

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

RESPONSE PACKET
710-20-0011

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:	OZARK Behavioral Health, LLC			
Address:	1790 Hwy 5 N Suite 2			
City:	Mountain Home, AR	State:	AR	Zip Code: 72653
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 checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Kenneth House, LCSW	Title:	Principal / Provider
Phone:	870-404-2216	Alternate Phone:	870-404-7235
Email:	khouse@cswo@yahoo.com		

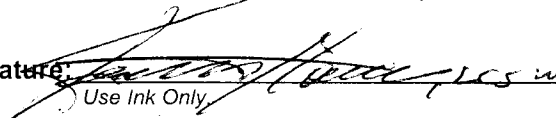
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<p><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></p>

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:

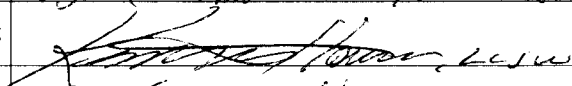
Authorized Signature:  Title: Principal / Provider
Use Ink Only

Printed/Typed Name: Kenneth House Date: 1/20/2020

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

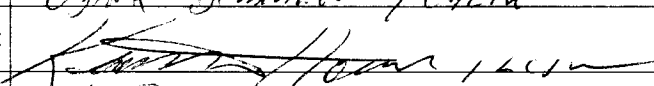
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	OSWK Behavioral Health	Date:	1/20/2020
Authorized Signature:		Title:	Principal/Provider
Print/Type Name:	Kenneth House		

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:	Ozark Behavioral Health	Date:	1/20/2020
Authorized Signature:		Title:	Principal / President
Print/Type Name:	Kenneth House		

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:	<i>Bank Behavioral Health</i>	Date:	<i>1/20/2020</i>
Authorized Signature:	<i>[Handwritten Signature]</i>	Title:	<i>Practice Manager</i>
Print/Type Name:	<i>Kenneth House</i>		

PROPOSED SUBCONTRACTORS FORM

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

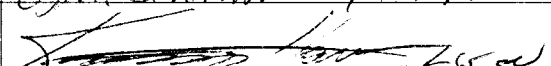
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

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:	<i>CBA Behavioral Health</i>	Date:	<i>4/20/2020</i>
Authorized Signature:		Title:	<i>Principal/Partner</i>
Print/Type Name:	<i>Kenneth Hesse</i>		

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: January 3, 2020
SUBJECT: 710-20-0011 Home Studies

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 remains the same

CHANGE OF SPECIFICATION(S)

Delete 4.5 of Section 4 – Performance Bonding. This is no longer required.

4.5 PERFORMANCE BONDING

A. ~~The Contractor shall be required to obtain performance bonds to protect the State's interest as follows:~~

- ~~1. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the State.~~
- ~~2. The State shall require additional performance bond protection when a contract price is increased or modified.~~
- ~~3. The performance bond must be delivered to the Arkansas Department of Human Services Chief Procurement Officer within fourteen (14) days of contract execution.~~
- ~~4. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract. The performance bond documentation must be provided to the State with each required notice.~~
- ~~5. Failure to provide is a breach of contract and may result in immediate contract termination.~~

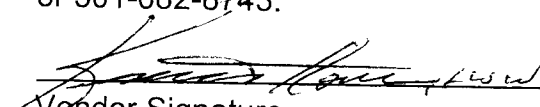
B. ~~The Contractor shall submit documentation to the satisfaction of the State that a performance bond has~~

been obtained. The contractor **shall** notify the State of any changes, modification, or renewals for the performance bond during the term of the contract.

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

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

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


Vendor Signature

1/20/20
Date

CRK Behavioral Health
Company

Contract Number _____
 Attachment Number _____
 Action Number _____
 Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.
 SUBCONTRACTOR NAME: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Yes No

IS THIS FOR: Goods? Services? Both?

TAXPAYER ID NAME: Orch Behavioral Health FIRST NAME: Kenneth M.I.: E

YOUR LAST NAME: House ZIP CODE: 72653 COUNTRY: USA

ADDRESS: 1799 Hwy 5 N Suite 2 STATE: AR

CITY: Mountain Home

FOR INDIVIDUALS *

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

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

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

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)
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 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 [Signature] Title Principal / Partner Date 1/20/2016
 Vendor Contact Person Kenneth Hoese Title Principal / Partner Phone No. 870.404.2216

Agency use only

Agency Number 0710 Agency Name Department of Human Services

Contact Person _____

Phone No. _____

Contact Contract or Grant No. _____

Equal Opportunity Policy

**Ozark Behavioral Health
1790 Hwy 5 North, Suite 2
Mountain Home, AR 72653**

870.404.2216

December 2019

Ozark Behavioral Health ("the Company") has established and adopted an Equal Employment Opportunity Employment policy ("EEO"), which is part of the Company's Human Resources Policy. The purpose of this EEO policy is to ensure that all employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable national, federal, state or local law. In some cases, local laws and regulations may provide greater protections than those outlined here. Associates will be covered by the laws of their local jurisdiction.

An Affirmative Action Program has been developed to identify areas where the Company seeks to increase the representation of minorities and women. In those areas, we have developed action plans and identified good faith efforts that we will undertake in an effort to increase minority and female participation. The Company is committed to these good faith efforts, and we will review them periodically to measure our progress.

The Company will recruit, hire and promote without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law.

The Company will make all decisions of employment with consideration to appropriate principles of Equal Employment and Affirmative Action.

Promotional opportunities will be filled based on merit, experience and other job-related criteria.

Personnel actions, such as compensation, benefits, transfers, layoffs, company-sponsored training programs, and social and recreational programs, will be administered on a non-discriminatory basis.

Principal and direct responsibility for successful implementation of this policy in a uniform manner has been assigned to Kenneth House, LCSW. However, within our respective areas of responsibility, all managerial and supervisory personnel must share in the responsibility to ensure our Company's compliance with the Equal Employment Opportunity and Affirmative Action Plan. Any employee who has a question or concern regarding any type of discrimination or harassment is encouraged to bring it to the attention of his/her manager.

Kenneth House, LCSW

Principal Member

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.

<i>See Service : Experience Narrative : Attached</i>	Maximum RAW Score Available
E.1 MINIMUM QUALIFICATIONS	
A. Submit social work licenses for all staff identified to execute the Scope of Work.	5 points
B. Describe your experience in social work or child welfare related field.	5 points
C. Submit an organization chart displaying all staff that will execute the Scope of Work. Clearly Show title and line of supervisory.	5 points
D. Provide three (3) letters of recommendation from three (3) different sources, dated within the last six (6) months of bid submittal date, relating to the Scope of Work of this RFP.	5 points
E. Explain your plan for meeting the requirement of working nights and weekends.	5 points
F. Describe how you propose to maintain sufficient staffing levels to ensure successful completion of task requires in the Scope of Work.	5 points
E.2 APPROACH TO SCOPE OF WORK	
A. Submit a sample describing vendor's approach to gathering, assessing and providing pertinent information to be used in decision making regarding the appropriateness of approval of homes.	5 points
B. Describe vendor approach to face-to-face interviews to prospective families as stated in section 2.4a 2	5 points
C. State how will you ensure a SAFE Home Study will be completed within the timeframe stated in 2.4a 3.	5 points
E.3 ADDITIONAL CONTRACT REQUIREMENTS	
A. Explain how you will ensure timely reporting as required in 2.3a and b.	5 points
B. State your mode of transportation that will be used to meet the Scope of Work in this RFP.	5 points
E.4 REPORTING AND BILLING	
A. State your plan to comply with the training requirement as set forth in 2.5a	5 points
B. Explain how you will ensure timely billing of DHS for services	5 points
C. What your agency's or organization policy on confidentiality and record retention?	5 points

Ozark Behavioral Health
Service and Experience Narrative

E.1 Minimum Qualifications

A. Social Work LCSW license included as an attachment to this Narrative

B. Experience and qualifications

Kenneth House, LCSW – Vendor/Supervisor

Kenneth House, LCSW is the principal owner of Ozark Behavioral Health. He has over twenty-five years of experience in social work services and mental health services. Kenneth has conducted home studies for many families during his career and is trained in the SAFE home study method as well as trained as a SAFE supervisor. He is a therapist who has provided Crisis Intervention, Individual Therapy, Group Therapy and Family Therapy with clients of all ages in numerous environments. Ken has provided clinic based, school based, hospital based, home based and long-term care based services to hundreds of clients and their families during his career.

Kenneth House, LCSW is the provider operating under the organizational name, Ozark Behavioral Health. Ozark Behavioral Health is a registered name with the Arkansas Secretary of State and associated with Onsite Health Concepts, LLC as a subsidiary. Onsite Health Concepts, LLC has been a registered LLC in Arkansas since 2009. Kenneth House, LCSW is the sole member of this LLC.

Kenneth House, LCSW is a certified Independently Licensed Practitioner in Mental Health services through the Arkansas Department of Health and is an Arkansas Medicaid mental health services provider as well as through CMS as a Medicare provider. Mr. House is licensed as a Licensed Certified Social Worker (LCSW) by the Arkansas State Social Work Licensing Board and has continuously held this license since July 10, 1997. Mr. House received training in the SAFE home study method in 2012 and also completed the supervisor training for SAFE home studies in 2012.

Mr. House also has extensive experience in the administration and development of social service and behavioral health programs. Ken has served as an executive director of hospital based inpatient psychiatric programs, developed an outpatient RSPMI certified, CARF accredited program in Mountain Home, AR and served as the CEO of a 140 bed metropolitan psychiatric hospital that served children, adolescents and adults.

Today, Ken House owns and operates Ozark Behavioral Health in Mountain Home, AR. Ozark Behavioral Health (OBH) provides outpatient services and home studies to the region and is an Arkansas Department of Mental Health certified provider (ILP).

Mr. House's approach to behavioral health service provision is one of compassion, dedication to client needs and availability. Adhering to Trauma Informed approaches, NASW Child Welfare standards of practice and interventions with established and demonstrated successful outcomes, Ken House and OBH have a proven success record.

Mr. House has also provided IFS services and SAFE home studies in Baxter, Marion, Fulton and Boone counties through Southern Counseling Services under the supervision of Mr. Bill Rubin, LCSW who owns Southern Counseling Services. Mr. Rubin may be contacted at 901-277-2851 or by email at bill.rubinscs@comcast.net for reference.

A copy of current license, letters of reference for home studies for Kenneth House, LCSW is attached.

C. Organizational Chart for SAFE Home studies.

Please see attached chart.

D. Letters of reference pertaining to scope of work

Please see attached letters

E. Plan for meeting nights and weekend work requirements

All social work staff at Ozark Behavioral Health are aware of the requirements for meeting with clients at the client's convenience. Our agency policy stipulates nights and weekend work is sometimes required and staff is obliged to conduct interviews during times when all family members are available.

F. Maintaining sufficient staffing levels to conduct scope of work within required timeframe.

Ozark Behavioral Health recruits part-time social work staff to conduct services at all times. Through our existing staff's contacts and ongoing recruitment we are capable of hiring well qualified and trained staff to successfully complete any assigned home studies. Along with Kenneth House, LCSW, Ozark Behavioral Health currently employs three LCW's on a part-time basis and actively recruiting others in preparation for the anticipated contract.

E.2 Approach to Scope of Work

A. Vendors approach to gathering, assessing and providing pertinent information.

The vendor, Kenneth House, LCSW, is a trained SAFE home study worker and has completed the additional training as a SAFE home study supervisor. Mr. House has completed and/or supervised many SAFE home studies since 2012. Mr. House and his staff of SAFE trained workers fully understand the structured nature of the tools utilized in developing a home study.

The social worker's approach is professional and consistent from family to family. Our workers utilize the SAFE information gathering tools to focus on the most important aspects of foster or adoption issues and create a critical analysis of a family's appropriateness as a final product. Throughout the home study process the social worker who is working with the family regularly consults with their LCSW supervisor to discuss issues and concerns. The goal is always to produce a well-done home study document that clearly and fairly demonstrates to the final

decision makers the strengths of the applicant, any potential areas of concern and protects the lives of the child or children involved.

B. Description of approach to face to face interview.

Ozark Behavioral Health social workers conduct applicant/family interviews in a professional, structured and focused manner. The first interview is to introduce the worker to the family and begin the SAFE home study process. The second, and frequently third, interviews are designed to identify, mitigate and finalize the SAFE home study process.

Our approach also involves the home study social worker maintaining regular contact and consultation with the LCSW supervisor throughout the applicant interview process. This assures clarity and helps maintain a focus on the essential factors identified by research and present within the SAFE analysis.

We make sure every area of concern or possible mitigation has been fully analyzed by the social worker conducting as many family interviews as needed and following the agency policy of supervision after each interview. The final result is a concise, honest review of an applicant's strengths and issues leading to a home study document that is a reliable placement evaluation.

C. SAFE home studies completed within department guidelines.

Kenneth House, LCSW has conducted numerous SAFE home studies for the Arkansas Department of Human Services through another vendor. He fully understands the critical nature of the timeframe established for the completion of these placement documents and has been compliant in every aspect of his previous work.

Going forward as a vendor, Mr. House will engage the services of his social work staff as soon as a referral is received and monitor the process of every case to assure the department the established timeframes are met. Exceptions will always be appropriately documented and communicated to the department.

E.3 Additional Contract Requirements

A. Timely reporting

Ozark Behavioral Health, under the supervision of Kenneth House, LCSW, shall maintain complete records on each home study case referred by the Arkansas Department of Human Services and complete all reporting within the timeframes established by the department.

B. Transportation

Ozark Behavioral Health requires that each employee have a well-maintained vehicle at all times.

E4 Reporting and Billing

A. Training requirements

Ozark Behavioral Health will be compliant with all training requirements as set forth by the Arkansas Department of Health and shall have a supervisory employee in attendance at all training sessions.

B. Timely Billing

Ozark Behavioral Health is a registered vendor with the State of Arkansas and also has the capacity to utilize the CHRIS financial module as required by the Department of Human Services. Ozark Behavioral Health shall submit a monthly statement of compliance with all performance indicators including billing and confidentiality.

C. Confidentiality and Record retention.

All Ozark Behavioral Health employees are required to review and sign our professional confidentiality policy. Additionally, all electronic communication is encrypted and highly secure meeting all state and federal guidelines.

Pursuant to the contract requirements, Ozark Behavioral Health shall retain all records pertaining to this contract for a period of five years.

Please see attached OBH record Maintenance Destruction and confidentiality policy.

E I . A



**Arkansas
Social Work License Card**

License No.

1287-C

Expiration Date:

7/31/2021

Kenneth E. House, LCSW

2779 West Rd.

Mountain Home AR 72653

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

A handwritten signature in cursive script, appearing to read "Bryce Hudson, LCSW".

Chairman

E/A

Certificate of Completion

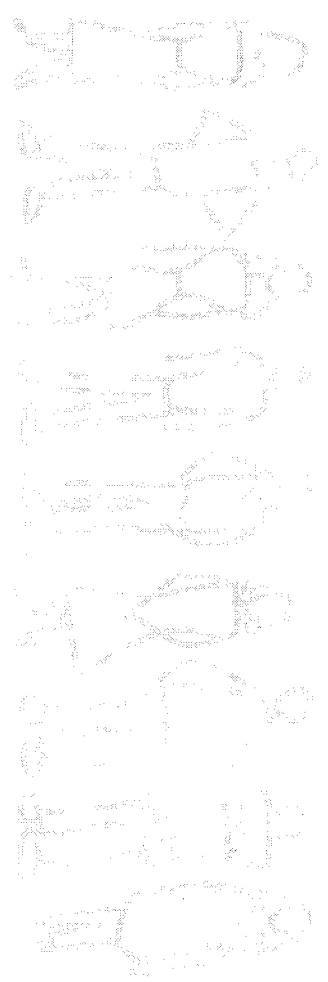
SAFE - Structured Analysis Family Evaluation

This is to certify that

Kenneth House

has completed 12 hours of SAFE Training and is certified to perform SAFE Home Studies

Date(s): 8/6 - 8/7/12



Kelly Castaneda
Kelly Castaneda
Acting Executive Director

E.I.A

Certificate of Completion

SAFE FOR SUPERVISORS - Structured Analysis Family Evaluation

This is to certify that

Kenneth House

has completed 4 hours of SAFE Training and is certified to supervise SAFE Home Studies

Date(s): 8/8/12

Kelly Castaneda
Kelly Castaneda
Acting Executive Director

Do not open and return to sender before separating.



Arkansas
Social Work License Card

License No.

8120-B

7/31/2020

Expiration Date:

Jennifer Marie Stickle, LSW

82 Conley Ter

Mountain Home AR 72653

E.L.A.

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

Shirley Johnson

Chairman

The ref rec If rec tw Pl co

months prior to the expiration date of your license
in address and to renew your license in a timely manner

gratulations on your license renewal, and please contact
for additional information.

Please watch the Board's website on a regular basis for

E.I.A

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

The card
reflects your
license information
as received. If

If lost or
damaged, please
request a
replacement
within
twenty days

Please keep
this card
as a
copy before



**Arkansas
Social Work License Card**

License No.

2893-B

Misty April Cullipher, LSW

272 CR 23

Clarkridge AR 72623

Expiration Date:

7/31/2020

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

Debra Hudson, LSW

Chairman

E. I C

Ozark Behavioral Health

January 2020

Home Study contract

Organization Chart

Kenneth House, LCSW, Social Work
Supervisor SAFE Home Studies

Misty Culipher LSW,
Jennifer Stickles, LSW
Susan Carr, LSW

Additional LSW, LMSW
and LCSW staff
conducting SAFE home
studies as needed.

CARNEY LAW FIRM, P.A.

ATTORNEYS AT LAW
210 WEST SEVENTH STREET, SUITE 1
MOUNTAIN HOME, ARKANSAS 72653

MARK D. CARNEY
JODI G. CARNEY

E.I.D

TELEPHONE
(870) 425-6354
FAX NO.
(870) 425-5451

January 22, 2020

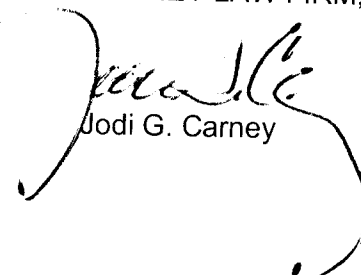
To whom it may concern:

Please consider this letter my recommendation of Ken House. I am an attorney in Mountain Home, Arkansas, and practice in the probate and domestic relations divisions of the 14th Judicial District. Mr. House has performed numerous home studies for my clients during the past ten years, or longer, relative to adoption proceedings and placements. Mr. House's reports are well received by the Court and always comply with the stringent requirements of adoption proceedings. In order to complete these studies, Mr. House must interview my clients in their homes. I have no reservations recommending him to my clients and have never received any complaints or negative feedback from a client.

Thank you for your consideration.

Sincerely,

CARNEY LAW FIRM, P.A.


Jodi G. Carney

JGC/kh

T - H - E
STROTHER
FIRM, P.A.
Attorneys At Law

E.L.D

Jodi L. Strother
■
Judith C. Strother
■
Lane H. Strother

January 22, 2020

To whom it may concern:

RE: Kenneth House, LCSW

Hello,

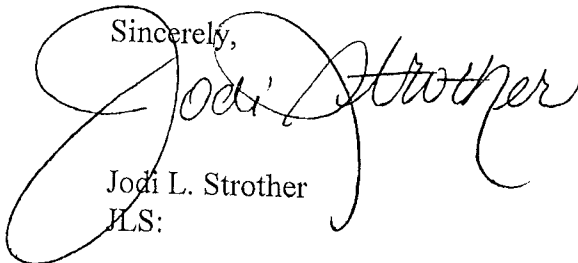
I am happy to overwhelmingly recommend Kenneth House of Mountain Home, AR as a licensed clinical social worker to be available for Social Work Home Studies. I have been practicing law since 1995 and have used Ken many times for this task.

Ken always responds promptly to my requests. He reacts quickly and professionally to my suggestions. He completes the task at hand in a very competent manner. I have submitted many of his home studies in court and have all met the court's rigid requirements.

He puts my clients at ease at a time when emotions can run very high and very low. He is someone I turn to in this area to get the sensitive and timely work completed.

Please call me with any questions you may have.

Sincerely,



Jodi L. Strother
JLS:

cc: Ken House

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January 22, 2020

Re: Kenneth House, LCSW

To Whom It May Concern:

It is with great privilege for me to write a reference letter for Kenneth House, LCSW.

I have worked with Mr. House for at least the past ten years, and he has completed numerous home studies for my private adoption clients during that time. He is very professional and I will continue to recommend him to my private adoption clients for the purpose of conducting home studies. His home studies have always met the requirements of the Court.

Kenneth House's character is beyond reproach. The integrity of his life and warmth of his personality make him a joy with whom to associate.

I offer my highest recommendation for Kenneth House and will be glad to answer any questions that would pertain to his home studies.

Sincerely,



David L. Ethredge

DLE/dg

119 E. 6TH STREET, P.O. Box 724
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Ozark Behavioral Health
Mountain Home, AR
Reviewed and Revised 05/28/2018 reviewed 07/10/2019
Crisis Plan of Action: Mobile Crisis

PIP
E.4C

Ozark Behavioral Health maintains an after-hours crisis number to be available at all times for our clients. That number is 870-404-7735. The number is given to all clients at time of intake. The number is posted on the door of our office and in the lobby as well.

The phone will be maintained by Kenneth House, LCSW

Upon receiving a crisis call, an assessment of the situation will then be conducted by on call therapist.

Criteria for a crisis response would include: current suicidal ideations or suicidal action/attempt, current homicidal or harmful intent to others, severe psychotic symptoms which potentially place client or others in a harmful situation, or substance abuse to a level which poses a threat to safety of client or others.

Upon determining that crisis response is necessary, a course of action will be chosen by on call therapist with input from clinical director if available.

Appropriate potential courses of action will include:

-Call to Emergency services for emergency medical attention, immediate legal intervention or to perform welfare check

-Referral to nearest Emergency Room

-Direct in person response to situation when logistically and safely feasible

-Referral to residential hospital for mobile or on-site assessment

-Alert family/loved ones (who agency has a signed release to communicate with regarding patient) of the situation

-Follow up with client, family, emergency services, or residential facility as needed and schedule time when client can return to clinic after stabilization

Primary referral resources include:

Baxter Regional Medical Center, Mountain Home, 870-508-3400

The Bridgeway-North Little Rock, AR: 1-800-245-0011

St Bernard's Behavioral Health-Jonesboro, AR- (870) 932-2800

Lakeside Behavioral Health System-Memphis, TN (870) 932-2800

Rivendell Behavioral Health Services of Arkansas-Benton, AR 800-264-5640

RECORD MAINTENANCE AND DESTRUCTION:

Purpose: It is the policy of Ozark Behavioral Health to maintain all client records and other types of documents in accordance with responsible clinical practice as well as all applicable Federal and State laws. In addition, the Sarbanes-Oxley Act makes it a crime to alter, cover up, falsify, or destroy any document with the intent of impeding or obstructing any official proceeding. This policy provides for the

Reviewed and Revised 05/28/2018 reviewed 07/10/2019

systematic review, retention and destruction of documents received or created by OBH in connection with the transaction of company business. This policy covers all records and documents, regardless of physical form, contains guidelines for how long certain documents should be kept and how records should be destroyed. The policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records and to facilitate company operations by promoting efficiency and freeing up valuable storage space.

Document Retention: The company follows the document retention procedures as outlined below. Documents that are not listed, but are substantially similar to those listed in the schedule, will be retained for the appropriate length of time.

Electronic Documents and Records: Electronic documents will be retained as if they were paper documents. Therefore, any electronic files, including records of donations made online, that fall into one of the document types listed below will be maintained for the appropriate amount of time.

Emergency Planning: Company records will be stored in a safe, secure and accessible manner. Documents and financial files that are essential to keeping the company operating in an emergency will be regularly duplicated or backed up.

Document Destruction: OBH is responsible for the ongoing process of identifying its records, which have met the required retention period and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by shredding. Documents will be destroyed only after they have been electronically scanned and stored.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent according to company litigation hold policy. Destruction will be reinstated upon conclusion of the investigation.

Compliance: Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against the company and its employees and possible disciplinary action against responsible individuals.

1. Mental health professionals should retain client records for a minimum of five (5) years from the last date of service.
2. The client record and all billing records for a minor shall be retained until two years after the minor client reaches majority (age 18), even if this means that the record is retained for a period of more than five (5) years.
3. Records related to an audit, investigation, or litigation (including a subpoena or a warrant) shall be maintained until the final determination has been made with regard to the audit, investigation or litigation.
5. Paper records shall be destroyed by method of shredding, burning, pulping, or pulverizing.

Training:

Ozark Behavioral Health and employees will maintain yearly training to comply with license requirements. OBH will maintain documentation of training in each employees file.

Reviewed and Revised 05/28/2018 reviewed 07/10/2019

- refer patients, Any employee or medical staff member shall disclose to the Compliance Officer any financial interest or ownership interest or any other relationship that he or she (or a member of his or her immediate family) has with OBH customers, vendors, or competitors,
5. If an employee becomes aware of or discovers any lease, purchase agreement or order for goods or services for any amount other than fair market value, the employee must call the Compliance Officer,
 6. If any payments are made to a physician to reduce or limit services offered to a Medicare or state assistance patient under the physician's care, they must be reported and approved.
 7. OBH will not be required or expected to refer Medicare and/or Medicaid business to its business affiliates.
 8. Any waiver of Medicare Part B or other deductibles or co-payments must be reported to and approved by the Company, Routine waivers of deductibles or co-payments will not be permitted.
 9. Employees involved in billing functions cannot bill any claims for any amount other than in accordance with the Company's usual and customary fee for the particular service or procedure being provided or according to OBH policies or contracts with other health care programs,
 10. If employees have knowledge of or discover any claims billed for an amount in excess of permitted rates, it must be reported to the Compliance Officer. This includes any double billing or balance billing.
 11. If an employee of the Company becomes aware of or discovers any medical claims or other service claims that are false or that are medically unnecessary services, the claim must be reported to the Compliance Officer.
 12. Claims can only be submitted to federally funded health care programs or to other payors for services and procedures that are medically necessary.
 13. Employees should not rely on previous service information to determine the information necessary for billing. The ordering physician/service provider must provide the information at the time of service,
 14. Employees of OBH shall attend periodic training and educational programs regarding Anti-Kickback, Stark, False Claims and HIPAA issues,
 15. Employees will not accept gratuities that are not approved by the management in any form.
 16. Employees will not use confidential or proprietary OBH information for his or her own personal benefit or for the benefit of any other person or entity, while employed at OBH or at any time thereafter,
 17. Employees will not destroy or alter information or documents in anticipation of) or in response to, a request for documents by any applicable government agency or from the court of competent jurisdiction
 18. Employee will not disclose confidential medical information pertaining to OBH patients without the express written consent of the patient and in accordance with applicable law and the Company's applicable policies and procedures.

Cl. Educational and Training Programs

There will be periodic compliance and ethical educational and training programs offered to all employees of the Company, but especially to personnel involved in billing, sales, leasing, contracting, staffing, marketing and test ordering. These programs will be designed to:

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
HOME STUDY
AREA(S)**

- *Please Check each area in which you are willing to provide the service.*
- *Do not include additional information if not pertinent to the itemized request.*
- *Please return with your response packet.*

- AREA 1
- AREA 2
- AREA 3
- AREA 4
- AREA 5
- AREA 6
- AREA 7
- AREA 8
- AREA 9
- AREA 10