

**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

**REQUEST FOR PROPOSALS**  
**FOR THE DEVELOPMENT OF PSYCHIATRIC INVOLUNTARY INPATIENT BEDS AS AN**  
**ALTERNATIVE TO STATE HOSPITALIZATION**

**July 18, 2012**

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

## **I. Introduction**

For those individuals recovering from mental illness who require involuntary inpatient care, treatment in community based inpatient settings, rather than at longer term State Hospitals, can better facilitate their return to the community. The Governor's Task Force on Mental Health Final Report (2005), highlighted that there was an over-reliance on institutional care to serve individuals with serious mental illness and recommended an increase in the utilization of local resources to increase the opportunities for individuals to be stabilized in the least restrictive setting and returned to their community. The report, likewise, indicated the need to alleviate overcrowding in state psychiatric hospitals and expand programmatic space, with an emphasis on exploring alternatives to state hospitalization whenever appropriate and consistent with the principles of Wellness and Recovery.

## **II. Background**

In recent years, New Jersey has experienced a decrease in admissions to State Hospitals and the Division of Mental Health and Addiction Services (DMHAS) is further seeking to support and sustain utilization of its State Hospital beds at lowered levels.

In light of the recent sale of Buttonwood hospital, a county operated facility in Burlington County, it is the intension of DMHAS to maintain a complement of publicly funded involuntary inpatient psychiatric beds proceeding the transfer of ownership of the facility to the private operator. Accordingly, the focus of this RFP is to develop involuntary inpatient bed availability with an extended length of stay in one or more currently licensed hospital settings, serving as a direct alternative to state psychiatric hospitalization. The goal of this initiative is to provide services to consumers in such beds and discharge them to community settings, whereby providing treatment in the least restrictive setting necessary whereby avoiding admission to a State Hospital.

## **III. Purpose/Goal of the Request**

DMHAS seeks proposals to obtain access to involuntary (closed acute) *adult* inpatient treatment beds which can serve as a direct alternative to admission to a State Hospital. Admission to the solicited beds will come via transfers from specified Short Term Care Facilities. Admissions to the solicited beds will be prioritized to consumers who would otherwise be admitted to Ancora Hospital from Burlington County. Additional admissions to the solicited beds from other counties will be prioritized by the DMHAS Centralized Admissions Service.

DMHAS seeks proposals providing a minimum of 19 total diversionary beds for the adult population (ages 18 and older, inclusive of the geriatric population). The solicited beds are optimally to be located in units comprised of approximately 8 beds each. The average length of stay for patients following admission is 22 days with a maximum length of stay of 35 days. An additional 10 day extension, when clinically indicated, (increasing the length of stay to 45 days) may occur with prior DMHAS approval. No length of stay extension approved by DMHAS

will allow contract reimbursement for a patient's overall length of stay in the program to exceed 45 days.

#### **IV. Service Outcome Requirements**

The goals of this program are:

- To implement involuntary services that provide for an extended length of stay beyond that provided by a STCF. Those persons who require additional treatment would be transferred from a STCF.
- To assist individuals in achieving their recovery goals with a focus on discharge to community living in the shortest time frame possible.
- To provide individuals with the skills necessary to achieve and maintain psychiatric stability and a substance free lifestyle. Education and treatment regarding the complexities of recovering with a co-occurring psychiatric illness and addictive disorder are to be integrated into treatment services.
- To provide active treatment including but not limited to medication self management, illness management and recovery, activities of daily living, communication and social skills, leisure and vocational activities and individual and group treatment. Individuals will benefit from the opportunity to progress through increasing levels of responsibility and autonomy.
- To maintain or enhance the quality of life of the program participants and their families.
- To benchmark the number of consumers diverted from admission to a state psychiatric hospital.
- To provide a seamless continuum of care that relies on collaboration with community providers for aftercare.

#### **V. Mandatory Bidders Conference**

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered. The Bidders' Conference will be held at the following time and place:

**Date:** July 30, 2012  
**Time:** 10:00 AM  
**Location:** Division of Mental Health and Addiction Services  
Capital Center, 50 E. State Street  
Trenton, NJ 09625-0727

Bidders are asked to pre-register for this session by telephoning Cindy Hamilton, at 609-777-0678 or via email at [cindy.hamilton@dhs.state.nj.us](mailto:cindy.hamilton@dhs.state.nj.us).

## **VI. Funding Availability**

The awarded programs will be contracted to be fully operational no later than January 1, 2013. If possible, the goal will be to operationalize the beds prior to the stated implementation date. A maximum annualized amount of \$3 million is available to support this request. This amount is net of expected revenue which will support the total cost of the beds. Applicants are asked to indicate the number of total beds and bed days within their existing and available licensed closed acute capacity which they are proposing to provide annually.

## **VII. 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.
2. Applicants responding to this RFP must be currently licensed by the State of New Jersey Department of Health and Senior Services as a psychiatric inpatient unit with closed acute capability and must minimally meet the staff qualifications and service requirements in all applicable regulations. *Existing Short Term Care Facility (STCF) beds may not be utilized for this extended acute care bed initiative.*
3. The applicant must be able to demonstrate experience and success in providing closed acute care inpatient psychiatric services in New Jersey.
4. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services contracting rules and regulations.

## **VIII: Proposal Criteria:**

### **Proposal Content**

All responses should be indexed with all pages clearly numbered. The Funding Application Cover Sheet (attachment 1) must be attached. All responses must include the following content:

1. Willingness to accept individuals following an inpatient stay on a short term care unit or upon referral from the DMHAS Centralized Admissions Service. Please indicate the counties which you are proposing to serve, inclusive of Burlington County.
2. A complete description of how the applicant will provide the proposed diversionary inpatient beds, including but not limited to: location of beds, any specialty units that will be accessible, admission and exclusionary criteria.

- 3 Applicants must indicate total number of beds available, specifying whether the proposed beds are on a separated unoccupied unit, or if they are part of their existing bed complement.
- 4 Applicants must detail the process for accepting referrals and admissions 24/7, targeted processing times for referrals, and required information for admission (history, medical, etc).
- 5 Applicants must specify their agreement to an average length of stay for patients following admission to be 22 days with a maximum length of stay of 35 days. An additional 10 day extension (increasing the length of stay to 45 days) may occur with prior DMHAS approval. No length of stay extension approved by DMHAS will allow contract reimbursement for a patient's overall length of stay in the program to exceed 45 days.
6. Applicants must articulate discharge planning processes. Applicants must also specify ability to work with/refer to community agencies including but not limited to PACT teams, ICMS, outpatient services, partial care programs, self help centers, etc. for aftercare services and evidence *how* consumer and family input is integral to the discharge planning process. It is encouraged to include draft and/or existing affiliation agreements with aforementioned community agencies.
7. Provide evidence of your experience and success in providing inpatient mental health treatment to the population you propose to serve. Evidence may include, but is not limited to, descriptions of collaborations with community providers, recidivism rates and locations of where individuals are discharged to.
8. The multidisciplinary treatment team must minimally include: Psychiatrist, (Advanced Practice Nurse), Nurses, primary therapist, Addictions/Substance Abuse Counselor, Activity Therapist/ Recreational Therapist, Social Services/Community Re-Entry Specialist. Describe how the treatment team will function, their hours of service and how the hospital will handle admissions when the treatment team is not on duty.
9. The applicant must describe the treatment that will be provided (a sample schedule of active treatment for days, evenings and weekends) and demonstrate how these services are in accordance with Wellness and Recovery Principles as described by the Substance Abuse and Mental Health Services Administration (SAMHSA).
10. Timely submission of outcome and patient data to DMHAS is required including but not limited to monthly billing statements, referrals, admissions, discharges, transfers to state hospitals, length of stay, individual tracking data, and 3rd party reimbursement received. Submission is required by the 5th working day of every month.

11. Applicants must provide information regarding how they are geographically accessible to Burlington County and any other counties they are proposing to serve in this RFP.
12. Applicants should indicate their agreement to accept referrals from the Centralized Admissions Unit for this population.
13. Please indicate the daily rate at which you are proposing to provide these bed days. Your proposed net award request must include offsetting revenue projections for Medicare/Medicaid, and any third party insurance reimbursement. Include the calculations and assumptions to support your request, showing the resulting number of beds proposed for the net funding requested.
14. Applicants should indicate their agreement to bill for all third-party insurance reimbursement, including Medicaid and/or Medicare as applicable, available to adults admitted to these beds.
15. Statement of assurances signed by Chief Executive Officer (Attachment B)
16. Signed debarment certification (Attachment C)

**Applicants who do not currently contract with the Division must also include the following:**

1. Organization history including mission, and goals.
2. Overview of agency services.
3. Documentation of incorporation status.
4. Agency organization chart.
5. Agency code of ethics and/or conflict of interest policy.
6. Most recent agency audit.
7. Listing of current Board of Directors, officers and terms of each.
8. Documentation that agency meets qualifying requirements for DHS program contract.
9. Current Agency Licensure/Accreditation Status.

Application program narratives must be font size no smaller than 12 and no more than 15 pages in length, excluding budget detail. Pages must be clearly numbered.

Contracts awarded as a result of this RFP will commence on or before January 1, 2013.

**IX: Submission of Proposal**

Respondents must submit proposals electronically in PDF format by no later than 4 p.m. August 31, 2012 to Roger Borichewski, Assistant Director for the Office of Prevention, Early Intervention and 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 copy of the proposal with an original signature and six additional hardcopies must be submitted to the attention of Roger Borichewski no later than 4:00 pm, August 31, 2012, at the following address:

Division of Mental Health and Addiction Services  
222 S. Warren Street, PO BOX 727  
Trenton, NJ 08625

Please note that no format other than the PDF and one original signed hardcopy and six additional hardcopies will be accepted for this RFP. Proposals submitted after this time will not be accepted.

In addition, please submit four hard copies and a pdf version (electronically) of your proposal to the Mental Health Administrator(s) in the Count(y)ies in which you propose to develop the service. Please refer to the following web link regarding contact information for the respective Mental Health Administrators:

<http://www.state.nj.us/humanservices/dmhs/services/admin/>

### **X: Review of Proposals and Notification of Preliminary Award**

DMHAS will convene an RFP review committee to review and score all timely submitted proposals in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Regional Offices and DMHAS Central Office. Recommendations from the County Mental Health Boards 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 October 1, 2012 to ensure they are an integral part of the proposal evaluation process. Recommendations are to be submitted to Roger Borichewski, Assistant Director for the Office of Prevention, Early Intervention and Community Services, Division of Mental Health and Addiction Services at the email or mailing address listed in Section IX of this RFP.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric emergency services. Input from consumers and family members are an integral component of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and families. The consumer and family advisory group will meet with members of the RFP review committee, providing their input regarding each of the proposals submitted.

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 October 12, 2012.

### **XI: Appeal of Award Decisions**

Appeals of any award 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 October 19, 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  
222 S. Warren St., PO Box 727  
Trenton, NJ 08625

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

The DMHAS will review any appeals and render final funding decisions by October 26, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

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

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

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
Psychiatric Involuntary Inpatient Beds as an Alternative  
to State Hospitalization**

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\*:  
\_\_\_\_\_

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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.

## **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.

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Applicant Organization

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Signature: Chief Executive Officer or Equivalent

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Date

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Typed Name and Title

6/97

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.

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5-20-10

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 which 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.

P1.04  
Attachment C

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 Nonprocurement 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,

5-20-10

the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.