BID RESPONSE PACKET 710-24-0014

BID SIGNATURE PAGE

Type or Print the following information.

	PROSPE	CTIVE CONTR	ACTOR'S INFO	RMATION			
Company:	ReDiscover Counselin	ng and Welln	ess, LLC				
Address:	217 W. 2nd Street Ste 306						
City:	Little Rock		State:	AR	Zip Code: 72201		
Business Designation:	□ Individual □ Partnership	□ Sole ■ Corp	Proprietorship oration		Public Service Corp Nonprofit		
Minority and Women-Owned Designation*:	 Not Applicable African American Asian American AR Certification #: 	□ America □ Hispanic □ Pacific I	c American slander America	l ■ Women- n	Disabled Veteran		
		ECONTRACT	OR CONTACT	-	·		
	Provide contact infor	mation to be u	sed for bid solici	tation related i	matters.		
Contact Person:	Sky Tapp, LCSW		Title:	Owner	-Therapist		
Phone:	501-615-4028		Alternate Phon	ie: 501-25	9-4723		
Email: skyrickettslcsw@gmail.com							
CONFIRMATION OF REDACTED COPY							
 YES, a redacted copy of submission documents is enclosed. 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. 							
Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.							
ILLEGAL IMMIGRANT CONFIRMATION							
By signing and submitting a response to this <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.							
			RICTION CONF	IRMATION			
By checking the b will not boycott Isr	ox below, a Prospective Co ael during the aggregate te	ntractor agrees	s and certifies the act.	at they do not	boycott Israel, and if selected,		
Prospective Co	ontractor does not and will n	ot boycott Israe	el.				
	zed to bind the Prospectiv			ontract must	sian 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:	Sty Spp, LCSU
Printed/Typed Name:	Sky Tapp, LCSW

Title:	Owner-Therapist	
Date:	12/20/2023	

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	ReDiscover Counseling and Wellness, LLC	Date:	12/20/2023
Signature:	Sky Soon LCSW	Title:	Owner-Therapist
Printed Name:	Sky Tapp, LCSW		

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
ReDiscover Counseling and Wellness, LLC	217 W. 2nd Street, Ste 306	Little Rock, AR 72201
The Vision Project, LLC	217 W. 2nd Street, Ste 207	Little Rock, AR 72201

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

COUNTIES/SERVICE TYPE

Instructions: Select each county in which services can be provided by the Prospective Contractor. Refer to Attachment I for State Map of Counties.

Arkansas	Orderd		1		
	Garland		-	Newton	
Ashley	Grant		1	Ouachita	
Baxter	Greene			Perry	
Benton	Hempstead			Phillips	
Boone	Hot Spring			Pike	
Bradley	Howard			Poinsett	
Calhoun	Independence			Polk	
Carroll	Izard	~]	Pope	
Chicot	Jackson		1	Prairie	
Clark	Jefferson		1	Pulaski	
Clay	Johnson		1	Randolph	
Cleburne	Lafayette			Saline	
Cleveland	Lawrence			Scott	
Columbia	Lee			Searcy	
Conway	Lincoln			Sebastian	
Craighead	Little River			Sevier	
Crawford	Logan			Sharp	
Crittenden	Lonoke			St. Francis	
Cross	Madison			Stone	
Dallas	Marion			Union	
Desha	Miller			Van Buren	
Drew	Mississippi			Washington	
Faulkner	Monroe			White	
Franklin	Montgomery			Woodruff	
Fulton	Nevada			Yell	

All counties (Statewide) X

Instructions: Select each type of counseling service that can be provided by the Prospective Contractor.

Individual	x
Family	x
Group	x
Medication Management	

Performance and History Form

<u>Instructions</u>: DHS requests that Prospective Contractors disclose historical information intended to help DHS gain a full understanding of Prospective Contractor's history. This form **must** be accurately completed and signed by the same signatory who signed the Signature Page (Refer to page 2). Failure to disclose information may be grounds for disqualification of the Prospective Contractor's bid.

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

DHS reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. For each listed client, Prospective Contractor **must** include the client entity's name, address, and phone number. Additionally, Prospective Contractors are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If DHS contacts the clients listed, DHS reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

If there are no contracts which meet the definition, Respondent must state "none."

1. Provide the total number of therapists/clinicians available and describe your capacity to provide services in each county selected.

At this time we have two therapists available. We will hire more therapists once contract is awarded.

2. Has the Prospective Contractor had therapist/clinicians on probation with the State Licensing Board?

If yes, include the number and reason(s) for the probation.

3. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, a below standard vendor performance report, or these equivalents in the State of Arkansas.

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the contractual obligations.

Authorized Signature:	Sopp LCSW	Title: Owner-Therapist
Printed/Typed Name: Sky Tap	pp, LCSW	Date: 12/20/2023

DOCUMENTATION CHECKLIST

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

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Copy of licensure or proof of supervision for each service provider
- Copy of certification of enrollment as a behavioral health service provider (for each service provider) in the Arkansas Medicaid Program
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Contract and Grant Disclosure Form (Attachment A)
- Certification for Boycott and Illegal Immigrant Restrictions (Attachment H)

Page 1 of 2

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

ADDENDUM 1

TO: All Addressed Vendors FROM: Office of Procurement DATE: November 29, 2023 SUBJECT: 710-24-0014 Counseling Services

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

- ____Change of specification(s)
- _____ Additional specification(s)
- _____ Change of bid opening date and time
- Cancellation of bid
- X_Other

CHANGE OF SPECIFICATION(S

- Section 2.3.F.2 remove and replace with the following: The Contractor shall submit to the county supervisor or designee a copy of the client's treatment plan and any updates to the treatment plan. Justification shall remain in the client's file.
- Section 2.3.F.3 remove and replace with the following: Contractor must submit treatment plan updates to DCFS.
- Section 2.3.D.6 remove and replace with the following: Licensed professionals providing services must have a minimum of one (1) year experience in individual, family, and/or group therapy or under the supervision of a licensed professional. Provider must have experience providing counseling in the community, natural environment, and office based.
- Section 2.3.H.10 remove the following: Contractor must submit client monthly progress notes to the DCFS Supervisor documenting services, including the client's response and engagement in services. These progress notes shall summarize dates/times of service, progress in counseling, and continued care recommendations. Progress notes are due by the 10th of each month.

OTHER

- Official Bid Price Sheet remove and replace with 710-24-0014 Official Bid Price Sheet Revised.
- Section 3.1.D add the following language: A minimum of seventy percent (70%) of all billed time (exclusive of travel time) for counseling services must be direct service. Direct service is defined as face-to-face contact with the family.
 - 1. DHS may allow up to thirty percent (30%) for indirect costs and mileage. The current State of Arkansas mileage reimbursement rate is \$0.65 per mile. The mileage reimbursement rate may increase or decrease throughout the duration of the contract in accordance with the rate set by the Arkansas Department of Finance and Administration. The mileage reimbursement rate applied will be the current state rate on the date of travel.
 - 2. The Contractor must submit a list of indirect costs with invoices for DHS review and approval.

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

If you have any questions, please contact: Karrie Goodnight, <u>DHS.OP.Solicitations@dhs.arkansas.gov</u>, (501) 320-3906

ि Date Date Date Vendor Signature cover Company

Page 1 of 1

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

ADDENDUM 2

TO: All Addressed Vendors FROM: Office of Procurement DATE: December 12, 2023 SUBJECT: 710-24-0014 Counseling Services

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

X Change of specification(s)

_____ Additional specification(s)

X Change of bid opening date and time

Cancellation of bid

Other

CHANGE OF BID OPENING DATE AND TIME

- Bid Submission Date and Time: December 19, 2023, 1:00 pm CST
- Bid Opening Date and Time: December 19, 2023, 2:00 pm CST

CHANGE OF SPECIFICATION(S)

• Section 2.2.D - Remove and replace with the following:

Contractors must be Certified and enrolled as a Behavioral Health Agency (BHA), Community Support System Provider (CSSP), Independently Licensed Practitioner (ILP) or ILP Group provider in the Arkansas Medicaid Program. For verification purposes, Prospective Contractors must provide, with bid submission, a copy of certification.

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

If you have any questions, please contact: Karrie Goodnight at <u>DHS.OP.Solicitations@arkansas.gov</u> or (501) 320-3906

Date Wellness LLC Vendor Signature and Company

Page 1 of 1

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

ADDENDUM 3

TO: All Addressed Vendors FROM: Office of Procurement DATE: December 18, 2023 SUBJECT: 710-24-0014 Counseling Services

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

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

CHANGE OF BID OPENING DATE AND TIME

· Bid Submission Date and Time: December 27, 2023, 11:00 am CST

· Bid Opening Date and Time: December 27, 2023, 12:00 pm CST

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

If you have any questions, please contact: Karrie Goodnight at DHS.OP.Solicitations@arkansas.gov or (501) 320-3906.

Date and 10am Company



Arkansas Secretary of State **John Thurston**

State Capitol Building & Little Rock, Arkansas 72201-1094 & 501-682-3409

Certificate of Good Standing I, John Thurston, 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

REDISCOVER COUNSELING AND WELLNESS, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 23, 2022.

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 11th day of July 2023.

In Thurston

Iohn Thurston ine Certificate Authorization Code: 2bd4710982b1732 Secretary of State To verify the Authorization Code, visit sos.arkansas.gov

STATE OF ARKANSAS



John Thurston ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

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

Certificate of Organization

of

REDISCOVER COUNSELING AND WELLNESS, LLC

filed in this office November 23, 2022

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 23rd day of November 2022.

rursi John Thurston

Secretary of State

Online Certificate Authorization Code: 595171638784d9595e5 To verify the Authorization Code, visit sos.arkansas.gov



FILED - Arkansas Secretary of State - John Thurston - Doc#: 16187271001 - Filing#: 811405665 - Filed On: 11/23/2022 - Page(s): 1 Certificate of Organization for Domestic LLC

Filing Index of	
Filing Information Filing Act: 1041 of 2021	
Entity Name: PEDISCOVER COLUMNER WIT	
Entity Name: REDISCOVER COUNSELING AND WELLNESS, LLC	
File Date: 2022-11-23 14:02:09	
Effective Date: 2022-11-23	
Filing Signature: SKY TAPP	
Registered Agent:	
First Name: AARON	
Last Name: GUEST	
Suffix:	
Address 1: 32 EMERALD CIRCLE	
City: CABOT	
State: AR	
Zip: 72023	
Country: USA	
Phone: 501-615-4028	
Email: AARONGUEST81@GMAIL.COM	
Officers	
First Name: SKY	
Last Name: TAPP	
Title: Incorporator/Organizer	
Address 1: 32 EMERALD CIRCLE	
City: CABOT	
State: AR	
Zip: 72023	
Country: USA	
Elect Manager 1 America	
First Name: AARON	
Last Name: GUEST	
Suffix:	
Title: Manager	
Address 1: 32 EMERALD CIRCLE	
City: CABOT	
State: AR	
Zip: 72023	
Country: USA	1
Principal Entity Name: BEDISCOVER COUNSELING AND WELLNESS	
Entity Name: REDISCOVER COUNSELING AND WELLNESS, LLC Address 1: 2120 W. MAIN ST. SUITE 5	
City: CABOT	
State: AR	
Zip: 72023	
Country: USA	
Phone Number: 501-615-4028	
Email Address: SKYTAPPCOUNSELING@GMAIL.COM	
CALL CONSELING WIGHAIL.COM	
	anamaliki E



Governor Sarah Huckabee Sanders Secretary Joseph Wood Director Edward Armstrong

CERTIFICATION FOR BOYCOTT AND ILLEGAL IMMIGRANT RESTRICTIONS

Pursuant to Arkansas law, a vendor must submit the below certifications prior to entering into a contract with a public entity for an amount as designated by the applicable laws.

 Israel Boycott Restriction: For contracts valued at \$1,000 or greater. A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in a boycott of Israel. If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.

2. Illegal Immigrant Restriction: For contracts exceeding \$25,000.

No state agency may enter into or renew a public contract for services with a contractor who employs or contracts with an illegal immigrant. A contractor shall certify that it does not 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, or exceeding, \$75,000.

A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry. If a company does boycott any of these industries, *see* Arkansas Code Annotated § 25-1-1102.

By signing this form, the contractor agrees and certifies that it does not, and shall not for the remaining aggregate term of the contract, participate in the activities checked below:

Do not boycott Israel.

Do not employ illegal immigrants.

Do not boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.

Contract Number & Description	710-24-0014 Counseling Services
Name of Public Entity	DHS, DCFS
Name of Vendor/Contractor	ReDiscover Counseling and Wellness, LLC
AASIS Vendor Number	307036719

Contractor Signature

12/20/2023

Date

Office of State Procurement

501 Woodlane Street, Suite 220 * Little Rock, AR 72201 * 501.324.9316

ReDiscover Counseling and Wellness, LLC

Equal Opportunities Policy

11/22/2022

Introduction:

ReDiscover Counseling and Wellness, LLC is committed to promoting equal opportunities in employment and to providing a working environment that is free from discrimination, harassment and victimization. This policy applies to all aspects of employment including recruitment, training, promotion, pay and conditions of work and termination of employment.

The aim of this policy is to ensure that all job applicants and employees are treated fairly and with respect, and that employment decisions are based on merit and ability.

Policy Statement:

ReDiscover Counseling and Wellness, LLC is committed to equal opportunities and will not discriminate on the grounds of race, colour, nationality, ethnic or national origin, gender, marital status, sexual orientation, disability, age, religion or belief, political belief or membership, or trade union membership.

ReDiscover Counseling and Wellness, LLC will take positive steps to ensure that individuals are treated equally and not disadvantaged by conditions or requirements which cannot be shown to be justifiable.

ReDiscover Counseling and Wellness, LLC will monitor its employment practices to ensure that it complies with its equal opportunities policy and to identify and remove any barriers to equal opportunities.

Responsibilities:

ReDiscover Counseling and Wellness, LLC will ensure that all employees are aware of the equal opportunities policy and are expected to comply with it in their daily working lives.

ReDiscover Counseling and Wellness, LLC will provide training to managers and employees on equal opportunities, to help ensure that they understand the policy and how it should be applied.

ReDiscover Counseling and Wellness, LLC will ensure that any allegations of discrimination, harassment or victimization are taken seriously and will be dealt with promptly and fairly in accordance with the company's grievance procedure.

ReDiscover Counseling and Wellness, LLC will regularly review its equal opportunities policy to ensure that it remains relevant and up-to-date.

Implementation:

ReDiscover Counseling and Wellness, LLC will implement this policy by:

- Ensuring that job advertisements and recruitment procedures do not contain any discriminatory language or requirements.
- Ensuring that all employees are made aware of the equal opportunities policy.
- Monitoring the implementation of the equal opportunities policy and taking action to address any issues that arise.
- Providing training to employees on equal opportunities.
- Encouraging employees to raise any concerns or issues they have with regard to equal opportunities.
- Regularly reviewing the equal opportunities policy to ensure that it remains effective.

Conclusion:

ReDiscover Counseling and Wellness, LLC is committed to promoting equal opportunities in employment and creating a working environment that is free from discrimination, harassment and victimization.

By implementing this equal opportunities policy, ReDiscover Counseling and Wellness, LLC aims to ensure that all employees are treated fairly and with respect, and that employment decisions are based on merit and ability.

								olies	None of the above applies
									State Employee
									State Board or Commission Member
									Constitutional Officer
									General Assembly
	Ownership Position of Interest (%) Control	Owne Interes	Person's Name(s)		From MM/YY	board/commission, data entry, etc.]	t Former	Current	
	ership interest and/or	r % of owne	What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	For How Long?	For H	Name of Position of Job Held	Mark (√)	Z	Position Held
tional	General Assembly, Constitut State Board or Commission	ber of the G al Officer, S	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 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.	old any owner rrent, or child o ies or influence	ontrol or h sister, par sing polici	lowing persons, current or former, hold any position of control or hold any ownership interest of 10% or greater i ission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Asse Position of control means the power to direct the purchasing policies or influence the management of the entity.	sons, currer nber, State I [:] control mea	wing persision Men osition of	Indicate below if any of the follo Officer, State Board or Commis Member, or State Employee. P
			BUSINESS)*	ІТҮ (ΝΤΙ	FORANE			
								olies	✓ None of the above applies
									State Employee
									State Board or Commission Member
									Constitutional Officer
									General Assembly
	Relation		Person's Name(s)		From MM/YY	board/ commission, data entry, etc.]	It Former	Current	
	lated to you? ., child, etc.]	are they rel. Public, Jr.,	What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	For How Long?		Name of Position of Job Held [senator, representative, name of	Mark (√)	2	Position Held
ission	General Assembly, Constitutional Officer, State Board or Commission	itutional Off		is a current or	ur spouse	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 Member, or State Employee:	ie brother, s	ouse or th	Indicate below if: you, your spo Member, or State Employee:
			UALS*	DIVID	ΙND	FOR			
	EMENT,	E AGRE	AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, ATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:	FOLLOW		<u>A CONDITION OF OBTAINING, EXTENDING, AMENDING, (GRANT AWARD WITH ANY ARKANSAS STATE AGENCY,</u>	INING, E NY ARK	OBTA	AS A CONDITION OF OBTAINING, EXTENDING, OR GRANT AWARD WITH ANY ARKANSAS ST/
	RY: US	COUNTRY: US	JE: 72201	ZIP CODE:	AR	STATE:			слту: Little Rock, AR
							e 306	reet, St	ADDRESS: 217 W. 2nd Street, Ste
			M.I.: M		Sky	FIRST NAME Sky		WS	YOUR LAST NAME: Tapp, LCSW
	17	v Both?	IS THIS FOR: Goods? Services?	ess, LLC	าd Welln	Sky Tapp, LCSW DBA ReDiscover Counseling and Wellness, LLC	SW DBA	app, LC	TAXPAYER ID NAME: SKY Ta
						SUBCONTRACTOR NAME: Mariah Brown, LPC DBA The Vision Project, LLC	IR NAME:	SUBCONTRACTOR NAME: Tah Brown, LPC [SUBCONTRACTOR: SUBC
	У.	tate Agency	E AND CERTIFICATION FORM se agreement, or grant award with any Arkansas State Agency.	CLOSURE lease, purchas	contract, l	Action Number CONTRACT AND GRANT DISCLOSURE AND CERTIFIC.	formation m	llowing in	Action Number Failure to complete all of the fo
					l				Attachment Number
									Contract Number

DHS Revision 11/05/2014

	Vendor Contact Person Sky Tapp, LCSW Title Owner-Therapist Phone No. (501) 615-4028	Signature Superindector discrosure conditions stated nerein.	I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and	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.	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.	2. I will include the following language as a part of any agreement with a subcontractor:	 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. 	As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:	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.	Action Number Contract and Grant Disclosure and Certification Form	Contract Number Attachment Number
ract	.(501) 615-4028	23	true and correct and	ontract date, I will mail a ent containing the dollar	lation, or policy adopted quired disclosure or who		ocontractor to complete a om I enter an agreement ed of me under the terms	<u></u>	olicy adopted pursuant to uls to make the required		

DHS Revision 11/05/2014



Division of Medical Services Medicaid Provider Enrollment Unit Gainwell Technologies P.O. Box 8105, · Little Rock, AR 72203-8105 P: 501-376-2211 Toll Free 1-800-457-4454 · F: 501-374-0746 https://humanservices.arkansas.gov/divisions-shared-services/medical-services

Dear SKY TAPP:

Thank you for your interest and participation in the Arkansas Medicaid Program. Your enrollment packet has been reviewed and processed. Your new 9-digit provider identification number and information are listed below:

Provider ID Number:	307036719	Service Location:	303 W NEWMAN AVE
Effective Date:	1/1/2023		HARRISON, AR 72601-5839

Specialty: WI - INDEPENDENTLY LIC PRACTITIONER (ILP) - LCSW

If any of the information on your enrollment application and/or contract should change in the future, please notify in writing:

Gainwell Technologies Medicaid Provider Enrollment Unit P.O. Box 8105 Little Rock, AR 72203-8105

If you are required to report your National Provider Identifier (NPI) to Arkansas Medicaid for electronic transactions, please use your provider identification number to log on to the provider portal at *https://portal.mmis.arkansas.gov/ARMedicaid/Provider/*

where you can access the NPI reporting tool. Providers without Internet access can use the paper NPI reporting form.

In addition to your provider identification number, you will need the following information:

- tax identification number or Social Security number
- taxonomy code (if applicable)
- location and contact information

If you are not eligible for an NPI, you will continue to use your provider identification number on electronic transactions. The Medicaid fiscal agent is Gainwell. Claims should be sent to the address stated in Section I of your Medicaid Provider Manual. If you have questions regarding claims processing, please call the Gainwell Provider Assistance Center at (501) 376-2211 or toll free 1-800-457-4454.

If you have questions regarding your provider identification number, please call the Gainwell Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely, Provider Enrollment

> We Care. We Act. We Change Lives. humanservices.arkansas.gov









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ARKANSAS DEPARTMENT OF HEALTH SOCIAL WORK LICENSING BOARD



Arkansas Board of Examiners in Counseling And Marriage & Family Therapy

LICENSE CARD

This is to certify that Mariah Brown holds ACTIVE status as a(n): LPC in the state of Arkansas in accordance with Arkansas Code Annotated §17-27 — 101 et seq.

License #: P2109002 Initial Date: 09/01/2021 Expiration Date: 05/31/2025



PLEASE NOTIFY ARBOEC OF ANY CHANGE OF ADDRESS IMMEDIATELY

