YOUTH HOME, INC. RESPONSE PACKET QUALIFIED RESIDENTIAL TREATMENT SERVICES 710-19-1025

RESPONSE SIGNATURE PAGE

SIGNATURE PAGE

Type or Print the following information.

	PR	OSPECTIVE CONTRA	CTOR'S INF	ORMAT	ION			
Company:	Youth Home, Inc.						· · · · · · · · · · · · · · · · · · ·	
Address:	20400 Colonel Gl	enn Road						
City:	Little Rock			State:	AR	Zip Code:	72210	
Business Designation:	 ☐ Individual ☐ Partnership 	□ Sole Pro □ Corpora			☐ Public Service X Nonprofit	Corp		
Minority and Women-Owned	⊠ Not Applicable □ African American				American Service Disabled Veteran Islander American Women-Owned Women-Wind			
Designation*:	AR Certification #:		* See Min	ority and \	Nomen-O	wned Business i	Policy	

		NTRACTOR CONTACT INFC on to be used for bid solicitation r	
Contact Person:	Peggy Kelly	Title:	Chief Clinical Officer
Phone:	501-821-5500, Ext. 220	Alternate Phone:	501-817-6474
Email:	peggy.kelly@youthhome.org		

CONFIRMATION OF REDACTED COPY

□ YES, a redacted copy of submission documents is enclosed.

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 Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, 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.

B 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:

Use Ink Onl

Title: Chief Executive Officer

Printed/Typed Name: David J. Napier

Date: April 5, 2019

AGREEMENT AND COMPLIANCE PAGES

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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:	Youth Home, Inc.	Date:	April 5, 2019
Authorized Signature:	Rolf Mani	Title:	Chief Executive Officer
Print/Type Name:	David J. Napier		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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:	Youth Home, Inc.	Date:	April 5, 2019
Authorized Signature:	Regumi	Title:	Chief Executive Officer
Print/Type Name:	David J. Napier		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

• 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:	Youth Home, Inc.	Date:	April 5, 2019
Authorized Signature:	Reptin	Title:	Chief Executive Officer
Print/Type Name:	David J. Napier		

PROPOSED SUBCONTRACTOR FORM

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
	<u> </u>	
·		
	<u> </u>	

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

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

Vendor Name:	Youth-Home, Inc.	Date:	April 5, 2019
Authorized Signature:	pley Ma	Title:	Chief Executive Officer
Print/Type Name:	David J. Napier		

SIGNED ADDENDA

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

ADDENDUM 1

DATE: March 12, 2019 SUBJECT: RFQ 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

X Change of specification(s) Additional specification(s) X Change of bid submission/opening date and time Cancellation of bid Other

BID OPENING DATE AND TIME

Bid opening date change to April 8, 2019. Time remains the same - 10:00 am

Revise 1.28 - Schedule of Events to read: Date and time for Opening Bids: April 8, 2019.

CHANGE TO PAGE ONE OF THE SOLICITATION DOCUMENT

Add contact information; Issuing Officer: Margurite Al-Uqdah Email Address: <u>margurite.al-uqdah@dhs.arkansas.gov</u> Phone#: 501-682-8743

REPLACE ATTACHMENT

Replace Attachment G

CHANGES TO REQUIREMENTS

Delete Section 2.2A and replace with the following:

A. Vendor must submit a Residential Child Welfare Agency license obtained from the Division of Child Care and Early Childhood Education (DCCECE).

Delete Section 2.2B and replace with the following:

- B. Must be accredited by one (1) of the independent, not for profit organizations specified below or have an application in-progress for one or more such accreditations at time of bid. For verification purposes, the Vendor must submit:
 - 1) Current Certificate of Accreditation from one of the organizations listed below or
 - 2) A copy of the accreditation application **and** a copy of the application payment that was submitted to one of the entities below:
 - a. The Commission on Accreditation of Rehabilitation Facilities (CARF);
 - b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
 - c. The Council on Accreditation (COA).

Section 2.3 A

- Delete: The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations : The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).
- Add: The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations by October 1, 2019: The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Attachment C: Performance Standards

C. Delivery of Treatment in a Safe and Secure Environment, add:

Service Criteria:

8. The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations by October 1, 2019: The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Acceptable Performance:

Acceptable performance is defined as one hundred percent (100%) compliance with all Service Criteria and Acceptable Performance standards at all times throughout the contract term.

Contractor must maintain accreditation one hundred percent (100%) of the time after October 1, 2019 and for the duration of the contracted term.

Damages:

Failure to achieve and maintain licensure and accreditation as stated in Service Criteria and Acceptable performance my result in immediate contract termination.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Vendor Signature

April 5, 2019

Date

Youth Home, Inc.

Company

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

ADDENDUM 2

DATE: March 26, 2019

SUBJECT: 710-19-1025 Qualified Residential Treatment Program

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- <u>X</u> Change of specification(s)
- Additional specification(s)
- _____ Change of bid submission/opening date and time
- _____ Cancellation of bid
- X Other

BID OPENING DATE AND TIME

Bid opening date and time

CHANGE EFFECTIVE DATE OF CONTRACT

Revise

Sections 1.2A Type of Contract and Section 1.28 - Contract Start Date which reads that the effective date of contract is 6/1/2019.

It will now read to say contract effective date is 7/1/2019.

CHANGE SPECIFICATIONS

2.1 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) MINIMUM QUALIFICATIONS

Insert at the end of item "D.": Vendors who do not have registered or licensed nursing personnel at time of bid submission must submit all licenses before July 1, 2019, in order to be awarded a contract.

REVISE ATTACHMENT

Revise Attachment G

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer <u>Margurite.al-uqdah@dhs.arkansas.gov</u> or 501-682-8743.

Vendor Signature

April 5, 2019 Date

Youth Home, Inc.

Company

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CONTRACT GRANT AND DISCLOSURE FORM

Failure to complete all of the follov	C Silecontexctop www.		CONTRACT AND GRANT DISCLOSURE AND CER Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, o	DISCI ntract, lea	LOSURE	E AND CERTIFICATION FORM agreement, or grant award with any Arkansas State Agency.	te Agency.
ō		10.00					
TAXPAYER ID NAME: 71-0399069	69		IS THIS FOR: Goods?		X Se	Services? Both?	
YOUR LAST NAME: Youth Home, Inc	e, Inc.		FIRST NAME:			M.4.:	
ADDRESS: 20400 Colonel Glenn Road	nn Road						
crry: Little Rock			STATE: Arkansas	SE	ZIP COD	ZIP CODE: 72210	COUNTRY: USA
AS A CONDITION OF OBTAINING, OR GRANT AWARD WITH ANY AF	BTAININ TH ANY	G, E) ARKI	<u>AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, (OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY,</u>	OR REI THE F	NEWING	TRACT, LEASE, PURCHASE / ORMATION MUST BE DISCLO	<u>AGREEMENT,</u> OS <u>ED:</u>
			FOR	N D	IVID	UALS*	
Indicate below if: you, your spous Member. or State Employee:	e or the brot	ther, sis	iter, parent, or child of you or your s	spouse <i>is</i>	a current or	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 Employee:	tional Officer, State Board or Commissio
Position Held	Mark (v)		Name of Position of Job Held Isenator representative name of	For Ho	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.]	e they related to you? oublic, Jr., child, etc.]
	Current Fo	Former	board/ commission, data entry, etc.]	From MM/YY	To	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							
None of the above applies	S						
			FOR AN EN	ΙT	ТҮ (BUSINESS)*	
Indicate below if any of the followin Officer, State Board or Commissio Member, or State Employee. Pos	ng persons, in Member, t ition of contr	current State E rol mea	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 i Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Asse Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.	trol or hole ster, pare	d any owner nt, or child c s or influenc		10% or greater in the entity: member of the General Assembly, Constitutional he General Assembly, Constitutional Officer, State Board or Commission ent of the entity.
	Mark (v)	4	Name of Position of Job Held	For Ho	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?	% of ownership interest and/or control?
	Current Fo	Former	[senator, representative, name of board/commission, data entry, etc.]	From MM/YY	To MM/YY	Person's Name(s)	Ownership Position of Interest (%) Control
General Assembly							
Constitutional Officer							
State Board or Commission Member	<	_	Child Welfare Review Boatt	03/08	03/20	Beverly M. Foti	Chief Regu
State Employee							
None of the above applies	š						

	<u>or policy adopted pursuant to</u> ho fails to make the required	<u>illows:</u> e subcontractor to complete a	whom I enter an agreement equired of me under the terms		regulation, or policy adopted he required disclosure or who	the contract date, I will mail a atement containing the dollar	n is true and correct and	Date <u>April 5, 2019</u>	Phone No. 501-821-5500	Contract	or Grant No.
e 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 <i>state agency</i> 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.	ocontractor:	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.	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.	l 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.	Title Chief Executive Officer Date	Title Chief Clinical Officer Phor	Contact	Phone No.
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, regulati that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entit disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.	ng, extending, amending, or renewing and with any subcontractor, prior or subse	E AND CERTIFICATION FORM. Subcontragate to the person or entity, for consider y.	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 opersuant to that Order, shall be a material breach of the terms of this subcontract. The party who fa violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.	ntering into any agreement with a subc r DiscLosURE AND CERTIFICATION FORM tate agency.	l certify under penalty of perjury, to the best of my knowledge and b that I agree to the subcontractor disclosure conditions stated herein.		Title Ct	Agency	Contact Person
	Failure to make any disclosure requir that Order, shall be a material breach disclosure or who violates any rule, re	As an additional condition of obtaini 1. Prior to entering into any agreeme	CONTRACT AND GRANT DISCLOSURE whereby I assign or otherwise delega of my contract with the state agency.	2. I will include the following languag	Failure to make any disclosur pursuant to that Order, shall b violates any rule, regulation, or	 No later than ten (10) days after entering into a copy of the CONTRACT AND GRANT DISCLOSUR amount of the subcontract to the state agency. 	I certify under penalty of perjury that I agree to the subcontractor	Signature UM	Vendor Contact Person Peggy Kelly.	se only	Number Name

EQUAL OPPORTUNITY POLICY

Policy No.: 301	Approval Date: 10/22/18 (R)	Page 1 of 10		
Supersedes: 301	Date: 02/06/17 (R)	Last Review	ved: 10/22/18		
Subject: Human Resources					
Also See Policy: N/A	s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

The purpose of Policies and Procedures is to promote a positive and safe work environment and therein facilitate Youth Home, Inc.'s achievement of its mission, vision and values.

I. PURPOSE

A. Policy Application, Distribution and Review

Policies and procedures apply to all team members.

These policies are not a contract. Employment is at will, and neither policies nor any representative of the agency has the authority to change this relationship. Nothing in Policies and Procedures alters the team member's and agency's right to terminate the employment relationship at any time, with or without cause.

All policies are reviewed during mandatory New Team Member orientation. Copies of all policies are available to all team members to review and/or print from the H drive within the Policies folder.

The agency reserves the right to revise its policies and procedures at any time. Team members will receive notification of new/revised policies and copies are posted on the computer network H drive in the Policies folder for review.

All Youth Home, Inc. Policies and Procedures are reviewed, at a minimum, every other year.

II. EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

Youth Home, Inc. is an Equal Opportunity Employer. There is no discrimination on the basis of race, color, religion, sex, national origin, disability, military status, age or any other legally protected status. This policy includes but is not limited to the following: employment, upgrading, transfer, recruitment, layoff and termination.

Youth Home, Inc. takes voluntary affirmative action to ensure equal opportunity for all persons in the filling of its positions.

Team members who believe they have been subjected to discrimination are encouraged to pursue Youth Home, Inc.'s grievance procedure.

YOUTH HOME, INC.

POLICIES AND PROCEDURES

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Subject: Human Resources					
Also See Policy: N/A			*****		

III. CONDITIONS OF EMPLOYMENT

A. Recruitment and Hiring

Recruitment is directed to appropriate sources as necessary to attract qualified candidates. The candidate that is most suitable for the job is selected for employment.

B. Job Description:

A job description is maintained for each position and includes the following:

- 1. Job title
- 2. Immediate manager's title
- 3. Essential functions of the job and/or core competencies
- 4. Minimum qualifications and skills
- C. References
 - 1. Reference information is filed separately from the team member file.
 - 2. Requests for reference information on current or past team members are limited according to the following guidelines:
 - a. Directed to the Human Resources Department; Information verified by the Human Resources Department without a written release is limited to:
 - 1) Date of hire
 - 2) Date of separation
 - 3) Job title
 - b. Managers, Human Resources and other team members may not provide additional employment reference information regarding current or former team members unless a signed release is in the team member file. Information released about former team members is in writing with a copy retained in the team member file. Team members leaving Youth Home, Inc. are given the opportunity to sign a release.

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Subject: Human Resources						
Also See Policy: N/A						

- D. Team Member Files
 - 1. A file is maintained for each team member and contains the following on paper or electronically:

-Application for employment

-Team Member Personnel Action Form (wage & salary information, promotions, etc.)

-Signed Job Description

-Signed statement as a mandated reporter of suspected child abuse and neglect -Employee Affidavit on Child Maltreatment Background & Criminal Record History Check

-Arkansas State Police Criminal History Report

-Child Maltreatment Background Check Request

-Child Welfare Agency Employee Criminal Background Request (FBI check, if required by regulation)

-Performance Reviews

-Corrective Actions

-Disciplinary actions

-Commendations

-Transcript and Licensing/Credentials (if required)

-Traffic Violation Report (if required by job description)

-Adult Abuse Check

The following are maintained separately:

-Written references and a record of verbal references

- -Drug test results
- -Training records
- -Payroll records
- -Medical records

-Employment Eligibility Verification Form 1-9

2. Team member files are confidential. Access is limited to the team member, Human Resources Department, respective chain of command and Chief Regulatory Officer (CRO). Information may be given in connection with law enforcement inquiries, accrediting/licensing agencies, governmental agency investigations and court proceedings. Other people may view the file with the

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Also See Policy: N/A		***************************************		

team member's written, signed, request to do so. The Human Resources Department is responsible for team member files.

IV. TEAM MEMBER PERFORMANCE

A. Performance Reviews are designed to assess job performance and to define future goals.

Reviews are:

- 1. Conducted by the immediate manager after the first ninety (90) days of employment, ninety (90) days after a position change and annually thereafter
- 2. Based on general criteria core competencies and job description
- 3. In writing or electronic format and signed by the team member, manager and second level manager

Job descriptions are:

- 1. Reviewed by the immediate manager at least yearly
- 2. Reflect at a minimum the core competencies of each position
- 3. Approved by the chain of command for each position
- B. Standards of Conduct:

Youth Home, Inc. seeks to maintain the highest ethical standards. Professionals with license or credentials, or those working in a licensable role, are bound by ethical codes of conduct for their respective discipline. All team members are expected to demonstrate Youth Home's values of compassion, dedication, professionalism, teamwork and trust.

In addition, all team members follow basic standards of conduct including but not limited to:

- 1. No patient neglect, abuse, child maltreatment finding by the Arkansas Department of Human Services (as defined at A.C.A. 12-12-503), or prohibited criminal offense (as listed by the Child Welfare Agency Licensing Act)
- 2. No on the job use, possession or sale of alcohol/illegal drugs (including paraphernalia) or being under the influence of alcohol/illegal drugs on agency property or premises or knowledge of such

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Also See Policy: N/A			

- 3. No sexual or other harassment
- 4. No possession of weapons on agency property or premises
- 5. No insubordination or uncooperative conduct, refusal to follow a manager's orders or refusal to abide by Youth Home standards (unless such right is protected by law)
- 6. No stealing, willful misuse, misappropriation, or destruction of agency or patient property
- 7. No falsification of patient or agency records
- 8. No disclosure of confidential or privileged information in an unauthorized or irresponsible manner
- 9. No unsafe driving of agency vehicles at any time or endangerment while transporting patients
- 10. No fighting, threats, horseplay, intimidation, or use of profane or abusive language with patients or team members
- 11. No discrimination or harassment of patients or team members based on race, religion, color, national origin, sex, age, disability or any other legally protected category
- 12. No exploitation of patients for personal advantage
- 13. No sexual or intimate relationship with patients
- 14. No special attention or punitive action which targets individual patients
- 15. No habitual tardiness or absence from duty without prior approval
- 16. No behavior that endangers the safety of patients or team members
- 17. No failure to complete all required paperwork in a timely and accurate manner
- 18. No failure to be awake and alert

Infringement of these principles will be considered infringement upon patient/team member rights and will be addressed accordingly.

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Subject: Human Re	sources		
Also See Policy: N/A			

C. Disciplinary Procedure:

Discipline or Corrective Action may or may not be progressive. The serious nature of the offense will be the determining factor. Youth Home, Inc. team members are employed "at-will" and termination can be with or without cause.

- V. SEPARATION OF EMPLOYMENT (Employment at Will Statement)
 - A. Resignation:

Resignation is separation of a team member by her/his voluntary act. A team member may resign in good standing by submitting in writing the effective date and the reasons for resignation to the immediate manager. Notice must be given at least ten (10) working days in advance for non-exempt team members and twenty (20) working days in advance for exempt team members.

B. Lay-Offs:

Where qualifications are otherwise equal, seniority will be used to determine lay-offs.

C. Dismissal:

Team members are employed "at-will". The agency may terminate the employment relationship at any time, with or without cause.

D. Final Pay:

Final pay will be tendered after the team member completes separation procedures. Final pay will include earned Paid Time Off (PTO), as stated in policy, and any earned holidays.

E. Severance Pay:

Managers may make recommendations for team member severance pay to the CEO who has the sole authority of approval. The CEO will notify payroll in writing, either by memo or e-mail, that severance pay has been granted, and the designated amount.

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Subject: Human Resources			
Also See Policy: N/A			

VI. WORKING CONDITIONS

A. Hours of Employment:

The normal full-time work week for hourly team members is scheduled for forty (40) hours with at least 36 hours worked. Exempt team members are paid based on a forty (40) hour work week. Daily office hours are from 8:30 a.m. to 5:00 p.m., Monday - Friday. Because of Youth Home's around the clock service, other shifts are defined by work area. Non-exempt team members are not allowed to work "off the clock". Non-exempt team members are paid for all hours worked.

B. Overtime:

The agency complies with the provisions of Fair Labor Standards Act (FLSA). Hourly paid team members are paid at a rate of one and one-half times their regular rate of pay for all hours worked in excess of forty (40) hours during the defined work week. Actual hours worked do not include paid time off (PTO), holiday, or other kinds of leave.

Team members are expected to work their shifts as scheduled. Variation of more than 15 minutes from a regularly scheduled shift requires approval from a manager. Overtime requires the permission of a manager.

C. Transfers:

A team member may be transferred according to the needs of the agency.

D. Promotions:

Preference is given to current team members who meet the following criteria:

- 1. Completion of first ninety (90) days of employment
- 2. Positive job performance reviews
- 3. Meets minimum qualifications for the job

Promoted team members will usually receive a pay increase. The date of promotion is the new annual review date and a Performance Review is completed at ninety (90) days. The immediate manager provides orientation.

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Subject: Human Re	sources		
Also See Policy: N/A			

E. Seniority:

Where skill, qualifications and ability to do the work involved on a normal basis are relatively equal, seniority is the controlling factor in lay offs, recall and shift preference. Seniority is defined as length of continuous service in employment with Youth Home, Inc.

F. Smoking:

Youth Home, Inc. acknowledges the health dangers associated with secondhand smoke. There is no smoking (including electronic devices) on Youth Home, Inc. campus, in any Youth Home, Inc. facility, in agency vehicles, nor in the presence of patients and otherwise as required by the Clean Indoor Air Act of 2006. All team members, clients and other visitors are expected to comply with this policy, and team members who retaliate against anyone who communicates a violation of this policy may be disciplined.

G. Use of Electronic Devices & Volume/Auditory/Visual Compromise:

Agency telephones are intended for conducting agency business. Personal calls, both incoming and outgoing, are limited.

In the event that the team member is on an off campus outing, personal cellular (cell) phones may be used for emergencies. If such use results in a charge to the team member, Youth Home will reimburse for the charges. Documentation of those charges is required for reimbursement.

Full supervision of patients is required and the use of personal electronic devices could inhibit this requirement. Personal electronic devices include but are not limited to cell phones, MP3 players or other equipment, etc. Qualified Behavioral Health Provider (QBHPs) and Recreation Specialists (RSs) should not use electronic devices in patient areas. These team members may carry their cell phones and check them briefly (less than a minute), but calls should only be made in emergencies and outside of patient areas or with manager's approval. Gaming, texting or other activities that would take attention from monitoring the patients is prohibited. Any team member that demonstrates excessive use of a cell phone or other electronic device will not be allowed to have the device in the milieu and/or other disciplinary action will be taken.

Youth Home, Inc. provides 100% supervision to patients. Loud volume of television or radio, hoods or hats, the use of personal listening devices such as MP3 players, cell

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phones, IPods, or use of earphones could prohibit team members from hearing patients in distress. At no time should a team members hearing, vision or other sense be manually compromised when performing direct care responsibilities.

The agency will not reimburse team members for damage to or missing personal electronic devices.

Youth Home, Inc. utilizes agency recording devices as allowed by law. However, due to the Health Insurance Portability and Accountability Act (HIPAA) electronic recording (including but not limited to photographs) of patients by individual team members is not allowed without the express written permission of the CEO.

H. Secondary Employment

Youth Home, Inc. prohibits team members from engaging in secondary employment during their Youth Home, Inc. regular work schedule.

I. Nepotism

Youth Home, Inc. permits members of the same family to work at the agency. The agency will not, however, consider or accept employment applications or allow transfers from individuals whose employment would result in a relative having a supervisor/subordinate relationship or a possible conflict of interest.

Relatives, for purposes of nepotism, are defined as: parent, spouse, child, sibling, grandparent, grandchild, aunt, uncle, cousin, in-law or step relative, or any person with whom the team member has a close personal relationship such as a domestic partner, romantic partner, or co-habitant.

- J. Suspension
 - a. All suspensions are approved by the Chief Executive Officer or designee.
 - b. Suspension with pay can be given after being cleared of a false accusation of patient abuse or neglect. If granted, the Payroll Department is notified on time card/sheet, by the immediate supervisor with approval of second level management to pay a team member for suspension time upon return.

YOUTH HOME, INC.

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Also See Policy: N/A			

POLICIES AND PROCEDURES

Suspension with pay will be for no longer than thirty (30) calendar days. Suspensions that result in pay will be paid at the team member's rate of pay including shift differential, shift lead, etc. At no time would a team member being paid for suspension receive overtime.

- c. All other suspensions are without pay.
- d. All team members suspended, for any reason, will turn in their keys, badge, and other Youth Home property before leaving the premises.
- e. All team members suspended pending external investigation for alleged child abuse are allowed to use any accrued PTO during that absence up to the calculated percentage that team member would be eligible to receive if terminated from employment. In the case of alleged child abuse, if cleared the time used during suspension will be reinstated up to a maximum of four weeks. Team members suspended for reasons other than external investigation are suspended without pay.

VII. PERSONAL PROPERTY

Team members assume responsibility for their personal property and vehicles at work.

10/22/18

Ohief Executive Officer

INFORMATION FOR EVALUATION

RESIDENTIAL CHILD WELFARE AGENCY LICENSE



Effective: 07/26/2011



JOINT COMMISSION ACCREDITATION

Youth Home, Inc.

Little Rock, AR

has been Accredited by



The Joint Commission

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

Behavioral Health Care Accreditation Program

March 17, 2018

Accreditation is customarily valid for up to 36 months.

. Jones, FACHE Chair, Board of Commissioners

ID #1004 Print/Reprint Date: 05/28/2018

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 other services provided in accredited organizations. Information about accredited organizations may be provided direct The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performanc individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.









DETAILED PROGRAM DESCRIPTION Cartwright Qualified Residential Treatment Program 20302 Colonel Glenn, Little Rock, AR 72210

Overview

Youth Home, Inc. proposes to provide two qualified residential treatment programs consisting of 10 beds each. One program will provide treatment for female adolescents (age 12-18); the other program will provide treatment for male adolescents (age 12-18). Following is a description of our current program at Cartwright House. A second house on our residential campus on Colonel Glenn Road will be converted to a similar program for boys. Youth Home accepts and agrees to the terms and conditions of the contract as set out in Attachment D, or to alternate terms and conditions upon approval of DHS.

Cartwright is a qualified residential treatment program that serves female adolescents (age 12-18) who are in the custody of the Department of Children and Family Services. We accept referrals from any DCFS area across the State. This program offers residential treatment for youth referred by or in the custody of the Arkansas Department of Human Services (DHS) whose emotional and/or behavioral needs cannot be met in a lower level of care. It provides a highly structured, safe and secure group environment where clients can be stabilized so that they may return to a less structured placement in the community. Due to the severity of their condition, major impairments in functioning including emotional, social, behavioral, relationships, educational and daily living skills are issues that are dealt with 24 hours per day. The supportive, trauma-informed environment enhances skills and helps prevent admission to a more intensive program. We utilize the Risking Connection trauma-informed model that teaches all staff that to heal, a traumatized person must risk connection with caring helpers who are different from those in their past. A detailed description of this model can be found in Section 5, Provision for Care and Treatment of the Client.

• The Clinical Therapist (Masters Level Mental Health Professional) who supervises the treatment evaluates the client to determine if treatment needs meet medical necessity. If appropriate, the client is admitted and followed by the psychiatrist for medication management.
- The Masters Level Mental Health Professional (MHP) provides daily clinical supervision to the paraprofessionals and therapeutic interventions to the clients including individual, group and family therapy.
- The Bachelors Level Qualified Behavioral Health Providers (QBHP's) provide 24hour interventions to the clients.

Each client has individual needs that are addressed daily in one-on-one sessions with the paraprofessional. These may occur in the environment, in the schools, in the community, or wherever the needs arise.

1. <u>Goals and Objectives</u>

GOAL 1: To provide mental health services 24 hours a day for female adolescents age 12-18 that aid in the prevention of symptoms that would require a more restrictive setting.

OBJECTIVE A: To provide individual, family and group therapy by the MHP as necessary.

OBJECTIVE B: To provide 24-hour interventions by the paraprofessionals to promote more adaptive coping skills and to help ameliorate behaviors that are maladaptive.

OBJECTIVE C: To lead the treatment process of the client, which includes but is not necessarily limited to casework services, advocacy, ongoing assessment, planning, therapy, and coordination with DCFS.

GOAL 2: To provide experiences for clients in such a way to promote normal maturation, prevent further injury to them, and enhance healthy personality development.

OBJECTIVE 1: To maintain the clients in a safe, secure environment.

OBJECTIVE 2: To provide individualized care for each client.

OBJECTIVE 3: To help the client integrate into the house, school, peer group and larger community.

OBJECTIVE 4: To protect the client from harmful experiences and maintain stability.

OBJECTIVE 5: To help the client's return to their family when feasible. When they are unable to return to their family, an alternate plan will be made for the client in coordination with DHS.

OBJECTIVE 6: To work in coordination with the assigned PASSE Care Coordinator to ensure services are implemented appropriately.

2. <u>Admission Process</u>

A. <u>Appropriate Referrals</u>

The Qualified Residential Treatment Program is utilized for clients who cannot be assured adequate parental care in their own home, who cannot function at home or in a foster family, yet who can attend community schools or day treatment schools and can live in the community without danger to themselves or others.

The types of children and problems served are those with diagnoses of conduct disorder, oppositional and disruptive disorders, history of multiple placements, parent/youth conflict problems, adjustment disorders, history of sexual or physical abuse, history of mental illness, Families in Need of Services (FINS), and borderline intellectual functioning. Although Cartwright is not classified as an Independent Living Program, independent living skills training is incorporated into the program including, but not limited to, budgeting, employment, payment of utilities, and housing.

These clients are emotionally disturbed youth who are ready for discharge from an intensive residential treatment program or acute care hospital and can live in a less restrictive environment. They also may be youth referred directly from other programs that have shown enough stability that functioning in a qualified residential treatment program is possible.

DCFS referrals are accepted from any community source, individual, or member of the helping professions, most often through telephone contact. An Admissions Referral Form is completed at that time. Referrals, which are clearly inappropriate (for example, younger children), are redirected to the appropriate agency or sources of help whenever possible. The appropriateness of a referral cannot always be determined through initial contact.

B. <u>Admissions Criteria</u>

- 1. DCFS Custody.
- 2. Ages 12 to 18 years old.
- 3. At least Tier 2 status on independent assessment.
- 4. Prefer enrollment in an educational program (i.e. public school, day treatment, or vocational).
- 5. Must be able to live in an open community setting without danger to self or others.
- 6. May demonstrate mild to moderate behavioral and emotional problems.
- 7. Must possess IQ functioning of 70 or above.
- 8. Admission criteria prohibits placement of clients exhibiting the following:
 - Fire setting within the last two years.
 - Violent behavior requiring containment, seclusion or restraints within the past 45 days.
 - Active drug/alcohol problems.
 - Chronic or recent elopements.
 - Chronic exploitation, bullying or threats to others (unless currently on probation).
 - Suicide attempts within the last six months.

- Active psychosis.
- Sexual perpetration.
- Felony conviction.
- Clear intent to harm others or elope as expressed during assessment interview.
- Current symptoms meeting medical necessity for acute psychiatric care

8. Must meet Diagnostic Criteria set by Medicaid Outpatient Behavioral Health Service (OBHS).

C.Case Review/Decision to Admit

1. The admissions staff reviews the case and maintains the application on active status.

2. Within 48 hours after the completion of referral materials, the parent(s) or legal custodian is contacted by phone or letter regarding the decision of whether to further process the application for admission.

3. If the adolescent assessed is determined inappropriate for a Youth Home, Inc. program, the parent(s) or legal custodian is advised of alternative treatment or placement possibilities within 10 days. A comprehensive listing of agencies and services is kept within the Admissions Department.

4. If it is determined that the adolescent cannot safely function in public school, a referral to Day Treatment from the PCSSD may be required before a decision to admit.

5. If the decision is to further consider the adolescent as a candidate for admission a decision is made to schedule an assessment interview if an opening is available, or to notify the referral source that an assessment interview is scheduled pending an available opening. The final decision to admit is always preceded by an assessment interview.

6. Client Referral Date: The collection/maintenance of client data is continued. A statistical database regarding demographics and clinical needs is available for use in service planning. These records include the following information if known. They are not confined to the following information or categories:

- Date of referral
- First, middle, and last name
- Referral source of applicant
- Sex, race, date of birth, social security number

- Referral status
- Referring county
- Referral disposition
- Prior services rendered
- Placement need
- Presenting problems

D. Funding Source: When the adolescent is clinically and/or educationally deemed appropriate for services, the types of funding source available to this client must be determined. Currently, Youth Home, Inc. accepts Medicaid (OBHS) and state funding for this program. If the funding source is Medicaid, the Provider-led Arkansas Shared Savings Entity (PASSE) contracted by Arkansas Medicaid, must pre-certify all treatment services. Throughout placement, they also conduct periodic review of services to determine if they continue to be medically necessary.

E. The Clinical Assessment: During the admissions assessment interview, the admissions policies, treatment program, nature and goals, and general placement information are explained to the applicant and his or her custodian or parent. At this time, applicants are advised of their rights and responsibilities should they enter into a Youth Home, Inc. program. These include the rules governing conduct and types of infractions that can result in disciplinary action or discharge from the program. During the admissions assessment interview, the client's and his/her family's or custodian's feelings about possible placement are discussed. Other topics addressed include:

a. Hours of Operation: General information is shared with the parents/custodians regarding the hours of operation at Youth Home, Inc. administrative offices and the shift schedules at the residential facility where supervision is provided 24 hours a day, seven days a week.

b. Personal Funds: There may be personal funds for the client's individual personal needs. Receipt of this allowance is contingent upon expenditures endorsed by Youth Home, Inc. Up to one-half of the personal funds may be withheld to repay property damages caused by the client.

- c. Gifts: Birthdays for clients will be recognized with a cake and/or appropriate food and a small gift.
- 1) The Unit Manager from the treatment facility in which the client resides will complete a check request, not to exceed amount budgeted, and submit it to the business office for the purpose of purchasing a birthday gift.
- 2) The Unit Manager or designated staff will purchase the gift.
- d. Legal Rights and Responsibilities: When a client is admitted, the rights and responsibilities of the client and the client's family are explained to them. To document this explanation of rights, the responsible parent or legal custodian is required to sign a form, which becomes part of the client's permanent file, acknowledging that these rights and responsibilities have been explained to them.

e. Assessment Interview/Psychosocial Assessment: In addition to providing the applicant with information about Youth Home, Inc., the Assessment and Referral Manager and/or Admission Coordinator as well as Clinical Therapist and/or Program Manager, designated nursing staff, and Educational Manager (as applicable) will participate in the interview with the intent of observing client and parent/custodian interaction while systematically gathering information which is needed in order to prepare the Psychosocial Assessment. The Psychosocial Assessment includes an emotional and behavioral assessment of each client with special attention to behavioral and emotional problems and suggestions of severe mental health problems or personality disorders, which might seriously affect the treatment process. This assessment is completed within 10 days of admission to the program. Specifically the Psychosocial Assessment includes but is not limited to:

1)	Identifying data (name, client number, DOB, age, gender, race)
2)	Referral source
3)	Informants
4)	Presenting problems and strengths
5)	Discharge plan
6)	Clinical information to minimize use of restrictive interventions
7)	Family and childhood history
8)	Legal assessment and status (if applicable)
9)	Current living situation
10)	Community resources
11)	Educational and/or vocational information (when applicable)
12)	Assets, Leisure, Spiritual Beliefs, and Goals
13)	Nursing/Medical Assessment including pain assessment
14)	Treatment History
15)	Impressions and treatment recommendations including diagnosis

f. The legal custodian and/or other responsible parties (i.e. court worker) will be notified at the earliest possible time that discharge is imminent. In the event a legal custodian/guardian chooses to remove the client from the program against clinical advice, documentation of any discussions and/or resulting conditions will be placed in the client's file.

8. Depending on the needs of the applicant as assessed during the Admissions Assessment Interview and data collection process, the following supplementary professional resources are available and used as necessary:

a. Psychologist (psychological assessments including intellectual, projective and personality testing)

b. Dietitian

During this assessment, every attempt is made to identify special needs of the applicant. This may include special medical needs or examinations (i.e. laboratory tests or eyeglasses) or special educational needs (i.e. testing or special schools).

9. The Business and Clerical Interview. A clerical interview will be conducted (usually concurrent with the Admissions Assessment Interview) and will include the following topics:

a. Business: A representative from the business office will review with the client's legal guardian/custodian the financial responsibility and a contract will be signed.

b. Clerical: Admissions will conduct a point-by-point review of all paperwork including consents, authorizations, informational documents, and demographic information. Client Rights and Responsibilities of the client and guardian/ custodian are reviewed. HIPAA Privacy Notice is reviewed. All informed consent forms are completed.

10. Admissions Team Decision: Throughout the interview process, the members of the team review presenting problems and make a decision regarding the appropriateness of admission. If a question arises concerning appropriateness of the applicant, the team members (Psychiatrist, Assessment and Referral Manager, Nurse, Clinical Therapist and/or Program Director, and Educational Services Manager) meet to discuss concerns and make a final determination.

The results of this assessment are shared with the applicant and his/her legal guardian and/or custodian. The method of discussing the findings is tailored to the client and family's needs in consideration of their ability to respond and participate in treatment planning. If the decision to admit is made, a time for entrance into the program is scheduled as soon as possible. This will generally occur immediately following the assessment. Staff members who will be working with the client are informed about the client prior to meeting him or her.

In order to determine the necessity of admission into the level of care and services provided by the agency, the following guidelines are reviewed:

a. Can the intended facility be expected to provide the intensity of care and the level of security/restrictions deemed necessary for appropriate treatment?

b. Can the selected facility and program be expected to meet the client's treatment needs?

c. In consideration of the rights of the client, is this the least restrictive environment available to meet the client's needs?

Pre and post-admission documentation and other paperwork are forwarded to the Medical Records Clerk for permanent storage.

If admitted, the file is checked for proper completion and appropriate signatures on all required forms.

If the applicant is in need of services not offered through Youth Home, Inc., appropriate referral information is given.

3. <u>Treatment Planning and Review</u>

A plan is developed by the Qualified Residential Treatment Therapist and is reviewed by the Clinical Review Team on a regularly scheduled basis. The plan is based upon assessment in areas of behavior, emotional status, educational status, classification, and level of functioning as they relate to presenting problems of the client. This plan will be developed in conjunction with the Care Coordinator from the PASSE.

A. Organization of the Master Treatment Plan: Goals and objectives are positively stated in behavioral terms that are both realistic and measurable. The approach is ecological and focuses attention on the total client within the context of his/her ecological system.

1. Goals: Defined as long-term statements of projected accomplishment within a particular treatment dimension and a specific timeframe. The completion of the projected goals correlates with projected tenure of treatment.

2. Objectives: Defined as short-term measures projected in order to achieve the long-term goal.

3. Treatment Plan Design: Within each section, eight treatment domains are considered: physical, emotional, behavioral, socialization, family, academic, vocational and community.

- Problems To Be Considered: A list of problems which were established at the time of admission and which are to be addressed during the tenure of treatment.
- Goals, Objectives, Methods- Developed for clinical areas according to the present problems as established at the time of admission. All goals and objectives are written in behavioral terms, which are measurable.
- Criteria for termination and diagnosis: Provides a statement that indicates conditions to be met before a client is eligible for discharge. Current diagnosis is also included in this section.
- Treatment Plan Evaluation: Scheduled regularly through clinical review and updated yearly or based on any clinical needs that warrant an adjustment to treatment direction.

B. Plan Development: Treatment plans are developed, implemented, reviewed and revised throughout the treatment process, as follows:

1. Review dates are established and are distributed to all team members.

2. Within 72 hours after completion of the admissions process, the treatment plan is developed by the Clinical Therapist and reviewed by the Psychiatrist.

3. The Clinical Therapist reviews the treatment plan with the client, and target behaviors are determined.

4. Medications are reviewed and monitored on a routine basis by the Psychiatrist.

C. Monitoring and Review

 Progress, as well as completion of projected goals and objectives, is reviewed regularly with the Clinical Review Team. Each problem identified as a target behavior is addressed as to general impressions and treatment termination planning. Revision of objectives is ongoing and continually reviewed. Educational objectives as developed on the Individual Education Plan (IEP) and/or Master Treatment Plan (MTP) are updated as met or revised and are reviewed by the referring school of origin.
 Clients admitted to the Qualified Residential Treatment Program will participate in therapies as prescribed by the assigned Clinical Therapist at Youth Home, Inc.

3. At the time of termination of treatment, treatment plans are reviewed and the Clinical Therapist generates a treatment summary.

4. <u>Services to Clients and Parents</u>

Services to parents or custodians are an integral part of our program. To the extent appropriate, and in accordance with the client's best inters, the program will facilitate participation of family members and members of the youth's permanence team in the client's treatment. Parents will be respected and helped as individuals and families. The purpose of services to families is to preserve the child/parent relationship. Casework with the parents is essential to understand the nature of the problems of the client to his family is the anticipated outcome, it is important to help the parents maintain and enhance the relationship with the client. Throughout placement, individual, group, and family therapy, along with casework services, must be available to help families deal with environmental or emotional stressors that have contributed to their impaired parental functioning.

Client records and information are confidential. Information in case records shall be disclosed only for authorized services to the client, or for the administration of the facility. Information from a client's case record shall not be released except with the signed authorization of the client's personal representative or as allowed by HIPAA privacy regulations.

A. <u>Therapy with Clients/Parents during Placement</u>

Therapy and casework services with clients/parents will be adapted to meet individual needs. When the goal is for the client to return home, the Clinical Therapist will help the parents maintain parental skills as well as learn new skills. The Clinical Therapist will reach an understanding with the client's parents regarding specific goals of treatment. The clients/parents will be involved in the Master Treatment

Planning process. The MTP will be written by the Clinical Therapist and reviewed with the client, family and psychiatrist.

• <u>Individual Therapy</u> (occurs 1-2 times per week) will be utilized to enhance the clients' functioning, improve coping skills and deal with emotional issues that prevent successful functioning. This may include:

- a. Improving communication skills.
- b. Improving conflict resolution skills.
- c. Improving relationship skills.
- d. Working on treatment goals.

• Family Therapy (occurs at least two times monthly) will be used to:

- a. Evaluate and improve family communication patterns.
- b.Express feelings related to family problems and concerns.
- c. Explain family boundaries and role definition.
- d. Develop family decision-making abilities and potential for conflict resolution.

•<u>Group Therapy</u> (occurs 2-4 times per week) will be used to enhance the individual and family therapy done by the Clinical Therapist. As group therapy is a treatment of choice for adolescents, it will be utilized weekly to:

- a. Teach appropriate boundaries and skills for living in the environment.
- B.Dealing with common treatment issues such as abuse, abandonment, and other trauma
- c. Improving communication and conflict resolution skills within the environment.
- d. Sexual abuse, substance abuse, and family issues.

B. Visitation

With the approval of DCFS and the Clinical Therapist, parents must have the right to have reasonable visitation with the clients. To the extent appropriate and in accordance with the client's best interest, we will facilitate outreach to the client's family members including siblings.

Recognizing the importance of the parent child relationship, the Clinical Therapist will help the parents plan visits in a way that is the most beneficial to the client. The frequency and duration of visits may vary. It may depend on the needs, the circumstances of the parents, the nature of the relationship to the parent, or the plan for reunification. The Clinical Therapist also helps parents understand that remaining in foster care may enhance the client's functioning due to availability of treatment. If it becomes evident that the client will not be returning home, the Clinical Therapist will work with the family to determine alternate plans for the child. The Clinical Therapist will help the client and parents prepare for discharge.

If a court hearing is necessary, the parents will be informed of the agency's recommendations to the court. DCFS will be kept informed at every level.

5. Provision for Care and Treatment of the Client

Youth Home, Inc. ensures that the client will receive all needed care for their development. This includes medical and dental care as well as a safe, nurturing environment, appropriate psychiatric treatment, an education, and recreational activities. Records will be maintained which reflect the needed medical treatment was delivered including, but not limited to presenting symptoms, name and address of physician or other health care professional to whom the child was referred, diagnosis, prognosis, treatment plan and record of compliance with physicians' orders. Needed psychotropic medications will be administered and monitored.

A. Trauma-informed Treatment Model

Youth Home, Inc. utilizes a trauma-informed treatment model called Risking Connections that is presented by The Traumatic Stress Institute of Klingberg Family Centers, New Briatain, Connecticut. It is a philosophy for providing services rather than a treatment technique. All organizational staff from all disciplines, roles, and levels of training have been through our Risking Connections training that consists of three full days of training. The premise of the training is that relationships are the primary agent of change. This program is recognized as an evidence-based approach to treating those who have experienced trauma. This model also stresses that treating traumatized people also poses risks to helpers, the risk of vicarious trauma. Therefore, respect for and care of both consumer and provider are viewed as vital.

We recognize that the majority of the clients we serve have experienced violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters. We need to presume the clients we serve have a history of traumatic stress and exercise "universal precautions" by creating systems of care that are trauma-informed. Each person they meet throughout their stay needs to have an understanding of the importance of their role in helping these clients build healthy relationships.

B. Medical Services

Regular medical and dental examinations are scheduled as well as preventive health measures and appropriate medical care is provided in case of an illness.

1. Preventive health services include:

a. An admissions physical examination (is scheduled within 7 days if a physical has been completed 30 days prior to treatment) and periodic medical examinations;

b.Immunizations against common contagious diseases;

- c. Administration of routine laboratory procedures;
- d. Regular dental/eye examinations; correction, and treatment of problems;
- e. Appointments scheduled in response to symptoms or illness.

2. Emergency medical care in case of sudden illness or accident is available 24 hours a

day.

a. When there is a medical emergency, the Psychiatrist, on call clinician, Program Director and Executive Director are notified as well as DCFS and/or parents. Guidelines to follow are outlined in client charts.

b. Parents or custodians for treatment must give consents.

3. Procedures include:

- a. The Unit Managers/paraprofessionals are responsible for making medical and dental appointments for clients.
- b. The Unit Managers/paraprofessionals record all medical and dental visits in the chart. Forms are available for this purpose.
- c. The Unit Managers/paraprofessionals ensure that recommended treatment is followed.
- d. The Unit Managers/paraprofessionals have written instructions from physicians regarding medication to be given to clients. Over the counter medications must be given according to directions.
- e. Medicine administration records are kept which lists dates medication is given and the amount.
- f. A specific pharmacy is used by each program that monitors all medications.

C. <u>Psychiatric Services</u>

Psychiatric services are utilized to direct the diagnosis and treatment plan for each client. The physician meets with the client monthly for medication management, as appropriate. Nursing staff is available seven (7) days a week, twenty-four (24) hours per day for any issues that may arise.

D. <u>Milieu Therapy</u>

In addition to individual, group, and family therapy, the program utilizes milieu therapy as one of its primary treatment components. The primary goals of Milieu Therapy are as follows:

- 1. To establish a trusting relationship and therapeutic bond between the clients and staff to enable teaching and learning to occur.
- 2. To help the client stop or reduce inappropriate behavior and to start developing adaptive productive age-appropriate behavior.
- 3. To promote ego development, internalization of positive values and a clear sense of self through teaching confidence and accomplishments of developmental tasks.
- 4. To promote healthy development and care of the emotional, behavioral, physical, as well as spiritual self.
- 5. To ensure that feelings are nurtured, shared spontaneously, controlled when necessary, expressed when too long repressed and explored with trusted others.
- 6. To require that the client take responsibility for their thoughts, feelings, and behavior to encourage the client to show care and concern for others.
- 7. To promote the use of successful generalizations of insight skills and competencies integrated into daily living upon leaving the milieu.
- 8. To promote the use of successful generalizations of insight skills and competencies integrated into daily living upon leaving the milieu.

Interventions utilized in the milieu may include utilizing one-on-one interventions between staff and clients to enhance skills the clients have in dealing with emotional, social, behavioral, relationship, educational or daily living problems. These may occur one time per day or several times per day and may occur on or off site. Groups may be utilized to include social skills groups, crisis intervention groups, problem-solving groups, and independent living skills groups.

E. <u>Educational Services</u>

Educational services are utilized to ensure that each client is receiving an education that is commensurate with their ability. Some clients attend the Little Rock or North Little Rock public schools and others attend the Siebert School on Youth Home, Inc. campus.

1. When a client is admitted, the Unit Manager/paraprofessional will enroll them in school. They may prepare the student's schedule with the guidance counselor or educational manager.

2. After initial introduction and orientation to the school, school-home contacts will be handled by the Unit Manager/ paraprofessional (absences due to illness or other causes, doctor's appointments, checking out early, etc.).

3. All school-related official notes shall be read and signed by the Unit

Manager/paraprofessional noted and duplicated for the file.

4. Free lunches are available to all clients. The forms are to be requested and brought home for signatures by the first week of school. The client may request to pack and carry a lunch to school.5. The Unit Manager will receive and record all grades and conduct comments from report cards each nine weeks and semester. Unit Managers need not check on assigned homework daily, but may check with the school periodically to insure the client is functioning well.

6. The Unit Manager or paraprofessional is the contact person for all school matters.

7. The Unit Manager/paraprofessional will compile a list of contact people at each school.

8. Daily study hall schedules are worked out with the Unit Manager/paraprofessional.9. Youth Home, Inc., Inc. will develop a plan to maintain children who are expelled/suspended from school so that the child has the opportunity to perform schoolwork outside the school. The Unit Manager will act as a liaison or tutor between the child and the school. Home schooling may

be considered as an option.

F. <u>Recreational Services</u>: Each client has opportunities for recreational and leisure time activities to develop special abilities and interests. Activities for recreation are directed by a certified recreational therapist and are provided using community and agency resources.

G. <u>Discharge Planning</u>: Discharge planning begins at the time of admission and continues until the youth completes the program. The Clinical Therapist meets with the treatment team to determine the best options for the client.

- 1. The discharge plan confirms that the provider, client and family has participated in its development and identifies needed community support for the client.
- 2. The Clinical Therapist provides for the coordination of the information with the DCFS Family Service Worker and the PASSE Care Coordinator as appropriate. Notice will be given to DCFS thirty (30) days prior to scheduled discharges.

Staffing is also assessable to the DCFS Family Service worker and he/she will be notified of time and place of staffing.

- 3. Visits are arranged, upon the request of the DCFS Family Service Worker with the client. Documentation of all visits with the DCFS Family Service Worker are maintained in the case file.
- 4. The DCFS Family Service Worker is invited to participate in the transition plan and recommendations noting when the youth is ready to return to his/her community.
- 5. The Clinical Therapist will notify DCFS of the initial discharge plan for the client.
- 6. The Clinical Therapist will also inform DCFS of any aftercare recommendations. This includes case management such as outpatient therapy appointments, medication management, school requirements and special needs.
- 7. The Clinical Therapist submits a request for discharge and provides a written plan to DCFS prior to each client's discharge from the program 30 days in advance of the client's discharge. A copy of this notification will be kept in the case file. No DCFS client will be discharged without DCFS written approval.
- 8. A copy of the discharge plan is provided to the DCFS Family Service Worker ten (10) days before discharge. This plan contains, at a minimum a description of admitting problems, educational services provided, visitation with family and DCFS caseworker, medical services provided, incidents involving death, life-threatening injury, runaway, or incidents which may be reported in the media, legal problems, social behavior, mental health services provided, identification of problem areas that continue, and a recommendation for placement and future services. A copy is maintained in the case file.
- 9. There are rare cases when a DCFS client has been discharged prematurely prior to the completion of treatment. Youth Home, Inc. provides a written report detailing the reasons for disruption and the specific behavior supporting the conclusion that the child is a danger to himself or others. All internal interventions that are rendered with no success are documented.
- Services for DCFS clients are not disrupted without authorization of DCFS. No DCFS youth is discharged from Youth Home, Inc. without prior approval from DCFS. A waiver request is made to DCFS Behavioral Unit and approval received prior to emergency discharge.

H. Family-based Aftercare

Youth Home staff will provide family-based aftercare support for at least six (6) months when appropriate. The aftercare support shall include the following:

- a. Referral to community-based services.
- b. Coordination services in conjunction with the PASSE Care Coordinator.
- c. Participation in family and permanency team meetings via telephone.
- d. Initial contact with client, family, and resource parent or other placement provider within seventy-two (72) hours of discharge
- e. Weekly telephone call with client and caretaker with the first thirty (30) days after discharge and monthly thereafter.

NURSING LICENSES

View License Inform	ation		
Date Searched: 09-01-2017			
JULIE SHANA JOHNSON	F	rimary State of Residence: Leve	el 2 Registration Required
License Information		· · · · · ·	
License #: RTP-019079		License #: R101574	
License Status:	Null & Void	License Status:	Active
License Type:	Temporary Registered Nurse Permit	License Type:	Registered Nurse (RN)
Multistate?	N/A	Multistate?	Yes
Date Issued:	06-22-2016	Date Issued:	07-01-2016
Expiration Date:	06-30-2016	Expiration Date:	08-31-2019
Disciplinary Action	Ν	Disciplinary Action	N
Last Renewal:	Level 1 Registration Required	Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

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View License Infor		
Date Searched: 04-02-2018	δ. 19. Το ποι κάτο ποι το το το προσκού στο το ποι ποι ποιοποιο ποιοποίο το τη προμοτική το το το το το το το τ	
IRA TEDTRICE LOGAN		Primary State of Residence: Level 2 Registration Required
icense Information		
License #: R045188		
License Status:	Active	
License Type:	Registered Nurse (RN)	
Multistate?	Yes	
Date Issued:	06-30-1994	
Expiration Date:	03-31-2020	
Disciplinary Action	N	
Last Renewal:	Level 1 Registration Require	d :

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daily. The licensure data contained in this website is considered to be secure and may be used as primary source
verification. License cards do not have an expiration date and are not considered validation of current licensure.

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Advanced Practice Issue

Prescriptive Authority:

Collaborating Physician:

Discipline Action Information

Date:

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https://www.ark.org/arsbn/statuswatch/index.php/nurse/view/1375345

Level 3 Registration Required

Level 3 Registration Required

Level 3 Registration Required

For Questions regarding your license status or other license related information please call 5016862700.

iew License Inform	allon		
ate Searched: 12-05-2017			
CHARLES MICHAEL MORG	AN P	rimary State of Residence: Leve	12 Registration Required
icense Information			
License #: R102262		License #: RTP-018363	
License Status:	Active	License Status:	Null & Void
License Type:	Registered Nurse (RN)	License Type:	Temporary Registered Nurse Permit
Multistate?	Yes	Multistate?	N/A
Date issued:	08-25-2016	Date Issued:	02-16-2016
Expiration Date:	11-30-2019	Expiration Date:	03-02-2016
Disciplinary Action	Ν	Disciplinary Action	N
Last Renewal:	Level 1 Registration Required	Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required
License #: L053001		· · · · · · · · · · · · · · · · · · ·	•••••
License Status:	Expired	•	
License Type:	Licensed Practical Nurse (LPN)		
Multistate?	Yes		
Date Issued:	07-12-2012		
Expiration Date:	11-30-2017		
Disciplinary Action	Y	!	
Last Renewal:	Level 1 Registration Required		
Advanced Practice Issue Date:	Level 3 Registration Required	:	
Prescriptive Authority:	Level 3 Registration Required		
Collaborating Physician:	Level 3 Registration Required		

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		· ····· · · · · · · · · · · · · · · ·
GREGORY ELLIS NESDAHI		Primary State of Residence: Level 2 Registration Required
icense Information		
License #: R099588		
License Status:	Active	
License Type:	Registered Nurse (RN)	
Multistate?	Yes	
Date Issued:	09-09-2015	
Expiration Date:	06-30-2019	
Disciplinary Action	Y	
Last Renewal:	Level 1 Registration Required	
Advanced Practice Issue Date:	Level 3 Registration Required	
Prescriptive Authority:	Level 3 Registration Required	l
Collaborating Physician:	Level 3 Registration Required	l j
iscipline Action Information		

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State board of Nursing Registered Nurse (RN) GREGORY ELLIS NESDAHL License No. 22099588 Su Hate incoment should dreak the ASBIG registry search

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View License Inform	ation					
Date Searched: 01-30-2019 JA'BREA TARSHAY WYAT	· · · · · · · · · · · · · · · · · · ·	Primary State of Residence: Level 2 Registration Required				
License Information			·····			
License #: R101981		License #: RTP-019077	· · · · ·			
License Status:	Active	License Status:	Null & Void			
License Type:	Registered Nurse (RN)	License Type:	Temporary Registered Nurse Permit			
Multistate?	Yes	Multistate?	N/A			
Date Issued:	07-22-2016	Date Issued:	06-22-2016			
Expiration Date:	01-31-2021	Expiration Date:	07-22-2016			
Disciplinary Action	N	Disciplinary Action	N			
Last Renewal:	01-09-2019	Last Renewal:	N/A			
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required			
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required			
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required			

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	View License Informa	tion	
	Date Searched: 11-26-2018		
:	MEREDITH ROSE BENTON	Primary State of Residence: Level 2 Registration Required	
•	License Information		
	License #: R102234		
	License Status:	Active	
	License Type:	Registered Nurse (RN)	
-	Multistate?	Yes	
	Date Issued:	08-18-2016	
-	Expiration Date:	03-31-2020	
• •	Disciplinary Action	N	
	Last Renewal:	02-16-2018	
	Advanced Practice Issue Date:	Level 3 Registration Required	
	Prescriptive Authority:	Level 3 Registration Required	
	Collaborating Physician:	Level 3 Registration Required	

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View License Inform	auon		
Date Searched: 11-26-2018	a saadaa ahaa ahaa ahaa ahaa ahaa ahaa a		
KARA MICHELLE BROOKS		Primary State of Residence: Lev	el 2 Registration Required
License Information			
License #: RTP-020247		License #: LTP-008881	
License Status:	Null & Void	License Status:	Null & Void
License Type:	Temporary Registered Nurse Permit	License Type:	Temporary Licensed Practica Nurse Permit
Multistate?	N/A	Multistate?	N/A
Date Issued:	02-03-2017	Date Issued:	08-03-2015
Expiration Date:	04-20-2017	Expiration Date:	10-03-2016
Disciplinary Action	Ν	Disciplinary Action	Ν
Last Renewal:	N/A	Last Renewal:	N/A
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required
License #: R103881		License #: L057100	
License Status:	Active	License Status:	Expired
License Type:	Registered Nurse (RN)	License Type:	Licensed Practical Nurse (LPN)
Multistate?	Yes	Multistate?	Yes
Date issued:	04-20-2017	Date Issued:	10-02-2015
Expiration Date:	10-31-2020	Expiration Date:	10-31-2018
Disciplinary Action	Ν	Disciplinary Action	N
Last Renewal:	09-05-2018	Last Renewal:	09-30-2016
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

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View License Information

Date Searched: 02-11-2019

TAMMY RENEE GRIFFIN

Primary State of Residence: Level 2 Registration Required

License Information

License #: Temporary Peri Nurse Permit)	mit(Temporary Registered	License #: R066158	
License Status: License Type: Multistate?	Null & Void Temporary Registered Nurse Permit N/A	License Status: License Type: Multistate?	Active Registered Nurse (RN) Yes
		Date Issued:	01-09-2001
Date Issued:	11-08-2000	Expiration Date:	06-30-2020
Expiration Date:	02-08-2001	Disciplinary Action	N
Disciplinary Action	Ν	Last Renewal:	06-15-2018
Last Renewal:	N/A	Advanced Practice Issue	Level 3 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	Date: Prescriptive Authority:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	 	· · · · · · · · · · · · · · · · · · ·

Discipline Action Information

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Date Searched: 02-02-2018	nation		
VALERIE ALVAREZ	Pı	imary State of Residence: Leve	el 2 Registration Required
icense Information		······	··· ·················
License #: RTP-017119		License #: R099014	· · · · · · · · · · · · · · · · · · ·
License Status:	Null & Void	License Status:	Active
License Type:	Temporary Registered Nurse Permit	License Type:	Registered Nurse (RN)
Multistate?	N/A	Multistate?	Yes
Date Issued:	06-08-2015	Date Issued:	07-09-2015
Expiration Date:	07-09-2015	Expiration Date:	01-31-2020
Disciplinary Action	N	Disciplinary Action	N
Last Renewal:	Level 1 Registration Required	Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

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View License Inform	ation		
Date Searched: 01-30-2019 ERIN ELIZABETH PERKINS		Primary State of Residence: Lev	el 2 Registration Required
License Information			
License #: Temporary Perr Nurse Permit)	nit(Temporary Registered	License #: R077312	
License Status: License Type: Multistate?	Null & Void Temporary Registered Nurse Permit N/A	License Status: License Type: Multistate?	Probation Registered Nurse (RN) No, license valid only in Arkansas
Date Issued: Expiration Date: Disciplinary Action Last Renewal:	06-02-2006 07-18-2006 N N/A	Date Issued: Expiration Date: Disciplinary Action Last Renewal:	07-18-2006 01-31-2021 Y 01-25-2019
Advanced Practice Issue Date: Prescriptive Authority:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

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Coverify current status check the ASBN registry search at www.atsbn.org

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License #: R091883

View License Information

Date Searched: 07-03-2018

CARLISA RENE RIDDLES

Primary State of Residence: Level 2 Registration Required

License Information

License #: RTP-011763

License Status:	Null & Void	License Status:	Probation
License Type:	Temporary Registered Nurse Permit	License Type:	Registered Nurse (RN)
Multistate?	N/A	Multistate?	No, license valid only in
			Arkansas
Date Issued:	06-25-2012		
Expiration Date:	07-25-2012	Date Issued:	08-07-2012
Disciplinary Action	Ν	Expiration Date:	06-30-2020
Last Renewal:	N/A	Disciplinary Action	Y
Advanced Practice Issue Date:	Level 3 Registration Required	Last Renewal:	06-29-2018
Prescriptive Authority:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
	Level o Registration Required	Collaborating Physician:	Level 3 Registration Required

License #: L052314

License Status:	Expired
License Type:	Licensed Practical Nurse (LPN)
Multistate?	No, license valid only in
maniozare :	Arkansas
Date Issued:	10-19-2011
Expiration Date:	06-30-2014
Disciplinary Action	Y
Last Renewal:	05-24-2012
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required

Discipline Action Information

View License Information

Date Searched: 03-01-2019

LACEY MADISON COTHRAN Primary State of Residence:		Level 2 Registration Required	
License Information	··· · ·	· · · · · · · · · · · · · · · · · · ·	n na shekara a shekara
License #: R103075		License #: L056339	
License Status:	Active	License Status:	Expired
License Type:	Registered Nurse (RN)	License Type:	Licensed Practical Nurse (LPN)
Multistate?	Yes	Multistate?	Yes

Date Issued:	01-10-2017	Date Issued:	02-11-2015
Expiration Date:	02-28-2021	Expiration Date:	02-28-2017
Disciplinary Action	N	Disciplinary Action	N
Last Renewal:	02-27-2019	Last Renewal:	02-11-2015
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

License #: RTP-019856

License #: LTP-008386

License Status:	Null & Void	License Status:	Null & Void
License Type:	Temporary Licensed Practical Nurse Permit	License Type:	Temporary Registered Nurse Permit
Multistate?	N/A	Multistate?	N/A
Date Issued:	12-31-2014	Date Issued:	12-15-2016
Expiration Date:	02-11-2015	Expiration Date:	01-10-2017
Disciplinary Action	N	Disciplinary Action	Ν
Last Renewal:	N/A	Last Renewal:	N/A
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

Discipline Action Information

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Disciplinary Action

Advanced Practice Issue

Prescriptive Authority:

Collaborating Physician:

Last Renewal:

Date:

Y

02-16-2019

Level 3 Registration Required

Level 3 Registration Required

Level 3 Registration Required

View License Information

Date Searched: 02-21-2019

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PENNY J BRUNO		Primary State of Residence: Level 2 Registration Required	
License Information			
License #: Temporary Nurse Permit)	Permit(Temporary Registered	License #: R067899	
License Status:	Null & Void	License Status:	Active
License Type:	Temporary Registered Nurse Permit	License Type: Multistate?	Registered Nurse (RN) Yes
Multistate?	N/A		
		Date Issued:	03-08-2002
Date Issued:	11-09-2000	Expiration Date:	02-28-2021

Discipline Action Information

Advanced Practice Issue

Prescriptive Authority:

Collaborating Physician:

Expiration Date:

Last Renewal:

Date:

Disciplinary Action

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02-09-2001

Level 3 Registration Required

Level 3 Registration Required

Level 3 Registration Required

N

N/A

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ate Searched: 02-02-2018	
TERESA WHITE	Primary State of Residence: Level 2 Registration Required
icense Information	
License #: R049436	
License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	Yes
	:
Date Issued:	02-20-1995
Expiration Date:	01-31-2020
Disciplinary Action	Ν
Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required

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