NEW YORK STATE | Office for People With Developmental Disabilities

Library of Attachments

RFP OPD-2025-70

Independent Utilization Review Nurses

Attachment 1

Document Submission Checklist and Attestation

OPWDD reserves the right to disqualify any proposals that do not contain the **mandatory items** specified for this Solicitation and the resulting Contract. Bidders should use the following checklist as a guide when submitting proposals and include all required documents *(mark the box to indicate inclusion of the document)*:

To Be Included with Submission when Checked by OPWDD	Required Documents	Type of Submission	Included with Submission (To Be Checked by Bidder)
☒	**Attachment 1** Document Submission Checklist and Attestation	Provide completed and signed copy.	☐
☒	**Attachment 2** Bid Quote Sheet / Cost Proposal	Provide completed copy.	☐
☒	**Attachment 3** Contractor Information Sheet	Provide completed and signed copy.	☐
☒	**Attachment 5** Non-Collusive Bidding Certification	Provide completed and signed copy.	☐
☒	**Attachment 6** References	Provide completed copy.	☐
☒	**Attachment 7** Vendor Responsibility Questionnaire Certification	Provide completed and signed copy.	☐
☒	**Attachment 8** New York State Consultant Services Contractor's Planned Employment Form A	Provide completed and signed copy.	☐
☒	**Attachment 9** Vendor Assurance of No Conflict of Interest or Detrimental Effect	Provide completed and signed copy.	☐
☒	**Attachment 10** Procurement Lobbying Law Certification of Compliance	Provide completed and signed copy.	☐
☒	**Attachment 14** Sexual Harassment Prevention Policy Certification	Provide completed and signed copy.	☐
☒	**Attachment 15** Executive Order 177 Anti-Discrimination Certification	Provide completed and signed copy.	☐
☒	**Attachment 16** Certification Under Executive Order No. 16	Provide completed and signed copy.	☐
☒	**Attachment 17** Gender-Based Policy and the Workplace Certification	Provide completed and signed copy.	☐

☒	**Attachment 18** Minimum Mandatory Requirements	Provide completed copy as applicable.	☐
☒	**Attachment 19** Technical Proposal Response Form	Provide responses to the requirements as outlined in the solicitation as applicable.	☐
☒	Exhibit 1 Outside Activity Memo	Informational.	☐
☒	Exhibit 2 QIDP Qualifications	Specific Qualification Requirements to be certified as a Qualified Intellectual Disabilities Professional	☐

ATTESTATION:

By signing below, the Bidder hereby attests that they have read, understand, and are willing to comply with the scope and requirements of this Solicitation. The Bidder also affirms that, to the best of their knowledge, the contents of their submitted proposal are truthful and accurate, meeting all mandatory requirements as presented.

PRINTED NAME: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

The Remainder of this Page is Intentionally Left Blank

Attachment 3

NYS Office for People With Developmental Disabilities
Contractor Information Sheet

BIDDER NAME	
ADDRESS	
PRINTED NAME	
TITLE	
EMAIL ADDRESS	
PHONE #	
NYS VENDOR ID	
FEDERAL ID (FEIN) #	

IF THE BIDDER USES, OR HAS USED IN THE PAST TEN YEARS, ANY OTHER BUSINESS NAME, FEIN, OR DBA PLEASE PROVIDE:

_____

_____

Number of Years in Business: _____ Number of Years of Experience Providing Solicited Service: _____

PLEASE CHECK THE APPROPRIATE BOX:

☐ NYS Minority-Owned Business (MBE) Registration # _____

☐ NYS Women-Owned Business (WBE) Registration # _____

☐ NYS Small Business (SB) Registration # _____

☐ NYS Disadvantaged Business Enterprise (DBE) Registration # _____

☐ NYS Service-Disabled Veteran-Owned Business (SDVOB) Registration # _____

☐ None of the above

Form submitted to show compliance with New York State Workers Compensation Insurance requirements:

CE-200____ or **C-105.2____** or **U-26.3____** or **SI-12____** or **GSI-105.2____**

Form submitted to show compliance with New York State Disability Benefits Insurance requirements:

CE-200____ or **DB-120.1____** or **DB-155____**

Attachment 5

Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law
(Page 1 of 3)

SECTION 139-D, Statement of Non-Collusion in bids to the State:

BY SUBMISSION OF THIS BID, BIDDER AND EACH PERSON SIGNING ON BEHALF OF BIDDER CERTIFIES, AND IN THE CASE OF JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;

[2] Unless otherwise required by law, the prices that have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of _____, 20____ as the act and deed of said corporation of partnership.

Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law
(Page 2 of 3)

IF BIDDER IS A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS	**LEGAL RESIDENCE**

IF BIDDER IS A CORPORATION, COMPLETE THE FOLLOWING:

NAME	**LEGAL RESIDENCE**
President:	
Secretary:	
Treasurer:	
President:	
Secretary:	
Treasurer:	

IF BIDDER IS A LIMITED LIABILITY COMPANY (LLC), COMPLETE THE FOLLOWING:

NAMES OF MEMBERS	**LEGAL RESIDENCE**

Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law
(Page 3 of 3)

Identifying Data

Potential Contractor: _____

Address: _____
Street

_____
City, Town, etc.

Telephone: _____ Title_____

If applicable, Responsible Corporate Officer:

Name: _____ Title_____

Signature: _____

Joint or combined bids by companies or firms must be certified on behalf of each participant.

_____
Legal name of person, firm or corporation

_____
Legal name of person, firm or corporation

By: _____
Name

_____
Title

_____
Signature

_____
Name

_____
Title

_____
Signature

Address: _____
Street

_____
City, State

Address: _____
Street

_____
City, State

Attachment 6

References

REFERENCE #1	
Company Name	
Address	
City/State/Zip Code	
Contact Name and Title	
Contact Phone	
Contact E-mail	
Term of Engagement	
Scope of Engagement	
REFERENCE #2	
Company Name	
Address	
City/State/Zip Code	
Contact Name and Title	
Contact Phone	
Contact E-mail	
Term of Engagement	
REFERENCE #3	
Company Name	
Address	
City/State/Zip Code	
Contact Name and Title	
Contact Phone	
Contact E-mail	
Term of Engagement	

Attachment 7

Vendor Responsibility Questionnaire Certification

Vendors are encouraged to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at https://www.osc.ny.gov/state-vendors/vendrep/vendrep-system or go directly to the VendRep System online at https://onlineservices.osc.state.ny.us. For direct VendRep System user assistance, the Office of the State Comptroller Help Desk may be reached at 866-370-4672 or 518-408-4672 or at https://www.osc.ny.gov/online-services/get-help.Vendors may opt to file a paper questionnaire; the appropriate questionnaire form can be obtained from the VendRep https://www.osc.ny.gov/state-vendors/vendrep/vendor-responsibility-forms, or vendors may contact the authorized contact at OPWDD or the Office of the State Comptroller Help Desk for a copy of the paper form.

Vendors enrolled in the online VendRep System are also reminded to recertify existing questionnaires every six months or whenever changes that affect their business entity occur.

Vendor Responsibility Certification

Please check the appropriate box indicating what mechanism has been utilized to submit the Vendor Responsibility Questionnaire; the Questionnaire is to be submitted/certified prior to the bid due date.

Bidder is to indicate the format utilized by checking the appropriate box:

☐ On-Line Certified Format (Preferred) or ☐ Hard Copy, Paper Format

Note: If utilizing a hard copy, paper format, that hard copy must be included with the bid quote submission. If utilizing the online format, the *Vendor Responsibility Questionnaire* must be certified by the bid due date. Failure to provide the required *Vendor Responsibility Questionnaire* may result in the bid being rejected for not meeting the minimum mandatory requirement.

Vendor Registration Requirement

The New York State Vendor Management Unit (VMU) relies on State Business Units to obtain a completed Substitute Form W-9 for any vendor not already registered. Any vendor that wants to do business with New York State must complete a Substitute Form W-9, which may be accessed on the NYS Office of the State Comptroller's Web site at the following link: https://www.osc..ny.gov/vendors/forms/ac3237s_fe.pdf.

Submit the completed form with the required bid documentation. For more information about NYS Vendor Management, please access the NYS Office of State Comptroller's website using the following link: http://www.osc..ny.gov/state-vendors.

Attachment 8

Consultant Disclosure Reporting Requirements - Contractor Instructions

Pursuant to New York State Finance Law Section 163(4)(g), state agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract, such report to include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Contractors selected for award on the basis of a procurement issued by the Office of the State Comptroller (OSC) (Request for Proposals, Mini-Bid, or Invitation for Bids) must complete **Form A, State Consultant Services – Contractor's Planned Employment from Contract Start Date through the End of the Contract Term** upon notification of award. The completed **Form A** must include information for all employees that will be providing services under the contract, whether employed by the contractor or by a subcontractor.

Contractors selected for award are also required to complete **Form B, State Consultant Services Contractor's Annual Employment Report** annually for each year of the contract term, on a State fiscal year basis. The first report is due on May 15 for the period April 1 through March 31.

Form A must be submitted to OPWDD as the contracting agency, and **Form B** must be submitted to OPWDD (as the contracting agency), the Department of Civil Service (DCS), and the Consultant Reporting Section of the Bureau of Contracts at OSC, at the addresses provided in these instructions.

Form A, State Consultant Services – Contractor's Planned Employment from Contract Start Date through the End of the Contract Term (attached) **and Form B, State Consultant Services Contractor's Annual Employment Report** (located in the RFP/IFB).

INSTRUCTIONS: FORM A

Upon notification of contract award, use **Form A, State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term**, attached to these instructions, to report the necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

Complete **Form A** for contracts for consulting services in accordance with the following:

- **Employment category**: the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees anticipated to be providing services under the contract.

  (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at https://www.onetonline.org/ to find a list of occupations.)

- **Number of employees:** the total number of employees in the employment category anticipated to be employed to provide services under the contract, including part-time employees and employees of subcontractors.

- **Number of hours to be worked:** the total number of hours anticipated be worked by the employees in the employment category.

- Amount payable under the contract: the total amount payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Submit completed **Form A** within 48 hours of notification of selection for award to OPWDD (as the contracting agency) at the address listed below.

By email: procurement@opwdd.ny.gov
By mail: Contract Management Unit
NYS OPWDD
44 Holland Avenue, 5th Fl.
Albany, NY 12229

Attachment 8A
State Consultant Services Contractor's Planned Employment FORM A

OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

FORM A

New York State Consultant Services
Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Office for People With Developmental Disabilities
State Agency Department ID: 3660243 Agency Business Unit: OPD01
Contractor Name: Contract Number: **Insert Solicitation Number**
Contract Start Date: Contract End Date:

Employment Category[1]	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page	0	0	
Grand Total			

Name of person who prepared this report:

Title: Phone #:

Preparer's Signature:

Date Prepared: / /

(Use additional pages, if necessary) Page of

1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at https://www.onetonline.org/ to find a list of occupations.)

Attachment 9

Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Firm offering to provide services pursuant to this Contract, as a contractor, joint venture contractor, subcontractor or consultant, attests that its performance of the services outlined in this Contract does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State.
2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State.
3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State.
4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State.
5. During the negotiation and execution of any contract, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a while including, but not limited to any action or decision to divert resources from one State project to another.
6. In fulfilling obligations under each of its State contracts, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole, including but not limited to any action or decision to divert resources from one State project to another.
7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate Section 73(8)(a) of the State Ethics Law; and
8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director, or was intended as a reward for any official action on the part of said employee, member or director.

Firms should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

Attachment 10

Procurement Lobbying Law Certification of Compliance

1. **CONTACTS** – Contractor affirms that it understands and agrees to comply with the procedures on procurement lobbying restrictions regarding permissible contacts in the restricted period for a procurement contract in accordance with State Finance Law §§ 139-j and 139-k. ☐I agree

2. **BIDDER/OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS** – Pursuant to Procurement Lobbying Law, State Finance Law § 139-j.

   (a) Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into a procurement contract in the previous four years? ☐Yes ☐No

   If yes, please answer the following questions:

   i. Was the basis for the finding of non-responsibility due to a violation of State Finance Law § 139-j? ☐Yes ☐No

   ii. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a governmental entity? ☐Yes ☐No

   If yes, please provide details regarding the finding of non-responsibility:

   Governmental Entity: _____

   Date of Finding of Non-Responsibility: _____

   Basis of Finding of Non-Responsibility: _____

   _____

   (b) Has any governmental agency terminated or withheld a procurement contract with the above-named individual or entity due to the intentional provision of false or incomplete information? ☐Yes ☐No

   If yes, please provide details below:

   Governmental Entity: _____

   Date of Termination or Withholding of Contract: _____

   Basis of Termination of Withholding: _____

   _____

3. **TERMINATION CLAUSE** – Contractor certifies that all information provided to the Agency with respect to State Finance Law §§ 139-j and 139-k is complete, true and accurate. If found to be in violation of State Finance law §§ 139-j and 139-k, the contract will result in termination. ☐I agree

   Legal Entity Name: _____

   Contractor Address: _____

   By (signature): _____

   I understand that my signature represents that I am signing and responding to both certifications listed above.

   Name (print/type): _____

   Title: Date: Email Address: _____

Attachment 14
Sexual Harassment Prevention Policy Certification

State Finance Law § 139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment prevention training to all its employees and that such policy, at a minimum, meets the requirements of State Labor Law § 201-g.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all its employees. Such policy shall, at a minimum, meet the requirements of State Labor Law § 201-g.

Please mark the applicable box (select one) below and complete the following sections, as required.

☐ The Contractor certifies its compliance with State Finance Law § 139-I.

☐ The Contractor cannot certify its compliance with State Finance Law § 139-I.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

If the Contractor cannot make the above certification, the Contractor must provide a statement detailing the reasons:

This form must be signed by an authorized executive or legal representative.

Attachment 15

Executive Order 177 Anti-Discrimination Certification

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment on the basis of age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status, or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations, and apprenticeship training programs in all instances of discrimination or harassment.
- employers with fewer than four employees in all cases involving sexual harassment; and
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion, or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1 Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Legal Entity Name: _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

Attachment 16

Certification Under Executive Order No. 16
Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia

Executive Order No. 16 provides that "all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia." The complete text of Executive Order No. 16 can be found at Executive Order 16 Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia | Office of General Services (ny.gov).

The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.

Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:

☐ 1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.

☐ 2.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion)

☐ 2.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services in Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)

☐ 3. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.

The undersigned certifies under penalty of perjury that they are knowledgeable about the Vendor's business and operations and that the answer provided herein is true to the best of their knowledge and belief.

Vendor Name (Legal Entity): _____

By (signature): _____

Name (print/type): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

Attachment 17

Gender-Based Policy and the Workplace Certification

New York State Finance Law §139-M requires bidders on competitive state procurements to certify that they have a written policy addressing gender-based violence and the workplace and that such policy meets the following minimum requirements:

- **Share Information:** Employers must provide information regarding gender-based violence where employees can see and access it, including displaying the NYS Domestic and Sexual Violence Hotline information and a gender-based violence and the workplace poster.
- **Refer Employee-Survivors to Services:** The policy must require that the employer refer employees who disclose current or past victim status to the NYS Domestic and Sexual Violence Hotline and/or a local service provider. For bidders outside of New York State, referrals should be made to a local provider or statewide hotline. While referrals are required to be provided by the employer, it is not required for the employee to access services.
- **Prohibit Retaliation:** The policy must clearly state that discrimination or retaliation against employees who identify as victims or survivors of gender-based violence is prohibited.
- **Comply with Laws:** Ensure your policy follows State law. For employers based in New York State, this means that the policy must follow the SAFE Leave Act, New York State Human Rights Law, and any other relevant laws and regulations.
- **Offer Implementation Support:** The Office for the Prevention of Domestic Violence (OPDV) is able to assist employers in developing and implementing this policy. Employers must provide information to supervisors and human resources, where available, about this technical assistance from OPDV. OPDV can be contacted at workplace@opdv.ny.gov.

By submission of this certification, each person signing on behalf of any organization certifies, and in the case of a joint submission each party thereto certifies its own organization, under penalty of perjury, that they have and have implemented a written policy addressing gender-based violence and the workplace.

Organization's signature below certifies its compliance with State Finance Law §139-M.

Organization: _____

By (signature): _____

Name (Please Print): _____

Title: _____

Date: _____

This form must be signed by an authorized executive or legal representative.

If the organization cannot make the above certification, they must provide a statement with their bid detailing the reasons therefor:

Attachment 18

Independent Utilization Review Nurses Minimum Requirements:

☐RN Certification, Licenses for New York State.

☐One (1) year of experience working directly with people with developmental disabilities.

☐Must be able to meet the Qualified Intellectual Disability Professional (QIDP) standards.

☐Previous ICF IUR experience.

Bidders should only check the boxes if they meet the minimum requirement. Attach exhibits of the above items.

Attachment 19

Bidder Experience and Capacity (section 5.1.):

Independent Utilization Reviews (IUR): Bidders must describe their experience having conducted per diem IURs for individuals residing in an Intermediate Care Facility (ICF) that is certified and/or operated by OPWDD.

I/DD Experience: Bidders must describe their experience working with individuals with I/DD, their families, advocates, and/or service providers.

Length of Experience: Bidder must their length of experience with conducting First Step IURs, and input on Second Step reviews arising from "unsatisfactory findings" in the course of a First Step IUR.

Add additional sheets as needed.

Credentials and Education (Section 5.1.1.4.):

Provide:

☐An explanation of how the requirements for a Qualified Intellectual Disability Professional (QIDP) have been met, and a copy of supporting documentation

☐Resume outlining relevant qualifications.

Statewide Availability and Regional Presence (Section 5.2):

The Bidder will provide OPWDD their statewide availability along with their regional presence in detail by answering the following:

- **What areas/regions has the bidder provided services in already (past and present)?**
- **What areas/regions is the bidder willing to provide services in?**

I have provided services in the following regions and areas to date:

Delete any Regions (column 1) and Areas (column 2) you have NOT provided services to date.

1 (Finger Lakes & Western NY)	Alleghany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
2 (Broome & Central NY)	Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga, Tompkins
3 (Capital District & Sunmount)	Albany, Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, Montgomery, Rensselaer, Saratoga, St. Lawrence, Schenectady, Schoharie, Warren, Washington
4 (Hudson Valley & Taconic)	Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
5 (Brooklyn, Metro NY & Staten Island)	Bronx, Kings, New York, Richmond
6 (Bernard M. Fineson & Long Island)	Nassau, Queens, Suffolk

I am willing to provide services in the following regions and areas:

Delete any Regions (column 1) and Areas (column 2) you are NOT willing to provide services in.

1 (Finger Lakes & Western NY)	Alleghany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
2 (Broome & Central NY)	Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga, Tompkins
3 (Capital District & Sunmount)	Albany, Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, Montgomery, Rensselaer, Saratoga, St. Lawrence, Schenectady, Schoharie, Warren, Washington
4 (Hudson Valley & Taconic)	Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
5 (Brooklyn, Metro NY & Staten Island)	Bronx, Kings, New York, Richmond
6 (Bernard M. Fineson & Long Island)	Nassau, Queens, Suffolk

NEW YORK STATE | Office for People With Developmental Disabilities

KATHY HOCHUL
Governor

WILLOW BAER
Commissioner

TO: All OPWDD Staff

FROM: Arianna Macio, Ethics Officer

RE: Annual Requirement for Approval of Outside Activities

DATE: November 25, 2025

This memo is to remind all OPWDD employees of their obligation to comply with the requirements of Public Officers Law sections 73 and 74 concerning outside employment or outside activities.

Any OPWDD employee Grade 23 and above is required to receive prior approval to engage in **any** outside employment and in **any** voluntary service to any organization regardless of whether they are certified or funded directly or indirectly by OPWDD. All such approvals are required to be reviewed on an annual basis. All staff with approvals currently in place should submit requests for renewal by December 30, 2025, for the coming year by submitting the attached form to, OPWDD Ethics Officer, in the Office of Counsel. Forms should be emailed to EthicsOfficer@opwdd.ny.gov.

Any outside employment must occur outside of your regular work hours and without the use of any government resources.

All employees:

As a State officer or employee, you may not engage in any outside employment or a professional activity (including volunteer work and service on a corporate board) that "interferes or is in conflict with" your State position.

Employees designated as Policymakers:

All policy makers, including those who serve on an unpaid or per diem basis, are prohibited from holding certain positions with political parties and political organizations. Additionally, the following rules apply to all paid policy makers:

1. You must inform OPWDD prior to serving as an unpaid officer or director of a not-for-profit corporation.
2. You must obtain prior approval from OPWDD for any outside activity.
3. You must obtain prior approval from **both** OPWDD and the Commission on Ethics and Lobbying in Government ("The Commission") for an outside activity in which you expect to receive compensation greater than $5,000.
4. You must obtain prior approval from **both** OPWDD and the Commission prior to serving as an officer or director of a for-profit corporation (regardless of any compensation you receive).
5. You must obtain prior approval from **both** OPWDD and the Commission prior to holding an elected or appointed public office, regardless of compensation.

A written request for approval to engage in such additional employment must be submitted by you to your Deputy Commissioner or DDSOO/DDRO Director for approval **before** submission to the OPWDD Ethics Officer in the Office of Counsel. Your request for approval will be reviewed by the OPWDD Ethics Officer. Please be sure to allow for sufficient time for review before you start your proposed outside activity or employment.

If you have questions, please contact EthicsOfficer@opwdd.ny.gov in the Office of Counsel.

Exhibit 2

Excerpt from: Code of Federal Regulations Title 42/ Chapter IV/ Subchapter G/ Part 483/ Subpart I/ § 483.430

§ 483.430 - Condition of participation: Facility staffing.

(a) *Standard: Qualified intellectual disability professional.* Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who—

(1) Has at least one year of experience working directly with persons with intellectual disability or other developmental disabilities; and

(2) Is one of the following:

(i) A doctor of medicine or osteopathy.

(ii) A registered nurse.

(iii) An individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section.

(b) *Standard: Professional program services.* (1) Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Professional program staff must work directly with clients and with paraprofessional, nonprofessional and other professional program staff who work with clients.

5) Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices.