

# **NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

## **Division of Mental Health and Addiction Services**

### **Request for Proposals**

#### **Development of Outpatient Services in Warren County**

**August 25, 2014**

Lynn A. Kovich  
Assistant Commissioner

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## **I. INTRODUCTION**

The Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Proposals (RFP) for State Fiscal Year 2015 to implement an outpatient mental health program in Warren County for adult consumers age 21 and older. The focus of this RFP is to create or expand existing outpatient mental health service capacity in Warren County to support, enhance, and encourage the emotional development and improvement of consumer life skills in order to maximize health functioning. This initiative provides funding for an array of outpatient mental health services when such diagnosis has been determined by an appropriately licensed behavioral health professional and such services are provided in a coordinated fashion by an integrated multidisciplinary team.

Within this initiative, it is anticipated that one (1) award at an annual amount up to \$400,000 will be available to provide wellness services encompassing the provision of behavioral health care. The contract is renewable on a year-to-year basis.

Applicants must be public or private organizations or governmental entities licensed to provide mental health outpatient services. Alternatively, agencies not currently licensed as an outpatient facility must begin the licensure process to have the site, intended for service provision, licensed for outpatient services within 30 days of award and must be fully licensed and operational within the first year of the award or be subject to loss of funding. Applicants may contact the Department of Human Services – Office of Licensing at 609-633-6932 to begin the licensure process.

## **II. PURPOSE OF REQUEST**

DMHAS seeks proposals to provide a comprehensive outpatient service delivery system that meets the needs of individuals with mental health symptoms. This service is intended to provide viable, accessible, and effective therapeutic treatment for consumers to preserve or improve current functioning, strengths, and resources.

Mental health services must be designed and implemented in a manner which reflects recovery and wellness as an overarching value as well as an operational principle. That is, treatment services must embody the Substance Abuse and Mental Health Services Administration (SAMHSA) working definition of recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential, <http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/>.

The applicant must establish a comprehensive delivery system utilizing a multidisciplinary treatment approach of integrated or cross-trained, appropriately credentialed (SAMHSA, 2010) New Jersey licensed practitioners, who within their scope of practice, are permitted to diagnose and treat individuals with serious and persistent mental illness. Additionally, clinicians working with individuals who concurrently have a serious mental illness and/or substance use disorder are preferred to be dually

credentialed as licensed alcohol or drug counselors, or have two years of documented experience working in the addiction field. For the purpose of this RFP, a serious mental illness is defined as the presence of at least one disorder identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), other than a substance use disorder, for at least a 12 month period, that causes serious impairments in emotional and behavioral functioning. These diagnoses include, but are not limited to, the following:

- Schizophrenia;
- Schizophreniform Disorder;
- Schizoaffective Disorders;
- Delusional Disorder;
- Other Psychotic Disorders;
- Major Depressive Disorder Recurrent;
- Bipolar I Disorder;
- Bipolar II Disorder;
- Schizotypal Personality Disorder;
- Borderline Personality Disorder;
- Obsessive Compulsive Disorder; and
- Post-Traumatic Stress Disorder.

The service array includes the following services: comprehensive assessment; brief screening; on-site psychiatric evaluation; medication services (prescribing and monitoring); treatment planning; psychotherapy; crisis intervention; case management; and discharge planning.

### **III. REQUIRED SERVICE COMPONENTS**

#### **Psychiatric Evaluation**

Psychiatric evaluations are meetings between a psychiatrist or a qualified psychiatric Advanced Practice Nurse (APN) and the consumer in which the professional tries to glean information necessary to diagnose an emotional disorder. During this interview, the psychiatrist collects enough data about the individual, through input from the mental health, substance use and/or co-occurring evaluation, previous treatment records and consultation with the treatment team, to develop an initial psychiatric diagnosis and treatment plan, including pharmacotherapy.

#### **Integrated assessment**

The integrated assessment must be based on obtaining an integrated, longitudinal, strengths-based history. The history must incorporate a chronological description of the individual's functioning, including emphasis on the onset of the disorders, interactions between the disorders, effects of treatment, and identification of the factors that contribute to stability and relapse. The integrated assessment includes: intake evaluation; brief screening; full mental status evaluation; a detailed history of psychiatric and, where applicable, substance use and patterns; collection and review of previous treatment records and response to treatment (includes interactions between mental

illness and substance use and treatment); and the completion of relevant assessment tools, e.g., the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

Additionally, the comprehensive assessment will include information on abuse, neglect, domestic violence and trauma, the family situation including the constellation of the family group, the current living situation and recovery environment, as well as social, ethnic, cultural, emotional, and health factors. The assessment will also identify the consumer's education and work history, community resources currently utilized by the consumer, evaluation of the developmental age factors of the consumer, and evaluation of any language, self-care, and other areas of functioning which relate to the consumer's mental condition.

The integrated assessment must minimally be provided by a licensed clinical practitioner, such as a Licensed Professional Counselor (LPC), Licensend Clinical Social Worker (LCSW), and APN.

### **Medication Monitoring**

Medication monitoring is the ongoing assessment, evaluation, mental health monitoring and review of the effects of a prescribed medication. It is as a result of these visits that medications are adjusted, medical tests are ordered, and the consumer's response to treatment is evaluated. Medication monitoring services are performed by physicians or a psychiatric APN with a collaborating agreement with a physician.

### **Treatment Planning**

Treatment planning is a continuous collaborative process that guides service delivery through an array of services, including medication management, counseling, and case management. Appropriately credentialed staff work with consumers to develop personal goals and a strength-based service plan to address both emotional and substance abuse disorders as identified in the most recent edition of the DSM. Applicants must demonstrate how substance use disorder treatment will be provided or accessed. Counseling that promotes cognitive and behavioral skills is offered in different forms and formats to meet the consumer's readiness to change status. Staff shall fully consider the consumer's preferences when formulating the service plan as well as ensure that the consumer participates in the development of his or her treatment plan.

Treatment planning must incorporate evidence-based treatment services that are designed to help consumers become ready for more definitive interventions aimed at recovery-management (i.e., cognitive behavioral therapy and motivational enhancement therapy). Additionally, the treatment plan will address SAMHSA's Eight Dimensions of Wellness: emotional; physical health; social; environmental; financial; spirituality; occupational; and intellectual (<http://www.samhsa.gov/wellness>). Individual targets of the plan can include biological, psychological, cognitive, trauma informed care, interpersonal, legal issues, homelessness, antecedents or consequences to mental illness and substance use, dangerous behaviors and severe symptomology. Treatment

planning services must minimally be provided by clinically licensed professionals (e.g. LCSW, LPC, APN).

### **Case Management/Psychoeducational Services**

Case Management/Psychoeducational Services is a mutual exchange of information and education between the professional and the consumer or the professional and family members. These services increase the likelihood of family and community support to the consumer and support an individual's recovery. Case management and psychoeducational services may minimally be provided by Bachelors level case managers with a mental health background (preferably with addiction or peer support experience).

## **IV. APPLICANT 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 for-profit organization, non-profit organization, or governmental entity and document demonstrable experience in successfully providing mental health services and supports to adults who have severe and persistent mental illness in a manner fully consonant with recovery and wellness principles;
2. The applicant must be duly registered to conduct business in the State of New Jersey;
3. The applicant must demonstrate experience and success in providing services to the population of service recipients described in this RFP;
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 as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM);
5. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status; and
6. If the applicant is a for-profit entity, the applicant must obtain a business registration certificate from the New Jersey Department of the Treasury prior to the time the contract is awarded. For-profits may obtain this certificate at <http://www.state.nj.us/treasury/revenue/busregcert.shtml>.

## **V. CLUSTERING, INCENTIVES, AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE**

The award under this RFP will be clustered separately from other existing components for contract application and reporting until such time as the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenue generation. Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

Funding will depend on the availability of funds. Contract(s) will be for one year, and may be renewed annually. All application and expenditure data pertaining to these contract funds must be presented independently of any other DMHAS or non-DMHAS funded program of the applicant/contractee.

## **VI. CONTRACT OVERVIEW/EXPECTATIONS**

This contract supports salary costs of full-time or part-time licensed and credentialed staff who will provide mental health and co-occurring services to consumers for up to twelve (12) months. Expenses for other-than-personnel costs are also allowable. Funds are also available to support start-up expenses to cover the costs for purchase or leasing of equipment, and minor renovations or refurbishing existing space to support the staff. Proposed annualized budgets should be up to \$400,000, net of revenue.

This funding provides the ability for the awardee to create new capacity or expand existing capacity for a full array of services in outpatient mental health facilities. The outpatient mental health service array includes psychiatric evaluation, comprehensive assessment, medical consultation, medication monitoring, psychotherapy and crisis intervention. Clinical counseling services must be provided by a licensed clinical psychologist, LCSW, LPC, licensed rehabilitation counselor, or licensed marriage and family therapist (LMFT).

## **VII. GENERAL CONTRACTING INFORMATION**

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to; State loss of funding for the contract, insufficient infrastructure agency wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants 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 upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), P.L. 2005, c.51 and 271, Executive Order 117 and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

The awardee will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services' Contract Reimbursement Manual, and the Contract Policy and Information Manual. Manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DMHAS upon award, and may also be subject to a pre-award audit survey.

The contract award, as a result of this RFP, will be for one year, but may be renewed annually. 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. These resources may not replace existing DMHAS funding allocation.

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Award(s) under this RFP will be clustered separately from other existing components for contract application and reporting until such time as DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenue generation. Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

Contractees are expected to 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.

Agencies awarded funds through this RFP must have in place established, facility wide policies which prohibit discrimination against consumers of mental health, co-occurring and substance use prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from mental health, co-occurring, and substance dependence with legitimately prescribed medication/s. These policies must be in writing in a visible, legible and clear posting at a common location which is accessible to all who enter the facility.



## **VIII. MANDATORY BIDDERS CONFERENCE**

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

**DATE:** September 5, 2014  
**TIME:** 1:00 PM– 2:30 PM  
**LOCATION:** 222 South Warren Street  
1<sup>st</sup> Floor Conference Room  
Trenton, NJ 08625

To register for this mandatory bidder's conference, go to:  
<http://njsams.rutgers.edu/training/wcosproposal/register.aspx>

If you require assistance with this link, please contact Alicia Meyer, Coordinator, DMHAS, at [alicia.meyer@dhs.state.nj.us](mailto:alicia.meyer@dhs.state.nj.us) or at 609-777-0069, no later than two days prior to the Mandatory Bidder's Conference.

## **IX. SUBMISSION INSTRUCTIONS**

Proposals must be received by October 3, 2014 no later than 4:00 pm and include one (1) signed original and six (6) copies. In addition, the proposal must be submitted in PDF format (a single file is preferable) to [John.Verney@dhs.state.nj.us](mailto:John.Verney@dhs.state.nj.us) no later than 4:00 pm on October 3, 2014. Your email "subject" should include your agency name, and the proposal name and date.

The completed budget template file must be submitted in Excel format as an e-mail attachment to [John.Verney@dhs.state.nj.us](mailto:John.Verney@dhs.state.nj.us).

Proposals are not to be bound, stapled, placed into folders or binders of any kind that preclude easy photocopying. A simple, removable binder/gem clip is preferred. Please note that no format other than the PDF and six (6) hardcopies of the proposal narrative and budget, one (1) with an original signature will be accepted for this RFP. Proposals submitted after the deadline will not be considered.

Four hardcopies of the proposal and one copy in single file PDF format must also be submitted electronically by the same deadline to Shannon Brennan, Warren County Mental Health Administrator, [sbrennan@co.warren.nj.us](mailto:sbrennan@co.warren.nj.us).

Following is the contact information for the Warren County Mental Health Administrator:

Shannon Brennan, Mental Health Administrator  
Warren County Department of Human Services  
Division of Administration

1 Shotwell Drive  
Belvidere, NJ 07823  
1(908)475-6331  
[sbrennan@co.warren.nj.us](mailto:sbrennan@co.warren.nj.us)

Send the signed original and six (6) copies of your proposal to:

John Verney  
Office of Treatment and Recovery Supports  
Division of Mental Health and Addiction Services  
222 South Warren Street, 3<sup>rd</sup> floor  
P.O. Box 700  
Trenton, NJ 08625  
(609) 777-0708

Please note that if you send your proposal package through United States Postal Service two-day priority mail delivery to the P.O. Box, your package may not arrive in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use a private carrier's overnight delivery to the street address. You will not be notified that your package has been received.

#### **X. REVIEW OF PROPOSALS AND NOTIFICATION OF AWARD**

A DMHAS Review Committee comprised exclusively of DMHAS staff will review and score all proposals. Proposals will be rated on factors such as the scope, clarity, and quality of the proposal as well as the appropriateness and reasonableness of the budget. The Review Committee will assess evidence of cultural competence in each section of the narrative. The Review Committee may choose to visit an applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained.

An advisory group, consisting of consumers and family members, will review all proposals and provide input to the DMHAS Review Committee.

Additionally, the Warren County Mental Health Board will provide the DMHAS Review Committee with their recommendations. Input from both the Mental Health Board and the advisory group will be considered when the DMHAS Review Committee rates and scores the proposals. The DMHAS requests that the Warren County Mental Health Board provide their recommendations to John Verney (mailing address listed in Section IX) by October 27, 2014.

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' best interests in this context, also include, but are not limited to; loss of funding, inability of the Applicant to provide adequate services, indication of misrepresentation of information and/or non-

compliance with State and federal laws and regulations, any existing Department Contracts, and procedures set forth in the NJ Department of Human Services' Policy Circular P1.04.

The DMHAS will notify all applicants of preliminary award decisions no later than November 10, 2014.

## **XI. APPEAL OF AWARD DECISIONS**

Appeals of any award determinations may be made only by the respondents to this request for proposals. All appeals must be made in writing and must be received by the DMAHS at the address below no later than 4:00 pm on November 17, 2014. The written request must set forth the basis for the appeal and must follow DMHAS appeal procedures. These procedures are articulated in DMHAS' Administrative Bulletin 9:11 and may be found on the DMAHS website through the following link:

[http://www.state.nj.us/humanservices/dmhs/info/notices/adminbulletins/9\\_11.pdf](http://www.state.nj.us/humanservices/dmhs/info/notices/adminbulletins/9_11.pdf).

Appeals must be addressed to:

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services  
222 South Warren Street, 3<sup>rd</sup> floor  
PO Box 700  
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 appeals and render final funding decisions by November 24, 2014. The award will not be considered final until all timely appeals have been reviewed and final decisions rendered.

## **XII. REQUIREMENTS FOR PROPOSALS**

Applicants must provide a written description of each of the proposed service elements listed below. The proposal should be single-spaced, no smaller than 12 point font, not to exceed 20 pages. All proposals must include organized responses that clearly correspond to each category as delineated below. Items included in the Appendices do not count towards the narrative page limit.

### **History and Experience**

- Provide a brief narrative describing your agency's history, its primary purpose, target population and the number of years of experience. Include the agency's mission statement that indicates capacity to serve consumers with mental illnesses. Describe how your agency's experience and success demonstrate your ability to

provide the expected services to consumers.

- Describe, by modality, actual capacity and mental health licensed capacity (as indicated on the license). Please include supporting documentation of the agency's status as a licensed mental health facility or demonstrate the plan to become licensed as a mental health facility in the timeframe referenced in this RFP.
- If currently funded by DMHAS, identify any disciplinary action taken against your agency in the past five years. If applicable, please explain and include documentation as an Appendix.
- Identify any instances of your agency being debarred by any State, federal or local government agency, whether for funding being terminated or a negative action on a contract. If applicable, please explain and include documentation as an Appendix. Describe any active litigation in which your agency is involved. Also, describe any pending litigation of which your agency has been notified.
- Describe your agency's capacity to accommodate any and all consumers who take prescribed medications who present for admission into a licensed mental health treatment program. Include your policy(ies) as an Appendix.
- Describe your policies which prohibit discrimination against consumers with serious mental illness.
- Describe your agency's last continuous quality assurance effort. Describe any performance improvement issues that were identified. Identify the actions that were taken and the outcome.

## **Staffing**

- Specify the number of key personnel providing services to consumers with mental health and/or co-occurring substance use disorders. Include staff qualifications, skills, i.e., professional licensing and related experience, salary, and the number of compensated hours each staff person will devote to this project. Specify how substance use treatment, when needed, will be provided or accessed.
- Describe the management and supervision of clinical staff and the procedures for monitoring staff performance. Include the on-going staff training needs specific to integrated treatment services.
- Detail if services will be provided by current staff or if staff are to be hired for the current expansion, and include if staff will be bilingual. Specify access to linguistic capability in meeting consumer needs.

- Describe the agency plan for the recruitment of new hires pursuant to this contract including their qualifications i.e., professional licensing and related experience.
- Describe the agency's plan for employee retention.
- Include roles and job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract.
- Describe the proposed organizational structure that includes program staff, administration and support staff. Provide a copy in chart form in an Appendix.
- Detail your facility's hiring policies regarding background and credential checks, as well as past criminal convictions.
- Provide a list of names of any consultants or the consultants that your agency plans on utilizing for this contract, including their professional licenses and organizational affiliations.

### **Service Delivery**

- Demonstrate the need for the proposed level of service in the identified county and the impact that the expanded service array will have on meeting the needs of the community.
- Provide a proposed schedule for service accessibility demonstrating service activities, staff and treatment modalities. Please specify on which days and on which hours the proposed services will be offered, along with rationale for the schedule. Include how services will be covered on evenings and weekends by describing the after hour and on-call mechanism in place to respond to after hour and emergency contacts.
- Provide a detailed description of how the program will incorporate principles and dimensions of wellness, recovery, recovery management, and consumer-centered services. Include information on the use of peer supports, 12-step and other self-help group referral lists for those consumers with mental health and co-occurring substance abuse disorders.
- Detail how your agency will provide co-occurring treatment via an integrated multidisciplinary team. Provide a description and rationale of each service provided, including individual, group therapy, case management, psychoeducational and family therapies. Specify the anticipated caseload size per therapist and the percentage of direct service time and indirect service time spent by each therapist each month.

- Provide a detailed description of your agency’s admission policies and procedures for screening, assessing, referring, and treating consumers who present with mental health and co-occurring substance use disorders.
- Specify how the agency will manage a waiting list for service.
- Describe discharge plans and discharge policies.
- Include the proposed service population’s language, beliefs, norms and values, as well as how the proposed service will addresses issues of cultural competence and access for age and generational influences, disabilities acquired later in life, religion and spiritual orientation, ethnic and racial identity, sexual orientation, indigenous heritage, national origin, gender, and socioeconomic factors that must be considered in delivering services to this population.
- Clearly describe the facility’s Americans with Disabilities Act (ADA) accessibility for individuals with disabilities.
- Include a fully written description of the proposed evaluative processes that will be used to measure and evaluate the effectiveness of the program.
- Describe your agency’s plan to ensure capacity for assessing the achievement of required outcomes. Identify the specific consumer and system level outcomes your program will produce, including sufficient details on all data collection and data management activities. For consumer level outcomes, the use of reliable and valid measurement instruments is preferred. Outcomes related to consumer satisfaction are acceptable, but not sufficient.
- Describe any obstacles or barriers of implementation you foresee in operationalizing service delivery.
- Express a written assurance that if your organization is funded pursuant to this RFP:
  1. You will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to obtain approval and maintain certification may result in termination of the service contract;
  2. The organization will provide a statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and that the award will not fund or replace existing services; and
  3. The organization will separately track revenue, expenses and services applicable to the award and will not co-mingle revenue, expenses or services data with existing outpatient programs.

## **Budget Requirements**

Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the Excel template which will be distributed via e-mail after the Mandatory Bidder's Conference. The template contains three clearly labeled separate areas; one to show full annualized operating costs and revenues, one to show one-time costs, and one to show the phase-in operating costs and revenues from the time the program initiates activity through the point in time the program becomes fully operational, regardless of contract year.

E-mail the completed file to [John.Verney@dhs.state.nj.us](mailto:John.Verney@dhs.state.nj.us). A hard copy of the budget is also required to be included in the submission.

All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at:

<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>.

Budget notes are required to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues, must be included in the applicant's response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the proposal. Incorporate notes, to the maximum extent possible, on the budget file.

For personnel line items, staff names should not be included, but the staff position titles and hours per work week and credentials are needed. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current fringe benefits percentage. Provide the number of hours associated with each line of any clinical consultants so that cost per hour may be considered by evaluators.

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, providers currently contracting with DMHAS should limit G & A expense projections to "new" G & A only by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.

The information listed below is REQUIRED FOR PROVIDERS NOT ALREADY UNDER CONTRACT WITH DMHAS.



- A. A copy of the applicant's code of ethics and/or conflict of interest policy;
- B. A copy of the applicant's most recent organization-wide audited financial statements;
- C. A copy of the applicant's certification of incorporation;
- D. A copy of the applicant's charitable registration status (if applicable);
- E. A list of the board of directors, officers and their terms of office;
- F. A list of those persons responsible and authorized within the organization to approve and certify binding documents, reports and financial information;
- G. A list of the name(s) and address(es) of those entities providing support and/or money to help fund the program for which the proposal is being made;
- H. A statement of assurance that all Federal and State laws and regulations are being followed. (Signed and dated)(Attachment B);
- I. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Signed and dated) (Attachment C)
- J. N.J.S.A. 52:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (signed & dated); and
- K. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (signed and dated) only for For-Profit organizations.



**Attachment A**

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

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

Name of RFP \_\_\_\_\_

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

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable) \_\_\_\_\_

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

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

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: \_\_\_\_\_

\*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.

## **Attachment B**

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

#### **ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

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

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

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

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

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

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his

official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

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

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

## Attachment C

### Department of Human Services Statement of Assurances

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

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

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

\_\_\_\_\_  
Applicant Organization

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

\_\_\_\_\_  
Date

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

6/97

**Attachment D**

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



# Attachment E

## DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Applicant / Bidder: \_\_\_\_\_

### PART 1: CERTIFICATION

#### APPLICANT / BIDDER MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

#### FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list (on the web at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>) created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the NJ Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

### PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

Using attached sheets, provide a detailed, accurate and precise description of the activities of the bidding person/ entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above.

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (print): \_\_\_\_\_

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

Title: \_\_\_\_\_

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

**Attachment F**Schedule 4: Related Organization

Report on this schedule any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members, and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.

DHS (REV 7/86)

Agency: \_\_\_\_\_

Contract #: \_\_\_\_\_

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICE  
SCHEDULE 4: RELATED ORGANIZATION  
Page \_\_\_\_ of \_\_\_\_

Purpose:  
 Budget Preparation  
 Expenditure Report  
 Period Covered: \_\_\_\_\_ to \_\_\_\_\_

NAME OF RELATED ORGANIZATION(S)	TYPE OF SERVICES, FACILITIES AND/OR SUPPLIES FURNISHED BY THE RELATED ORGANIZATION(S)	EXPLAIN RELATIONSHIP	COST	NAME AND COLUMN NUMBER OF PROGRAM/COMPONENT CHARGED