

Exhibit I.T - Offeror Attestations Form

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		
Entity's Legal Form:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the Department.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest provides behavioral management and associated claims adjudication services for a minimum of five million (5,000,000) lives as specified below. The Offeror must provide a list of client organizations with the number of lives served through each client to clearly demonstrate that the Offeror meets the minimum requirement of five million (5,000,000) lives. In determining lives, the Offeror should: <ul style="list-style-type: none"> • Include both at-risk and fee-for-service business; • Include Medicaid business; • Count all lives [e.g., an employee, a spouse and two (2) eligible dependents count as four (4)]; • Exclude any non-behavioral health management business; • Exclude any employee assistance program business

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<p>3.</p>	<p>Section III.B.3</p>	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>its Empire Plan MHSA Provider Network, as proposed, meets or exceeds all of the following <u>minimum</u> Network access guarantees:</p> <p style="text-align: center;"><u>URBAN AREAS</u></p> <p>a. Seventy-five percent (75%) of Enrollees will have at least:</p> <ul style="list-style-type: none"> • one (1) Facility – Inpatient within five (5) miles; and, • one (1) Facility – ALOC within five (5) miles. <p>b. Seventy-five percent (75%) of Enrollees will have at least:</p> <ul style="list-style-type: none"> • one (1) Psychiatrist within three (3) miles; and, • one (1) Psychologist within three (3) miles; and, • one (1) Licensed Clinical Social Worker (with R designation in NYS) within three (3) miles. <p style="text-align: center;"><u>SUBURBAN AREAS</u></p> <p>c. Seventy-five percent (75%) of Enrollees will have at least:</p> <ul style="list-style-type: none"> • one (1) Facility – Inpatient within fifteen (15) miles; and, • one (1) Facility – ALOC within fifteen (15) miles. <p>d. Seventy-five percent (75%) of Enrollees will have at least:</p> <ul style="list-style-type: none"> • one (1) Psychiatrist within fifteen (15) miles; and, • one (1) Psychologist within fifteen (15) miles; and, • one (1) Licensed Clinical Social Worker (with R designation in NYS) within fifteen (15) miles. <p style="text-align: center;"><u>RURAL AREAS</u></p> <p>e. Seventy-five percent (75%) of Enrollees will have at least:</p> <ul style="list-style-type: none"> • one (1) Facility – Inpatient within forty (40) miles; and, • one (1) Facility – ALOC within forty (40) miles. <p>f. Seventy-five percent (75%) of Enrollees will have at least:</p> <ul style="list-style-type: none"> • one (1) Psychiatrist within forty (40) miles; and, • one (1) Psychologist within forty (40) miles; and, • one (1) Licensed Clinical Social Worker (with R designation in NYS) within forty (40) miles.
<p>4.</p>	<p>Section III.B.4</p>	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>understands and agrees to comply with all specific duties and responsibilities set forth in Section IV.B.3. of this RFP, entitled "Implementation," including Section IV.B.3.b.(2) requiring the Offeror to propose a financial guarantee supporting its commitment to satisfy all implementation requirements.</p>
<p>5.</p>	<p>Section III.B.5</p>	<p><u>As of the Proposal Due Date</u>, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>will maintain and make available as required by the Department a complete and accurate set of records related to the Agreement resulting from this RFP as required by Appendices A and B and the draft Agreement set forth in Section VII of this RFP. This includes, but is not limited to, provider contracts, detailed claim records, and any and all other financial records as deemed necessary by the Department to perform its fiduciary responsibilities to the Empire Plan MHSA Program's participants and to ensure that public dollars are spent appropriately.</p>

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6.	Section III.B.6	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest has submitted as part of its Proposal, if so required by the RFP, or will submit all Transmittal letters, Statements, Formal Certifications and Exhibits as required in Section II of this RFP related to the Offeror's compliance with all rules, laws, regulations and executive orders.
7.	Section III.B.7	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest will execute the duties and responsibilities set forth in Section IV of this RFP in strict conformance to the requirements described in that section of the RFP.
8.	Section III.B.8	At time of bid submission, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest has current URAC-case management, JCAHO, ACHC, NCOA or CARF full accreditation.

Date: _____

Signature

[INSERT OFFEROR NAME]
 [INSERT TITLE]
 [INSERT COMPANY NAME]

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF _____ }
 COUNTY OF _____ } : SS.:

On the ____ day of _____ in the year 2013, before me personally appeared: _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at _____, Town of _____, County of _____, State of _____; and further that:

[Check One]

(___ If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(___ If a partnership): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public