

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	UHS OF SPRINGWOODS, INC		
Address:	1955 W. TRUCKERS DRIVE		
City:	FAYETTEVILLE	State:	AR Zip Code: 72704
Business Designation:	<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		
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:	MARTY HARRISON	Title:	CHIEF FINANCIAL OFFICER
Phone:	479-973-6029	Alternate Phone:	479-973-6000
Email:	MARTY.HARRISON@UHSINC.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. 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.			
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: 

Title: CHIEF FINANCIAL OFFICER

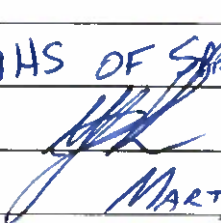
Printed/Typed Name: MARTY HARRISON

Date: 3/11/2022

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:	LIHS OF SPRINGWOODS, INC	Date:	3/11/22
Authorized Signature:		Title:	CFO
Print/Type Name:	MARTY HARRISON		

MINIMUM QUALIFICATIONS

Please select one of the following:

☐ Currently providing CRT and/or SRP services. Contract Number: _____

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: 1824 23125
- 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.

OFFICIAL BID PRICE SHEET

710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitative Services

Bidder may only include pricing for each category of service that bidder can currently provide. 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.

Category 1: Acute Care - CRT

Please insert a dollar amount for Option A or check the box for Option B. Option A is a set daily rate at which services may be invoiced throughout the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.

<u>OPTION A</u>	
Per Diem Rate	\$ 875.00

<u>OPTION B</u>	
Medicaid Per Diem with W3 Specialty Default Rate	<input type="checkbox"/>

Category 2: Sub-Acute/Psychiatric Residential Care - CRT

Please insert a dollar amount for Option A or check the box for Option B. Option A is a set daily rate at which services may be invoiced throughout the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.

<u>OPTION A</u>	
Per Diem Rate	N/A

<u>OPTION B</u>	
Medicaid Per Diem with W3 Specialty Residential RTU Rate	<input type="checkbox"/>

Category 3: One-to-One Attendance - CRT

Please insert pricing for one-to-one therapy. Category 3 will not be considered in low price determination. Rate must not exceed the Arkansas Medicaid Rate for Outpatient Qualified Behavioral Health Professional.

Hourly Rate	\$ N/A
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Category 4: Sexual Rehabilitation Services

Please insert a dollar amount for Option A or check the box for Option B. Option A is a set daily rate at which services may be invoiced throughout the duration of the contract. Option B is the Arkansas Medicaid rate that fluctuates based on the date of service.

<u>OPTION A</u>	
Per Diem Rate	\$N/A

<u>OPTION B</u>	
Medicaid Rate	<input type="checkbox"/>

STATE OF ARKANSAS
DEPARTMENT OF HEALTH

This is to certify that
Springwoods Behavioral Health Services
is duly licensed as a

Psychiatric Hospital
for **80** beds. This Certificate is effective
January 1, 2022 and expires December 31, 2022.

Paula Day

Paula Day, Section Chief
Health Facility Services

Jose R. Romero, MD

Jose' R. Romero, MD
Secretary of Health

CERTIFICATE NO. **AR4604**

CARD NO. **36512**

UHS of Springwoods LLC

Fayetteville, AR

has been Accredited by




The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

October 14, 2021

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #483838
Print/Reprint Date: 12/16/2021


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





Search Incorporations, Cooperatives, Banks and Insurance Companies

This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed. Please review our [NAME AVAILABILITY GUIDELINES HERE](#) prior to searching for a new entity name.

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

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

Corporation Name	UHS OF SPRINGWOODS, L.L.C.
Fictitious Names	SPRINGWOODS BEHAVIORAL HEALTH
Filing #	800091651
Filing Type	Foreign Limited Liability Company
Filed under Act	Foreign LLC; 1003 of 1993
Status	Good Standing
Principal Address	
Reg. Agent	CORPORATION SERVICE COMPANY
Agent Address	300 SPRING BUILDING, SUITE 900 300 S. SPRING STREET LITTLE ROCK, AR 72201
Date Filed	08/22/2006
Officers	GEORGE H. BRUNNER Jr, Incorporator/Organizer ROBERT M ZURAD , Tax Preparer
Foreign Name	N/A
Foreign Address	367 SOUTH GULPH ROAD KING OF PRUSSIA, 19406
State of Origin	DE

[Purchase a Certificate of Good Standing for this Entity.](#)

[Pay Franchise Tax for this corporation](#)

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: SUBCONTRACTOR NAME:

☐ **Yes** ☒ **No** Springwoods Behavioral Health

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: UHS of Springwoods Inc

YOUR LAST NAME:

FIRST NAME

M.I.:

ADDRESS: 1955 W Truckers Drive

city: Fayetteville

STATE: AR

ZIP CODE: 72704

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 _____
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 _____ Title Chief Financial Officer Date 3/22/22
Vendor Contact Person Marty Harrison Title Chief Financial Officer Phone No. (479) 973-6029

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contract Phone No. _____ 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 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.

Vendor Signature

Date

Company

[Handwritten Signature] *3/22/22*
SPRINGWOODS BEHAVIORAL HEALTH

Springwoods Behavioral Health Human Resources Manual	Page 1 of 2
	Original Effective Date: 02/2004
Equal Employment Opportunity	Current Effective Date: 07/2011
	Reviewed Date: 07/2013, 01/2015, 02/2016, 09/2017, 09/2018, 03/22/2022
Applicable To: All employees of Springwoods Behavioral Health ("Facility")	
Issued By: Director of Human Resources	

PURPOSE:

To provide guidelines for the enforcement of all Federal, State and local laws and regulations pertaining to Equal Opportunity Employment. No person will be discriminated against in employment

POLICY:

It is the policy of Springwoods to provide equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against in 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.

This policy applies to all terms, conditions, and privileges of employment and all policies of Springwoods.

1. Springwoods' Director of Human Resources ("HRD") is responsible for formulating, implementing, coordinating, and monitoring all efforts in the area of equal employment opportunity.
2. 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 HRD.
3. While the overall authority for implementing this policy is assigned to the HRD, 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.
4. Complaints of discrimination will be handled and investigated under Springwoods' 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 or providing information about discrimination.

5. 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 Springwoods.
6. Any employee who violates this policy will be subject to corrective action up to and including immediate employment termination.