

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:** February 14, 2022  
**SUBJECT:** 710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitative Program

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  
☐ Other

**CHANGE OF SPECIFICATIONS**

- IFB, page 12, Section 2.4.5.F, delete and replace with the following:

Requirements in IFB Section 2.4.6 (F-W) apply to both acute and sub-acute care.

- IFB, page 14, Section 2.4.6.U, delete and replace with the following:

The Contractor shall provide for discharge of youth from the program. The Contractor shall produce a letter of recommendation for the mental health treatment team to review. Discharge summaries may be provided at the date and time of discharge to the DCFS family service worker.

- IFB, page 14, Section 2.4.6.W, delete and replace with the following:

In rare circumstances, a client may need one-to-one treatment. Contractor shall submit a written request to DCFS for authorization prior to providing services along with a copy of physician orders. DCFS reserves the right to deny or approve requests for one-to-one treatment. If one-to-one treatment is provided, the Contractor shall not bill more than the hourly rate of non-licensed direct care staff for one-to-one treatment.

**ADDITIONAL SPECIFICATIONS**

- **ATTACHMENT J**, add Certification of Compliance to the list of attachments.

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: Buyer's name, Buyer's email address and phone number.

Fred Knox  
Vendor Signature

3/8/22  
Date

UHS of Benton d/b/a Rivendell Behavioral Health Services, LLC  
Company

***BID RESPONSE PACKET***  
***710-22-0007***

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## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
<b>Company:</b>	UHS of Benton d/b/a Rivendell Behavioral Health Services, LLC		
<b>Address:</b>	100 Rivendell Drive		
<b>City:</b>	Benton	<b>State:</b>	AR <b>Zip Code:</b> 72019
<b>Business Designation:</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
<b>Minority and Women-Owned Designation*:</b>	<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.	
<b>Contact Person:</b>	Fred Knox <b>Title:</b> CEO
<b>Phone:</b>	(501) 316-1255 <b>Alternate Phone:</b> (501) 529-8542
<b>Email:</b>	Fred.Knox@uhsinc.com

CONFIRMATION OF REDACTED COPY
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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: Fred Knox

Use Ink Only.

Printed/Typed Name: Fred Knox


Title: CEO

Date: 3/8/22

## **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**

<b>Vendor Name:</b>	UHS of Benton d/b/a Rivendell Behavioral Health Services, LLC	<b>Date:</b>	3/8/22
<b>Authorized Signature:</b>		<b>Title:</b>	CEO
<b>Print/Type Name:</b>	Fred Knox		

## **MINIMUM QUALIFICATIONS**

*Please select one of the following:*

☒ Currently providing CRT and/or SRP services. Contract Number: 4600048741

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: 154265125
- 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.

I. Scope:

**Rivendell Behavioral Health Services of Arkansas**

II. Purpose:

To provide guidelines for the enforcement of all Federal, State and local laws and regulations pertaining to Equal Opportunity Employment.

III. Policy:

It is the policy of the Facility to provide equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against in employment on the basis of their race, religion, color, sex, age, national origin, disability, military status, or any other characteristic protected by applicable Federal, State or local law.

1. This policy applies to all terms, conditions, and privileges of employment and all policies of the Facility.
2. The Facility's Human Resources Manager (HRM) is responsible for formulating, implementing, coordinating, and monitoring all efforts in the area of equal employment opportunity.
3. Any communication from an applicant for employment, an employee, a government agency, or an attorney concerning any equal employment opportunity matter must be referred to the HRM.
4. While the overall authority for implementing this policy is assigned to the HRM, an effective equal employment opportunity program cannot be achieved without the support of supervisory personnel and employees at all levels. Any employee who believes they have suffered from discrimination has the responsibility to report this concern to their supervisor, the HR department or member of management as soon as possible.
5. Complaints of discrimination will be handled and investigated under the Facility's Problem Solving Procedure. All complaints of discrimination will be investigated promptly and in as impartial and confidential manner as possible, and a timely resolution of each complaint should be reached and communicated to the parties involved. The Facility prohibits any form of retaliation against employees for bringing bona fide complaints forward or providing information about discrimination.
6. The Facility shall not discriminate against physically and/or mentally disabled individuals in any employment matter where they meet the minimum qualifications and are capable of completing the essential functions of the job with or without reasonable accommodation. In considering disabled individuals for employment, the Facility, as necessary, may provide additional training and consider reasonable accommodations that do not pose an undue hardship on the Facility.
7. Any employee who violates this policy will be subject to corrective action up to and including immediate employment termination.

Contract Number 4600048741

Attachment Number

Action Number

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

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

IS THIS FOR:

TAXPAYER ID NAME: UHS of Benton d/b/a Rivendell Behavioral Health Services, LLC Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Knox

FIRST NAME Fred

M.I.: L.

ADDRESS: 100 Rivendell Drive

CITY: Benton

STATE: AR

ZIP CODE: 72019

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?		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 4600048741

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 Fred Knox Title CEO Date 3/8/22

Vendor Contact Person Fred Knox Title CEO Phone No. (501) 316-1255

Agency use only

Agency Number 0710

Name Department of Human Services

Agency

Contact Person

Contact

Phone No.

Contract

or Grant No.



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:** March 2, 2022  
**SUBJECT:** 710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitation Services

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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  
☐ Other

**CHANGE OF BID OPENING DATE AND TIME**

Bid Submission Date and Time has changed to **March 11, 2022, 1:00 P.M. CST**  
Bid Opening Date and Time has changed to **March 11, 2022, 2:00 P.M. 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: Buyer's name, Buyer's email address and phone number.

Fred Knox  
Vendor Signature

3/8/22  
Date

UHS of Benton dba Rivendell Behavioral Health Services, LLC  
Company