



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

REQUEST FOR PROPOSALS

**Open Access to Medications for Opioid Use Disorder in
Homeless Shelters**

February 13, 2024

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to increase access to Low Threshold medication assisted treatment and other ancillary services for individuals with a substance use disorder (SUD) through programming available at homeless shelters that are licensed by **New Jersey Department of Community Affairs' Bureau of Rooming and Boarding House Standards and outlined in state regulation N.J.A.C. 5:1**. Successful bidder shall develop the capacity to provide medication and support services for individuals who reside or drop in at homeless shelters.

The guiding principles of Low Threshold medication include the following and services must adhere to these principles:

- a. Increased Access through same-day entry and medication,
- b. Harm Reduction approach with education, naloxone, etc. and with no requirements for counseling,
- c. Wide availability and meeting individuals "where they are" using mobile outreach and/or telehealth, and
- d. Flexibility in not having requirements for in-person appointments, psychosocial counseling, meeting attendance, or drug testing.

The successful bidder to this RFP shall initiate medication for SUD and maintain the individual on that medication or transition the individual to a community provider for continued treatment, including, but not limited to: an Office Based Addictions Treatment (OBAT) provider or licensed treatment provider that can administer buprenorphine and other medications for SUD, as well as deliver the appropriate level of counseling, or other appropriate support service if the individual is willing to engage in this level of service. There shall be no gaps in medication, caused by the provider or providers, for individuals served in this program. It is expected that providers shall use funds for all of the following: (1) identify and designate a Champion within the homeless shelter who shall lead the shelter's efforts to provide medication for SUD; (2) initiate same-day medications; (3) contract or employ staff with the credentials to prescribe medications via low threshold services; (4) contract or employ care coordinators/case managers, and peers, to connect and engage patients in treatment and social services and to assist patients with care transitions; (5) create a welcoming and non-stigmatizing atmosphere for individuals seeking medications; (6) provide naloxone as an overdose prevention medication, (7) connect individuals to an affiliated Federally Qualified Health Center (FQHC) for the treatment of physical and mental health concerns and chronic pain; and (8) implement harm reductions strategies and interventions to address SUDs, primarily opioid use disorder (OUD) and alcohol use disorder (AUD).

New Jersey has designated two Centers of Excellence (COE) in the treatment of SUDs, one at Rowan University/Cooper Medical School in Camden, NJ and another located at Rutgers University Medical School in Newark, NJ. The COEs offer free training, mentoring and telephonic assistance to prescribers or individuals who are becoming certified to offer

medications that treat individuals with a SUD. These services will be available to assist the successful bidder.

This RFP is funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant. Total annualized funding for this RFP is \$1,700,000 subject to federal appropriations. DMHAS anticipates making up to four (4) awards of up to \$425,000 each. The contract may be renewable for up to four (4) additional one-year terms at DMHAS' sole discretion with the agreement of the successful bidder(s).

The successful bidder shall ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful bidder shall continually assess and utilize demographic data of participants' catchment area in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the successful bidder shall analyze data to implement strategies to increase program participation.

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

No funding match is required; however, bidders shall need to identify any other sources of funding, both in-kind and monetary, that shall 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 **anticipated** RFP schedule:

February 13, 2024	Notice of Funding Availability
February 20, 2024	Questions on RFP are due no later than 4:00 p.m. ET
March 21, 2024	Deadline to submit written intent to apply - no later than 4:00 p.m. ET
March 21, 2024	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials - no later than 4:00 p.m. ET
March 28, 2024	Deadline for receipt of proposals - no later than 4:00 p.m. ET
TBD	Appeal deadline - no later than 4:00 p.m. ET

Bidders are responsible for monitoring the DHS website¹ for updates to the RFP schedule.

II. Background and Population to be Served

Recent data of suspected drug-related deaths indicates that New Jersey has decreased the number of overdose deaths between 2018 and 2019, but these suspected drug related deaths have increased in 2020. Overdose deaths continue to be a statewide public health

¹ <https://www.nj.gov/humanservices/providers/grants/rfp/rfi/>

problem that impacts too many lives. Studies of the treatment trajectories of people with a suspected OUD demonstrate that many of those at the highest risk for opioid overdose do not enter or sustain treatment in typical OUD programs. This includes people who are homeless, attend Harm Reduction Centers (HRCs), have been discharged from emergency departments, released from jails/prisons, or are experiencing distress in other settings.

Individuals experiencing homelessness commonly have several co-occurring disorders and also suffer from chronic pain, which is a huge added stressor and barrier to care for individuals already coping with multiple hardships associated with being unsheltered. The Hope Home study, a study that looked at chronic pain in 350 unsheltered individuals, showed that chronic pain was associated with higher instances of mental health issues, like anxiety, depression, and post-traumatic stress disorder, arthritis, and SUD diagnoses.² A major obstacle in addressing chronic pain for this population is access to services, especially primary care and SUD/mental health treatment.³ Since chronic pain, along with mental health issues, are frequently co-morbid conditions with SUD diagnoses as noted in the studies cited here, both should be addressed via affiliation with and referral to an FQHC provider and/or other community partners.

In 2019, there were 98,628 admissions to SUD treatment in New Jersey. Of those, 47,672 were people whose primary drug of choice was heroin or any opioid and 30,651 whose primary substance of choice was alcohol. The use of medications to treat SUD is an evidence-based practice that increases the likelihood that individuals can embark on recovery from these disorders.⁴ The goal of this program is to increase access to these crucial medications and decrease barriers to care and same-day service.

Data from pilot programs in other states indicates that people who are facing instability in their lives, such as homelessness, will seek treatment more readily when services are brought to them rather than having them go to the treatment provider. A pilot program in California treated individuals experiencing homelessness with low-threshold buprenorphine by sending teams of a doctor, a nurse care manager, and an outreach worker directly to homeless encampments.⁵ This small scale program was able to successfully engage 21 individuals. Another pilot in San Francisco was able to successfully engage 95 individuals over a course of a year, with 77 percent of individuals following up after induction to medication.⁶ These programs show that individuals

² John C. Landefeld, MDa, Christine Miaskowski, RN, PhD, FAANb, Lina Tieu, MPHa, Claudia Ponath, MAa, Christopher T. Lee, MD, MPH, MScA, David Guzman, MSPHa, and Margot Kushel, MDa
Characteristics and Factors Associated with Pain in Older Homeless Individuals: Results from the HOPE HOME Study

³ Cyndi Gilmer and Kristy Buccieri Homeless Patients Associate Clinician Bias With Suboptimal Care for Mental Illness, Addictions, and Chronic Pain

⁴ Substance Abuse and Mental Health Services Administration. Downloaded 1/14/20.
<https://www.samhsa.gov/medication-assisted-treatment/treatment>

⁵ Colin Buzza, M.D., M.P.H. Andrea Elser, B.A. Jeffrey Seal, M.D. A Mobile Buprenorphine Treatment Program for Homeless Patients With Opioid Use Disorder

⁶ Barry Zevin, M.D., SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STREET MEDICINE TEAM + WHOLE PERSON CARE Low Barrier Buprenorphine Pilot Program

experiencing homelessness can be effectively treated with buprenorphine and this type of treatment increases their positive outcomes in the areas of housing, access to treatment, and overall stability.

Another factor that can improve outcomes for individuals experiencing homelessness is implementation of harm reduction strategies such as offering Fentanyl test strips and Naloxone kits, information on MAT, counseling, and other services. It will be a requirement of this contract that the shelter provide Naloxone and other harm reduction resources at the shelter. Please note that this cannot be a service provided only at an affiliated provider. It is not always possible for unsheltered individuals with an SUD diagnosis to focus on recovery due to dealing with a multitude of other issues that take precedence due to their situations, and implementing harm reduction may be a way to address this and improve positive outcomes. Approaches like the HaRT-A⁷, a harm reduction strategy for AUD involving several sessions with a therapist, and auxiliary services targeting a decrease in drinking and an improved quality of life rather than abstinence, as well as HAMS⁸, a peer-run program with a similar philosophy, are both examples of harm reduction interventions that can benefit this population until barriers are addressed and abstinence is achieved.

Population to be served:

The Open Access in Homeless shelters initiative shall offer buprenorphine to consumers who are appropriate for immediate initiation of medication for an SUD onsite or via referral to a provider who can initiate MAT in accordance with low threshold principles including telehealth. The shelter may also transport the individual to an affiliated provider for MAT services, as long as the provider offers low threshold services. The successful bidder must comply with the new legislation (**P.L.2023, c.62.**) and may contract with a behavioral health provider to provide behavioral health services to eligible individuals who reside in or drop in to the homeless shelter. Any individual who presents at a homeless shelter who is: at least 18 years of age, meets the DSM-5 criteria for an OUD or AUD, and has no known allergy/hypersensitivity to buprenorphine, vivitrol, naloxone, or any appropriate MAT medication as determined by the prescriber shall be provided access to medication at that visit or the next available time when both the consumer is present at the shelter and the prescriber is available. The successful bidder shall follow that patient and maintain ongoing medication or shall transition the patient to a community provider once the individual has been stabilized on MAT and is willing to engage in a full array of services. The successful bidder shall have affiliations with primary care providers to address physical health needs, including pain management and shall implement evidence-based harm reduction or other interventions to promote the consumer's recovery and wellbeing. Through this service, there shall be no gaps in access to medication, from the provider, between the services provided by the team at the shelter and other treatment providers.

⁷ Collins, S. E., Clifasefi, S. L., Nelson, L. A., Stanton, J., Goldstein, S. C., Taylor, E.M., . . . Jackson, T.R. (2019). Randomized controlled trial of harm reduction treatment for alcohol (HaRT-A) for people experiencing homelessness and alcohol use disorder. *International Journal of Drug Policy*, 67, 24-33. doi: <https://doi.org/10.1016/j.drugpo.2019.01.002>

⁸ <https://hams.cc/>

The successful bidder shall treat walk-in individuals who present at the shelter that day and shall not require an appointment. Patients shall be seen by the prescriber the same-day that they present.

III. Who Can Apply?

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

- The bidder must be a homeless shelter licensed through the NJ Department of Community Affairs (DCA) with a commitment to providing medication and support to individuals with an SUD OR a Substance Use Disorder Treatment provider licensed by Department of Health Office of the Certificate of Need and Licensing who will affiliate with a shelter and provide services on-site at the shelter in accordance with P.L.2023, c.62⁹;
- The bidder may partner with an OBAT or licensed SUD provider to provide the low threshold services described. Services should be provided in accordance with all licensing regulations, including the MAT waiver issued by the NJ Department of Health (DOH), Division of Certificate of Need and Licensing (CN&L); any partnering agency must have the ability to provide low threshold services to participants in this initiative;
- The bidder must be a non-profit or governmental entity;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction 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.nj.gov/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds; and
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the bidder shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency staff members, officers and Governing Board Members. A bidder must have written Conflict of Interest policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 circular.

⁹ Services on-site at shelters and low-threshold services can be provided by agencies licensed by DOH CN&L per P.L.2023, c.62.

IV. Contract Scope of Work

The successful bidder shall implement the following objectives:

- Assign a Champion who is dedicated to implementing this initiative and shall lead all aspects of the agency's initiative. The Champion is an individual who shall oversee the initiative and address any barriers to implementation, both within and outside the organization.
- Provide or arrange full services of the program and same-day access to buprenorphine and other appropriate medications to individuals as they present when the prescriber is present and facilitate access to the prescriber via telehealth when possible. This can be done by either contracting with a prescriber or partnering with an OBAT or licensed SUD provider when performed in compliance with federal and state regulations. Any treating agency with whom the homeless shelter contracts must have the ability to provide low threshold services to participants in this initiative.
- Provide a welcoming and respectful environment for program participants.
- Screen individuals to determine appropriateness and eligibility for services. Assess consumers, either directly or through a partnering agency, for SUD and appropriate treatment services to determine that the clinical criteria for prescribing medication are met.
- Provide or arrange immediate access to buprenorphine or other appropriate medications for treatment of OUD, and medications to address alcohol use disorder, by a qualified prescriber.
- If methadone is determined to be the best course of treatment, a coordinated referral to an OTP shall be made.
- Describe the counselling and harm reduction approach that shall be used to address alcohol use or other substance use disorders and also demonstrate the availability for medications for AUD (e.g., Vivitrol and acamprosate).
- Provide consumer education on the use and risks of medications being prescribed.
- Provide or arrange ongoing treatment with medication to consumers who continue to receive services from the shelter and as long as they continue to present for care/or until the individual is connected to a treatment provider who shall continue medication management.
- Provide or arrange assertive care coordination to consumers to assist in transition to an OTP, OBAT provider, SUD provider or other medical provider, if necessary, for ongoing medication maintenance and counseling services, when appropriate,

including follow up to ensure that the connection has been made. Care coordination services shall also include screening for and referral to mental health services/co-occurring services and physical health services. Care Coordination refers to the coordination needed to refer and assure that the individual is obtaining the needed treatment services.

- Maintain consumer on medication until a referral has been successfully completed such that there is no gap in medication for patients receiving care through the bidders' center and provide assertive care coordination to patients to assist with this and ensure continuity of care.
- Work collaboratively with the community to develop and maintain referral sources that can be used to sustain consumer treatment. This includes affiliations with OBATs, COEs¹⁰, OTPs and other community providers¹¹.
- Affiliate and subcontract with community providers when required, to provide MAT and allow for continuity of care. These providers should include SUD, MH, and physical health providers. If affiliating or subcontracting with community providers, clearly outline responsibilities of shelter and those of affiliated providers.
- Provide patient education on the use of naloxone and assist with access to naloxone to prevent death from overdose.
- Provide adequate transportation support including but not limited to bus passes for consumers to assist them with connecting with SUD treatment outside of the shelter. Shelter should transport consumers to appointments if shelter has transportation available for this purpose.
- Bill Medicaid and any other payor source for billable services for qualifying consumers when appropriate and allowable.
- Be willing to work with other DMHAS initiatives as applicable and specifically those that can provide care to those served by this program.
- Attend monthly meetings with DMHAS to discuss contract adherence, data collection, barriers to care, etc. and/or participate in any Learning Academies developed by DMHAS.
- Implement Harm Reduction strategies for OUD and AUD. These should include but not be limited to providing Fentanyl test strips and Naloxone kits, education regarding

¹⁰ [Northern New Jersey MAT Center of Excellence \(rutgers.edu\)](https://sites.rutgers.edu/mat-coe/) <https://sites.rutgers.edu/mat-coe/>;
[Cooper Center for Healing | Cooper University Health Care \(cooperhealth.org\)](https://www.cooperhealth.org/services/center-healing)
<https://www.cooperhealth.org/services/center-healing>

¹¹ [Addiction Treatment Providers -Treatment Directory Application \(rutgers.edu\)](https://njsams.rutgers.edu/TreatmentDirectory/License)
<https://njsams.rutgers.edu/TreatmentDirectory/License>

MAT, referrals to harm reduction centers¹², referrals to treatment services, and other auxiliary services.

- Report all admissions and discharges in DMHAS-approved electronic reporting system.
- The successful bidder is required to comply with the DMHAS' program evaluation by responding to all data requests from DMHAS and its third-party evaluator.
- Additional data elements will be identified (required) after award. The successful bidder shall ensure that all data elements reflect the effectiveness of activities related to diversity, inclusion, equity, and cultural/linguistic competence.
- Bidders are required to ensure all data reported are accurate and timely.
- Contract or employ properly credentialed prescriber(s) who are trained in a protocol that guides SUD patients through induction of medication to stabilization, when applicable.
- Contract or employ bachelor's level case care coordination to assist consumers to appropriate services and provide facilitated referrals.
- Care Coordination services must be assertive and include, at minimum, outreach to consumers in the community, accompanying consumers to appointments if necessary, and following up with both the provider and the individual after each contact with an outside provider.
- Provider may use staff from this initiative to provide or enhance existing case management services. Case Management is described as assistance in obtaining concrete services such as housing and transportation.
- Contract or employ peer services to provide motivational and support services. Peer services may include assistance in assuring the consumers served are engaging care or other needed supports. This assistance should be assertive and include accompanying individuals to appointments at other provider agencies, if necessary, outreach to consumers in the community, and extensive follow up. Peer must complete the 3-day Ethics Training.
- Deliver or arrange services through telehealth, if necessary, when performed in compliance with federal and state regulations.

¹² [Department of Health | HIV, STD, and TB Services | Harm Reduction Centers \(nj.gov\)](https://www.nj.gov/health/hivstdtb/hrc/)
<https://www.nj.gov/health/hivstdtb/hrc/>

- Market the program to the community through outreach by staff, specifically to individuals who are homeless with SUD or co-occurring disorders, their families and supporters.
- Market the program to shelter residents to make individuals who may need the service aware that it is available. Offer supportive and care coordination services to individuals who may be appropriate for MAT but are not yet ready to engage in the service.
- Work collaboratively with DMHAS to collect data and outcomes for program assessment.
- Affiliate with an FQHC to ensure consumers' mental health, physical health, and issues of chronic pain, etc. are addressed.
- Provide language access to individuals who communicate in American Sign Language or foreign languages through language translation and interpretation services.
- Provide culturally appropriate interventions to reach diverse populations.

Budget:

DMHAS will make funding available for a maximum of four (4) awards through this RFP. Maximum award amount will be \$425,000 for one year, renewable based on availability of funding and other factors such as contract performance. Funds can be used to provide:

- Services for the uninsured and underinsured
- Care coordination staff and/or peer support staff
- Hiring/contracting with prescribers
- Training, to include training for prescribers to obtain their DATA 2000 waiver and/or become knowledgeable and educated to treat OUD or other SUD
- Costs of medication for the uninsured or underinsured
- Telehealth capability/capacity
- Marketing of the shelter's open access services
- Naloxone kits
- Bus passes for consumers to connect with outside SUD services
- One-time expenses to implement the program. These can include, costs of hiring, telehealth equipment, computers needed to report into the New Jersey Substance Abuse Monitoring System (NJSAMS), training and other needs as approved by DMHAS.
- Translation and interpreting

V. General Contracting Information

Bidders must meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document, the

Contract Reimbursement Manual, and the Contract Policy and Information Manual. These documents are available on the [DHS website](#)¹³.

Bidders must 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 accurately 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.

The contract awarded as a result of this RFP is anticipated to have an anticipated initial term of June 1, 2024 through May 31, 2025, and may be renewable for up to four (4) additional one-year terms at DMHAS' sole discretion with the agreement of the successful bidder. Funds may be used only 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 Policy P1.12 available on the [DHS website](#)¹⁴, programs awarded a contract 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 the provision of services be delayed through no fault of the successful bidder, funding continuation will be considered on a case-by-case basis dependent 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.

VI. Written Intent to Apply and Contact for Further Information

Bidders must email SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on March 21, 2024 indicating their agency's intent to submit a proposal for the Open Access to Medications for OUD in Homeless Shelters. The bidder must email their notice of intent to submit a proposal no later than the March 21, 2024 deadline. If a bidder's notice to intent to submit a proposal is received after the deadline their agency is not eligible to submit a

¹³ <https://www.nj.gov/humanservices/olra/contracting/policy/>

¹⁴ <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>

proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on February 20, 2024. All questions and responses will be posted on the DHS website. Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (8 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 and current licenses.
2. Describe your interest and commitment to serving individuals with SUD.
3. Attach a one-page copy of the agency's organization chart showing the specific location of the proposed project and its link in the organization.
4. Demonstrate the organization's commitment to cultural competency and diversity, including competency in treating individuals with SUD. (Law Against Discrimination, N.J.S.A.10:5-1 et seq.).
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. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.

Statement of Need: (7 points)

1. Using data describe the need in the community for SUD treatment services
2. Using data describe the need at your facility for SUD treatment services

Project Description (35 points)

In this section, the bidder shall provide an overview of how the services detailed in the *Contract Scope of Work* shall be implemented and the timeframes involved, specifically addressing the following:

1. Describe your service hours and the highest need times. How shall Low Threshold services be available when the clients are most often available?

2. How shall the Homeless shelter incorporate same-day access to MAT for treatment of SUD by a qualified prescriber into current work flows?
3. How shall the Homeless shelter incorporate access to Naloxone into current work flows?
4. How shall the homeless shelter develop ongoing relationships with referral sources?
5. Describe the number of patients per day that the homeless shelter can serve and how you shall assure that these individuals shall have same-day access to medication services.
6. Describe how the homeless shelter shall handle client flow and current services to accommodate the addition of the Low Threshold service.
7. Describe how the homeless shelter shall provide patient education.
8. Describe the assertive care coordination services, and how these services shall assist clients to transition to an OTP, OBAT, SUD provider or other medical provider, when appropriate.
9. Describe the assertive peer services including but not limited to, how the services shall be used to motivate clients to participate in the SUD services, and how you shall assist clients to transition to an OTP, OBAT, SUD provider or other medical provider, when appropriate.
10. Describe how the homeless shelter shall maintain patients on medication until a referral has been successfully completed.
11. Describe how the homeless shelter shall address patients who present for medications on an inconsistent basis
12. Describe how the homeless shelter shall assess for and address issues of possible diversion of medications.
13. Describe what harm reduction strategies and interventions shall be implemented and how shall these address OUD and AUD for individuals who are homeless.
14. Describe if and how the homeless shelter shall incorporate telehealth services into the service array.
15. If the homeless shelter plans to utilize any evidence-based practices, please describe these and indicate how they shall be incorporated into the program.
16. Describe how the homeless shelter shall overcome barriers to patient involvement, for example transportation.
17. Describe staffing and coverage for the proposed hours of operation.
18. Describe current affiliations with community providers with which care can be coordinated and identify the organizations and providers that the homeless shelter shall engage with in this initiative.
19. Describe how the homeless shelter shall address chronic pain, physical health, and mental health via an affiliation with a local FQHC provider.
20. Describe how the homeless shelter shall market the program to the community, such that people with SUD, their families and supporters become aware of the bidder's MAT services.
21. Describe the agency's ability to provider services in a culturally competent manner and the capacity to serve individuals whose preferred or primary language is not English.

The successful bidder shall include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations. This

includes a diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National CLAS standards. The plan should include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access quality, and outcomes in the target population, and soliciting input for diverse community stakeholders and organizations. Additionally, the bidder shall use available demographic data from agency and target population catchment area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Providers and their system partners shall work together to identify and combat barriers that may impede the target population from seeking and accessing services. Obstacles to services may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, and language, etc.

The successful bidder shall:

- Collaborate with system partners to ensure coordination, equity, and inclusion of care.
- Deliver services in a culturally competent manner that exemplify National CLAS Standards.
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Deaf/ASL, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality, and program outcomes.

Staffing (15 points)

Homeless Shelters must determine staff structure to satisfy the requirements in the *Contract Scope of Work*. Bidders should describe the proposed staffing structure and identify how many staff shall be hired to meet the needs of the initiative.

1. Describe qualifications and current role of the project Champion, include what role that person plays at the agency, why they were chosen as a Champion and how many hours a week they shall spend on this program.
2. Provide a description of how the homeless shelter's Champion shall have access to agency leadership.
3. Provide details of prescribing staff to be hired, include hours/staffing schedule, number of hours per prescriber, and credentials of prescriber. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff or intent to hire bilingual staff, if applicable.
4. Provide description of case manager and peer staff including hours/staffing schedule, number of hours per staff person. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff, if applicable.
5. If partnering with a treatment provider agency, indicate which site each staff person shall be assigned.
6. Provide copies of job descriptions and resumes as an appendix – limited to two (2) pages each – for all proposed staff.

The successful bidder shall describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Additionally, the successful bidder shall ensure that there is a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings shall include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

Data Collection/Evaluation (10 Points)

The successful bidder must comply with the DMHAS' program evaluation by responding to data requests from DMHAS and its third-party evaluator, participating in the data collection system to be developed for this initiative, facilitating completion of consumer satisfaction questionnaires and any other monitoring activities.

1. Include a statement of commitment to collaborate with DMHAS on data collection, including NJSAMS (an abbreviated module).
2. Identify staff who shall be assigned to data collection and reporting. Include their title and experience and number of hours per week assigned to the data and reporting.
3. Describe how data collection shall be incorporated in your agency's work flow.

Facilities, Logistics, Equipment (5 points)

1. A description of the plan for adequate space specific for this initiative.
2. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., shall be acquired and allocated.
3. A description of the homeless shelter's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.
4. A description of the location(s) in which the initiative shall be held. Please provide information about accessibility, safety, access to public transportation, etc.

Budget (20 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to all of the requirements in the *Contract Scope of Work*. In addition to the required budget forms, you must provide budget notes.

All costs associated with the completion of the initiative must be delineated, and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

1. Identify the arrangement between the treatment provider and the shelter, for example, a subcontract, or direct hire by the shelter of the staff that we be working at the provider. Include any relevant documents such as affiliation agreements or contracts that detail that arrangement.
2. A detailed budget using the Excel Budget template is required. Bidders must submit pricing using the Excel Budget template accompanying this RFP. Bidders should refer to Instructions for Excel Budget Template (Attachment E) for a clear understanding of how to work within the template file. The Budget template must

be uploaded as an Excel file onto the file transfer protocol site described in VIII. Submission of Proposal Requirements. Failure to submit the budget using the Excel file accompanying this RFP will result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Medication for SUD & Supplies, D. Facility Costs, E. Specific Assistance to Patients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, labeled sections:

- a. Section 1 – Full annualized operating costs to satisfy the requirements in the *Contract Scope of Work* detailed in the RFP and revenues; (which by formula will be included in total award) and
 - b. Section 2 - Proposed one-time costs up to \$100,000 of total budget.
3. Budget notes detailing and explaining the proposed budget methodology and medication for SUD 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 medication for opioid use disorder and alcohol use disorder presented in its proposal.
 - a. **If the shelter is partnering with a treatment provider, please clarify in the budget document which expenses are being directed to the treatment provider and which expenses will be incurred by the shelter.**
 - b. Failure to provide adequate information on MAT could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
 4. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the initiative for which the proposal is being submitted.
 5. For all proposed personnel, the template should identify the staff position titles and staff names for current staff (only if being allocated to this initiative) and total hours per workweek.
 6. Identify the number of hours per consultant and subcontractee.
 7. 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.
 8. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed initiative. 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.
 9. Written assurance that if the homeless shelter receives an award pursuant to this RFP, it shall pursue all available sources of revenue and support upon award and in future contracts.

Attachments/Appendices

The enumerated items of Required Attachments #1 through #8 and Appendices #1 through #8 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #4 are not submitted and complete, the proposal will not be considered. Required Attachments #5 through #7 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 collective of Required Attachments #1 through #5 and Appendices #1 through #9 is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #6 and #7) do not count towards the appendices' 50-page limit. Appendix information exceeding 50 pages will not be reviewed.

Required Attachments

1. Department of Human Services Statement of Assurances (RFP Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
3. [Disclosure of Investment in Iran](#)¹⁵;
4. Statement of [Bidder/Vendor Ownership Disclosure](#)¹⁶;
5. Pursuant to Policy Circular P 1.11, 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;
6. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
7. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid; and
8. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

Appendices

1. Copy of documentation of the [bidder's charitable registration status](#)¹⁷;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support;
8. Cultural Competency Plan; and
9. Include additional attachments that were requested in the written narrative section.

¹⁵ www.nj.gov/treasury/purchase/forms.shtml

¹⁶ www.nj.gov/treasury/purchase/forms.shtml

¹⁷ www.njconsumeraffairs.gov/charities

VIII. Submission of Proposal Requirements

A. Format and Submission 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 be no more than 10 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and not be in 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 13 it is 11 pages long, not 10 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. ET on March 28, 2024. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site.

Proposals should be submitted in the following three files.

1. PDF file of entire proposal consisting of proposal narrative, budget, budget notes, attachments and appendices. Do not include interim and audited financial statements and Single Audits (A133) which should be submitted in a separate PDF file (see #3 below). Label file with the following title: Name of Agency/Provider Open Access Proposal
2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/Provider Open Access Budget
3. PDF file of interim and audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years template. Label file with the following title: Name of Agency/Provider Open Access Audit

Additionally, bidders must request login credentials for this RFP by emailing SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on March 21, 2024, in order to receive unique login credentials for the Open Access to Medications for OUD in Homeless Shelters RFP to upload your proposal to the SFTP site. Email requests for login credentials must include the title of this RFP, individual's first name, last name, email address and name of agency/provider.

Proposals must be uploaded to the DHS SFTP site, <https://securexfer.dhs.state.nj.us/login> using your unique login credentials.

B. Confidentiality/Commitment to Defend and Indemnify

Pursuant to the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1 et seq., or the common law right to know, proposals can be released to the public in accordance with N.J.A.C. 17:12-1.2(b) and (c).

Bidder should submit a completed and signed Commitment to Defend and Indemnify Form (Attachment G) with the proposal. In the event that Bidder does not submit the Commitment to Defend and Indemnify Form with the proposal, DHS reserves the right to request that the Bidder submit the form after proposal submission.

After the opening of the proposals, all information submitted by a Bidder in response to a Bid Solicitation is considered public information notwithstanding any disclaimers to the contrary submitted by a Bidder. Proprietary, financial, security and confidential information may be exempt from public disclosure by OPRA and/or the common law when the Bidder has a good faith, legal/factual basis for such assertion.

As part of its proposal, a Bidder may request that portions of the proposal be exempt from public disclosure under OPRA and/or the common law. Bidder must provide a detailed statement clearly identifying those sections of the proposal that it claims are exempt from production, and the legal and factual basis that supports said exemption(s) as a matter of law. DHS will not honor any attempts by a Bidder to designate its price sheet, price list/catalog, and/or the entire proposal as proprietary and/or confidential, and/or to claim copyright protection for its entire proposal. If DHS does not agree with a Bidder's designation of proprietary and/or confidential information, DHS will use commercially reasonable efforts to advise the Bidder. Copyright law does not prohibit access to a record which is otherwise available under OPRA.

DHS reserves the right to make the determination as to what to disclose in response to an OPRA request. Any information that DHS determines to be exempt from disclosure under OPRA will be redacted.

In the event of any challenge to the Bidder's assertion of confidentiality that is contrary to the DHS' determination of confidentiality, the Bidder shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the Bidder. DHS assumes no such responsibility or liability.

In order not to delay consideration of the proposal or DHS' response to a request for documents, DHS requires that Bidder respond to any request regarding confidentiality markings within the timeframe designated in DHS' correspondence regarding confidentiality. If no response is received by the designated date and time, DHS will be permitted to release a copy of the proposal with DHS making the determination regarding what may be proprietary or confidential.

IX. Review of Proposals

There will be a review process for responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each responsive proposal.

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. In the event no

bidder obtains the required minimum scores, DMHAS shall have discretion to award the contract to the highest scoring bidder(s).

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 review committee's averaged score for the proposal's narrative and budget sections combined with the fiscal viability score.

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 all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. 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 [Policy Circular P1.04](#)¹⁸.

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

X. Appeal of Award Decisions

All appeals must be made in writing by 4:00 p.m. ET on Date to Be Determined, by emailing it to SUD.upload@dhs.nj.gov (subject line must include "Appeal and RFP title") and/or mailing or faxing it to:

Department of Human Services
Division of Mental Health and Addiction Services
Office of the Assistant Commissioner
PO Box 362
Trenton, NJ 08625-0362
Fax: 609-341-2302

The written appeal must clearly set forth the basis for the appeal.

¹⁸ <https://www.nj.gov/humanservices/olra/contracting/policy/>

Any appeals sent to an email/address/fax number not mentioned above, will not be considered.

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. 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](#)¹⁹;
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 362, Trenton, NJ 08625-0362 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);

¹⁹ <https://www.njportal.com/DOR/annualreports/>

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 [Registration Form](#)²⁰; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)²¹;
25. Source Disclosure ([EO129](#))²²; and
26. Chapter 51 [Pay-to-Play Certification](#)²³.

XII. Attachments

- Attachment A – Proposal Cover Sheet
- Attachment B – Addendum to RFP for Social Service and Training Contracts
- Attachment C – Statement of Assurances
- Attachment D – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
- Attachment E – Instructions for Excel Budget Template
- Attachment F – Mandatory Equal Employment Opportunity Language
- Attachment G – Commitment to Defend and Indemnify Form

²⁰ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp

²¹ <http://www.nj.gov/treasury/revenue>

²² www.nj.gov/treasury/purchase/forms.shtml

²³ www.nj.gov/treasury/purchase/forms.shtml

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: **Open Access to Medications for OUD in Homeless Shelters** _____

Incorporated Name of Bidder: _____

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

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

DUNS Number: _____

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: _____

County in which services are to be provided: _____

Brief description of services by program name and level of service to be provided:

NOTE: In order to contract with the State of New Jersey, all providers applying for contracts, or responding to Request for Proposals (RFPs), *MUST* be pre-registered with the online eProcurement system known as NJSTART. You may register your organization by proceeding to the following web site: <https://www.nj.gov/treasury/purchase/vendor.shtml>. Or via telephone: (609) 341-3500.

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

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

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

Attachment E - Instructions for Excel Budget Template

The Excel template, posted with the RFP, contains a template spreadsheet. Please open the respective template file tab and read the below guidance at the same time. This will allow for a clear understanding of how to work within the template file.

1. In the turquoise section, you will enter the proposed costs for this RFP. This should include all information from budget categories A-F, G/A, as well as **your number of consumers to serve**. FTE's in Category A are to be broken down between direct care, administration, and support. FTE's will not appear until three cells are completed: hours worked per employee on contract (column C), hours worked per employee per week (column D), and the amount of salary (column H) respectively. Category B is to be broken down between medical/clinical consultants, and non-medical/clinical consultants.
2. There is also a One-Time budget section at the bottom in the turquoise section for your use. Onetimes are shown separately, but included in Total Gross Costs right after Gross Costs.
3. Please use the **“Explanatory Budget Notes”** column to help support anything that you feel needs to be explained in written word for evaluators to understand your intent regarding any cost/volume data populated in your template submission. Please provide notes, as well as, calculations that support any and all offsetting revenue streams. If you double up expenses on one budget line, please provide the individual expense details in the budget notes. Many cells are protected, but you can expand rows to give more room in the notes column should you need it.
6. General and Administrative Costs should be recorded in the template per the instructions in the RFP. That is, only additional G&A associated with this proposal should be included, not your normal G&A rate.
7. Make sure to remember to place your Agency Name and Region or County in the subject line when you send your template in **Excel** format.

SAVE ALL YOUR WORK, REVIEW AND PREPARE TO SEND IN EXCEL FORMAT.

Attachment F - Mandatory Equal Employment Opportunity Language

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affection-al or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, up-grading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act. The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Attachment G – Commitment to Defend and Indemnify Form

**Department of Human Services
Commitment to Defend and Indemnify Form**

I, _____, on behalf of _____ (“Company”) agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey (“State”) or the New Jersey Department of Human Services (“DHS”) arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for the Open Access to Medications for Opioid Use Disorder in Homeless Shelters (“RFP”), which may become the subject of a request for government records under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. (“OPRA”). The Company agrees to indemnify and hold harmless the State and DHS against any judgments, costs, or attorney’s fees assessed against the State of New Jersey or DHS in connection with any action arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State and DHS, and relating to the RFP, which may become the subject of a request for government records under OPRA.

The Company makes the foregoing agreement with the understanding that the State and DHS may immediately disclose any documents withheld without further notice if the Company ceases to cooperate in the defense of any action against the State arising from or related to the above-described non-disclosure due to the Company’s request.

I further certify that I am legally authorized to make this commitment and thus commit the Company to said defense.

(Signature)

(Print Name)

Title

Entity Represented

Date