

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

REQUEST FOR PROPOSALS

**Residential Intensive Support Team (RIST)
Services for Persons Discharged from State
Psychiatric Hospitals**

May 8, 2015

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

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Division of Mental Health and Addiction Services (DMHAS) to develop a Residential Intensive Support Team (RIST) to serve a minimum of 25 individuals who are in a New Jersey State Psychiatric Hospital. DMHAS seeks to facilitate the discharge of individuals who are on Conditional Extension Pending Placement (CEPP¹) status. The current RFP will pair housing subsidies funded by the Division and administered by the New Jersey Housing Mortgage and Finance Agency (NJHMFA) with service dollars to develop or expand community supportive housing programs. Total annualized funding is \$725,000 subject to State appropriations. DMHAS will issue one (1) award in this solicitation.

Specifically, DMHAS seeks proposals to provide a DMHAS-contracted RIST program in one (1) of the following counties: Atlantic, Morris, Ocean, Tri-County North (Hunterdon, Warren and Somerset) or Tri-County South (Camden, Burlington and Gloucester). Only one (1) award will be issued through this RFP; however, the Division will accept proposals that propose RIST services in any of the aforementioned counties.

The following summarizes the RFP schedule:

5/8/15	Notice of Funding Availability
5/15/15	Mandatory Bidders Conference
6/12/15	Deadline for receipt of proposals - no later than 4:00 p.m.
7/21/15	Preliminary award announcement
7/28/15	Appeal deadline
8/4/15	Final award announcement
10/1/15	Anticipated award start date

II. Background and Population to be Served

While DMHAS has a long history of seeking to develop and expand the network of community housing opportunities for persons with serious mental illness, this current RFP is part of a larger initiative related to the Olmstead Settlement Agreement, under which DMHAS has committed to effecting the timely discharge of persons in State Psychiatric Hospitals determined to no longer require that level of care. DMHAS is committed to discharging these persons as promptly as possible after consumers are placed on CEPP status.

In past rounds of community service development, DMHAS has concentrated on the overall development of service capacity as a means of addressing the availability of supports within a context of dynamic service demands. As DMHAS moves to meet its obligations under the Olmstead Settlement Agreement, however, it has recognized the need to implement a new, more direct strategy of service development, based on the community support needs of specific persons awaiting discharge from the state psychiatric hospitals. This RFP is one in a series of requests that will embrace this approach.

¹ In New Jersey, the status of CEPP was created by a 1983 New Jersey Supreme Court decision in re: S.L., 94 N.J. 128 (1983), for individuals who no longer met the standard for involuntary commitment, but for whom there was no present appropriate placement in the community

Initially developed in New Jersey during State Fiscal Year (SFY) 2003, RIST was designed to support the promotion of consumer empowerment within the continuum of funded residential programming. As a model of supportive housing, RIST provides flexible support services coupled with permanent, lease-based housing to meet the individual's varying needs and preferences.

III. Who Can Apply?

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

- The bidder must be a non-profit, for-profit entity or governmental entity;
- The bidder must be licensed by the Department of Human Services' (DHS') Office of Licensing prior to the start of services;
- The bidder must be willing to accept into service consumers identified by the DMHAS;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements;
- 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 non-profit organizations, private colleges and universities, or state and municipal agencies;
- A non-public bidder must demonstrate that it is incorporated through the New Jersey Department of State and provide documentation of its current non-profit status.
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://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;
- The bidder must comply with the terms and conditions of the Department of Human Services (DHS) 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). These documents are available on the web at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/>;and
- The bidder must attend the Mandatory Bidders Conference as described in the RFP.

IV. Contract Scope of Work

DMHAS seeks proposals to provide a DMHAS-contracted RIST program in one (1) of the following counties: Atlantic, Morris, Ocean, Tri-County North (Hunterdon, Warren and Somerset) or Tri-County South (Camden, Burlington and Gloucester). By virtue of

this program, services will be targeted to facilitating the discharge of persons on CEPP status at a State Psychiatric Hospital. Many of these individuals have co-existing medical conditions, co-occurring substance use disorders or a developmental disability, have experienced periods of long-term institutionalization, and/or are refusing to leave the hospital.

This funding will provide new housing opportunities for a minimum of 25 individuals who are in a New Jersey State Psychiatric Hospital and designated as CEPP. Housing subsidies, administered in a manner consonant with the principles of supportive housing, will be paired with the full range of RIST services in order to meet the needs of the individuals served through this RFP.

DMHAS will identify the consumers to be served through this funding, and will work with the successful bidder toward positive discharges to community living. The successful bidder must accept consumers identified by DMHAS as appropriate for the RIST program, consistent with the consumer attributes delineated in this RFP and within the timeframes identified by DMHAS. The successful bidder's staff will begin working with identified consumers as soon as possible after contract award but prior to actual discharge to facilitate relationship building, housing preference and needs assessments.

In order to meet the needs of the individuals served through this RFP, DMHAS sponsored rental subsidies will be made available. Department of Human Services (DHS) and DMHAS rental subsidy program guidelines and NJHMFA clearinghouse guidelines must be followed, and no apartments can be rented over the Fair Market Rent as published by the New Jersey Department of Community Affairs (DCA) Housing Choice Voucher Program Payment Standards (See Attachment F for current Fair Market Rent). The housing subsidies will be made available through a housing clearinghouse, known as the Supportive Housing Connection (SHC) administered by the NJHMFA. No capital funding is available from DMHAS through this initiative.

The SHC, administered by the NJHMFA, will manage the housing subsidies. The roles and responsibilities of the SHC include:

- Providing tools such as a website that provides information on available, affordable housing to assist consumers in locating housing;
- Conducting initial and annual housing inspections to ensure the housing complies with quality standards;
- Providing resident inquiry resolution services to address disputes between the landlord and tenant that were unable to be resolved between the landlord and tenant (with the help of their advocate or service provider); and
- Paying the landlord the housing subsidy payment.

Please see the SHC website for more information at: <http://www.njhousing.gov/rentals/shc/>.

The RIST program is designed to support the promotion of consumer empowerment within the continuum of funded residential programming. As a model of supportive

housing, the RIST program is to provide flexible support services paired with permanent leased based housing opportunities to meet the individual's varying needs and preferences. The model is based on a "Housing First" philosophy and endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery. "Housing First" means that consumers do not have to be clean or sober or participate in mandatory programming in order to be placed in housing or served by RIST. The team will employ supportive services (grounded in rehabilitation principles) necessary to maintain housing and achieve identified wellness and recovery goals, as well as case management approaches to ensure that consumers access the full array of other clinical and support services needed to function successfully within the community.

The RIST service model must demonstrate how services and supports will be provided in a holistic manner such that it enables individuals diagnosed with a serious mental illness to develop the skills necessary to become fully integrated into their communities, particularly in the areas of housing, employment, and in social contexts. The service must use a strengths-based approach to working with individuals, rather than a focus on an individual's deficits. Staffing that consists of individuals who possess and/or are actively pursuing certification to become a Certified Psychiatric Rehabilitation Practitioner, CPRP, (see following link for information about certification: <http://www.psychrehabassociation.org/certification>) is strongly encouraged. In order to avoid duplication of effort, individuals served by PACT, ICMS, or supportive housing are not eligible to receive concurrent RIST services.

Consumers, expected to be full partners in planning their own care and support service needs are to identify and direct the types of activities that would most help them maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which must be adjusted as consumer needs or interests change.

Awardees 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.

If the contract(s) resulting from this RFP includes drug treatment services, then the contract awardee must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing in a visible, legible and clear posting at a common location accessible to all who enter the facility.

Moreover, no consumer admitted into a treatment facility, or a recipient of or participant in any prevention, treatment or recovery support services, shall be denied full access to, participation in and enjoyment of that program, service or activity, available or offered to others, due to the use of legitimately prescribed medications.

Capacity to accommodate consumers who present or are referred with legitimately prescribed medications can be accomplished either through direct provision of services associated with the provision or dispensing of medications and/or via development of viable networks/referrals/consultants/sub-contracting with those who are licensed and otherwise qualified to provide medications.

V. General Contracting Information

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

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

In accordance with DHS Policy P1.12 available on the web at www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, 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.

Should service provision be delayed through no fault of the provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision 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 may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at: <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

The timeframe for filling vacancies that occur after initial implementation and initial full occupancy is achieved must comport with DMHAS Administrative Bulletin 5:11, which may be found on the DMHAS website at: <http://www.state.nj.us/humanservices/dmhas/regulations/bulletins/>.

VI. Mandatory Bidders Conference

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

Date: May 15, 2015
Time: 10:00 a.m.
Location: 222 South Warren Street, Trenton, NJ
1st floor conference room A&B

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify portions 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 Bidders Conference that cannot be answered at that time will be furnished via electronic mail to all potential bidders registered as being in attendance. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP are requested to register for the Mandatory Bidders Conference via the registration link: <https://njsams.rutgers.edu/training/shsp/register.aspx>.

Additionally, if you require assistance with this registration link, please contact RFP.Submissions@dhs.state.nj.us no later than two (2) days prior to the Mandatory Bidders Conference.

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

VII. Required Proposal Content

Proposals will be evaluated based on the elements indicated below. At a minimum, all facets of the proposal must comply fully with the relevant standards, delineated in N.J.A.C. 10:37, 10:37A, and 10:37J. Proposals must address the following topics, and be submitted according to the following sections:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder History and Recent Experience/Performance (5 points)

1. A brief narrative describing the bidder's history and mission and its primary purpose.
2. 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.
3. Description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
4. Description of the bidder's ability to provide culturally competent services.
5. If the bidder has an existing contract with the DMHAS to provide supportive housing for individuals who are in a State Psychiatric Hospital (including RIST, medically-enhanced, forensically-involved, DD/MI [housing serving individuals with a co-existing developmental disability and mental illness] and enhanced supportive housing) and has any vacancies at the time of the proposal submission, the bidder is to list the number of vacancies, county where these vacancies exist, length of time the bed has been vacant and type of supportive housing unit (RIST, medically-enhanced, forensically-involved, DD/MI, enhanced supportive housing) and reason for any bed that has been vacant for more than 90 days. Specify if any of these vacancies were newly awarded through an RFP within the last two fiscal years (SFY 2013 and SFY 2014) and never filled. A vacant bed is defined as one where an individual is not leasing the unit. For example, if someone is living in a unit but is hospitalized and the lease has not been terminated this unit is not considered vacant. However, if someone in the hospital has been accepted and is targeted to move into a unit but has not signed a lease the unit is considered vacant.

Project Description (40 points)

1. Indicate the number of individuals (on CEPP status at a State Psychiatric Hospital) who will be enrolled by the RIST program as a result of this initiative.
2. Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing and state how you will separate the lease-based housing from the services individuals receive. Specify the number of subsidies, managed by the SHC, that will be needed for the proposed program and if the proposed program is leveraging other resources such as a housing choice voucher for rental assistance.
3. Description of the full range of treatment, recovery and support services that will be provided to service recipients.
4. The anticipated RIST team staff schedule. Schedule must reflect service provision on evenings and weekends.
5. A detailed monthly timeline of activities for engagement and enrollment of the target population.
6. The strategies that will be used for engaging the targeted individuals and addressing their needs related to community integration, inclusive of how the service will provide "pre-enrollment" services.

7. The bidder's willingness to accept consumers referred by DMHAS staff and any foreseen barriers in this process. Detailed description of the daily level of service that will be delivered to consumers upon discharge.
8. Description of clear and effective strategies that will be used in the proposed program to address consumers' needs in a community setting for each of the physical and behavioral health care needs listed below that may interfere with successful community tenure such as:
 - a. Incontinence;
 - b. Diabetes with difficulties self-administering insulin;
 - c. Obesity;
 - d. Ambulation impairment;
 - e. Poor impulse control;
 - f. Self-injurious behavior (burning, cutting, teeth/hair pulling);
 - g. Anger management;
 - h. Florid psychosis/active fixed delusions;
 - i. Cognitive impairment (or brain injury);
 - j. Metabolic syndrome;
 - k. Resistance to hospital discharge;
 - l. Daily living skills including showering, eating, toileting, etc.; and
 - m. Independent living skills deficits (budgeting, cooking, etc.).
9. Description of how the target population's needs related to housing will be managed.
10. The plan to address consumers' substance use disorder treatment needs.
11. 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. Promotion of community inclusion; and
 - c. Demonstration of best practices.
12. Identify the units of service that the bidder is committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter.
13. Identify the average number of hours of service the bidder estimates one (1) consumer will receive per week for the first six (6) months of service.
14. Identify the average number of hours of service one (1) consumer will receive annually.
15. Identify the amount of hours for one (1) full time equivalent (FTE) staff person and the percentage of face-to-face hours to be provided in the proposed service (e.g., an applicant may identify that one (1) FTE consists of a 40 hour work week and 50% (or 20 hours per week) of the staff time will be spent in direct face-to-face contact with consumers).

Outcome(s) and Evaluation (15 points)

Please provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure program effectiveness.

1. The evaluation of the contracted program outcomes.

2. Description of all tools to be used in the program evaluation.
3. Details about any outside entity that the bidder will subcontract with to conduct the evaluation, including but not limited to the entity's contact information, brief description of credentials and experience in conducting program evaluation.
4. Description of how the bidder will ensure fidelity to the evidence-based practice.

Staffing (15 points)

1. Description and the number of direct service staff (in FTE) who will be a part of the proposed program. Current and proposed staffing must be presented, including specific titles, qualifications for the staff to be added to the team, as well as a rationale for selection of these staff persons. (Details on all current direct service staff vacancies must be included).
 - a. If existing staff are included in other DMHAS contracted services/programs, the bidder must provide assurances that their use in this new program will not negatively affect the operations of the existing program.
 - b. Discuss the specific compensation strategies will be used to ensure that after-hours service and 24/7 coverage are adequately built into the program's structure.
 - c. Bidders who affirm that 1/3 (one-third) of their staffing will consist of individuals who possess and/or are actively pursuing certification to become a Certified Psychiatric Rehabilitation Practitioner (CPRP) (see following link for information about certification: <http://www.psychrehabassociation.org/certification>) will earn five (5) bonus points in the scoring of their proposal.
2. The anticipated staff schedule, inclusive of all existing staff and new staff who will participate in the proposed initiative. Schedule must reflect service provision on evenings and weekends.
3. The proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
4. A list of the bidder's board members, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract related matters.
5. 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 members. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (2 points)

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 (23 points)

1. A detailed budget using the Annex B standard budget categories for expenses and revenues: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facilities Costs, E. Specific Assistance to Clients, F. Other, General and Administrative Distribution, and Revenues including Client Generated Fees, Public & Private Grants and Other Agency Funds. Utilize the Excel budget template which will be emailed based on the attendance list from the Mandatory Bidders Conference. The budget must be presented in two (2) clearly labeled separate columns:
 - a. One column detailing the full annualized operating costs excluding one-time costs; and
 - b. One column detailing the one-time costs.

****Please note that housing subsidies are not to be incorporated in the bidder's budget. Housing subsidies will be made available through the SHC, administered by the NJHMFA. However, the one-time lease up dollars to purchase furnishings and pay utility deposits (as necessary) will continue to be in the provider agency's (bidder's) contract with the DMHAS.**

2. Budget notes that may be useful to help explain costs and assumptions made for certain non-salary expenses and the calculations behind various revenue estimates. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in the 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 budget template file 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 made.
4. For personnel line items, staff position titles (i.e. not staff names) and hours per workweek.
5. The number of hours per clinical consultant such that cost/hour may be evaluated.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, and should be consistent with the bidder's current fringe benefits percentage.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to "new" G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will:
 - 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 (i.e. grants, vouchers, rental assistance, etc.) 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, 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 no more than 40 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of key personnel if on staff, limited to 2 pages each;
5. A description of all pending and in-progress audits, the requestor, the firm's name and telephone number, and the audit type;
6. List of the board of directors, officers and terms of office of each;
7. Documentation of the bidder's charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).
13. The documents listed below are also required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are already on file with DMHAS.**
 - o Most recent single audit report (A133) or certified statements (submit only hard two copies); and
 - o Any other audits performed in the last two (2) years (submit only two [2] hard copies).

VIII. Submission of Proposals

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 should be single-spaced with one (1") inch margins, no smaller than 12 point Arial, Courier New or Times New Roman font, and not exceed 20 pages in length. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for scoring purposes. Proposal budget detail and appendix items do not count towards the narrative page limit. **Proposals must be submitted no later than 4:00 p.m. Eastern Standard Time on June 12, 2015.** Five (5) hard copies and one (1) original of the proposal narrative, budget and appendices (six (6) total proposal packages) must be submitted to the following address:

For US Postal Service delivery:
Alicia Meyer, RFP Coordinator
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

or

For private delivery vendor such as UPS or FedEx:
Alicia Meyer, RFP Coordinator
Division of Mental Health and Addiction Services
Capital Place One, 3rd Floor
222 South Warren Street
Trenton, NJ 08608

The bidder may mail or hand-deliver its proposal, however, DMHAS is not responsible for items mailed but not received by the due date. Note that the 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 contract award. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmissions of proposals.

In addition to the required hard copies, the bidder must also submit its proposal (including appendices) and budget electronically to DMHAS by the deadline using a file transfer protocol site. The 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 narrative 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 for both the narrative proposal and budget files, click the red logout button at the top right of the screen.

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

Proposal(s) must also be submitted to the County Mental Health Administrator(s) for the county(ies) in which the bidder is proposing services. Please refer to the Attachment regarding the submission preference for each of the County Mental Health Administrators, as some require hard copies while others prefer an electronic version or both methods. For those counties requiring postal mail submission, submit four (4) hard copies.

IX. Review of Proposals

Proposals received after the due date and time will not be evaluated. 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 in order to be considered eligible for funding, as well as meet the threshold score for budget and scope of work sections. Bidders who affirm that 1/3 (one-third) of their staffing will consist of individuals who possess and/or are actively pursuing certification to become a Certified Psychiatric Rehabilitation Practitioner (CPRP) (for information about certification: <http://www.psychrehabassociation.org/certification>) will earn five (5) bonus points in the scoring of their proposal. Criteria scores and thresholds will become available when proposals become available for public inspection.

Award decisions will be based on such factors as the proposal scope, quality and appropriateness, 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 bidder's existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that contract award may be conditional upon contract negotiation. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardee prior to final award.

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, and indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS Contracts, and procedures set forth in DHS Policy Circular P1.04 (<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

DMHAS recognizes the invaluable perspectives and knowledge that consumers, family members and County Mental Health Boards possess. Input from these groups is an integral component of a system that holds wellness and recovery principles at its core. Consequently, DMHAS will convene an advisory group consisting of consumers and family members to provide input to the review committee regarding the proposals submitted.

County Mental Health Board recommendations and comments must be received by DMHAS no later than July 6, 2015. This input will be incorporated in the final deliberations of the review committee.

DMHAS will notify all bidders of awards, contingent upon the satisfactory final negotiation of a contract, by July 21, 2015.

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 received by DMHAS at the address below no later than 4:00 p.m. Eastern Standard Time on July 28, 2015. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

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

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

DMHAS will review all appeals and render a final decision by August 4, 2015. Contract award(s) will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon award announcement, the successful bidder must be prepared to submit, at a minimum, one (1) copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner, as well as any other documents required by DMHAS.

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

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

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP _____

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

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: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

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

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

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

**Attachment E - County Mental Health Administrators RFP Submission Preference
(as of 3/2015)**

<u>County</u>	<u>Mental Health Administrator</u>	<u>Submission Type</u>
Atlantic	Sally Williams, Mental Health Administrator Email: williams_sally@aclink.org	Email
Bergen	Michele Hart-Loughlin, Program Coordinator Email: mhartlo@co.bergen.nj.us	Email
Burlington	Barbara Biglin, Mental Health Administrator Email: bbiglin@co.burlington.nj.us	Email
Camden	Rashid M. Humphrey, Mental Health Services Community Planning & Advocacy Council 2500 McClellan Avenue - Suite 110 Pennsauken NJ 08109 Email: rhumphrey@cpachvi.org	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: devaneyp@co.cape-may.nj.us	Email
Cumberland	Juanita Nazario, Mental Health Administrator Email: juanitana@co.cumberland.nj.us	
Essex	Joseph Scarpelli, D.C., Administrator Essex County Mental Health Board 204 Grove Avenue Cedar Grove NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
Gloucester	Kathy Spinosi Budd Boulevard Complex 115 Budd Blvd. West Deptford NJ 08096 Email: kspinosi@co.gloucester.nj.us	Email + Postal Mail
Hudson	Robin F. James, Mental Health Administrator Email: rjames@hcnj.us	Email
Hunterdon	Cathy Zahn, Mental Health Planner Department of Human Services	Email + Postal Mail

8 Gauntt Place - PO Box 2900
Flemington NJ 08822-2900
Email: czahn@co.hunterdon.nj.us

Mercer	Michele Madiou, Administrator Division of Mental Health 640 South Broad Street PO Box 8068 Trenton NJ 08650	Postal Mail
Middlesex	Penny Grande, Administrator Email: penny.grande@co.middlesex.nj.us Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901	Email + Postal Mail
Morris	Laurie Becker, Mental Health Administrator Email: lbecker@co.morris.nj.us	Email
Ocean	Jamie Busch, Assistant Mental Health Administrator Email: JBusch@co.ocean.nj.us	Email
Passaic	Francine Vince, Director Email: francinev@passaiccountynj.org	Email
Salem	Kathy Spinosi, Mental Health Administrator Department of Mental Health 94 Market Street Salem NJ 08079 Email: kspinosi@co.gloucester.nj.us	Email + Postal Mail
Somerset	Pam Mastro, Mental Health Administrator Email: mastro@co.somerset.nj.us	Email
Sussex	Christine Florio, Mental Health Administrator Email: cflorio@sussex.nj.us	Email
Union	Sara Thode, Mental Health Administrator Email: sthode@ucnj.org	Email
Warren	Shannon Brennan, Mental Health Administrator/ Youth Services Administrator Email: sbrennan@co.warren.nj.us	Email

Attachment F – Fair Market Rent

**FAIR MARKET RENT
EFFECTIVE 10/1/2015 (Revised 10/8/1014)**

COUNTY	Maximum rent allowed				
	0-BDR	1-BDR	2-BDR	3-BDR	4-BDR
Atlantic	792	917	1139	1575	1830
Bergen	1177	1272	1371	1776	2014
Burlington	799	929	1119	1394	1518
Camden	799	929	1119	1394	1518
Cape May	671	761	1025	1442	1526
Cumberland	753	870	1071	1289	1616
Essex	971	1059	1265	1550	1732
Gloucester	799	929	1119	1394	1518
Hudson	990	1089	1291	1643	1813
Hunterdon	1021	1184	1458	1818	2417
Mercer	900	1017	1225	1577	1823
Middlesex	1021	1184	1458	1818	2417
Monmouth	917	1083	1345	1865	2193
Morris	971	1059	1265	1550	1732
Ocean	917	1083	1345	1865	2193
Passaic	1177	1272	1371	1776	2014
Salem	799	929	1119	1394	1518
Somerset	1021	1184	1458	1818	2417
Sussex	971	1059	1265	1550	1732
Union	971	1059	1265	1550	1732
Warren	755	921	1124	1409	1571

Written permission from DMHAS required to use these rates (See Subsidy Program Policy)