

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

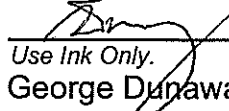
## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Woodridge of Forrest City, LLC			
Address:	2520 Northwinds Parkway, Suite 550			
City:	Alpharetta	State:	GA	Zip Code: 30009
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input checked="" 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				
<i>Provide contact information to be used for RFP solicitation related matters.</i>				
Contact Person:	Bill Garrison	Title:	VP, RCM & Managed Care Contracts	
Phone:	470.233.7456	Alternate Phone:		
Email:	bgarrison@perimeterhealthcare.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 <i>RFP Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and <b>shall not</b> 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 <b>shall not</b> boycott Israel during the term of a contract awarded as a result of this RFP.				
<input checked="" type="checkbox"/> Prospective Contractor does not and <b>shall not</b> boycott Israel.				

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

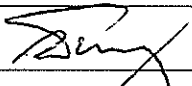
The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP *Solicitation* may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature:  Title: CFO  
 Printed/Typed Name: George Dunaway Date: 03/03/2022

## 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:	Woodridge of Forrest City, LLC	Date:	03/03/2022
Authorized Signature:		Title:	CFO
Print/Type Name:	George Dunaway		

## MINIMUM QUALIFICATIONS

*Please select one of the following:*



Currently providing CRT and/or SRP services. Contract Number: 4600031708

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: 166572125
- 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.

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:

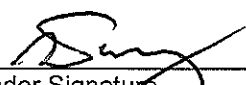
In rare circumstances, a client may need one-to-one treatment. Contractor shall submit a written request to DCFS for authorization prior to providing services along with a copy of physician orders. DCFS reserves the right to deny or approve requests for one-to-one treatment. If one-to-one treatment is 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

03/03/2022  
Date

Woodridge of Forrest City, LLC  
Company

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

**ADDENDUM 2**

**TO:** All Addressed Vendors  
**FROM:** Office of Procurement  
**DATE:** February 23, 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

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**CHANGE OF BID OPENING DATE AND TIME**

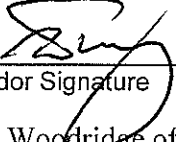
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Bid Submission Date and Time has changed to March 4, 2022, 1:00 P.M. CST  
Bid Opening Date and Time has changed to March 4, 2022, 2:00 P.M. CST

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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 03/03/2022  
Woodridge of Forrest City, LLC  
Company \_\_\_\_\_

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

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**CHANGE OF BID OPENING DATE AND TIME**

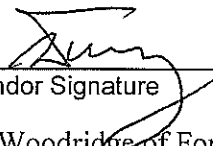
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Bid Submission Date and Time has changed to March 11, 2022, 1:00 P.M. CST  
Bid Opening Date and Time has changed to March 11, 2022, 2:00 P.M. CST

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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  
03/10/2022  
\_\_\_\_\_  
Date  
Woodridge of Forrest City, LLC  
\_\_\_\_\_  
Company



## **DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY**

Perimeter Healthcare actively promotes diversity in its workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect. We will comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions.

Perimeter Healthcare is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion or creed, sex (includes pregnancy or related medical conditions), national origin, citizenship, age, handicap, disability, veteran status or other protected characteristics as required by state and federal law with respect to any offer, or term or condition of employment. We will make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

Contract Number \_\_\_\_\_  
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: \_\_\_\_\_  
SUBCONTRACTOR NAME: \_\_\_\_\_

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Woodridge of Forrest City, LLC

YOUR LAST NAME: Dunaway FIRST NAME: George M.I.: \_\_\_\_\_

ADDRESS: 2520 Northwinds Parkway, Suite 550

CITY: Alpharetta STATE: GA ZIP CODE: 30009 COUNTRY: US

**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 George Dunaway Title CFO Date 03/03/2022

Digitally signed by George Dunaway  
Date: 2022.03.03 15:39:23 -05'00'

Vendor Contact Person Bill Garrison Title VP, RCM and Managed Care Contracts Phone No. (470) 233-7456

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_