

BID RESPONSE PACKET
710-19-1038R

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Access Therapies, Inc			
Address:	7345 Woodland Dr, Suite B,			
City:	Indianapolis	State:	IN	Zip Code: 46278
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input checked="" type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Anmol Kapoor	Title:	Management Analyst
Phone:	317- 300-7419	Alternate Phone:	
Email:	anmol@accesstherapies.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , 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. <input checked="" type="checkbox"/> 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:

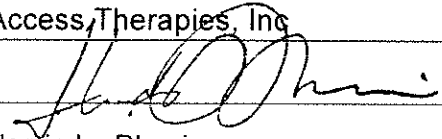
Authorized Signature:  Title: COO
Use Ink Only.

Printed/Typed Name: Harvinder Dhani Date: 05/02/2019

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 **shall** cause the vendor's proposal to be disqualified.

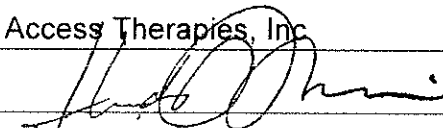
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Access Therapies, Inc	Date:	05/02/2019
Signature:		Title:	COO
Printed Name:	Harvinder Dhani		

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.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

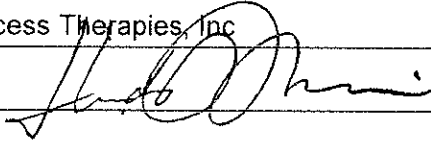
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Access Therapies, Inc	Date:	05/02/2019
Signature:		Title:	COO
Printed Name:	Harvinder Dhani		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

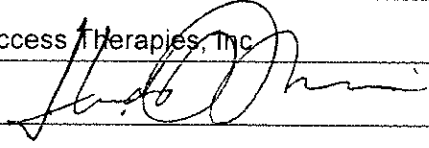
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Access Therapies, Inc	Date:	05/02/2019
Signature:		Title:	COO
Printed Name:	Harvinder Dhani		

SECTION 4 - 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.

Vendor Name:	Access Therapies, Inc	Date:	05/02/2019
Signature:		Title:	COO
Printed Name:	Harvinder Dhani		

PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

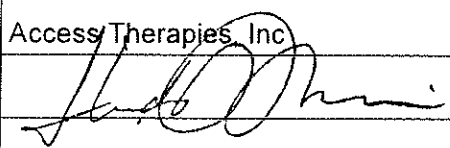
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

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:	Access Therapies, Inc.	Date:	05/02/2019
Signature:		Title:	COO
Printed Name:	Harvinder Dhani		

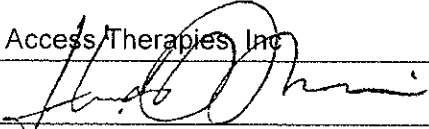
OFFICIAL BID PRICE SHEET

OCCUPATIONAL THERAPY SERVICES			
<u>ITEM/DESCRIPTION</u>	<u>APPROXIMATE ANNUAL HOURS</u>	<u>PRICE PER HOUR</u>	<u>EXTENDED PRICE (Hourly Rate x's annual hours)</u>
Occupational Therapist	4160	\$ 65	\$ 270,400
Certified Occupational Therapy Asst.	2080	\$ 45	\$ 93,600

Price must be all inclusive for services. There will be no reimbursement for travel time, mileage, meals, lodging or other expenses. **Only the quoted hourly rate will be paid.

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Access Therapies Inc	Date: 05/02/2019
Signature: 	Title: COO
Printed Name: Harvinder Dhani	

Attachment C

BUSINESS ASSOCIATE AGREEMENT

Between

ARKANSAS DEPARTMENT OF HUMAN SERVICES

And

Access Therapies, Inc

(Business Name)30-0245072**(Business Taxpayer Identification Number)**

This Business Associate Agreement ("Agreement") is made effective on 02/05/2019, (the "Effective Date") by and between the Arkansas Department of Human Services ("Covered Entity") and Access Therapies, Inc, ("Business Associate,") (collectively, the "Parties").

Background

- a) Covered Entity has been designated as a hybrid entity for the purposes of the HIPAA Privacy Rule, and it has designated several of its component agencies as health care components.
- b) In accordance with the laws of Arkansas, Business Associate provides services for Covered Entity unrelated to treatment, payment, or healthcare operations and therefore the Parties believe a Business Associate Agreement is required. The provision of such services may involve the disclosure of individually identifiable health information from Covered Entity to Business Associate.
- c) The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Privacy Rule.
- d) The Parties enter into the Agreement with the intention of complying with the HIPAA Privacy and Security Rule provisions and the Health Information Technology for Economic and Clinical Health (HITECH) Act, that a covered entity may disclose protected health information to a business associate, and may allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

DefinitionsCatch-all definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care

Attachment F

Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information (PHI), Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

- (a) "Breach" shall have the meaning set out in its definition at 45 C.F.R. 164.402, as such provision is currently drafted and as it is subsequently updated, amended, or revised.
- (b) "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean [Insert Name of Business Associate].
- (c) "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Arkansas Department of Human Services.
- (d) "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- (e) "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 CFR 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- (f) "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.103.
- (g) "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or his/her designee.
- (h) "Unsecured Protected Health Information" shall have the meaning set out in its definition at 45 C.F.R. 164.402; protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the U.S. Secretary of DHHS in the guidance issued under section 13402(h)(2) of Pub. L. 111-5; as such provision is currently drafted and as it is subsequently updated, amended, or revised.

Unless otherwise defined in this Agreement, terms used herein shall have the same meaning as those terms have in the HIPAA Privacy Rule.

Obligations and Activities of Business Associate

Business Associate agrees to:

- (a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- (b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

Attachment F

- (c) Report to covered entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
- (d) Business Associate agrees to report to Covered Entity any unauthorized acquisition, access, use, or disclosure of unsecured PHI the Business Associate holds on behalf of the covered entity, including the identity of each individual who is the subject of the unsecured PHI of which it becomes aware, no case later than ten calendar days after the discovery of the breach;
- (e) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information;
- (f) Make available protected health information in a designated record set to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.524;
- (g) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526;
- (h) Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy covered entity's obligations under 45 CFR 164.528;
- (i) To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- (j) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

Permitted Uses and Disclosures by Business Associate

(a) Business Associate may only use or disclose PHI to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in:

Contract # 710-19-1038R, dated 4-25-2019,

(known as "the Contract") between the parties, provided that such use or disclosure does not violate the policies and procedures of all HIPAA rules.

(b) Business Associate may use or disclose protected health information as required by law.

(c) Business Associate agrees to make uses and disclosures and requests for protected health information consistent with covered entity's Privacy and Security policies and procedures.

(d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity, except for the specific uses and disclosures set forth below.

Attachment F

(e) Business Associate may disclose protected health information for the proper management and administration of business associate or to carry out the legal responsibilities of the business associate, provided the disclosures are required by law, or business associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies business associate of any instances of which it is aware in which the confidentiality of the information has been breached. The Business Associate will notify Covered Entity within 10 calendar days of such a disclosure.

(f) Business Associate may provide data aggregation services relating to the health care operations of the covered entity.

Discovery and Notification of Breach or Incident

(a) Business Associate shall implement reasonable systems, policies, and procedures for discovery of possible HIPAA violations and breaches (as defined by HIPAA rules), and shall ensure that its workplace members and other agents are adequately trained and aware of the importance of timely reporting of possible breaches.

(b) Upon the discovery of any HIPAA violation by the Business Associate or any member of its workforce, (which includes, without limitation, employees, subcontractors and agents), with respect to PHI, the Business Associate shall promptly perform a risk assessment to determine whether a breach of unsecured PHI has occurred and whether or not the breach has resulted in any harm to the owner of the PHI as required by HITECH Act.

(c) The Business Associate shall take immediate steps to mitigate any HIPAA violation with respect to the Covered Entity's PHI that is discovered and shall provide the Covered Entity with written documentation of such steps.

(d) If the Business Associate determines that a breach of unsecured PHI may have occurred, the Business Associate shall notify the Covered Entity of such breach or incident within ten calendar days. The Business Associate will specifically notify the DHS Privacy Officer in writing via posted mail as well as email and will confirm receipt of the email immediately by phone.

Such notice shall include:

- (i) A brief description of the occurrence, including the date of the breach and the date of discovery, if known;
- (ii) To the extent possible, the identity of each individual whose unsecured PHI has been, or is reasonably believed to have been, breached;
- (iii) A description of the types of unsecured PHI involved;
- (iv) A brief description of what the owners of the PHI can do to protect themselves;
- (v) A brief description of what the Business Associate is doing to investigate the breach, mitigate harm to affected individuals, and protect against further breaches; and,

Attachment F

(vi) Any other information that the Covered Entity reasonably believes necessary to enable it to comply with its obligations under HIPAA.

(e) The Business Associate shall continue to provide the Covered Entity with any additional information related to the required disclosures that becomes available following initial notice of the breach. The Business Associate will fully cooperate with the Covered Entity's investigation.

1) For a breach involving unsecured PHI of more than 500 individuals of a state or jurisdiction, the Business Associate shall promptly provide notice of such breach to the Covered Entity, the U.S. Secretary of Health and Human Services and any other federal authorities as required by HIPAA.

2) The Business Associate agrees to maintain documentation of all breaches of unsecured PHI for a minimum of six years after the creation of the documentation, and shall make such documentation available to the U.S. Secretary of Health and Human Services upon request.

(f) The Business Associate hereby agrees to indemnify and hold the Covered Entity harmless from and against liability and costs, including attorney's fees that are created by any breach resulting from the acts of its employees, agents or workforce members.

Permissible Requests by Covered Entity

Covered entity shall not request business associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by covered entity.

Term and Termination

(a) Term. This Agreement shall be effective as of the effective date stated above and shall terminate when all of the protected health information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to the Covered Entity, or if it infeasible to return or destroy the protected health information protections acceptable to Covered Entity are extended to such information in accordance with the termination provisions below, or on the date covered entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.

(b) Termination for Cause. Business associate authorizes termination of this Agreement by covered entity, if covered entity determines business associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by covered entity.

(c) Obligations of Business Associate Upon Termination.

Upon termination of this Agreement for any reason, business associate shall return to covered entity or, if agreed to by covered entity, destroy all protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, that the business associate still maintains in any form. Business associate shall retain no copies of the protected health information.

Attachment F

(d) Survival. The obligations of business associate under this Section shall survive the termination of this Agreement.

Miscellaneous

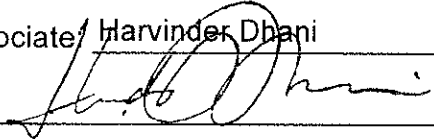
(a) Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(c) Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be executed in its name and on its behalf effective as of the Effective Date at the top of this document.

Business Associate: Harvinder Dhani

By: 

Title: COO

Date: 02/05/2019

State of Indiana
Office of the Secretary of State

CERTIFICATE OF INCORPORATION

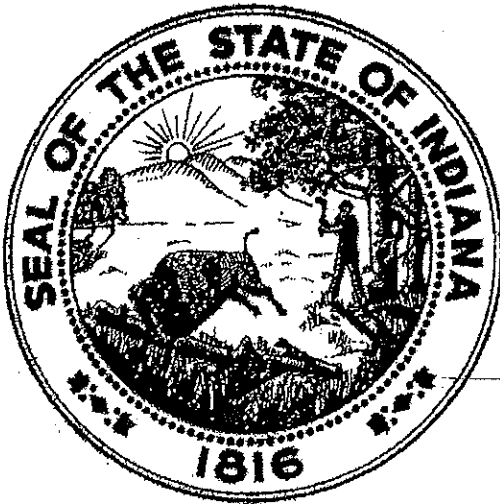
of

ACCESS THERAPIES INC.

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

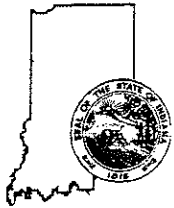
NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, April 23, 2004.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 23, 2004.



A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,
SECRETARY OF STATE



STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINISTRATION
Division of Supplier Diversity

Indiana Government Center South
402 West Washington Street, Room W469
Indianapolis, IN 46204
(317) 232 - 3061

April 3, 2018

Mr. Pritivi Dhani & Mr. Manuel Garcia
ACCESS THERAPIES, INC.
7345 Woodland Drive.
Indianapolis, IN 46278

Subject: Application for MBE Certification

Dear Mr. Pritivi Dhani & Mr. Manuel Garcia,

Congratulations! The Indiana Department of Administration, Division of Supplier Diversity is pleased to inform you that ACCESS THERAPIES, INC., is hereby certified as a Minority Business Enterprise (MBE).

Your company provides a commercially useful function in the areas listed below. Only work performed in these areas will be counted towards Minority Business Enterprise participation:

UNSPSC CODE(S)

<i>Code</i>	<i>Description</i>
80111606	Temporary medical staffing needs
85122100	Rehabilitation services
85122101	Physical therapy services
85122102	Occupational therapy services

On September 13, 2010, the Governor's Commission on Minority and Women's Business Enterprises approved the department's effort to streamline its recertification process. Instead of conducting an onsite visit to each company seeking recertification, the department now has the discretion to waive the visit after a thorough review of the company's file and recertification documents. We have approved your recertification and it is valid through **April 30, 2021**. Please note that IDOA continues to reserve the right to conduct a site visit or phone interview at any time to certified companies.

Although your certification is valid for a three-year period, you are required to submit an annual *Affidavit of Continued Eligibility (ACE)* form, located at www.in.gov/idoa/mwbe/files/ACE_Form.pdf. Please remember you must notify us immediately if any changes occur. Failure to notify us of changes or to provide an ACE form annually will result in revocation of your certification. Changes include, but are not limited to, changes in location, contact information, ownership and control.

We encourage you to visit IDOA's procurement website, www.in.gov/idoa/2464.htm, and update your Business Registration Profile. It is important that you review and update your profile regularly, because state purchasing agents and prime contractors may use this information to contact you for business

Reference: ACCESS THERAPIES, INC.

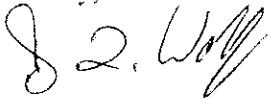
opportunities. For questions regarding your registration profile, you may contact our office at 317-232-3061.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit www.in.gov/idoa/mwbe/2743.htm to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

While this letter serves as notification of certification, it does not serve to prove continued eligibility. Please visit www.in.gov/idoa/mwbe/2743.htm to verify certification status. Please contact our office at (317) 232-3061 if you have any other questions.

We ask that you please contact Amy L. Wolf, Deputy Director of Certification, at (317) 232-3061 or awolf@idoa.in.gov if you have any questions or concerns about your letter.

Sincerely,



Amy L. Wolf, Deputy Director of Certification
Indiana Department of Administration
Division of Supplier Diversity

ALW:cj

THIS CERTIFIES THAT

Access Therapies, Inc.



NMSDC
National Minority Supplier
Development Council

* Nationally certified by the: **MID-STATES MINORITY SUPPLIER DEVELOPMENT COUNCIL**

* NAICS Code(s): 561320

* Description of their product/services as defined by the North American Industry Classification System (NAICS)

10/09/2018

Issued Date

IN01000

Certificate Number

10/09/2019

Expiration Date

Adrienne C. Trimble
Adrienne Trimble

Carolyn E. Mosby

Carolyn E. Mosby, President/CEO

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

Certify, Develop, Connect, Advocate.

* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®

<http://www.INBiz.IN.gov>

Business Details

[Print Entity Details](#)

Business Name: **ACCESS THERAPIES INC.** Business ID: **2004042700091**

Entity Type: **Domestic For-Profit Corporation** Business Status: **Active**

Creation Date: **04/23/2004** Inactive Date:

Principal Office Address: **7345 Woodland Dr., Suite B, INDIANAPOLIS, IN, 46278, USA** Expiration Date: **Perpetual**

Jurisdiction of Formation: **Indiana** Business Entity Report Due **04/30/2020** Date:

Years Due:

Incorporators Information

Title	Name	Address
Incorporator	MANUEL GARCIA	8590 GEORGETOWN RD, STE B, INDIANAPOLIS, IN, 46268, USA
Incorporator	PRITHVI S DHANI	8590 GEORGETOWN RD, STE B, INDIANAPOLIS, IN, 46268, USA

Page 1 of 1, records 1 to 2 of 2

Principal Information

Title	Name	Address
President	Prithvi S Dhani	5980 W 71st. Street, Suite B, Indianapolis, IN, 46278, USA
Vice President	MANUEL GARCIA	5980 W 71st. Street, Suite B, Indianapolis, IN, 46278, USA

Page 1 of 1, records 1 to 2 of 2

Registered Agent Information

Type: **Individual**Name: **MANUEL GARCIA**Address: **7345 Woodland Dr., Suite B, INDIANAPOLIS, IN, 46278, USA**
[Back](#)
[Return to Search](#)
[Filing History](#)
[Name History](#)
[Assumed Name History](#)
[Certified Copies Request](#)



ACCESS

THERAPIES

BUSINESS PROPOSAL

anmol@accesstherapies.com

www.AccessTherapies.com

317-300-7419



ACCESS

THERAPIES

COMPANY OVERVIEW

Our Minority owned and certified company was founded in October 2004 with a primary focus on fulfilling staffing needs to various types of facilities and rehab centers.

We have received a response of satisfaction from our clients all across the nation. Our team of professionals has motivated us as a company to grow faster to better accommodate. Access Therapies consists of more than 200 therapist and Nurses.

Along with Private Healthcare Facilities (Hospitals, SNFs, Outpatient, Home Care and Correctional Facilities) Access Therapies is also fulfilling staffing needs for State Government and Federal Government Facilities

In order to fulfill staffing requirements all across the nation, Access Therapies primarily focuses on these types of assignments:

- Travel assignments
- Permanent placement
- Temporary to Permanent

At Access Therapies, our management & staffing department is comprised of highly qualified, experienced individuals who must meet stringent guidelines for licensed practice nationwide. Our staffing team primarily focuses on the placement of the disciplines:

- Physical Therapist
- Occupational Therapist
- Physical Therapist Assistant
- Occupational Therapist Assistant
- Speech Language Pathologist
- Registered Nurse
- Nurse Practitioner
- Licensed Practical Nurse

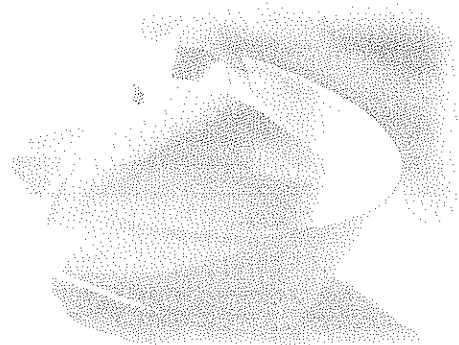


ACCESS

THERAPIES

Why should you use Access?

- Our Company is over 200 Therapists and Nurses strong.
- We will help ensure that you never have to worry about being short staffed due to our ability to fill any staffing needs instantly. We make sure that our client's needs are fulfilled in as little as 24-72 hours.
- We offer Professional Liability Insurance.
- We guarantee personalized, fast and prompt services.





ACCESS

THERAPIES

OUR CORPORATE SUPPORT TEAM

Eugene Garcia, Vice President of Marketing

- 15 Years of Health Care Marketing
- 13 Years of Clinical Therapy Management

Happy Dhani, Vice President and COO

- 21 Years of Experience in Staffing and Healthcare Management
- 4 Years of Public Accounting

Manuel Garcia, Vice President of Recruitment

- 15 Years of Experience in Staffing and International Recruitment
- 29 Years of Customer Service and Management

Ramon Villegas, Director of HR and Staffing

- 9 Years of Healthcare Staffing and Human Resources Management
- 19 Years of Public Relations and Customer Service



ACCESS

THERAPIES

COMMITMENTS & QUALITY ASSURANCE

Access Therapies Managers do regular evaluations on all employees to maintain consistent quality of care.

Come the end of the year Access Therapies will have over 230 Therapists and Nurses.

All Therapists are TJC & HIPPA compliant.

When necessary, credentials will be sent for periodic inspections assuring 100% compliance.



ACCESS THERAPIES

SCREENING PROCESS

Since the start, Access Therapies has developed a highly effective recruiting practice and is very successful in the recruiting and maintaining of Therapists and Nurses.

Our employees have an average of 5 years or more of well-rounded experience and are often placed in a facility on long term contracts. More often than not they are extended beyond a year or more due to the high level of client satisfaction.

Each employee must meet stringent guidelines for employment that usually exceed state and client requirements.

Screening Procedures

All Access Therapies health care staff must meet the following requirements:

License Verification: The employee's license/certification is verified, copied and kept on file in the local office.

Certification: A current C.P.R. card and a picture I.D. are copied and kept on file in the local office, as well as, any other certifications as required by our client facility.

Skills Inventory: A complete a comprehensive discipline related skills inventory that is kept on file and updated yearly.

Drug-Free Work Place: All employees sign a drug free work place policy and are randomly drug tested by state guidelines or client contract.

Criminal Background Investigation: All employees sign a Criminal Background Investigation Policy and are checked by state guidelines and/or client contract.

Mandatory In-services: A yearly review of Fire & Safety, Infection Control, Hazardous Wastes, HIPPA, and OSHA standards are required of all Access Therapies team members.

Interviewing: All applicants are interviewed by the Therapy Director/Manager. During the interview emphasis is placed upon work history, clinical expertise and a review of the exam. At this time, information and performance requirements are given to the applicant regarding



ACCESS THERAPIES

Access Therapies' policies and procedures, as well as, the policies and procedures of the institutions which we serve.

References: At least two references verifying work experience in clinical areas are required. No ACCESS employee will be placed without references. Telephone references, whenever available, are documented.

Health/TB Test: A Physician's statement is required verifying that the applicant has had a satisfactory medical examination including TB/chest X-ray within the past year. Other specific health requirements are handled on an individual basis, as directed by client or state health guidelines.

Hepatitis B: Each employee must have the Hepatitis B vaccination and boosters or have a signed declination.

Placement and Orientation: Assignment of an employee is made by our Therapy Director/Manager in conjunction with the Staffing Coordinators based on the skill and expertise of the individual and the needs of the institution. Emphasis is placed on continuity of service whenever possible. Orientation policies and procedures of the utilizing institutions are adhered to by Access Therapies team members. We provide the client with facility specific orientation.

Evaluation: Evaluations of Access Therapies' employees are done in the first two weeks and annually. All evaluations are completed by the Therapy Director/Quality Officer in consultation with the supervisory staff of the client/facility. This evaluation includes TJC age related criteria.

Employee Files: A complete and current file is kept on all employees including: application, license, certifications, test results, references, Physician's statement, medical history and any continuing education courses completed. An employee's file also contains appropriate documentation relative to the individual's identity and work authorization as required by USCIS policy.

Continuing Education: All Access Therapies employees are encouraged to participate in on-going educational courses. Tuition assistance is provided. We work with clients to provide on-going orientation.

Personal Interview: A personal interview is conducted by the Therapy Branch Manager.



ACCESS

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STAFFING INTERFACING

Access Therapies routinely communicates clear expectations to every employee of the company. We also develop measurable objectives and the tools to determine if the employees are meeting the expectations.

The two ways we measure performance are data and observation.

The tools we implement are measurable reports when available and when not available Supervisors and Managers observe the work and employee behavior.

We use three evaluation forms to provide employees with routine feedback and develop a work plan for continuous improvement.

The three forms we use are: Performance Improvement Form, Disciplinary Action Form, and Performance Appraisal Form



ACCESS

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SOME OF OUR CLIENTS

American Senior Communities

American Mobile Network

Supplemental Healthcare

Vizient Inc.

Select Medical

Focus 1 Solutions

Health Trust

Indiana Fitness Works

Healthcare Therapy Services

Bedford Correctional Facility – NY

AHSA

Indiana University Health

St. Vincent Health

Fayette Regional Hospital

Star Rehab Services

Rehab Care

Indiana Veteran Home

And Many More.....



ACCESS

THERAPIES

State & Federal Facilities Served

NORTHERN NAVAJO MEDICAL CENTER – VA AFFAIRS

FOUR CORNERS REGIONAL HEALTH CENTER – VA AFFAIRS

ROSEBUD HOSPITAL – VA AFFAIRS

REFERENCES & PROJECT DETAILS

CONTRACTOR COMPANY PAST PERFORMANCE
ACCESS THERAPIES INC.

Name of the Facility / Client	Indian Health Services Northern Navajo Medical Center
Address	US HWY 491 North, Shiprock, NM - 87420
Name of the Buyer / Contact	Loringie Clark
Phone No. of the Buyer	505-368-6087
Email Address of the Buyer	Loringie.clark@ihs.gov
Providing Services Since	June 2017
Project Name	Nursing Services

Name of the Facility / Client	Rosebud Hospital Department of Health and Human Services
Address	Soldier Creek Rd/Hwy 18, Rosebud, SD – 57570
Name of the Buyer / Contact	Dr. Ruth Villafranca
Phone No of the Buyer	605-747-2231 Extension 3273
Email Address of the Buyer	Ruth.villafranca@ihs.gov
Providing Services Since	March 2018
Project Name	Physical Therapy Services

Name of the Facility / Client	Four Corner Regional Health Center
Address	JCT US HWY, 160 AND NAVAJO Route 35
Name of the Buyer / Contact	Marlene Tsosie
Phone No of the Buyer	505-368-7031
Email Address of the Buyer	Marlene.tsosie@ihs.gov
Providing Services Since	June 2018
Project Name	Nursing Services

Name of the Facility / Client	Northern Navajo Medical Center
Address	US HWY 491 North, Shiprock, NM – 87420
Name of the Buyer / Contact	Kimberly Livingston
Phone No of the Buyer	505-368-6088
Email Address of the Buyer	Kimberly.Livingston2@ihs.gov
Providing Services Since	June 2017
Project Name	Nursing Services

Name of the Facility / Client	Indiana Fitness Works
Address	9190 Priority Way Dr # 110, Indianapolis, IN – 46240
Name of the Buyer / Contact	Tonya Edwards
Phone No of the Buyer	317-439-1511
Email Address of the Buyer	tedwards@indianafitnessworks.com
Providing Services Since	April 2004
Project Name	Occupational And Physical Therapy Services