

**RFP 22-71736**  
**Assessment of Federal Culturally Linguistically Appropriate Services (CLAS)**  
**Standards in Indiana’s Community Mental Health Center (CMHC)**  
**Workforce and Service Provision**  
**ATTESTATION FORM**  
**ATTACHMENT J**

**Respondent Name:**

**Health Management Associates, Inc.**

**1.0 Mandatory Submissions and Requirements:** Disagreement with these items may result in the response being disqualified.

Section 1.10 Pricing	<input checked="" type="checkbox"/> Have read and meet this requirement
Section 2.3.6 Mandatory Contract Terms/Clauses	<input checked="" type="checkbox"/> Have read and understand this section
Section 3.2 Executive Summary	<input checked="" type="checkbox"/> Have completed, signed, and submitted
Section 3.2 Attachment A: Minority and Women Business Enterprise form	<input checked="" type="checkbox"/> Have completed, signed, and submitted or <input type="checkbox"/> Opting not to submit
Section 3.2 Attachment A1: Indiana Veteran Owned Small Business form	<input type="checkbox"/> Have completed, signed, and submitted or <input checked="" type="checkbox"/> Opting not to submit
Section 3.2 Attachment C: Indiana Economic Impact	<input checked="" type="checkbox"/> Have read, completed, and submitted
Section 3.2 Attachment D: Cost Proposal (Excel Workbook)	<input checked="" type="checkbox"/> Have completed and submitted
Section 3.2 Attachment E: Business Proposal	<input checked="" type="checkbox"/> Have completed and submitted
Section 3.2 Attachment F: Technical Proposal	<input checked="" type="checkbox"/> Have completed and submitted

## 2.0 Confirm mutual understanding and submission.

2.3.6 Contract Terms/Clauses	<input checked="" type="checkbox"/> Confirm Respondent’s Legal Representation has read, and accepts Sample Contract language. or <input type="checkbox"/> Confirm Respondent’s Legal Representation has read, and submitted alternative language per section 5.0 and 6.0 of this attachment.
1.15 and 2.2.5 Confidential Information: The complete list of Confidential and Redacted files is specified in section 4.0 of this attachment.	<input type="checkbox"/> Have read, and submitted or <input checked="" type="checkbox"/> Have read, and does not apply to response
2.2.1 Agreement with Requirements listed in Section One of RFP	<input checked="" type="checkbox"/> Have read, and agree
2.2.2 Ability and Desire to Supply the Required Products or Services	<input checked="" type="checkbox"/> Have read, and agree
2.3.10 Subcontractors	<input checked="" type="checkbox"/> Have read, agree, listed subcontractors in 7.0 of this attachment and submitted documents or <input type="checkbox"/> Have read, and does not apply to response

## 3.0 Claim clarification

2.7 Buy Indiana	<input type="checkbox"/> YES claiming or <input checked="" type="checkbox"/> NO, not claiming
2.7 Buy Indiana	<input type="checkbox"/> System generated notification submitted or <input type="checkbox"/> Status Letter on company letterhead submitted

**4.0 Confidential / Redacted File: confirm submission if applicable**

More rows may be inserted if necessary

Responses must include the following required information:

- List all documents or sections of documents, for which statutory exemption to APRA;
- Specify which statutory exception of APRA applies for each document or section of the document;
- Provide a description explaining how the statutory exception to the APRA applies for each document or section of the document; and
- Provide a separate redacted or confidential, whichever is applicable, version of the document. File name should use the following format:
  - (insert rfp #)\_(insert Att letter)\_CONFIDENTIAL
  - (insert rfp #)\_(insert Att letter)\_REDACTED
- More rows may be inserted if necessary

Filename	Document Section	Document Page #	Statutory exception reference	Rationale for application of the statute	Submitted
N/A					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**5.0 Attachment B, B1-3 summary of proposed sample contract changes**

More rows may be inserted if necessary

Section	Topic	Rationale for suggested change
N/A		

## 6.0 Respondent additional attachments

More rows may be inserted if necessary

Filename	RFP Attachment Reference
Certificate of Authority_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	Health Management Associates, Inc.'s certificate of authority to do business in Indiana. Included as part of HMA's response to question 2.3.2 of the business proposal.
Cost Proposal Narrative_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	A brief narrative in support of each Cost Proposal item, per section 2.5 Cost Proposal of the main RFP document.
Cost Assumptions, Conditions and Constraints_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	Cost assumptions, conditions, and/or constraints relative to, or which impact, the prices presented on the Cost Schedules, per section 2.5 Cost Proposal of the main RFP document.
DUNS Report_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	Health Management Associates, Inc.'s most current Dun & Bradstreet Business Report. Included as part of HMA's response to question 2.3.4 of the business proposal.
Integrity of Company Structure_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	Health Management Associates, Inc.'s letter of integrity of company structure and financial reporting. Included as part of HMA's response to question 2.3.5 of the business proposal.
Resumes_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	Resumes for proposed staff. Included as part of HMA's response to Attachment F.
Security Statement_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	Health Management Associates, Inc.'s security statement. Included as part of HMA's response to question 2.3.12 of the business proposal.
Signature Authorization Document_IN FSSA Assessment of CLAS Standards in CMHC Workforce_HMA.pdf	Health Management Associates, Inc.'s document showing signature authority. Included as part of HMA's response to question 2.3.9 of the business proposal.

### 7.0 Subcontractors per RFP 2.3.10

More rows may be inserted if necessary

Subcontractor Name	Function to be performed	Document Submitted
Engaging Solutions, LLC	Engaging Solutions will assist with stakeholder engagement to gather insights and experiences from populations served by each of the CMHCs. Specifically, Engaging Solutions will co-design and administer stakeholder surveys and facilitate focus groups across the state.	<input type="checkbox"/> Executed contract <input checked="" type="checkbox"/> Letter of Agreement
netlogx, LLC	netlogx will provide project management and logistics support for the duration of the project. Given the statewide scope of the project and engagement with 24 CMHCs, the State, and the Indiana Council, effective project management is critical.	<input type="checkbox"/> Executed contract <input checked="" type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract <input type="checkbox"/> Letter of Agreement
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