

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

**OUTPATIENT PSYCHIATRIC SERVICES**  
**INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES**

Sussex County

October 11, 2011

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services

## **Table of Contents**

|      |                                                                   |         |
|------|-------------------------------------------------------------------|---------|
| I    | Introduction.....                                                 | Page 3  |
| II   | Background.....                                                   | Page 4  |
| III  | Purpose/Goal of Request.....                                      | Page 4  |
| IV   | Target Population to be Served and Admission<br>Priorities.....   | Page 5  |
| V    | Service Description.....                                          | Page 6  |
| VI   | Service Outcome Requirements.....                                 | Page 8  |
| VII  | Service Development Area and Funding Available.....               | Page 8  |
| VIII | Provider Qualifications.....                                      | Page 9  |
| IX   | Clustering and Fiscal Consequences<br>Related to Performance..... | Page 9  |
| X    | Requirements for Proposal.....                                    | Page 9  |
| XI   | Budget Requirements.....                                          | Page 15 |
| XII  | Mandatory Bidder's Conference.....                                | Page 16 |
| XIII | Submission of Proposal.....                                       | Page 16 |
| XIV  | Review of Proposals and Notification<br>Of Decision .....         | Page 17 |
| XV   | Appeal of Award Decisions.....                                    | Page 18 |

## **Attachments**

|                                                                                              |         |
|----------------------------------------------------------------------------------------------|---------|
| Cover Sheet.....                                                                             | Page 19 |
| Addendum to Request for Proposal for Social<br>Service and Training Contracts.....           | Page 20 |
| Statement of Assurances.....                                                                 | Page 21 |
| Certification Regarding Debarment, Suspension,<br>Ineligibility and Voluntary Exclusion..... | Page 23 |

**State of New Jersey**  
**Division of Mental Health and Addiction Services**  
**Request for Proposals**  
**OUTPATIENT PSYCHIATRIC SERVICES AND**  
**INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES**

**I. INTRODUCTION**

The mission of the New Jersey Division of Mental Health and Addiction Services is to promote opportunities for adults with serious mental illness to maximize their abilities to live, work, socialize and learn in communities of their choice. This is accomplished through a comprehensive culturally competent system of care, including psychiatric inpatient settings and community-based support services comprised of partnerships among the Division of Mental Health and Addiction Services, other State agencies, consumers, families, providers and mental health advocates -- with the understanding that adults with serious mental illness are entitled to dignified and meaningful lives.

The mission is realized by application of the following operating principles:

- Services are to be delivered by means of a comprehensive system of care, which emphasizes the most appropriate, least restrictive settings to promote the highest level of functioning;
- There must be continuity of care and coordination of services within the State and between the public and private sectors;
- The range of services within the system of care must respond to the needs of the individual consumers and to the special populations served;
- The Division must assure appropriate, high quality care for the State's most severely disabled citizens in State psychiatric hospitals and for the less disabled citizens in community programs.

Based upon the growing body of research and knowledge in the recovery field as well as first hand accounts from people recovering from mental illness, a broad community of consumers, families, advocates, constituents and the New Jersey Division of Mental Health and Addiction Services (DMHAS) believe that people with mental illness can achieve, with effective supports and services, wellness and recovery. It is clear that many consumers of mental health services are able to identify and articulate their service and support needs. A strong, responsive system of care can recognize and meet the varied needs of people as they experience the recovery process. Towards that end, it is the Division's policy to ensure that consumers and families have access to a system of recovery-oriented services and resources that promote wellness, an improved quality of life, and community inclusion.

The New Jersey Division of Mental Health and Addiction Services continues to implement the recommendations put forth by the Governor's Task Force on Mental Health and the DMHAS Wellness and Recovery Transformation Action Plan. The recommendations of the Task Force and the Wellness and Recovery Transformation Action plan are major contextual documents which inform the transformation of New Jersey's mental health system to one which focuses on treatment, wellness and recovery. Those documents are available on the DMHAS website at: [www.state.nj.us/humanservices/dmhs](http://www.state.nj.us/humanservices/dmhs).

In order to promote opportunities for adults with serious mental illness to maximize their abilities to live, work, socialize and learn in communities of their choice, DMHAS is committed to developing and implementing a comprehensive culturally competent system of care for outpatient treatment services, including both intensive and short-term treatment to resolve or prevent crisis; and ongoing, long-term services designed to assist individuals in exploring other aspects of their lives. These services often form the foundation of an individual's journey to recovery, and are considered a basic building block of an effective community mental health system.

The New Jersey Division of Mental Health and Addiction Services recognizes a critical need for increased access to outpatient services along a continuum of care, for consumers who are seriously and persistently mentally ill, including those returning to the community from State and County hospitals and Short-Term Care Facilities, including individuals whose mental illness is accompanied by a co-occurring disorder with substance abuse and/or developmental disability.

In that regard, it is DMHAS' intention to preserve and augment access to these needed outpatient/intensive outpatient support services by ensuring their continuing availability throughout the state.

## **II. BACKGROUND**

During FY '10 more than 1,341 Sussex County residents were seen at Screening Programs and Affiliated Emergency Service programs for crisis stabilization services and access to ongoing community support services. Additionally, 5,800 persons in Sussex County received outpatient services in various modalities. Due to the high demand for outpatient services in Sussex County, DMHAS is offering this RFP to create the necessary service continuum.

In an effort to preserve and improve access to appropriate levels of outpatient treatment and support services, the focus of this RFP is to develop capacity for Outpatient Psychiatric Services (OPS) and Intensive Outpatient Treatment and Support Services (IOTSS). IOTSS is a service that can be accessed by consumers referred by Short Term Care Facilities (STCFs), Designated Screening Services (DSCs), Affiliated Emergency Services or other specified acute care programs within 24 hours of discharge and/or (referral) from the referring entity.

OPS and IOTSS in the context of this RFP require the ability of the provider to deliver community based ambulatory treatment alternatives for adults who have serious and persistent mental illness. Access to these services is intended to provide an option for mental health providers and residents to assure that appropriate, comprehensive, intensive, community-based, recovery-oriented outpatient services are readily accessible.

### **III. PURPOSE OF REQUEST**

The Division of Mental Health and Addiction Services seeks proposals for the provision of comprehensive culturally competent Outpatient Psychiatric Services and Intensive Outpatient Treatment and Support Services to serve consumers in Sussex County, including those returning to the community from State and County hospitals and Short-Term Care Facilities, and those individuals whose mental illness is accompanied by a co-occurring disorder with substance abuse and/or developmental disability.

The successful proposal will describe OPS and IOTSS that address the needs of individuals with exacerbated symptoms of mental illness including a co-occurring disorder related to substance abuse and/or developmental disability. This will be accomplished through services that include comprehensive assessments, utilization of Wellness and Recovery Action Plans (WRAP), Medication Administration and Education, Individual Therapy, Structured Group Therapy, Illness Management and Relapse Prevention Groups, Family Therapy, the provision of, or arrangements for, physical health care and direct linkage to ongoing clinical and support services.

Contracts awarded under this RFP must address consumer needs as they relate to psychiatric services such as medication maintenance, counseling, education and support needs in the community.

### **IV. TARGET POPULATION TO BE SERVED AND ADMISSION PRIORITIES**

Programs developed pursuant to this RFP shall be available to all residents of Sussex County, New Jersey. OPS are to be made available to children and adults, IOTSS is exclusively for individuals 18 years of age or older. Consumers served in OPS and IOTSS will be diagnosed with a serious and persistent mental illness. Please note that the DMHAS seeks to make awards to those applicants whose admissions policies create broad access for individuals with a serious and persistent mental illness, including those with past or present involvement in the criminal justice and substance abuse systems. A dual diagnosis of mental illness, co-occurring substance abuse disorder and/or developmental disability shall not be an exclusionary admission criterion.

Eligible consumers must:

- Have a diagnosis of severe and persistent mental illness, or co-existing substance abuse disorder and/or developmental disability.
- Be 18 years of age or older to receive IOTSS.
- Have needs as evidenced by psychiatric symptoms, measured on the Brief Psychiatric Rating Scale (BPRS) or other appropriate scale, to a degree of severity as to interfere with functioning in two or more life domains.
- Persons at-risk of hospitalization must be willing and have the ability to participate in their treatment and Wellness & Recovery Action Plan development.
- Not be imminently dangerous to self or others.
- Have a co-occurring mental illness if a diagnosis of substance abuse or developmental disability is present.
- Not be at imminent risk of a medical crisis.

- Be assessed as able to be safely served in an intensive outpatient setting.

Clients referred directly from emergency services by a screening or affiliated psychiatric emergency service for medication follow-up must be seen within seven calendar days of referral and that clients referred from inpatient settings for medication monitoring services must be seen within fourteen calendar days of referral.

## **V. Service Description**

The required outpatient services must be designed and implemented in a manner which reflects recovery as an overarching value, as well as an operational principle. The Federal Substance Abuse and Mental Health Service Administration identified ten fundamental components of recovery as part of the national consensus statement on mental health recovery.

Those ten components include the following attributes: consumer self direction, individualized and person centered; empowerment, holistic, non-linear, strengths-based, peer support, respect, responsibility and hope.

Further information regarding the ten components of wellness and recovery may be found on the Internet at [http://www.Samhsa.gov/pubs/mhc/MHC\\_NCrecovery.html](http://www.Samhsa.gov/pubs/mhc/MHC_NCrecovery.html).

Successful applicants will demonstrate in their narrative application how these components will be integral to all services provided in the proposed services.

Outpatient services shall be comprised of a complement of staff including a psychiatrist and/or psychiatric Advanced Practice Nurse, R.N., psychologists and Master's level clinicians and other staff, such as program case managers, will provide structured, appropriately intensive, individualized services to help the consumer maintain stabilization and promote recovery. During treatment, the consumer should be able to continue to reside in the community, and there is little or no interruption of employment, school, or other activities important to maintaining quality of life.

Awardees are expected to provide the following services under this RFP, which address the individual needs of clients and shall include, at a minimum, the following:

- Comprehensive Psychiatric assessments and evaluations
- Wellness & Recovery Action Plans (WRAPs)
- Medication administration, monitoring and education
- Psycho-educational services
- Individual therapy
- Family therapy
- Group therapy
- Structured group therapy
- Relapse prevention groups
- Referrals and linkage to ongoing clinical and support services as identified in the WRAP
- Initiation and application of Psychiatric Advance Directives

The proposed comprehensive outpatient services program and Intensive Outpatient Treatment and Support Services (IOTSS) should demonstrate as an integral component of the services the following characteristics:

- An intensive outpatient program provided by a multidisciplinary team.
- An intake protocol that ensures rapid access to services for consumers referred from the acute settings referenced above.
- A flexible schedule including service availability during evenings, weekends, and holidays.
- Services must be available 24/7; after hours service needs for enrolled consumers should not default to a Designated Screening service or local emergency rooms.
- Flexible, yet frequent appointments during the week based on individual needs. Programs should be designed to schedule appointments for individuals up to four times a week and up to three hours per day, as clinical and support needs dictate.
- A length of stay up to 90 days and based on the individual's treatment needs and linkages to continuing aftercare services.
- IOTSS may be provided onsite (facility's location) or offsite. IOTSS services shall include, but not be limited to support, transportation (provided or arranged where necessary) and direct linkages to ongoing support services such as financial entitlements, housing and employment support services.
- IOTSS programs will be expected to eschew the use of intake "waiting lists." Therefore, management of service recipients' length of stay must permit adequate throughput to ensure that the local system's needs related to access are preserved, even after maximum enrollment is attained.
- Successful applicants must be capable of enrolling referrals from the Designated Screening Service, Affiliated Emergency Service and other acute care referral sources within 24 hours after the referral is made by the sending facility.

Awardees are expected to develop and implement policies and procedures in accordance with applicable statutes and regulations, including **N.J.A.C. 10:37E**

Referrals to the Outpatient Psychiatric Services awarded through this RFP shall be from a wide variety of sources, including but not limited to:

- Self-referrals,
- Primary physicians,
- State hospitals,
- Family members,
- Faith-based organizations,
- Shelters
- Other mental health and social service agencies, including Division-contracted agencies.

Referrals to the Intensive Outpatient Treatment and Support Services component of the program shall be restricted to the following sources:

- Designated Screening Services and/or their Affiliated Emergency Services
- State-operated psychiatric hospitals
- Short Term Care Facilities and/or other closed acute psychiatric inpatient units
- DMHAS-contracted Crisis Residential Programs

- Subsequent to the conclusion of treatment at an Acute Partial Care/Hospitalization program
- Early Intervention and Support Service programs
- DMHAS-funded Diversionary Programs such as Jail Diversion/Re-Entry

Programs shall provide access through either scheduled appointments or on a walk-in basis (from referral sources specified above). Referrals may be made to the program on an emergent basis for a consumer already engaged in a non-24-hour Division funded program so as to provide additional clinical support in order to maintain community tenure.

## **VI. SERVICE OUTCOME REQUIREMENTS**

The goals of the Outpatient Psychiatric Services and the Intensive Outpatient Treatment and Support Services Program are:

1. To enhance and encourage the emotional development and the development of clients' life skills in order to maximize their individual functioning.
2. To preserve or improve current functioning, strengths and resources.
3. To encourage clients and staff to work together to plan and implement effective treatment.
4. To establish and maintain stabilization and ongoing recovery supports to consumers with psychiatric symptoms and service needs in such a manner as to sustain community tenure and promote social inclusion.
5. To create rapid access to services which can address the intensive needs of consumers by offering an option that diverts individuals from emergency room or inpatient services.
6. To maintain or enhance the quality of life of the program participants and their families.
7. The Division anticipates a full evaluation of program outcomes, including consumer satisfaction, achievement of identified wellness and recovery related goals, rapid access and linkages to ongoing supports and services identified as necessary for continued community living.

## **VII. SERVICE DEVELOPMENT AREA AND FUNDING AVAILABILITY**

DMHAS is seeking to competitively award total funding in the amount \$469,763 on an annualized basis to provide Outpatient Psychiatric Services, inclusive of Intensive Outpatient Treatment and Support Services serving all of Sussex County. The funding is apportioned to these distinctive services on an annualized basis as follows: \$260,000 for the provision of Outpatient Psychiatric Services; and \$209,763 for the provision of Intensive Outpatient Treatment and Support Services. Additionally, it is expected that the provider of these services will generate income from third party entities such as Medicaid and private insurance.

One-time funds are available to support necessary equipment, supplies, and other related start-up costs.



## **VIII. PROVIDER QUALIFICATIONS**

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

1. The applicant must be a fiscally viable profit or non-profit organization or governmental entity and document demonstrable experience in successfully providing outpatient mental health services and supports to adults who have severe and persistent mental illness in a manner fully consonant with recovery principles.
2. The applicant must be duly registered to conduct business in the State of New Jersey.
3. The applicant must currently meet DMHAS outpatient licensing standards, N.J.A.C. 10:37E, or demonstrate the capability of fully meeting such standards
4. The applicant must demonstrate experience and success in providing outpatient psychiatric services to persons with serious and persistent mental illness.
5. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).
6. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS 501 (c) (3) regulations, as applicable.

## **IX. CLUSTERING AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE**

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenues.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

## **X. REQUIREMENTS FOR PROPOSALS**

Applications must be no more than 25 pages. They should be indexed with all pages clearly numbered. The Funding Application Cover Sheet, budget, Letters of Support, and financial and budget information or other required supplemental information are not counted within the 25 page limit. The Funding Application Cover Sheet (attachment A) must be attached. All responses must include the following content:

1. Description of the geographic area covered by the proposed service. Demonstrate the need for the service within this geographic area and the impact this service will have in meeting the needs of the community;
2. Describe the range of clinical services to be provided by the practitioner. Examples may include, but are not limited to, comprehensive assessments, formulating and implementing a plan of care, holistic health management, medication treatment prescribed under joint protocols and medication education. Include in the description the number of unduplicated persons to be served by the proposed service and the number of staff (in full time equivalents) who will be providing the proposed service, along with their titles and qualifications;
3. Demonstrate how the proposed service will integrate the following principles into service delivery:
  - a. Promotion of wellness and recovery
  - b. Culturally competent and linguistically accessible services
  - c. Integration, coordination and collaboration with other service providers
  - d. Demonstration of best practices
4. Describe the population to be served, including:
  - a. Inclusionary and exclusionary criteria
  - b. Number of individuals to be served annually through this proposal
  - c. Specify the amount of direct service hours to be provided by the proposed program, excluding time spent completing documentation and other administrative duties
  - d. Specification of any specialty populations to be served through this proposal (e.g., persons with a co-occurring chemical addiction or developmental disability)
5. Proposed budget noting first year phase-in and annualized costs separately for each program element, OPS and IOTSS.
6. If the proposed service includes the use of a psychiatric APN, then the requestor must provide a copy of a letter of intent from the collaborating psychiatrist and a draft of the joint protocol between the psychiatrist and the psychiatric APN;
7. A complete description of how the applicant (and partners if applicable) will establish and operate the solicited services to meet the goals listed previously;
8. A description of how the applicant will work collaboratively with the existing service provider(s) to ensure continuity of service for consumers;
9. Letters of Support (which are not considered a part of the 25 page limit);
10. An overview of the total service package detailing how the services will integrate within the continuum of services and recovery supports available in the geographic area in which applicant proposes service development;

11. A comprehensive description of the service components and methods that teams will employ to achieve the service objectives, clinical interventions, recovery supports and access to ongoing services;
12. A specification of the number, qualifications and skills of the clinical, nursing, family/peer and support services staff comprising the team performing program activities, as well as job descriptions for each position. A table of organization including program staff, administration, and support staff must be included in the application. Indicate FTE staff required to provide intended services and indicate the number of compensated hours per week that constitute an FTE in your proposal. Further indicate whether your compensated hours include meal periods (not breaks) and if so the number of hours/week. The evaluation of your proposal will consider the volume of available work hours, exclusive of compensated meal periods, in relation to requested contract compensation and proposed level of service;
13. Proposed process and schedule for staff recruitment. As a result of the competitive process for enhanced funding to deliver the additional units of outpatient psychiatry services, the DMHAS encourages consideration in hiring be given to employees of the current outpatient services provider in Sussex County. This will allow for minimal disruption in services to the consumers served by the outpatient service program. Respondents are to describe the application and decision making process to be employed with both existing staff, and with overall staff recruitment;
14. A sample schedule for service accessibility showing service activities, staffing, and treatment modalities to be provided for consumers. Please specify on which days and on which hours the proposed services will be offered. Services are to be available a minimum of six days per week;
15. Identify service location(s) and how the agency will facilitate access for consumers from all areas of Sussex County. Describe the relationships with referral sources and attach a copy of the draft affiliation agreement (letter of intent if appropriate) involving both parties, for such services. For applications from agencies partnering together to provide the service, clearly state the lead agency as well as the services to be provided by each agency. Explain also the mechanisms for coordination of care, and problem resolution between agencies, including draft affiliation agreements or letters of intent, as appropriate;
16. An explanation of how the proposed services will interface with the Designated Screening Program, Affiliated Emergency Service provider and other acute care services and hospital referral sources in the geographic area where services are proposed;
17. An explanation of how the applicant will definitively arrange continuing services and supports for participants, particularly in relation to Self Help Centers and other services identified by the consumer in her/his WRAP;

18. A specific, detailed, time-framed plan for phase-in and full implementation of program operations. Please note that the proposed Outpatient Psychiatric Service and Intensive Outpatient Treatment and Support Service is required to be fully operational no later than April 1, 2012;
19. A description of the management and supervision methods that will be used, and the procedures for monitoring the performance of staff;
20. The specific criteria and methods to be used to measure and evaluate service outcomes and the quality of service, including agency specific forms and tools which will be employed to capture and assess both consumer and program outcomes. Include a full written description of proposed evaluative processes with your application. Identify and quantify the specific consumer and system outcomes your program will produce as a result of a contract with DMHAS. Identify the specific position(s) which will have primary responsibility for evaluative activities regarding this program;
21. A description of how transportation will be provided or arranged and how local transportation resources will be employed, if used;
22. Discuss the proposed service population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering services to this population, and how the proposed service addresses issues of cultural competence and access;
23. Discuss the specific experience your organization has in successfully providing outpatient mental health services and supports to adults who have severe and persistent mental illness;
24. A description of the referral and intake processes, including:
  - a. A description of the priorities for identifying consumers for the program and the procedures to be followed to ensure that all consumers meet the requirements for admission;
  - b. An explanation of intake and engagement procedures including time frames;
  - c. An explanation of referral mechanisms and processes (formal and informal); including admission criteria;
  - d. Specifically detail the referral and acceptance process, including timeframe from referral to first appointment and how you intend to monitor service demand
25. Describe inclusionary and exclusionary admissions criteria;
26. Discharge Criteria including a description of the discharge procedures and linkages to ongoing support services. Respondents must articulate how the proposed program will ensure continued access to referring entities, even after capacity census is obtained;

27. Termination procedures, including a description of the termination procedures (consumer or program initiated), the appeals process, and referrals to alternative services, as appropriate. A list of the various reasons for termination shall be included;
28. Identify the units of service for OPS and IOTSS that you are committing to provide during the phase-in period consistent with your phase-in schedule and annually thereafter. Applicants must submit proposed units of service on a DMHAS Annex A contract commitments document. The document is available at: [http://www.state.nj.us/humanservices/DMHS/Contracts\\_AnnexA\\_indexpg.htm](http://www.state.nj.us/humanservices/DMHS/Contracts_AnnexA_indexpg.htm)

Outpatient Psychiatry Services are to minimally provide 11,600 units of service annually. Units are defined as follows:

- a. **Medication monitoring** unit of service is 15 continuous minutes of face-to-face contact with the consumer.
  - b. **Outreach** unit of service is 15 continuous minutes of face-to-face contact with the consumer.
  - c. **Individual therapy** unit of service is 30 continuous minutes of face-to-face contact with the consumer.
  - d. **Family therapy** unit of service is 30 continuous minutes of face-to-face contact with the consumer.
  - e. **Group therapy** unit of service is 30 continuous minutes of face-to-face contact with the consumer.
29. For the therapies, please note that face-to-face time can include up to 5 minutes per 30 minute session for the completion of progress notes, limited to a maximum of 10 minutes for a 90 minute session (3 QCMR units) consistent with the Medicaid regulations;
30. Stipulate a proposed length of stay, in weeks, for service recipients;
31. Specify your proposed program caseload capacity and the percentage of time your office based direct service staff will spend in direct face to face service to consumers;
32. Service Utilization Status Information:
- a. For applicants who have a current outpatient services contract with DMHAS, the application must include information on items 1-3 below. For non-DMHAS contract applicants, item 2 should be addressed in the application.
    - 1. A section or table comparing Annex A outpatient contract commitments against actual service provision in terms of consumers served and units of service in respondent's regular outpatient program for the most recent 2 years and an explanation of any variances exceeding 20%;

2. Quantification of the composition of the population served in your current outpatient program during the past year in terms of adults with a serious mental illness vs. those without a serious mental illness (SMI).

The Federal Center for Mental Health Services definition for adults with a serious mental illness is to be used in this regard, and is as follows: “....adults with a serious mental illness are persons (1) age 18 and over and (2) who currently have, or at any time during the past year, had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV “V” codes, substance use disorders and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness, and (3) that has resulted in functional impairment, which substantially interferes with or limits one or more life activities.”

3. Information regarding filled staffing levels for direct care positions during the last 2 years, specifying the title and number of months any position was vacant.;
34. Key person data: Name and credentials of individual(s) directly responsible (if known at application) for assuring the achievement of the required outcomes;
35. The staff training plan specifically as it relates to the provision of program services (including training for specific referral sources);
36. Applicants who do not currently contract with the Division must also include the following:
  - a. Organization history including mission, and goals.
  - b. Overview of agency services.
  - c. Documentation of incorporation status.
  - d. Agency organization chart.
  - e. Agency code of ethics and/or conflict of interest policy.
  - f. Most recent agency audit.
  - g. Listing of current Board of Directors, officers and terms of each.
  - h. Documentation that agency meets qualifying requirements for DHS program contract.
  - i. Current Agency Licensure/Accreditation Status.
  - j. N.J.S.A. 52:34-13.2 Certification, Source Disclosure Certification form-DPA (formerly Executive Order 129) (signed and dated).
  - k. P.L. 2005, Chapters 51 and 271 and Executive Order 117 (for profit organizations only) (signed and dated).
  - l. Documentation of the Applicant’s NJ Charitable Registration and Business Registration.

Applicants with current DMHAS contracts must submit a statement asserting the DMHAS has current documentation on items “a” through “I” above. Any items that are not up-to-date must accompany the current proposal.

## **XI. BUDGET REQUIREMENTS**

Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be distributed via e-mail after the bidders conference. Separate budget columns will be needed for OPS and IOTSS services. For each program, i.e. OPS and IOTSS, the template contains three clearly labeled separate areas; one to show full annualized operating costs and revenues, one to show one time costs, and one to show the phase-in operating costs and revenues related to the time period from your proposed start up date until program services are fully operational.

The excel template file must be submitted as an attachment to an e-mail which must be sent to [Joel.Boehmler@dhs.state.nj.us](mailto:Joel.Boehmler@dhs.state.nj.us). A copy of the excel template e-mail submission is to be sent to [Susanne.Rainier@dhs.state.nj.us](mailto:Susanne.Rainier@dhs.state.nj.us).

All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: [http://dhs.state.nj.us/humanservices/ocpm/contract\\_manuals.htm](http://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm).

Budget Notes are useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. There is a “comments” column in the excel budget template file to provide narrative budget notes and detailed assumptions behind proposed costs and revenues, which must be included in the applicants’ response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the proposal.

Hospital based organizations must show full program cost and full program revenue that will be earned (i.e. Medicaid, Medicare, Charity Care, Insurances, etc.) along with supporting calculations.

Please note that case management services provided as part of this program are not eligible for Medicaid billing as Integrated Case Management Services (ICMS).

For personnel line items, staff names should not be included, but the staff position titles and hours per workweek and credentials are needed.

Staff Fringe Benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization’s current Fringe Benefits percentage.

Provide the number of hours associated with each line of any clinical consultants so that cost/hour may be considered by evaluators.

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. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, limit your G & A expense projection to “new” G & A only.

Within your written application express assurance that if your organization receives an award pursuant to this RFP:

1. You will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to obtain approval and maintain certification may result in termination of the service contract.
2. The program will comply with DMHAS outpatient licensure standards regardless of whether a hospital based or clinic based program. Failure to maintain any/all licensure from relevant licensing entities may result in termination of contract.
3. The organization will provide a maintenance of effort statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and that the award will not fund or replace existing services.
4. The organization will separately track revenue, expenses and services applicable to the award and will not co-mingle revenue, expenses or service data with existing outpatient programs.

Contracts awarded as a result of this RFP will be renewed annually for up to two consecutive years at which time the DMHAS will review agency outcome performance and make contract continuance determinations.

## **XII. MANDATORY BIDDERS' CONFERENCE**

All applicants intending to submit a proposal in response to this request must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered.

**DATE:** October 19, 2011  
**TIME:** 10:00 am – 12:00 pm  
**LOCATION:** Greystone Park Psychiatric Hospital  
Morris Plains, NJ

## **XIII. Submission of Proposal**

Respondents must submit one copy of the proposal electronically in PDF format by no later than 4 p.m. November 16, 2011 to Roger Borichewski, Assistant Director, Office of Community Services, Division of Mental Health and Addiction Services at [roger.borichewski@dhs.state.nj.us](mailto:roger.borichewski@dhs.state.nj.us). Additionally, one hard copy of the proposal with an original signature must be submitted to the attention of Roger Borichewski no later than 4:00 pm, November 16, 2011, at the following address:



Division of Mental Health and Addiction Services  
Capital Center, 50 E. State St.  
PO BOX 727  
Trenton, NJ 08625-0727

**Four hard copies and one electronic copy of the proposal shall also be submitted by the same deadline to the County Mental Health Administrator for Sussex County:**

Christine Florio, Administrator  
Sussex County Mental Health Board  
135 Morris Turnpike  
Newton, NJ 07860  
e-mail: [cflorio@sussex.nj.us](mailto:cflorio@sussex.nj.us)

Additionally, as noted in Section XI, the completed budget template file must be submitted as an e-mail attachment to Joel Boehmler at [Joel.Boehmler@dhs.state.nj.us](mailto:Joel.Boehmler@dhs.state.nj.us) and Susanne Rainier, Chief of the Bureau of Contract Administration at [Susanne.Rainier@dhs.state.nj.us](mailto:Susanne.Rainier@dhs.state.nj.us) no later than 4:00 PM on November 16, 2011..

#### **XIV. REVIEW OF PROPOSALS AND NOTIFICATION OF DECISION**

There will be a review process for all timely-submitted proposals that meet all the requirements outlined in this RFP.

DMHAS will convene an RFP review committee to review and score proposals submitted in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Regional Offices, DMHAS Central Office and the DMHAS Bureau of Contracts Administration. Recommendations from the Sussex County Mental Health Board will be requested and carefully considered in the award determination process. Recommendations from the County Mental Health Boards should be submitted by no later than December 8, 2011 to ensure they are an integral part of the proposal evaluation process. Recommendations are to be submitted to Roger Borichewski, Assistant Director, Division of Mental Health and Addiction Services, Office of Community Services at the email or mailing address listed in Section XIII of this RFP.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric services. Input from consumers and family members are integral components of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and provide their input regarding each of the proposals submitted. This input will be incorporated into the final deliberations of the review committee.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHAS will notify all applicants of preliminary award decisions by December 28, 2011.

## **XV. APPEAL OF AWARD DECISIONS**

Appeals of any determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than January 5, 2012. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

**Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services  
Capital Center  
50 East State Street  
PO Box 727  
Trenton New Jersey 08625-0727**

Please note that all costs incurred in connection with any appeals of DMHAS' decision are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final funding decisions by January 12, 2012. Awards will not be considered final until all timely appeals have been reviewed and a final decision is rendered.

ATTACHMENT A

\_\_\_\_\_  
Date Received

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

\_\_\_\_\_  
Dept/Component

\_\_\_\_\_  
(Name of proposal)

Cover Sheet

Proposal Summary Information

Incorporated Name of Applicant: \_\_\_\_\_

Type: \_\_\_\_\_

Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ , or Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Address of Service(s): \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Total Match Required: \_\_\_\_\_ Match Secured: Yes \_\_\_\_\_ No \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Services: \_\_\_\_\_

(For which funding is requested)

Total number of unduplicated clients to be served: \_\_\_\_\_

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

Authorization: Chief Executive Officer: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NOTE:** If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

**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 which 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 which 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 B

### **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 and as such 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 RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP 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 on the basis of 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 on the basis of 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. Will have on file signed certifications 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  
Equivalent

\_\_\_\_\_  
Signature: Chief Executive Officer or

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

6/97

## Attachment C

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.

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Name and Title of Authorized Representative

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Signature

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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 that 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.