

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

REQUEST FOR PROPOSALS

Maternal Wraparound Program M-WRAP

April 11, 2017

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to develop intensive case management and recovery support services for opioid dependent pregnant and postpartum women. Opioid dependent pregnant women will be eligible for services through the Maternal Wraparound Program (M-WRAP) during pregnancy and up to one year after birth event. This program combines intensive case management, wraparound services and recovery supports for opioid dependent pregnant/postpartum women. Intensive case management will focus on developing a single, coordinated care plan for pregnant/postpartum women, their infants and families. Intensive Case Managers will work as liaisons to all relevant entities involved with each woman. Recovery Support Specialists will provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants.

The overall goal with this RFP is to alleviate barriers to services for pregnant opioid dependent women through comprehensive care coordination that is implemented within the five major timeframes. Additionally, care coordination that addresses screening, early intervention, assessment, treatment and recovery supports will help to improve outcomes for women, their infants and families. The M-WRAP model is intended to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure. There are five major timeframes when intervention in the life of the substance exposed infants (SEI) can reduce potential harm of prenatal substance exposure: pre-pregnancy, prenatal, birth, neonatal and early childhood. Traditionally, work related to SEIs has focused on pregnancy and the birth event. This program provides services during pregnancy and up to one year after birth event.

DMHAS and the Department of Children and Families (DCF) will provide total annualized funding of \$739,050 subject to State and federal appropriations. DMHAS anticipates making three (3) regionalized awards up to \$246,350 each in the following regions. Successful bidders must serve all of the target counties identified in the regions below. The counties were selected based on a high incidence of Neonatal Abstinence Syndrome (NAS) from 2014 data provided by the Division of Medical Assistance and Health Services and the number of unduplicated pregnant women seeking substance use disorder treatment in those counties during 2015 according to data from the New Jersey Substance Abuse Monitoring System.

North: Bergen, Essex and Union Counties
Central: Mercer, Middlesex and Ocean Counties
South: Atlantic, Burlington and Camden Counties

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

No funding match is required; however, bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

April 11, 2017	Notice of Funding Availability
April 25, 2017	Mandatory Bidders Conference
May 23, 2017	Deadline for receipt of proposals - no later than 4:00 p.m.
June 23, 2017	Preliminary award announcement
June 30, 2017	Appeal deadline
July 7, 2017	Final award announcement
October 1, 2017	Anticipated contract start date

II. Background and Population to be Served

In July 2014, New Jersey and nine other states submitted a successful application to the Substance Abuse and Mental Health Services Administration (SAMHSA) to participate on SAMHSA's Prescription Drug Abuse Policy Academy. New Jersey's Policy Academy team included representatives from the Department of Human Services, Division of Mental Health and Addiction Services (DHS/DMHAS), Department of Children and Families (DCF), Department of Health (DOH), Attorney General's Office, a Consumer, and a Behavioral Health Provider. New Jersey focused on aligning and coordinating the numerous statewide initiatives that are currently underway to address prescription drug abuse and other opioids. Simultaneously, New Jersey continues to work on a comprehensive unified approach where each State initiative supports and enhances the other. Opioid use in pregnancy, neonatal abstinence syndrome (NAS) and substance exposed infants (SEI) was identified by the group as an emerging issue.

As a SAMHSA Prescription Drug Abuse Policy Academy State, New Jersey was eligible to apply for a unique technical assistance opportunity through the SAMHSA supported National Center on Substance Abuse and Child Welfare (NCSACW) to address the multi-faceted problems of NAS and SEI. New Jersey DHS/DMHAS as the lead State agency partnered with DCF and DOH and submitted a successful application for In-Depth Technical Assistance (IDTA) (no funding attached). The IDTA goal is to develop uniform policies/guidelines that address the entire spectrum of NAS and SEI from pre-pregnancy, prevention, early intervention, assessment and treatment, postpartum and early childhood. The IDTA will also help New Jersey strengthen collaboration and linkages across multiple systems such as addictions treatment, child welfare, and medical communities to improve services for pregnant women with opioid and other substance use disorders and outcomes for their babies.

New Jersey's public treatment system data reflects an increase in substance using pregnant women accessing treatment services, and as such, substance-exposed infants (SEI). Reports also reflect an increase in NAS. New Jersey's 2015 treatment data from the New Jersey Substance Abuse Monitoring System (NJSAMS) report

reflects the most common substances used by New Jersey's pregnant women: heroin (59.8%/other opiates (9.7%); marijuana (13.5%); and alcohol (9.3%). Of the 11,796 women admissions to drug treatment programs for heroin and other opiate addiction in 2015, about 19 percent were 18 to 25 years old (period of high fertility).¹

Each year, an estimated 400,000-440,000 infants nationally, (12.6% of all births) are affected by prenatal alcohol or illicit drug exposure.² Prenatal exposure to alcohol, tobacco, and illicit drugs has the potential to cause a wide spectrum of physical, emotional, and developmental problems for these infants. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible. Data from the NJ Division of Medical Assistance and Health Services indicated there were 528 NAS births to 41,829 Medicaid mothers in 2014.

The Association of State and Territorial Health Officials (ASTHO), report on "*Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care*"³, indicates that during pregnancy, universal screening efforts and enhanced substance use disorder services, including accessible medication assisted therapy (MAT) for all women who need it, are important goals. At birth, the systematic approach to screening infants, monitoring for withdrawal signs using a scoring tool, and managing care for the mother and infant offer numerous opportunities for improving outcomes. Enhanced services for the family such as family centered services should also be considered for the infant's optimal care and development over the long-term.

According to the NCSACW, the types of agencies and professionals involved in providing treatment and other services to pregnant women with opioid use disorder and their infants can vary widely from one community to another.⁴ A considerable range and mix of approaches, settings, programs, and professionals might be involved, and health and social service systems typically operate and intersect in ways that are unique to each community. This mixture of participating systems and relationships impacts service coordination. For example, within the medical care system multiple specialty providers such as obstetricians/gynecologists, neonatologists, primary care physicians and pediatricians may provide treatment to a woman and her infant during the prenatal and postpartum period. Substance abuse treatment is delivered in a variety of settings such as residential facilities, outpatient clinics or private physicians who provide MAT,

¹ Adolescents < 18 were transferred to New Jersey's Children's System of Care. Admissions could be duplicated clients.

² Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, *National Survey on Drug Use and Health, 2011-2014*.

³ The Association of State and Territorial Health Officials. *Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care*. <http://www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report/>. 2014

⁴ National Center on Substance Abuse and Child Welfare. *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers*. <https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>. (nvolved)

etc., using a combination of therapeutic approaches. New Jersey's Prevention System of Care is a coordinated system of care that includes maternal and child health, infant/early childhood mental health, early intervention services, early care and education, child welfare, and parent/family support services. NJ's Prevention System of Care integrates the use of the Perinatal Risk assessment (PRA) that incorporates the 4P's Plus tool that screens for tobacco, and other drug use, and domestic violence. The NJ's Prevention System of Care promotes early identification and linkage of pregnant women and parents of young children to voluntary evidenced based home visiting services, and other appropriate community based services and supports. (See Attachment 1 for a diagram of the NJ Prevention of Care process). The multiple systems involved in the woman's care can be a challenge and barrier when coordinating services between providers, agencies, and other organizations.

SEI impacts multiple State systems such as DCF, DHS and DOH. There should be strong collaboration and communication among the state systems to ensure linkages of pregnant and postpartum women occur within the five intervention timeframes. Since many SEI's are not identified prenatally or at birth, an approach that addresses all stages of development for the affected child is critical. The M-WRAP model seeks to accomplish a more comprehensive approach that takes multiple intervention opportunities into account.

III. Who Can Apply?

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

- The bidder must be a non-profit or governmental entity;
- For a bidder that has a contract with DMHAS or DCF in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debsearch.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; and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

IV. Contract Scope of Work

DMHAS seeks proposals to establish a regional maternal wrap-around program in each of the three regions (North, Central and South). Successful bidders must serve all of the counties identified in their region. Successful bidders will provide intensive case management, wraparound services and recovery supports to thirty (30) unduplicated

opioid dependent pregnant women (during pregnancy and up to one year after birth event) and their infants and families through the M-WRAP. Intensive Case Managers will provide care coordination and warm hand-offs to appropriate service providers when necessary. Care coordination should be initiated with the New Jersey Prevention System of Care that consists of local Central Intake (CI) hubs in each county. Central Intake is a comprehensive prevention system that provides one single point of entry for access, assessment and referral to family support services in a community. This enables CI to reduce duplication of services and increase supports for families to improve prenatal care, birth outcomes, early learning, and preventive care. CI strengthens care coordination and systems integration across sectors by improving communication between families and providers. Attachment A provides a diagram of New Jersey's Central Intake process. The services in the local hub are specific to the services in that county. (See Attachment 2 for a list and contact information for the local county hubs).

Recovery Support Specialists will provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants. The M-WRAP program will alleviate barriers through comprehensive care coordination using a multisystem approach with the goal to improve outcomes for pregnant/postpartum opioid dependent women and their children.

Service delivery should begin as soon as possible and no later than four (4) months after grant award.

The primary programmatic components are detailed below:

Consumer Eligibility

Opioid dependent pregnant women will be eligible for services through M-WRAP during pregnancy and up to one year after birth event. M-WRAP consumers' gross annual household income must be less than or equal to 350% federal poverty level. Consumer referrals may come from entities such as prenatal clinics, Federally Qualified Health Centers (FQHC), DCF, Central Intake, and Boards of Social Services. Referring entities must use appropriate screening instruments such as 4P's (Parents, Partner, Past and Pregnancy) prior to making the referral to M-WRAP. Contractee will screen the referred women using an evidence based screening tool designed for substance use disorder found on <https://www.samhsa.gov/nrepp>.

Program Design

The M-WRAP will be expected to be available to provide services for thirty (30) women and their infants and families. After normal business hours, the M-WRAP staff must be accessible by telephone so that coverage is 24 hours a day/seven (7) days a week to achieve optimum flexibility and responsiveness to consumer. It is expected that at all times the caseload will not fall below thirty (30).

The total budget for the M-WRAP is up to approximately \$246,350 per year to underwrite the supportive services team. Eligible expenses unique to the operation of M-WRAP include:

- Staff;
- Office space;
- Supplies; and
- Equipment, including a vehicle, a lap-top computer, and cell phones for use by staff.

All proposals shall include an extensive collaboration with the systems that will provide services to the pregnant woman. This would include providing affiliation agreement(s) with FQHCs, maternal and child health consortia, licensed substance use disorder (SUD) treatment providers including Opioid Treatment Programs (OTPs), labor and delivery hospitals, county Central Intake, hubs, formal services such as other systems and other related support services. Affiliation agreements must ensure all providers (SUD treatment and MAT, medical community, social services, child welfare, etc.) share information.

Bidders must demonstrate an understanding of Division of Child Protection and Permanency (DCP&P) abuse/neglect reporting requirements and their responsibilities in this area. Bidders should describe their agency policy/practice for ensuring that reporting occurs when needed, as well as how this is managed with respect to the provider/client relationship and the services being funded under this RFP.

Successful bidders must assist in linking women to other appropriate services where there may be barriers to accessing treatment, such as transportation.

Successful bidders will also have protocols and procedures regarding pregnant women and how they will collaborate with the hospital social worker and/or hospital staff to ensure coordination and access of MAT services.

Staffing

Case Manager (1 FTE)

The Case Manager must possess a Bachelor's degree in health, psychology, counseling, social work, education or other behavioral health profession. The Case Manager must possess the knowledge, skills and experience necessary to competently perform case management activities. The Case Manager must have at least three (3) years' experience working with high need families involved with substance use and mental health disorders. The Case Manager must have training/education in trauma informed services. The Case Manager shall demonstrate evidence of working with populations with substance use and co-occurring mental health disorders or evidence of addiction coursework. The Case Manager shall possess knowledge in systems that provide services for women and their families such as maternal health, early childhood intervention, child welfare etc. The Case Manager will work with women and their families to support and strengthen their capacity to engage in health practices and to

maintain stable homes through a family centered approach that includes her significant other and her children. The Case Manager is expected to maintain a caseload of 30 families. Additional Case Manager responsibilities include the following:

- Provide a comprehensive Case Management Assessment that includes life domains such as housing, finances, transportation, legal services, vocational, employment, health and behavioral health care, and family strengths/needs;
- Develop an Integrated Family Case Plan that is consumer and family-centered and includes strategies for recovery. The plan shall identify priorities, desired outcomes and the strategies and resources to be used in obtaining outcomes based on the case management assessment;
- Develop a Prenatal Coordinated Care Plan that includes:
 - Linkages and follow-through with prenatal care coordination;
 - Locating and connecting with a local OB/GYN or prenatal clinic and ensuring the woman is fully participating in prenatal care;
 - Linking women with substance use disorder treatment with gender-specific services that is family focused, and accessible including access to Medication Assisted Treatment (MAT) which is the standard of care for pregnant women with opioid addiction;⁵
- Develop a “Plan of Safe Care” that anticipates coordination and collaboration with DCF at the time of birth and addresses the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services. The Plan shall be developed prior to the birth event whenever possible and in collaboration with treatment providers, health care providers, early childhood service providers, and other members of the multidisciplinary team as appropriate. Documentation of the Plan shall be included in the mother’s record;
 - Referrals to early intervention services, community services, Women, Infants, and Children (WIC), etc.;
- Cultivate information sharing between all providers on woman’s progress and challenges such as prenatal/nutritional care; MAT dosage changes, SUD treatment progress, smoking cessation, housing, transportation and child care, etc. after securing informed consent from each woman;
- Link to appropriate care and resources in the community including resources that address specialized needs, such as agencies providing services related to HIV/AIDS, mental health disorders, chronic and acute health problems and problems stemming from involvement with the criminal justice system;
- Coordinate needed interventions and services provided by multiple agencies;
- Conduct home visits at least twice monthly, or more often as indicated by the case management assessment and Family Case Plan;
- Maintain regular contact with the woman, at least twice monthly or more often if indicated; This can be face-to-face or telephonic;
- Refer and increase connections to supportive services, i.e. Central Intake, local Perinatal Cooperatives, applying for home visiting services as needed;

⁵ Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. *Treatment Improvement Protocol (TIP) Series, No. 43*. Chapter 13. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2005.

- Prepare woman for birthing including potential for child welfare involvement, NAS if on MAT or using opioids, accessing pediatrician familiar with prenatal exposure, preparing for living and care arrangements for infant
- Advocate on behalf of the family;
- Develop and maintain professional relationships with community service providers for both mother and her infant;
- Link families with appropriate services such as housing, primary care, childcare, mental health services, early intervention services, appropriate evidence-based home visitation services, and other services accessible through the NJ Prevention System of Care
- Organize team meetings as necessary to bring all formal systems together on behalf of the woman from pregnancy through postpartum;
- Attend meetings such as SUD/Child Welfare consortia, Perinatal Addictions meetings as needed;
- Maintain on-going contact with service providers that includes progress reports, status updates and any other critical information; and
- Participate in multidisciplinary meetings as needed.

Recovery Specialist (1 FTE and .50 FTE)

The Recovery Specialist with a minimum associate's degree preferred; high school diploma or equivalency required, will provide recovery support and peer coaching to the program participants. The Recovery Specialist must have two years' experience in the guiding principles of recovery that assist individuals to improve their health and wellness, live a self-directed life, and reach their full potential. The role of the Recovery Specialist shall include, but is not limited to the following:

- Develop a Recovery Plan which should include culturally competent and relevant services and identify the individual goals with measurable objectives the woman wishes to achieve, assess the strengths she has that can be used to work towards those goals, identify barriers that can inhibit goal attainment, and monitor the progress made attaining those goals;
- Educate the woman on how to appropriately navigate treatment, social service and recovery support systems;
- Provide recovery support services based on the woman's preference and her family's assessed needs;
- Ensure the woman engages in services for herself and infant;
- Work collaboratively with the Case Manager to ensure the woman engages in services for herself prenatal, postpartum up to one year;
- Be a positive role model by sharing experiential knowledge, hope, and skills;
- Maintain relationships with the woman in order to assist her in the treatment engagement and retention process;
- Reinforce, guide, and ensure the woman that recovery is possible, and is built on multiple strengths, coping abilities, and resources of each individual;
- Assist the woman with gaining skills and resources needed to initiate and maintain recovery;

- Assist in establishing and sustaining a social and physical environment supportive of recovery;
- Enhance identification and participation in the recovery community;
- Advocate for appropriate and effective community treatment and recovery;
- Empower individuals to make self-determined and self-directed choices about their recovery pathway;
- Provide an initial face-to-face meeting and telephone support; and
- Maintain follow-up during pregnancy and one year after birth.

Program Supervisor (.25 FTE)

The Program Supervisor must possess an LPC, LCSW or other Master's or higher level clinical license and will be responsible for the supervision of the Case Managers and Recovery Specialists. S/he shall demonstrate evidence of working with substance use disorder population and/or evidence of addiction coursework. The Program Supervisor will also be responsible for case manager duties as needed listed below. S/he will also be responsible for the following:

- Communicate regularly with the DMHAS Coordinator of Women's Services;
- Demonstrate progress toward program goals;
- Supervise program staff;
- Coordinate and monitor of program services;
- Collaborate with systems partners to ensure coordination of care;
- Deliver services in a culturally competent manner; and
- Improve the scope and capacity of the delivery system in order to ensure program sustainability.

Data Collection/Evaluation:

The successful bidder will be required to comply with the Division's program evaluation by responding to data requests from DMHAS, participating in the data collection system to be developed for this program, facilitating completion of consumer satisfaction questionnaires and any other monitoring activities. The successful bidder will provide client-level data including number and type of units of service using data collection forms developed by DMHAS and DCF.

The successful bidder will work with the Division's program evaluation team, DCF, and other collaborative partners to identify specific program outcomes demonstrating the effectiveness of this service model. Examples of outcomes to be measured include: alcohol use, drug use, homelessness, employment, education, birth outcomes, child and family well-being, involvement with DCP, etc. The provider will then be expected to report on these outcomes every six months.

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/>.

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: April 25, 2017
Time: 1:30 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 April 28, 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/mwp/register.aspx>. Additionally, if you require assistance with this registration link, please contact RFP.Submissions@dhs.state.nj.us no later than two (2) days prior to the Mandatory Bidders Conference.

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

VII. Required Proposal Content

All bidders must submit a written narrative proposal that addresses the following topics, and adheres to all instructions and includes required supporting documentation noted below:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (10 points)

Provide a brief and concise summary of the bidder's background and experience in implementing this or related types of services and explain how the bidder is qualified to fulfill the obligations of the RFP. The written narrative should:

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population, 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 organization chart showing the location of the proposed project and its link in the organization.
4. 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.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
6. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A.10:5-1et seq.).
7. Describe the bidder's sustainability plan for the project at the end of the contract.
8. Describe the bidder's current status and compliance with DHS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (40 points)

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

1. The bidder's approach satisfies the requirements as stated in the RFP.
2. The bidder's understanding of the project goals and measurable objectives.
3. Attach a flow chart outlining the operational steps of the proposed program.
4. Attach a logic model consisting of: needs statement; goals; objectives; inputs such as resources for example funding, staff, etc.; activities; outputs for example level of service, number of individuals receiving services and referrals, etc.; and expected outcomes.
5. Description of all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein.
6. Description of any other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
7. The evidence-based practice(s) that will be used in the design and implementation of the program.

8. Description of bidder's extensive collaboration with the systems that will provide services to the pregnant woman such as FQHCs, prenatal clinics, licensed substance use disorder treatment providers including OTPs, maternal and child health, labor and delivery hospitals, community services such as housing, WIC, child welfare, etc.
9. Provide an attestation that bidder will have affiliation agreements with FQHCs, maternal and child health consortium, licensed substance use disorder treatment providers including OTPs, labor and delivery hospitals, formal services such as other systems and other related support services. Affiliation agreements must ensure all providers (SUD treatment and MAT, medical community, social services, child welfare, etc.) share information. Affiliation agreements with labor and delivery hospitals must include protocols and procedures regarding pregnant women and how they will collaborate with the hospital social worker and/or hospital staff to ensure coordination and access of MAT services. Attach applicable existing and draft affiliation agreements.
10. Attach a draft comprehensive Case Management Assessment that includes life domains such as housing, finances, transportation, legal services, vocational, employment, health care, and family strengths/needs.
11. Attach a draft Integrated Family Case Plan that is consumer and family-centered and includes strategies for recovery. The plan shall identify priorities, desired outcomes and the strategies and resources to be used in obtaining outcomes based on the case management assessment.
12. Attach a draft Prenatal Coordinated Care Plan that includes:
 - a) Linkages and follow-through with prenatal care coordination;
 - b) Locating and connecting with a local OB/GYN or prenatal clinic and ensuring the woman is fully participating in prenatal care; and
 - c) Linking women with substance use disorder treatment with gender specific services that is family focused, and accessible including access to Medication Assisted Treatment.
13. Attached a draft "Plan of Safe Care" that anticipates coordination and collaboration with DCF at the time of birth and addresses the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services.
14. Description of protocols and procedures to ensure that in situations of possible child abuse or neglect, the applicant will immediately report the matter to DCPD as mandated by, and in accordance with, N.J.S.A. 9:6-8.10 and 8.14, and N.J.S.A. 2C:43-3 and 43-8.
15. Description of protocols and procedures to linking women to other appropriate services where there may be barriers to accessing treatment, such as transportation.
16. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
17. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure. Services are expected to begin within four (4) months of grant award.

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. The bidder's approach to measurement of consumer satisfaction.
2. The bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Details about any an outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
5. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.

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. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) and 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.
3. Provide copies of job descriptions and resumes as an appendix – limited to two (2) pages each – for all proposed staff.
4. Identify the number of work hours per week that constitute each FTE and PTE in the bidder's proposal.
5. Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
6. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. Provide the bidder's proposed plan for staff development as an attachment. Trainings shall include neonatal abstinence and substance exposed infants, MAT, cross-systems collaborations, and trauma informed care.
8. The approach for supervision of program staff.
9. 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.
10. 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)

The bidder should detail its facilities where its normal business operations will be performed and identify equipment and other logistical issues, including at a minimum:

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

Budget (20 points)

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

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

1. A detailed budget using the Annex B Excel template is required. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Section 2 - Proposed one-time costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per 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 the following appendices to a total of 100 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Program Flow Chart;
4. Logic Model;
5. Draft Comprehensive Case Management Assessment;
6. Draft Integrated Family Case Plan;
7. Draft Prenatal Coordinated Care Plan;
8. Draft "Plan of Safe Care";
9. Job descriptions of key personnel;
10. Resumes of proposed personnel if on staff, limited to two (2) pages each;
11. 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;
12. List of the board of directors, officers and terms;
13. Copy of documentation of the bidder's charitable registration status;
14. Original and/or copies of letters of commitment/support;
15. Department of Human Services Statement of Assurances (RFP Attachment C);
16. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
17. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
18. 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**. The following items are not counted toward the 100 page appendices 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 Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier 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. Eastern Daylight Time on May 23, 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 June 23, 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. Eastern Daylight Time on June 30, 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 July 7, 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.

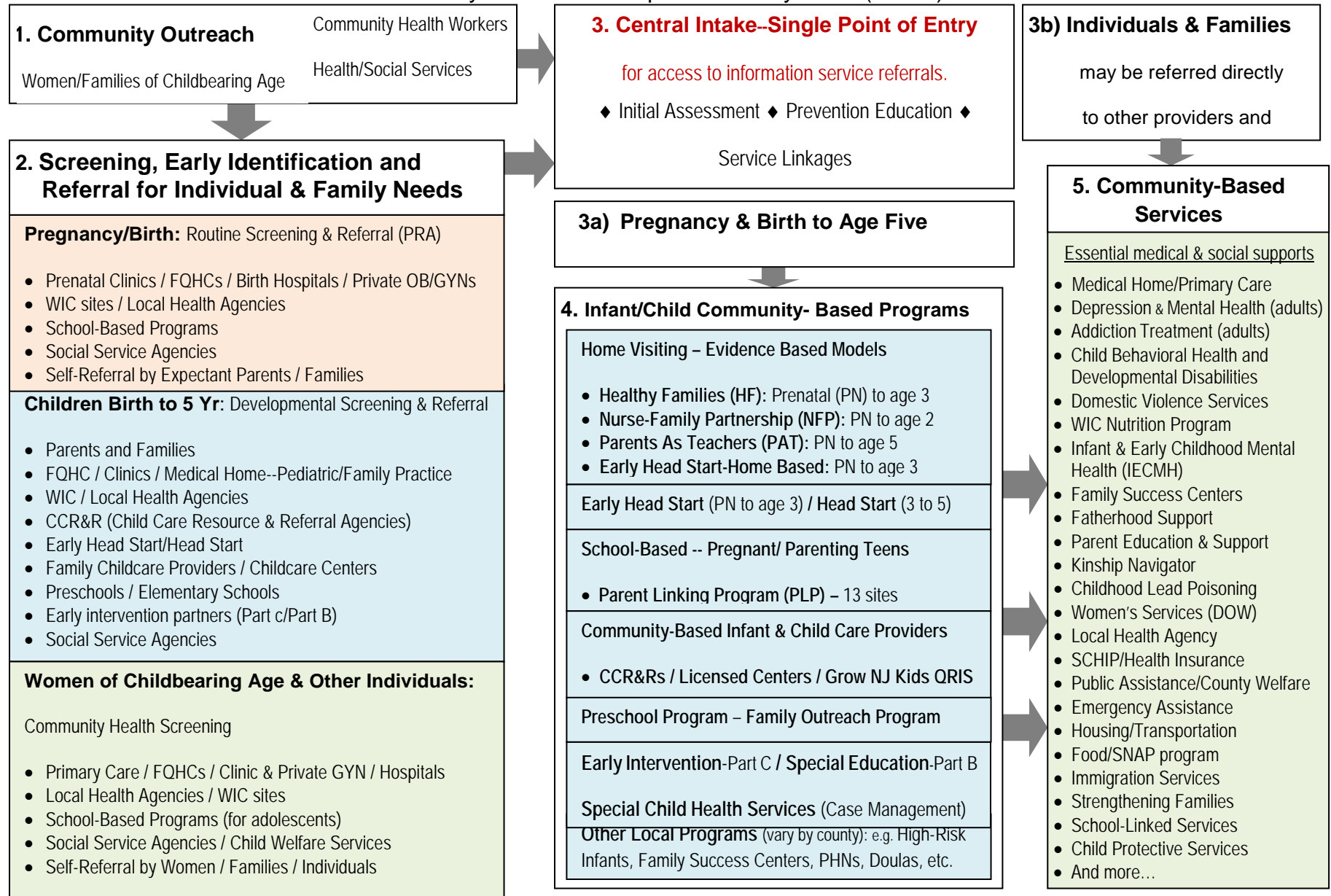
1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as 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 1

New Jersey Prevention System of Care updated 4-5-16
Life course and Early Childhood Comprehensive Systems (ECCS) Model



**Department of Children & Families and Department of Health
Central Intake Contact Information**

New Jersey now has a statewide network of central intake hubs encompassing all 21 counties. Central Intake provides pregnant women, families and providers with easy access to resource information and referrals to local community services that promote child and family wellness. The range of services include—prenatal care, infant/child health, family planning, nutrition/WIC, home visiting (Healthy Families, Parents As Teachers, Nurse-Family Partnership), Head Start/Early Head Start, child care services, preschool programs, Family Success Centers, early intervention, special child health services, behavioral health, domestic violence support, financial needs/public assistance services, substance use/addiction treatment and much more.

The primary focus of central intake is to facilitate linkages from pregnancy to age five. The county-level hub is a single point of entry that helps to simplify the referral process, improve care coordination, and ensure an integrated system of care. Local central intake staff remain up-to-date on the local array of available services, and works closely with families and provider partners to ensure that referrals best match a family's needs based on program eligibility, language/culture and other considerations.

#	County	Lead Agency	Name of County Central Intake	Central Intake #
1	Atlantic	Southern NJ Perinatal Consortium	The Connection	1-800-611-8326
2	Bergen	Partnership for Maternal & Child Health of Northern NJ	Bergen Central Intake	973-942-3630 x11
3	Burlington	Burlington Community Action Program	Burlington Connections	855-616-2227
4	Camden	Southern NJ Perinatal Consortium	The Connection	1-800-611-8326
5	Cape May	Robins' Nest	Cape Connect	609-407-0040
6	Cumberland	Robins' Nest	CGS Connect	856-431-4180
7	Essex	Prevent Child Abuse NJ	Essex Pregnancy and Parenting Connection	973-621-9157
8	Gloucester	Robins' Nest	CGS Connect	856-431-4180
9	Hudson	Partnership for Maternal & Child Health of Northern NJ	Hudson Central Intake	201-876-8900 x 221
10	Hunterdon	Central Jersey Family Health Consortium	Family Connections Central Intake	888-551-6217
11	Mercer	Children's Futures	Mercer Central Intake	609-695-1977 x 102
12	Morris	Partnership for Maternal & Child Health of Northern NJ	Morris Central Intake	973-343-2650
13	Middlesex	Central Jersey Family Health Consortium	Family Connections Central Intake	1-888-551-6217
14	Monmouth	Central Jersey Family Health Consortium	Family Connections Central Intake	1-888-551-6217
15	Ocean	Central Jersey Family Health Consortium	Family Connections Central Intake	1-888-551-6217
16	Passaic	Partnership for Maternal & Child Health of Northern NJ	Passaic Central Intake	973-942-3600 x14
17	Salem	Robin's Nest	CGS Connect	856-431-4180
18	Somerset	Central Jersey Family Health Consortium	Family Connections Central Intake	1-888-551-6217
19	Sussex	Project Self-Sufficiency	Project Family Connect	1-844-807-3500
20	Union	Partnership for Maternal & Child Health of Northern NJ	Union Central Intake	908-353-7171 x105
21	Warren	Project Self-Sufficiency	Project Family Connect	1-844-807-3500

Updated 9-6-2016

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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: **Maternal Wraparound Program (M-WRAP)** _____

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 consumers 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 RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

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

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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