

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

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

**BID OPENING DATE AND TIME**

Bid opening date and time

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**CHANGES TO REQUIREMENTS**

**Section 2.2B**

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

**Add:** For verification of requirements specified above (A & B), Vendor **must** submit one of the following:

- 1) Vendor's Therapeutic Foster Care Placement Child Welfare Agency License obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE), or
- 2) A copy of the application for licensure.

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

**REVISED ATTACHMENT**

Revised Attachment G

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

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

If you have questions, please contact the buyer [Margurite.al-uqdah@dhs.arkansas.gov](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

Day Johnson, LCSW  
Vendor Signature

4-3-2019  
Date

Meritan, Inc  
Company

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

**ADDENDUM 3**

**DATE:** March 26, 2019  
**SUBJECT:** 710-19-1027 Therapeutic Foster Care

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

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

**BID OPENING DATE AND TIME**

**CHANGE SPECIFICATIONS**

**Attachment C: Performance-Based Contracting**

**B. Delivery of Services**

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

**Add:** "Contractor shall review the plan at least semi-annually and shall update the plan to reflect the child's progress."

**Insert: #9**

**Service Criteria:**

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

Documentation shall at a minimum reflect the following:

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

B. Any revisions of the Treatment plan

**Acceptable Performance:**

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

**Damages:**

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

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

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

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

If you have questions, please contact the buyer [Margurite.al-uqdah@dhs.arkansas.gov](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

David Johnson, LCSW  
Vendor Signature

11-3-2019  
Date

Meritan, Inc  
Company

**E.O. 98-04 – CONTRACT GRANT AND  
DISCLOSURE FORM**

## 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: Meritan, Inc.

TAXPAYER ID NAME: Meritan, Inc.      IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: Keller      FIRST NAME: Melanie      M.I.:

ADDRESS: 345 Adams

CITY: Memphis      STATE: TN      ZIP CODE: 38103      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<br><small>[senator, representative, name of board/ commission, data entry, etc.]</small> | For How Long? |             | What is the person(s) name and how are they related to you?<br><small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small> |          |
|----------------------------------|----------|--------|---|---------------|-------------|--|----------|
|                                  | Current  | Former |   | From<br>MM/YY | To<br>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<br><small>[senator, representative, name of board/commission, data entry, etc.]</small> | 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<br>MM/YY | To<br>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 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:

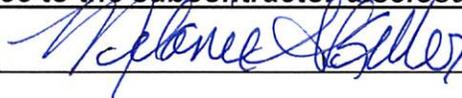
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign 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 President/CEO Date 04/03/19  
Vendor Contact Person Darryl Johnson Title Associate Vice President Phone No. 501-375-5808

Agency use only

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

# **EQUAL OPPORTUNITY POLICY**

**Manual:** Meritan

**Chapter:** Human Resources

**Title:** Equal Employment Opportunity

**Policy Number:** HR 1

**Rationale:** COA HR 1.01, 1.02, Federal Law, EEOC

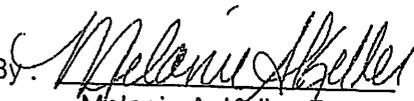
**Statement:** Meritan complies with all federal, state, and local employment laws.

**Procedure:**

It is the policy of Meritan to select, develop and promote employees based on the individual's ability and job performance. It has been, and shall continue to be, the policy of Meritan to provide Equal Employment Opportunity to all people in all aspects of employer/employee relations without discrimination because of any protected characteristic. This policy affects decisions, including, but not limited to, an employee's compensation, benefits, terms and conditions of employment, opportunities for promotion, training and development, transfer, and other privileges of employment. It has been, and shall continue to be, Meritan's policy to maintain a working environment free of sexual harassment and intimidation. It is further the policy of Meritan to comply with the letter and spirit of applicable local, state, and Federal statutes concerning Equal Employment Opportunity.

If you have any questions or need any assistance in carrying out your duties in accordance with this policy and the equal employment laws and regulations, please contact Human Resources.

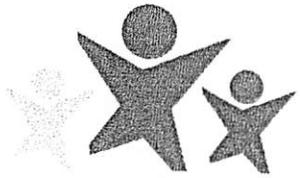
Authorized By

  
Melanie A. Keller, President

7/3/17  
Date

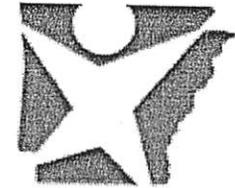
**RESPONSE TO THE INFORMATION FOR  
EVALUATION SECTION OF THE  
RESPONSE PACKET**

# THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



In cooperation with

The Arkansas Department of Human Services'  
Division of Child Care and Early Childhood Education



Certifies that

**Meritan, Inc.**

Owner

**Meritan**

Agency

1400 W. MARKHAM

LITTLE ROCK, AR 72201

Is hereby issued Child Placement license #: 193

FOR THE PURPOSE OF PROVIDING, IN THE STATE OF ARKANSAS, THE FOLLOWING SERVICES:

Therapeutic Foster Care

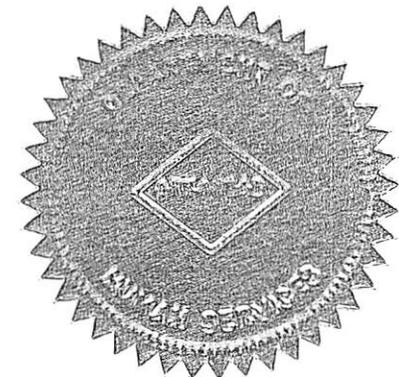
THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 10/23/2007 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

Effective: 10/23/2007





### **C. Meritan's ability to provide trauma informed mental health services**

Meritan has the ability to provide trauma informed mental health services to consumers placed in their therapeutic foster care program. The program is staffed with a Licensed Certified Social Worker (LCSW) who has additional training in the area of trauma informed care. This evidenced based method of mental health treatment is person centered and is focused on the trauma or traumatic event that may have caused the maladaptive behaviors. In initiating trauma informed care, it is imperative that the mental health professional has an understanding that all behavior has meaning and to separate the behavior from the child. The trauma informed approach assumes that there is past trauma with each and every consumer referred for therapeutic foster care. Meritan concurs and practices with the premise that trauma informed care is guided by the understanding that treating the symptoms alone will not produce substantial long term healing. Trauma informed care requires an examination of biological, social, psychological, as well as an array of other factors that affect consumers in foster care's behavior and overall functionality. Trauma informed care administered at Meritan practice establishing trusting relationships and utilizes a great deal of empathy while working through the pain associated with trauma. Focusing on the trauma while factoring in the consumers feeling, perspective, and reality has the potential to promote healthy healing. Although well trained in trauma informed care, Meritan's Licensed Mental Health Professional staff have TF-CBT certification on their training schedule.

Meritan possesses the ability to provide 24/7 mobile crisis intervention in the home and community for consumers placed in the therapeutic foster care program. Meritan's staff and Foster Parents are trained to assess and identify what constitutes an emergency or crisis. Meritan has a 24/7 On-call system where a staff member is on-call 24 hours a day, 7 days a week. Meritan utilizes Agee Answering Service for after hour and weekend emergencies. In the event of a behavioral emergency with a consumer, Meritan Licensed Mental Health Professional will intervene and conduct a mobile assessment to assess course of treatment needed to keep the consumer and all parties safe. In case of a medical emergency, Foster Parents are instructed to utilize local ERs and call 911 when necessary. Meritan personnel will be involved in all crisis situation involving consumers. An incident report will be completed a forwarded to DHS/DCFS within 24 hours detailing the event and follow up needed.



**D. Meritan has the ability to provide 24 hour, 7 days a week mobile crisis intervention in the home and community**

Meritan possesses the ability to provide 24/7 mobile crisis intervention in the home and community for consumers placed in the therapeutic foster care program. Meritan's staff and Foster Parents are trained to assess and identify what constitutes an emergency or crisis. Meritan has a 24/7 On-call system where a staff member is on-call 24 hours a day, 7 days a week. Meritan utilizes Agee Answering Service for after hour and weekend emergencies. In the event of a behavioral emergency with a consumer, Meritan Licensed Mental Health Professional will intervene and conduct a mobile assessment to assess course of treatment needed to keep the consumer and all parties safe. In case of a medical emergency, Foster Parents are instructed to utilize local ERs and call 911 when necessary. Meritan personnel will be involved in all crisis situation involving consumers. An incident report will be completed a forwarded to DHS/DCFS within 24 hours detailing the event and follow up needed.

Meritan has the ability to provide trauma informed mental health services to consumers placed in their therapeutic foster care program. The program is staffed with a Licensed Certified Social Worker (LCSW) who has additional training in the area of trauma informed care. This evidenced based method of mental health treatment is person centered and is focused on the trauma or traumatic event that may have caused the maladaptive behaviors. In initiating trauma informed care, it is imperative that the mental health professional has an understanding that all behavior has meaning and to separate the behavior from the child. The trauma informed approach assumes that there is past trauma with each and every consumer referred for therapeutic foster care. Meritan concurs and practices with the premise that trauma informed care is guided by the understanding that treating the symptoms alone will not produce substantial long term healing. Trauma informed care requires an examination of biological, social, psychological, as well as an array of other factors that affect consumer's behavior and overall functionality. Trauma informed care administered at Meritan practice establishing trusting relationships and utilizes a great deal of empathy while working through the pain associated with trauma. Focusing on the trauma while factoring in the consumers feeling, perspective, and reality has the potential to promote healthy healing. Although well trained in trauma informed care, Meritan's Licensed Mental Health Professional staff have TF-CBT certification on their training schedule.



**Contact information for verification of ( C & D) of Minimum requirements**

**c. Trauma informed mental health services**

**d. 24 hour, 7 days a week mobile crisis intervention in home and community setting**

**Contact person info:** **Meritan, Inc**  
Dr. Mark Bouie  
[Markbouie@meritan.org](mailto:Markbouie@meritan.org)  
Vice President-Foster Care  
345 Adams Ave. Memphis, TN 38103  
(901) 766-0600