

***BID RESPONSE PACKET***  
***710-22-0039***

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Karen Byers Mental Health - NP, PLLC			
Address:	27 Brookside Drive			
City:	Greenbrier	State:	AR	Zip Code: 72058
Business Designation:	<input checked="" type="checkbox"/> Individual <input 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 type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input checked="" 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:	Karen Byers	Title:	PMH NP- BC, APRN
Phone:	501-733-7469	Alternate Phone:	501-733-7468
Email:	kbyersrn2@sbcglobal.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: Karen Byers Title: PMH NP- BC, APRN  
 Printed/Typed Name: Karen Byers Date: 05-20-2022

## 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:	Karen Byers Mental Health NP	Date:	05-20-2022
Signature:		Title:	PMHNP-BC, APRN
Printed Name:	Karen A. Byers		

## 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.**

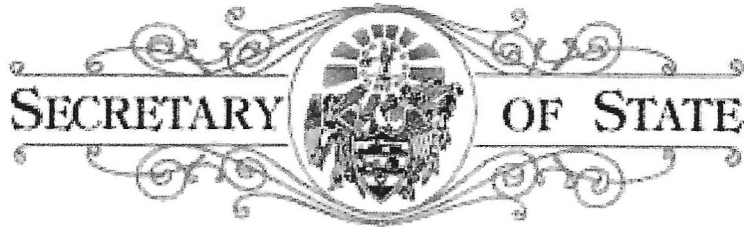
*Type or Print the following information*

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

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



# STATE OF ARKANSAS



**John Thurston**

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

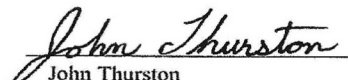
## **Articles of Organization**

of

**KAREN BYERS MENTAL HEALTH-NP, PLLC**

filed in this office  
February 03, 2021

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 3rd day of February 2021.

  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 394424601aee21a4969  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)





# Articles of Organization for Domestic LLC

## Filing Information

**Filing Act:** 1003 of 1993  
**Entity Name:** KAREN BYERS MENTAL HEALTH-NP, PLLC  
**File Date:** 2021-02-03 12:29:45  
**Effective Date:** 2021-02-03  
**Filing Signature:** KAREN BYERS

## Registered Agent:

**First Name:** CHRIS  
**Last Name:** RIPPY  
**Address 1:** 1237 FRONT STREET  
**City:** CONWAY  
**State:** AR  
**Zip:** 72032  
**Country:** USA

## Officers

**First Name:** KAREN  
**Last Name:** BYERS  
**Title:** Incorporator/Organizer  
**Address 1:** 27 BROOKSIDE DRIVE  
**City:** GREENBRIER  
**State:** AR  
**Zip:** 72058  
**Country:** USA

**First Name:** KAREN  
**Last Name:** BYERS  
**Title:** Member  
**Address 1:** 27 BROOKSIDE DRIVE  
**City:** GREENBRIER  
**State:** AR  
**Zip:** 72058  
**Country:** USA

## Principal

**Entity Name:** KAREN BYERS MENTAL HEALTH-NP, PLLC  
**Address 1:** 27 BROOKSIDE DRIVE  
**City:** GREENBRIER  
**State:** AR  
**Zip:** 72058  
**Country:** USA

# Karen A. Byers

E-MAIL: [Kbyersrn1@sbcglobal.net](mailto:Kbyersrn1@sbcglobal.net)

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27 Brookside Dr. 📍 Conway, AR 72058 📞 H: 501.679.7145 ☐ C: 501.733.7469

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## ADVANCED PRACTICE REGISTERED NURSE/NURSE PRACTITIONER

Proven competencies in providing high quality compassionate care to the pediatric, adult, and geriatric populations through the continuous development of educational preparedness and certification to assess, diagnosis, plan, treat, and evaluate medical and mental health illness across the life span. To strategize, collaborate, and foster synergies of a health care team that cares about positive patient care outcomes and lasting change. Support corporate vision and mission to meet and exceed healthcare and organizational targets, maximizing patient satisfactions in acute and long-term Mental Health care. Promoting a winning team that foster accountability and consistency, which exceed goals and expectations. Relevant skills include:

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*Evaluation/Treatment/Diagnosis \* Medication Management • Evidence Based Research/Practice •  
Physician Relations  
Patient-Family Center Care • Quality Improvement •  
Regulatory Compliance • Clinical Expertise • Case Management*

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## PROFESSIONAL EXPERIENCE

METHODIST FAMILY HEALTH OUTPATIENT SERVICES- **Psychiatric Mental Health Nurse Practitioner**, Little Rock, AR 2020-present

Providing high quality and compassionate psychiatric services to the pediatric and adult population in an outpatient setting. Treatment include-initial psychiatric evaluation/assessment, diagnosing, creating a plan of care, educating families/patients, medication management, and prescribing of medication (s). Collaborating with patients, family members and physicians to ensure needs are met and care plans/problems/goals are meet.

CONWAY HUMAN DEVELOPMENT CENTER- **Psychiatric Mental Health Nurse Practitioner**, Conway, AR 2021-present

Providing high quality and compassionate psychiatric services to the pediatric, adult, and geriatric population in a long-term setting. Treatment include-initial psychiatric evaluation/assessment, diagnosing, creating a plan of care, educating families/patients, medication management, and prescribing of medication (s). Collaborating with patients, family members and physicians to ensure needs are met and care plans/problems/goals are meet.

METHODIST FAMILY HEALTH-**Nurse Manager**, Maumelle, AR 2018-present

Provide direct patient care for psychiatric pediatric population-administering medications, facilitating educational group, support therapy, and assuming all nursing care responsibilities. Supervise nurses and behavioral techs. Assume administrative responsibilities and ensures adequate staffing for the oncoming shift. Handles occurrences during the shift, ensuring appropriate documentation and communication. Determines the issues to be referred to Administrator on call. Collaborates with patients, family members and physicians to ensure needs are met and problems are resolved. Functioned under the guidelines of CMS, The Joint Commission, and State Health Department.

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**PROFESSIONAL EXPERIENCE**

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**CONWAY REGIONAL MEDICAL CENTER- Nurse Leader/House Supervisor, Conway, AR 2003-2018**

Provide oversight for multiple hospital departments in the absence of unit management. Addresses patient care, staffing, and any other issues that may arise. Supervises nurses and staff and takes administrative responsibilities and ensures adequate staffing for the oncoming shift. Handles occurrences during the shift, ensuring appropriate documentation and communication. Determines the issues to be referred to the Administrator on call. Collaborates with patients, family members and physicians to ensure needs are met and problems are resolved. Ensures that project/department milestones/goals are met and adhering to approved budgets. Has full authority for personnel actions.

**CONWAY REGIONAL MEDICAL CENTER- Cardiac/Med-Surgical RN, Conway, AR**

Provided total patient care as staff nurse to critical care population. Served as Charge Nurse on Step-Down intermediate care unit. Demonstrated knowledge of critical patient care, responsible for patient/caregiver education and performed Procedures in accordance with established policies and procedures. Assumed responsibility for professional growth by seeking higher education

**METHODIST BEHAVIORAL HEALTH- Mental Health Nurse, Maumelle, AR 2003-2008**

Care Coordination/direct care staff for adolescent and children with maladaptive/psychiatric behaviors. Participated in therapeutic group discussion, provided support therapy, and review of patient's progress with interdisciplinary team. Administered medications and provided direct patient care. Guided & supported therapeutic corrective action according to rules and regulations. Initiated, documented and evaluated individual plans of care. Functioned under the guidelines of CMS, The Joint Commission, and State Health Department.

**ST. VINCENT GERO-PSYCH UNIT - Director of Nursing, Morrilton, AR 1998-2001**

Managed 15 bed capacity, 24-hour operation, and geriatric/psychiatric nursing unit. Accountable for approx. 40-45 nursing staff members. Responsible for recruitment, interviewing, and hiring staff. Maintained appropriate staffing levels for optimal patient safety. Evaluated work performance, ensured competencies were maintained. Conducted staff meetings, developed on-going education and training for staff. Accountable for State Health and Joint Commission Surveys. Patient safety advocate.

**BRIDGEWAY PSYCHIATRIC HOSPITAL- Unit Manager/Charge Nurse, Little Rock, AR 1989-1997**

Served as Unit Manager on inpatient ward providing mental health patient care for Adult, Adolescent and Child. Assisted physicians in coordinating and implementing plan of care, and electro convulsive therapy. Conducted treatment plan reviews. Performed utilization reviews. Revised Policies and Procedures as needed in accordance with standards and guidelines

**CONWAY HUMAN DEVELOPMENT CENTER- Licensed Practical Nurse, Conway, AR 1985-1991**

Worked with developmentally disabled individuals with Sickle Cell Anemia, Down syndrome, Mental Retardation, Cystic Fibrosis, and Seizure Disorders. Responsible for medication administration, documentation and reporting adverse signs and symptoms. Functioned as certified nursing assistant in these years providing a structured routine of activities of daily living to optimize independence

**OTHER EXPERIENCE:****ARKANSAS TECH UNIVERSITY - Leadership/Management Clinical Instructor, 2013-2014**

- Med/Surgical, Nursing Pediatric Care, Nursing Obstetric, Nursing Cardiac Care Nursing

**UNIVERSITY OF CENTRAL ARKANSAS - Mental Health Nursing Instructor, 2011-2013**

- Faculty assistance for Nursing Psychiatric Program, oversight of Nursing Psychiatric Care in the clinical setting for student nurses

**HEALTH STAFF NURSING AGENCY, LLC - Licensed Practical Nurse/Registered Nurse, 1990-1998**

- Med/Surgical, Nursing Psychiatric, Nursing Pediatric Care, Occupational Health Nursing, Utilization Review, Nursing Obstetric, Nursing Cardiac Care Nursing

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## EDUCATION / AFFILIATIONS

University of Arkansas for Medical Sciences, Little Rock, AR  
**Master of Science, Psychiatric Mental Health Nurse Practitioner, 2019**

University of Central Arkansas, Conway, AR  
**Master of Science, Nurse Educator, 2014.**

University of Central Arkansas, Conway, AR  
**Bachelor of Science, Nursing 2010**

Baptist School of Nursing, Little Rock, AR  
**Registered Nurse Diploma of Nursing, 1993**

Petit Jean Vocational School, Morrilton, AR  
**Licensed Practical Nurse, 1987**

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## QUALIFICATIONS

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- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>▪ BLS</li><li>▪ ACLS</li><li>▪ Cardiac Care</li><li>▪ Medical/Surgical Nursing</li><li>▪ Home Care</li><li>▪ Extensive Psychiatric experience</li><li>▪ Mental Health Nurse Instructor</li><li>▪ Academia Nursing Instructor</li></ul> | <ul style="list-style-type: none"><li>▪ Extensive clinical experience</li><li>▪ ANA/PNA member</li><li>▪ Collaborative interdisciplinary experience</li><li>▪ Broad knowledge of organizational processes and performances</li><li>▪ Excellent assessment and evaluation skills</li></ul> | <ul style="list-style-type: none"><li>▪ Educator, counselor, mentoring skills</li><li>▪ Excellent organizational and effective data collection skills</li><li>▪ Evidence-Based practice knowledge<ul style="list-style-type: none"><li>▪ Research, data collection, evaluation of data, and disseminating of evidence knowledge</li></ul></li></ul> |
|--|---|---|

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## PROFESSIONAL REFERENCES

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Ms. Peggy Henderson, Director of Nursing, Methodist Behavioral Health  
Office (501) 906-4320 Home (501) 514-4334  
1601 Murphy Drive Maumelle, AR 72113  
phenderson@methodistfamily.org

Jennifer Booth-Newton, Nursing Director for Central Arkansas Veterans Health Service/ Mental Health Nursing  
Services Office (501) 257-2788 Mobil (501) 343-6428  
#8 Connolly Court Little Rock, AR 72110  
Jwarmsugar01@gmail.com

Dr. Alexander Tyler, MD for Baptist Medical Center Physician Services  
Cell (912) 247-5495  
2605 Collins Drive Conway AR, 72034  
alexandertyler@yahoo.com

## Professional References

1. Peggy Henderson  
current phone number 501-514-4334 cell, 501-906-4320 work  
1601 Murphy Drive Maumelle Arkansas  
[phehenderson@methodistfamily.org](mailto:phehenderson@methodistfamily.org)  
Director of Nursing Services
  
2. Alexander Tyler  
Current phone number 912-247-5495 cell  
2605 Collins Drive Conway AR, 72034  
[alexandertyler@yahoo.com](mailto:alexandertyler@yahoo.com)  
Medical Doctor
  
3. Jennifer Booth-Newton  
Current phone 501-343-6428 cell, 501-455-1525  
8 Connolly Court Little Rock AR 72110  
[Jwarmsugar01@gmail.com](mailto:Jwarmsugar01@gmail.com)  
Registered Nurse, MSN



# Nursys e-Notify Report

Your licenses from Nursys e-Notify participating boards of nursing

Primary Source Boards of Nursing Report Summary for

**KAREN ANNETTE BYERS [NCSBN ID: 462961]**

As of Wednesday March 09 2022 10:38:04 AM US Central Time

## Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BYERS, KAREN ANNETTE	RN	ARKANSAS	R048516	YES	UNENCUMBERED	07/29/1994	11/30/2023	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BYERS, KAREN ANNETTE	CERTIFIED NURSE PRACTITIONER	ARKANSAS	212921	YES	UNENCUMBERED	08/28/2020	11/30/2023	N/A
<b>Advanced Practice license/recognition information</b> <ul style="list-style-type: none"><li>• Focus/Specialty: Psychiatric/mental health</li><li>• Prescription authority: YES</li><li>• Certification expiration date: 08/02/2025</li><li>• Focus/Specialty expiration date: NOT SUPPLIED</li></ul>								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BYERS, KAREN ANNETTE	PN	ARKANSAS	L025949	NO	EXPIRED	12/06/1988	11/30/1995	NONE



## 001 EQUAL OPPORTUNITY POLICY

### **I. Purpose**

This establishes Karen Byers Mental Health-NP, PLLC Equal Opportunity policy. This policy is applicable to any future employees or applicants seeking employment within Karen Byers Mental Health-NP, PLLC.

### **II. Assurances**

(A) Karen Byers Mental Health-NP, PLLC shall provide fair and equal opportunity in employment and service delivery regardless of a person's race, color, religion, sex, age, national origin, political beliefs, or disability as defined in the Americans with Disabilities Act.

(B) Karen Byers Mental Health-NP, PLLC shall actively promote equal opportunity through the establishment and application of this policy and procedure to include recruitment, selection, promotion, demotion, transfer, reclassification, layoff and recall, training, termination and other benefits, and terms and conditions of employment.

(C) Karen Byers Mental Health-NP, PLLC shall ensure non-discrimination and equal opportunity in compliance with all applicable federal laws, regulations, executive orders, and civil rights rules or regulations.

### **III. Responsibilities and Procedures**

(A) The overall responsibility for coordination of equal opportunity policies, programs, and employment practices within Karen Byers Mental Health-NP, PLLC has been assigned to the Administrator, Karen Byers MSN, APRN PMHNP-BC

(B) All verbal complaint of discrimination from any reason and from any person shall be encouraged to submit a written complaint and immediately notify the Administrator, Karen Byers MSN, APRN PMHNP-BC

Effective DATE: January 01, 2022

Administrator:



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Contract Number \_\_\_\_\_  
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.

SUBCONTRACTOR: \_\_\_\_\_

SUBCONTRACTOR NAME: \_\_\_\_\_

☐ Yes ☒ NO

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: \_\_\_\_\_

YOUR LAST NAME: Karen Byers

FIRST NAME: Karen

M.I.: A

ADDRESS: \_\_\_\_\_

27 Backside Drive

STATE: AR

ZIP CODE: 72058

COUNTRY: US

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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee		✓	CNA/nurse	06/84	07/90	Karen A. Billard/Byers	self

☐ 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 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 Number \_\_\_\_\_  
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 *Steven A. Byers* Title PMHVP-BC, APEN Date 05-20-2022  
Vendor Contact Person Steven A. Byers Title PMHVP-BC, APEN Phone No. 201-733-7469

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

## Collaborative Practice Agreement

This agreement is for the management of the collaborative practice between:

Karen A. Byers, APRN, and Sara E. VanScroy, MD/DO.

The physician hereby agrees to be available to the Advanced Practice Registered Nurse (APRN), either in person or via electronic or telephonic communication, for consultation and referral. Mutually agreed upon protocols for Prescriptive Authority will be utilized by the APRN as a guide for general categories of health states. The APRN shall limit prescribing to the area of educational preparation and certification as noted below.

The above named APRN is authorized to prescribe drugs from each of the categories of controlled substances below which are initialed by the collaborating physician and APRN.

- KB a. Drugs listed in Schedule III-V of the Controlled Substance Act (CSA), 17-87-210 (b)(1)  
KB b. Hydrocodone combination products from Schedule II of the CSA, 17-87-210 (b)(2)(A)  
KB c. Schedule II opioids and /or stimulants, 17-87-310 (b)(2)(B)(i-ii)  
d. Not requesting ability to prescribe controlled substances

Should an emergency arise, necessitating the absence of the APRN or the collaborating physician from patient care responsibilities, provision for comparable coverage shall be arranged at the first possible opportunity.

Until that time, Conway Human Development Center with which the collaborating providers are associated, provides emergency services 24-hours daily for the clients of Conway Human Development Center (CHDC).

There is a written provision for quality assurance (attach the Quality Assurance Plan).

This agreement of professional collaboration is by no means intended as a business contract but rather as a document that fulfills the requirements for Prescriptive Authority as set forth in the Arkansas Nurse Practice Act. The signatures below signify agreement to the terms of the collaborative practice.

Karen Annette Byers, APRN

Print Name Karen Annette Byers

APRN AR License # 212921

Certification/Specialty Psychiatric/Mental Health ☐

Additional Certification Not Applicable

Practice Site CHDC

Practice Address (Street, City, County, Zip):

150 East Siebenmorgen Road

Conway AR 72032

Date Signed 11/16/2021

Practice Phone # 501-733-7469

Sara Elsie Gramling VanScroy, MD/DO

Print Name Sara Elsie Gramling VanScroy

MD/DO AR License # E1043

Certification/Specialty Psychiatry

☒ Practice Site Same as APRN

Practice Address (Street, City, County, Zip):

150 East Siebenmorgen Road

Conway AR 72032

Date Signed 11/16/2021



## Arkansas Department of Health

### Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, Arkansas 72204 • (501) 686-2700 • Fax (501) 686-2714

Governor Asa Hutchinson

José R. Romero, MD, Secretary of Health

Sue A. Tedford, MNsc, APRN, Director

12/10/2021

KAREN BYERS  
27 BROOKSIDE DRIVE  
GREENBRIER, AR 72058

RE: 212921/PAC# 9405

Dear KAREN BYERS:

The scope of practice for the Advanced Practice Registered Nurse (APRN) is associated with the formal educational preparation and corresponding national certification. Scope of practice is not setting specific but is population based. Therefore, APRNs must practice and prescribe only within their population base in any and all settings. Specialization at the registered nurse level prior to advanced educational preparation and national certification does not expand scope of practice for the APRN. You have been approved to practice as a Psychiatric/Mental Health Nurse Practitioner.

The Collaborative Practice Agreement you submitted with Dr. VanScroy has been received, reviewed, and approved.

If this agreement is replacing a prior agreement, you must terminate the prior agreement in writing. The ASBN *Rules* require you to "notify the Board in writing within seven days following termination of any collaborative practice agreement." (Chapter 4, Section VIII3d). Failure to notify ASBN may result in disciplinary action.

If you have any questions, you may call our office.

Respectfully,

*Shannon McKinney DNP, APRN*

Shannon McKinney, DNP, APRN  
Assistant Director  
1123 S. University Ave. Ste. 800  
Little Rock, AR 72204  
501.686.2725

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:** May 20, 2022  
**SUBJECT:** 710-22-0039 Psychiatric Services

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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

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**OTHER**

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Page 10, Section 2.3.D, Minimum Qualifications – Replace with the following:

The Contractor must have a minimum of three (3) years of experience providing Psychiatric Services which must include treating individuals who are developmentally disabled with behavioral health issues. For verification purposes, the bidder **must** provide, with bid submission, three (3) references from the past seven (7) years that attest to the bidder's required years of experience providing the psychiatric services described in this solicitation. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Submissions may be disqualified from respondents whose references do not respond within five (5) business days of the request for verification. References must include a current phone number, mailing address, email address, title, and printed name. References provided must not be from current DHS employees.

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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: Buyer's name, Buyer's email address and phone number.

  
Vendor Signature  
Date 05-20-2022  
  
Company Karen Byers Mental Health - NP