STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

Opioid Reduction Options (ORO) in the Emergency Department

April 30, 2019

Valerie L. Mielke, Assistant Commissioner

Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (this "RFP") is issued by the New Jersey Department of Human Services ("DHS"), Division of Mental Health and Addiction Services ("DMHAS"). The purpose of this RFP is to solicit proposals from health facilities (the "Vendors") to develop and implement a program to increase awareness and focus on non-opioid pain management strategies, reduce the use of opioids in Emergency Departments ("ED"s) and the subsequent prescribing of opioids at ED discharge.

This RFP is funded through the Substance Abuse and Mental Health Services Administration's ("SAMHSA") State Opioid Response to Grants ("SOR") and through Governor Murphy's initiative to address the opioid epidemic in New Jersey. Funding is available for FFY 2019 and may be available for FFY 2020. Total funding is $1,790,000 subject to federal and State appropriations. Awards will be made for a one-year period.

According to a 2015 study of opioid prescribing in a cross section of U.S. ED's, 17% of discharged patients received an opioid prescription (Hoppe JA., Nelson LS., Perrone J., Weiner SG. Prescribing Opioids Safely in the Emergency Department ("POSED") Study Investigators. Opioid prescribing in a cross section of U.S. emergency departments. *Ann Emerg Med*. 2015. September; 66 3: 253- 259). The intent of this RFP is to utilize the Opioid Reduction Options ("ORO") Plan (See RFP Section IV) to assist health facilities in the implementation of clinical protocols that focus on alternative prescriptions, therapies, or procedures as outlined herein when clinically indicated. As a result of the methods outlined in the ORO Plan, and those implemented by the awarded Vendors, DMHAS seeks a reduction in opioid prescriptions written in New Jersey's EDs at discharge to 12% or lower. Three (3) tiers of responsible and qualified Vendors will be established for the provision of services outlined in each tier of the ORO Plan:

1. Bronze Tier;
2. Silver Tier; and
3. Gold Tier.

As part of this RFP, awarded Vendors will receive funding as demonstrated below.

TABLE 1

Tier	Funding (per award)	Estimated # of Awardees in each Tier
Bronze	$20,000	12
Silver	$50,000	15
Gold	$100,000	8
Note: Funding match by the awardee is not required.		

Following the initial mandatory educational training, which will be offered by the Department of Health ("DOH"), Vendors will be divided into three (3) Learning

Community ("LC") cohorts, one for the Bronze level, one for the Silver level and one for the Gold level. DMHAS reserves the right to increase the number of Vendors in one or more tiers if the number of Vendors in one or more tiers is less than the estimated number of Vendors reflected in Table 1. For example, if there are only 7 eligible applicants and awards issued for the Gold Tier, then the remaining dollars will be redistributed to the Silver or Bronze Tier should there be more eligible applicants for Silver or Bronze Tiers than the estimated number of Vendors. Specifically, DMHAS reserves the right to issue more awards than the estimated number of Vendors in each Tier based on the rank order of proposal scoring from this solicitation.

Contract payments will be made in three installments based on achievement of Tier deliverables.

The following summarizes the RFP schedule:

April 30, 2019	Notice of Funding Availability
June 4, 2019	Deadline for receipt of proposals - no later than 4:00 p.m.
July 3, 2019	Preliminary award announcement
July 10, 2019	Appeal deadline
July 17, 2019	Final award announcement
August 9, 2019	Anticipated contract start date

Note: Dates are subject to change.

II. Background and Population to be Served

The United States is in the midst of an opioid epidemic, resulting in preventable deaths and emergency department visits due to prescription opioid abuse and illicit opioid use. Every year, healthcare providers write over 250 million prescriptions for painkillers, enough for every American adult to have a bottle of pills. Additionally, 53% of the individuals who misuse prescription pain relievers received them from a family member or friend. And every day, 46 people die from an overdose of prescription pain killers in the U.S. (Prescription Opioid Overdose Data. Centers for Disease Control and Prevention, August 1, 2017).

At significant factor in the current opioid crisis has been the increased prescribing of opioid medications.
To address the issue, physicians must be aware of the non-opioid modalities and medications available

Over the past 10 years, significant advances have been made to improve the understanding of the neurobiological aspect of pain, with a shift from a symptom-based approach to a mechanistic approach. This approach has led to development of the channels/enzymes/receptors targeted analgesia (CERTA) concept that focuses on patient-specific, pain syndrome-targeted analgesia in the ED. This approach allows for broader utilization of combinations of non-opioid analgesics and more refined and judicious use of opioids (La Pietra, A, Motov, S, Rosenberg, M. Alternatives to Opioids

for Acute Pain Management in the Emergency Department: Part 1. *Emergency Medicine Reports,* Vol. 37, No. 19, October 1, 2016.) The idea of an "opioid-free ED" was first described by Sergey Motov, MD, FAAEM, of Maimonides Medical Center in Brooklyn, New York. To achieve this goal, Dr. Motov describes a CERTA concept. By integrating different *channel blocking agents* such as lidocaine, *enzyme inhibitors* such as NSAIDs, and *receptor blockers* like ketamine, one can achieve superior analgesia without the undesirable side effects of opioids. Common conditions that the program targets are acute headache, renal colic, acute or chronic radicular low back pain, musculoskeletal pain, and extremity fractures or dislocations. All treatment regimens must be tailored to the individual patient with consideration of comorbidities, allergies, and recent medication use

Emergency medicine physicians are on the forefront of reducing ED opioid use. In his open letter to physicians in May 2016, Steven Stack, MD, FACEP, the then-president of the AMA, called upon the medical profession to "play a lead role in reversing the opioid epidemic that, far too often, has started from a prescription pad." These proposed changes include avoiding initiating opioids for new patients with chronic non-cancer pain unless the expected benefits are anticipated to outweigh the risks. Non-pharmacologic therapy and non-opioid pharmacologic therapy is preferred." Dr. Stack further argues to the physician community that "As a profession that places patient well-being as our highest priority, we must accept responsibility to re-examine prescribing practices. We must begin by preventing our patients from becoming addicted to opioids in the first place. (Stack S. Confronting a Crisis: An Open Letter to America's Physicians on the Opioid Epidemic).

While there are numerous pain management programs, most deal with chronic pain, not acute pain, the type of pain that ED physicians treat. In fact, there are several hospitals in New Jersey that have implemented programs in their EDs to reduce the prescribing of opioids upon discharge. These programs are all demonstrating significant reductions in their opioid prescription rate.

A study published in the *Journal of the American Medical Association,* 318; 2017 1661-1667: (17) by researchers at Albany Medical College and Albert Einstein College of Medicine in New York, looked at four alternative approaches to acute pain in an emergency department: three treatments with opioids and one with over-the-counter, non-opioid painkillers. The researchers concluded that "there were no statistically significant or clinically important differences in pain reduction at 2 hours" between the opioid treatments and the non-opioid variant. The type of pain studied — acute shoulder, arm, hip, or leg pain in an emergency room setting — was treated equally well with non-opioids as it was with opioids. The study looked at more than 400 patients going to the Montefiore Medical Center in Bronx, New York, for acute extremity pain from bone fractures, dislocated shoulders, sprained ankles, and other injuries or conditions. The non-opioid group received 400 mg of ibuprofen and 1,000 mg of acetaminophen. This study lends evidence to the opportunities to reduce ED opioid use where clinically indicated.

A recent study (Ochsner Journal 18: 42-45, 2018) reports the Ochsner Health System initiated a data transparency project in which provider opioid prescription rates in the emergency department were unblinded and shared among their provider group. Opioid prescription rates declined from 22% to 14% during the 1-year project, which suggests that transparent data analytics also can alter provider practice.

Preparing the hospital and community for such an approach requires cooperation among departments. Pharmacy, purchasing, IT, marketing, physicians and nurses all need to work together to develop protocols, orders, community outreach and awareness of changes in prescribing and expectations.

Opioid Reduction Options ("ORO") Plan

In its effort to help stem the over-prescribing of opioids, DMHAS developed an ORO Plan that is geared to assisting health facilities in minimizing the use of opioids as the first line of treatment in New Jersey Eds where clinically indicated.

The ORO program promotes the CERTA concept as described earlier by Dr. Motov: channels, enzymes, receptors, targeted, analgesia. The CERTA concept optimizes the following medication classes in place of opioids: Cox-1, 2, 3 inhibitors, *N*-methyl-D-aspartate ("NMDA") receptor antagonists, sodium channel blockers, nitrous oxide, inflammatory cytokine inhibitors and *gamma*-Aminobutyric acid ("GABA") agonists/modulators. Specific agents include NSAIDs and acetaminophen, ketamine, lidocaine, nitrous oxide, corticosteroids, benzodiazepines and gabapentin.

The ORO protocol targets multiple pain receptors, making use of non-opioid medications, and other procedures, such as trigger-point injections, nitrous oxide, and ultrasound-guided nerve blocks, to tailor a patient's pain management needs. These alternatives may include a combination of non-opiate medications delivered intravenously, through nerve blocks, intranasally, and orally, as well as the use of nitrous oxide to deal with severely acute pain.

Examples of the ORO approach includes:

- Treating renal colic with intravenous lidocaine;
- Managing acute lower-back pain with a combination of oral non-opioids and topical pain medications with directed trigger-point injections;
- Treating extremity fractures with ultrasound-guided nerve blocks; and
- Using an algorithm to manage acute headache/migraine pain with a variety of non-opioid medications.

Other approaches referenced in the background are also within the scope of ORO, such as the use of data transparency to impact prescribing practices. Only if patient's pain is not adequately managed using ORO techniques will opioids be used as a last resort intervention.

III. Vendor Tier Qualification Requirements

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

- The Vendor is a New Jersey acute care hospital with an Emergency Department and licensed by the NJ Department of Health. Hospitals with current opioid prescription rate in the ED at discharge of 5% or higher are eligible to apply;
- For a Vendor that has a contract with DMHAS in place when this RFP is issued, that Vendor must have all outstanding Plans of Correction ("PoC") for deficiencies submitted to DMHAS for approval prior to submission;
- The Vendor must be fiscally viable based upon an assessment of the Vendor's audited financial statements. If a Vendor 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 Vendor must not appear on the State of New Jersey Consolidated Debarment Report at http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml or be suspended or debarred by any other state or federal entity from receiving funds;
- The Vendor shall not employ a member of the Board of Directors as an employee or in a consultant capacity; and
- Pursuant to N.J.S.A. 52:32-44, a for-profit Vendor and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

IV. Contract Scope of Work

1. Opioid Reduction Committee ("ORC")

The Vendor shall, at a minimum:

1. Establish an Opioid Reduction Committee ("ORC") within 30 business days of contract award to oversee the development of its plan and subsequent implementation of the pain management program. The Vendor's ORC shall determine and implement organizational and operational protocols to be used in its pain management program;
2. Identify an internal representative to serve as the hospital's clinical project lead (e.g. physician, nurse, etc.). The identified individual will serve as the liaison on call with DMHAS's identified Project Coordinator and DOH's Project Coordinator. The hospital's clinical project lead shall serve as the main point of contact for all contract correspondence, provide hospital-specific data, and coordinate all training and technical assistance components as they relate to the scope of work.

2. Hospital-Specific ORO Reduction Plan (Pain Management Program)

The Vendor shall implement the hospital-specific ORO Plan submitted as part of its proposal to develop and maintain (with periodical updates) a pain management program based on the following tier requirements:

1. **Bronze Tier –** Develop, implement, and annually update a hospital-specific Reduction Plan. The Reduction Plan will be an evidence-based program that reports and monitors opioid reduction strategies through regular submission of data to DOH and DHS.
2. **Silver Tier –** The Vendor shall choose between two (2) options:
    A. Develop, implement, and annually update an evidence-based program that establishes evidence-based, best practice protocols (population-specific and clinically indicated) for opioid use reduction in the ED as clinically indicated; develops partnerships with other community organizations for peer support and ongoing treatment options; **OR**
    B. Achieve a reduction of patients leaving the ED with opioid prescriptions by 5% of the baseline data at the time of project initiation.

    As part of both Silver Tier options, the Vendor shall submit requested data to DOH and DHS.
3. **Gold Tier –** The Vendor shall choose between two (2) options:
    A. Develop, implement, and annually update an evidence-based program that establishes evidence-based, best practice protocols (population-specific and clinically indicated); develop partnerships with other community organizations for peer support and ensure ongoing treatment options for management of addiction dependence and overdose, medication assisted treatment; ensure warm-handoff to outpatient care; train ED staff as well as downstream providers in the community based best-practice protocols; **OR**
    B. Achieve a reduction of patients leaving the ED with opioid prescriptions by 10% of the baseline data at the time of project initiation.

As part of both Gold Tier options, the Vendor shall submit requested data to DOH and DHS.

3. Vendor Personnel Training

DOH will be collaborating with DMHAS to support hospitals on the pathway to reducing opioids in the ED through education and training coordinated by an outside vendor awarded by DOH. Hospitals chosen by DMHAS as a result this RFP process, will receive training on how to implement an ORO Plan within its own ED. The education program will present training modules for nurses, pharmacists, prescribers, ancillary staff and administrators, who will be expected to attend the training. Training can be

used as a foundation for implementation of any evidence-based opioid reduction plan. The selected trainer will convene three 6-hour education programs (one (1) in each region [north, central, and south] of the State).

Following the initial educational training hospitals will be divided into three (3) LC cohorts, one for the Bronze level, one for the Silver level and one for the Gold level. Each participating hospital will identify the participants in a committee that will develop and implement the hospital's strategy to commence its opioid reduction program that promotes the use of alternatives to prescribing opioids (when clinically indicated) to manage pain.

The LC cohort pursuing the Bronze Tier will develop, implement, and annually update a hospital-specific Reduction Plan. The Reduction Plan will be an evidence-based program that reports and monitors opioid reduction strategies through regular submission of data to the DOH and DHS.

The LC cohort pursuing the Silver Tier will use evidence-based, best practice protocols, develop partnerships with other community organizations for peer support and ongoing treatment options, or achieve a reduction of patients leaving the ED with opioid prescriptions by 5%.

The third LC cohort will be comprised of those hospitals pursuing the Gold Tier. In addition to the requirements for Silver Tier, this LC cohort will provide training to ED staff as well as downstream providers in the community, use advanced pain strategies and integrate the use of a Medication-Assisted Treatment ("MAT") and a "warm handoff" to treatment (for those they assess as having an addiction) or achieve a reduction of patients leaving the ED with opioid prescriptions by 10%.

4. Patient Education

The Vendor shall provide patient training, as it relates to safety and education, of the importance of using alternatives as a first line for mild to moderate pain, reserving opioids as a second line of treatment.

5. Reporting

Vendors shall provide the reports and data to DHS and DOH. Monthly reports shall be required for all tiers. One required report will be the number of patients receiving an opiate prescription divided by the total patients discharged from the ED to determine the opioid prescribing rate. Another will be a cumulative report and graph reflecting the rates each month.

Other information to be provided includes:

- Patients who received an opioid prescription and details about the prescription (Patient ID, date of birth, gender, race, ethnicity, county of residence, type of medication, dosage, duration, morphine milligram equivalent (MME)/day)

- Patients who received an ORO protocol (Patient ID, date of birth, gender, race, ethnicity, county of residence
- Frequency of each alternative utilized for discharged patients (e.g., non-opioid medications, nitrous oxide, guided nerve block, etc.)
- Type of strategy utilized (e.g., data transparency, policy change, etc.)

DMHAS reserves the right to request additional standard data that can be retrieved easily from the ED's Electronic Health Record.

For Gold Tier EDs, additional information to be reported includes:

- Description of evidence-based, best practice protocols utilized
- Description of partnerships developed with other community organizations for peer support and ongoing treatment options,
- Number of warm-handoffs of discharged patients to outpatient care
- Number of ED staff trained in best practice protocols
- Number of downstream providers in the community trained in best practice protocols

For Silver Tier EDs, additional information to be reported includes:

- Description of evidence-based, best practice protocols utilized
- Description of partnerships developed with other community organizations for peer support and ongoing treatment options

V. General Contracting Information and RFP Requirements

Vendors must currently meet or be able to meet the terms and conditions of 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 website at http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/
Contractors 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 to accomplish the goals of this project.

Vendors shall identify any other sources of funding, both in-kind and monetary, that will be used. Vendors shall not utilize current DHS/DMHAS awarded funding under other contracts to fund any costs incurred for the planning or preparation of a proposal in response to this RFP.

All Vendors will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards and prior to final award, as well as

through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded from this RFP is for one (1) year at DMHAS' sole discretion and with the agreement of the Vendor. 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.

VI. Written Intent to Apply and Contact for Further Information

Vendors must email RFP.submissions@dhs.nj.gov by May 22, 2019 indicating their agency's intent to submit a proposal. Submitting a notice of intent to apply does not obligate an agency to apply. Failure to submit an intent to apply does not disqualify a Vendor from applying for this funding opportunity.

Any questions regarding this RFP should be directed via email to RFP.submissions@dhs.nj.gov no later than May 7, 2019. All questions and responses will be compiled and emailed to all those who provided a notice of intent to apply. Vendors are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Vendor's Organization, History and Experience (15 points)

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

1. Describe the Vendor'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 Vendor's background and experience in implementing this or related types of services. Describe why the Vendor is the most appropriate and best qualified to implement this program in the target service area.
3. Describe the Vendor'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 Vendor's proposal.

4. Provide a description of all active litigation in which the Vendor is involved, including pending litigation of which the Vendor has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
5. Include a description of the Vendor's ability to provide culturally competent services.
6. Describe the Vendor's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (40 points)

In this section, the Vendor 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 Vendor's proposed approach to the business opportunity or problem described in this RFP, including the following.
    a. how the Vendor's approach satisfies the requirements as stated in the RFP;
    b. the Vendor's understanding of the project goals and measurable objectives;
    c. the Vendor's needs assessment to justify the services;
    d. all anticipated collaboration with other entities in fulfilling the requirements of the contract resulting from this RFP;
    e. all anticipated barriers and potential problems the Vendor foresees itself and/or the State encountering in the successful realization of the initiative described herein; and
2. The rate of opioid prescriptions written at discharge in the ED as of April 2019, that includes the number of individuals receiving an opioid prescription over the number of individuals receiving any prescription. Describe the data source utilized and how the rate was computed.
3. The evidence-based practice(s) that will be used in the design and implementation of the program.
    a. Identify if the application is for the Gold, Silver or Bronze tier; Vendors may only apply for one (1) tier.
    b. Describe the approaches, strategies and procedures that will be used for the tier selected;
    c. Describe how patient education will be addressed;
4. Describe the training plan for implementation of ORO protocols in the ED.
5. Provide the implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.

Outcome(s) and Evaluation (10 points)

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

1. The Vendor's measurement of the achievement of identified goals and objectives.
2. The evaluation of contract outcomes.

3. 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.
4. Attestation that the Vendor will supply DMHAS the data required for Federal reporting and will submit data to DOH. This includes the number and percent of individuals receiving opioid prescriptions out of all prescriptions written in the ED at discharge and the number of clients receiving the ORO protocol.

Staffing (10 points)

Vendors must determine staff structure to satisfy the contract requirements. Vendors should describe the proposed staffing structure and identify how many staff will be hired to meet the needs of the program.

1. Describe the composition and skill set of the proposed ORC, including staff qualifications.
2. Indicate the staff member who will be designated the Project Clinical Lead.
3. Describe how the funding will be used to cover clinical time that will be impacted by development of this program.
4. Provide details of the Full Time Equivalent ("FTE") staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
5. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
6. Identify the number of work hours per week that constitute each FTE in the Vendor's proposal. If applicable, define the Part Time Equivalent ("PTE") work hours.
7. Description of the proposed organizational structure, including an organizational chart in an appendix to the Vendor's proposal.
8. Describe the Vendor's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
9. Describe the approach for supervision of clinical staff, if applicable.
10. Provide a list of the Vendor's board members and current term, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors votes on contract-related matters.
11. Provide the list of names of consultants the Vendor intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s).

Facilities, Logistics, Equipment (5 points)

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

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

Budget (20 points)
DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, Vendors must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, Vendors are asked to provide budget notes.

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

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those who submit an intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file will result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
   a. Section 1 – Full operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
   b. Section 2 - Proposed one-time costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the Vendor's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the Vendor's current fringe benefit package.
7. If applicable, General & Administrative (“G&A”) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a Vendor that currently contracts with DMHAS should limit its G&A expense projection to “new”

G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.

8. Written assurance that if the Vendor 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 Vendor's proposal, limiting appendices to a total of 50 pages. **Omission of items #7-10 with proposal will exclude proposal from review.**

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

Additional attachments that are requested in the written narrative section and not listed in items #1-12 under Appendices do not count towards the 50-page limit for appendices. Appendix information exceeding 50 pages will not be reviewed.

The documents listed below are also required with the proposal, **unless the Vendor has a current contract with DMHAS and these documents are current and on file with DMHAS. Audits do not count towards appendices 50-page limit.** Submission of paper copies of audits are not necessary. Submit audits electronically via file transfer protocol site described in section VII. Submission of Proposal Requirements.

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

VIII. Submission of Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the Vendor in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 15 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the Vendor's narrative starts on page 3 and ends on

page 18, it is 16 pages long, not 15 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 June 4, 2019**.** All Vendors are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices excluding audits which are to be submitted electronically (six [6] total proposal packages) to the following address:

For private delivery vendor such as UPS or FedEx:

Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
120 South Stockton Street, 3rd Floor
Trenton, NJ 08611

OR

For U.S. Postal Service delivery:

Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
Trenton, NJ 08625-362

The Vendor 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 Vendor's proposal not arriving timely and, therefore, being deemed ineligible for RFP evaluation. The Vendor 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 Vendor must also submit its proposal (including proposal narrative, budget, budget notes, appendices and audits) electronically. The proposal must be uploaded as a PDF file and the Excel budget template as an Excel file 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 Vendor's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.
Go to: https://ftpw.dhs.state.nj.us.
Username - xbpupload
Password - Network1!

Directory - /ftp-dmhas/xbpupload

IX. Review of Proposals

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

The Vendor 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 Vendor 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, Vendor 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 Vendor's existing program(s), invite a Vendor for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The Vendor 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 Vendor(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in Policy Circular P1.04 (http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/).

DMHAS will notify all Vendors of contract awards, contingent upon the satisfactory final negotiation of a contract, by July 3, 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 July 10, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health and Addiction Services
5 Commerce Way
PO Box 362
Hamilton, NJ 08625-062
Fax: 609-341-2302

Or via email: Helen.Staton@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 July 17, 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 Vendor(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the Vendor has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the Vendor;
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. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
19. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
20. 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);
21. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
22. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

Date Received

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP: **Opioid Reduction Options (ORO) in the Emergency Department**

Incorporated Name of Vendor: _____

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

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

DUNS Number: _____

Address of Vendor: _____

_____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

Proposal for (check one): _____Bronze Tier _____Silver Tier _____Gold Tier

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

_____

_____

_____

Authorization: Chief Executive Officer (printed name):_____

Signature:_____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services
Statement of Assurances

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.

- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.

- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RLI, including development of specifications, requirements, statement of works, or the evaluation of the RLI applications/bids.

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

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

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

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

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

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

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

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

Applicant Organization	Signature: 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.