### **SIGNATURE PAGE**

Type or Print the fol	lowing information.						
	PR	OSPECTIVE CONTR	RACTOR'S INF	ORMAT	TION		
Company:	Tenth Distric	t Substance 1	House Progra	am d	ba Me	w Beginnit	ras C.A.S.A
Address:	412 YORK	Street	<i>y</i>			J	J
City:	Warren			State:	AR	Zip Code:	7/67/
Business Designation:	☐ Individual ☐ Partnership	☐ Sole ☐ ☐ Corpo	Proprietorship oration			Public Service Nonprofit	e Corp
Minority and Women-Owned	☑ Not Applicable ☐ African American	□ American Indian □ Hispanic American	□ Asian A □ Pacific		American	□ Service □ □ Women-0	Disabled Veteran Dwned
Designation*:	AR Certification #:		_ * See Min	ority and	Women-Ov	vned Business	Policy
	PROS		OPCONTAC	TINEOE	MATION		
	0.00 (\$45)	PECTIVE CONTRACT ntact information to be u	的复数形式 医克勒斯氏性皮肤炎 化二甲基乙烯二甲基基乙烯基 医垂环	W. 12 C. W. 18 C. W.	医乳头溶液 化氯化物 医拉克斯氏试验	<b>3.</b>	
Contact Person:	Mitzy Sull	van	Title:	Ŀ	xecut	Ne Dire	ector
Phone:	870-226-	1955	Alternate Pho		10-80	20-1874	<i>]</i>
Email:	mitysulliva	n@hotmail.	com				
neither box pricing), w See Bid So By signing and s not employ or co	x is checked, a copy of ill be released in respondicitation for additional ubmitting a response ntract with illegal imm	esion documents is not of the non-redacted do onse to any request not information.  ILLEGAL IMMIGRATION to this Bid Solicitation igrants. If selected, the aggregate term or information is the aggregate term or information is the aggregate term or information.	ande under the  ANT CONFIRM  a, a Prospective  he Prospective	the exce Arkans	eption of fi as Freedo ctor agree	nancial daṫa m of Informai s and certifie	(other than tion Act (FOIA).
	ISR	AEL BOYCOTT RES	TRICTION CO	NFIRMA	ATION		
		tive Contractor agrees gate term of the contr		that they	do not bo	ycott Israel,	and if selected,
☑ Prospective C	ontractor does not ar	nd will not boycott Isra	el.				
The signature belo	ow signifies agreemer ective Contractor's b	espective Contractor  It that any exception to be disqualified with the contractor.	hat conflicts wi			•	olicitation will
Printed/Typed Na	ime: Mity	Sullivan		Date: _	9/28/	2020	

### **SECTION 1 - 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	s <b>shall</b> 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:	Tenth District Substance Abuse abou New Beginnings C.A.S.A	Date:	9/28/2020
Authorized Signature:	Mitty Sullwarn	Title:	Executive Director
Print/Type Name:	Mitry Sullivan		

### **SECTION 2 - 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.

_	Eventione t	to Pequiremente	chall cause the	vendor's proposal	l to be disqualifie	٨
•	EXCEDUORS I	to readurements	<b>snan</b> cause me	veridor s proposai	i to ce aisauaime	J.

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:	Tenth District Substance Abuse Abase Sha New Beginnings Coft. S.A.	Date:	9/28/2020
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Mitry Sullyan		

### **SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE**

•	Exceptions to Red	guirements <b>shall</b> caus	e the vendor's pro	oposal 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:	Tenth District Substance Abuse dba New Beginnings C.A.S. A.	Date:	9/28/2000
Authorized Signature:	Mith Sullian	Title:	Executive Director
Print/Type Name:	Mitry Sullwar		

# CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

iete all oi trie io	g informati	on may	result in a delay in obtaining a col	contract, leas	e, purchase	lease, purchase agreement, or grant award with any Arkansas State Agency.	Agency.	
SUBCONTRACTOR  SUBCO	SUBCONTRACTOR NAME	R NAME:	substance Abuse	P	ogram	m dbac New Beginning	s C.A.S.A	
TAXPAYER ID NAME: $\eta o_8$	138722	2	IS THIS		√ V Se	ᇤ		
(W)1:10	2		FIRST NAME: $\ell$	MA	1	m.t.; X		
ADDRESS: 412 YORK S	Hees	7						
ciry: Warken			STATE: AK		ZIP CODE:	71671	COUNTRY: United Sta	JES.
AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRA OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORM	TAINING HANY A	3, EXI	TENDING, AMENDING, ( NSAS STATE AGENCY,	)R REN THE FC	EWING	A CONTRACT, LEASE, PURCHASE AGREEMENT, NG INFORMATION MUST BE DISCLOSED:	AGREEMENT, DSED:	
			FOR I	N D 1	NDIVID	UALS*		
Indicate below if: you, your spouse of Member, or State Employee:	or the broth	ner, siste	er, parent, or child of you or your s	pouse <i>i</i> s a	current or t	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:	onal Officer, State Board or Com	mission
Position Held	Mark (√)		Name of Position of Job Held	For How Long?	Long?	What is the person(s) name and how are they related to you? [l.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	they related to you? ublic, Jr., child, etc.]	
	Current Former		board/ commission, data entry, etc.]	From MM/YY	To MM/YY	Person's Name(s)	Relation	
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								
None of the above applies								•
			FOR AN EN	NTIT	У (	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 Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assa Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.	persons, c Vember, Si of contro	штепt о tate Em d means	r former, hold any position of cont ployee, or the spouse, brother, sis s the power to direct the purchasin	rol or hold : ster, parent g policies c	any owners , or child of or influence	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 Board or Commission Member, or 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.	of the General Assembly, Constit Officer, State Board or Commissio	tutional m
Position Held	Mark (√)	N.	Name of Position of Job Held	For How Long?	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 ontrol?	
	Current Former		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								
State Employee								
None of the above applies								_

## 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 requirea 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:

- 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 of my contract with the state agency. 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
- 2. I will include the following language as a part of any agreement with a subcontractor:

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 Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

လ 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	owledge and belief, all of the above in	of the above information is true and correct and
that I agree to the subcontractor disclosure conditions stated herein.		
Signature Mith Sullution	Title Executive Director	Director Date 9/27/2020
Vendor Contact Person MHy Sullivan	Title Executive Director	Director Phone No. 870-236-9955
y		Contract
NumberName Contact Person	rsonPhone No	or Grant No

### 2. Policy: Equal Employment Opportunity Affirmative Action Plan

TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. will base

personnel policies and procedures on the principles which are in compliance with established criteria; including, but not limited to, Federal and State regulations, to include compliance with:

- a. Title VI/Title VII of the 1964 Civil Rights Law, and standards of accrediting agencies.
- b. Age Discrimination in Employment Act of 1967.
- c. Equal Pay Act of 1963.

### Purpose

To assure equal employment opportunity for applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, age, gender, religion, disability or any other non-merit factor, except where such factor is a bona fide occupational requirement, with proper regard for the privacy and constitutional rights of citizens; and, prohibiting discrimination against any person on the basis of such non-merit factors.

### Procedure:

- 1. To recruit, select, and advance employees on the basis of their relative abilities, knowledge, and skill.
- 2. To provide equitable and adequate compensation.
- 3. To provide training opportunities for employees as identified to support high-quality performance and

promote career development.

- 4. To retain employees on the basis of the adequacy of their performance, to support correction of inadequate performance, and to separate employees whose inadequate performance is not corrected.
- 5. The Company, if required by law, will establish a written affirmative action program to achieve prompt

and full utilization of minorities, the disabled, Vietnam-era or disabled veterans, and women at all levels

and in all segments of the work force. The results of the program would be reviewed annually, and the

program modified as necessary to achieve its stated objective.

- 6. To process any claims of discrimination in accordance with applicable laws and internal policies/procedures.
- 7. Should there be a need regarding English Proficiency the company would find a local It is the policy of Tenth District Substance Abuse Program dba New Beginnings, c.a.s.a. to comply with the Title II of the Genetic Information Nondiscrimination Act of 2008.

### Purpose:

To protect applicants and employees from discrimination based on genetic information in hiring, promotions, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employeers acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestion of disease or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### Procedure:

- 1. TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. will not
  - recruit, select and advance employees based on their or their families genetic information.
- 2. To provide equitable and adequate compensation.

- 3. To provide training opportunities for employees as identified to support high-quality performance and
  - promote career development.
- 4. TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. restricts
  - acquisition of genetic information.
- 5. TENTH DISTRICT SUBSTANCE ABUSE PROGRAM DBA NEW BEGINNINGS, C.A.S.A. strictly
  - limits disclosure of genetic information of applicants, employees or family members.
- 6. To process any claims of discrimination in accordance with applicable laws and internal policies/procedures.

### 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.

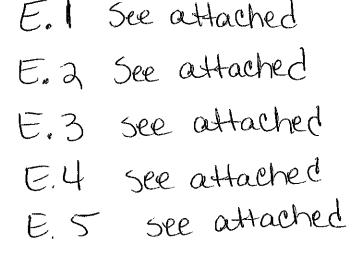
Subcontractor's Company Name	Street Address		City, State, ZIP
putheost Arkansas Behaviola Healthcare System	2500 Rike Drive	Pine C	luff, AR, 7/1e/3
	,		A Algorithm Community
	,		
			Alikabirar
☐ PROSPECTIVE CONTRACT PERFORM SERVICES.	OR DOES NOT PROPOSE	TO USE SU	BCONTRACTORS TO
PERFORM SERVICES. signature below, vendor agrees to and she bid solicitation.	all fully comply with all Requirem	ents related to	
PERFORM SERVICES.  signature below, vendor agrees to and sh bid solicitation.  Vendor Name: Tenth Dist		ents related to	

### INFORMATION FOR EVALUATION

- · Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

		Maximum RAW Score Available
<b>E.1</b> . D	rescribe approach to providing substance abuse treatment services.	5
<b>E.2</b> P	rovide a sample aftercare plan.	5
<b>E.3</b> P	rovide matrix of aftercare partner providers.	5
<b>E.4</b> P	rovide details of your approach to assessments.	5
<b>E.5</b> P	rovide a sample of progress notes.	5

Do not include additional information if not pertinent to the itemized request.



### Mission/Vision

The Mission/Vision of New Beginnings C.A.S.A. is to address the whole person and family whom are suffering or coping with the effects caused from substance and or behavioral health issues. In order to accomplish our goals, here at New Beginnings we believe it is important to establish and maintain a balanced lifestyle through multiple pathways from a holistic approach. We also utilize a medical model to ensure we are providing an all-around approach to treatment.

### **Treatment Philosophy**

It is important that we provide individualized treatment planning geared toward substance abuse and behavioral health issues through collective sources. New Beginnings treatment is overseen by a Board-Certified Psychiatrist, Masters level Social Worker, Licensed Professional Therapist, and many additional certified team members. It is our goal to have an honest and open line of communication with our clients and families inorder to provide the best possible treatment necessary.

### **Core Values of our services**

- Ethics
- Integrity
- Empathy
- Individuality
- Honesty
- Passion/Compassion
- Kindness
- Respect
- Team approach

### **Internal Session Form**

### New Beginnings, C.A.S.A.

This Is Where Recovery Begins...Make The Call.

412 York Street Warren, AR 71671 · 870-226-9970

Laurie Laster C.I.T License: 1006035

### TRANSITION/DISCHARGE/AFTERCARE PLAN

Name:

Client#: 00699

Session Type: Office Visit

Session Date: Wed Sep 30, 2020 9:00 am

Please utilize this form to begin transition planning as well as discharge planning with your client. This plan should begin early in the client's treatment.

- 1. Please check one of the following:
  - · Transition from Residential to Outpatient
- 2. Please identify all the individuals involved in the transition/discharge planning.
  - · Client
  - · Agency Professional
- 3. If another individual was involved in the transition/discharge planning, please identify. **provider and DCFS caseworker Brooke Lasley**

Outpatient

- 4. For this transition/discharge plan, please identify what referrals were made to help assist the client.
  - · Other AOD services (AA, Self-Help, etc.)
- 5. If other referral services were made for the client, please identify those. Beginnings in Pine Bluff on 10-06-2020 @ 1:00 p.m.

Outpatient Services with New

- 6. Describe the progress the client made during treatment.
  - ·Significant
- 7. Please identify any other information, if necessary, about the client's progress in treatment. completed all goals of her CTP



- 8. Is the client currently on any medication that will follow him/her during the transition/discharge planning? **yes**
- 9. If yes, please identify the name of the medication, dosage, frequency and prescribing physician.

### Trazadone 50 mg, 2 @ night the prescribing physician is Dr. Kristen Dent

10. Please identify the client's strengths: Voluntary willingness to enter treatment Self-determination, Polite and
respectful, Sincere and thoughtful, Pro-active, willing to ask for help, action-oriented, Open-Minded,
Empathetic and Understanding, Resourceful, Persistent and willing to find solutions to problems, Identifies,
expresses feelings, Has transportation, Good hygiene, Physically healthy

- · Positive support system
- · Self-determination
- · Compassionate, caring and concerned
- · Self-confident
- · Polite and respectful
- · Sincere and thoughtful
- · Pro-active, willing to ask for help, action-oriented
- · Open-Minded
- · Empathetic and Understanding
- · Resourceful
- ·Independent
- · Positive hobbies and leisure activities
- · Persistent and willing to find solutions to problems
- · Patient and seems willing to demonstrate patience during treatment
- · Identifies, expresses feelings
- · Good hygiene
- · Physically healthy

11. Please identify the client's needs: Menta	I health attention needed, Feels hopeless and fearful, Extensive
trauma history, Unhealthy thinking patterns,	Significant lack of impulse control

- · Assistance with transportation
- 12. Please identify the client's abilities: Social/Interactive Skills, Work Skills
  - · Social/Interactive Skills

13. Please identify the client's preferences, if any: individual s	ssions, group sessions, outpatient Individual
Sessions, Groups, Independent Study Work	•

- 14. Was this transition/discharge unplanned?
  - · No
- 15. If yes, please check all that apply: blank

16. If there is another reason behind the unplanned transition/discharge, please identify: N/A

17. If this was a planned transition/discharge, did the client meet all treatment plan goals and objectives?

- · Yes

E.2

19. Were appropriate individuals notified of the client's discharge? yes
20. Were they notified within a timely manner (72 hours)? yes
21. Please identify the services the client received while in treatment with New Beginnings.  · Initial Screening/Intake  · Complete Biopsychosocial Assessment  · Individual  · Group  · Treatment planning  · Transportation  · Crisis Intervention/Stabilization  · Referrals
22. If other services were provided, please identify those services. Parenting
23. What was the presenting problem for the client? has a presenting problem of methamphetamine
24. Client was discharged because:  • All goals and objectives were met
25. If there is another reason for discharge, please identify the reason(s). N/A
26. What is client's status at time of discharge?  Stable - All treatment goals were met
27. Was the client provided details of transition/discharge plan? yes
28. If client was not provided details of his/her transition/discharge, please provide explanation. N/A
29. Please provide the client's perception of his/her treatment? Client states, "I want to thank you for being a stepping stone in my recovery. If it wasn't for New Beginnings I would not have had the opportunity to be a mother to my son. I got a lot out of my treatment here."
30. By signing this form, the client acknowledges involvement in the transition/discharge planning process and has been offered a copy of this plan.
31. Counselor Signature: Laurie Laster, CIT

E.3

### **Aftercare Partner Providers**

- 1. Hope Place provides both men and women with parenting skills.
- 2. County Extension office provides nutritional education to clients.
- 3. Community Action provides food, housing assistance, and assistance with utilities.
- 4. Warren housing authority provides low rent housing.
- 5. Arkansas food bank provides food for people with inadequate food needs.
- 6. Light House Church provides a food bank and counseling service.
- 7. Ebenezer Church provides a food bank.
- 8. Mt. Carmel Church provides a food bank.
- 9. Immanuel Church provides a clothes closet for needy individuals and families.
- 10. Delta Counseling outpatient mental health treatment.
- 11. Mainline Rural Health Clinic mental health treatment.
- 12. Healing Hands Behavioral Health Center suboxone treatment.

### Steps in completing an assessment

- 1. Receive the encumbrance and began gathering information on client.
- 2. Interview the client and fill out a pre-screening form.
- 3. Complete an Addiction Severity Index.
- 4. After gathering all of the information through the above steps we then use the DSM V to diagnosis the client.
- 5. Once the diagnosis is complete and all other information is gathered, the American Society of Addiction Medicine (ASAM) Patient Placement Criteria is used to decide which service client is going to require.
- 6. The clinical evaluation is then typed.
- 7. The information is then sent to the requesting agency.

### Client Progress Note

### New Beginnings, C.A.S.A.

This Is Where Recovery Begins...Make The Call.

412 York Street Warren, AR 71671 · 870-226-9970

License: 1006035

Name: day de de la Client#: 00655

Date: Fri Aug 14, 2020

**Session Details** 

Type: Office Visit

Format: Private Session

Length 45 minutes

Date/Time: Fri Aug 14, 2020 3:00 PM - 3:45 PM

CPT Code: 90834 - Psychotherapy, 45 minutes with patient

Other Participants:

### & Diagnosis

Primary Diagnosis

F10.20 - Alcohol use disorder, Severe

F11.20 - Opioid use disorder, Severe

WHODAS

General Disability Score Total: 35 Avg: 1.1

### & Assessment

Affect: Appropriate

Appearance: Well Kempt

Cognitive Functioning: Aware

Mood: Pleasant

Speech: Normal

Functional Status: Functioning Well

Interpersonal: Engaged

Other:

Self-neglect or damage: None

Impulse Control: Sufficient

Treatment Compliance: Fully Compliant

Sleep Quality: Normal

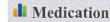
Eating Behavior: Normal

Substance use: None/Normal use

Physical or sexual abuse: No evidence

Suicide: No evidence Homicide: No evidence Psychosis: No evidence

Assessment Comments:



Yes

Suboxone

Symptom Description

**▼** Interventions Used

· Motivational Interviewing

### Intervention Comments:

7-31-2020 wrote a essay on the negative impact his alcohol and drug use has had on his life. Also made a list of 10 pro social activities he could do without drinking or using. Like states that he likes his treatment here this far. He feels like its working. He states that he is homesick. He thinks about home more than he does about drinking or using. Lockson will write a 1 page essay on how long term sobriety will improve his quality of life and make a list of 5 people he can call instead of using by next session on 08/07/2020.

8-7-2020 Revision wrote an essay on how long term sobriety will improve his quality of life. Jackson also made a list of 5 people he can call when he feels like using. **Darkson** states that he needs to go to the dentist. He says that he's getting migraines and he thinks they are caused by his teeth... **The state** states that he prays every night that he stays sober. **Darkson** will make a list of coping skills and an essay on how changing his people places and things will help him in his recovery by next session on 08/14/2020.

8-14-20 wrote an essay on how changing his people places and things will have a positive impact on his recovery and he wrote a list of 10 copings skills he can use instead of drinking and using. The second very well in treatment. He is compliant with his treatment plan and follows all rules and regulations. Will read the first 164 pages of Alcoholics Anonymous and write a summary on More About Alcoholism by 8-21-20.

### **1** Treatment Plan Status

Frequency of Sessions: Once a Week

### **✓** Electronic Signature

I agree that the information provided above in this progress note is accurate to the best of my knowledge.

Electronic Signature: **Dayna Peterson CIT** Date Completed: **2020-08-14** 

Please check each county in which you are willing to provide the service.

Please return with your response packet.

### DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) (SERVICE) AREAS/COUNTIES

AREA 1	AREA 2	AREA 3	<u>Area 4</u>
$\square$ Benton	□ Crawford	□ Clark	🗆 Columbia
□ Carroll	Franklin	□ Garland	$\square$ Hempstead
☐ Madison	$\square$ Johnson	☐ Hot Springs	Lafayette
□ Washington	🗆 Logan	☐ Howard	$\square$ Little River
	□ Scott	☐ Montgomery	□ Miller
	□ Sebastian	□ Perry	□ Nevada
	□ Yell	□ Pike	□ Ouachita
		□ Polk	☐ Sevier
		□ Saline	□ Union
AREA 5	<u>AREA 6</u> □ Pulaski	AREA 7	AREA 8
☐ Baxter	⊔ Pulaski	☑ Bradley	□ Clay
☐ Boone		☑,Calhoun ☑ Cleveland	□ Craighead
<ul><li>☐ Conway</li><li>☐ Faulkner</li></ul>		□ Cieveiana     □ Dallas     □ Dall	□ Fulton □ Greene
☐ Marion		⊠ Grant	□ Izard
□ Newton		Jefferson	□ Lawrence
		☑ Lincoln	
Pope		<ul><li>✓ Lincoln</li><li>✓ Lonoke</li></ul>	☐ Mississippi
☐ Searcy			☐ Randolph
□ Van Buren		☑ Prairie	□ Sharp
Area 9	<u>Area 10</u>		
□ Cleburne	✓ Arkansas		
□ Crittenden	✓ Ashley		
□ Cross	☑ Chicot		
□ Independence	☑ ,Desha		
□ Jackson	☑,Drew		
□ Poinsett	⊠,Lee		
$\square$ Stone	✓ Monroe		
□ White	☑ Phillips		
□ Woodruff			



Certificate Number: 33160

### This Is to Certify That

New Beginnings CASA Monticello

351 B Hwy 425 South Monticello, AR 71655

has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

Certificate effective from 07/01/2019

(unless sooner revoked).

to 06/30/2022







License Number: 34080

### This Is to Certify That

### New Beginnings CASA

. Arkansas		1 0000		
	v of Drew	. County of	Monticello	
	351 B Highway 425 South		on the premises located at _	
īs	Alcohol and Other Drug Abuse Treatment Programs	Alcohol an	capacity	1
aintain and operate a	s hereby granted a license by the Arkansas Department of Human Services to maintain and operate a	Arkansas Dep	ereby granted a license by the ,	s here



License Effective: 01/24/2020 | License Expires: 01/24/2023



Certificate Number: 33444

### This Is to Certify That

New Beginnings CASA McGehee

207 North Second Street McGehee, AR 71654

has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

Certificate effective from 07/01/2019

to 06/30/2022





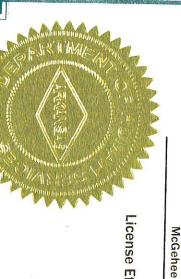


License Number: 34071

### This Is to Certify That

### New Beginnings CASA

on the premises located at	N/A capacity	is hereby granted a license by the Ar
207 North Second Street	Alcohol and Other Drug Abuse Treatment Programs	is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a



License Effective: 02/24/2020 | License Expires: 02/24/2023

, County of

Arkansas.





Certificate Number: 33461

### This Is to Certify That

New Beginnings CASA Hamburg

101 West Cherry Street Hamburg, AR 71646

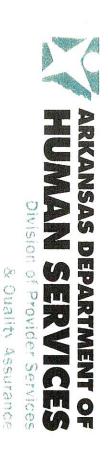
has met provider requirements to operate a(n)/as

Behavioral Health Agency

Certificate effective from 07/01/2019

to 06/30/2022





License Number: 34070

### This Is to Certify That

### New Beginnings CASA

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Hamburg	on the premises located at	N/A capacity	s hereby granted a license by the Arkansas Department of Human Services to maintain and operate a
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Ashley	110 West Cherry Street	Alcohol and Other Drug Abuse Treatment Programs	nt of Human Services to mair
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, County of

Arkansas.







Certificate Number: 32945

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

2500 Rike Drive Pine Bluff, AR 71603

has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022







License Number: 33757

& Quality Assurance

### This Is to Certify That

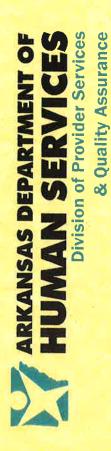
# Southeast Arkansas Behavioral Healthcare Systems

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Alcohol and Other Drug Abuse Treatment Programs	2500 Rike Drive	Jefferson
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N/A capacity	on the premises located at	Pine Bluff







Certificate Number: 33307

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

3004 West 34th Street Pine Bluff, AR 71603

has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

Certificate effective from 07/01/2019 to

to 12/30/2022







Certificate Number: 33329

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

121 Commercial Drive B Stuttgart, AR 72160

has met provider requirements to operate a(n)/as\_

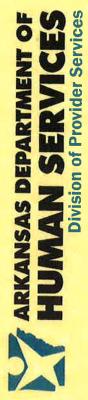
Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022









License Number: 33754

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

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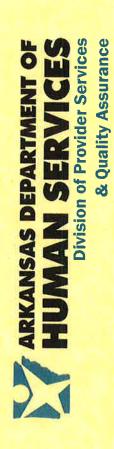
, Arkansas.

Arkansas

License Effective: 07/01/2018 | License Expires: 07/01/2021







Certificate Number: 33331

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

621 East Arkansas Street, Star City, AR 71667

has met provider requirements to operate a(n)/as\_\_

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022







License Number: 33756

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a Alcohol and Other Drug Abuse Treatment Programs capacity

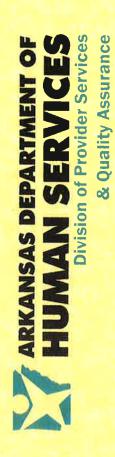
**612 East Arkansas Street** , County of on the premises located at

License Effective: 07/01/2019 | License Expires: 07/01/2022

, Arkansas.







Certificate Number: 32936

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

301 N. Oak. Street Sheridan, AR 72150

has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

Certificate effective from 07/01/2019

9 to 12/30/2022







License Number: 33755

& Quality Assurance

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

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is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a	grams	
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is hereby	N/A	2

, County of Sheridan

on the premises located at

License Effective: 07/01/2019 | License Expires: 07/01/2022

Arkansas.

Grant







### Division of Medical Services

### Medicaid Provider Enrollment Unit

### **DXC Technology**





Date: 02/19/2020

NEW BEGINNINGS, CASA 412 YORK ST WARREN, AR 71671-3218 Provider Number: 200535744

### Dear NEW BEGINNINGS, CASA:

The 89th General Assembly of the State of Arkansas passed Act 1436 of 2013 requiring Arkansas Medicaid providers to be compliant with the Arkansas tax law in order to qualify as a Medicaid provider. This includes Arkansas Medicaid providers who are required to submit an annual audit to the Department of Human Services or who must file certain tax returns or pay any tax due from the previous calendar year.

You are receiving this letter because records indicate that you may be in violation of this legislation. You have thirty (30) days to resolve this matter or you will be disqualified from being an Arkansas Medicaid provider.

In order to address this situation, please contact:

Department of Finance and Administration Corporate Income Tax Section Attn: Marsha Caldwell 1816 West 7th Street, Room 2250 Little Rock, AR 72201

Phone: (501) 682-4775

E-mail: Marsha.Caldwell@dfa.arkansas.gov

When you become compliant with requirements, the Department of Finance and Administration will provide a tax clearance letter that you must then present to:

DXC Technology Provider Enrollment Unit P.O. Box 8105 Little Rock, AR 72203-8105 Phone: (501) 376-2211

Phone: (501) 376-2211 Fax: (501)374-0746



### Division of Medical Services

Provider Enrollment Unit DXC Technology



### MAILROOM COVERSHEET

Dear NEW BEGINNINGS, CASA:

This Barcoded Coversheet must be included as page one (1) when you submit any form or document requested in the previous correspondence. Once sent, this coversheet cannot be reused.

Please verify that the information on the table below is correct. If there is an error, please contact the appropriate department to make sure corrections are made. The contact information is located at the top of the letter that is attached to this coversheet.

Arkansas Medicaid Provider Number:

200535744

National Provider ID:

1376805515

Provider Name:

**NEW BEGINNINGS, CASA** 

Please send the documents to the following address

AR Medicaid Provider Enrollment Unit PO Box 8105 Little Rock, AR 72203



\*:8888\*\*8888\*



### Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

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

### Begin New Search

For service of process contact the Secretary of State's office.

Corporation Name

TENTH DISTRICT SUBSTANCE ABUSE

**PROGRAM** 

Fictitious Names

NEW BEGINNINGS C.A.S.A.

Fillng #

100183576

Filing Type

Nonprofit Corporation

Filed under Act

Dom Nonprofit Corp; 1147 of 1993

Status

Good Standing

Principal Address

412 YORK STREET

WARREN, AR 71671

Reg. Agent

MIKE KNICKERBOCKER

Agent Address

412 YORK ST

**WARREN, AR 71671** 

Date Filed

04/05/2000

Officers

SEE FILE, Incorporator/Organizer PATTY ZEIMAN, Director

DAMON LAMPKIN, Director GARY SPEARS, Director

Foreign Name

N/A

Foreign Address

State of Origin

AR

Purchase a Certificate of Good

Standing for this Entity

Submit a Nonprofit Annual Report

Change this Corporation's Address

### Arkansas Substance Abuse Certification Board

### Hereby Certifies

**GARY MCDOUGAL** 

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

### Certified Alcohol and Drug Counselor

11/13/2019
Issue Date
Certificate Number
Expiration Date

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Vice-President

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### STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225

Issue Date: May 7, 2019

Melrita Maechel Johnson, LCSW P. O. Box 2028 Pine Bluff, AR 71613



Asa Hutchinson Governor

Ruthie Bain **Executive Director** 

Phone: 501-372-5071 Fax: 501-372-6301

Email: swlb@arkansas.gov Website: arkansas.gov/swlb

### Dear Melrita:

The Social Work Licensing Board is pleased to notity you of your licensure as a Licensed Certified Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 4028-C, is subject to renewal May 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (June 1, 2019 - May 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Leigh Hudson, LCSW Chairman of the Board

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

Your LMSW license is hereby retired and is not subject to renewal.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.

> Please remove card carefully! Bend back and forth along crease before separating.



Arkansas Social Work License Card

dudson, Lesus

**Expiration Date:** 

4028-C

5/31/2021

Melrita Maechel Johnson, LCSW

P. O. Box 2028

Pine Bluff AR 71613

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

Chairman



September 10, 2020

To Whom It May Concern;

Please be advised that the organization indicated below has earned a Three-Year Accreditation from CARF International:

10th District Substance Abuse Program dba New Beginnings, C.A.S.A.
412 York Street
Warren, AR 71671

This accreditation is based on the survey conducted 5/20/2019-5/22/2019 and is effective until 12/31/2021.

The 10th District Substance Abuse Program dba New Beginnings, C.A.S.A. is currently in good standing with CARF and continues to adhere to CARF policies and procedures.

Please let us know if we can be of further assistance.

Sincerely,

Jessica Montijo

Resource Specialist

Justica montyo

Behavioral Health | Child and Youth Services



As of 2/19/2020

Survey Number: 117966
Company Number: 26559

Accreditation Decision: Three-Year Accreditation

Accreditation Expiration Date: 6/30/2022

**Company Submitting Application:** Southeast Arkansas Behavioral Healthcare System, Inc.

2500 Rike Drive Pine Bluff, AR 71613

### **Program Summary:**

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### **Companies with Programs:**

### Southeast Arkansas Behavioral Healthcare System, Inc. (26559)

2500 Rike Drive

Pine Bluff, AR 71613

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - 34th Avenue Center (27781)

3004 West 34th Avenue Pine Bluff, AR 71603

Community Integration: Integrated: AOD/MH (Adults)

### Southeast Arkansas Behavioral Healthcare System - Arkansas County (27779)

121 Commercial Drive B

Stuttgart, AR 72160

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### As of 2/19/2020

### Southeast Arkansas Behavioral Healthcare System - Grant County (36662)

301 North Oak Street Sheridan, AR 72150

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - Lincoln County (27780)

612 East Arkansas Street

Star City, AR 71667

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System – Rison loc (330802)

402 North Main Street, Suite 2

Rison, AR 71665

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Company Count: 6

Page 2 of 2 117966



As of 2/19/2020

Survey Number: 117966
Company Number: 26559

Accreditation Decision: Three-Year Accreditation

Accreditation Expiration Date: 6/30/2022

**Company Submitting Application:** Southeast Arkansas Behavioral Healthcare System, Inc.

2500 Rike Drive Pine Bluff, AR 71613

### **Program Summary:**

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults) Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### **Companies with Programs:**

### Southeast Arkansas Behavioral Healthcare System, Inc. (26559)

2500 Rike Drive

Pine Bluff, AR 71613

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - 34th Avenue Center (27781)

3004 West 34th Avenue Pine Bluff, AR 71603

Community Integration: Integrated: AOD/MH (Adults)

### Southeast Arkansas Behavioral Healthcare System - Arkansas County (27779)

121 Commercial Drive B

Stuttgart, AR 72160

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

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### As of 2/19/2020

### Southeast Arkansas Behavioral Healthcare System - Grant County (36662)

301 North Oak Street Sheridan, AR 72150

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System - Lincoln County (27780)

612 East Arkansas Street

Star City, AR 71667

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

### Southeast Arkansas Behavioral Healthcare System – Rison loc (330802)

402 North Main Street, Suite 2

Rison, AR 71665

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Company Count: 6

Page 2 of 2 117966



& Quality Assurance

Certificate Number: 32945

# This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

2500 Rike Drive Pine Bluff, AR 71603

has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022

(unless sooner revoked).







License Number: 33757

& Quality Assurance

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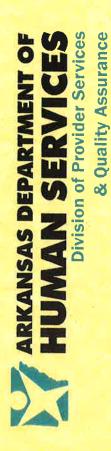
# Southeast Arkansas Behavioral Healthcare Systems

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Alcohol and Other Drug Abuse Treatment Programs	2500 Rike Drive	Jefferson
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N/A capacity	on the premises located at	Pine Bluff







Certificate Number: 33307

# This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

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has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

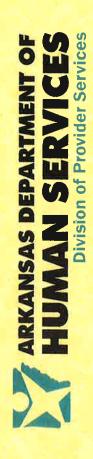
Certificate effective from 07/01/2019 to

to 12/30/2022

(unless sooner revoked).







& Quality Assurance

Certificate Number: 33329

# This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

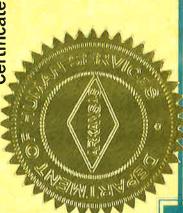
121 Commercial Drive B Stuttgart, AR 72160

has met provider requirements to operate a(n)/as\_

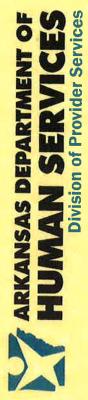
Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022

(unless sooner revoked).







& Quality Assurance

License Number: 33754

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Southeast Arkansas Behavioral Healthcare System

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Alcohol and Other Drug Abuse Treatment Programs \_ capacity\_

121 Commercial Drive "B"

on the premises located at Stuggart

, County of

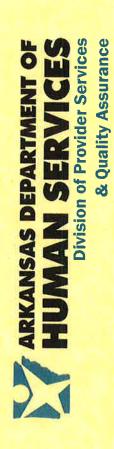
, Arkansas.

Arkansas

License Effective: 07/01/2018 | License Expires: 07/01/2021







Certificate Number: 33331

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

621 East Arkansas Street, Star City, AR 71667

has met provider requirements to operate a(n)/as\_\_

Behavioral Health Agency.

Certificate effective from 07/01/2019 to 12/302022

(unless sooner revoked).







License Number: 33756

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a Alcohol and Other Drug Abuse Treatment Programs capacity

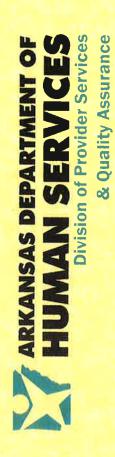
**612 East Arkansas Street** , County of on the premises located at

License Effective: 07/01/2019 | License Expires: 07/01/2022

, Arkansas.







Certificate Number: 32936

# This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

301 N. Oak. Street Sheridan, AR 72150

has met provider requirements to operate a(n)/as\_

Behavioral Health Agency.

Certificate effective from 07/01/2019

9 to 12/30/2022

(unless sooner revoked).







License Number: 33755

& Quality Assurance

### This Is to Certify That

Southeast Arkansas Behavioral Healthcare System

operate a		
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a	grams	
nan Services t	Alcohol and Other Drug Abuse Treatment Programs	301 N. Oak Street
artment of Hun	Other Drug Abus	301 N. (
rkansas Depa	Alcohol and	
ense by the A		located at
granted a lic	N/A capacity	on the premises located at
is hereby	N/A	S

, County of Sheridan

on the premises located at

License Effective: 07/01/2019 | License Expires: 07/01/2022

Arkansas.

Grant







Medicaid Provider Enrollment Unit

**DXC Technology** 

P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov



### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
Southeast Arkansa	s 2500 Rike Drive		
Behavioral	Pine Bluff, AR 716033937	116378726	1457398547
Healthcare Syst	em, Inc.		
9			
· ·	4:		

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original:

DXC Technology Provider Enrollment Unit

PO Box 8105

Little Rock, AR 72203

Courtesy Copy:

Division of Provider Services and Quality Assurance

PO Box 1437, Slot S530

Little Rock, AR 72203

cynthia.corbitt@dhs.arkansas.gov

une 11, 2018



Medicaid Provider Enrollment Unit

**DXC** Technology

P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov



### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
Southeast Arkansa Behavioral Healt System, Inc.	s 3004 West 34TH heare Pine Bluff, AR 716035502	187062526	1205123445
11			

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original:

DXC Technology

Provider Enrollment Unit

PO Box 8105

Little Rock, AR 72203

Courtesy Copy:

Division of Provider Services and Quality Assurance

PO Box 1437, Slot S530

Little Rock, AR 72203

cynthia.corbitt@dhs.arkansas.gov

President/CEQ

Dale



Medicaid Provider Enrollment Unit

DXC Technology

P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746 www.medicaid.mmis.arkansas.gov



### ATTESTATION LETTER

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Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
	as 121 Commercial Drive B thcare Stuttgart, AR 721607033	137460726	1730334798
	5 <b>e</b> :		

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original:

DXC Technology

Provider Enrollment Unit

PO Box 8105

Little Rock, AR 72203

Courtesy Copy:

Division of Provider Services and Quality Assurance

PO Box 1437, Slot S530 Little Rock, AR 72203

cynthia.corbitt@dhs.arkansas.gov

June 11, 2018

President/&EO

Obte



### Medicaid Provider Enrollment Unit

### **DXC** Technology





### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
	s 612 East Arkansas Street care Star City, AR 716674842	137459726	1235384009
	.e		=

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original:

DXC Technology

Provider Enrollment Unit

PO Box 8105

Little Rock, AR 72203

Courtesy Copy:

Division of Provider Services and Quality Assurance

PO Box 1437, Slot S530

Little Rock, AR 72203

cynthia.corbitt@dhs.arkansas.gov

President/QEO

Date



Medicaid Provider Enrollment Unit

DXC Technology

P.O. Box 8105, · Little Rock, AR 72203-8105 501-376-2211 Toll Free 1-800-457-4454 · Fax: 501-374-0746

www.medicaid.mmis.arkansas.gov



### ATTESTATION LETTER

Per the Arkansas Medicaid OBHS Provider Manual, Section 202.200, a letter of attestation must be submitted annually to the Medicaid Enrollment Unit by the parent organization that lists the name, address and Arkansas Medicaid number of each site affiliated with the parent. The attestation letter must be received by Arkansas Medicaid no later than July 1 of each year beginning in June 2018. Failure by the parent organization to submit a letter of attestation by July 1 each year may result in the loss of Medicaid enrollment. The Enrollment Unit will verify the receipt of all required letters of attestation by July 15 of each year. A notice will be sent to any parent organization if a letter is not received advising of the impending loss of Medicaid enrollment.

Please list the name of each organization, physical address, Arkansas Medicaid Number and NPI number (if applicable) below. You may submit attachments if necessary.

Name	Address	Medicaid Number	NPI Number
Southeast Arkansa	s 301 North: Oak Street		
Behavioral	Sheridan, AR 721502133	137461726	1770738734
Healthcare Syst	em, Inc.		
	- Inchine the second of the se		
e e e e e e e e e e e e e e e e e e e			

I understand that the Centers for Medicaid and Medicare Services, the State Medicaid Agency, or their representatives may survey the subject facility to determine compliance with the requirements set forth in the OBHS manual. In addition, this facility will notify the Arkansas Medicaid agency immediately if I vacate this position so that an attestation letter can be submitted by my successor. Please submit the original information to the DXC Provider Enrollment Unit at the address below. In addition please submit a copy of this information to DPSQA at the address below.

Original:

DXC Technology

Provider Enrollment Unit

PO Box 8105

Little Rock, AR 72203

Courtesy Copy:

Division of Provider Services and Quality Assurance

PO Box 1437, Slot S530

Little Rock, AR 72203

cynthia.corbitt@dhs.arkansas.gov

President/CEO

June 11, 2018



### Search Incorporations, Cooperatives, Banks and Insurance Companies

LLC Member information is now confidential per Act 865 of 2007

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

### Begin New Search

For service of process contact the Secretary of State's office.

SOUTHEAST ARKANSAS BEHAVIORAL Corporation Name

HEALTHCARE SYSTEM, INC.

Fictitious Names

Filing # 100047786

Filing Type Nonprofit Corporation

Filed under Act Dom Nonprofit Corp; 176 of 1963

Status Good Standing

Principal Address 2500 RIKE DRIVE

PINE BLUFF, AR 71603

Reg. Agent SPENCER F. ROBINSON

Agent Address 11TH FLOOR SIMMONS FIRST NATIONAL

BUILDING 501 MAIN STREET PINE BLUFF, AR 71601

Date Filed 07/01/1964

Officers SEE FILE, Incorporator/Organizer

KATHY HARRIS , Principal NOEL BRYANT, Director ROBERT THOMPSON, Director

JACK JONES, Director

Foreign Name N/A

Foreign Address

State of Origin AR

Purchase a Certificate of Good

Standing for this Entity

Submit a Nonprofit Annual Report

Change this Corporation's Address



Name	Jackson, Tori Morgan	
Location	Star City, AR	
Level	LCSW	
License Number	7522-C	
Date Issued	1/23/2018	
Expiration	1/31/2022	

Back

### Licensure Level Key:

**LCSW:** Licensed Certified Social Worker **LMSW:** Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

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### Arkansas Department of Health SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225

January 13, 2020

Fori Morgan Jackson, LCSW 34 Aaron I ane Star City, AR 71667

Tori Morgan Jackson, LCSW;

AR'

Nathaniel Smith, MD, MPH, Secretary of Health

> Ruthie Bain Director Phone: 501-372-5071 Fax: 501-372-6301 fail: swlb@arkansas.gov

Email: swlb@arkansas.gov Website arkansas.gov/swlb

This is to notify you that your licensure as a Social Worker has been approved for the period of February 1, 2020 through January 31, 2022. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event x at are audited. If audited, you will be required to submit documented proof that you attended all of the continuing education you listed on your summary sheet. If you are qualite to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date. (January 31, 2022) you must obtain 48 hours of social work continuing education between the dates of February 1, 2020 through January 31, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Fature renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your liceuse. It is your responsibility to notify the Board of any change maddress and to renew your liceuse in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!

Bend back and forth along crease
before separating.



Arkansas Department of Health Social Work License Card

Expiration Date:

752**2**-C

1/31/2022

Tori Morgan Jackson, LCSW 34 Aaron Lane

Star City AR 71667

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Boat

Chairman

The eard to the left is your new social work license eard, which reflects your new expiration date. This is the only eard you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Name	Lancelin, Bessie Smith
Location	Pine Bluff, AR
Level	LCSW
License Number	152-C
Date Issued	5/6/1982
Expiration	7/31/2022

Back

### Licensure Level Key:

LCSW: Licensed Certified Social Worker LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

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### Arkansas Department of Health SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225

August 10, 2020

Bessie Smith Lancelin, LCSW 3110 Allister Dr. Pine Bluff, AR 71603



Nathaniel Smith, MD, MPH. Secretary of Health

Ruthie Bain

Director

Phone: 501-372-5071 Fax: 501-372-6301

Email: swlb@arkansas.gov Website: arkansas.gov/swlb

Bessie Smith Lancelin, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of August 1, 2020 through July 31, 2022. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended all of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (July 31, 2022) you must obtain 30 hours of social work continuing education between the dates of August 1, 2020 through July 31, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully! Bend back and forth along crease before separating.



Arkansas Department of Health Social Work License Card

License No.

**Expiration Date:** 

152-C

7/31/2022

Bessie Smith Lancelin, LCSW

3110 Allister Dr.

Pine Bluff AR 71603

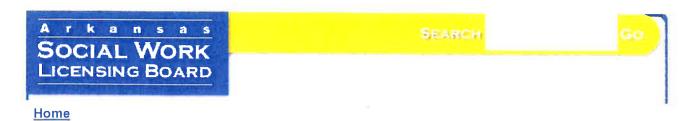
Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board. bra Stage And DND, LSW

Chair

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Name	Lipton, Marlyn Martha	
Location	Little Rock, AR	
Level	LCSW	
License Number	1661-C	
Date Issued	9/25/2001	
Expiration	9/30/2021	

Back

8/3/1954

### Licensure Level Key:

LCSW: Licensed Certified Social Worker
LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

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### Arkansas Social Work License Card

License No.

Expiration Date:

1661-C

9/30/2021

Marlyn Martha Lipton, LCSW

4214 Lipton Ln.

Little Rock AR 72206-4556

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Boar

Chairman

### STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225



Asa Hutchinson Governor

Ruthie Bain **Executive Director** 

Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

April 8, 2019

Lillian Marshall, LCSW 3603 Scenic Drive Pine Bluff, AR 71603

Lillian Marshall, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of May 1, 2019 through April 30, 2021. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended all of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (April 30, 2021) you must obtain 48 hours of social work continuing education between the dates of May 1, 2019 through April 30, 2021. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully! Bend back and forth along crease before separating.



Arkansas Social Work License Card

Expiration Date:

4/30/2021

2357-C

Lillian Marshall, LCSW 3603 Scenic Drive Pine Bluff AR 71603

Card bearer is licensed and in good standing with the Arkansas

Social Work Licensing Boar

Chairman

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.

### License Search



Arkansas Psychology Board (501) 682-6167

### David A. Nanak

LICENSE #: 79-31EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

2500 S. Rike Dr. Pine Bluff, AR 71603

### **ADDITIONAL INFO**

License Issued - 6/16/1979 License Expires - 6/30/2021 Good Standing - Yes Sanctions - N

Verification Check - https://www.ark.org/psych\_lic\_ver/index.php

### **Arkansas Psychology Board**

101 E. Capitol Avenue, Suite 415 Little Rock

David A. Nanak 2500 S. Rike Dr. Pine Bluff, AR 71603

### **STATE OF ARKANSAS**



### ARKANSAS PSYCHOLOGY BOARD

Attests that

### David A. Nanak

Is licensed as a

### Psychological Examiner - Independent - Active Status

6/16/1979

6/30/2021

79-31EI

Date Issued

**Expiration Date** 

License Number

### **ARKANSAS PSYCHOLOGY BOARD**



101 E. Capitol Ave., Ste. 415 Little Rock, AR 72201-3824 (501) 682-6167

THIS CENTRAL THAT

IS DULY LICENSED IN
Psychologica

RKANSAS AS A

License No. 79-31El

6/16/1979

Expires

6/30/2021

Issued Signature

e \_

### License Search



Arkansas Psychology Board (501) 682-6167

### Don Alan Neal

LICENSE #: 85-26EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

SEABHS 2500 Rike Dr. Pine Bluff, AR 71603

### **ADDITIONAL INFO**

License Issued - 6/21/1985 License Expires - 6/30/2021 Good Standing - Yes Sanctions - N

Verification Check - https://www.ark.org/psych\_lic\_ver/index.php

### **Arkansas Psychology Board**

101 E. Capitol Avenue, Suite 415 Little Rock

Don Alan Neal 6805 Mount Magazine Cove Pine Bluff, AR 71603

### **STATE OF ARKANSAS**



### ARKANSAS PSYCHOLOGY BOARD

Attests that

### Don Alan Neal

Is licensed as a

### Psychological Examiner - Independent - Active Status

6/21/1985

6/30/2021

85-26EI

Date Issued

**Expiration Date** 

License Number

### **ARKANSAS PSYCHOLOGY BOARD**



101 E. Capitol Ave., Ste. 415 Little Rock, AR 72201-3824 (501) 682-6167

THIS CERTIFICATION

IS DULY LICENSED IN

RKANSAS AS A

Psychological and prodependent

License No.

85-26EI

Issued

6/21/1985

Expires 6/30/2021

Signature

Wel IS CE-I



Name	Pace, Reginald Allen	
Location	Pine Bluff, AR	
Level	LMSW	
License Number	6596-M	
Date Issued	6/18/2013	
Expiration	6/30/2021	

Back

### Licensure Level Key:

LCSW: Licensed Certified Social Worker LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

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Name	Seidenstricker, Mallory Katherine	
Location	Devalls Bluff, AR	
Level	LMSW	
License Number	9574-M	
Date Issued	7/2/2019	
Expiration	7/31/2021	

Back

### Licensure Level Key:

**LCSW:** Licensed Certified Social Worker **LMSW:** Licensed Master Social Worker

LSW: Licensed Social Worker

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Site Map | Accessibility Policy | Privacy Statement | Security Statement

### STATE OF ARKANSAS **SOCIAL WORK LICENSING BOARD** P. O. Box 251965 Little Rock, AR 72225

Inqua Datas

Issue Date: July 2, 2019

Mallory Katherine Schroeder, LMSW 6698 Hwy. 63 S.
Devalls Bluff, AR 72041



Asa Hutchinson Governor

Ruthie Bain Executive Director

Phone: 501-372-5071 Fax: 501-372-6301 Email: swlb@arkansas.gov Website: arkansas.gov/swlb

### Dear Mallory;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Master Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LMSW" after your name on all professional correspondence.

Your license, No. 9574-M, is subject to renewal July 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (August 1, 2019 – July 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Bigh Hudson, Lesse

Leigh Hudson, LCSW Chairman of the Board



Arkansas Social Work License Card

Expiration Date:

9574-M

7/31/2021

Mallory Katherine Schroeder, LMSW

6698 Hwy. 63 S.

Devalls Bluff AR 72041

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

Chairman

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.

Please remove card carefully!
Bend back and forth along crease
before separating.



Name	Slaughter, Cynthia G.	
Location	Pine Bluff, AR	
Level	LCSW	
License Number	247-C	
Date Issued	4/15/1982	
Expiration	7/31/2022	

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### Licensure Level Key:

LCSW: Licensed Certified Social Worker LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

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Arkansas Department of Health SOCIAL WORK LICENSING BOARD P. O. Box 251965 Little Rock, AR 72225

August 10, 2020

Cynthia G. Slaughter, LCSW 1210 W. 35th Ave. Pine Bluff, AR 71603-6314

Cynthia G. Slaughter, LCSW;



Nathaniel Smith, MD, MPH. Secretary of Health

Ruthie Bain
Director

Phone: 501-372-5071 Fax: 501-372-6301

Email: swlb@arkansas.gov Website: arkansas.gov/swlb

This is to notify you that your licensure as a Social Worker has been approved for the period of August 1, 2020 through July 31, 2022. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended all of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (July 31, 2022) you must obtain 30 hours of social work continuing education between the dates of August 1, 2020 through July 31, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your ligense.

Please remove card carefully! Bend back and forth along crease before separating.



Arkansas Department of Health Social Work License Card

License No. 247-C Expiration Date:

7/31/2022

Cynthia G. Slaughter, LCSW 1210 W. 35th Ave.

Pine Bluff AR 71603-6314

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Chair

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Name	Swopes, Heather Nicole	
Location	Star City, AR	
Level	LCSW	
License Number	2064-C	
Date Issued	8/17/2006	
Expiration	8/31/2022	

Back

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### Arkansas Department of Health Social Work License Card

License No.

**Expiration Date:** 

2064-C

8/31/2022

Heather Nicole Swopes, LCSW 30663 Hwy 11 South Star City AR 71667

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

Chair

### ARKANSAS DEPARTMENT OF HEALTH SOCIAL WORK LICENSING BOARD

Mailing Address:
PO Box 251965 Little Rock, AR. 72225-1965

### Physical Address:

Freeway Medical Tower 5800 West 10<sup>th</sup>, Suite 100 Little Rock, AR 72204

Phone: 501-372-5071 www.arkansas.gov/swlb Fax: 501-372-6301 Email: swlb@arkansas.gov

### **Arkansas State Board of Examiners in Counseling**

101 East Capitol Avenue, Ste 202 Little Rock, AR 72201



Marious Tolbert 1410 W. 26th street Pine Bluff, AR 71603 Date

10/21/2019

For

LAC

License # A1910138

Speciality:

**Technology Assisted Counseling** 



Arkansas State Board of Examiners in Counseling

Licensee: Marious Tolbert

License: A1910138

LAC

Effective: 10/21/2019 Expires: 6/30/2021

CHAIR OF THE BOARD Tong Chair

Payor

Date

10/21/2019

Receipt No.

1498

Item	Licensee	License No	Туре	Amount
1625	Marious Tolbert	A1910138	Application - Specialization	\$50.00
			Total	\$50.00

### License Search





Arkansas State Board of Examiners in Counseling

(501) 683-5800

### **Marious Tolbert**

LICENSE #: A1910138 | TYPE: LAC | STATUS: ACTIVE

Pine Bluff, 71603

ADDITIONAL INFO

Date of Issue: 10/3/2019

Date of Expiration: 6/30/2021

Standing: Good Standing

Email: mltolbert22@gmail.com



Name	Walker, Joyce
Location	Pine Bluff, AR
Level	LCSW
License Number	1199-C
Date Issued	5/2/1996
Expiration	5/31/2022

Back

### Licensure Level Key:

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### Arkansas Department of Health Social Work License Card

License No. 1199-C

**Expiration Date:** 

5/31/2022

Joyce Walker, LCSW 5803 Hampton Parkway Pine Bluff AR 71603

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Boar

Chairman

### ARKANSAS DEPARTMENT OF HEALTH SOCIAL WORK LICENSING BOARD

Mailing Address:

PO Box 251965 Little Rock, AR 72225-1965

Physical Address:

2020 W. Third, Suite 518 Little Rock, AR 72205

Phone: 501-372-5071 www.arkansas.gov/swlb Fax: 501-372-6301 Email: swlb@arkansas.gov



Name	Wells, Leander Cacharel	
Location	Little Rock, AR	
Level	LMSW	
License Number	8528-M	
Date Issued	11/12/2019	

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11/30/2021

### Licensure Level Key:

Expiration

LCSW: Licensed Certified Social Worker LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

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**PLSW:** Provisional Licensed Social Worker

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### Arkansas Social Work License Card

License No.

8528-M

**Expiration Date:** 

11/30/2021

Leander Cacharel Wells, LMSW 6410 The Divide Pkwy Apt 205 Little Rock AR 72223

Card bearer is licensed and in g	good standing with the Arkansas	5
Social Work Licensing Board.	I rosdel Lyill	دىدى

Chairman