STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

ENHANCED CARE MANAGEMENT FOR OPIOID USE DISORDER

September 18, 2017

Valerie Mielke, Assistant Commissioner

Division of Mental Health and Addiction Services

TABLE OF CONTENTS

I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Division of Mental Health and Addiction Services (DMHAS) to provide statewide Enhanced Care Management (ECM) for individuals with an Opioid Use Disorder (OUD) of high acuity as determined by DSM-5 criteria, or a previous opioid overdose episode. This program is designed to address the opioid crisis through the provision of a variety of support services through site-based and mobile opioid recovery services (MORS). A "one-stop" model of service coordination and delivery can facilitate holistic care for the clients who will be served through the ECM initiative, ideally programs with a "one-stop" model through which as many essential services as possible will be co-located at a particular site or sites. ECM combines care management, wraparound, and recovery services for individuals preparing for discharge from licensed treatment facilities that provide long-term residential, short-term residential, halfway house, inpatient withdrawal management and ambulatory withdrawal management. Services will also be available to individuals who are admitted to opioid maintenance outpatient and intensive outpatient and standard intensive outpatient services. Individuals with an OUD that will be released from NJ State Prison having completed the addiction treatment programs at Edna Mahon and Mid-State Correctional Facilities as well as NJ State Psychiatric Hospitals will also be eligible for services. Individuals discharged from health care facilities such as acute care hospitals, Veteran's Administration hospitals, etc. will also be eligible for ECM services.

The ECM initiative will utilize mobile teams and site-based services. ECM teams will be comprised of Care Managers, Care Coordinators, Nurses and Recovery Specialists. The goal of these services is to strengthen care coordination and provide access to support services that will enhance and promote recovery. The Care Manager will be the leader in the development and management of the care coordination team and individual client Care Plans. The Care Coordinator will work directly with individuals and service agencies to coordinate and facilitate services to address issues and needs that often occur concurrently with an OUD, such as: trauma, homelessness, incarceration, legal issues, employment, education, transportation, need for social services, health care and insurance, child welfare involvement, child care, vital records and other documentation, etc. The ECM Nurse will assist with issues related to physical health and will be responsible for coordination with primary and specialty healthcare services. ECM Recovery Specialists will provide non-clinical assistance and recovery support services.

The overall goal of ECM is to help individuals with an OUD access the Recovery Zone. Within the "recovery zone" the client acquires valuable relapse prevention skills from various means, according to what works best, to sustain recovery. Experiences are translated into valuable lessons and integrated into recovery plans that most closely reflect the client's needs, preferences and values. The outcome of sustained recovery is saving lives, families, communities and dollars. The term "recovery zone" refers to a state of sustained recovery characterized by long periods of abstinence, gainful employment, stable housing, and supportive and rewarding social and spiritual

connectedness. Interventions that support clients' entrance into and maintenance within the recovery zone improve the quality of life for individuals with opioid use disorders.

ECM will provide services guided by a recovery-based philosophy of care and will support individuals' continuing stability and wellness as they move through the recovery continuum. ECM encourages self-determination and promotes the understanding that the individual can recover from an OUD and re-establish meaningful roles and relationships in the community. ECM aims to increase individuals' recovery capital in order to help them sustain long-term recovery. The ECM team will support recovery by linking individuals to resources and services in the community, identifying factors that impact wellness and recovery, and modeling strategies on how to successfully manage an addictive disorder. The successful bidder will serve 1,800 clients annually.

Total annualized funding for this RFP is $29,993,880 subject to state appropriations. DMHAS anticipates making up to three (3) awards of $9,997,960 each. An additional $8,640,000 will be held in an incentive pool. Each awardee will have the opportunity to earn an additional $2,880,000 in incentives based on performance. DMHAS anticipates making one (1) award in each region (north, central, and south). The priority counties in each region are Camden, Essex, and Ocean, which should receive particular attention. The regions are defined as:

North:	Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren Counties
Central:	Hunterdon, Mercer, Middlesex, Monmouth, Somerset, Ocean, and Union Counties
South:	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties

Bidders applying for more than one (1) region must submit separate proposals for each region.

The following summarizes the RFP schedule:

Notice of Availability of Funds –	September 18, 2017
Mandatory Bidder's Conference –	September 29, 2017
Deadline for receipt of proposals –	October 30, 2017 no later than 4:00 p.m.
Preliminary award announcement –	December 8, 2017
Appeals deadline –	December 15, 2017
Final award announcement –	December 22, 2017
Anticipated award start date –	February 1, 2018

II. Background and Population to be Served

Under the leadership of Governor Chris Christie, New Jersey has responded to the state's increasing number of opiate overdose deaths and adverse events with numerous initiatives. The community of focus for this RFP includes individuals with opioid use

disorder throughout the state. Opioid use has become a pervasive problem throughout New Jersey, and does not discriminate in terms of its impact on individuals regardless of race, ethnicity or socio-economic status. As Governor Chris Christie poignantly stated in his 2017 State of the State Address "Our fellow citizens who are facing the disease of addiction do not deserve to be stigmatized….They do not deserve a life without hope….They are our husbands and wives. They are our brothers and sisters. They are our sons and daughters. We have the capacity to give them the tools they need to recover and we cannot fail to do so."

NJSAMS data indicated that heroin plus other opiates were the primary drugs accounting for 50%, or 38,334, of New Jersey's treatment admissions during 2016. Admission data for 2016 also indicated that 32% were employed full time/part time, 19% had some college, 65% smoked tobacco and 35% had no insurance.

The number of heroin-related deaths spiked sharply from 2014 to 2015, rising from 776 to 961, or 24%, in just one year. Even more shocking is the fact that illicit and prescription drug overdoses claimed 4.3 times as many lives as homicides (369), 3.4 times as many lives as firearm deaths (465), 2.8 times as many lives as motor vehicle crashes (562), and 2.1 times as many lives as suicides (772) in NJ in 2015.

Data collected by the NJ State Police Fusion Center, ROIC, on the administration of naloxone from law enforcement, advanced life support (ALS) and basic life support (BLS) services from January 1 to December 31, 2016, indicated that there were 8,007 statewide administrations.

The table below describes the scope of the problem in New Jersey's 21 counties.

County	Number of Heroin Overdose Deaths[1]	Heroin Overdose Death Rate[2]	Non-Fatal Overdoses[3]	Naloxone Deployment[4]	Treatment Admissions[5]
Atlantic	62	22.6	195	507	2679
Bergen	66	7.0	325	386	1190
Burlington	65	14.3	258	557	1216
Camden	125	24.5	594	756	2524
Cape May	29	30.6	65	181	1273
Cumberland	26	16.7	79	209	887
Essex	91	11.4	296	897	2800
Gloucester	43	14.8	231	475	1500
Hudson	71	10.5	381	398	1329

Hunterdon	11	8.8	55	57	369
Mercer	43	11.6	215	275	842
Middlesex	88	10.5	335	581	2239
Monmouth	97	15.4	387	572	2925
Morris	34	6.8	201	197	1124
Ocean	132	22.4	476	830	3973
Passaic	52	10.2	214	279	1813
Salem	13	20.3	27	98	255
Somerset	33	9.9	64	207	651
Sussex	24	16.7	108	87	671
Union	51	9.2	215	372	1386
Warren	17	15.9	72	86	441
Total	1173		4793	8007	32,087

1. 2015 - NJ Medical Examiner; 2. Per 100,000 – 2015; 3. Visits to NJ hospital emergency departments for opioid overdoses – NJ Discharge Data System/NJ Department of Health ICD-9 codes – 2014; 4. By law enforcement and EMS – 1/01/2016 – 12/31/2016; 5. Heroin and other opiates – 2015

By integrating care management with wraparound and recovery support services through this initiative, we intend to alleviate barriers and enable individuals to improve their health and wellness, live productive and fulfilling lives, and be able to reach their full potential. Care management will help individuals acquire needed resources and/or provide assistance with navigating multiple social service and health systems. Recovery specialists will help individuals with their most pressing early recovery needs in the four dimensions that support a life in recovery: health, home, purpose and community.

III. Who Can Apply?

To be eligible to apply for funding, the bidder must satisfy the following requirements:

- The bidder may be a non-profit or for-profit entity or governmental entity;
- If a bidder has a contract with DMHAS 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 of an application for funding;
- The bidder must be fiscally viable - based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;

- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies;
- The bidder must attend the Mandatory Bidders conference as described in the RFP;
- Must demonstrate the ability to provide mobile and site based services; and
- Must demonstrate the ability to provide and monitor case management activities electronically.

IV. Contract Scope of Work

This initiative will serve individuals with a severe OUD as defined in the DSM-5 and/or those who have experienced an opioid overdose. The ECM will be delivered through site-based and mobile services. ECM will consist of three providers who will serve the counties of greatest need, which are Camden, Essex, and Ocean/Monmouth, and maintain a primary office in those counties. Providers may consider additional office-based sites in the region. Each provider must serve the entire region in which that priority county is located. Each provider will serve 1,800 clients annually.

Expected Outcomes

ECM services will:

- Increase linkage to appropriate care and resources in the community;
- Screen, refer and coordinate trauma informed services;
- Reduce relapse and maintain individuals in the Recovery Zone;
- Engage peers to support participants and provide hope and understanding that individuals can recover from an OUD and re-establish meaningful roles and relationships in the community;
- Identify and address factors that could impact the individuals' wellness and recovery, as appropriate;
- Improve social connections and healthy social supports;
- Assist and link individuals with resources to enable them to obtain housing and/or sober living, employment and training/education;
- Promote improved recovery, wellness, and healthy lifestyles;
- Support individuals' access to a continuum of care that includes services such as Medication Assisted Treatment;
- Promote a recovery path that is dependent upon supports that work best for an individual, even when medication is part of the journey;

- Reduce identifiable physical health risks, including but not limited to HIV, pain management, hepatitis and other blood borne pathogen diseases; and
- Prevent the occurrence of an overdose.

Program Design

Potential program participants will be screened through the Interim Managing Entity (IME) Addiction Access Center. The IME will provide clinical, program and financial eligibility screening. Callers to the IME will be screened and given a warm handoff referral to the appropriate ECM. If a potential client is seen at an ECM provider or SUD treatment provider, they can call the IME and together complete the screening process.

For clients with a severe OUD who are being discharged from long-term or short-term residential, halfway house, residential or ambulatory withdrawal management, correctional facilities, state psychiatric hospitals, other health care facilities such as acute care hospitals, Veteran's Administration Hospitals, etc., the provider will call the IME for full screening for the ECM. The IME will "activate" the Regional ECM provider after which the ECM provider will dispatch a Care Manager and or Recovery Specialist to the discharging provider to interview the client and begin engagement in the ECM process.

For clients being admitted to opioid maintenance outpatient, opioid maintenance intensive outpatient or standard intensive outpatient, the intake and engagement process will be the same as described above.

The team must provide, at minimum, a weekly phone check in with the individual being served and a minimum of two face-to-face encounters per month. These services are in addition to the time spent in team meetings and activities to facilitate the individual's engagement in services. Teams must have the capacity to provide multiple contacts to persons in high need and a rapid response to early signs of relapse. The team has the capacity to increase and decrease contacts based upon the individual's progress and needs.

The bidder will also establish a telephone recovery support service (TRS) that will be available seven (7) days a week so clients can call for additional support when needed.

Length of stay in the program is variable. Successful discharge is based on the achievement of the recovery goals identified in the Care Plan and/or ability to function in all major life domains. When possible, providers will assist individuals in transitions to other counties, incarcerations and hospitalizations.

ECM should have flexible scheduling to allow the staff to be available outside of routine business hours as per a program schedule.

Although bidders are not required to provide all services, a "one-stop" model of service coordination and delivery can facilitate holistic care for the clients who will be served through the ECM initiative.

Staffing

At minimum providers should employ the following staff.

Site-Based Program Staff: Comprehensive Care Manager, Care Coordinator**,** Nurse(s), Recovery Specialist(s), Psychiatrists and/or Psychiatric APN

Mobile Opioid Recovery Services (MORS) Staff: Care Coordinator, Nurse, and Recovery Specialist

Training

The Recovery Specialists are required to attend off-site 18 hours (3 days) training provided by DMHAS on peer role functions, competencies, responsibilities and orientation to DMHAS multiple treatment initiatives. Agencies should budget training expenses for the Recovery Specialists since these are usually contract employees who work outside the standard 9 to 5 business day.

Mobile Opioid Recovery Services (MORS) staff will be required to attend a training provided by DMHAS.

ECM Required Services and Responsible Staff

Service	Service Description	Responsible Staff Member & Qualifications
Comprehensive Care Management	Comprehensive Care Management is the primary coordinating function in the ECM Project. The goal of Comprehensive Care Management is the assessment of client needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the individual's needs. The Care Plan is expected to include services in all life domains including but not limited to: Addiction treatment, trauma, physical health services, housing, employment/education, obtaining health insurance and copies of documentation (such as birth certificates), childcare, involvement with Child Welfare, co-occurring mental illness, peer services, transportation needs, recreation, family support, wellness and recovery services, dental, smoking cessation and legal services. The care manager will also	Comprehensive Care Manager LPC, LCSW, LCADC with Master's or other Master's or higher level clinical license.

	initiate and maintain affiliation agreements with support service providers.	
Care Coordination	Care Coordination addresses and coordinates services identified in the care plan. This can include engaging and retaining consumers in care, providing linkages, referrals, and coordination, monitoring and conducting follow-up activities to ensure the service plan is effectively implemented and adequately addresses client needs, following up with patients and families to support adherence with treatment guidelines, maintaining regular, ongoing contact with the client, health providers, and other providers, family and other community supports to ensure progress on implementing the care plan, and resolve any coordination problem encountered. This includes follow up when clients are receiving inpatient or emergency care and providing transition back to the service. Additionally, the care coordinator will link individuals to housing, employment, mental health services, supportive education and primary health services (including the Hepatitis C as referenced in this RFP)	Care Coordinator Bachelor's Degree at minimum in health, psychology, counseling, social work, education or other behavioral health profession. Must have at least two years addictions experience
Physical Health- Primary Care Screening and Monitoring, Education; and Coordination with Specialty Services and Pain Management	The ECM must develop protocols for health assessments and screenings. All participants will be screened for health indicators to include blood pressure, cholesterol, HgbA1c, diabetes, heart disease, HIV and other sexually transmitted diseases and Hepatitis A, B and C. Participants will be provided education on HIV, sexually transmitted diseases and Hepatitis A, B and C. All participants will be screened for chronic pain. If necessary, the program will refer to pain management and assist the individual in managing pain and exploring non pharmacological alternatives. The program will be responsible for providing primary care or coordinating referrals for care. The programs will also be responsible for follow-up and coordination with primary and specialty care providers to ensure that: care is coordinated with behavioral health care, clients follow through, and that the client does not receive conflicting or uncoordinated services such as contra- indicated medications.	Nurse RN minimum with experience in addiction and/or infectious disease
Health and Wellness	The ECM must utilize evidence-based health and wellness tools to educate and motivate behavioral changes in the areas of health, recovery and wellness. The initiative will support those with chronic disease and utilize evidence-based approaches to enable them to more effectively manage their condition.	Nurse RN minimum with experience in addiction and/or infectious disease

Peer Services	Peer services will be provided by Recovery Specialists. The Recovery Specialists will work with individuals to support and strengthen their capacity to engage in their personal recovery. The Recovery Specialist and the client will collaborate in the development of the client's Recovery Plan which will be one component of the overall Care Plan. The Recovery Specialist is a peer who will provide recovery support services based on the individual's preference and his/her assessed needs, support individuals as they move through the stages of change; assist individuals with accessing recovery support services in the community; be a positive role model by sharing experience, knowledge, hope, and skills; maintain relationships with the individual in order to assist him/her in the treatment engagement and retention process; reinforce, guide, and assure the individual that recovery is possible, and is built on multiple strengths, coping abilities, and the resources of each individual. The Recovery Specialist will also assist the individual participating in ECM with gaining skills and resources needed to initiate and maintain recovery; assist in creating and sustaining a social and physical environment that is supportive of recovery; enhance identification with and participation in the recovery community, empower individuals to make self-determined and self-directed choices about their recovery pathway; provide support in face to face meetings and/or telephone support - based on the individual's preference; help individuals maintain healthy community, family and social connections; provide training to clients on recognizing relapse triggers and strategies to deal with avoiding a relapse.	Recovery Specialist minimum two years of recovery and completion of DMHAS identified training program.
Psychiatric Consultation	The Psychiatrist or Psychiatric APN can provide direct service to clients and advise the Behavioral Health Clinician, treating clinician or the Collaborative Care Team members on patient care. This includes guidance regarding diagnostic or treatment challenges.	Licensed/Board Certified Psychiatrist or Licensed Psychiatric Advanced Practice Nurse

Service delivery should begin as soon as possible and no later than three months after grant award.

Budget

Providers will be required to leverage all existing payment options. The ECM will pay for services not reimbursed from other DMHAS Initiatives, private insurance or Medicaid. The ECM will pay for individuals not eligible for other payers as long as they meet financial or other eligibility criteria.

The total budget for each team is up to $9,997,960 per year to underwrite the ECM services. Up to $500,000 of these dollars may be used for start-up eligible expenses unique to the operation of the team including:

- Staff;
- Office space;
- Supplies;
- Equipment, including a vehicle, a lap-top computer, and cell phones for use by the team; and
- Resources to support the data reporting and outcomes.

Incentives

An incentive pool will be established. Each awardee has the opportunity to earn $2,880,000 in incentives. Performance-based incentive payments will be paid to providers, as follows:

Retention. If client remains in treatment for 90 days, payment will be $200.

Relapse Prevention. If client remains in the community for 5 months after completion of an episode of care, payment will be $300.

Overdose Prevention. If client does not experience an overdose for 6 months after admission to the ECM Program, payment will be $500.

Stable Housing. If a client is placed by ECM and remains in housing for 6 months payment will be $300.

Employment. If a client is placed by ECM in employment and remains for 6 months, payment will be $300.

Providers will be required to enter incentive information into the Performance Incentive Payment System (PIPS) provided by DMHAS in order to receive payment. Basic client information and the type of incentive for which payment is requested will be collected.

Data Collection/Evaluation

The successful bidder will be required to participate in the Division's program evaluation by responding to data requests from DMHAS and its third-party evaluator, utilizing the data collection system to be developed for this program, facilitating completion of consumer satisfaction questionnaires and any other monitoring activities. When requested, the successful bidder will use data collection forms developed by DMHAS. Providers must document units of service delivered and reasons for discharge.

The successful bidder will work with the Division's program evaluation team and other collaborative partners to identify specific program outcomes demonstrating the effectiveness of this service model. The provider will then be expected to report on these outcomes on a specified schedule..

The successful bidder will be expected to participate in the program evaluation conducted by the DMHAS contracted evaluator and to provide data on the following outcome measures:

1) Housing Status
2) Employment Status
3) Education/Vocational Status
4) Criminal Justice Involvement
5) Child Welfare Involvement
6) Social Connectedness/Self Help
7) ER Visits
8) Abstinence from Illicit Substances
9) Abstinence from Alcohol
10) Number of Overdoses
11) Receiving MAT
12) Engagement with Primary Care
13) Hepatitis C Screening and follow up
14) Engagement in SUD Treatment
15) Tobacco Use Screening and Cessation Intervention
16) Suicide Risk Screening
17) Trauma Screening and follow up

Other

Bidders must have the capacity to accommodate and serve individuals who present or are referred with legitimately prescribed medications.

V. General Contracting Information

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

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards 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 renewable for one (1) year at DMHAS' sole discretion and 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 the 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 the 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 bidder must comply with all fiscal, contract and program monitoring. Incentive payments may be held until there is assurance that the data are complete and accurate. This may require attestations by the provider that the incentives and outcomes were attained which will be subject to audit and monitoring.

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:	September 29, 2017
Time:	2:00 p.m.
Location:	DHS, 222 South Warren Street 1st Floor Conference Room Trenton, NJ

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify technical aspects of the RFP. This ensures that all potential bidders have equal access to information. Additional questions may be emailed to RFP.Submissions@dhs.state.nj.us until October 6, 2017. Responses to emailed questions will be distributed to all attendees of the Mandatory Bidders Conference. It is suggested that you bring a business card with you. 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/ecmoud/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 email RFP.Submissions@dhs.state.nj.us. For sign language interpretation, please email 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. Proposal Content

Proposals must address the following topics, and be submitted according to the following sections:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder History and Experience (10 points)

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population, the number of years' experience working with the target population, and history working collaboratively with other systems such as the medical community, child welfare, community social service providers and SUD treatment providers.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program. Attach a one-page copy of the agency's organizational chart showing the location of the proposed project and its links in the organization.
4. Describe how the provider will work with other agencies in the region to provide or coordinate the variety of services outlined in this RFP.
5. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
6. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
7. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A.10:5-1et seq.)
8. Describe the bidder's capability to sustain the project at the end of the contract.
9. Describe the bidder's current status and compliance with contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (40 points for One Stop Model)

In this section, the bidder is to provide an overview of how the services detailed in the scope of work will be implemented and the timeframes involved, specifically addressing the following:

1. Assessment and Care Plan Development- Describe how the team will determine client need, develop the care plan, and deliver the types of service needed on an appropriate schedule. This includes a description of the bidder's plan for identifying and meeting specific individual needs such as: trauma care, housing, employment, education or job training, legal issues, family, social and health needs. Provide a draft care plan that includes a recovery plan.
2. Services Delivered- A detailed description of the services to be provided by the proposed ECM team and the methods the team will use to deliver services. Attach a flow chart outlining the operational steps of the proposed program.
3. Coordination of Services- A detailed description of how the ECM team will access, coordinate and follow up on client participation in support services that are not delivered by the ECM team. Please indicate clearly which services you will provide directly at your agency and which will be delivered through a referral or affiliation agreement with another entity.
4. MORS Team- Describe the structure of the mobile team, how it will be dispatched, how individuals will be targeted for mobile services, hours of availability, response time, and how the MORS will coordinate with site based services.

5. Other Systems- Describe how the bidder will work with individuals discharged from state psychiatric hospitals, addictions treatment programs at Mid-State Correctional Facility and the Edna Mahon Correctional Facility for Women, and other health care facilities such as acute care hospital, Veteran's Administration Hospitals, etc. Include a description of how the Bidder will coordinate with these systems.
6. IME- A description of how ECM will coordinate with the Interim Management Entity (IME). Describe how the ECM will assure that it is available to the IME during business hours.
7. Response Time- Explain how the ECM team will respond within 24 hours upon receiving the referral. Include a description of how the bidder will work with treatment providers in the referral process. Include letters of support from residential and Opioid Treatment Providers that indicate that the bidder will be given access to the facility to interview and engage clients.
8. Cultural Competence- Provide a description of measures that will be taken to ensure that services are provided in a culturally competent, linguistically appropriate, and sensitive manner.
9. Trauma- Provide an evidence based trauma screening tool that will be used to identify individuals in need of trauma care. Also provide a description of how the provider will assure that all services will be trauma informed and how it will refer to and coordinate care for trauma. Identify in your proposal the entity that will be providing evidenced based trauma specific services to participants in the ECM, if not your agency, identify how you will coordinated and affiliate for these services.
10. Experience with Care Management- Describe the bidder's experience in successfully providing care management, wrap around services and recovery support services to the target population. Also describe how the provider has or will establish linkages with non-profit agencies, government, and service providers in the community in which the proposed program will be located or will be readily accessible by public transportation, and who could serve as resources for and/or provide off-site services.
11. Compliance with HIPAA and 42CFR- A description of obtaining individual consent for participation in the ECM program. Describe how to comply with HIPPA and 42CFR.
12. Barriers- Identify any anticipated barriers in meeting the goals of the program, and plans to overcome them.
13. Telephone Recovery Support- Describe your telephone recovery support services that will be available to clients seven (7) days a week as an additional support when needed. Please indicate the hours of operation.
14. Recovery Specialist-Explain how the provider will identify and establish professional boundaries and ethical guidelines the recovery specialists will adhere to in their work with clients. –
15. IT Capacity- Describe your IT infrastructure and capacity and how it will be used to support care management activities.
16. Program Implementation- Provide a description of the process and timeframe for program implementation, including how quickly the proposed ECM team can be assembled, trained and made operational. Also include a description of the proposed population of focus.

17. Schedule- Provide a work week schedule detailing how you will deploy staff to ensure 24 hours per day/ 7 days a week coverage to achieve optimum flexibility and responsiveness to individuals.
18. Sustainability- Provide a sustainability plan for this project or components of the project.
19. Affiliation Agreements- Include copies of affiliation agreements for services to be coordinated by the ECM to include but not limited to: IME, addictions treatment providers, mental health treatment providers, housing/sober living providers, employment services, education/vocational services.

Outcome(s) and Evaluation (10 points)
Provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure successes and/or setbacks associated with this project:

1. A description of how the bidder will assure that all required data are submitted to the state in a timely and accurate manner
2. Describe how the bidder will assure that it will complete data collection tools developed by DMHAS and cooperate with the DMHAS contracted evaluator.
3. Provide an attestation that they bidder will fully comply and participate with DMHAS and their designee in all evaluation activities.

Staffing (15 points)
Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff will be hired to meet the needs of the program.

1. Provide details of the Full Time Equivalent (FTE) and any Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
2. Provide copies of job descriptions and resumes as an appendix – limited to two (2) pages each – for all proposed staff.
3. Identify the number of work hours per week that constitute each FTE and PTE in the bidder's proposal.
4. Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
5. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
6. Provide the bidder’s proposed plan for staff development as an attachment.
7. The approach for supervision of program staff. Provide staff supervision schedule as an attachment.
8. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of

the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.

9. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (5 points)

1. A description of the plan for office space, vehicle, and any needs specific to this project.
2. A description of the manner in which tangible assets, i.e. computers, phones, other special service equipment, etc., will be acquired and allocated.
3. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (20 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

1. A detailed budget is to be submitted.
2. Budget notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal.
3. The name and address of each organization – other than third-party payers – providing support and/or funding to support the program for which the proposal is being submitted.
4. For all proposed personnel, the budget should identify the staff position titles and only staff names for current staff being allocated; and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & 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 pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of 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).

The documents listed below are also required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS. Audits do not count towards appendices 50 page limit.**

1. Most recent single audit report (A133) or certified statements (submit only two [2] copies); and
2. Any other audits performed in the last two (2) years (submit only two [2] copies).

VIII. Submission of 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 of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on October 30, 2017. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Helen Staton
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

OR

For private delivery vendor such as UPS or FedEx:

Helen Staton
Division of Mental Health and Addiction Services
222 South Warren Street, 4th Floor
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 U.S. Postal Service two-day priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely and, therefore, being deemed ineligible for RFP evaluation. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

In addition to the required hard copies, the bidder must also submit its proposal (including budget, budget notes, and appendices) electronically by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.
Go to: https://ftpw.dhs.state.nj.us.
Username - xbpupload
Password - Network1!
Directory - /ftp-dmhas/xbpupload

IX. Review of Proposals

There will be a review process for all timely submitted proposals. DMHAS will convene a review committee of public employees to conduct a review of each proposal accepted for review.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the combined score from the proposal narrative and budget as well as fiscal viability.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 (http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html).

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by December 8, 2017.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. on December 15, 2017. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, 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 December 22, 2017. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: 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 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 identifying the authorized staff and signatories for contract actions on behalf of the bidder;
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 [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, 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;
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: **Enhanced Care Management for Opioid Use Disorder**

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

_____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated individuals to be served: _____

Region in which services are to be provided (check one): North: ___ Central: ___ South: ___

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 RLI, including development of specifications, requirements, statement of works, or the evaluation of the RLI applications/bids.

- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).

- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of $100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.

- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of 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 – 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.