



STATE OF ARKANSAS

Department of Human Services
Office of Procurement
700 Main Street
Little Rock, Arkansas 72201

INVITATION FOR BID BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION			
Bid Number:	710-23-0029	Solicitation Issued:	December 13, 2022
Description:	Medicaid Administrative Hearing Officer		
Agency:	Department of Human Services, Division of Provider Services and Quality Assurance		

SUBMISSION DEADLINE			
Bid Submission Date/Time	January 10, 2023 1:00 p m., Central Time	Bid Opening Date/Time:	January 10, 2023 2:00 p.m., Central Time
<p>Bids shall not be accepted after the designated bid submission date and time. In accordance with Arkansas Procurement Law and Rules, it is the responsibility of vendors to submit proposals at the designated location on or before the bid submission date and time. Bids received after the designated bid submission date and time shall be considered late and shall be returned to the vendor without further review. It is not necessary to return "no bids" to the Office of Procurement.</p>			

DELIVERY OF RESPONSE DOCUMENTS	
Delivery Address:	Arkansas Department of Human Services Attn: Office of Procurement 700 Main Street Slot W345 Little Rock, AR 72201
United States mail (USPS):	Arkansas Department of Human Services Attn: Office of Procurement P.O. Box 1437 Slot W345 Little Rock, AR 72203-1437
Commercial Carrier (UPS, FedEx or USPS Exp):	Arkansas Department of Human Services Attn: Office of Procurement 112 West 8 th Street, Slot W345 Little Rock, AR 72201
<p>Delivery providers, USPS, UPS, and FedEx deliver mail to OP's street address on a schedule determined by each individual provider. These providers will deliver to OP based solely on the street address. Prospective Contractors assume all risk for timely, properly submitted deliveries.</p>	
Bid's Outer Packaging:	<p>Seal outer packaging and properly mark with the following information. If outer packaging of bid submission is not properly marked, the package may be opened for bid identification purposes.</p> <ul style="list-style-type: none"> • Bid number • Date and time of bid opening • Prospective Contractor's name and return address

OFFICE OF PROCUREMENT CONTACT INFORMATION			
OP Buyer:	Chorsie Burns	Buyer's Direct Phone Number:	501-682-6327
Email Address:	DHS.OP.Solicitations@dhs.arkansas.gov	DHS's Main Number:	501-396-6045
DHS Website:	https://humanservices.arkansas.gov/do-business-with-dhs		
OSP Website:	http://www.arkansas.gov/dfa/procurement/bids/index.php		

DOCUMENTATION CHECKLIST

As outlined in section 2.4 Minimum Qualifications in the solicitation document, please provide the following:

- Official documentation of active registration from the Arkansas Secretary of State's Office - See RESUME
- Certificate of good standing from the Arkansas Supreme Court ✓
- Current copy of resume including information required in Section 2.4.D of the solicitation - ~~IN RESUME~~
- Official Bid Price Sheet ✓
- All documents provided in the bid response packet ✓
- Copy of Vendor's Equal Opportunity Policy - IN RESUME
- Signed Addenda, if applicable - NA
- EO 98-04 Disclosure Form (Attachment A) ✓

No Nursing Home
Lit
Read out
10 yrs

BID RESPONSE PACKET
710-23-0029

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Stanley M. "Jack" Bell			
Address:	1629 Rockwater Blvd. #6-104			
City:	North Little Rock	State:	AR	Zip Code: 72114
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"/> Service Disabled Veteran	
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Women-Owned	
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American		
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:	Stanley M. "Jack" Bell	Title:	Attorney
Phone:	501-529-1027	Alternate Phone:	
Email:	JACK1Bell@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.
<p>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.</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.

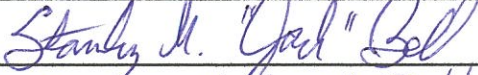
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Stanley M. "Jack" Bell Title: Attorney
 Printed/Typed Name: Stanley M. "Jack" Bell Date: 1-9-2023

SECTIONS 1 - 4 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 the bid solicitation.

Vendor Name:	Stanley M. "Jack" Bell	Date:	1-9-2023
Signature:		Title:	Attorney
Printed Name:	Stanley M. "Jack" Bell		

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.



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


STANLEY M. 'JACK' BELL, P.A.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office August 17, 2000.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 10th day of January 2023.


John Thurston
Secretary of State
Online Certificate Authorization Code: b33dc9e21219040
To verify the Authorization Code, visit sos.arkansas.gov

Supreme Court

State of Arkansas

Little Rock

CERTIFICATE OF GOOD STANDING

State of Arkansas

in the Supreme Court

I, Kyle E. Burton, Clerk of the Supreme Court of Arkansas, do hereby certify that Stanley Marcus Bell was enrolled as an Attorney at Law and Solicitor in Chancery by the Supreme Court of this State on September 9, 1991 and that no disbarment proceedings nor adverse disciplinary actions have been filed against this attorney in this court during the past three year period.

In Testimony Whereof, I hereunto
set my hand as Clerk and affix the seal of Said Court
this the 9th day of January, 2023.

KYLE E. BURTON

(CLERK)

By



Deputy Clerk



STANLEY M. "JACK" BELL

Hearing Officer / Attorney at Law
1629 Rockwater Blvd., #6-104
North Little Rock, AR 72114
Ph (501) 529-1027
jack1bell@att.net

AREAS OF PRACTICE

Parole Revocation Judge, Administrative Law Judge, Mediation, Adjunct Law Professor, Alternative Dispute Resolution, Domestic Relations and Family Law, Attorney Ad Litem Representation, Criminal Defense, Contract Disputes,

BAR MEMBERSHIPS & ORGANIZATIONS

Former President of the Arkansas Conflict Resolution Association, Past Chair of the Arkansas Bar Association's ADR Section, Colorado Bar Association (Inactive).

EDUCATION

University of Arkansas School of Law, Juris Doctorate - 1991
Arkansas State University, Bachelor of Science - 1986

EXPERIENCE

April 2021 – Present: Arkansas Parole Board Revocation Judge. Conduct Parole Revocation Hearings for the APB.

August 2000 – April 2021; Owner of Arkansas Mediation Service, P.A. and a small solo practice of The Law Office of Stanley M. "Jack" Bell, P.A. Certified in all areas of mediation by the Arkansas ADR Commission. Qualified and listed by the Arkansas Administrative Office of Courts as a mediator within the federally funded Arkansas Access and Visitation Mediation Program and listed on the Roster of the Arkansas Alternative Dispute Resolution Commission as a certified mediator in all areas of mediation. Adjunct Professor, UALR School of Law – ADR and mediation. Mediator of the United States Postal Service's Redress Program, the Department of Veteran's Affairs, the UALR Bowen School of Law's Dependency and Neglect Mediation Program and Special Education Mediation Program. Administrative Law Judge for the Arkansas Department of Human Service's Office of Long Term Care. No Nursing Home representation and over 10 years of experience.

November 1998 - August 2000; Associate with Howell, Trice & Hope, P. A., a general practice law firm. Practice included Criminal Defense, Domestic Relations and Family Law, Corporate Law, Consumer Law and Probate. Represented clients regarding Fair Credit Reporting Act violations, Fair Debt Collection Practices Act violations and other federal regulatory actions. Also involved in representation regarding the Medical Information Bureau.

February 1998 - November 1998: The Law Offices of Stanley M. "Jack" Bell, solo practitioner, Colorado Springs, Colorado. Practice emphasized Criminal Defense, Military Justice, Domestic Relations and Family Law.

June 1997 - January 1998; Member of the law firm Whited, Frank, Linden, & Bell, L.L.C. Practice emphasized Criminal Defense, and Military Justice, Domestic Relations and Family Law.

September 1991 – July 1997: Served as an Officer in the United States Army Judge Advocate General's Corps.

August 1996 - June 1997; Trial Counsel (Prosecutor) Fort Carson, Colorado. Prosecuted soldiers accused of a variety of felonies ranging from (but not limited to) rape, physical child abuse by burning, larceny, aggravated assault, drug use, and child molestation. Advised commanders regarding appropriate level of disposition for criminal acts.

July 1994 - July 1996; Defense Appellate Attorney, Falls Church, Virginia. Served as Appellate Defense Counsel for soldiers convicted by courts-martial and sentenced to over one year confinement and/or a punitive discharge. Attended several death penalty conferences and was specifically trained in representing appellate capital cases. Represented clients at the U.S. Army Court of Criminal Appeals, and the U.S. Court of Criminal Appeals for the Armed Forces.

February 1993 - July 1994; Trial Defense Attorney, Fort Belvoir, Virginia. Lead Attorney in over 30 bench and jury trials. Represented soldiers accused of misdemeanor and felony offenses at Article 32 Hearings, pre-trial confinement hearings, non-judicial punishment hearings, Special and General Courts-martial, and Administrative Elimination Boards.

December 1991 - February 1993; Legal Assistance Attorney, Yongsan (Seoul) Korea. Advised and assisted clients on a full range of issues including, Family Law, NCOER appeals, and Consumer Law. Established the first Consumer Protection Program in Korea, providing consumer protection resources and training to military members and families.

REPORTED CASES

U.S. v. Stanley, 43 M.J. 671 (Army Ct. Crim. App., Sep 25, 1995),
U.S. v. Norman, 42 M.J. 501 (Army Ct. Crim. App., Mar 31, 1995),
U.S. v. Weatherspoon, 44 M.J. 211 (U.S. Armed Forces, Jul 30, 1996),
U.S. v. Sullivan, 42 M.J. 360 (U.S. Armed Forces, Sep 13, 1995),
U.S. v. Boone, 44 M.J. 742 (Army Ct. Crim. App., Sep 26, 1996),
U.S. v. Johnson, 45 M. J. 88 (U.S. Armed Forces, Sep 27, 1996),
U.S. v. Smith, 44 M.J. 720 (Army Ct. Crim. App., Aug 28, 1996).

REFERENCES

Available upon request.

Attachment Number _____

Action Number _____

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

SUBCONTRACTOR NAME: _____

TAXPAYER ID NAME: _____

Stanley M. "Jack" Bell - Atty

IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: _____

Bell

FIRST NAME

Stanley

M.I.: *M.*

ADDRESS: _____

1629 Rockwater Blvd, #6-104

CITY: _____

Noel Little Rock

STATE: *AR*

ZIP CODE: *72114*

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 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.]	Person's Name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee	✓		<i>Act Prod 35 - Revocation</i>	<i>4/21</i>	<i>Current</i>	<i>No Conflict Interest letter previously submitted</i>		

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?	Person's Name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly									
Constitutional Officer									
State Board or Commission Member									
State Employee									

None of the above applies

Attachment Number _____
Action Number _____

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 Stanley M. "Jack" Bell Title Attorney Date 1-9-2025
Vendor Contact Person Stanley M. "Jack" Bell Title Attorney Phone No. 501-529-1027

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____
Contact Phone No. _____ or Grant No. _____