

**BID RESPONSE PACKET**  
**710-24-0014**

**Bid Opening Date/Time:**

December 13, 2023, 11:00a.m. Central Time

**Prospective Contractor:**

Housley and Reaves, PLLC

1111 East Zion Road

Fayetteville, AR 72703

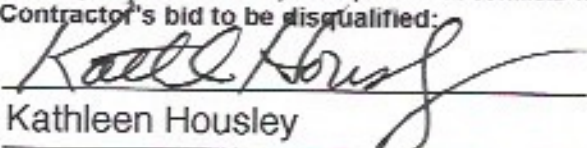
## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Housley and Reaves, PLLC		
Address:	1111 East Zion Road		
City:	Fayetteville	State:	AR      Zip Code: 72703
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input 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 checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Kathleen Housley	Title:	Business Partner
Phone:	(479)530-2545	Alternate Phone:	(479)444-9363
Email:	housleyandreaves@therapygroup.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.			
<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.**

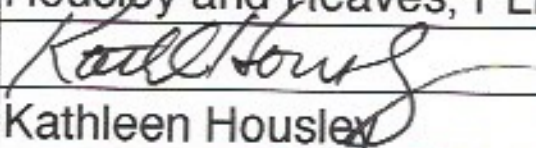
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: Business Partner  
 Printed/Typed Name: Kathleen Housley Date: 12/04/2023

## 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:	Housley and Reaves, PLLC	Date:	12/04/2023
Signature:		Title:	Business Partner
Printed Name:	Kathleen Housley		



## 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
Angelica Yang, LPC	2608 SE 5th Street	Bentonville, Ar72712
Amy Blue, LAC	3204 Peach Blossom	Bentonville, AR 72712
Megan Group, LCSW, LADAC	3304 Scott Lane	Springdale, AR 72762
Mark Foster, LPC, LADAC, CSAM	1301 w. Nursery Road	Rogers, AR 72758
Melody Krame, LAMFT	2801 W. Wellington Circle	Rogers, AR 72761
Jason Bowyer, LAC	879 Ash Court	Siloam springs, AR 72761
Theresa Driver, LPC, LADAC	4257 Gable Drive	Fayetteville, AR 72703
Jerriod Broadnax, LADAC	7926 N. Susan Carol Lane	Fayetteville, AR72703
Jose Fred Garcia, LPC	593 S. Horsebard Road	Rogers, AR 72758
Catherine Cruz, LAC	2517 Wyandott Ave	Springdale, AR 72764

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## 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
Jason Cates, LCSW	3045 E. History	Fayetteville, AR 72701
Cyndi Lyon, LCSW	604 N. 13th Street	Rogers, AR 72756
Mary Katherine Beard, LAC	1111 East Zion Road	Fayetteville, AR 72703
Chloe Zahn, LAC	818 S. College Ave	Fayetteville, AR 72701

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## COUNTIES/SERVICE TYPE

**Instructions:** Select each county in which services can be provided by the Prospective Contractor. Refer to Attachment I for State Map of Counties.

Arkansas	
Ashley	
Baxter	X
Benton	X
Boone	X
Bradley	
Calhoun	
Carroll	X
Chicot	
Clark	
Clay	X
Clebume	
Cleveland	
Columbia	
Conway	X
Craighead	X
Crawford	X
Crittenden	
Cross	
Dallas	
Desha	
Drew	
Faulkner	X
Franklin	X
Fullton	X

Garland	
Grant	
Greene	X
Hempstead	
Hot Spring	
Howard	
Independence	
Izard	X
Jackson	
Jefferson	
Johnson	X
Lafayette	
Lawrence	X
Lee	
Lincoln	
Little River	
Logan	X
Lonoke	
Madison	X
Marion	X
Miller	
Mississippi	X
Monroe	
Montgomery	
Nevada	

Newton	X
Ouachita	
Perry	
Phillips	
Pike	
Poinsett	
Polk	
Pope	X
Prairie	
Pulaski	
Randolph	X
Saline	
Scott	X
Searcy	X
Sebastian	X
Sevier	
Sharp	X
St. Francis	
Stone	
Union	
Van Buren	X
Washington	X
White	
Woodruff	
Yell	X

All counties (Statewide)	<input type="checkbox"/>
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**Instructions:** Select each type of counseling service that can be provided by the Prospective Contractor.

Individual	<input checked="" type="checkbox"/>
Family	<input checked="" type="checkbox"/>
Group	<input checked="" type="checkbox"/>
Medication Management	<input type="checkbox"/>



## Performance and History Form

**Instructions:** DHS requests that Prospective Contractors disclose historical information intended to help DHS gain a full understanding of Prospective Contractor's history. This form **must** be accurately completed and signed by the same signatory who signed the Signature Page (Refer to page 2). Failure to disclose information may be grounds for disqualification of the Prospective Contractor's bid.

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

DHS reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. For each listed client, Prospective Contractor **must** include the client entity's name, address, and phone number. Additionally, Prospective Contractors are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If DHS contacts the clients listed, DHS reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

If there are no contracts which meet the definition, Respondent **must** state "none."

1. Provide the total number of therapists/clinicians available and describe your capacity to provide services in each county selected.

Housley and Reaves, PLLC, 1111 E Zion Road, Fayetteville, AR & 1732 SE Moberly Lane, Bentonville, AR; Phone Number is (479)530-2545. Kathleen Housley is the contact person for the contract. Housley Counseling Services, Inc. is also owned by Kathleen Housley and has held the Counseling Contract for AR DHS/DCFS since 7/01/2000 to date. Housley and Reaves is a Licensed Substance Abuse Program for the State of AR. We are also credentialed with the AR Medicaid program. We have a total of 16 therapists currently of which there are 3 LCSW's, 6 LPC's, 1 LAMFT, 5 LAC's and 1 Certified Forensic Counselor. Of these, 6 hold dual licenses as LADAC's. Three of the therapists are fluent in Spanish. Other therapists will be added to the agency as needed to complete the proposed contract work. Also, additional physical offices will be obtained in each new area proposed. All of the therapists utilize a HIPAA compliant Zoom program for telehealth services to all clients when beneficial. We have MOUs with Alleivant Health Center and Chenal Family Therapy for psychiatric services and medication maintenance. They are able to meet with the clients within two weeks.

2. Has the Prospective Contractor had therapist/clinicians on probation with the State Licensing Board?

Yes     No

If yes, include the number and reason(s) for the probation.

3. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, a below standard vendor performance report, or these equivalents in the State of Arkansas.

Yes  No

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the contractual obligations.

Authorized Signature: *Kathleen Housley* Title: Business Partner  
Printed/Typed Name: Kathleen Housley Date: 12/04/2023





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

License Number: 32169

**This Is to Certify That  
HOUSLEY & REAVES PLLC**

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity

ALCOHOL AND OTHER SUBSTANCE ABUSE TREATMENT

on the premises located at

1111 EAST ZION ROAD

FAYETTEVILLE

County of

WASHINGTON

Arkansas.

License Effective: 07/02/2022

License Expires: 7/01/25





**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 Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**HOUSLEY & REAVES, PLLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 17, 2017.

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 6th day of December 2023.



*John Thurston*

John Thurston  
Secretary of State  
Online Certificate Authorization Code: 886d105468d3eef  
To verify the Authorization Code, visit sos.arkansas.gov

Arkansas Board of Examiners in Counseling  
and Marriage & Family Therapy



LICENSE CARD

This is to certify that

**Kathleen Housley**

holds ACTIVE status as a

**LPC**

in the state of Arkansas in accordance  
with Arkansas Code Annotated §17-27--  
101 et seq.

License #

**P9306008**

Issue Date

**06/01/2023**

Expiration Date

**05/31/2025**

PLEASE NOTIFY ARBOEC OF ANY CHANGE OF  
ADDRESS IMMEDIATELY

Please sign this wallet ID card and carry it with you as you would your driver license

*Suzanne B. Casey*

Suzanne B. Casey  
BOARD CLERK





State of Arkansas  
Board of Examiners

of Alcoholism and Drug Abuse Counselors

certifies that

**Kathleen Housley**

is currently licensed under the authority

of Act 443 of 2009 as a

**Licensed Alcoholism & Drug Abuse Counselor**

Date of Issue

License No.

Expiration Date

10/12/2007

265L

12/31/23

*Pam Jike*

Board Administrator

Arkansas Board of Examiners in Counseling  
and Marriage & Family Therapy



**LICENSE CARD**

This is to certify that

**Shelly Reeves**

holds ACTIVE status as a

**LPC**

in the state of Arkansas in accordance  
with Arkansas Code Annotated §17-27-  
101 et seq.

License #

**P1211111**

Issue Date:

**06/01/2023**

Expiration Date:

**05/31/2025**

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF  
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your driver license.

*Suzanne B. Casey*

Suzanne B. Casey  
BOARD CHAIR



State of Arkansas  
Board of Examiners of Alcoholism  
and Drug Abuse Counselors

certifies that  
Shelly Reaves

is currently licensed under the authority  
of Act 443 of 2009 as a

**LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR**

Date of Issue	License No.	Expiration Date
03/08/2013	3564	12/31/23

*Pam Dite*  
Board Administrator





**Arkansas Board of Examiners  
in Counseling and Marriage  
& Family Therapy**

# THERESA DRIVER

**License Number** P1311108  
**License Status** Active  
**License Expiration Date** 05/31/2025  
**License Type** LPC  
**Initial Date of Licensure** 11/20/2013  
**Phone** (479) 263-2271  
**E-mail Address** theresajdriver@gmail.com

## Primary Place of Practice

Employer	Street	City	Province / State
Self/Theresa Driver	4257 Gabel Drive 3C	Fayetteville	Arkansas



State of Arkansas  
Board of Examiners of Alcoholism and  
Drug Abuse Counselors

Theresa J. Driver 3737L

*Certifies that:*

has complied with the requirements in accordance with the laws of the State and is hereby licensed with all rights, privileges and responsibilities prescribed by Act 1588 of 1999 to practice as a Licensed Alcoholism and Drug Abuse Counselor

January 1, 2014

Expires December 31, 2023

Date

*Anthony*  
Chairperson

*Ann*  
Vice-Chair

*R. C. Wright*  
Secretary/Treasurer





## Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

### Mark Foster

License Number	P1103018
License Status	Active
License Expiration Date	05/31/2024
License Type	LPC
Initial Date of Licensure	03/21/2011
Phone	(479) 521-8877
E-mail Address	markf@ccoacares.com

### Primary Place of Practice

Employer	Street	City	Province / State
Credit Counseling of Arkansas (CCOA)	1111 Zion Road	Fayetteville	Arkansas
Mark Foster Counseling Services	1732 SE Moberly Lane, Suite 12	Bentonville	Arkansas





**Arkansas Department of Health**  
**STATE BOARD OF EXAMINERS OF**  
**ALCOHOLISM AND DRUG ABUSE COUNSELORS**  
**4815 West Markham Street, Box 42A**  
**Little Rock, AR 72205**  
**Phone: (501) 295-1100 Fax: (501) 251-1151**  
**E-Mail: [sbeadac@gmail.com](mailto:sbeadac@gmail.com)**

December 10, 2021

Dear Counselor:

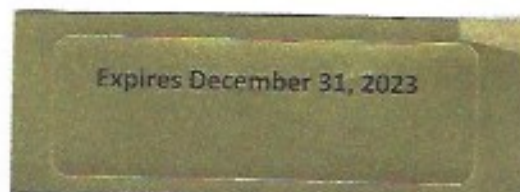
Congratulations! Enclosed are your wallet certificate and the new date sticker to add to your wall certificate signifying your re-licensure with the State Board of Examiners of Alcoholism and Drug Abuse Counselors for 2022-2023. Check the license carefully and let me know of any discrepancies. Also, let me know if your contact information changes at any time.

This has been an unusual licensure cycle. Many did not understand what the 'interactive' classes were. Quite simply, any class where you could interact with the instructor or other students, such as ZOOM classes, webinars, etc. could be counted as in-person classes. Those need to be listed under in-person CE hours. Online classes need to be listed separately. The rule still remains that you need 20 CE hours in-person and 20 may be online. Also, 20 or more hours must be substance use disorder related. 20 may be under mental health. We have no idea how long this Covid virus may be around, so I encourage you to get your in-person hours out of the way as soon as possible. Several have waited until the last half of this year, and been unable to find those classes. Either that, or they had to pay a lot for the classes they found.

Please don't hesitate to call me with questions or concerns. I enjoy working with each one of you.

Sincerely,

Pam Fite  
Board Administrator



State of Arkansas  
Board of Examiners of Alcoholism  
and Drug Abuse Counselors  
certifies that  
**Mark Foster**  
is currently licensed under the authority  
of Act 443 of 2009 as a  
**LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR**

Date of Issue	License No.	Expiration Date
06/13/2008	271L	12/31/23

  
Board Administrator



## SOCIAL WORK LICENSING BOARD ROSTER

Print

# Megan Nicole Group

**Location:** Springdale, AR**Level:** LCSW**License Number:** 4564-C**Date Issued:** 1/31/2012**Expiration:** 1/31/2024**Disciplinary Action:** no

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

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

**Licensure Level Key:**

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker





**State of Arkansas**  
**Board of Examiners of Alcoholism**  
**And Drug Abuse Counselors**

certifies that

**Megan Group**

is currently licensed under the authority  
of Act 443 of 2009 as a

**LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR**

Date of Issue      License No.      Expiration Date

01/01/2016

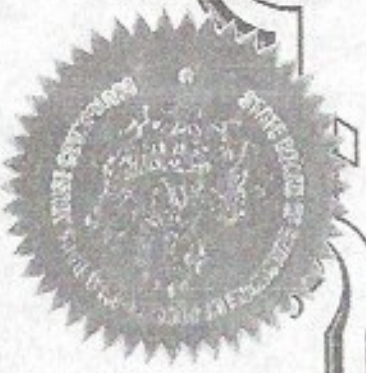
392L

12/31/23

*Parvatile*

Board Administrator





State of Arkansas

Board of Examiners of Alcoholism and

Drug Abuse Counselors

**Meriod D. Broadnax**

certifies that:

**3333E**

has complied with the requirements in accordance with the laws of the State and is hereby licensed with all rights, privileges and responsibilities prescribed by

Act 1588 of 1999 to practice as a

Licensed Alcoholism and Drug Abuse Counselor

**MAY 11, 2012**

Date

Expires December 31, 2023

*Beverly Jenkins*  
Chairperson

*Barbara Walker*  
Vice-Chair

*Elizabeth Hoke*  
Secretary/Treasurer



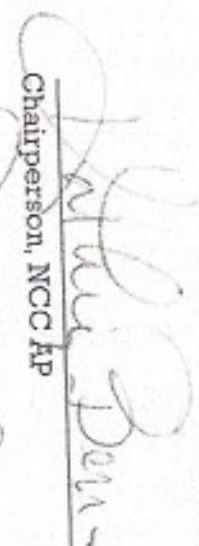
# National Certification Commission for Addiction Professionals

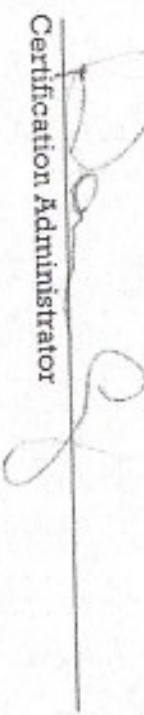
hereby certifies that  
**Jerriod Broadnax**

has met all of the eligibility standards for the practice of  
Substance Use Disorders Counseling established by  
the Commission and is hereby conferred the title of



**National Certified Addiction Counselor II**

  
Chairperson, NCCAP

  
Certification Administrator

Certificate Number 016701  
Date Awarded September 30, 2016





# National Association of Forensic Counselors

Hereby Awards

JERRIOD N. BROADNAX

The Designation Of

CLINICALLY CERTIFIED FORENSIC COUNSELOR

With all the rights and privileges thereto, and having met the NAFC requirements set forth to be issued this title.

Certification Expires on:

1/30/2024

Certification No.:

28533

Member Since:

1/3/2018



Karla M. Taylor, President - CEO

Katelynn M. Chaffee, Member Relations Director

This certificate remains the property of the Issuer and must be immediately returned to the Issuer upon demand for any reason and/or in the event of failure to renew. The bearer of this certificate agrees to abide by the most recent revision of all NAFC Terms of Membership which can be obtained from our website or by contacting our office.

The American Academy of Certified Forensic Counselors (AACFC) is the Certification Commission of the National Association of Forensic Counselors.

This certificate is not valid if missing any of the following: Name of NAFC Member Name, Certification Title, Expiration Date, Certification No., Member Since Date, Signatures of NAFC Officers, NAFC Printed Seal, below banner and/or if it is expired. To verify NAFC Membership status, please contact NAFC at 260-426-7234.

Honesty ~ Competency ~ Integrity





## SOCIAL WORK LICENSING BOARD ROSTER

Print

**Jason Robert Cates****Location:** Fayetteville, AR**Level:** LCSW**License Number:** 8066-C**Date Issued:** 2/19/2019**Expiration:** 2/28/2025**Disciplinary Action:** no

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LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker



## SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

# Cyndie Lue Lyon

**Location:** Rogers, AR**Level:** LCSW**License Number:** 977-C**Date Issued:** 11/17/1993**Expiration:** 1/31/2024**Disciplinary Action:** no

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LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker



Arkansas Board of Examiners  
in Counseling and Marriage  
& Family Therapy

## Angelica Yang

License Number	P2209022
License Status	Active
License Expiration Date	05/31/2025
License Type	LPC
Initial Date of Licensure	09/21/2022
Phone	
E-mail Address	





Arkansas Board of Examiners  
in Counseling and Marriage  
& Family Therapy

## Jose Garcia

License Number	P0800045
License Status	Active
License Expiration Date	05/31/2024
License Type	LPC
Initial Date of Licensure	06/03/2008
Phone	(479) 633-9522
E-mail Address	fredgarcia145@yahoo.com

### Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Garcia Counseling Services, LLC	593 S. Horsebarn Rd., Suite 102	Rogers	Arkansas	72758	

Powered by Thentia Cloud (<https://www.thentia.com>)

**Arkansas State Board of Examiners in Counseling**

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Chloe Miranda Zahn  
818 S. College Ave Apt #2  
Fayetteville, AR 72701

Date 7/14/2022  
For LAC  
License # A2207006

 Arkansas State Board of Examiners in Counseling

Licensee: Chloe Miranda Zahn  
License: A2207006  
LAC  
Effective: 7/14/2022 Expires: 5/31/2024

**CHAIR OF THE BOARD** *[Signature]*

Payor  
Date 7/14/2022  
Receipt No. 7163

Item	Licensee	License No	Type	Amount
7439	Chloe Miranda Zahn	A2207006	LAC	\$200.00
Total				\$200.00



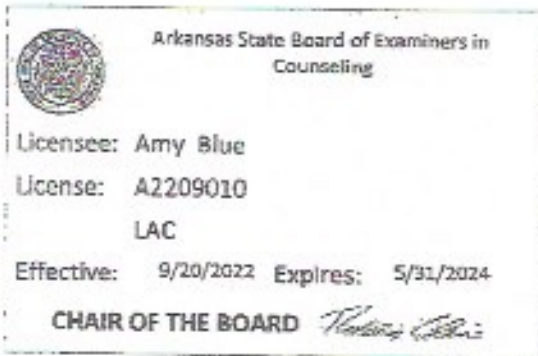


Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



Amy Blue  
32054 Peach Blossom  
Bentonville, AR 72712

Date 9/20/2022  
For LAC  
License # A2209010



Payor  
Date 9/20/2022  
Receipt No. 7373

Item	Licensee	License No	Type	Amount
7652	Amy Blue	A2209010	LAC	\$180.00
Total				\$180.00



Arkansas Board of Examiners  
in Counseling and Marriage  
& Family Therapy

## Jason Bowyer

License Number	A2208029
License Status	Active
License Expiration Date	05/31/2024
License Type	LAC
Initial Date of Licensure	08/30/2022
Phone	N/A
E-mail Address	N/A

Powered by Thentia Cloud (<https://www.thentia.com>)

Arkansas Board of Examiners in Counseling  
And Marriage & Family Therapy



PLEASE NOTIFY ARBOEC OF ANY CHANGE  
OF ADDRESS IMMEDIATELY

LICENSE CARD

This is to certify that

**Mary Beard**

holds ACTIVE status as a(a):

**LAC**

in the state of Arkansas in accordance  
with Arkansas Code Annotated 97-27  
— 101 et seq.

License #:

**A2310025**

Initial Date:

**10/18/2023**

Expiration Date:

**05/31/2025**

*Suzanne B. Casey*

Suzanne B. Casey  
BOARD CHAIR

✂





## Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

### Melody Kramme

License Number	F2109002
License Status	Active
License Expiration Date	05/31/2025
License Type	LAMFT
Initial Date of Licensure	09/20/2021
Phone	(479) 986-4061
E-mail Address	mkramme@nwacc.edu

### Primary Place of Practice

Employer	Street	City	Province / State
Northwest Arkansas Community College	1 College Drive	Bentonville	Arkansas



**Division of Medical Services**

Medicaid Provider Enrollment Unit

Gainwell Technologies

P.O. Box 8105, Little Rock, AR 72203-8105

P: 501-376-2211 Toll Free 1-800-457-4454 · F: 501-374-0746

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

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Dear HOUSLEY AND REAVES:

Thank you for your interest and participation in the Arkansas Medicaid Program. Your enrollment packet has been reviewed and processed. Your new 9-digit provider identification number and information are listed below:

Provider ID Number: 307283744

Service Location: 1111 E ZION RD

Effective Date: 9/8/2022

FAYETTEVILLE, AR 72703-5013

Specialty: W2 - INDEPENDENTLY LIC PRACTITIONER (ILP) - LPC

If any of the information on your enrollment application and/or contract should change in the future, please notify in writing:

**Gainwell Technologies  
Medicaid Provider Enrollment Unit  
P.O. Box 8105  
Little Rock, AR 72203-8105**

If you are required to report your National Provider Identifier (NPI) to Arkansas Medicaid for electronic transactions, please use your provider identification number to log on to the provider portal at <https://portal.mmis.arkansas.gov/ARMedicaid/Provider/>, where you can access the NPI reporting tool. Providers without Internet access can use the paper NPI reporting form.

In addition to your provider identification number, you will need the following information:

- tax identification number or Social Security number
- taxonomy code (if applicable)
- location and contact information

If you are not eligible for an NPI, you will continue to use your provider identification number on electronic transactions. The Medicaid fiscal agent is Gainwell. Claims should be sent to the address stated in Section I of your Medicaid Provider Manual. If you have questions regarding claims processing, please call the Gainwell Provider Assistance Center at (501) 376-2211 or toll free 1-800-457-4454.

If you have questions regarding your provider identification number, please call the Gainwell Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely,  
*Provider Enrollment*



ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**

**Division of Medical Services**

Medicaid Provider Enrollment Unit

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<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

Dear KATHLEEN HOUSLEY:

Thank you for your interest and participation in the Arkansas Medicaid Program. Your enrollment packet has been reviewed and processed. Your new 9-digit provider identification number and information are listed below:

Provider ID Number:	190158719	Service Location:	1111 E ZION RD
Effective Date:	6/13/2022		FAYETTEVILLE, AR 72703-5013

Specialty: W2 - INDEPENDENTLY LIC PRACTITIONER (ILP) - LPC

If any of the information on your enrollment application and/or contract should change in the future, please notify in writing:

**Gainwell Technologies  
Medicaid Provider Enrollment Unit  
P.O. Box 8105  
Little Rock, AR 72203-8105**

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In addition to your provider identification number, you will need the following information:

- tax identification number or Social Security number
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If you are not eligible for an NPI, you will continue to use your provider identification number on electronic transactions. The Medicaid fiscal agent is Gainwell. Claims should be sent to the address stated in Section I of your Medicaid Provider Manual. If you have questions regarding claims processing, please call the Gainwell Provider Assistance Center at (501) 376-2211 or toll free 1-800-457-4454.

If you have questions regarding your provider identification number, please call the Gainwell Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely,  
*Provider Enrollment*





**Arkansas  
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Division of Medical Services  
Medicaid Provider Enrollment Unit  
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<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

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Date: 09/09/2023

KATHLEEN HOUSLEY  
1111 E ZION RD  
FAYETTEVILLE, AR 72703-5013

Arkansas Medicaid Provider Number: 190158719

Dear KATHLEEN HOUSLEY:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

**Provider Information Changes**

Description	Information
Member of Group	307283744 - HOUSLEY AND REAVES Effective: 09/08/2022 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment



**Division of Medical Services**

Medicaid Provider Enrollment Unit

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P.O. Box 8105, Little Rock, AR 72203-8105

P: 501-376-2211 Toll Free 1-800-457-4454 · F: 501-374-0746

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

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Dear SHELLY REAVES:

Thank you for your interest and participation in the Arkansas Medicaid Program. Your enrollment packet has been reviewed and processed. Your new 9-digit provider identification number and information are listed below:

Provider ID Number: 300523719                      Service Location: 1732 SE MOBERLY LN  
Effective Date: 1/1/2023                              BENTONVILLE, AR 72712-9239

Specialty: W2 - INDEPENDENTLY LIC PRACTITIONER (ILP) - LPC

If any of the information on your enrollment application and/or contract should change in the future, please notify in writing:

**Gainwell Technologies**  
**Medicaid Provider Enrollment Unit**  
**P.O. Box 8105**  
**Little Rock, AR 72203-8105**

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If you have questions regarding your provider identification number, please call the Gainwell Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely,  
*Provider Enrollment*



ARKANSAS  
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<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

---

Date: 09/09/2023

SHELLY REAVES  
1732 SE MOBERLY LN  
BENTONVILLE, AR 72712-9239

Arkansas Medicaid Provider Number: 300523719

Dear SHELLY REAVES:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

**Provider Information Changes**

<b>Description</b>	<b>Information</b>
Member of Group	307283744 - HOUSLEY AND REAVES Effective: 09/08/2022 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment





**Arkansas  
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Date: 12/07/2023

HOUSLEY AND REAVES  
1111 E ZION RD  
FAYETTEVILLE, AR 72703-5013

Arkansas Medicaid Provider Number: 307283744

Dear HOUSLEY AND REAVES:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

**Provider Information Changes**

Description	Information
Group Member	311842719 - THERESA DRIVER Effective: 01/01/2023 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment

## **Housley and Reaves, PLLC Equal Employment Opportunity**

It is the policy of Housley and Reaves to provide equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran and/or veteran of the Vietnam Era or any other characteristic protected by federal, state or local law. In addition, Housley Counseling Services, Inc. will provide reasonable accommodations for otherwise qualified disabled individuals.

Housley and Reaves goal is to achieve at least proportional representation of women and people of color across the company. Our program is designed to comply with all applicable federal, state and local laws, directives and regulations and cover all human resource actions including employment, compensation, and benefits.

Housley and Reaves is responsible for the affirmative action efforts and ensuring that the principle of equal employment opportunity is understood and followed. Housley and Reaves are responsible for local affirmative action efforts. All employees/subcontractors and staff must be familiar with this policy, must fully support it, and are responsible for applying these principles in good faith. All employees/subcontractors and staff are responsible for conduct consistent with the EEO Policy and are expected to demonstrate respect for all co-workers.

Housley and Reaves is an equal opportunity/affirmative action employer committed to cultural diversity in the workforce.

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

**ADDENDUM 1**

**TO:** All Addressed Vendors  
**FROM:** Office of Procurement  
**DATE:** November 29, 2023  
**SUBJECT:** 710-24-0014 Counseling Services

The following change(s) to the above referenced IFB have been made as designated below:

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

**CHANGE OF SPECIFICATION(S)**

- Section 2.3.F.2 – remove and replace with the following:  
The Contractor shall submit to the county supervisor or designee a copy of the client's treatment plan and any updates to the treatment plan. Justification shall remain in the client's file.
- Section 2.3.F.3 – remove and replace with the following:  
Contractor must submit treatment plan updates to DCFS.
- Section 2.3.D.6 – remove and replace with the following:  
Licensed professionals providing services must have a minimum of one (1) year experience in individual, family, and/or group therapy or under the supervision of a licensed professional. Provider must have experience providing counseling in the community, natural environment, and office based.
- Section 2.3.H.10 – remove the following:  
Contractor must submit client monthly progress notes to the DCFS Supervisor documenting services, including the client's response and engagement in services. These progress notes shall summarize dates/times of service, progress in counseling, and continued care recommendations. Progress notes are due by the 10th of each month.

**OTHER**

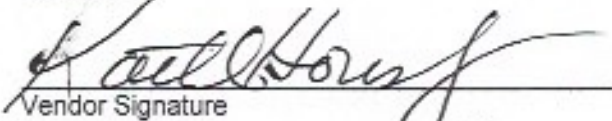
- Official Bid Price Sheet – remove and replace with 710-24-0014 Official Bid Price Sheet - Revised.
- Section 3.1.D – add the following language:  
A minimum of seventy percent (70%) of all billed time (exclusive of travel time) for counseling services must be direct service. Direct service is defined as face-to-face contact with the family.
  1. DHS may allow up to thirty percent (30%) for indirect costs and mileage. The current State of Arkansas mileage reimbursement rate is \$0.65 per mile. The mileage reimbursement rate may increase or decrease throughout the duration of the contract in accordance with the rate set by the Arkansas Department of Finance and Administration. The mileage reimbursement rate applied will be the current state rate on the date of travel.
  2. The Contractor must submit a list of indirect costs with invoices for DHS review and approval.



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The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, [DHS.OP.Solicitations@dhs.arkansas.gov](mailto:DHS.OP.Solicitations@dhs.arkansas.gov), (501) 320-3906

  
Vendor Signature

12/4/2023  
Date

Housley and Reaves PLLC  
Company

Attachment 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.

No  
 Yes

TAXPAYER ID NAME: Housley and Reaves, PLLC IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: Housley FIRST NAME: Kathleen

ADDRESS: 1111 East Zion Road M.I.:

CITY: Fayetteville STATE: AR ZIP CODE: 72703 COUNTRY: Washington

**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 <small>[selector, 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>	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member	✓		Board Member SB/EADAC	01/20	12/23	Kathleen Housley	50% partner
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 <small>[selector, 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?	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



## 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  Title Business Partner Date 12/04/2023

Vendor Contact Person Kathleen Housley Title Business Partner Phone No. (479) 530-2545

*Agency use only*

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person Contact Phone No. Contract or Grant No.



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: SUBCONTRACTOR NAME

Yes  No

### CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

TAXPAYER ID NAME: Housley and Reaves, PLLC

IS THIS FCR:

Goods?  Services?  Both?

YOUR LAST NAME: Reaves

FIRST NAME: Shelly

M.I.:

Address: 1111 East Zion Road

City: Fayetteville

STATE:

AR

ZIP CODE: 72703

COUNTRY: Washington

**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 (V)		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 (V)		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?	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




### Contract and Grant Disclosure and Certification Form

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**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  Title Business Partner \_\_\_\_\_ Date 12/04/2023

Vendor Contact Person Kathleen Housley \_\_\_\_\_ Title Business Partner \_\_\_\_\_ Phone No. (479) 530-2545

*Agency use only*

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_





### CERTIFICATION FOR BOYCOTT AND ILLEGAL IMMIGRANT RESTRICTIONS

Pursuant to Arkansas law, a vendor must submit the below certifications prior to entering into a contract with a public entity for an amount as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.  
 A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in a boycott of Israel. If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing.  
 See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts exceeding \$25,000.  
 No state agency may enter into or renew a public contract for services with a contractor who employs or contracts with an illegal immigrant. A contractor shall certify that it does not employ, or contract with, illegal immigrants.  
 See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:**  
 For contracts valued at, or exceeding, \$75,000.  
 A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry. If a company does boycott any of these industries, see Arkansas Code Annotated § 25-1-1102.

By signing this form, the contractor agrees and certifies that it does not, and shall not for the remaining aggregate term of the contract, participate in the activities checked below:

- Do not boycott Israel.
- Do not employ illegal immigrants.
- Do not boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.

Contract Number & Description	
Name of Public Entity	Housley and Reaves, PLLC.
Name of Vendor/Contractor	
AASIS Vendor Number	

*Kathleen How*  
 Contractor Signature

12/04/2023  
 Date



**BID RESPONSE PACKET**  
**710-24-0014**  
**ADDENDUM 2**

**Bid Opening Date/Time:**

December 19, 2023, 11:00a.m. Central Time

**Prospective Contractor:**

Housley and Reaves, PLLC  
1111 East Zion Road  
Fayetteville, AR 72703





**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

Division of Provider Services  
& Quality Assurance

License Number: 32169

**This Is to Certify That  
HOUSLEY & REAVES PLLC**

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity \_\_\_\_\_ ALCOHOL AND OTHER SUBSTANCE ABUSE TREATMENT \_\_\_\_\_

on the premises located at \_\_\_\_\_ 1111 EAST ZION ROAD \_\_\_\_\_

FAVETTEVILLE \_\_\_\_\_, County of \_\_\_\_\_ WASHINGTON \_\_\_\_\_, Arkansas.

License Effective: 07/02/2022 | License Expires: 7/01/25







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<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

Dear HOUSLEY AND REAVES:

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Service Location: 1111 E ZION RD

Effective Date: 9/8/2022

FAYETTEVILLE, AR 72703-5013

Specialty: W2 - INDEPENDENTLY LIC PRACTITIONER (ILP) - LPC

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Medicaid Provider Enrollment Unit  
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Little Rock, AR 72203-8105

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Sincerely,  
Provider Enrollment



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DEPARTMENT OF  
**HUMAN  
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P: 501-376-2211 Toll Free 1-800-457-4454 · F: 501-374-0746

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

Dear KATHLEEN HOUSLEY:

Thank you for your interest and participation in the Arkansas Medicaid Program. Your enrollment packet has been reviewed and processed. Your new 9-digit provider identification number and information are listed below:

Provider ID Number: 190158719

Effective Date: 6/13/2022

Service Location:

1111 E ZION RD

FAYETTEVILLE, AR 72703-5013

Specialty:

W2 - INDEPENDENTLY LIC PRACTITIONER (ILP) - I-PC

If any of the information on your enrollment application and/or contract should change in the future, please notify in writing:

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Medicaid Provider Enrollment Unit  
P.O. Box 8105  
Little Rock, AR 72203-8105

If you are required to report your National Provider Identifier (NPI) to Arkansas Medicaid for electronic transactions, please use your provider identification number to log on to the provider portal at

<https://portal.mmis.arkansas.gov/ARMedicaid/Provider>

where you can access the NPI reporting tool. Providers without Internet access can use the paper NPI reporting form.

In addition to your provider identification number, you will need the following information:

- tax identification number or Social Security number
- taxonomy code (if applicable)
- location and contact information

If you are not eligible for an NPI, you will continue to use your provider identification number on electronic transactions. The Medicaid fiscal agent is Gainwell. Claims should be sent to the address stated in Section I of your Medicaid Provider Manual. If you have questions regarding claims processing, please call the Gainwell Provider Assistance Center at (501) 376-2211 or toll free 1-800-457-4454.

If you have questions regarding your provider identification number, please call the Gainwell Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely,  
Provider Enrollment



ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**

Division of Medical Services

Medicaid Provider Enrollment Unit

Gainwell Technologies

P.O. Box 8105, Little Rock, AR 72203-8105

P: 501-376-2211 Toll Free 1-800-457-4454 · F: 501-374-0746

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

Date: 09/09/2023

KATHLEEN HOUSLEY  
1111 E ZION RD  
FAYETTEVILLE, AR 72703-5013

Arkansas Medicaid Provider Number: 190158719

Dear KATHLEEN HOUSLEY:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

**Provider Information Changes**

Description	Information
Member of Group	307283744 - HOUSLEY AND REAVES Effective: 09/08/2022 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment





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Dear SHELLY REAVES:

Thank you for your interest and participation in the Arkansas Medicaid Program. Your enrollment packet has been reviewed and processed. Your new 9-digit provider identification number and information are listed below:

Provider ID Number:	300523719	Service Location:	1732 SE MOBERLY LN
Effective Date:	1/1/2023		BENTONVILLE, AR 72712-9239
Specialty:	W2 - INDEPENDENTLY LIC PRACTITIONER (ILP) - LPC		

If any of the information on your enrollment application and/or contract should change in the future, please notify in writing:

Gainwell Technologies  
Medicaid Provider Enrollment Unit  
P.O. Box 8105  
Little Rock, AR 72203-8105

If you are required to report your National Provider Identifier (NPI) to Arkansas Medicaid for electronic transactions, please use your provider identification number to log on to the provider portal at <https://portal.mmis.arkansas.gov/ARMedicaidProvider> where you can access the NPI reporting tool. Providers without Internet access can use the paper NPI reporting form.

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- tax identification number or Social Security number
- taxonomy code (if applicable)
- location and contact information

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If you have questions regarding your provider identification number, please call the Gainwell Provider Enrollment Unit at (501) 376-2211 or toll free 1-800-457-4454.

Sincerely,  
Provider Enrollment



**Arkansas  
Department of  
Human  
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Division of Medical Services  
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<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

Date: 09/09/2023

SHELLY REAVES  
1732 SE MOBERLY LN  
BENTONVILLE, AR 72712-9239

Arkansas Medicaid Provider Number: 300523719

Dear SHELLY REAVES:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

**Provider Information Changes**

Description	Information
Member of Group	307283744 - HIOUSLEY AND REAVES Effective: 09/08/2022 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment



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P: 501-376-2211 Toll Free 1-800-457-4454 · F: 501-374-0746

<https://humanservices.arkansas.gov/divisions-3/hospital-services/medical-services>

Date: 12/07/2023

HOUSLEY AND REAVES  
1111 E ZION RD  
FAYETTEVILLE, AR 72703-5013

Arkansas Medicaid Provider Number: 307283744

Dear HOUSLEY AND REAVES:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

#### Provider Information Changes

Description	Information
Group Member	311842719 - THERESA DRIVER Effective: 01/01/2023 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment




[Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Provider Functions](#) | [Files Exchange](#) | [Resources](#)
[Home](#) > [Characteristics](#)

Wednesday 12/06/2023 05:07 PM CST

**Provider Name** KATHLEEN HOUSLEY    **Role IDs** Provider - In Network - 1275713836 (NPI)

**Provider Characteristics**
**Summary**

Summary information associated with the selected Provider ID.

**Provider ID** 1275713836 (NPI)**Provider Type** BEHAVIORAL, MENTAL OR PSYCHOLOGY  
INDIVIDUAL**\*First** KATHLEEN**MI****\*Last Name** HOUSLEY**Title****NPI** 1275713836**Organization** \_
**Addresses**
**Languages**
**Provider Affiliates**

Affiliations displayed are limited to all current affiliations and any non-current affiliations for the past 3 years in relation to your provider account.

**Provider ID and Name Search**
**Provider ID****Business Name****Or Last Name****NPI****First Name**

Search

Clear

Total Records: 1

Provider ID	Provider Name	Affiliation Effective Date	Affiliation End Date	Current Medicaid Contract Status
307283744	HOUSLEY AND REAVES	09/01/2022	12/31/2299	Active

[Privacy Notice](#)



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[Home](#) > [Characteristics](#)

Wednesday 12/06/2023 03:46 PM CST

**Provider Name** HOUSLEY AND REAVES **Role IDs** Provider - In Network - 1750899365 (NP ▼)

Provider Characteristics ?

**Summary**

Summary information associated with the selected Provider ID.

<b>Provider ID</b> 1750899365 (NPI)	<b>Provider Type</b> BEHAVIORAL, MENTAL OR PSYCHOLOGY GROUP
<b>Name</b> HOUSLEY AND REAVES	<b>Organization</b> Partnership
<b>NPI</b> 1750899365	

Addresses +

Languages +

Provider Affiliates +

[Privacy Notice](#)

Search Results			
			Total Records: 1
Provider	Address	Phone	Specialty
HOUSLEY AND REAVIS	1111 E ZION RD , , FAYETTEVILLE , ARKANSAS, 72703-5013	1-479-530-2545	INDEPENDENTLY LIC PRACTITIONER (ILP) - LPC

[Privacy Notice](#)



Search Results

Total Records: 1

Provider	Address	Phone	Specialty
HOUSLEY AND REAVES	1111 F ZION RD , , FAYETTEVILLE , ARKANSAS, 72703-5013	1-479-530-2545	INDEPENDENTLY LIC PRACTITIONER (ILP) - LPC

[Print Notice](#)



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<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

Date: 12/14/2023

HOUSLEY AND REAVES  
1111 E ZION RD  
FAYETTEVILLE, AR 72703-5013

Arkansas Medicaid Provider Number: 307283744

Dear HOUSLEY AND REAVES:

A change was made to your Arkansas Medicaid information as shown below. If you did not make this change please contact the Provider Enrollment Office at (501) 376-2211 or in-state toll-free at 1-800-457-4454.

**Provider Information Changes**

Description	Information
Group Member	312150719 - MEGAN N GROUP Effective: 01/01/2023 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment







1111 E Zion Road, Fayetteville, 72703

1732 SE Moberly Lane, Bentonville, AR 72712

[www.housleyandreaves.com](http://www.housleyandreaves.com)

Bid No: 710-24-0014

Please find attached:

- Missouri LPC license for Kathleen Housley
- Arkansas Medicaid for Theresa Driver
- Arkansas Medicaid for Megan Group
- Arkansas Medicaid for Cyndie Lyon

The Division of Professional Registration and its boards are open during the regular business hours of 8:00a.m. to 5:00p.m. Monday through Friday, excluding state holidays (<https://oa.mo.gov/commissioner/state-holidays>).

Did you know that there is a drop box located in the front of the Professional Registration building? Individuals may leave items for the division and its boards any time. We do ask that all items be placed in a sealed envelope labeled with the board name or name of the individual if not located in a board.

## Missouri Division of Professional Registration

PR Home (<https://pr.mo.gov/>)

### Detail

#### Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

<b>Licensee Name:</b>	Housley, Kathleen L
<b>Profession Name:</b>	Professional Counselor
<b>Licensee Number:</b>	2023049441
<b>Expiration Date:</b>	6/30/2025
<b>Original Issue Date:</b>	12/18/2023
<b>Address:</b>	
<b>Address Con't:</b>	
<b>City, State Zip:</b>	Fayetteville, AR 72703
<b>County:</b>	Unknown/Out of State
<b>Practitioner DBA Name:</b>	
<b>Certification Type:</b>	
<b>Classification:</b>	
<b>Current Discipline Status:</b>	None



**Division of Medical Services**

Medicaid Provider Enrollment Unit

Gainwell Technologies

P.O. Box 8105, Little Rock, AR 72203-8105

P: 501-376-2211 Toll Free 1-800-457-4454 - F: 501-374-0746

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

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Date: 12/07/2023

HOUSLEY AND REAVES  
1111 E ZION RD  
FAYETTEVILLE, AR 72703-5013

Arkansas Medicaid Provider Number: 307283744

Dear HOUSLEY AND REAVES:

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**Provider Information Changes**

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Group Member	311842719 - THERESA DRIVER Effective: 01/01/2023 - 12/31/2299

Sincerely,

Gainwell Technologies

Provider Enrollment





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<https://humanservices.arkansas.gov/divisions-shared-services/medical-services>

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Date: 12/14/2023

HOUSLEY AND REAVES  
1111 E ZION RD  
FAYETTEVILLE, AR 72703-5013

Arkansas Medicaid Provider Number: 307283744

Dear HOUSLEY AND REAVES:

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Description	Information
Group Member	312150719 - MEGAN N GROUP Effective: 01/01/2023 - 12/31/2299

Sincerely,

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Provider Enrollment