

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

Opioid Overdose Prevention Program

June 29, 2015

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is being issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to establish an opioid overdose prevention program. The program is expected to include an educational component, outreach to at-risk individuals, collaboration with interested stakeholders and distribution of naloxone rescue kits. The program will provide education to individuals at risk for an opioid overdose, their families, friends and loved ones to recognize an opiate overdose and to subsequently provide life-saving rescue measures to reverse the effects of an opioid overdose.

DMHAS and the Governor's Council on Alcoholism and Drug Abuse (GCADA) will provide total annualized funding in the amount of \$675,000, which will be available for two (2) years, subject to State and Federal appropriations. DMHAS anticipates making three (3) regionalized awards in the amount of \$225,000 for each of the following regions:

North: Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren Counties
Central: Hunterdon, Mercer, Middlesex, Monmouth, Somerset, and Union Counties
South: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem Counties.

Bidders applying for more than one (1) region must submit separate proposals for each region.

No funding match is required; however, bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

June 29, 2015	Notice of Funding Availability
July 13, 2015	Mandatory Bidders Conference
August 10, 2015	Deadline for receipt of proposals - no later than 4:00 p.m.
September 4, 2015	Preliminary award announcement
September 11, 2015	Appeal deadline
September 18, 2015	Final award announcement
October 1, 2015	Anticipated contract start date

II. Background

On May 2, 2013, Governor Christie signed the "Opioid Antidote and Overdose Prevention Act." The law is designed to promote the wider prescription and distribution of naloxone, which is an easily administered antidote to an opioid overdose. It recognizes that overdose deaths can be prevented by making naloxone and similarly-

acting antidotes more readily available to those at risk of an opioid overdose, and to their families, friends and loved ones.

The “Good Samaritan” component of this law provides legal protections, both civil and criminal, to the overdose victim and the person who seeks medical assistance for the victim of an opioid overdose. This may include the prescribing, dispensing, or administering of naloxone or a similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose. Thus, the immunity for arrest, prosecution, or conviction for drug offenses is in effect when a person, in good faith, seeks medical assistance for the victim of an overdose.

Furthermore, the Opioid Antidote and Overdose Prevention Act of 2013 authorized the New Jersey Department of Human Services (DHS) to develop a bystander training program that includes the use of naloxone in overdose emergencies. In September 2014, the DMHAS issued emergency contracts to DHS licensed, non-profit Opioid Treatment Programs (OTPs) to provide community education and training, as well as the distribution of naloxone kits to individuals who attend and complete training. Naloxone Training and Distribution Program Contracts were awarded to four (4) OTPs located in, or adjacent to, five (5) counties (Atlantic, Camden, Essex, Monmouth and Ocean). In 2013, there were 1,261 drug poisoning deaths in New Jersey due to overdoses of heroin and other opiates¹. The five counties with the greatest number of these deaths were Camden (136 or 10.8%), Ocean (123, or 9.8%), Essex (98, or 7.8%), Middlesex (102 or 8.1%) and Monmouth (98 or 7.8%).

Data collected by New Jersey’s Regional Operations Intelligence Center (ROIC) on the administration of Narcan from law enforcement, advanced life support (ALS) and basic life support (BLS) services from March 2014 to February 2015, indicated that there were 5,078 statewide administrations. Of these, most reversals (828) occurred in Camden County. In Ocean County, 394 residents received an overdose reversal which was the second highest number of any county. Narcan was administered in 358 overdose cases in Essex, which was the third highest number, and in Monmouth County there were 304 Narcan administrations, the fourth highest.

In addition to providing tools to reverse an opioid overdose, DMHAS’ overall goal has been to link individuals into substance abuse treatment services prior to or following an opioid overdose. It is shown that individuals who survive an opioid overdose are at significant risk to overdose again in the future if they do not get treatment for their addiction and continue to use opiates. The September 2014 Naloxone Training and Distribution Program has been used as an opportunity to link individuals who have survived an overdose with substance abuse treatment. This program has and will continue to have the potential to change and immeasurably improve countless lives throughout the State.

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999 – 2013 on CDC WONDER Online Database, Released 2015. Vital Statistics Cooperative Program.

III. Who Can Apply?

To be eligible for consideration for this RFP, the bidder must satisfy the following requirements:

- The bidder must be a non-profit entity or governmental entity;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- Bidders must be able to demonstrate a history of providing effective and outcome based educational and support services;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity; and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

IV. Contract Scope of Work

DMHAS seeks proposals to establish three (3) regional (North, Central and South) opioid overdose prevention programs for the purpose of providing education to recognize an opioid overdose and to subsequently be equipped to provide life-saving rescue measures to reverse the effects of an opioid overdose. It is expected that bidders will establish a procedure to make naloxone available to those who are either at-risk or have family, friends or loved ones at-risk for an opioid overdose. Intranasal administration of naloxone is the protocol recommended by DMHAS. However, it is understood that for some individuals in the community it may be preferable to administer naloxone in its injectable form.

Funded opioid overdose prevention programs shall provide individuals at-risk for overdose, their family members, friends and loved ones with naloxone rescue kits and educate and train them on how to prevent, recognize and respond to an opioid overdose.

The naloxone training kits should include, at minimum, the following:

- Two (2) vials of Naloxone HCL 2mg/mL;
- Two (2) prefilled syringes of Naloxone HCL 2mg/2ml for intra-nasal use or two (2) vials of 0.4 mg/ml for intramuscular use;
- Two (2) pairs of Nitrile gloves;

- Two (2) CPR face shields;
- A medication product information sheet; and
- Instructions for Naloxone administration.

Funded opioid overdose prevention programs will be responsible for providing weekly trainings to individuals at-risk for overdose, their family members, friends and loved ones in all counties in the region they will serve. Trainings should be available during daytime, evening and weekend hours, based upon county and community request. Education and training should include, at minimum, the following:

- Education regarding the Opioid Antidote and Overdose Prevention Act;
- How to recognize the signs and symptoms of opioid overdose;
- A hands on demonstration of how to administer naloxone as well as how to appropriately perform rescue breathing;
- The importance of contacting 9-1-1 in any overdose situation;
- Providing information regarding naloxone storage, carrying, dosage and administration;
- Possible side effects, contraindications and limitations of naloxone;
- Post overdose follow up and care, to include but not limited to, the care for an overdose victim following administration of naloxone;
- How to appropriately interact with EMS personnel; and
- Education on Medication Assisted Treatment (MAT) as well as other types of substance abuse treatment options available.

Funded opioid overdose prevention programs must ensure that naloxone will be prescribed by a licensed New Jersey physician. The physician will be responsible for issuing a written standing order stating that naloxone be distributed by any designated, trained staff from the contracted agency. The standing order must be renewed by the physician a minimum of every six (6) months. Furthermore, the physician must provide clinical consultation, expertise and oversight regarding all medical and clinical issues related to the opioid overdose prevention program.

Funded opioid overdose prevention programs must ensure that naloxone is distributed by designated, trained staff at the agency whose participants successfully complete an opioid overdose prevention training. Funded opioid overdose prevention programs shall be responsible for reviewing all drug overdose reports which involve naloxone administration and report all use of naloxone to the DMHAS Program Director on a monthly basis.

Funded opioid overdose prevention programs will provide relevant data that demonstrate the need for this service. A variety of data sources should be used, e.g., overdoses, naloxone reversals, substance abuse treatment admissions, etc.

At a minimum, monthly reporting to DMHAS shall include the following:

- Number of trainings held each month;
- Number of individuals who attended training each month;
- Number of naloxone kits distributed each month;

- Opioid overdose prevention training rosters;
- Manual or electronic dispensing records of naloxone kits;
- Any reported overdose reversals; and
- Any reported substance use disorder treatment referrals and/or linkages for individuals who were referred through efforts of the opioid overdose prevention training, specifically individuals who may have experienced a reversal of an opioid overdose.

An essential component of the opioid overdose prevention program is to develop or increase community awareness that an opioid overdose can be reversed. Funded opioid overdose prevention programs must ensure that communities understand the use of naloxone or similarly acting antidotes in the event of an opioid overdose. Funded opioid overdose prevention programs should consider how to utilize marketing strategies to better publicize the educational/training program throughout a given regional area.

Funded opioid overdose prevention programs must outreach to individuals at-risk for overdose, such as those released from jail or a drug treatment program, as well as those using syringe access programs.

Funded opioid overdose prevention programs will be responsible for collaborating with the County Alcohol and Drug Director, county health and human service agencies, the Regional Coalitions, community provider agencies, to include licensed substance abuse treatment agencies and any local Syringe Access Program (SAP).

Funded opioid overdose prevention programs shall formulate affiliation agreements with agencies for the purpose of providing priority treatment admissions for any individual who has been identified as utilizing naloxone to reverse an opioid overdose.

Funded opioid overdose prevention programs must collaborate with other organizations which may include, but not be limited to, state and county offices for the disabled, centers for independent living, statewide or nationwide membership organizations, support service agencies, and professional and/or provider organizations. This collaboration may focus on ways of expanding outreach, providing cross-referrals, examining reasons for disproportionately low admission rates in these populations, soliciting input from clients in treatment or recovery and other innovative methods.

Services shall demonstrate the ability to increase awareness among substance abuse treatment and prevention providers regarding the necessary accommodations required to be in ADA compliance, while also addressing cultural sensitivity toward individuals in the identified population.

Capacity to accommodate consumers who present or are referred with legitimately prescribed medications can be accomplished either through direct provision of services associated with the provision or dispensing of medications and/or via development of

viable networks/referrals/consultants/sub-contracting with those who are licensed and otherwise qualified to provide medications.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the DHS contracting policies and procedures as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). Contract recipients are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336). Bidders must review DHS' contracting rules and regulations from: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awardees and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS' sole discretion and with the agreement of the awardee. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with DHS Policy, P1.12, available on the web at www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, contracts awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

VI. Mandatory Bidders Conference

A bidder intending to submit a proposal in response to this RFP must attend a Mandatory Bidders Conference. It is the responsibility of the bidder to arrive promptly at the beginning of the Mandatory Bidders Conference and sign in to confirm attendance. A proposal submitted by a bidder not in attendance will not be considered. The Mandatory Bidders Conference will be held as follows:

Date: July 13, 2015
Time: 10:00 a.m.
Location: DHS, 222 South Warren Street, 1st Floor
Conference Room, Trenton

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify technical aspects of the RFP. This ensures that all potential bidders have equal access to information. Additional questions may be emailed to RFP.Submissions@dhs.state.nj.us until July 16, 2015. Responses to emailed questions will be distributed to all attendees of the Mandatory Bidders Conference. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP are requested to register for the Mandatory Bidders Conference via the registration link: <https://njsams.rutgers.edu/training/oop/register.aspx>. Additionally, if you require assistance with this registration link, please contact RFP.Submissions@dhs.state.nj.us no later than two (2) days prior to the Mandatory Bidders Conference.

The meeting room and facility is accessible to individuals with physical disabilities. Anyone who requires special accommodations should notify RFP.Submissions@dhs.state.nj.us. For sign language interpretation, please notify RFP.Submissions@dhs.state.nj.us at least five (5) business days in advance of the Mandatory Bidders Conference. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor.

VII. Required Proposal Narrative Submission

All bidders must submit a written narrative proposal that addresses the following topics, adheres to all instructions and includes required supporting documentation noted below:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (15 points)

Provide a brief and concise summary of the bidder's background and experience in implementing this or related types of services and explain how the bidder is qualified qualification to fulfill the obligations of the RFP. The written summary should include at a minimum:

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and the number of years' experience working with the target population.
2. Summarize the agency's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.

3. Description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
4. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A. 10:5-1 et seq.).
5. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
6. Attach a one-page copy of the agency's organizational chart showing the location of the proposed project and its links in the organization.
7. Document that the bidder's submissions are current in NJSAMS, if applicable.
8. Describe the bidder's current status and compliance with contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (40 points)

In this section, the bidder is to provide an overview of how the services detailed in the scope of work will be implemented and the timeframes involved, specifically addressing the following:

1. How the bidder's approach satisfies the requirements as stated in the RFP.
2. The bidder's understanding of the project goals and measurable objectives.
3. The bidder's needs assessment to justify this service.
4. Provide a detailed project plan which demonstrates a comprehensive process designed to meet the contract scope of work and deliverable requirements.
5. Detailed description and plan of how the bidder will develop the curriculum and deliver the appropriate training to provide to the needs of the communities they will serve.
6. Description of the training plan to provide weekly training to all the counties in the proposed region.
7. The number of trainings that will be provided for the year.
8. The anticipated number of kits that will be distributed during the contract year.
9. Description of how the bidder will evaluate the training and update training materials, as needed.
10. Description of how the bidder will advertise or market the services to the community.
11. Description of how bidder will outreach to individuals at risk for overdose, such as such as those leaving jail or a drug treatment program.
12. Description of bidder's collaboration with other organizations which may include, but not be limited to, state and county offices for the disabled, centers for independent living, statewide or nationwide membership organizations, support service agencies, and professional and/or provider organizations.
13. Description of the anticipated collaboration with other entities such as the County Alcohol and Drug Directors, county health and human service agencies, the Regional Coalitions, community provider agencies, to include licensed substance abuse treatment agencies and any local Syringe Access Program (SAP) in the course of fulfilling the requirements of the contract resulting from this RFP.
14. Description of how the bidder will formulate affiliation agreements with agencies for the purpose of providing priority treatment admissions for any individual who has

been identified as utilizing naloxone to reverse an opioid overdose. Attach any applicable current or draft affiliation agreements.

15. Description of the anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein.
16. Provide details and explanation of any other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
17. Description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
18. The implementation schedule for the contract including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.

Staffing (15 points)

Bidders must determine the staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff will be hired to meet the needs of the program.

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications including professional licensing and related experience. Details should include currently on-board or to be hired staff with details of the recruitment effort. Identify bilingual staff.
3. Provide copies of job descriptions or resumes (as an appendix) – limited to two (2) pages each – for all proposed staff.
4. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent (PTE) work hours.
5. Describe the bidder's hiring policies, including background and credential checks, as well handling of prior criminal convictions.
6. The approach for supervision of clinical staff, if applicable.
7. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.
8. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (10 points)

The bidder should detail its facilities where its normal business operations will be performed and identify equipment and other logistical issues, including at a minimum:

1. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated to the contract.
2. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.
3. A description of how the bidder will coordinate logistics and facilities for trainings held within their county and other counties in their coverage area.
4. A description of how the bidder will attain supplies necessary to implement this project, including naloxone kits, CPR manikins and other necessary supplies.

Budget (20 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

1. A detailed budget using the Annex B Excel template is required. The standard budget categories for expenses include A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The Excel budget template will be emailed to all attendees at the Mandatory Bidders Conference.
2. The budget must include separate, clearly labeled columns:
 - a. Column 1- Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Column 2 - one-time costs.
3. Budget Notes that detail and explain the proposed budget methodology and estimates/assumptions made for expenses including the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
4. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.

5. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per workweek.
6. Identify the number of hours per clinical consultant/staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to "new" G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 100 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, the audit type and scope of audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation for the bidder's charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

The documents listed below are also required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.**

1. Most recent single audit report (A133) or certified statements (submit only two (2) copies); and
2. Any other audits performed in the last two (2) years (submit only two [2] copies).
- 3.

VIII. Submission of Proposal - Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, no smaller than twelve (12) point Arial, Courier New or Times New Roman font. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget, budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. Eastern Standard Time on August 10, 2015. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Helen Staton
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

OR

For private delivery vendor such as UPS or FedEx:

Helen Staton
Division of Mental Health and Addiction Services
222 South Warren Street, 4th Floor
Trenton, NJ 08608

The bidder may mail or hand deliver its proposal, however, DMHAS is not responsible for items mailed but not received by the due date. Note that U.S. Postal Service two-day priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely and, therefore, being deemed ineligible for RFP evaluation. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

In addition to the required hard copies, the bidder must also submit its proposal (including budget, budget notes and appendices) electronically by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.

Go to: <https://ftpw.dhs.state.nj.us>.
Username - xbpupload
Password - Network1!
Directory - /ftp-dmhas/xbpupload

IX. Review of Proposals

There will be a review process for all timely submitted proposals. DMHAS will convene a review committee of public employees to conduct a review of each proposal accepted for review.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the combined score from the proposal narrative and budget as well as fiscal viability. In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 (<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

DMHAS will notify all bidders of awards, contingent upon the satisfactory final negotiation of a contract, by September 4, 2015.

Proposals received after the due date and time will not be evaluated.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. Eastern Standard Time on September 11, 2015. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn A. Kovich, Assistant Commissioner
Division of Mental Health & Addiction Services
222 South Warren Street, 3rd Floor
PO Box 700
Trenton, NJ 08625-0700

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

DMHAS will review all appeals and render a final decision by September 18, 2015. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file) one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;

8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Provide a list of contract acquired equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item (make, model), a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS Contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP _____

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

Region in which services are to be provided: _____

Brief description of services by program name and level of service to be provided:

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment B – Addendum to RFP for Social Service and Training Contracts

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.