

BID RESPONSE PACKET
710-22-0040

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Texarkana Behavioral Associates LC dba Vantage Point of Northwest Arkansas				
Address:	4253 N Crossover Rd				
City:	Fayetteville	State:	AR	Zip Code:	72703
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 checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
AR Certification #: _____ * See Minority and Women-Owned Business Policy					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
Provide contact information to be used for RFP solicitation related matters.					
Contact Person:	Megan Wedgworth	Title:	CEO		
Phone:	(479)521-5731	Alternate Phone:			
Email:	megan.wedgworth@vantagepointnwa.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 RFP Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this RFP Solicitation, Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this RFP.					
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.					

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

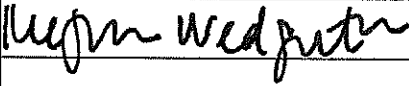
The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP Solicitation may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature: Megan Wedgworth Title: CEO
 Printed/Typed Name: _____ Date: 5/17/22

SECTION 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 this section of the bid solicitation. *Use Ink Only*

Vendor Name:	Texarkana Behavioral Associates LC dba Vantage Point of Northwest Arkansas	Date:	5/17/22
Authorized Signature:		Title:	CEO
Print/Type Name:	Megan Wedgworth		

MINIMUM QUALIFICATIONS

Please select one of the following:

☒ Currently providing CRT and/or SRP services. Contract Number: 4600048740

If the Respondent currently provides Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent may check the box above and provide contract number(s) in lieu of submitting each item detailed in 2.2 Minimum Qualifications A-G.

☐ Not currently providing CRT and/or SRP services. Submit the following information:

If the Respondent does not currently provide Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent shall:

- A. Contractors providing acute care must be licensed by the Arkansas Department of Health (ADH). For verification purposes, prospective contractor must submit copy of licensure.
- B. Contractors providing sub-acute care must be licensed by the Arkansas Department of Health (ADH) or by the Division of Child Care and Early Childhood Education (DCCECE). For verification purposes, prospective contractors must submit copy of licensure.
- C. Contractors providing sexual rehabilitation services must be licensed under Arkansas law for the independent practice of social work or counseling to provide all diagnosis, evaluation, and therapy. Personnel providing direct client service shall have a current Arkansas license and degree in one or more of the following: psychology, psychological examiner, licensed associate counselor under appropriate supervision, licensed professional counselor, licensed master social worker under appropriate supervision, licensed certified social worker, licensed psychologist, or psychiatrist. For verification purposes, prospective contractor must submit copy of licensure, with bid submission, for all personnel providing sexual rehabilitation services.
- D. All facilities must be certified by Joint Commission on Accreditation of Healthcare Organization (JCAHO) or Commission on Accreditation of Rehabilitation Facilities (CARF), now known as Rehabilitation Accreditation Commission, or the Council on Accreditation (COA). For verification purposes, Prospective Contractor must submit copy of certification.
- E. Contractors must be currently enrolled as a Medicaid Provider. For verification purposes, Prospective Contractor must submit current Medicaid Provider ID number: 140704125
- F. The Contractor shall be registered to do business in the State of Arkansas. For verification purposes, Contractor must submit official documentation of their active registration from the Arkansas Secretary of State's Office
- G. The Contractor shall maintain a copy of the current Arkansas license/certification of staff who are required by state laws, rules, or regulations to be licensed. These licenses shall remain current throughout the duration of the contract.

Contract Number 4600048740
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: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Texarkana Behavioral Associates LC dba Vantage Point of Northwest Arkansas Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Wedgworth

FIRST NAME: Megan

M.I.:

ADDRESS: 4253 N Crossover Rd

CITY: Fayetteville

STATE:

AR

ZIP CODE: 72703

COUNTRY: United States

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 % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number 4600048740

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

Megan Wedgworth

Title CEO

Date 5/17/22

Vendor Contact Person Megan Wedgworth

Title CEO

Phone No. (479) 521-5731

Agency use only

Agency Number 0710

Agency Name Department of Human Services

Agency Contact Person

Contact Phone No.

Contract or Grant No.

Kristin Lyle

From: Illegal Immigrant Form <AASIS-OSP@dfa.arkansas.gov>
Sent: Monday, May 16, 2022 1:45 PM
To: Kristin Lyle
Subject: Illegal Immigrant Form

WARNING: This email originated from outside of **Acadia Healthcare's** email system. Please use **CAUTION** when clicking links, opening attachments, or providing information unless you recognize the sender and know the content is safe.

TSS Illegal Immigrant Contractor Disclosure Certification

Illegal Immigrant Form

Vendor: Vantage Point of Northwest Arkansas
Tax ID: 8880
Disclosure Statement: I certify that I **DO NOT** employ or contract with an illegal immigrant.
Contact E-mail: kristin.lyle@vantagepointnwa.com
Submitted on: 05-16-22



Policy Title: **Equal Employment Opportunity**

Policy Number: **HR - 030**

Effective Date: **September 1, 2015**

Policy:

It is the policy of Acadia to provide equal employment opportunity to all employees and applicants for employment regardless of any individual's race, creed, color, religion, national origin, sex, age, physical or mental disability, and genetic information unrelated to the individual's ability to perform essential functions of a particular job; status as a military veteran or qualified disabled veteran; or any other characteristic protected under applicable state, federal and local laws.

Additionally, it is the company's policy to provide promotion and advancement or transfer opportunities, compensation, participation in training or educational activities or programs, discipline and termination in a nondiscriminatory fashion.

Approval:

Administrative: Rene Brady

Date: 09/01/15

Abeyta, Elisabeth P.	BHA1F
Acosta, Yanixy L.	BHA1F
Aguado, Winnie	RNF
Albright, Brandon A.	DIRFAOPF
Alexander III, Ronnie	BHA1F
Alexander, Angela R.	CNSL3F
Allen, Vanessa M.	ARNPF
Andrews, Jordyn	BHA1F
Atchley, Larry M.	DIRINFOF
Atkinson, Thomas W.	PHYSCNF
Ayers Jr., John W.	DISPLANF
Bahsoon, Matthew R.	DIRADMF
Barnaby, Sydney L.	BHA1F
Bates, Renee B.	COOF
Beecher, Marlene B.	DRIVERF
Berning, Jennifer	BHA1F
Berryman, Cody C.	MNTASSTF
Beshoner, Janice L.	TEACHERF
Best, Andrew C.	BHA1F
Bethany, Alexis E.	BHA1F
Blake, Katie	ADMCOORF
Boggs, Brittney L.	BDREPF
Bogle, Taylor S.	ADMCOORF
Bowlet, Elisa M.	RNF
Bredl, Mary L.	RNF
Brekelbaum, Heidi V.	SCWK3F
Brown II, Thomas	CNAF
Brown, Jason	CNSL3F
Buckley, Mikaela A.	CNSL3F
Calloway, Hazel R.	RNF
Cammann, Amy N.	BHA1F
Campbell, Kadie	SCWK3F
Carey, Beatrix A.	SCHEDULF
Carlton, Hailey J.	BHA1F
Catalina, Adrienne	CNOF
Cervantes, Ana P.	BHA1F
Chambers, Malcolm G.	SUPADMF
Chang, Santi	BHA2F
Charles, Joann	SCWK3F
Cheruiyot, Elizabeth N.	RNF
Chism, Tony	ARNPF
Chronister, Barbara E.	ADONF
Clark, Emily E.	ACTASSTF
Clarkson, Susan K.	MEDRCLKF
Clay, Avery A.	BHA1F
Cluck, Ronald S.	SUPRNF
Clyborn, Tabatha A.	HSKPRF
Coleman, Donna L.	ADMCOORF
Cook, AshLee	ADMCOORF

Crift Jr., Lawrence	CNAF
Cunningham Jr., Thomas E.	ARNPF
Dailey, Sondra J.	CONTROLF
Davis, Kassi L.	RNF
Deutschman, Coty A.	LPNF
Devasier, Shona L.	RNF
Diaz, Jesus A.	BHA1F
Dillard, Matthew	MATSPECF
Dollins, Stephen	MEDDIRF
Donnelly, Andrea R.	DISPLANF
Dorsey Svendsen, DeWana A.	TEACHERF
Drumwright, Sandra R.	ADMSPECF
DuCoeur, Rhiannon	RNF
Dunn, Kristen	RNF
Durham, Julia R.	PHLEBOTF
Engles, Louise	RNF
Evans, Mary B.	BHA1F
Everett, Shelby	RNF
Fanning, Ashley M.	RISKASTF
Ferguson, Katherine B.	RNF
Fields, Charlene S.	ADMCOORF
Fiser, Darian S.	ADMCOORF
Forrester, Gregory S.	ARNPF
Fortenberry, Angela	RNF
Foulk, Destiny	RNF
Gachukia, Mary M.	RNF
Gibson, Shawna K.	BHA1F
Gillespie, DeAnna	URSPECF
Gillum, Destiny A.	BHA1F
Glass, Janet S.	LPNF
Gober, Sandra C.	RNF
Harlan, Collyn	BHA1F
Harris, Brenda K.	BDREPF
Harris, Joe R.	TEACHERF
Hart, Madelyn	BHA1F
Harvey, Barbara L.	DIRURF
Hedrick, Emily E.	DIRCSF
Hill, Sydney	BHA1F
Hollingsworth, Melody	BHA1F
Holmes, Canaan W.	CNAF
Honore, Coleshia L.	ADMCOORF
Hudgens, Stephanie	BOCOORF
Hufford, Sara G.	BHA1F
Hull, Britni M.	CNAF
Humphreys, Bryar	RNF
Humphrys, Ian J.	HRCOORF
Husske, Libby	BHA1F
Hyde, Simon M.	BHA1F
Janda, Beth	ADSASSTF

Jennings, David D.	LPNF
Jones, Gabriella	ACTASSTF
Jones, Kimmie L.	ACCASSTF
Jordan, Stiffany A.	SUPHSKRF
Kaley, Sean N.	PHYSCNF
Kelen, Robiana	CNAF
Kilgore, Debora J.	DIRBDF
Kimbrell, Dustin R.	BHA1F
King, Jaidus N.	SCWK1F
Kinnaman, Courtney	SCWK3F
Kiogothi, Lucy W.	RNF
Lavin, Marissa A.	BHA1F
Lewis, Nicole D.	LPNF
Loewer, Laura E.	BHA1F
Long, Krista M.	MEDCODRF
Long, Marie K.	BHA1F
Lopez, Lorenzo B.	ACTASSTF
Loveland, Sam	BHA1F
Lovell, Eloise M.	RNF
Luangkhot, Joshua K.	BHA1F
Luther, Brianna E.	SCWK3F
Lyle, Kristin C.	ADSASSTF
Macon, Makenna	BHA1F
Maina, Patrick M.	LPNF
Marshall, Patricia G.	DIREDUCF
Maybury, Melissa	ARNPF
McAdory, Abigail	SCWK3F
McDaniel, Saxony L.	BOCOORF
McGuire, Kimberly A.	MEDRCLKF
McKay, Melissa K.	BHA1F
McKinney, Christa L.	SUPRNF
Medina, Jonathan	RNF
Meloche, Denise R.	BOCOORF
Miller Trecanao, Julia	BHA1F
Miller, James	BHA1F
Miller, Nancy L.	BHA1F
Mills, Carol L.	MEDRCSPF
Moore, JoAnna L.	CNAF
Morden, Ashlea J.	DIRBUSOF
Morris III, Isaiah S.	BHA1F
Morris, Amber	BHA1F
Mounce, Pamela	ARNPF
Mullinax, Catherine	BHA1F
Musgrove, Jessica M.	ARNPF
Myers, Dana	BOCOORF
Myers, Geri L.	ADSASSTF
Ndungu, Martin	RNF
Nemeroff House, Jordan R.	BHA1F
Newcomb, Jonathon T.	ACTASSTF

Nichols, Emerald	HSKPRF
Norris, Susan R.	RNF
Obiora, Juliet C.	LPNF
Onyebueke, Doris O.	RNF
Onyebueke, Felix	RNF
Orora, Phanice	ADMCOORF
Overton, Peggy S.	BDREPF
Parker, Raymond T.	BHA1F
Parks, James	PHYSCNF
Patrick, Sambrea J.	BHA1F
Pennington, Natalie	BHA1F
Penquite, Stacy	DIRECTF
Phillips, Dana T.	CONTROLF
Pike Jr., Gene	RNF
Polk, Bridget N.	BHA1F
Porter, Ginah B.	CNSL3F
Ramsey, Kristina	ADSCLRKF
Rawlings, Garry J.	RNF
Reece, Marcia L.	RNF
Reynolds, Karen C.	ARNPF
Reynolds, Linda K.	RISKCORF
Roberson, Carl	RNF
Roberson, Toni	BHA1F
Robt, Delery	RNF
Roger, Betty E.	RNF
Rorabaugh, Kenzie A.	CNAF
Rownak Jr., John J.	ADSCLRKF
Rushing, Tina M.	URSPECF
Russell, Katherine G.	SUPRNF
Ryburn, Deanna L.	DIRHIMF
Satchel, Dana R.	LPNF
Shook, Steven	LPNF
Simon, ShereRay M.	CNAF
Slyter, Amy L.	BDREPF
Smith, Gladys K.	RNF
Smith, Tammie M.	ARNPF
Smith, Vicki L.	BHA1F
Smith, Whitney	RNF
Spence, Joel R.	BHA1F
Sposato, Helen M.	LPNF
Stanley, Alicia L.	ADSCLRKF
Steele, Awbrey	RNF
Stevenson, Catrena M.	CNAF
Stokes, Heather	ACTASSTF
Stubblefield, Amanda M.	SUPRNF
Swift, Krystal I.	LPNF
Swift, Samantha K.	CNAF
Talley, Tyra R.	BHA1F
Taylor, Kristina L.	BOCOORF

Teed, Kristopher M.	RNF
Thomas, Patrick K.	MNTASSTF
Thomas, Robert L.	MNTASSTF
Tillery, Lelia M.	BHA1F
Tramonte, Linda C.	SCWK3F
Turner, Briana	ADMCORF
Turner, Ellen M.	URSPECF
Turner, Kimberly D.	CNAF
Usrey, Shellie K.	CNAF
Vargas, Ross A.	BHA1F
Vaughn, Barbara	LPNF
Vaughn, Kylee E.	CASECORF
Vickers, Mary K.	DIRHRF
Wallace, Juanita I.	LPNF
Waller, Katie M.	RNF
Washington, Maribel	CNAF
Watkins, Angela	BDREPF
Weaver, Rebecca L.	LPNF
Wells, Jennifer L.	DIRBOF
Williams, Jerry A.	ADSASSTF
Witherspoon, Brandon T.	BHA1F
Wiekliniski, Donald E.	ARNPF
Womack, Jackie S.	LPNF
Wood, William B.	DRIVERF
Woods, Rose M.	DIRRISKF
Wools, Maranda M.	BHA1F
Wray, Sara	BHA1F
Wright, Michael D.	CNSL4F
Young, Felicia	CNAF
Young, Tammy N.	DIETREGF
Young, Wendi	TEACHERF
Ziegler, Mei	RISKASTF