

BID RESPONSE PACKET
710-24-0014

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Secure Foundation Counseling, PLLC			
Address:	P.O. Box 1541, 818 E. Matthews			
City:	Jonesboro	State:	AR	Zip Code: 72401
Business Designation:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input 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 checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Matthew Lloyd, LPC	Title:	CEO/Owner	
Phone:	(870) 218-1722	Alternate Phone:	(870) 897-6688	
Email:	mathhew.lloyd@sfccounseling.pllc.hush.com			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <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. <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. <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.

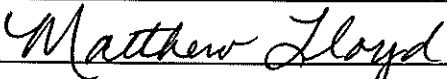
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Matthew Lloyd Title: Owner
 Printed/Typed Name: Matthew Lloyd, LPC-S, RPT Date: 12/8/2023

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Secure Foundation Counseling, PLLC	Date:	12/8/2023
Signature:		Title:	Owner
Printed Name:	Matthew Lloyd, LPC-S, RPT		

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

☒ 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	<input type="checkbox"/>
Ashley	<input type="checkbox"/>
Baxter	<input type="checkbox"/>
Benton	<input type="checkbox"/>
Boone	<input type="checkbox"/>
Bradley	<input type="checkbox"/>
Calhoun	<input type="checkbox"/>
Carroll	<input type="checkbox"/>
Chicot	<input type="checkbox"/>
Clark	<input type="checkbox"/>
Clay	<input type="checkbox"/>
Cleburne	<input type="checkbox"/>
Cleveland	<input type="checkbox"/>
Columbia	<input type="checkbox"/>
Conway	<input type="checkbox"/>
Craighead	<input checked="" type="checkbox"/>
Crawford	<input type="checkbox"/>
Crittenden	<input type="checkbox"/>
Cross	<input checked="" type="checkbox"/>
Dallas	<input type="checkbox"/>
Desha	<input type="checkbox"/>
Drew	<input type="checkbox"/>
Faulkner	<input type="checkbox"/>
Franklin	<input type="checkbox"/>
Fulton	<input type="checkbox"/>

Garland	<input type="checkbox"/>
Grant	<input type="checkbox"/>
Greene	<input checked="" type="checkbox"/>
Hempstead	<input type="checkbox"/>
Hot Spring	<input type="checkbox"/>
Howard	<input type="checkbox"/>
Independence	<input type="checkbox"/>
Izard	<input type="checkbox"/>
Jackson	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>
Johnson	<input type="checkbox"/>
Lafayette	<input type="checkbox"/>
Lawrence	<input checked="" type="checkbox"/>
Lee	<input type="checkbox"/>
Lincoln	<input type="checkbox"/>
Little River	<input type="checkbox"/>
Logan	<input type="checkbox"/>
Lonoke	<input type="checkbox"/>
Madison	<input type="checkbox"/>
Marion	<input type="checkbox"/>
Miller	<input type="checkbox"/>
Mississippi	<input type="checkbox"/>
Monroe	<input type="checkbox"/>
Montgomery	<input type="checkbox"/>
Nevada	<input type="checkbox"/>

Newton	<input type="checkbox"/>
Ouachita	<input type="checkbox"/>
Perry	<input type="checkbox"/>
Phillips	<input type="checkbox"/>
Pike	<input type="checkbox"/>
Poinsett	<input checked="" type="checkbox"/>
Polk	<input type="checkbox"/>
Pope	<input type="checkbox"/>
Prairie	<input type="checkbox"/>
Pulaski	<input type="checkbox"/>
Randolph	<input type="checkbox"/>
Saline	<input type="checkbox"/>
Scott	<input type="checkbox"/>
Searcy	<input type="checkbox"/>
Sebastian	<input type="checkbox"/>
Sevier	<input type="checkbox"/>
Sharp	<input type="checkbox"/>
St. Francis	<input type="checkbox"/>
Stone	<input type="checkbox"/>
Union	<input type="checkbox"/>
Van Buren	<input type="checkbox"/>
Washington	<input type="checkbox"/>
White	<input type="checkbox"/>
Woodruff	<input type="checkbox"/>
Yell	<input type="checkbox"/>

All counties (Statewide)	<input type="checkbox"/>
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Instructions: Select each type of counseling service that can be provided by the Prospective Contractor.

Individual	<input checked="" type="checkbox"/>
Family	<input checked="" type="checkbox"/>
Group	<input checked="" type="checkbox"/>
Medication Management	<input type="checkbox"/>

Performance and History Form

Instructions: 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.

Secure Foundation, PLLC has 5 clinicians available to provide services within the selected areas as listed. At this time, Secure Foundation is available to serve clients as needed. Clinician caseloads can be adjusted to ensure that availability is present. Typical caseloads from this contract is anticipated to be 5 - 10 clients per clinician but may vary based on availability and needs of the client.

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

☐ Yes ☒ No

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

None

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.

☐ Yes ☒ No

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.

None

Authorized Signature: Matthew Lloyd Title: Owner
Printed/Typed Name: Matthew Lloyd, LPC-S, RPT Date: 12/8/2023

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)

OFFICIAL BID PRICE SHEET
710-24-0014 Counseling Services

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.

Instructions:

Please insert a dollar amount for Option A or check the box for Option B. Bidder may only include pricing for each service type that bidder can provide. Option A is a set daily rate at which services may be invoiced throughout the duration of the contract. A maximum allowable rate of up to the current Medicaid rate will only be accepted for Option A. DCFS will not accept any rate above the current Medicaid rate. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service. In the event that Medicaid rates are applied, contractor must invoice the Arkansas Medicaid rates based on the date of service according to the current fee schedule.

Counseling - Individual

OPTION A Rate per 0.25 Hour \$ _____	OPTION B AR Medicaid Rate <input checked="" type="checkbox"/>
----------------------------------------------------	-------------------------------------------------------------------------

Counseling - Family

OPTION A Rate per Each \$ _____	OPTION B AR Medicaid Rate <input checked="" type="checkbox"/>
-----------------------------------------------	-------------------------------------------------------------------------

Counseling - Group

OPTION A Rate per Each \$ _____	OPTION B AR Medicaid Rate <input checked="" type="checkbox"/>
-----------------------------------------------	-------------------------------------------------------------------------

Counseling - Medication Management

OPTION A Rate per Each \$ _____	OPTION B AR Medicaid Rate <input type="checkbox"/>
-----------------------------------------------	--------------------------------------------------------------

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

Authorized Signature: Matthew Lloyd Title: Owner
Printed/Typed Name: Matthew Lloyd, LPC-S, RPT Date: 12/8/2023

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Secure Foundation Counseling, PLLC

YOUR LAST NAME: Lloyd FIRST NAME: Matthew M.I.:

ADDRESS: P.O. Box 1541, 818 E. Matthews

CITY: Jonesboro STATE: AR ZIP CODE: 72401 COUNTRY: USA

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

FOR INDIVIDUALS *

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

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her position of control?		What is his/her % of ownership interest and/or Position of Control
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Matthew Lloyd Title Owner Date 12/8/2023

Vendor Contact Person Matthew Lloyd, LPC-S, RPT Title Owner Phone No. (870) 218-1722

Agency use only

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



Department of Transformation and Shared Services

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.

1. **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	
Name of Public Entity	
Name of Vendor/Contractor	Secure Counseling Counseling, PLLC
AASIS Vendor Number	

Matthew Lloyd
Contractor Signature

12/8/2023
Date

Office of State Procurement

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

Articles of Organization for Domestic LLC

Filing Information

Filing Act: 1003 of 1993
Entity Name: SECURE FOUNDATION COUNSELING, PLLC
File Date: 2020-01-23 13:54:35
Effective Date: 2020-01-23
Filing Signature: MATTHEW LLOYD JR.

Registered Agent:

First Name: MATTHEW
Last Name: LLOYD
Suffix: JR.
Address 1: 708 CULBERHOUSE COVE
City: JONESBORO
State: AR
Zip: 72401
Country: USA
Phone:
Email:

Officers

First Name: MATTHEW
Last Name: LLOYD
Suffix: JR.
Title: Incorporator/Organizer
Address 1: 708 CULBERHOUSE COVE
City: JONESBORO
State: AR
Zip: 72401
Country: USA

First Name:
Middle Name:
Last Name:
Title:
Address 1:
City:
State:
Zip:
Country:

Principal

First Name: MATTHEW
Middle Name:
Last Name: LLOYD
Suffix: JR.
Address 1: 708 CULBERHOUSE COVE
City: JONESBORO
State: AR
Zip: 72401
Country: USA
Phone Number:
Email Address:

Details

For service of process contact the [Secretary of State's office](#).

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name
SECURE FOUNDATION COUNSELING, PLLC

Fictitious Names
—

Filing #
811231682

Filing Type
Limited Liability Company

Filed Under Act
Domestic LLC; 1003 of 1993

Status
Good Standing

Principal Address
708 CULBERHOUSE COVE JONESBORO, AR 72401

Reg. Agent
MATTHEW LLOYD JR.

Agent Address
708 CULBERHOUSE COVE JONESBORO, AR 72401

Date Filed
01/23/2020

Officers
MATTHEW LLOYD JR., Incorporator/Organizer
MATTHEW N/A LLOYD JR., Manager

Foreign Name
N/A

Foreign Address

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-29-2020

Employer Identification Number:
84-4483896

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

SECURE FOUNDATION COUNSELING PLLC
MATTHEW LLOYD JR MBR
708 CULBERHOUSE CV
JONESBORO, AR 72401

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4483896. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



Policy

Nondiscrimination

Secure Foundation Counseling, PLLC does not exclude, deny services, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, or any other bases including sex, sexual orientation, gender identity, religion or inability to pay.

Secure Foundation will not discriminate based on payor sources and will accept Medicaid, Medicare, and Children's Health Insurance Plan (CHIPs).

Any incident of discrimination should be directed to:

Matthew Lloyd, CEO
Secure Foundation Counseling, PLLC
(870) 218-1722

US Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building, Washington, DC 20201
800-368-1019; TDD 800-537-7697

Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that

Matthew Lloyd Jr.

holds an active status as a

LPC Supervisor

in the State of Arkansas in accordance with
Arkansas Code Annotated 67-4-22 --
100-1-100.

License #

P1608118

Issue Date

06/01/2023

Expiration Date

05/31/2025

PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY

Please sign this wallet ID card and carry it with you as you would your driver's license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR

46



Division of Medical Services

Medicaid Provider Enrollment Unit
DXC Technology

P.O. Box 8105, Little Rock, AR 72203-8105
501-376-2211 Toll Free 1-800-457-4454 Fax: 501-374-0746
www.medicaid.state.ar.us



RE: NOTIFICATION OF NEW ARKANSAS MEDICAID PROVIDER NUMBER

Dear MATTHEW LLOYD, JR.:

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 effective date are listed below:

ID Number: 227811719

Effective Date: 10/31/2017

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

DXC Technology
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 www.medicaid.state.ar.us, 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 DXC. 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 DXC 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 DXC Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely,
Provider Enrollment



Division of Medical Services

Medicaid Provider Enrollment Unit

Gainwell Technologies

P.O. Box 8105, Little Rock, AR 72203-8105
501-376-2211 Toll Free 1-800-457-4454 Fax: 501-374-0746
www.medicaid.mmis.arkansas.gov



Dear SECURE FOUNDATION COUNSELING, PLLC:

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:	282675744	Service Location:	125 N FISHER ST
Effective Date:	5/12/2021		JONESBORO, AR 72401-2116

Specialty: W2 - LICENSED PROFESSIONAL COUNSELOR

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 www.medicaid.state.ar.us, 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



**Division of Children and Family
Services
CENTRAL REGISTRY**

Slot S 566 - P.O. Box 1437 - Little Rock, AR 72203-1437
501-682-0405 · Fax: 501-682-0407 · TDD: 501-682-1442



December 8, 2023

Matthew Lloyd, Jr.

EMAIL: matthew.lloyd@sfcounselingpllc.hush.com

RE: Child Maltreatment Central Registry Release of information

Greetings,

Based on the information provided via authorized release, Arkansas Child Maltreatment Central Registry contains no record under **Maurice Nathaniel Ates**, xxx-xx-1439, **Sept. 17, 1976** in a true report of child maltreatment.

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation.

Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Sincerely,

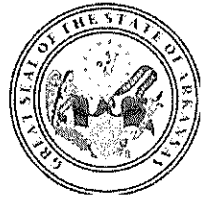
DCFS Central Registry

CC: File



**Division of Children and Family
Services
CENTRAL REGISTRY**

Slot S 566 - P.O. Box 1437 - Little Rock, AR 72203-1437
501-682-0405 · Fax: 501-682-0407 · TDD: 501-682-1442



December 8, 2023

Matthew Lloyd, Jr.

EMAIL: matthew.lloyd@sfcounselingpllc.hush.com

RE: Child Maltreatment Central Registry Release of information

Greetings,

Based on the information provided via authorized release, Arkansas Child Maltreatment Central Registry contains no record under **Carrie Michelle Elam**, xxx-xx-5126, **Aug. 13, 1974** in a true report of child maltreatment.

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation.

Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Sincerely,

DCFS Central Registry

CC: File

Arkansas Board of Examiners in Counseling
And Marriage & Family Therapy



LICENSE CARD

This is to certify that

Carrie Elam

holds ACTIVE status as a(n):

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27
-- 101 et seq

License #:

P0812085

Initial Date:

12/05/2008

Expiration Date:

05/31/2024

**PLEASE NOTIFY ARBOEC OF ANY CHANGE
OF ADDRESS IMMEDIATELY**

Suzanne B. Casey

Suzanne B. Casey
BOARD CHAIR

✂



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

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>

Date: 09/19/2023

SECURE FOUNDATION COUNSELING, PLLC
125 N FISHER ST
JONESBORO, AR 72401-2116

Arkansas Medicaid Provider Number: 282675744

Dear SECURE FOUNDATION COUNSELING, PLLC:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

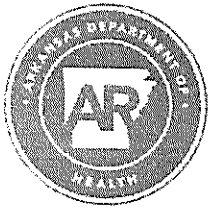
Provider Information Changes

Description	Information
Group Member	262556719 - CARRIE ELAM Effective: 09/15/2023 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Maurice Nathaniel Ates

Location: Jonesboro, AR

Level: LCSW

License Number: 9555-C

Date Issued: 9/29/2023

Expiration: 9/30/2025

Disciplinary Action: no

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Licensure Level Key:

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker



ARKANSAS
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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>

Date: 10/06/2023

SECURE FOUNDATION COUNSELING, PLLC
125 N FISHER ST
JONESBORO, AR 72401-2116

Arkansas Medicaid Provider Number: 282675744

Dear SECURE FOUNDATION COUNSELING, PLLC:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

Provider Information Changes

Description	Information
Group Member	308887719 - MAURICE ATEs Effective: 09/29/2023 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment



**Arkansas Department of Health
Social Work License Card**

License No.

1647-C

Expiration Date:

8/31/2025

Connie Ryan, LCSW

3124 Waymon Rd.

Jonesboro AR 72404

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Tammy C. Harrison, LCSW

Chair

**ARKANSAS DEPARTMENT OF HEALTH
SOCIAL WORK LICENSING BOARD**

Mailing Address:

PO Box 251965 Little Rock, AR 72225-1965

Street Address:

5800 West 10th, Suite 100 Little Rock, AR 72204

Phone: 501-372-5071 www.arkansas.gov/swlb
Fax: 501-372-6301 Email: swlb@arkansas.gov



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

Division of Medical Services

Medicaid Provider Enrollment Unit

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P: 501-376-2211 Toll Free 1-800-457-4454 • F: 501-374-0746

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

Date: 05/17/2023

SECURE FOUNDATION COUNSELING, PLLC
125 N FISHER ST
JONESBORO, AR 72401-2116

Arkansas Medicaid Provider Number: 282675744

Dear SECURE FOUNDATION COUNSELING, PLLC:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

Provider Information Changes

Description	Information
Group Member	300701719 - CONNIE RYAN Effective: 04/19/2023 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment



Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy

Stephanie Gulley

License Number	P1608107
License Status	Active
License Expiration Date	05/31/2025
License Type	LPC
Initial Date of Licensure	08/17/2016
Phone	
E-mail Address	

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code
Stephanie Gulley LP C, PLLC	501 Southwest Dr., A 6	Jonesboro	Arkansas	72401