

# **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section. The proposal shall be organized and presented in the sections and subsections designated in the RFP and with prescribed content for each section.*
- *The numerical outline for the application, the titles/subtitles, applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one (1) and continuing through for each section. See sample of table of contents in Section 5.*
- *Proposals are Required to be submitted in a three ring binder.*
- *Tabbing of sections is Required. Each tab should be placed on a separate sheet of paper and shall not be counted as a page. Please remember to identify the tab, i.e., Attachment A, Budget Sheets.*
- *Proposals that are required to be bound, need to be bound on the left side of the page. If the required proposal application is not bound, and pages happen to be missing, the RFP Review Committee will not responsible for the missing pages. Please remember that the use of rubber band(s) does not constitute binding.*
- *Proposals should be **single-spaced, portrait view, with 1" margins on all sides, utilizing a 12 point font size.** The RFP Review Committee will not be responsible if sections of information are missed or cannot be read, due to the use of a smaller font size.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Each section shall be scored in its entirety. Information submitted in another section, shall not be considered. For example, in the Project Organization and Staffing section, if the organizational chart is in an attachment, the specific attachment is **required to be identified** in the narrative section.*
- *Other supporting documents may be submitted in an appendix, including visual aids to further explain specific points in the proposal; if used, the information is required to be referenced in the appropriate section.*
- *The Proposal Application shall not exceed 50 pages of main text, not including appendices, attachments, identification form (and/or title page), required forms, and table of contents. Appendices, attachments, identification form (and/or title page), required forms, and table of contents shall not exceed 150 pages. Document pages in excess of the stated page limitation shall not be considered (i.e., page 51, 52, ... and 151, 152, ...).*
- *The applicant's single audit report, financial audit, or compiled financial statements are not included in the above page limitations.*
- *The applicant's training plan and staff handbook/personnel manual for staff that are responsible for the delivery of services are not included in the above page limitations.*

- *This form( SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*
- *One (1) original and three (3) copies (one unbound) of each proposal are required.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*

**The Proposal Application comprises the following sections:**

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

### **3.1 Program Overview**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. No points are assigned to the Program Overview.

### **3.2 Experience and Capability**

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

#### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

1. Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
2. Demonstrated the ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.
3. Thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.

**B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

1. Possess the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services including, but not limited to, previous and current contract performance with the DIVISION and other agencies.
2. The applicant shall provide a description of projects/contracts, including references, pertinent to the proposed services within the most recent five (5) years. The applicant shall include points of contact, addresses, e-mail addresses, and phone numbers. The DEPARTMENT reserves the right to contact references to verify experience. References shall not include employees of the DIVISION.
  - a. Detailed list of experience as an agency providing bilingual support related services.
  - b. Detailed list of experience as an agency proving services to adults with severe and persistent mental illness.
  - c. If an applicant has prior experience providing bilingual support related services for the DIVISION, describe in detail any problems, concerns or difficulties encountered by the agency or by the DIVISION, which was brought to the agency's attention, and how it was resolved.
  - d. List of contracts with the Department of Health.
  - e. List of other current or prior contracts with the public sector in providing services in general for adults with severe and persistent mental illness. Discuss any problems or difficulties encountered in current or prior contracts. Applicant shall provide a point of contact and telephone number for each contract listed. The DEPARTMENT reserves the right to contact any of the listed points of contact to inquire about the applicant's past service performance and personnel.
  - f. Success applicant has had in recruiting and retaining quality staff.

**C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

The applicant shall sufficiently describe its quality improvement program which shall be evaluated on the following:

1. Provision of a utilization management system.
2. Provision of a quality management program.
3. A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.

The agencies quality assurance shall include, but not be limited to, the following elements, and the information shall be submitted in the appropriate three sections listed above.

1. A written Quality Management Program description and outlined structure which includes the Quality Committee reporting structure, including governing board involvement, voting composition, and a written process for goal and priority setting following standardized methodology and data collection, which is updated and signed annually.
2. The Quality Management Program shall address consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.
3. The Quality Management Program shall have a system or policy that outlines how items are collected, tracked, reviewed, and analyzed and reported to the DIVISION as appropriate.
4. The Quality Management Program Work Plan is established annually and selects goals and activities that are based on the annual program evaluation and are relevant to the DIVISION consumer and problem area under review, with designated timelines for the project and indicates department/persons responsible for carrying out the project(s) on the Work Plan.
5. Provision for the periodic measurement, reporting, and analysis of well-defined output, outcome measures and performance indicators of the delivery system, and an indication of how the applicant will use the results of these measurements for improvement of its delivery system.
6. A process of regular and systematic treatment record review, using established review criteria. A report summarizing findings is required. Additionally, the applicant shall develop a written plan of corrective action as indicated.
7. Provision of satisfaction surveys of consumers.

8. Assurance that a staff member be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.
9. Provision of a utilization management system including, but not limited to the following: a) system and method of reviewing utilization; b) method of tracking authorization approvals; c) method of reviewing invoices against authorizations; d) consumer appeals process; e) annual evaluation of the applicant's utilization management plan; g) an internal Utilization Plan; and h) identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.
10. A policy and procedure for consumer complaints, grievances and appeals which includes documentation of actions taken, and demonstration of system improvement.
11. Assurance that the applicant has established and will maintain and regularly update the following Quality Management policies and procedures:
  - a. Consumer complaints, grievances and appeals;
  - b. Consumer safety;
  - c. Consumer satisfaction;
  - d. Disaster preparedness;
  - e. Emergency evacuation;
  - f. Evidence-Based practice guidelines;
  - g. LOCUS/Level of care placement;
  - h. Compliance;
  - i. Consumer rights and orientation;
  - j. Confidentiality/HIPAA;
  - k. Treatment records;
  - l. Individualized service plans;
  - m. Transition of consumers to other programs;
  - n. Treatment team;

- o. Use of restraints;
  - p. Restricting consumer rights; and
  - q. Credentialing staff.
12. A training plan and staff handbook/personnel manual for staff that are responsible for delivery of services. Training shall include, but not be limited to: Substance Abuse, Forensics, Sentinel Events, Risk Management, Compliance, HIPAA Compliance, Consumer Rights, Treatment Planning, Housing Quality Standards, Health and Safety, and Access and Treatment for Non-English Speaking Consumers.
13. A consumer handbook/brochure(s) that outline services available to the consumer, hours of operations, contact information (phone numbers, and instructions on emergency services), is written at a sixth (6<sup>th</sup>) grade reading level, provides an overview and the applicant's approach to care, and clearly outlines any major program rules that could lead to discharge from services offered by the organization.
14. A description of the steps that the applicant will take to comply with all of the DIVISION'S reporting requirements as specified in Section 2.4B. 2, 4, and 7. The applicant shall also indicate how it will use the information in the report to improve its services.
15. Where there is an intention to subcontract, the applicant shall demonstrate that services provided by the subcontractor are consistent with all applicable requirements specified in Section 2 including, but not limited to, compliance with reporting requirements. The applicant shall describe the monitoring it will perform to ensure subcontractors are compliant with the DIVISION requirements.
16. For applicants whose annual contract or estimated reimbursements will be less than \$100,000.00 or whose staff number five (5) or less, a modified Quality Management and Utilization Management Plan are acceptable with prior approval from the DIVISION. A modified quality and utilization management system shall include the following:
- a. A method for tracking authorizations.
  - b. A method for assuring that consumers are informed of their rights, including the right to file a complaint, grievance, or appeal a service delivery decision.
  - c. A method of documenting goals and service activity as they relate to the MRP developed by the DIVISION designated case manager

and consumer.

- d. Consumer involvement in service planning.
  - e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.
  - f. Identification of a fiscal and program contact person.
17. For services described in this RFP, a statement that the applicant shall participate with the DIVISION'S quality and utilization management process including, but not limited to, case reviews, specific data gathering and reporting, peer review, concurrent review, site visitation, special studies, monitoring, credentialing, and training.

**D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. Demonstration or plan of the applicant's coordination efforts shall include, but not be limited to, the following:

- 1. A history of the applicant's cooperative efforts with other providers of mental health and primary health care services.
- 2. Memorandum of agreements with other agencies.
- 3. Applicant's current efforts to coordinate with the DIVISION, CENTERS, HOSPITAL, and other providers, and where there is no current coordination, the applicant's plans to do so.

**E. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable and special equipment that may be required for the services.

**F. Management Information System (MIS) Requirements**

The applicant shall submit a description of its current management information system (MIS) and plans for the future. The description shall include, but not be limited to, the following:

- 1. A statement about whether the applicant is a covered entity as defined by HIPAA. A statement that the applicant will comply with all HIPAA

privacy, security and transactional code set requirements. The name, address, and telephone number of the applicant's Privacy Officer and Security Officer.

2. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, middle name, any aliases, social security number, DIVISION-generated unique ID number; DIVISION-generated authorization number(s), Medicaid Identification Number, Medicare Identification Number, other third party numbers, address, telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, gender, and primary language spoken.
3. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.

In regards to flexibility, a statement that describes flexibility in adding data elements or reporting requirements is addressed in their information system.

### **3.3 Project Organization and Staffing**

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

#### **A. Staffing**

##### **1. Proposed Staffing**

The applicant shall describe and demonstrate that (a) the proposed staffing pattern, consumer/staff ratio, coverage, and proposed caseload capacity are reasonable and appropriate to insure viability of the services and complies with applicable DIVISION requirements, and (b) that the applicant's assignment of staff would be sufficient to effectively administer, manage, supervise, and provide the required services. The applicant shall give the number and title of the positions needed to provide the specific service activities. Positions descriptions shall also be submitted. (Refer to the personnel requirements in the Service Specifications, as applicable.)

The applicant shall fully explain, justify, and demonstrate any proposed use of a subcontractor to be as effective as in-house staff for the provision of the required services; demonstrate that a proposed subcontractor is fully qualified for the specific work that would be subcontracted, by including a description of the proposed subcontractor's experience, capability, project organization, staffing, and proposed services as set forth for applicants in these RFP's; and explain how it would assure quality and effectiveness of the subcontractor, monitor and evaluate the subcontractor, and assure compliance with all the requirements of the RFP.

The applicant shall fully explain, justify, and demonstrate any proposed use of a volunteer to be as effective as in-house staff for the provision of the required services; demonstrate that proposed volunteers are or would be fully qualified for the specific work assigned, could be relied on, and would be available when and where needed to provide the required services; explain how it would provide sufficient management, supervision, oversight, and evaluation of volunteers, and otherwise assure their work quality and effectiveness; and explain how it will assure that volunteers perform in compliance with the requirements of the RFP.

## 2. Staff Qualifications

The applicant shall describe in this section of its proposal how it will ensure its compliance with the minimum personnel qualifications, which include, but are not limited to, licensure, educational degrees, and experience for staff assigned to the program, and comply with applicable DIVISION requirements. The applicant shall provide the minimum qualifications for staff assigned to the program; include position descriptions; and explain how the minimum qualifications and/or actual qualifications would assure delivery of quality of services. (Refer to the qualifications in the Service Specifications, as applicable.)

## **B. Project Organization**

### 1. Supervision and Training

The applicant shall describe and demonstrate its ability to adequately supervise, train and provide administrative direction to staff relative to the delivery of the proposed services and comply with applicable DIVISION requirements. The description shall include frequency and method of conducting supervision and documentation of same.

The applicant shall explain how the program organization and assignment of personnel are sufficient for the effective administration, management, supervision, and provision of services under the program to meet the projected caseload. The applicant shall describe the training that would be

provided for program staff to strengthen their capability to effectively provide the program services.

2. **Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency). Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application. The applicant shall describe their approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. The organization-wide and program-specific organization charts shall accurately reflect the proposed structure.

The applicant shall provide an “Organization-wide” chart that shows the program placement of the required services within the overall agency, and a “Program” organization chart that shows lines of communication between program administration and staff. Written explanations of both charts shall be included as needed for clarification.

The applicant shall demonstrate that the applicant’s proposed organization would be sufficient to effectively administer, manage and provide the required services.

3. **Evidence of Licensure/Accreditation**

Applicable submission of evidence that the applicant is licensed if licensure is required; and for all applicants, current and valid accreditation of the service(s) the applicant is applying for if it is an accreditable service. The applicant shall submit documentation of appropriate licensure and/or accreditation.

### **3.4 Service Delivery**

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

**A. Scope of Work**

The applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item 2.4 Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A detailed description of the service which the applicant is proposing to provide including:

1. A clear description of the applicant's demonstrated capability of a service delivery system to meet the goals and objectives of the RFP including, but not limited to, appropriateness to consumer populations, communities and regions.
2. A clear description of the services for consumers from point of entry to discharge, including interventions to be utilized. The description must be consistent with the scope of work found in Section 2.4A. and with the personnel requirements in Section 2.4 B.1. The description shall also describe the interventions to be used including behavioral supports. Services proposed to be subcontracted out must be included in this description.
3. A clear description of the target population to be served.
4. A reasonable estimate of the number of consumers it could serve and, where applicable, an indication of its total capacity (e.g. total beds available), and the number of units it will provide.
5. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services or to transfer the consumer to a lower level of care.
6. A description of the accessibility of services for the target population, and a description of impediments to services and efforts to overcome barriers.
7. The applicant shall provide a thorough description of how they shall not refuse a referral, and that it shall not have an exclusionary policy that is inconsistent with the DIVISION'S guidelines.
8. The applicant shall include a statement acknowledging that that they will not refuse a referral submitted to them by the DIVISION.
9. An indication of the "best practices and/or evidence-based practices" the applicant incorporates and a citation of the literature to support its "best practices and/or evidence-based practices". The applicant shall provide a detailed description of the system it uses to implement and maintain its "best practice and/or evidence-based practices" program integrity.
10. A statement to assure that the applicant shall conform to the DIVISION's standardized assessment package.

11. The applicant shall thoroughly describe the involvement of the consumer in the decisions regarding the services the consumer receives.
12. Where applicable, demonstration that the applicant is capable of providing twenty-four (24) hour coverage for services.
13. For services with twenty-four (24) hour, seven (7) days a week coverage, description of how the applicant's on-call system works, i.e., methodology relative to applicant's answering service. Specifically, describe how consumer's access applicant's service and staff availability.
14. Where the service is housing, residential, or day treatment/intensive outpatient hospital service, a weekly schedule that can be individualized to consumers and consistent with the renovations if the scope of service
15. The applicant shall describe how it will be ready, able, and willing to provide services throughout the time of the contract period.
16. The applicant shall state that it has read and understands the Request for Proposal and shall describe how it will comply with DIVISION requirements.

**B. General Requirements**

The applicant shall state/describe how it will comply with the general requirements specified in Section 2.3, and document the information in the appropriate section of the RFP.

**C. Administrative Requirements**

The applicant shall describe how it will comply with the administrative requirements specified in Section 2.4 B.2., and document the information in the appropriate section of the RFP.

### **3.5 Financial**

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

**A. Pricing Structure**

The applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

The DIVISION will use a cost reimbursement structure for the bilingual support services described in the RFP. However in the future, the pricing structure may change to a fixed unit structure.

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. All budget forms, instructions and samples are located on the SPO Website (see Section 1, paragraph II Website referred to in this RFP.) The following budget forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages
- SPO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases

## **B. Other Financial Related Materials**

### 1. Proposal Budget Costs

- a. The applicant shall submit budget sheets that document personnel costs that are reasonable and comparable to other organizations in the community.
- b. The applicant shall submit budget sheets for non-personnel costs and ensure that the costs are reasonable and adequately justified.
- c. The proposal budget shall support the scope of service and requirements of the Request for Proposal.

### 2. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a. The applicant shall submit a cost allocation plan, clearly providing a fiscally sound explanation of how costs are allocated across

different funding sources, not related to the DIVISION. This is one measure that indicates the agency's commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.

- b. The applicant shall submit copies of their single audit report, financial audit, or compiled financial statements for fiscal years ("FY") 2013 and 2014. The FY 2013 and FY 2014 reports or financial statements shall indicate minimal or no material deficiencies and an adequacy of their accounting system.

If an applicant has not had their FY 2014 single audit report, financial audit or compiled financial statement completed, they shall submit a statement indicating when the FY 2014 audit report or FY 2014 compiled financial statement shall be completed, when the applicant shall send a copy of the FY 2014 audit to the DIVISION, and may submit their completed audits or compiled financial statements for FY 2012 and FY 2013.

- c. The applicant has the cash-flow to sustain their entire organization financially for a minimum of three (3) months, throughout the entire contract period, without receiving any payments for this service being procured.
3. The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenue and how the applicant will prevent billing more than one (1) payer and submit overpayments to the DIVISION. The applicant may not bill other payers for services already paid for by the DIVISION or bill the DIVISION for services eligible for payment by another payer.
  4. The applicant shall describe its billing/claims process and how it ensures accurate and timely submission of billing/claims based on written documentation which supports the bill/claim, and how it processes adjustments, reconciles payment, and posts payment.

### **3.6 Other**

#### **A. Litigation**

The applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgment.

# **Section 4**

# **Proposal Evaluation**

## Section 4 Proposal Evaluation

### 4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### 4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

##### Evaluation Categories

##### Possible Points

##### *Administrative Requirements*

##### *Proposal Application*

**100 Points**

Program Overview	0 points
Experience and Capability	30 points
Project Organization and Staffing	10 points
Service Delivery	45 points
Financial	15 Points

**TOTAL POSSIBLE POINTS**

**100 Points**

### 4.3 Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

##### 2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

#### B. Phase 2 - Evaluation of Proposal Application (100 Points)

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

The RFP Review Committee shall use the scale in the table below to rate each section from the RFP from Not Addressed to Excellent. The percentage for the rate level will be multiplied by the maximum number of points for that item. For example, if an item is worth 6 points and the reviewer rated it as Satisfactory response, the score for that item would equal 60% (.60) x 6 = 3.6

<b>0</b>	<b>20%</b> <b>(.20)</b>	<b>40%</b> <b>(.40)</b>	<b>60%</b> <b>(.60)</b>	<b>80%</b> <b>(.80)</b>	<b>100%</b> <b>(1.00)</b>
Not Addressed	Unsatisfactory	Somewhat satisfactory	Satisfactory	Very Satisfactory	Excellent

Rating scale definitions:

Not Addressed: The required information was not present in the Applicant's proposal.

Unsatisfactory: A major item was not addressed, was addressed incorrectly, or was addressed in the wrong category or section.

Somewhat satisfactory: Applicant appears to have just re-stated the requirements outlined in the RFP. The applicant's submission fails to indicate a clear understanding of the scope of services, lacks original effort in formulating responses; much of the proposal simply repeats back what the RFP stated as requirements; responses indicate a limited understanding of at least some of the scope of services or other requirements of the RFP.

Satisfactory: All major items were addressed. Applicant's submission reflects an understanding of the scope of service and other requirements of the RFP.

Very satisfactory: All items were addressed completely and thoroughly. Proposal includes concise, detailed descriptions of how the provider intends to deliver services. Concepts are stated clearly and evidence of creative or original thinking is present; applicant includes evidence of having researched the services and indicates a solid understanding of the scope of services or other requirements of the RFP.

Excellent: The majority of items were addressed in an exceptionally clear, concise, or original manner; applicant not only indicates a full understanding of the scope of services and other RFP requirements but also the implications of the service for the broader community and the necessity of coordinating services closely with other providers. Applicant's proposal includes value added services or service components which go beyond the minimum requirements outlined in the RFP.

For some sections, which shall be identified, the evaluation criteria to be used shall be on a met, partially met, or unmet criteria.

Met: The applicant meets the requirements of the section (100%)  
 Partially met: The applicant meets only a portion of the requirements of the section (50%)  
 Unmet: The applicant does not address or meet the requirements of the section (0%)

***Program Overview***: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

**1. Experience and Capability Total 30 Points**

Up to 10 points may be deducted from agencies who in the past demonstrated unsatisfactory performance. Indicators for unsatisfactory performance may include, but are not limited to:

- a. Provider monitoring scores of less than 80% on the overall score.
- b. Provider monitoring scores of less than 80% on the General Review Tool.
- c. Non-Compliance with DIVISION's Quality Management and Business Compliance initiatives.

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

**a. Necessary Skills (5 points)**

- 1) Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- 2) Demonstrated the ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.
- 3) Thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.

**b. Experience (5 points)**

Possess the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services including, but not limited, to previous and current contract performance with the DIVISION and other agencies.

**c. Quality Assurance and Evaluation (10 points)**

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

- 1) The applicant has sufficiently described its quality improvement program which shall include the following:
  - a) Provision of a utilization management system.

- b) Provision of a quality management program.
  - c) A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.
- 2) A training plan and staff handbook/personnel manual for staff that is responsible for the delivery of services. The plan includes the required trainings listed in Section 3.2 C.12.

**d. Coordination of Services (2 points)**

Demonstrated capability to coordinate services with other agencies and resources in the community through written documentation.

**e. Facilities (5 points)**

Adequacy of facilities relative to the proposed services.

**f. Management Information Systems (MIS) (3 points)**

For this section, points shall be assigned on a met, partially met, or unmet criteria.

- Met: The applicant meets the requirements of the section (100%)
- Partially met: The applicant meets only a portion of the requirements of the section (50%)
- Unmet: The applicant does not address or meet the requirements of the section (0)

Demonstrate that their management information system (MIS) shall include, but not be limited to, the following:

1) Relative to HIPAA requirements:

The applicant states they will comply with all HIPAA privacy, security, and transactional code set requirements.

The applicant lists the names, addresses, and telephone numbers of their Privacy Officer and their



supervise, train and provide administrative direction to staff relative to the delivery of the proposed services and comply with applicable DIVISION requirements.

- 2) Organization charts: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. The organization-wide and program-specific organization charts accurately reflect the proposed structure.
- 3) Applicable submission of evidence that the applicant is licensed if licensure is required; and for all applicants, current and valid accreditation of the service(s) the applicant is applying for if it is an accreditable service.

**3. Service Delivery Total 45 Points**

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

Evaluation criteria will include the following:

- a. A detailed description of the service that the applicant is proposing to provide including:
  - 1) Demonstrated capability of service delivery system to meet the goals and objectives of the RFP including, but not limited to, appropriateness to consumer populations, communities and regions. **(12 points)**
  - 2) The applicant shall provide a clear description of the services for consumers from the point of entry to discharge, including interventions or transitions to be utilized. Any services subcontracted out must be included in the description. **(20 points)**
  - 3) A reasonable estimate of the number of consumers it will serve and where applicable the number of units it will provide. **(2 points)**

- b. A statement that the applicant shall not refuse a referral and that is shall not have an exclusionary policy that is inconsistent with the DIVISION's guidelines. **(1 point)**

This item shall be evaluated on a met, partially met, or unmet criteria.

Met: The applicant meets the requirements of the section (100%)

Partially met: The applicant meets only a portion of the requirements of the section (50%)

Unmet: The applicant does not address or meet the requirements of the section (0)

- c. The program incorporates "best practices/evidence-based practice," has literature to support this, and has a system for implementing and maintaining best practice program integrity. **(4 points)**

- d. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives. **(5 points)**

- e. A statement by the applicant that they have read the Request for Proposal, will comply with DIVISION requirements, and are ready, able and willing to provide services throughout the time of the contract period. **(1 Point)**

This item shall be evaluated on a met, partially met, or unmet criteria.

Met: The applicant meets the requirements of the section (100%)

Partially met: The applicant meets only a portion of the requirements of the section (50%)

Unmet: The applicant does not address or meet the requirements of the section (0)

#### **4. Financial**

**Total 15 Points**

Pricing structure based on a fixed unit rate are reasonable and comparable to other organizations in the community.

- a. Personnel costs are reasonable and comparable to similar positions in the community. **(2 points)**

- b. Non-personnel costs are reasonable and adequately justified. **(2 points)**
- c. The budget supports the scope of service and requirements of the RFP. **(2 points)**
- d. A cost allocation plan clearly providing a fiscally sound explanation of how costs are allocated across different funding sources, not related to the DIVISION. This is one measure that indicates the agency's commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles. **(2 points)**
- e. The single audit report or financial audit for fiscal years 2013 and 2014 indicates minimal or no material deficiencies and an adequacy of their accounting system. If an Applicant's agency has not had their FY 2014 financial audit completed, they shall submit a statement indicating when their FY 2014 audit shall be completed and when the applicant shall send a copy of the FY 2014 audit to the DIVISION, and may submit their completed audits for FY 2012 and FY 2013. Applicant has the cash-flow to sustain their entire organization for a minimum of three months throughout the entire contract period. **(5 points)**
- f. An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one (1) payer. **(1 point)**
- g. Description of all eligible sources of revenue from third parties and plans to pursue additional sources of revenue. **(1 point)**

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

# Section 5

## Attachments

- A. Proposal Application Checklist**
- B. Sample Table of Contents**
- C. Draft Special Conditions**
- D. Cultural and Linguistic Services UM Criteria**
- E. Comprehensive Continuous, Integrated System of Care Model by Kenneth Minkoff, M.D.**
- F. AMHD Practice Guidelines**
- G. AMHD Mission, Vision, Values and Guiding Principles**
- H. QMHP and Supervision**
- I. Mental Health Worker**
- J. Bilingual Assistant**
- K. Mental Health Professional**
- L. Certifications**
- M. Form SPO-H-205A Instructions**
- N. Form W-9**

# **Attachment A**

## **Competitive POS Application Checklist**

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: HTH 420-4-16

The applicant's proposal must contain the following components listed below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website References.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	<b>X</b>	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				
Form W-9, Request for Taxpayer Identification Number and Certification		Section 5, RFP	<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

# **Attachment B**

## **Sample Table of Contents for the POS Proposal Application**

### Proposal Application Table of Contents

- I. Program Overview ..... 1**
- II. Experience and Capability ..... 1**
  - A. Necessary Skills ..... 2**
  - B. Experience ..... 4**
  - C. Quality Assurance and Evaluation ..... 5**
  - D. Coordination of Services ..... 6**
  - E. Facilities ..... 6**
- III. Project Organization and Staffing..... 7**
  - A. Staffing ..... 7**
    - 1. Proposed Staffing ..... 7
    - 2. Staff Qualifications ..... 9
  - B. Project Organization..... 10**
    - 1. Supervision and Training ..... 10
    - 2. Organization Chart (Program & Organization-wide)  
(See Attachment C for Organization Charts)
- IV. Service Delivery ..... 12**
- V. Financial..... 20**  
See Attachment A for Cost Proposal
- VI. Litigation ..... 20**
- VII. Attachments**
  - A. Cost Proposal**
    - SPO-H-205 Proposal Budget
    - SPO-H-206A Budget Justification - Personnel: Salaries & Wages
    - SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits
    - SPO-H-206C Budget Justification - Travel: Interisland
    - SPO-H-206E Budget Justification - Contractual Services – Administrative
  - B. Other Financial Related Materials**
    - Financial Audits for fiscal year ended June 30, 2013 and June 30, 2014
  - C. Organization Chart**
    - Program
    - Organization-wide
  - D. Performance and Output Measurement Tables**
  - E. Program Specific Requirement**

# **Attachment C**

## **Draft Special Conditions**

**SPECIAL CONDITIONS**

1. The Compensation and Payment Schedule is attached hereto as Attachment 3 and made a part hereof.

2. The Certificate of Exemption from Civil Service is attached hereto as Attachment 4 and made a part hereof.

3. The PROVIDER's Standards of Conduct Declaration is attached hereto as Attachment 5 and made a part hereof.

4. The General Conditions is attached hereto as Attachment 6 and made a part hereof.

5. The Special Conditions is attached hereto as Attachment 7 and made a part hereof.

6. Campaign Contributions by State and County Contractors. Contractors are hereby notified of the applicability of Section 11-355, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the Contract if the contractors are paid with funds appropriated by a legislative body.

7. Insurance. Paragraph 1.4, General Conditions, is replaced with the following: The PROVIDER shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

- a. General liability insurance issued by an insurance company in the amount of a least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

b. Automobile insurance issued by an insurance company in an amount of at least of ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

c. Professional liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

The insurance shall be obtained from a company authorized by law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

For general liability, professional liability, and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The PROVIDER shall maintain in effect this liability insurance until the STATE has certified that the PROVIDER's work under the Contract has been completed satisfactorily.

Prior to or upon execution of this Contract, the PROVIDER shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the certificate of insurance shall be attached hereto as Exhibit " " and be made a part of this Contract.

Each insurance policy required by this Contract shall contain the following clause:

It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The general liability and automobile liability insurance policies required by this Contract shall contain the following clause:

The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.

The certificate of insurance shall indicate these provisions are included in the policy.

The PROVIDER shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this Contract, the PROVIDER, upon renewal of the policy, shall promptly cause to be provided to the STATE an updated certificate of insurance.

8. If this Contract is terminated with cause or without cause or at the scheduled expiration of the time of performance specified in this Contract, all equipment and unused supplies and materials leased or purchased with funds paid to the PROVIDER under this Contract shall become the property of the STATE as it so specifies and shall be disposed of as directed by the STATE.

9. Option to Extend Contract. Unless terminated, this Contract may be extended by the STATE for specified periods of time not to exceed five (5) years or 60 months or for not more than five (5) additional twelve (12) month periods or 60 months, upon mutual agreement and the execution of a supplemental agreement. This Contract may be extended provided that the Contract price shall remain the same or is adjusted per the Contract Price Adjustment provision stated herein. The STATE may terminate the extended agreement at any time in

accordance with General Conditions no. 4.

10. Contract Price Adjustment. The Contract price may be adjusted prior to the beginning of each extension period and shall be subject to the allotment and availability of state and special funds.

11. Audit Requirements. The PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit "E" attached hereto and made a part hereof. Failure to comply with the provisions of this paragraph may result in the withholding of payments to the PROVIDER.

12. Language Access. The PROVIDER shall comply, as a covered entity, with the provisions of chapter 321C, Hawaii Revised Statutes, regarding language access; and with federal law regarding language access, Title VI of the Civil Rights Act of 1964, 42 USC section 2000d et seq., and 45 CFR part 80. These laws require the PROVIDER to, among other things, ensure meaningful access to services, programs, and activities by providing clients with oral and written language services, including written translations of vital documents, if, on account of national origin, clients do not speak English as their primary language and have a limited ability to read, write, speak, or understand the English language. If it is necessary to provide oral or written language services to a client's family in order for the client to benefit from the PROVIDER's services, programs, or activities, the PROVIDER shall provide those language services to the family.

13. The PROVIDER shall have bylaws or policies that describe the manner in which business is conducted and policies that relate to favoritism and management of potential conflicts of interest.

# **Attachment D**

## **Cultural and Linguistic Services**

### **Utilization Criteria**

**Cultural & Linguistic Services**



**Group B**

**ADULT MENTAL HEALTH DIVISION  
Service Authorization Request**

**PURPOSE**

To promote the appropriate level of services and treatment for registered consumers.

Fax Completed Form To: AMHD Utilization Management

PHONE NUMBER: 586-7400 FAX NUMBER: 453-6966 Fax Date: \_\_\_\_\_

Reason for form completion:

Admission  Continued Stay  Discharge

**CONSUMER INFORMATION** (Type or Print Clearly)

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_

Current DX Code, Axis I: \_\_\_\_\_ Current DX Code, Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_ Axis IV: \_\_\_\_\_ Axis V: \_\_\_\_\_

Other Benefit Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Service Requested:

Coordination Services  Interpreter Services

Language Requested:

Japanese  Mandarin  Cantonese  Korean  Tagalog  Ilocano  Vietnamese  
 Samoan  Chuukese  Other \_\_\_\_\_

**PROVIDER CONTACT INFORMATION**

Provider Agency: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: HI Zip: \_\_\_\_\_



**Admission Criteria**

**Admit Date:**

Meets **one** of the following:

1.  Consumer is unable to adequately communicate with providers in the language of their choice, and would be unable to continue to utilize services without the use of an interpreter
2.  Consumer is unable to adequately access mental health and other community services without Cultural & Linguistic Coordination services. These consumers are currently receiving case management services from Kalihi Palama CMHC, and bilingual needs are at an intensity which exceed the regular use of an interpreter

**Continued Stay Criteria**

**Continued Date:**

Meets **all** of the following:

1.  Continues to meet initial criteria
2.  In order to maintain current community stability, requires this level of service and remains linked with a primary AMHD case manager
3.  Consumers receiving Cultural & Linguistic Coordination services remain assigned to a primary case manager at Kalihi Palama CMHC
4.  There is documented evidence that consumer is showing stabilization/improvements in the areas of functional status, increased environmental supports and engagement to reasonably conclude that continued services at this level will further stabilize/increase consumers functioning

**Discharge Criteria**

**Discharge Date:**

Meets **one** of the following:

1.  Service no longer needed due to **all** of the following
  - a.  Functional stability has been maintained in the current community setting in the past 12 months
  - b.  Consumer is able to independently access ongoing services to maintain stability in the community without the assistance of an interpreter
2.  Consumer has regular and reliable access to interpreter services to support their ongoing utilization of mental health and other community services
3.  Consumer refuses cultural and linguistic coordination services.

**Additional Discharge Reasons:**

- Deceased
- Transfer to State Institution\*\*
- Moved from Hawaii
- Closed – Unable to Locate / No Contact
- Other (Contact AMHD UM)

\* Includes change in LOC

\*\* Includes incarceration or long-term hospitalization

Consumer Name: \_\_\_\_\_ Cultural & Linguistic Coordination  
3 of 3



Discharged to (Provider): \_\_\_\_\_

Service Exclusions

1.  Consumers receiving Cultural & Linguistic Coordination services shall be assigned case management services only through the Kalihi Palama CMHC.

Clinical Exclusions

1.  Consumers who are able to communicate independently with service providers without the assistance of an interpreter or Bilingual Specialist would not be appropriate.

**Justification for request despite exclusions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Provider Representative Completing Form (Please Print):

Name \_\_\_\_\_ Title \_\_\_\_\_

Date Form Completed \_\_\_\_\_

Signature \_\_\_\_\_

# **Attachment E**

**Comprehensive,  
Continuous, Integrated  
System of Care Model  
by Kenneth Minkoff, M.D.**

# Comprehensive, Continuous, Integrated System of Care Model

By Kenneth Minkoff, M.D.

The eight research-derived and consensus-derived principles that guide the implementation of the CCISC are as follows:

1. *Dual diagnosis is an expectation, not an exception:* Epidemiologic data defining the high prevalence of comorbidity, along with clinical outcome data associating individuals with co-occurring psychiatric and substance disorders (“ICOPSD”) with poor outcomes and high costs in multiple systems, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who present in each component of the system already.
2. *All ICOPSD are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (NASMHPD, 1998) can be used as a guide for service planning on the system level.* In this model, ICOPSD can be divided according to high and low severity for each disorder, into high-high (Quadrant IV), low MH – high SA (Quadrant III), high MH – low SA (Quadrant II), and low-low (Quadrant I). High MH individuals usually have SPMI and require continuing integrated care in the MH system. High SA individuals are appropriate for receiving episodes of addiction treatment in the SA system, with varying degrees of integration of mental health capability.
3. *Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence based best practice for individuals with the most severe combinations of psychiatric and substance difficulties.* The system needs to prioritize a) the development of clear guidelines for how clinicians in any service setting can provide integrated treatment in the context of an appropriate scope of practice, and b) access to continuous integrated treatment of appropriate intensity and capability for individuals with the most complex difficulties.
4. *Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each client, and in each service setting.* Each individual client may require a different balance (based on level of functioning, available supports, external contingencies, etc.); and in a comprehensive service system, different programs are designed to provide this balance in different ways. Individuals who require high degrees of support or supervision can utilize contingency based learning strategies involving a

variety of community based reinforcers to make incremental progress within the context of continuing treatment.

5. *When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended.* The system needs to develop a variety of administrative, financial, and clinical structures to reinforce this clinical principle, and to develop specific practice guidelines emphasizing how to integrate diagnosis-specific best practice treatments for multiple disorders for clinically appropriate clients within each service setting
6. *Both mental illness and addiction can be treated within the philosophical framework of a “disease and recovery model” (Minkoff, 1989) with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change.* Literature in both the addiction field and the mental health field has emphasized the concept of stages of change or stages of treatment, and demonstrated the value of stagewise treatment (Drake et al, 2001.)
7. *There is no single correct intervention for ICOPSD; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements.* This principle forms the basis for developing clinical practice guidelines for assessment and treatment matching. It also forms the basis for designing the template of the CCISC, in which each program is a dual diagnosis program, but all programs are not the same. Each program in the system is assigned a “job”: to work with a particular cohort of ICOPSD, providing continuity or episode interventions, at a particular level of care. Consequently, all programs become mobilized to develop cohort specific dual diagnosis services, thereby mobilizing treatment resources throughout the entire system.
8. *Clinical outcomes for ICOPSD must also be individualized, based on similar parameters for individualizing treatment interventions.* Abstinence and full mental illness recovery are usually long term goals, but short term clinical outcomes must be individualized, and may include reduction in symptoms or use of substances, increases in level of functioning, increases in disease management skills, movement through stages of change, reduction in “harm” (internal or external), reduction in service utilization, or movement to a lower level of care. Systems need to develop clinical practice parameters for treatment planning and outcome tracking that legitimize this variety of outcome measures to reinforce incremental treatment progress and promote the experience of treatment success.

# **Attachment F**

## **AMHD Practice Guidelines**

## **AMHD Practice Guidelines:**

### **1. Employ a Recovery Perspective**

- a. People with mental illness can and do overcome the barriers and obstacles that confront them.
- b. Recovery is a long term process which is self-directed by the consumer, who defines his or her life goals and designs a unique path towards these goals.
- c. The role of the worker is to facilitate and support the consumer in their recovery and encourage the consumer to participate in all decisions that would affect his or her life.

### **2. Consumer Engagement**

- a. Engage the consumer in a warm, empathic manner.
- b. Include trained peer support, when appropriate.
- c. Partner with the consumer by attending to their strengths, needs, treatment preferences, experiences, and cultural background.

### **3. Cultural Competency**

- a. In the building of a therapeutic alliance, recognize that culture (which includes gender, ethnicity, sexual orientation, religion, language, etc) plays a significant role in enhancing engagement. Engagement influences how comfortable consumers are with seeking help, who they seek help from, what types of help they seek, what coping styles and social supports they have. This influences how they view the problem and solutions, and how much stigma they attach to mental illness.

### **4. Service Provision**

- a. Where available, services should be based on evidence based practices, best practices and recognized consensus panel recommendations
- b. Assessments should be timely and include a comprehensive and holistic approach.
- c. Treatment should be informed by the assessment and customized according to consumer preferences, needs, stage of change, and other factors, such as legal, spiritual, cultural, etc.
- d. Treatment is a team process. It is dynamic and constantly shifting. No one should feel solely responsible or isolated in the process. All members of the team interact and mutually collaborate in providing inter-disciplinary interventions for the benefit of the consumer.
- e. Individuals are inherently complex and multi-dimensional. Therefore treatment should be tailored to expect Co-Occurring Conditions (substance use, trauma etc). Understanding and support of influencing vital dimensions is necessary in providing effective intervention.
- f. Teams should identify and contact other providers currently or previously providing services to the consumer, and use that information to better inform the current plan.
- g. Treatment is not a linear progression (i.e., hospitalization to specialized residential to 24 hr. group home to supported housing). Rather, they are all options, which can be tailored to best “fit” the consumer’s situation.

- h. Teams should include, whenever possible, the natural supports. Strengthening the consumers family and significant others may strengthen the consumers recovery.
- i. Teams should teach, implement, and monitor (in accordance with standard fidelity measures, if applicable) evidence based practice, best practices, and/or promising practices.
- j. Teams must consider and address safety concerns throughout treatment and ensure that pre-crisis interventions are documented and in place.

## **5. Continuity of Care**

- a. Caseworkers must ensure proper follow through and not leave it up to the consumer or the “other system”. The key for the case worker is to stay involved in the process and to provide key information such as medication updates, what worked in the past, contact information, etc.
  - i. For example, with regard to crisis, did the consumer make it to the emergency room? If so, what was the disposition? Another example could be arranging for the consumer to attend a Clubhouse interview. What would the consumer need to attend the interview? Transportation? Bus instructions? Prompting on how to ask for services, etc.
- b. In referring to other programs, the caseworker must continue active involvement and function as an integral part of the team.
- c. Workers should obtain support and consultation whenever needed (who to ask? how to contact? who serves as back up? etc)

## **6. Documentation**

- a. Documentation must be recovery focused by using person first language and avoiding generalizations that are judgmental (e.g., “non-compliant”, “resistant”). This language style tends to reinforce beliefs that the consumer needs to do what we want them to do rather than viewing ourselves as partners.
- b. Use descriptions that focus on conveying clinically useful information. For example, instead of the term “medication non-compliance”, consider descriptions such as, “Consumer often forgets to take their medication”, “Consumer does not use the medication because of uncomfortable side-effects”, etc.
- c. Documentation effectiveness can be enhanced when stages and stage appropriate interventions are utilized. (e.g. “Individual is pre-contemplative in acceptance of illness, however is in action stage in taking their meds. Therefore will work on increasing their understanding of the medications and proper administration.” In this case, they don’t necessarily have to accept that they have a mental illness to effectively take their medications.

## **7. Crisis**

- a. The goal of crisis intervention is to decrease self-harm or dangerousness and movement toward self-regulation.
- b. The QMHP should be actively involved throughout the process by, a) being consulted during and at the resolution of the situation; b) reviewing and

- approving the outcomes of the interventions; and c) ensuring appropriate debriefing to improve the process and support those involved.
- c. Documentation of consultations are an effective way of establishing community standards of practice and mediating risk.
  - d. Documentation should include the nature of the crisis (e.g. crisis antecedents), the assessment of the risks, interventions used, and the rationale for final disposition (e.g., "Hospitalization was considered, however the consumer included his family in the intervention of which the family agreed to provide 24 hour supervision and will call Dr. K for assistance, if needed").
  - e. The caseworker should ensure proper follow-up, which is documented and including in the consumers record (e.g., where is the consumer now? What can we do the next time to prevent a crisis? What can the consumer do?).

## **8. Co-Occurring Disorders**

- a. Dual diagnosis is an expectation, not an exception
- b. All ICOPSD are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (NASMHPD, 1998) can be used as a guide for service planning on the system level.
- c. Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence based best practice for individuals with the most severe combinations of psychiatric and substance difficulties.
- d. Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each client, and in each service setting
- e. When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended
- f. Both mental illness and addiction can be treated within the philosophical framework of a "disease and recovery model" (Minkoff, 1989) with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change
- g. There is no single correct intervention for ICOPSD; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements.
- h. Clinical outcomes for ICOPSD must also be individualized, based on similar parameters for individualizing treatment interventions.

## **9. Supervision**

- a. Clinical supervision teams should routinely review cases.
- b. In addition to "as needed supervision", caseworkers should have access to timely, routine supervision, and opportunities for continued skill development.

- c. Supervisors should establish agreed upon competencies with each supervisee and routinely document supervision outcomes as part of the quality improvement process.

#### **10. Psychopharmacology**

*Prescribing clinicians will adhere to the most recent version of the MISA Psychopharmacology Guidelines. (see attached)*

**Reference:**

*SAMHSA Treatment Improvement Protocol (TIP) 42 chapter five*

*CCISC Model: Dr. Kenneth Minkoff, 2001*

*Psychopharmacology Practice Guidelines (Minkoff, 1998; Sowers & Golden, 1999) Lettich 2006*

# **Attachment G**

## **AMHD Mission, Vision, Values and Guiding Principles**

## **Adult Mental Health Division Mission, Vision, Core Values, Guiding Principles**

### **Mission**

We provide a comprehensive, integrated mental health system supporting the recovery of adults with severe mental illness.

### **Vision**

Everyone has access to effective treatment and supports essential for living, working, learning and participating fully in the community.

### **Core Values**

#### **Commitment:**

We value and are dedicated to providing the public's mental health services.

#### **Integrity:**

We expect honesty, professionalism, and ethics in our work environment.

#### **Collaboration:**

We value teamwork and endeavor to build partnerships, consumer and community participation to attain our goals.

#### **Diversity:**

We celebrate diversity and treat all people with fairness, respect, and compassion.

#### **Excellence:**

We strive to ensure high quality and effective use of our resources.

#### **Wisdom:**

We learn from each other and acknowledge that there are many ways of knowing.

#### **Innovation:**

We seek to explore new and creative ideas.

#### **Accountability:**

We are committed to personal responsibility for our actions and for achieving our planned outcomes.

### **Guiding Principles**

1. The following guiding principles apply to persons with SPMI who also have:
  - Co-occurring medical conditions
  - Substance use disorders
  - Homelessness
  - Mental retardation
  - Involuntary civil or penal commitment status.

2. Informed Self Directed Recovery is the foundation on which all mental health services are provided.
3. All mental health services are based on the individual's needs, strengths and desires.
4. Empathic and hope instilling relationships are an essential component of all services.
5. The major goal of services is a safe and decent place to live, meaningful relationships and activities.
6. Consumers are an integral component of the service system design throughout AMHD.
7. Everyone is mindful, respectfully inquires, and makes adjustments to behave in a culturally informed, sensitive and responsive manner.
8. Services are provided that is in the least restrictive, most integrated community settings, which are warm, welcoming, and respectful of consumers.
9. Service standards are based on professional, national standards and Evidence Based Practices.
10. Significant others are involved and supported to maintain relationships that are critical for healthy community living.

# **Attachment H**

## **DEFINITION AND ROLE OF THE QMHP**

## **Definition and Role of the Qualified Mental Health Professional**

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

### **Definition / Role and Activities:**

The Qualified Mental Health Professional (“QMHP”) in the AMHD service delivery system is the individual generally responsible for clinical oversight and development of the service. A QMHP may provide a wide range of service and support including, but not limited to the following:

- Oversees the development of each consumer’s treatment plan to ensure it meets the requirements stated of applicable funding streams and sign each treatment plan.
- Serves as a consultant to the treatment team.
- Serves as the LOCUS expert.
- Provides oversight and training.
- Reviews and signs each authorization request for clinical services prior to submittal to ensure that the services requested are medically necessary.
- Provides clinical supervision.
- Provides therapy.
- Provides clinical consultation and training to team leaders and/or direct care providers as needed.

Additionally, for Specialized Treatment Programs such as Intensive Out-Patient Hospital and Specialized Residential Services, the QMHP shall provide day-to-day program planning, implementation, and monitoring.

### **QMHP Minimum Requirements:**

A QMHP is required to have an advanced degree and is licensed to practice in Hawaii as a:

- Licensed Psychiatrist,
- Licensed Psychologist (Ph.D. or Psy.D.),
- Licensed Clinical Social Worker (“LCSW”),
- Licensed Marriage and Family Therapist (“LMFT”), or
- Licensed Advanced Practice Registered Nurse (“APRN” or “APRN-Rx”) in behavioral health currently licensed in the State of Hawaii.
- Licensed Mental Health Counselor

# **Attachment I**

## **Mental Health Worker**

## **Definition and Role of the Mental Health Worker**

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

### **Definition / Role and Activities:**

The Mental Health Worker (“MHW”) in the AMHD service delivery system is an individual who routinely provides much of the front-line consumer-focused work within the community-based mental health system. A MHW may provide a range of clinical and supportive services under the supervision of a Mental Health Professional (“MHP”) or Qualified Mental Health Professional (“QMHP”). Services or interventions provided by the MHW include, but are not limited to, the following:

- Provide specialized services in conjunction with other professionals such as case management, crisis intervention, skill-building activities, and group and/or individual psycho-education.
- Coordinate services with ancillary treatment providers.
- Make referrals to additional services and supports when indicated on the consumer’s Recovery Plan.
- Assist with the development of the Recovery Plan, Crisis Plan or Wellness Recovery Action Plan.
- Monitor, evaluate and document consumer progress.
- Provide supportive counseling.
- Provide screening and gather clinical information for intake or other assessment.
- Participate in the update of recovery plans.

### **MHW Minimum Requirements:**

A MHW is required to have a Bachelors degree from a nationally accredited college or university in one or more of the following fields:

- Social Work,
- Nursing,
- Counseling,
- Psychology,
- Psychosocial Rehabilitation,
- Sociology,
- Human Development,
- Other closely related fields, as approved in writing by the AMHD Chief or

designee, providing the individual has completed:

- 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
- 1 year of experience providing direct services to individuals with mental illness or other behavioral health issues.

Individuals may also qualify as a MHW by having one (1) or more of the following credentials:

- A Certified Psychiatric Rehabilitation Practitioner (“CPRP”)
- A Certified Substance Abuse Counselor (“CSAC”) in the state of Hawai’i providing the individual has completed:
  - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
  - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Certified Peer Specialist in the state of Hawai’i (“HCPS”) who possesses a High School Degree or High School Equivalency and, providing the individual has completed:
  - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
  - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Registered Nurse (“RN”) with less than a Bachelor’s Degree providing the individual has completed:
  - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
  - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Licensed Practical Nurse (“LPN”) providing the individual has completed:
  - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
  - 1 year of experience working with individuals with mental illness or other behavioral health issues.

All post high school coursework must have been completed at, and the degree issued by a nationally-accredited institution. For degrees issued outside of the United States, the issuing institution must meet similar accrediting standards or be recognized within the United States as having equal standing.

### **Definition of Experience**

Social Service experience may include identification and evaluation of the consumer’s problems and needs, the development of a service or treatment plan, the initiation and implementation of the treatment plan, monitoring of services and evaluation/assessment of the consumer’s progress. It may be in areas such as human services, social welfare,

human services worker and/or criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

### **Supervision**

Clinical supervision of the MHW shall be provided by a QMHP, or an MHP under the supervision of a QMHP. A MHP may provide the supervision for programs that do not require a QMHP. The frequency and content of supervision should follow accreditation, certification and professional standards and shall be for a minimum of one (1) hour of supervision for each 160 hours worked. A team meeting which focuses on administrative detail and general case consultation does not meet the standard for clinical supervision.

Clinical Supervision should minimally include the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and attitudes that are the focus for development.
- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in service training.
- Meets requirements for licensing bodies and third party payers.
- Consists of regularly scheduled face-to-face individual meetings.
- Content focus, feedback and evaluation is based on direct observation of work performance.
- Preplanning and preparation are necessary.
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do.

# **Attachment J**

## **Bilingual Assistant**

## **Definition and Role of the Bilingual Assistant**

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

### **Definition / Role and Activities:**

The Bilingual Assistant in the AMHD service delivery system primarily provides support to consumers. Tasks may include, but are not limited to, the following:

- Provide specialized services in conjunction with other professionals.
- Coordinate services.
- Make referrals.
- Provide ongoing support.
- Provide screening, and gather clinical information.
- Provide input into the recovery plans.

### **Bilingual Assistant Minimum Requirements:**

A Bilingual Assistant is required to possess a high school diploma, or high school equivalency, AND

- have 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development;
- 1 year of experience providing direct services to individuals with mental illness or other behavioral health issues;
- be a Certified Substance Abuse Counselor (“CSAC”); and
- be a Certified Peer Specialist in the state of Hawaii (“HCPS”).

### **Definition of Experience:**

Social Service experience may include identification and evaluation of the consumer’s problems and needs, the development of a service or treatment plan, the initiation and implementation of the treatment plan, monitoring of services, and evaluation/assessment of the consumer’s progress. Example may be in areas such as human services, social welfare, human services worker, and/or criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

### **Supervision:**

Supervision for the Bilingual Assistant shall be provided by a Mental Health Professional (“MHP”) under the supervision of a Qualified Mental Health Professional (“QMHP”) or by a QMHP. The MHP may provide the supervision for programs that do not require a QMHP. The frequency and content of supervision should follow accreditation, certification, and professional standards and shall be for a minimum one (1) hour for each

eighty (80) hours of work. A team meeting which focuses on administrative and general case consultation does not meet the standard for clinical supervision.

Clinical Supervision should minimally possess the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and attitudes that are the focus for development.
- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in service training.
- Meets requirements for licensing bodies and third party payers.
- Consists of regularly scheduled face-to-face individual meetings.
- Content focus, feedback and evaluation is based on direct observation of work performance.
- Preplanning and preparation are necessary.
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do.

# **Attachment K**

## **Mental Health Professional**

## **Definition and Role of the Mental Health Professional**

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

### **Definition / Role and Activities:**

The Mental Health Professional (“MHP”) in the AMHD service delivery system provides a wide-array of clinically-oriented services under the supervision of a Qualified Mental Health Professional (“QMHP”), which may include, but are not limited to, the following:

- Function as a Team Leader and supervise and direct the work of Mental Health Worker and/or Mental Health Assistant staff;
- Provide direct intervention within their scope of practice, including case management, crisis intervention, counseling, individual or group psycho-education, or other interventions which do not include or meet the definition of therapy;
- Provide intake assessment and recovery plan development;
- Attend and contribute to recovery planning or recovery plan review meetings with ancillary treatment providers on behalf of the treatment team; and
- Serve as the AMHD Utilization Management Liaison.

### **MHP Minimum Requirements:**

The MHP is required to be professionally prepared and experienced with an advanced degree and/or licensure. Degrees and license includes the following categories:

- Licensed Social Worker (“LSW”),
- Master of Science in Nursing (“MSN”),
- Advanced Practice Registered Nurse (“APRN”) whose specialty is in a non-behavioral health field,
- Master’s degree with a major in one of the following areas:
  - a) Counseling,
  - b) Psychology,
  - c) Psychosocial Rehabilitation,
  - d) Sociology,
  - e) Human Development,
  - f) Other closely-related fields, as approved in writing, by the AMHD Chief or designee.

All graduate degree work must be completed at and the degree issued by a nationally-accredited academic institution. For degrees issued outside of the United States, the issuing institution must meet similar accrediting standards or be recognized within the United States as having equal standing.

**Definition of Experience:**

Social Service experience may include identification and evaluation of the consumer's problems and needs, the development of a service or treatment plan, the initiation and implementation of the treatment plan, monitoring of services, and evaluation/assessment of the consumer's progress. Example may be in areas such as human services, social welfare, human services worker and criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

**Supervision:**

Clinical supervision of the MHP shall be provided by a QMHP. The frequency and content of supervision should follow accreditation, certification and professional standards and shall be for a minimum one (1) hour of supervision for each 160 hours of work.

Clinical Supervision should minimally include the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and attitudes that are the focus for development.
- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in-service training.
- Meets requirements for licensing bodies and third party payers.
- Consists of regularly scheduled face-to-face individual meetings.
- Content focus, feedback and evaluation is based on direct observation of work performance.
- Preplanning and preparation are necessary.
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do.

# **Attachment L**

## **Certifications**

## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
Office of Grants Management  
Office of the Assistant Secretary for Management and Budget  
Department of Health and Human Services  
200 Independence Avenue, S.W., Room 517-D  
Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### 4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

**5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

# **Attachment M**

## **Form SPO-H-205A Instructions**

**Instructions for Completing  
FORM SPO-H-205A ORGANIZATION - WIDE BUDGET BY  
SOURCE OF FUNDS**

<b>Applicant/Provider:</b>	Enter the Applicant's legal name.
<b>RFP#:</b>	Enter the Request For Proposal (RFP) identifying number of this service activity.
<b>For all columns (a) thru (d)</b>	<p>Report your total organization-wide budget for this fiscal year by <b>source of funds</b>. Your organization's budget should reflect the total budget of the "organization" legally named. Report each source of fund in separate columns, by budget line item.</p> <p>For the first column on the first page of this form, use the column heading, "Organization Total".</p> <p>For the remaining columns you may use column headings such as: Federal, State, Funds Raised, Program Income, etc. If additional columns are needed, use additional copies of this form.</p>
<b>Columns (b), (c) &amp; (d)</b>	Identify sources of funding in space provided for column titles.
<b>TOTAL (A+B+C+D)</b>	Sum the subtotals for Budget Categories A, B, C and D, for columns (a) through (d).
<b>SOURCE OF FUNDING:</b> (a) (b) (c) (d)	Identify all sources of funding to be used by your organization.
<b>TOTAL REVENUE</b>	Enter the sum of all revenue sources cited above.
<b>Budget Prepared by:</b>	Type or print the name of the person who prepared the budget request and their telephone number. If there are any questions or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

Special Instructions by the State Purchasing Agency:

***Provide a budget by source of funds for this specific service activity.***

# **Attachment N**

## **Form W-9 Request for Taxpayer Identification Number and Certification**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>																														
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**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>2</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>2</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>1</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uccs.gov](mailto:spam@uccs.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.