



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

RESPONSE PACKET
710-19-1027

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	CET of Arkansas LLC		
Address:	1201 N. Missouri St. Ste A-1		
City:	West Memphis	State: AR	Zip Code: 72301
Business Designation:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> 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 Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION	
Provide contact information to be used for bid solicitation related matters.	
Contact Person:	Charles E. Thigpen Title: Owner/CEO
Phone:	(870) 735-2588 Alternate Phone: (901) 482-7633
Email:	thigpen@att.net

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

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this Bid Solicitation, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<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: Charles E. Thigpen Title: Owner/CEO
Use Ink Only.

Printed/Typed Name: Charles E. Thigpen Date: 04/04/19

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. **Use Ink Only**

Vendor Name:	CET of Arkansas LLC	Date:	04/04/19
Authorized Signature:	Charles E. Thigpen	Title:	owner/CEO
Print/Type Name:	Charles E. Thigpen		

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. **Use Ink Only**

Vendor Name:	CET of Arkansas LLC	Date:	04/04/19
Authorized Signature:	Charles E. Thigpen	Title:	Owner/CEO
Print/Type Name:	Charles E. Thigpen		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	CET of Arkansas LLC	Date:	04/04/19
Authorized Signature:	Charles E. Thigpen	Title:	Owner/CEO
Print/Type Name:	Charles E. Thigpen		

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:	CET of Arkansas LLC	Date:	04/04/19
Authorized Signature:	Charles E. Thiipen	Title:	owner/CEO
Print/Type Name:	Charles E. Thiipen		

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

ADDENDUM 1

DATE: March 12, 2019
SUBJECT: 710-19-1027 Therapeutic Foster Care

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

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

BID OPENING DATE AND TIME

Bid opening date and time has changed to **April 8, 2019**, 2:00 PM

Revise Section 1.29 Schedule of Events:

Date and time for Opening Bids, April 8, 2019, 2:00 PM CST

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

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

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

Charles E. Thigpen, LCSW
Vendor Signature

04/04/19
Date

CET of Arkansas LLC
Company

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

ADDENDUM 2

DATE: March 19, 2019
SUBJECT: 710-19-1027 Therapeutic Foster Care

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

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

BID OPENING DATE AND TIME

Bid opening date and time

CHANGES TO REQUIREMENTS

Section 2.2B

Delete: For verification of the requirements specified above (A & B), Vendor **must** submit Vendor's Therapeutic Foster Care Placement Child Welfare Agency license obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE).

Add: For verification of requirements specified above (A & B), Vendor **must** submit one of the following:

- 1) Vendor's Therapeutic Foster Care Placement Child Welfare Agency License obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE), **or**
- 2) A copy of the application for licensure.

Vendor's license **must** be approved by the DCCECE board by June 1, 2019 in order to be awarded a contract.

REVISED ATTACHMENT

Revised Attachment G

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

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

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

Charles E. Higpen, LCSW
Vendor Signature

04/04/19
Date

CET of Arkansas LLC
Company

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

ADDENDUM 3

DATE: March 26, 2019
SUBJECT: 710-19-1027 Therapeutic Foster Care

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

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

BID OPENING DATE AND TIME

CHANGE SPECIFICATIONS

Attachment C: Performance-Based Contracting

B. Delivery of Services

5.g: Delete: "A physician and other personnel involved in the client's case will review each plan of care at least every ninety (90) days. The plan of care must be revised to reflect results of the review conducted as required herein."

Add: "Contractor shall review the plan at least semi-annually and shall update the plan to reflect the child's progress."

Insert: #9

Service Criteria:

Contractor shall maintain records of the TFC internal client specific treatment plan of care. This plan may be very similar to or mirror the youth's PCSP.

Documentation shall at a minimum reflect the following:

A. Treatment plan developed in accordance with recommendations made by a physician or other licensed professionals involved in the care of that client

B. Any revisions of the Treatment plan

Acceptable Performance:

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

Damages:

1st Incident: A Corrective Action Plan, acceptable to DHS, will be due to DHS within ten (10) business days of the request.

2nd incident: A ten percent (10%) penalty may be assessed in the following months' payments to the Vendor for each thirty (30) day period the Vendor is not in full compliance with these Service Criteria. The ten percent (10%) penalty shall be calculated from the total payment for the identified month in which the deficiency took place.

The total of all damage credits in any given month shall not exceed one hundred percent (100%) of the monthly invoice unless a third incident occurs for any of the Service Criteria.

3rd incident: DHS reserves the right to impose additional penalties including but not limited to: withholding payment on future invoices until Vendor is in full compliance, a substandard Vendor Performance Report maintained in DHS' Vendor file, and contract termination.

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

Charles E. Hugpen, LCSW
Vendor Signature

04/04/19
Date

CET of Arkansas LLC
Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: Yes No

TAXPAYER ID NAME: CET of Arkansas LLC IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: Thigpen FIRST NAME: Charles M.I.: E

ADDRESS: 1201 N. Missouri St. Ste A-1

CITY: West Memphis STATE: AR ZIP CODE: 72301 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position or Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		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 ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position or Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of 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 required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Charles E. Thigpen Title CEO/owner Date 04/04/19
Vendor Contact Person Charles E. Thigpen Title CEO/owner Phone No. _____

Agency use only
Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

CET of Arkansas, LLC
1201 N. Missouri St., Ste. A1
West Memphis, AR 72301

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of CET of Arkansas, LLC, not to discriminate against any applicant for employment, or any employee because of age, color, sex, disability, national origin, race, Religion, or veteran status.

It is the policy of our office to ensure and maintain a working environment free of coercion, harassment, and intimidation. Any violation of the policy should be immediately reported.

CET of Arkansas, LLC

Signed:

Charles E. Thigpen

04/04/19

Charles Thigpen, CEO

Attachment G

INFORMATION FOR EVALUATION

C. Trauma Informed Mental Health Services

TFC services are offered in partnership with the child, the child's family, DCFS and other persons identified by the placing agency towards the goals outlined in the child's case plan. These services are designed to allow the child to benefit from a therapeutic home environment that focuses on identifying children's strengths and addressing their needs. TFC relies on a trauma-informed approach to meet the needs of children and evolve their strengths and skills.

Former Contract Managers/Employer:

Jeanne Ann Boschert, Executive Director of Counseling Consultant, Inc.

97 Monroe Ave., Ste. 501

Memphis, TN 38103

(870) 270-7008

Email: jboschert2@msn.com

Attachment G

D. (24)Hour Mobile Crisis Intervention

The CET-TFC Program provides 24-hour emergency “on-call” coverage to all the TFC families and children. The case manager assigned to the foster child is on-call to his/her caseload 7 days a week, 24 hours a day. In the event of a change needing to be made on the “on-call” the staff needing to make the change is responsible for notifying their TFC parents of the change if at all possible. The TFC Program Director provides back-up support coverage to ensure that the 24 hour system is available and deliverable as needed.

The TFC parents are instructed to call the main office during business hours. If they get the voicemail they are directed to call the after-hours phone number which is (870) 636-1071. The Program Director will inquire if they have contacted their case manager. The case manager has (1) hour in which to respond to the phone call. Either the case manager or the therapist will make a face-to-face visit within two (2) hours if deemed necessary. There is a log kept at the Office Manager’s desk or crisis calls and incident reports.

1. If an emergency arises, clients should call CET’s office number at the main location in West Memphis for assistance. For the office, dial 870-735-2588.
2. If a crisis call comes into the office during working hours, the primary therapist will be contacted for immediate follow-up with client.
3. If the primary therapist is unable to assist with the crisis due to absence or involvement in another emergency, then the Mental Health Paraprofessional may be asked to intervene until a therapist is available.
4. If there is a walk-in emergency into the office, then the therapist on hand or the Executive Director may assist with the emergency interventions.
5. CET clinical staff will provide needed counseling and direction as to resolution of the emergency situation – including assessment and coordination of hospitalization if necessary.
6. If an emergency arises after 5:00 p.m. parents should call the after-hours number, (870) 636-1071.

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



The Arkansas Department of Human Services
Division of Child Care and Early Childhood Education



In cooperation with

Certifies that

CET of Arkansas, LLC
OWNER

Children Encountering Transitions
AGENCY

1201 N. MISSOURI ST., SUITE A-1
WEST MEMPHIS, AR 72301

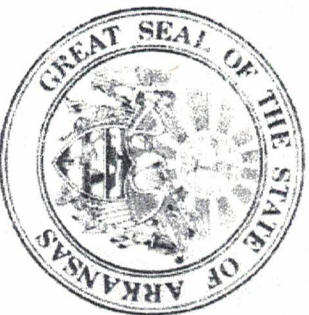
Is hereby issued Child Placement license #: 160

FOR THE PURPOSE OF PROVIDING, IN THE STATE OF ARKANSAS, THE FOLLOWING SERVICES:
THERAPEUTIC FOSTER CARE

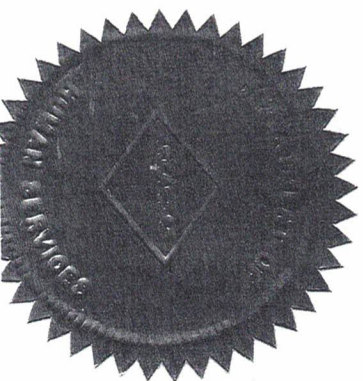
THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 02/28/2012 AND WILL REMAIN IN EFFECT UNLESS
THERE IS A STATUS CHANGE.

In Witness whereof

Chairman, Child Welfare Agency Review Board



DATE: 9/22/2015



**INDEPENDENTLY LICENSED
PRACTITIONER**

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

CHARLES THIGPEN, LCSW
1201 N MISSOURI STREET, SUITE A-1
WEST MEMPHIS, AR 72301

Dates of Certification: 02/01/2018 - 01/31/2021



Craig Cloud, Director
Division of Provider Services and Quality Assurance



INDEPENDENTLY LICENSED PRACTITIONER

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

CHARLESTHIGPEN, LCSW
415 WEST GARLAND STREET
WEST HELENA, AR 72390

Dates of Certification: 03/29/2018 - 01/31/2021

Craig Cloud, Director
Division of Provider Services and Quality Assurance

