

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Mental Health and Addiction Services

Request for Proposals (RFP)

**Contract Funds for Drug Court:
Long-term and Halfway House
Substance Abuse Treatment Services**

Proposal Due: August 23, 2012

Date of Issuance: July 9, 2012

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Agency

The New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) is pleased to release this Request for Proposals (RFP) for substance abuse treatment services pursuant to the contracted Drug Court long-term and halfway house services.

Purpose of this Announcement

DMHAS is soliciting proposals to provide long-term and halfway house addiction treatment services for Drug Court participants. The total state allocation for the treatment services in Drug Court are approximately \$26,508,000. This RFP is for 50 long-term residential and 202 halfway beds for approximately \$1,217,650 in slotted long-term residential treatment services and approximately \$4,119,790 in slotted halfway house treatment services with the remaining balance being available for treatment services through the Drug Court Fee-For-Service (FFS) network.

This opportunity is open to all residential and halfway house facilities licensed to provide substance abuse treatment services. Agencies proposing to provide the same level of care but at multiple DMHAS licensed sites may submit one proposal which identifies the number of slotted services requested per licensed site.

It is anticipated that approximately \$5,337,440 will be available for the following substance abuse treatment services:

- 1) Approximately fifty (50) long-term residential beds for men and women at the annual rate of \$24,353.00 per bed.
- 2) Approximately two hundred and two (202) halfway house beds for men and women at the annual rate of \$20,395.00.

The changes in services delivery contained in the RFP represent the priorities of the Administrative Office of the Courts (AOC), DMHAS and the committee of Drug Court Coordinators. These priorities are based on:

- Data that identified areas of current underutilization of services.
- Identified gaps in the current Drug Court treatment capacity.
- Ongoing commitment to the use of performance incentives to support client early retention in treatment.

As was the case previously, through adoption of the new 2008 sentencing guidelines, the treatment component requirements of Drug Court have moved away from pre-set lengths of stay to a clinically driven movement through services, in order to provide clients with services that match their level of severity, and offer clients the appropriate dose and duration of treatment based on their clinical needs. This approach also has

the potential to make the most effective use of the existing treatment capacity and of available financial resources.

Agencies will be reimbursed for treatment at the current Drug Court rates effective November 1, 2012. Co-occurring disorder enhancements are a FFS enhancement to the existing slotted rate and reimbursable only to those agencies who apply for and are accepted into the co-occurring and Drug Court networks. Enhanced services will include the full array of co-occurring services, transportation, case management, court liaison services, physical exams and labs, and urine drug screenings, and medication. Authorization for service provision will be based on assessments and recommendations made by appropriately credentialed clinicians and individual treatment planning. Providers must meet staffing requirements as per licensure regulations NJAC 10:161A-10.0 to provide services.

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Contracts awarded through this RFP will be budgeted separately from other existing components for contract application and reporting. Cost sharing is not required. Actual funding levels will depend upon the availability of funds. These contracts will be annually renewable each year for two years. Annual continuation and renewal are subject to availability of funds, satisfactory performance, as well as compliance and completion of all required and requested reports. The contract may be extended for one (1) additional period of up to one (1) year, by mutual written consent of the contractee and the Assistant Commissioner at the same terms, conditions, and pricing.

Background

Drug Courts began in New Jersey in 1996 with Camden and Essex Superior Courts. These local projects evolved into well defined Drug Court programs that have paved the way for additional pilot program efforts. By 1999 additional Drug Courts were established in Mercer, Passaic and Union Counties. On September 6, 2001, Legislation L.2001, c.243 was signed by the Governor. That law provided the Judiciary with funding to expand Drug Courts beyond the initial five courts. The plan involved a three-phase process resulting in the establishment of a Statewide Drug Court system. The New Jersey Drug Court model was developed through the collaboration and dedication of judges, prosecutors, public defenders, Drug Court professionals, substance abuse treatment providers, evaluators, and probation officers.

As of December 31, 2011, and based on 2428 Drug Court graduates there was a 54% improvement in employment, 35% increase in receiving medical benefits and 39% of graduates obtained their drivers licenses. The average length of employment was 30 months for those 2033 graduates who were employed at graduation.

As of December 31, 2011, \$5,439 million dollars in fines, fees, and penalties have been paid by participants while in Drug Court. The average payment per graduate is \$2,240.

The recidivism study, which includes all 2516 graduates since 1996 indicates a statewide rearrests rate of 16% with 363 graduates rearrested. In addition, Drug Courts statewide reconviction rate is 8% with 139 graduates reconvicted and 4% of graduate reoffenders who were returned to State Prison.

The Commission to Review Criminal Sentencing was created in January 2004 through the enactment of P.L. 2003, c 265. New Jersey's Legislature formulated a deliberative body composed of key representatives of the criminal justice system would promote sound sentencing policy founded on the basic principles of public safety, proportionality, and fairness.

In May 2007, the commission issued two reports: New Jersey's Drug Courts, Special Probation and Proposal for Reform and the Supplemental Report on New Jersey's Drug Free Zone Crimes and Proposal for Reform.

New Jersey's Drug Courts, Special Probation and Proposal for Reform developed recommendations that resulted in the following amendments:

1. **Clarifies the Two Avenues into Drug Court:** Amends N.J.S.A. 2C:35-14 to clarify who is subject to special probation. The special probation statute would only apply to persons who are subject to the presumption of incarceration or a mandatory minimum sentence. The trial court has discretion to admit other non-violent drug dependent offenders into Drug Court outside of the special probation statute.
2. **Expands Eligibility/Reduces Restrictions for Past Offenses:** Amends N.J.S.A. 2C:35-14 by indicating that the bar to special probation applies only if at least one of the two prior convictions was for a crime of the first or second degree. If the person has two or more prior convictions both of which are for third degree crimes (other than Possession of CDS), the person would be eligible for special probation unless otherwise disqualified, subject to prosecutorial consent.
3. **Enhances Discretion Regarding Treatment Referrals:** Amends N.J.S.A. 2C:35-14 to give judges discretion to waive the imposition of a period of residential treatment of 6 months and allow a person subject to special probation to be sentenced based on the results of a clinical assessment.
4. **Provides Flexibility Regarding Length of Probation:** Amends N.J.S.A. 2C:35-14 to permit the court to grant an early discharge from special probation if the person has made exemplary progress in the course of treatment. The court may, upon notice to the prosecutor, grant early discharge if the person:
 - has satisfactorily completed the treatment program;
 - has served at least two years of special probation;
 - did not commit a substantial violation of any term or condition of special probation, including but not limited to a positive urine test, within the preceding 12 months; and
 - is not likely to relapse or commit an offense if probation supervision and related services are discounted.

In addition, N.J.S.A. 2C:35-15, subsection 2 was amended to permit the court to reduce the Drug Enforcement Demand Reduction penalty in cases of "extreme financial

hardship” and provides that an application to the Drug Court program shall have the same effect as the submission of a reformatory service plan.

The Supplemental Report on New Jersey's Drug-Free Zone Crimes and Proposal for Reform recommended that N.J.S.A. 2C:35-7, be upgraded from a third-degree crime to a second-degree crime which carries the presumption of imprisonment. This increase in punishment for a violation of the school zone offense was accompanied by a proposal to reduce the size of the zones around schools and public buildings from 1,000 feet and 500 feet, to a uniform distance of 200 feet. These statutory changes to 2C:35-7 to waive mandatory minimums became effective August 1, 2008.

This RFP represents a component of that plan and the restructuring needed to expand and enhance the Drug Court treatment delivery system to respond to the changes in sentencing practices.

Who Can Apply?

1. Applicants may apply for any of the available contracts and eligibility is limited to either public or private non-profit organizations licensed by DMHAS to provide substance abuse treatment in the modality for which they are applying.
2. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State, and provide documentation of their current non-profit status. Applicants must not be suspended or debarred by DMHAS or any other State or Federal entity from receiving funds.
3. All New Jersey and out of State Corporations must obtain a Business Registration Certificate (BRC) from the Department of the Treasury, Division of Revenue prior to conducting business in the State of New Jersey. Proof of valid business registration with the Division of Revenue, Department of the Treasury, State of New Jersey, shall be submitted by the bidder and, if applicable, by every subcontractor of the bidder, with the bidder's bid. No contract will be awarded without proof of business registration with the Division of Revenue. Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG. can be filed online at www.state.nj.us/njbgs/services.html
4. Before performing work under the contract, all sub-contractors of the contractor must provide to the contractor proof of New Jersey business registration. The contractor shall forward the business registration documents on to the using agency.
5. Applicants must not be suspended or debarred by DMHAS or any other State or Federal entity from receiving funds.
6. Applicants must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS prior to submission of a proposal in response to this RFP.
7. Applicants must agree to additional Drug Court Initiative specific requirements which are outlined in the Annex A that will be disseminated at the Mandatory Bidders' Conference.
8. Applicants must have a governing body that provides oversight as is legally permitted. No member of the Board of Directors can be employed by and serve

as a consultant for the successful applicant.

NOTE: If, at the time of receipt of the proposal, the applicant does not comply with this standard, the applicant must submit evidence that it has begun to modify its structure and that the requirement will be met by the time the contract is executed. *If this required organizational structure is not in place before the start date, the contract will not be executed and the funding will be waived.*

9. Applicants must also attend the Mandatory Bidders' Conference on July 24, 2012.

RFP Package

DMHAS RFP package includes the following:

- RFP, including narrative instructions for this specific contract
- DMHAS Contract Application
- Attachments

How to Get a RFP Package

- Contact Helen Staton at:
Division of Mental Health and Addiction Services
New Jersey Department of Human Services
PO Box 362
Trenton, NJ 08625-0362
helen.staton@dhs.state.nj.us
609-633-8781
- Download RFP from the DHS website at
<http://www.state.nj.us/humanservices/providers/grants/rfprfi/>
- Download the contract application forms from the DMHAS website at
<http://www.state.nj.us/humanservices/das/information/contracts/>.
- Attend the Mandatory Bidders' Conference.

Due Date

Proposals must be received at DMHAS by August 23, 2012 at 5:00 p.m. and include one signed original and seven (7) copies. Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

Where to Send Proposals

Send the signed original and 7 copies of your proposal to:

For United States Postal Service, please address to:

Helen Staton
Division of Mental Health and Addiction Services
New Jersey Department of Human Services
PO Box 362
Trenton, NJ 08625
609-633-8781

For FedEx, UPS, other courier service or hand delivery, please address to:

Helen Staton
Division of Mental Health and Addiction Services
New Jersey Department of Human Services
120 South Stockton Street, 3rd floor
Trenton, NJ **08611**
609-633-8781

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

You will NOT be notified that your package has been received. If you require a phone number for delivery, you may use 609-633-8781

Mandatory Bidders' Conference/Contacts for Further Information

A Mandatory Bidders' Conference will be held in the first floor conference rooms at 1:00 p.m. on July 24, 2012 at DHS, located at 222 South Warren Street in Trenton. This conference will provide applicants the only opportunity to ask questions about the RFP requirements or the award process. At no other time will DMHAS staff answer substantive questions. This is necessary to ensure that all potential applicants will have equal access to information. Applicants are requested to notify Helen Staton by email at helen.staton@dhs.state.nj.us of their intent to attend the Mandatory Bidders' Conference. The meeting room and facility will be accessible to individuals with physical disabilities. In addition, anyone who may require other special accommodations should notify Helen Staton when registering. For sign language interpretation, please notify Helen Staton by July 17, 2012. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor.

Applicants are guided to rely upon the information in this RFP and the details provided at the Mandatory Bidders' Conference to develop their proposals. Substantive questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders' Conference, will not be answered individually. Any necessary response to questions posed by a potential applicant during the Mandatory Bidders' Conference that cannot be answered at that time will be furnished in writing to all potential applicants registered as being in attendance. Specific guidance will not be provided to individual applicants at any time.

Contract Overview/Expectations

Any agency holding both a FFS Drug Court contract and a slot based Drug Court contract must ensure that they have sufficient capacity in their agency both in terms of licensed beds and adherence to staff client ratio regulatory requirements. In addition, Drug Court clients must first be placed in contracted slotted beds before an agency can bill FFS for Drug Court clients.

DMHAS will implement an incentive program linking reimbursement to client outcomes with each halfway house contract awarded. That program will be designed to increase and improve client retention in this level of care. The incentive is designed to reduce the number of Drug Court clients returning to jail due to lack of compliance with treatment requirements during the early retention period. Agencies that meet set goals for client retention will have access to incentive payments.

A survival analysis was conducted on all Drug Court halfway house clients to identify critical points in treatment that yield the most favorable client retention rates which can positively affect outcomes. As a result, DMHAS is requiring a 95% retention rate at 40 days and a 90% retention rate at 75 days in order for halfway house providers to be eligible for an incentive. For example, if 95% of the Drug Court clients admitted in a particular month remain in treatment for at least 40 days the halfway house provider will receive an incentive. In addition, providers will be expected to maintain an overall utilization of 95% in order to receive the incentive payment.

To access this incentive program a provider must complete the required data in NJ-SAMS for each client served with slot capacity. All halfway house awardees will be required to participate in the incentive program.

Further details of the incentive program will be made available at the Mandatory Bidders' Conference.

Contractees will agree with the following requirements:

Licensing and Service Descriptions

1. Contractees must be licensed at the primary site and at each of the satellite sites being funded. The license(s) must hold a full license (no provisional licenses) to provide residential or halfway house substance abuse treatment services and all plans of correction accepted. Contractees must comply with the following level of care descriptions for Long-Term Residential/ Therapeutic Community and Halfway House treatment, which approximate ASAM PPC-2 Levels of care III.5 and III.1 respectively :

**CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL TREATMENT
LONG-TERM RESIDENTIAL/THERAPEUTIC COMMUNITY
SUBSTANCE ABUSE TREATMENT
Level III.5**

Definition: Long-term residential substance abuse treatment is provided in a licensed long-term residential facility which provides a structured recovery environment, combined with professional clinical services, designed to address addiction and life skills development for persons with substance-related disorders who require longer treatment stays to support and promote recovery. Long-Term Residential includes **no less than 9 hours per week of counseling and psycho-educational interventions on at least five (5) separate occasions.** A minimum of 7 hours per day of structured activities must be provided on each billable day. (Note: Self-help meetings may be included as part of structured activities.) Intervention focuses on reintegration into the greater community with particular emphasis on education and vocational development. This care approximates ASAM PPC-2 Level III.5 care.

Medical Services: Must be provided as per licensing requirements.

Counseling / Therapy Services:

- Individual: 1 hour/week minimum
- Group: 5 hours per week minimum
- Family: To be included during course of treatment as clinically indicated

Psycho-education:

- Didactic sessions: 3 hours/week minimum
- Family Education and Information sessions as clinically indicated

Structured Activities: 7 hours a day required. Example of activities:

- a. Counseling Services
- b. Psycho-education
- c. Vocational training
- d. Self Help groups
- e. Recreation

**CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL TREATMENT
HALFWAY HOUSE SUBSTANCE ABUSE TREATMENT**

Level III.1

Definition: Halfway House treatment is provided in a licensed residential facility which provides room, board, and services designed to apply recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into work, education and family life. **This modality includes no less than 4 hours per week of counseling services.** A minimum of 7 hours per day of structured activities must be provided on each billable day. (Note: Self-help meetings may be included as part of structured activities.). This care approximates ASAM PPC-2 Level III.1 care.

Medical Services: Must be provided as per licensing requirements.

Counseling /Therapy Services:

- Individual: 1 hour/week minimum
- Group: 3 hours/week minimum
- Family: To be included during course of treatment as clinically indicated

Psycho education:

- Didactic sessions: 3 hours/week minimum
- Family Education and information sessions as clinically indicated

Structured Activities: 7 hours a day required. Example of activities:

- a. Counseling Services
- b. Psycho-education
- c. Employment
- d. Vocational training
- e. Self Help groups
- f. Recreation

Essential Policies and Procedures

As part of their proposal, Contractees must:

1. Establish and submit a hiring policy that ensures all references, credentials, and background checks of current and prospective staff are verified. Additionally, contractees are required to include a policy that addresses how the agency will ensure that any previous convictions or ethical violations do not impact staff's ability to perform their current job duties. The cost of conducting background checks may be included in the agency's operational budget supported by contract funds.
2. Submit facility-wide policy which supports a client who is receiving medication assisted therapy (MAT). Specifically, agencies will have to be able to demonstrate that if a client is denied admission on the grounds that the facility does not have the capacity to support the client's MAT; it shall refer the client to an appropriate facility and shall document the referral. Furthermore, if a facility

admits a client pursuing MAT and the client requires pharmaceutical services it shall support, or at a minimum shall not interfere with the client's MAT.

3. Enter client admission information into NJ-SAMS, and use ASI, DSM-IV-TR, and ASAM PPC-2R.
4. Outline and submit agency admission process and criteria, including a comprehensive biopsychosocial/spiritual assessment which determines the DSM-IV-TR five axis diagnosis and ASAM PPC-2R level of care, and all admissions clinical documentation policies and forms (i.e., treatment plans, progress notes, release of information forms, client rights and responsibilities, medical, urine drug screen, and discharge summary).
5. Submit agency policies and procedures for denying admissions to Drug Court participants which includes the manner by which the court and DMHAS is notified in writing at the time of the denial and how your agency will assist in placing the client in a more appropriate Level of Care or agency.
6. Submit agency plan that ensures every Drug Court client will be assigned a **primary counselor** who holds a valid LCADC or holds a valid CADC who receives weekly clinical supervision and that all non-clinical staff who have contact with Drug Court clients are given regular supervision regarding Drug Court mandates. The plan must include entering clinician information per site into CRIS.
7. Submit agency plan for conducting ongoing clinical supervision which meets or exceeds the requirements outlined in Subchapter 6. Clinical Supervision 13:34C-6.1-6.4 of the Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners Alcohol and Drug Counselor Committee statutes and regulations and DMHAS standards set forth in the proposed regulations for all staff clinically or therapeutically responsible for or engaging with Drug Court clients (Powell, D.J., and Brodsky, A. 1993. *Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods*. New York, Lexington Books.).

Course of Treatment

As part of their proposal, Contractees must:

1. Submit agency protocol for providing clinically driven variable lengths of stay that incorporates ASAM PPC-2R, evidence-based/ best practices and DSM-IV-TR and agency policy and procedures on how clinical staff will interface with Judiciary staff including probation officers and other Drug Court team members around issues of relapse, movement through the continuum of care, and treatment compliance.
2. Submit agency protocol for ensuring how a CADC or LCADC level clinician will be present for all required closed court staffing sessions and accompany Drug Court participants that are required to make court appearances. Note that FFS billing for this service is available.
3. Submit agency policy on clinical documentation for required Drug Court monthly reports and ongoing communication with Drug Court coordinators and

probation officers include an example of the actual reporting form to be implemented.

4. Submit agency protocol for handling in-house client infractions including the manner in which your agency will communicate with the appropriate Drug Court team members the request for a court intervention or jail sanction and a detailed list of client infractions.
5. Submit protocols for accommodating Drug Court clients who present for treatment and are currently taking medication(s) prescribed by a physician. This may include provisions to dispense prescribed medications, the development of a viable network, referral process, consultation or sub-contracting with those who are licensed and equipped to address a client's medication and health needs; including but not limited to psychotropic medications.
6. Meet all DMHAS and Drug Court specific Annex A requirements.
7. Submit policy for informing Department of Human Services, Office of Licensure quality assurance coordinator of any reportable events.
8. Submit policy that addresses how Drug Court probation officers will be notified within a maximum of **sixty minutes** of all Drug Court client problematic behaviors; include a comprehensive list of possible problematic behaviors based on experience working with Drug Court clients to date, if applicable. Exclude those clients who are on inmate status and abscond since notification **MUST be immediate**.
9. Submit policy that ensures that no paid or volunteer staff involved in the criminal justice system can have authority over or access to any Drug Court participant's confidential information including but not limited to clinical reports and record keeping, information disclosed in individual, group, and family or community meetings.

Discharge Planning and Continuum of Care

As part of their proposal, Contractees must:

1. Submit agency policy and procedures for executing a seamless continuum of care plan which commences within the first week of treatment and references ASAM dimensions.
2. Submit agency discharge criteria based on ASAM criteria.
3. Thoroughly outline an effective protocol for communicating discharge plans with each client's probation officer and Drug Court coordinator that includes enough lead time to adequately address and arrange drug-free housing, if necessary.
4. Submit your agencies policy on how you will assist clients with the transition from one level of care to the next including how your agency will facilitate client engagement with the next level of care, communicate with the Drug Court team and ensure discharge summaries are forwarded to the next level of care provider in a timely manner. A copy needs to be made available to the courts, if requested. The discharge summary should include but is not limited to treatment issues identified throughout the course of treatment, treatment progress and

regressions, medications administered throughout treatment and continued at discharge, issues to be addressed as part of aftercare and any co-occurring issues identified and/ or addressed while in treatment.

5. Enter all admission and discharge information in NJ-SAMS in a timely manner.

Requirements for Reimbursement

As part of their proposal, Contractees must:

1. Follow specific slots and FFS protocols for DMHAS or DMHAS' identified Fiscal Agent guidelines for reimbursement. The agency must understand and comply with the billing codes established by DMHAS or the Fiscal Agent. The agency's billing person must understand the differences in levels of care in order to be able to have precise and timely billing. All fiscal information must be submitted accurately or may risk non-reimbursement.
2. Ensure that this funding is not used to supplant existing funding streams. This funding level is intended to provide increased capacity to serve this specific population.
3. Bill separately for the Drug Court enhancements.
4. All NJ-SAMS data must be completed in a timely fashion, including Client Fiscal Eligibility, Admission, and Discharge data, for payment of FFS service and incentive payments.

Additional DMHAS Requirements

As part of their proposal, Contractees must:

1. Attend all scheduled DMHAS meetings including regional provider meetings, billing and IT systems trainings.
2. Attend all DMHAS required trainings.
3. Submit staff training and development plan with timeframes including when all staff will be trained in ASAM PPC-2R and issues of cultural competencies such as race, age, size, sexual orientation, gender identity, and differently abled.
4. Obtain affiliation agreements for any services your facility cannot provide.
5. Submit your agency's philosophy of treatment, mission statement and any policies or documentation that demonstrates the delivery of client-centered treatment and implementation of recovery management principles.
6. Submit an organizational chart that includes the identification of those staff members who have primary responsibility for Drug Court clients.
7. Submit agency's policy on screening, assessing, treating and referring clients with co-occurring disorders; including a plan with timeframes to train staff in the full spectrum of co-occurring issues and completion of DMHAS' network provider application for co-occurring services and current and anticipated capacity to meet those requirements.

8. Submit agency's policy on admitting Drug Court clients who are being maintained on methadone or suboxone and include a staff training and development plan with timeframes for training on medically assisted treatment.

General Contracting Information

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

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

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

Proposals must include a Statement of Assurances, signed by the Chief Executive Officer or equivalent, as well as a signed debarment certification statement that the applicant is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from local, State or Federal funded contracts.

Awardees will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services Contract Reimbursement Manual, and the Contract Policy and Information Manual. A list of depository libraries where applicants may review the manuals can be found on the internet at http://www.njstatelib.org/NJ_Information/NJ_by_Topic/NJ_Depositories.php. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DHS/DMHAS upon award, and may also be subject to a pre-award audit survey.

Funding will be available for multiple awards. Applicants should submit reasonable budgets based on the type of service(s) proposed, and adhere to the contract ceiling limits by modality. DMHAS recommends applicants are thorough in their budget request to meet the requirements of this RFP. Budgets should reflect the scope of responsibilities in order to accomplish the goals of this project.

The awards will be announced on September 28, 2012 with a scheduled contract start date of November 1, 2012. Any expenses incurred by successful applicants during the

transition period after selection, but prior to the effective date of the contract, will not be reimbursed.

Contracts awarded as a result of this RFP may be annually renewable for two years based on continuing appropriations and achievement of contractual commitments. State representatives' site visits and review of progress reports submitted by successful applicants will be the primary basis for the State's compliance reviews. 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. The contract may be extended for two (2) additional periods of up to one (1) year each, by mutual written consent of the contractee and the Assistant Commissioner at the same terms, conditions, and pricing. The length of each extension shall be determined when the extension request is processed.

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Award(s) under this RFP will be clustered separately from other existing components for contract application and reporting.

An appeal based on the determination may be filed in writing to the Assistant Commissioner within seven calendar days following receipt of the notification. An appeal of the selection process shall be heard only if it is alleged that the Division has violated a statutory or regulatory provision in the awarding of the contract. An appeal will not be heard based upon a challenge to the evaluation of a proposal.

Proposal Requirements and Scoring

Applicants must provide a written description of the proposed services. The narrative portion should be single-spaced, no smaller than 12 point font, not exceed 25 pages, and be organized in the order of the key concepts outlined below. Items included in the Appendices do not count towards the narrative page limit. Please number all pages of each proposal consecutively including the appendices (except IRS Form 990 and single audit report). Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence of cultural competence in each section of the narrative. The Review Committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained. **The following are KEY CONCEPTS that must be addressed in the proposal narrative. The number after the key concepts is the weight given to each section of the proposal by the Review committee**

History and Experience - 5 Points

Provide a brief narrative describing your agency's history, its primary purpose, target population and the number of years of experience and success with addiction treatment

Attach resumes of current staff (limited to two pages each) and any anticipated new hire(s) in an Appendix. Include job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract.

Provide a list of your board members, their professional licenses and their organizational affiliations. Specifically identify whether any board member is also an employee of the agency applying for this funding or an employee of a Parent company affiliated with the applicant agency (if applicable). Indicate if the Board of Directors votes on items relating to DMHAS contracts.

Provide a list of names of your consultants or the consultants that your agency plans on utilizing for this RFP, including their professional licenses and organizational affiliations. Identify whether any of these consultants are also board members, identify any reimbursement the member received as a board member over the last 12 months and indicate which members are voting members.

Identify and submit all related party transactions including related principal staff as well as professional affiliation agreements (see Annex B-Schedule 4 at the end of this RFP).

Describe your hiring policy and procedures that ensure the references, credentials, and background checks of current and prospective professional and non-professional staff are first party verified. Additionally, include a policy that addresses how your agency will ensure that any previous convictions or ethical violations do not impact staff ability to perform their current job duties. The cost of conducting background checks may be included in the agency's operational budget supported by contract funds.

Describe how you will ensure that every Drug Court client will be assigned a **primary counselor** who is a CADDC that receives weekly clinical supervision or an LCADC and

that all staff that has contact with Drug Court clients has weekly clinical supervision. Submit a completed up-to-date DMHAS professional staff summary form.

Describe your agency's model for conducting ongoing clinical supervision for all staff clinically or therapeutically responsible for or engaging with Drug Court clients which meets or exceeds the requirements in Subchapter 6. Clinical Supervision 13:34C-6.1-6.4 of the Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners Alcohol and Drug Counselor Committee statutes.

Submit facility-wide policy which supports a client who is receiving medication assisted therapy (MAT). Specifically, agencies will have to be able to demonstrate that if a client is denied admission on the grounds that the facility does not have the capacity to support the client's MAT; it shall refer the client to an appropriate facility and shall document the referral. Furthermore, if a facility admits a client pursuing MAT and the client requires pharmaceutical services it shall support, or at a minimum shall not interfere with the client's MAT.

Submit your agency's mission statement and philosophy of treatment that demonstrates the delivery of evidence-based practices such as client-centered treatment and implementation of recovery management principles.

Describe and submit agency's policy on screening, assessing, treating and referring clients with co-occurring disorders; including a plan with timeframes to train staff in the full spectrum of co-occurring issues and completion of DMHAS' network provider application for co-occurring services.

Describe and submit agency's policy on admitting Drug Court clients who are being maintained on methadone and include a staff training and development plan on medically assisted treatment with timeframes for implementation.

Describe fully your facility's clinical integration of evidence-based practices throughout a Drug Court client's course of treatment.

Incentive – 5 Points (HALFWAY HOUSE APPLICANTS ONLY)

Describe how your agency plans to revise their admission process to enhance engagement of the Drug Court client; include board approved admissions policy.

Describe your agency's experience with undertaking a NiaTx organizational change process focused on increasing engagement, if applicable.

Admission - 10 Points

Describe how you will ensure all clients' admission information is entered into NJ-SAMS.

Describe and include your agency's policy that addresses how your agency reads and incorporates the referring Drug Court's substance abuse evaluator's Addiction Severity Index at time of admission and in treatment plan.

Describe your agency's admission criteria and process. Submit the following documents as attachments in support of the above narrative: comprehensive bio-psycho-social/spiritual assessment which determines the DSM-IV-TR five axis diagnosis and ASAM PPC-2R level of care and all admissions clinical documentation (i.e., treatment plans, progress notes, release of information forms, client rights and responsibilities, medical, urine drug screen, and discharge summary).

Describe your policy and procedures for denying admissions to Drug Court participants. Submit documents to be used to keep the Drug Courts and the DMHAS Drug Court coordinator notified of all denials.

Describe agency's policy for providing clinically driven variable lengths of stay that incorporates ASAM PPC-2R and the use of evidenced-based practices. Submit any clinical documents being utilized with this policy.

Course of Treatment - 15 Points

Describe how your agency will monitor for continuous quality improvement throughout your facility including client's perception of care received.

Describe how you will ensure that a CADC or LCADC level clinician will be present for all required closed court client staffing and accompany Drug Court participants that are required to make court appearances.

Describe your policy and procedure for submitting monthly Drug Court client reports; include in your description how your agency will maintain communication with Drug Court coordinators and probation officers on an ongoing basis to ensure appropriate case management. Submit an example of the actual reporting form to be implemented.

Describe your agency's policy for handling in-house Drug Court client infractions including the manner in which your agency will communicate with the appropriate Drug Court team members the request for a court intervention or jail sanction. Submit a detailed list of what your agency considers a client infraction.

Describe agency's policy for addressing how Drug Court probation officers will be notified within a maximum of **sixty minutes** of all Drug Court client problematic behaviors that might result in an immediate legal intervention including but not limited to any positive UDS, physical altercations or other serious program violations. With the exception of those clients who abscond, then notification **MUST** be immediate.

Describe your practice for accommodating Drug Court clients who present for treatment and are currently taking medication prescribed by a physician. This may include

provisions to dispense prescribed medications, the development of a referral process, consultation or sub-contracting with those who are licensed and equipped to address a client's medication and health needs, including but not limited to psychotropic medications. Submit all agency documents required in this process.

Describe your policy for informing DMHAS' Complaint and Reportable Event Management Unit of any reportable events involving Drug Court clients.

Submit a detailed policy that ensures no paid staff or volunteer involved in the criminal justice system can have authority over or access to any Drug Court participant's confidential information including but not limited to clinical reports and record keeping, information disclosed in individual, group, and family or community meetings.

Submit your policy on tobacco cessation and plans for addressing this issue with Drug Court clients beginning 12/12/2012.

Discharge Planning and Continuum of Care - 15 Points

Describe your agency's policy and procedures for executing a seamless continuum of care plan for Drug Court clients which commences within the first week of treatment. Submit documentation that supports the above narrative.

Describe in specific detail your agency's discharge criterion that incorporates a Drug Court client's variable length of stay. Thoroughly outline and describe an effective protocol for clearly and accurately communicating discharge plans with each Drug Court client's probation officer and Drug Court coordinator that includes providing enough lead time to adequately address and arrange drug-free housing that satisfies all parties.

Describe and explain your agency's policy and procedures regarding discharge summaries being completed and forwarded to the Drug Court client's next level of care provider. Include how a copy will be made available to the Drug Court probation officers. The discharge summary should include but is not limited to treatment issues identified throughout the course of treatment, treatment progress and regressions, medications administered throughout the course of treatment and continued at discharged, issues to be addressed as part of aftercare and any co-occurring issues identified and/ or addressed while in treatment. Submit a copy of the discharge summary forms to be used.

Describe agency's policy for re-admitting those clients who have relapsed and have been clinically assessed to need a brief residential relapse intervention. Policy should be based on the individualized client needs and address how it will differ from the usual residential programming track.

Describe and provide your agency's policy on how you will ensure that all discharge information will be entered into NJ-SAMS in a timely manner.

Describe your agency's staff training and development plan which includes training in the areas of NJ-SAMS, ASI, DSM-IV-TR, ASAM PPC-2R, clinical supervision, clinical reports and record keeping, co-occurring disorders, methadone maintenance/ medically assisted treatment and multi-cultural competencies. The plan must include timeframes for implementation.

Describe your agency's experience to date, if any, with the NIATx process improvement approach.

Submit original affiliation agreements that were obtained for any services that your agency can not provide.

Submit agency's philosophy of treatment that demonstrates the delivery of client-centered treatment and implementation of recovery management principles.

Description of Services - 20 Points/ 15 Points for Halfway House Applicants

Provide a detailed description of the specific treatment modality(ies) your agency proposes to provide. Discuss the specific types of treatment services that will be offered including such details as the length and frequency of sessions. Describe how your agency will participate in the Drug Court team meetings, as requested.

Describe and attach your co-occurring admission policy. Describe any additional transportation, medical services and case management services that will be provided.

Detail the information that will be kept in client files, and how your agency complies with State and Federal privacy laws. Include a brief description of your policies and procedures that ensure 42-CFR confidentiality and Health Insurance Portability and Accountability Act (HIPAA) compliance.

Describe the timeline for the implementation of services upon award. Include specific milestones and party(ies) responsible for achieving them.

Describe and attach policy regarding your agencies use of electronic health records, if applicable.

Methods and Evaluation - 10

Describe your program's ability to measure and report performance outcomes. Briefly describe how the project is to be self-evaluated. Describe your program's ability to accurately document all required data in NJ-SAMS, including admission and discharge data for all clients to ensure participation in the National Outcome Measures (NOMs) reporting process. List the method(s) to be used to attain objective(s) described above and note the dates of estimated completion.

Are your agency's submissions up-to-date in NJ-SAMS? What is the number of walk-ins for the past month? What is the number of referrals for the past month? What is the number of no-shows for the past month? Are these representative of your caseload? If not, please describe.

Describe the data included in your agency's most recent Provider Performance Reports, and how these reports were incorporated into the agency's quality improvement activities. Were the data reviewed by management and staff? What actions were taken as a result of the review of these reports?

Describe your agency's most recent continuous quality improvement effort. What issues were identified as needing improvement? What actions were taken? What was the outcome of your effort?

Budget - 10 Points

Describe the kinds of electronic reports that the agency files externally and the frequency (quarterly, monthly) of submitting these reports. Identify the software programs that are utilized for financial reporting, and identify fiscal staff responsible for administering the program. Identify all agencies, including Medicaid, that are billed electronically.

If any current and/or former paid employees and/or board members actively participate in lobbying activities, identify and detail any of the costs allocated to any state contracts. If the agency has any paid registered lobbyists, identify and detail any of the costs allocated to your DMHAS budget proposal.

Provide the amount of your agency's line of credit. Identify what organization provides the line of credit. Define the maximum amount that the agency has borrowed in the last 12 months. Describe its purpose and explain if it is expected to continue for the next 12 months.

If there are there any audits, other than the required single audit, pending or in progress, detail who requested the audit, the firm's name and telephone number, and the type of audit it is.

Required Documentation

Applicants responding to this RFP shall submit their application organized in the following manner:

Part I -

1. Cover letter
2. Narrative in response to the Proposal Requirements
3. Application for Contract Funds
4. Board Resolution Validation form

5. Two (2) original signed Standard Language Documents

Part II - Appendices – Items to be included to augment and support your proposal:

1. Agency Information
 - a. Copy of DMHAS license(s) for all sites;
 - b. Copy of a Certificate of Incorporation in New Jersey;
 - c. Evidence of the applicant's non-profit status;
 - d. Agency mission statement;
 - e. Job descriptions of key personnel and resumes (limited to two pages each) if on staff;
 - f. Current salary ranges, if not included in the job descriptions;
 - g. Organizational chart;
 - h. Documentation of agency's prior disciplinary action, if any;
2. Agency Policies
 - a. Agency hiring policy regarding persons whose criminal background checks report criminal activity;
 - b. Agency admission policy regarding persons with co-occurring disorders;
 - c. Agency policy(ies) on admitting clients with prescribed medications;
 - d. Agency policy(ies) on non-discrimination of clients using prescribed medications;
 - e. Copy of agency code of ethics and/or conflict of interest policy, and
 - f. Copy of policy on non-discrimination of clients because of affectional and/or sexual orientation.
3. Affiliation Agreements;
4. Fiscal Documentation
 - a. List of current members of the Board of Directors and officers, including their titles and terms of service (Complete utilizing the budget forms located in the DMHAS Application for Contract Funds);
 - b. Budget for initial 12 month period of the contract that should clearly delineate initial and operational costs for the period (Complete utilizing the budget forms located in the Application for Contract Funds);
 - c. Annualized budget for the operational cost associated with the second 12 month period (Complete utilizing the budget forms located in the Application for Contract Funds);
 - d. Overall agency budget with cost allocation plan with appropriate statistics and basis (Complete utilizing the budget forms located in the Application for Contract Funds);
 - e. Most recent and previous single audit report (A133) or certified statements (only two copies to be included with original proposal);
 - f. Any other audits performed in the last two years (only two copies to be included with original proposal);
 - g. If there are any audits pending or in progress, list the firm completing this audit(s), contact name and telephone number;
 - h. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500, if applicable (only two copies to be included with original proposal);
 - i. List of all contracts and grants to be awarded to the agency by the

- Federal, State, local government or a private agency during the contract term, 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;
- j. Affirmative Action Certificate of Employee Information Report and /or newly completed AA 302 form;
 - k. N.J.S.A. 52:34-13-2 Source Disclosure Certification Form (replaces Executive Order 129 form);
 - l. Schedule 4 (attached to the RFP)
 - m. Department of Human Services Statement of Assurances (Attached to the RFP);
 - n. Certification Regarding Debarment, Suspension, Ineligibility (attached)
 - o. List of the names and addresses of those entities providing support and/or money to help fund the program for which the proposal is being made, including the funding amount.

Review and Award Information

A) Schedule

The following summarizes the application schedule:

July 9, 2012	Notice of availability of funds
July 24, 2012	Mandatory Bidders' Conference
August 23, 2012	Deadline for receipt of proposals - no later than 5:00 P.M.
September 28, 2012	Award announcement
November 1, 2012	Award start date

B) Screening for Eligibility, Conformity and Completeness

DMHAS staff will screen proposals for eligibility and conformity with the specifications in this RFP. The initial screen will be conducted to determine whether or not the proposal is eligible for review. To be eligible for review by the Committee, staff will verify with the proper authority and through a preliminary review of the proposal that:

1. the applicant is in good standing and not debarred or suspended by DHS or any other State or Federal entity from receiving funding;
2. the applicant is incorporated in the State of New Jersey;
3. the applicant is a non-profit organization;
4. the proposal is complete; and
5. all outstanding PoC's have been submitted to DMHAS, if applicable.

Those proposals that fail this eligibility screen will not be reviewed. Those proposals found eligible for review will be distributed to the Review Committee as described below.

C) Review Committee

DMHAS will convene a committee consisting of public employees that include Drug Court and AOC representatives who will conduct a review of each proposal, in accordance with the review criteria. Committee members may be unfamiliar with some or all of the applicants. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

The Review Committee will have sole authority to determine the outcome of the review. The Committee will score proposals and recommend for funding in the priority order of the scores (highest score = most highly recommended). The Review Committee reserves the right to request applicants to present their proposals in person prior to final scoring.

The review will be conducted according to the criteria below.

D) Review Criteria

Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence of cultural competence in each section of the narrative. The Review Committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained.

Applicants may also be required to provide additional information or make oral presentations to the Review Committee in order to clarify or elaborate on elements of their proposals.

A minimum score of 70 points must be achieved in order to be considered for funding.

E) Funding Recommendations

The Chair of the Review Committee will convey the recommendations of the Review Committee to the Assistant Commissioner of DMHAS, who will make the final decision on the awards.

Applicants are advised that awards may be made conditional upon changes suggested by the Review Committee and/or DMHAS staff. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardees prior to award.

Post Award Requirements

A) Documentation

Upon award announcement, the successful applicant must submit one copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner:

1. 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;
2. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
3. Department of Human Services Standard Language Document;
4. Current Agency By-laws;
5. Current Personnel Manual or Employee Handbook;
6. Copy of Lease or Mortgage;
7. Certificate of Incorporation;
8. Conflict of Interest Policy;
9. Affirmative Action Policy;
10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
11. A copy of all applicable licenses;
12. Local Certificates of Occupancy;
13. Most recent State of New Jersey Business Registration;
14. Procurement Policy;
15. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
16. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;
17. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
18. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
19. Updated IRS Form 990, if differs from one submitted with proposal;
20. Updated Pension Form 5500, if applicable, if differs from one submitted with proposal;
21. Copy of Annual Report;
22. Department of Human Services Statement of Assurances (attached to this RFP);
23. Source Disclosure Certification Form (replaces Executive Order 129 form); and
24. Certification Regarding Debarment, Suspension, Ineligibility (attached to this RFP).

B) Award Requirements

Awardees must adhere to the following:

1. Enter into a contract with DMHAS and comply with applicable contracting rules and regulations, including the Standard Language Document;
2. Comply with all applicable State and Federal assurances, certifications and regulations regarding the use of these funds;
3. Inform the Program Management Officer of any publications/publicity based on the award;
4. Comply with all appropriate State licensure regulations; and
5. Comply with Americans with Disabilities Act requirements.

C) Other Information

1. DMHAS may provide post contract support to awardees through technical assistance on data collection, analysis, and interpretation, as well as development of reports, products, and publications.
2. DMHAS Program Management Officers and DMHAS Drug Court staff will conduct site visits to monitor the awardees' progress and failures in accomplishing responsibilities and corresponding strategy for overcoming these problems. An awardees' failure to comply with reporting requirements may result in loss of the contract. Awardees will receive a written report of the site visit findings and will be expected to submit a plan of correction.

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

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

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

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

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

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

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

officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

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

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

**Department of Human Services
Statement of Assurances**

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

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

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

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment 4

Schedule 4: Related Organization

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

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

