

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

REQUEST FOR PROPOSALS
**TO PROVIDE PROGRAM OF ASSERTIVE COMMUNITY TREATMENT
(PACT) SERVICES IN ESSEX COUNTY**

January 8, 2019

Valerie 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) for the provision of Program of Assertive Community Treatment (PACT) services in Essex County. DMHAS anticipates making one award to an agency to provide services to two teams serving up to 72 consumers each.

The New Jersey Division of Mental Health and Addiction Services (DMHAS) believes that individuals who have a serious and persistent mental illness can achieve wellness and recovery, and lead rich full lives as contributing members of their communities. This belief is supported by a growing body of research and knowledge in the mental health recovery field, as well as first hand accounts from people recovering from mental illness. Moreover, the DMHAS is committed to providing and promoting opportunities for mental health consumers that will maximize their ability to live, work, socialize and learn in the communities of their choice.

This RFP focuses on the recommendation related to continued emphasis of evidenced-based practices, specifically the Program of Assertive Community Treatment (PACT). The United States Department of Health and Human Services' Substance Abuse and Mental Health Service Administration (SAMHSA) has rated accessibility to Assertive Community Treatment as a key measure indicative of the quality of a state's mental health system of care (United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services Mental Health, United States [2002] (*Mental Health, United States*, Rockville, MD, Author.).

This contract will be awarded as a mental health fee for service contract, renewable for one (1) year at DMHAS' sole discretion and with the agreement of the awardee. Funding of up to \$1,043,252 will be available through the New Jersey Mental Health Application for Payment Processing (NJMHAPP) system to serve up to 144 consumers per year. (The anticipated NJMHAPP portion of the targeted 144 total caseload is 40%, or 57 consumers.) Should Medicaid mix be substantially different, DMHAS reserves the right to adjust accordingly. Actual funding levels will depend on the availability of funds and satisfactory performance. The bidder must utilize the NJMHAPP system to request approval and to submit requests for payment. The awardee will also be eligible for pre-admission per the NJMHAPP provider manual.

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:

January 8, 2019	Notice of Funding Availability
January 15, 2019	Mandatory Bidders Conference

February 12, 2019	Deadline for receipt of proposals - no later than 4:00 p.m.
March 18, 2019	Preliminary award announcement
March 25, 2019	Appeal deadline
April 1, 2019	Final award announcement
April 30, 2019	Initiation of Contracts with Awardee
May 1, 2019	Program Phase-In Period Commences
July 1, 2019	Anticipated program start date

II. Background and Population to be Served

The Program of Assertive Community Treatment (PACT) is an evidence-based model of service delivery in which a trans-disciplinary, mobile, treatment team provides a comprehensive array of mental health and rehabilitative services to a targeted cohort of individuals with severe and persistent mental illness. The program is designed to meet the needs of individuals who have experienced involuntary psychiatric hospitalization and have not benefited from traditional mental health programs.

In order to meet the unique needs of this targeted population, PACT teams offer highly individualized services, employ a low staff to consumer ratio, conduct the majority of their contacts in natural community settings and are available for psychiatric crises 24 hours a day/7 days a week. Service intensity is flexibly and regularly adjusted to consumer needs and services are offered for an unlimited time period. Fundamental to the PACT model is the tenet that PACT teams function as comprehensive, self-contained programs. Referral of consumers to other program entities for specialized mental health treatment, rehabilitation, and support services should be minimal.

The outcomes associated with PACT, nationally and locally, are highly consistent with the goals of the DMHAS' effort to transform the mental health system in New Jersey. Research on Assertive Community Treatments indicates that programs with high model fidelity are more effective than programs with lower adherence "*in reducing hospital use, reducing costs, improving substance abuse outcomes for individuals with dual diagnoses, and improving functioning and consumers' quality of life*" (Phillips et al., [2001]. *Moving Assertive Community Treatment into Standard Practice. Psychiatric Services*, 52-771-779).

PACT was first implemented in New Jersey in 1995. There are currently thirty one PACT teams in NJ. PACT services are available in all twenty one New Jersey counties. PACT teams in New Jersey are staffed with a minimum of 8 Full Time Equivalents (FTE), in addition to psychiatrist time, a full time secretary and 10 hours of program director (administrator) time (See N.J.A.C.10:37J-2.8). The majority of PACT teams in New Jersey carry a caseload of 60-65 consumers. PACT is a long-term service, with treatment having no pre-determined end point. As such, PACT teams' annual caseload turnover rates should not exceed 15%.

Consumers served by the current provider are residents of Essex County. Respondents to this RFP will be assuming two existing teams of consumers, up to 72 consumers per team, located throughout Essex county. New referrals will be processed according to distinct geographic service areas, to be determined. The existing provider will continue to serve the remaining two teams.

III. Who Can Apply?

To be eligible for consideration, bidders must meet the following requirements:

- The bidder must be a non-profit or for-profit entity or governmental entity;
- The bidder must be licensed by the Department of Health's (DOH's) Office of Licensing prior to the start of services;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must hall 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 fianancial 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 <https://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds.
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue, i.e., this statutory requirement does not apply to nonprofit organizations, private colleges and universities, or state and municipal agencies; and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

IV. Contract Scope of Work

DMHAS seeks proposals to develop Program of Assertive Community Treatment (PACT) services specialized to serve individuals in the community and or who are ready for discharge from a state psychiatric hospital and have a serious mental illness. By virtue of this program development, services will be needed for PACT-eligible consumers in the community and or must facilitate the discharge of persons on CEPP status at a state psychiatric hospital. Many of these individuals also may have co-existing medical conditions or co-occurring substance use disorders, have experienced periods of long-term institutionalization, and/or are refusing to leave the hospital.

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

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

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

V. General Contracting Information

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: <https://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/>

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 award 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.

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 <https://www.state.nj.us/humanservices/providers/rulefees/regs/>.

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

VI. Mandatory Bidders Conference

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

Date: January 15, 2019
Time: 10am
Location: 5 Commerce Way, Hamilton, NJ 08691
Conference room 199A

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. Questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders Conference, are not permitted. Any necessary response to questions posed by a potential bidder during the Mandatory Bidders Conference that cannot be answered at that time will be furnished via electronic mail to all potential bidders registered as being in attendance. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP are requested to register for the Mandatory Bidders Conference via the registration link:

<https://njsams.rutgers.edu/training/pshs/register.aspx> Additionally, if you require assistance with this registration link, please contact alicia.meyer@dhs.nj.gov 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 alicia.meyer@dhs.nj.gov. For sign language interpretation, please notify alicia.meyer@dhs.nj.gov 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: (See Attachment A)

Bidder's Organization, History and Experience: (5 points)

Provider 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 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 and the number of years' experience working with the target population;
2. Describe the bidder's background and experience in implementing PACT 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;
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. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
6. Include a description of the bidder's ability to provide culturally competent services;
7. Document that the bidder's submissions are up-to-date in New Jersey Substance Abuse Management System (NJSAMS), Unified Service Transaction Form (USTF), Quarterly Contract Monitoring Report (QCMR) , Bed Enrollment Data System (BEDS), and New Jersey Mental Health Application for Payment Processing (NJMHAPP); and
8. Describe the bidder's current status and compliance with contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description: (50 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 applicant must clearly articulate a commitment to provide the full range of services delineated in the NJ PACT regulations (See N.J.A.C. 10:37J. These regulations are available on the New Jersey Department of Health's website at http://www.state.nj.us/humanservices/providers/rulefees/regs/NJAC%2010_37J%20Programs%20of%20Assertive%20Community%20Treatment.pdf) and discuss how this will be achieved;
2. Describe all of the community living skills and rehabilitative services that the teams will provide, inclusive of specifics of how the services will be delivered;
3. Describe the geographic area and population served by the Essex County PACT teams;
4.
 - a. Describe how the PACT program will be integrated within the continuum of human services in Essex County;
 - b. Describe how formal coordination with other community mental health agencies, inclusive of acute care services, will be accomplished, and where possible, specification of such agencies (draft affiliation agreements are preferable);
5. Describe how the proposed service will promote wellness and recovery principles;
6. Describe how the proposed service will provide culturally competent, linguistically accessible services;
7. Describe how evidence-based practices will be used;
8. Describe how the teams will respond to consumer crises;
9. Detail the anticipated service intensity that will be delivered to consumers and describe how the teams will adjust service intensity based upon consumer needs;
10. Provide a proposed staff schedule (including the psychiatrist) for service delivery, with specific detail as to how 24-hour availability and psychiatric emergencies will be addressed. (Per N.J.A.C. 10:37J-2.4, staff scheduling is to be flexible, including evenings, weekends and holidays, with capacity for rapid 24/7 responses to psychiatric emergencies);
11. Provide a copy of the organization's training plan;
12. Provide a proposed schedule for assumption of services to the existing caseload of approximately 144 consumers, with a detailed narrative for facilitating transfer of services from the current provider in a manner that ensures continuity of care. Rapidity, detail, and logistical feasibility are critical. **Please note that the agency selected pursuant to this RFP must assume full responsibility for operation of the two available Essex PACT teams no later than July 1, 2019.**

Outcome(s) and Evaluation: (15 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 set backs 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 (e.g. percentage of face-to-face contacts provided in the community, rate of consumer employment/education, reduction of inpatient hospital usage);

3. The evaluation of contract outcomes;
4. Description of all tools to be used in the evaluation;
5. Details about any 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;
6. Tools and activities the bidder will implement to ensure fidelity to this evidence-based practice.
7. Description of the administrative, supervisory, and quality assurance activities that will be used to support a high level of fidelity to the PACT model. Include details regarding specific performance improvement methods that will be used to measure and evaluate the quality of the PACT program with proposed consumer outcomes.

Staffing: (20 points)

Bidders must determine staff structure to satisfy the requirements for Program of Assertive Community Treatment (PACT) services. Bidders should describe the proposed staffing structure and identify how many staff will be hired to meet the needs of the program as it relates to PACT. The existing PACT program for Essex County is being partially re-bid through this RFP. These services are currently provided by the Mount Carmel Guild and as such, there are staff under their employment that may be displaced by the applicant awarded this service as a result of this RFP. Applicants are expected to consider prospectively displaced employees for hire in their proposal. Consequently, applicants must include a statement in their proposal that indicates the applicants willingness to consider for employment those employees who will be displaced as a result of this RFP.

1. Describe the composition and skill set of the proposed program team, including staff qualifications, credentials and clinical licensure. The proposal must address how the selection of specific employee titles for PACT staff and program specific salary considerations will be incorporated into the existing agency human resource structure. (If the creation of new staff titles or modifications to existing staff titles is required in order to meet all the staffing requirements in the NJ PACT regulations, this must be clearly articulated);
2. Discussion of how the agency intends to account for the unique demands that high-fidelity PACT places on staff (e.g. what specific compensation strategies will be used to ensure that after-hours service and 24/7 coverage are adequately built into the PACT program's structure?);
3. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff;
4. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff;
5. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent (PTE) work hours;
6. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal;

7. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions;
8. The approach for supervision of clinical staff, if applicable;
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 vote 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/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 a minimum:

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

Budget: (5 points)

Please recall that the Fee-for-Service rates are inclusive of all costs required to operate the program. Therefore, DMHAS will not fund "one-time" costs to purchase items that are included in the rate structure, such as vehicles, office furniture and building improvements. However, DMHAS is mindful of the fact that a number of expenditures will need to be made before the awarded PACT provider will be able to provide billable services and generate revenue.

As such, applicants should include in their application a phase-in plan, with specific staffing phase-in schedule and associated staffing costs tied to the phase-in schedule, showing the time-frame and costs for the period of time until services are fully operational and billable. DMHAS will score this as part of the competitive scoring of the RFP, in terms of the adequacy and reasonableness of both the phase-in schedule and budget. Services that can be operationalized in a time-effective and cost-effective manner are preferred and will be scored accordingly.

Upon final award, DMHAS will use the phase-in schedule and budget to consider any funding of phase-in costs, in advance and separate from the revenue that will be generated by billing Medicaid and NJMHAPP. Please be aware that no commitments or assurances of phase-in funding can be made at this time, and that any funding is subject to negotiation after a final award is announced.

The phase-in budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the phase-in of the project must be delineated and the budget notes must clearly articulate the details of all proposed phase-in budget items.

1. A phase-in plan, with specific staffing phase-in schedule and associated staffing costs tied to the phase-in schedule, showing the time-frame and costs for the period of time until services are fully operational and billable.
2. A detailed phase-in budget using the Excel template is required. The Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference.
3. Budget Notes that detail and explain the proposed phase-in budget methodology and estimates and assumptions made for phase-in expenses and the calculations/computations to support the proposed phase-in budget. The State's proposal reviewers need to fully understand the bidder's phase-in 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.
4. 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.
5. 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; not to exceed 40 pages. Please note that if items 9-12 are not submitted, the proposal will not be considered.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List the board of directors, officers, and terms;
7. Copy of documentation of the bidder's charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Health Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

The documents listed below are also required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.**

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 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, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on February 12, 2019. 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:

Alicia Meyer, RFP Coordinator
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
Hamilton, NJ 08691

OR

For private delivery vendor such as UPS or FedEx:

Alicia Meyer, RFP Coordinator
Department of Human Services
Division of Mental Health and Addiction Services
5 Commerce Way, Suite 100
Hamilton, NJ 08691

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

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

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

<https://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/>

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

County Mental Health Boards recommendations and comments will be received by DMHAS no later than March 8, 2019. This input will be incorporated in the final deliberations of the review committee.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by March 18, 2019.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. on March 25, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health & Addiction Services
5 Commerce Way
PO Box 362
Hamilton, NJ 08691
Fax number: (609) 341-2302

Or via email: alicia.meyer@dhs.nj.gov

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 April 1, 2019. 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 DOH/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: https://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Hamilton, NJ 08691- 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. Master lease agreements, evidence of all State (non-DMHAS), federal and local housing subsidies and resources.
19. Current State of New Jersey Business Registration;
20. Procurement Policy;
21. 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.);
22. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
23. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;

24. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
25. 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>);
26. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
27. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP _____

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HEALTH

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 Health.

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 Health, 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 Health.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

Attachment E - County Mental Health Administrators RFP Submission Preference
(as of 12/2018)

County	Mental Health Administrator	Submission Type
Atlantic	Kathleen Quish, Mental Health Administrator Shoreview Building 101 South Shore Road Northfield, NJ 08225 Email: quish_kathleen@aclink.org	Email + Postal Mail
Bergen	Michele Hart-Loughlin, Program Coordinator Email: mhartlo@co.bergen.nj.us	Email
Burlington	Shirla Simpson, Mental Health Administrator Burlington County Department of Human Services Division of Behavioral Health 795 Woodlane Road, 2 nd Floor Mount Holly, NJ 08060 Email: ssimpson@co.burlington.nj.us	Email + Postal Mail
Camden	John Pellicane, Mental Health Administrator Dept. of Health & Human Services 512 Lakeland Rd., Suite 301 Blackwood, NJ 08012 Email: john.pellicane@camdencounty.com	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: patricia.devaney@co.cape-may.nj.us	Email
Cumberland	Melissa Niles, Interim Mental Health Administrator Email: melissani@co.cumberland.nj.us	Email
Essex	Joseph Scarpelli, D.C., Administrator Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
Gloucester	Rebecca DiLisciandro, Mental Health Administrator Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 Email: bdilisciandro@co.gloucester.nj.us	Email + Postal Mail

Hudson	Robin F. James, Mental Health Administrator Email: rjames@hcnj.us	Email
Hunterdon	Megan Isbitski, Assistant Mental Health Administrator Department of Human Services 8 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 Email: misbitski@co.hunterdon.nj.us	Email + Postal
Mercer	Michele Madiou, Administrator Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal
Middlesex	Penny Grande, Administrator Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901 Email: penny.grande@co.middlesex.nj.us	Email + Postal
Monmouth	Steve Horvath, Mental Health Administrator Email: Steve.Horvath@co.monmouth.nj.us	Email
Morris	Laurie Becker, Mental Health Administrator Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900 Email: lbecker@co.morris.nj.us	Email + Postal
Ocean	Jamie Busch, Assistant Mental Health Administrator Email: jbusch@co.ocean.nj.us	Email
Passaic	Brenda Bowne, Director Email: brendab@passaiccountynj.org	Email
Salem	Rebecca DiLisciandro, Mental Health Administrator Department of Health and Human Services 94 Market Street Salem, NJ 08079 Email: Rebecca.DiLisciandro@salemcountynj.gov	Email + Postal
Somerset	Pam Mastro, Mental Health Administrator Email: mastro@co.somerset.nj.us	Email

Sussex	Cindy Armstrong, Mental Health Administrator Sussex County Administrative Center 1 Spring Street, Newton, NJ 07860 Email: carmstrong@sussex.nj.us	Email + Postal
Union	Marilucy Lopes, Mental Health Administrator Email: marilucy.lopes@ucnj.org	Email
Warren	Shawn Buskirk, director of Human Services Email: sbuskirk@co.warren.nj.us	Email

<https://www.state.nj.us/humanservices/dmhas/home/admin/>