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

REQUEST FOR PROPOSALS

TO PROVIDE SUPPORTIVE HOUSING WITH INDIVIDUALIZED CASE MANAGEMENT SERVICES TO ADULT CONSUMERS WITH OPIOID USE DISORDERS WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS

March 19, 2019

Valerie Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services
# TABLE OF CONTENTS

I. Purpose and Intent ........................................................................................................... 3  
II. Background and Population to be Served ........................................................................ 4  
III. Who Can Apply? ............................................................................................................ 5  
IV. Contract Scope of Work ............................................................................................... 5  
V. General Contracting Information .................................................................................... 7  
VI. Mandatory Bidders Conference ................................................................................... 8  
VII. Required Proposal Content ....................................................................................... 8  
VIII. Submission of Proposal Requirements ...................................................................... 13  
IX. Review of Proposals .................................................................................................. 15  
X. Appeal of Award Decisions .......................................................................................... 15  
XI. Post Award Required Documentation ......................................................................... 16  
XII. Attachments .............................................................................................................. 17  
    Attachment A – Proposal Cover Sheet ........................................................................ 18  
    Attachment B – Addendum to RFP for Social Service and Training Contracts ........... 19  
    Attachment C – Statement of Assurances .................................................................. 20  
    Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions ........................................ 22
I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the provision of individual case management services to individuals who are ages 18 and over with an opioid use disorder (OUD) in New Jersey who are homeless or at risk of homelessness.

DMHAS will provide to the bidder funding in an amount up to $1,175,500 for the provision of individualized case management and supportive services. The bidder will be required to provide these services to up to two hundred (200) OUD consumers. To each housed OUD consumer the bidder will provide, on average, up to 8 hours per month, billable in fifteen (15) units, based on consumer needs. These services will assist consumers in seeking and connecting with behavioral health and or physical health needs.

The total funding available for this contract is up to $1,175,500. This contract is for 12 months (e.g. one-year contract) and is annually renewable. Funding is subject to availability of state appropriations.

The target population is a consumer who has an OUD, is actively using or in recovery. The bidder must accept consumers who are eligible and are seeking a housing subsidy due to homelessness and/or at risk of homelessness. The bidder will begin working with the identified consumers as soon as possible after contract award to develop a case management plan of improvement based on consumers expressed interest and need.

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 of a proposal in response to this RFP from current DHS/DMHAS contracts.

Bidders applying for more than one (1) county/catchment area must submit separate proposals for each county.

The following summarizes the anticipated RFP schedule:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>March 19, 2019</td>
<td>Notice of Funding Availability</td>
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<tr>
<td>March 27, 2019</td>
<td>Mandatory Bidders’ Conference</td>
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<tr>
<td>April 17, 2019</td>
<td>Deadline for receipt of proposals: no later than 4:00 p.m.</td>
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<tr>
<td>May 16, 2019</td>
<td>Preliminary award announcement</td>
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<tr>
<td>May 23, 2019</td>
<td>Appeal deadline</td>
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<tr>
<td>May 30, 2019</td>
<td>Final award announcement</td>
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<tr>
<td>July 1, 2019</td>
<td>Anticipated award start date</td>
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II. **Background and Population to be Served**

Under the leadership of Governor Phil Murphy, New Jersey has responded to the State’s increasing number of opiate overdose deaths and adverse events with numerous initiatives. The community of focus for this RFP are individuals with an OUD in New Jersey who are homeless or at risk of homelessness. Opioid use has become a pervasive problem throughout the State and does not discriminate in terms of its impact on individuals regardless of race, ethnicity or socio-economic status.

According to the CDC, nationwide, drug overdose mortality has been on the rise for the past two decades, and the number of heroin associated fatalities is up by 39%. Heroin related deaths quadrupled between 2000 and 2013, and many believe this is the worst drug overdose epidemic in United States history. In contrast to other drug epidemics in recent history, which had disproportionately impacted poor, urban communities, today’s heroin crisis is affecting suburbs and small towns.

Chronic homelessness is strongly correlated with substance use disorders. Substance use can be both a cause and consequence of homelessness, and a significant barrier to exiting homelessness. Research has documented the chronic difficulties of improving treatment outcomes unless basic needs such as housing are addressed (SAMHSA, Homeless and Housing Resource Network, 2017).

Stable, affordable housing is a crucial component of recovery for individuals with substance use disorders. Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. Supportive housing has been proven as an effective solution to ending homelessness for active substance users; this barrier-free housing provides a necessary platform to access a variety of services, participate in long-term recovery and give individuals the opportunity to engage in important community roles.

A study published in 2014 by the National Center on Addiction and Substance Abuse (CASA) found that supportive housing was successful in reducing the use of, and costs associated with crisis care services including shelters, detox centers, jail and medical care (hospitalizations and emergency room visits). The findings suggest that individuals actively using substances can be housed successfully and stably without imposing treatment requirements on them.

DMHAS has a long history of seeking to develop and expand the network of community housing opportunities. More recently, efforts have begun to focus on the growing opioid use disorder crisis that is occurring across the State as well as the country.
will allow DMHAS to work in concert with the bidder to provide cooperative sober living housing opportunities to adults with OUD who completed residential treatment or are in outpatient treatment, and homeless or at risk of homelessness.

### III. Who Can Apply?

To be eligible for consideration, bidders must meet the following requirements:

- The bidder must be a non-profit or for-profit entity or governmental entity;
- The bidder must be licensed by the Department of Health (DOH), Office of Licensing (OOL) prior to the start of these services;
- For a bidder that has a contract with DHMHAS 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;
- 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 [https://www.state.nj.us/treasury/debarred/debarsearch.htm](https://www.state.nj.us/treasury/debarred/debarsearch.htm) 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;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue, i.e., this statutory requirement does not apply to nonprofit organizations, private colleges and universities, or state and municipal agencies; and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

### IV. Contract Scope of Work

DMHAS is soliciting proposals from bidders who are able to provide individualized case management and supportive services to a maximum of two hundred (200) OUD consumers, on average, up to 8 hours per month, billable in fifteen (15) units, based on consumer needs. These services will assist consumers in seeking and connecting with behavioral health and or physical healthcare needs.
DMHAS is seeking to partner with bidders who have identified individuals in the community who have opioid use disorders, are homeless or at risk of homelessness and are seeking a housing subsidy.

DMHAS will provide rental subsidies, up to the fair market rate (FMR) as defined by the Department of Community Affairs (DCA) for lease based housing. One-time funding will be available to consumers for security deposits, utility start-up costs and furnishings.

All DMHAS rental subsidies are temporary (they serve only as a bridge to long term federal funds and programs that provide a more permanent support system), tenant based, and administered by DMHAS through the Supportive Housing Connection (SHC). The current DMHAS rental subsidy guidelines published on DMHAS and SHC websites shall govern the terms and conditions of the subsidy.

DMHAS rental subsidies will not be included in the bidder’s budget award for this funding opportunity.

The bidder must assist in securing all housing residences and or housing units needed for this project. It is acceptable for the bidder to sign a master lease with the landlord(s), and sub-lease apartments to the OUD consumer, if applicable. The lease must include the names of all adults in the household, including significant others. A copy of the lease must be maintained in the consumer’s file. DMHAS staff may also be present during inspections. Inspection forms for initial and annual inspections must be placed in consumers’ file. All adult tenants residing in the unit are required to contribute 30% of their gross annual household income toward rent. Income may include employment, public assistance or SSI/SSDI and/or other public benefits.

No capital funding is available through DMHAS for this initiative.

Consumers are expected to be full partners in planning their own treatment, are to identify and direct the types of activities that would most help them maximize case management opportunities for successful community living.

Although an individual with an opioid dependence may be experiencing homelessness, if they have access to supportive services such as mental health or substance use counseling, these services along with safe, decent and affordable housing can help provide an environment where they can focus on their recovery knowing that housing is not a barrier.

Bidders must adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.
V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of DHS contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at: https://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/

Bidders 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).

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 award 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 will be structured as a cost-reimbursement contract, funded for a twelve (12) month contract term. 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, satisfactory performance.

Contract commitments will be negotiated based upon representations made in response to the RFP. Failure to deliver commitments may result in termination of the contract.

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

Service provisions will be cost reimbursement only, and invoices of case management services will be submitted to DMHAS for each OUD consumer for reimbursement consideration. In no case shall DMHAS be required to continue funding when service commencement commitments are not met and in no case shall funding be provided in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay can be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.
VI. Mandatory Bidder’s Conference

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

Date: March 27, 2019
Time: 1:00 pm
Location: 5 Commerce Way, Hamilton, NJ 08691
Room 199B

The Mandatory Bidder’s 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. Questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders Conference, are not permitted. Any necessary response to questions posed by a potential bidder during the Mandatory Bidder’s Conference that cannot be answered at that time will be furnished via electronic mail to all potential bidders registered and in attendance. Specific individual guidance will not be provided to individual bidders at any time.

Potential bidders are requested to register for the Mandatory Bidder’s Conference via the registration link: https://njsams.rutgers.edu/training/ims/register.aspx

Additionally, if the bidder requires assistance with this registration link, please contact alicia.meyer@dhs.nj.gov no later than two (2) days prior to the Mandatory Bidder’s Conference.

The meeting room and facility is accessible to individuals with physical disabilities. Anyone who requires special accommodations should notify alicia.meyer@dhs.nj.gov. For sign language interpretation, please notify alicia.meyer@dhs.nj.gov at least five (5) business days in advance of the Mandatory Bidder’s 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 Content

All Proposal submissions will be evaluated based on the elements indicated below. The proposal must not exceed 20 pages (not inclusive of appendices and required attachments.) All Proposals must include responses that clearly correspond to each category as delineated below.
Funding Proposal Cover Sheet: (See Attachment A)

**Bidder’s Organization, History and Experience: (5 points)**
Provider 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 to fulfill the obligations of the RFP. The written narrative should:

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; Describe the bidder’s background and experience in implementing sober recovery housing, leased based housing or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area;
2. Summarize the bidder’s administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program;
3. Describe the bidder’s current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder’s proposal;
4. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS’ sole discretion.
5. Include a description of the bidder’s ability to provide culturally competent services;
6. Describe the bidder’s plan to bring the initiative to a conclusion at the end of the contract;
7. Document that the bidder’s submissions are up-to-date in New Jersey Substance Abuse Management System (NJSAMS), Unified Service Transaction Form (USTF), Quarterly Contract Monitoring Report (QCMR), Bed Enrollment Data System (BEDS), and New Jersey Mental Health Application for Payment Processing (NJMHAPP); and
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. The number of individuals that will be enrolled by the program as a result of this initiative. The current contracted caseload capacity and proposed caseload capacity must be clearly stated.
2. The full range of services will be identified for each consumer.
3. Demonstrate how the project will create new permanent housing opportunities for opioid-dependent consumers consistent with the Supportive Housing Principles and the "housing first" philosophy.
   a. Specify the number of DMHAS temporary rental subsidies that will be needed for the proposed program.
4. A detailed monthly timeline of activities for engagement and enrollment of the target population.
5. The strategies that will be used for engaging the targeted individuals.
6. The bidder’s willingness to accept consumers assigned by DMHAS staff and any foreseen barriers in this process.
7. Description of how the target population’s needs related to housing will be addressed. Include a detailed description of an array of strategies and interventions that will be used to prevent eviction, including but not limited to rental arrears policies and procedures in the event a consumer is unable to pay rent. Include procedures that will ensure that in the event eviction proceedings are warranted, such action is carried out in accordance with the law. Include a detailed description of strategies and interventions to assist the consumer in pursuing alternate housing where eviction is carried out.
8. The plan to address consumers’ opioid use disorder treatment needs and or continued sober recovery plan.
9. Description of how the proposed service will integrate the following principles into service delivery, as evidenced by specific program considerations:
   a. Promotion of wellness and recovery;
   b. Creation of a safe and healthy, home-like recovery environment; and
   c. Demonstration of best practices.
10. The provider agency’s linkages with appropriate not-for profit agencies or service providers in the community in which the proposed program will be located or readily accessible through public transportation, and who could serve as resources for and/or provide off-site services to tenants.

**Outcome(s) and Evaluation: (15 points)**

Provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure successes and/or set backs associated with this project:

1. The bidder’s approach to measurement of consumer satisfaction.
2. The bidder’s measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation.
5. Relapse of OUD/SUD
6. Re-admission into OUD/SUD treatment (OP, LTR, STR, etc.)
7. Details about any outside entity planned for use to conduct the evaluation, including but not limited to the entity’s name, contact information, brief description of credentials and experience conducting program evaluation.
8. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.
**Staffing: (15 points)**

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 (at least one FTE Peer Recovery Specialist & one FTE Case Manager), including staff qualifications, credentials and clinical licensure.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional license 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. If applicable, define the Part Time Equivalent (PTE) work hours.
5. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
6. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. The approach for supervision and training of staff.
8. 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 vote on contract-related matters.
9. 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/Equipment: (5 Points)**

The bidder should detail its facilities where its normal business operations will be performed and identify equipment and other logistical issues including 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.
2. A description of the bidder’s Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

**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 the details of all proposed 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 and 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 from the Mandatory Bidders Conference. The budget must include two (2) separate, clearly labeled columns: a. Column 1 – Six months of operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and b. Column 2 - Proposed one-time costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and 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.
3. 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.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per work week.
5. Identify the number of hours per clinical consultant.
6. 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 and 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: 
   a. Pursue all available sources of revenue and support upon award and in future contracts, including agreement to pursue Medicaid certification. Failure to obtain approval and maintain certification as a Medicaid-eligible provider may result in termination of the service contract;
b. Pursue available resources (including but not limited to DCA, SRAP, Section 8 Moderate Rehabilitation SRO, Shelter Plus Care, Public Housing, Section 8 Housing Choice Voucher Program, Section 811 Supportive Housing for Persons with Disabilities, Section 202 Supportive Housing for Elderly, and Housing Opportunities for Persons with Aids) and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled consumers;
c. Work in cooperation with the regional and central offices of DMHAS, the regional offices of the Division of Developmental Disabilities, County Mental Health Boards and State psychiatric hospitals to identify consumers to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
d. Comply with DMHAS reporting requirements specific to this initiative; and
e. Provide the full range of services delineated in the DMHAS and related regulations to all enrolled consumers.

Appendices
The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 40 pages. Please note that if items 9-12 are not submitted, the proposal will not be considered.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if currently 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, and the type and scope of the audit;
6. List the board of directors, officers, and terms;
7. Copy of documentation of the bidder’s charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Health 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

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)

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, and no smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder’s narrative starts on page 3 and ends on page 23 it is 21 pages, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on April 17, 2019. 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:
Alicia Meyer, RFP Coordinator
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
Hamilton, NJ 08691

OR

For private delivery vendor such as UPS or FedEx:
Alicia Meyer, RFP Coordinator
Department of Human Services
Division of Mental Health and Addiction Services
5 Commerce Way, Suite 100
Hamilton, NJ 08691

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
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.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by May 16, 2019.

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. on May 23, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health & Addiction Services
5 Commerce Way
PO Box 362
Hamilton, NJ 08691
Fax number: (609) 341-2302

Or via email: alicia.meyer@dhs.nj.gov

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 May 30, 2019. 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 DOH/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: https://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 362, Hamilton, NJ 08601-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;
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;
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. Master lease agreements, evidence of all State (non-DMHAS), federal and local housing subsidies and resources.
19. Current State of New Jersey Business Registration;
20. Procurement Policy;
21. Current 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.);
22. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
23. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
24. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
25. 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 https://www.nj.gov/treasury/revenue);
26. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and

XII. Attachments
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: ________________________________________

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: ________________________________

County 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: ___________________________
Addendum to RFP for Social Service and Training Contracts

STATE OF NEW JERSEY DEPARTMENT OF HEALTH

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 Health.

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 Health, 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 RLI, including development of specifications, requirements, statement of works, or the evaluation of the RLI 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 Health.

• 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.