

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

REQUEST FOR PROPOSALS

**Nurse Care Management
in Opioid Treatment Programs (OTPs)**

June 28, 2021

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposal (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to embed Nurse Care Managers (NCMs) into Opioid Treatment Programs (OTPs) to manage physical health services, including hepatitis C, for individuals being served at the OTP. This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grant. The SOR grant period is September 30, 2020 to September 29, 2022. Funding is available through September 29, 2022, depending on federal appropriations. Total annualized funding for this RFP \$2,800,000 subject to federal appropriations.

Each full-time NCM team is expected to serve 250 clients. If OTPs can serve more than 250 clients, they are permitted to submit one proposal for each full-time team. If OTPs can propose to serve less than 250 clients, in such instances they are permitted to submit one proposal for partial funding of a part-time team. DMHAS anticipates making six (6) to nine (9) awards to maximize the impact of the NCM initiative based on unmet need.

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

Awards for *Nurse Care Management in OTPs* will be made with the goal of services being available across the state with special focus on high-need areas in both urban and rural areas. Related data can be found at DMHAS' website.¹ Special focus will be given to those who are at risk for, or who have been diagnosed with, hepatitis C. The NCM is expected to coordinate this treatment into the full array of services offered to each client served by the OTP.

Successful bidders will add nurse care management, along with case management and health coaching, to assist people with improvement of their overall health and well-being with an emphasis on hepatitis C and integration of their behavioral and medical healthcare.

In addition to onsite services, the successful bidder may provide services through telehealth, thereby expanding the reach of nurse care management, case management and health coaching.

The following summarizes the RFP schedule:

June 28, 2021	Notice of Funding Availability
July 12, 2021	Mandatory Bidders Conference
July 26, 2021	Deadline for receipt of proposals - no later than 4:00 p.m.
August 18, 2021	Preliminary award announcement

¹ <https://www.state.nj.us/humanservices/dmhas/publications/statistical/index.html>

August 25, 2021	Appeal deadline
September 1, 2021	Final award announcement
October 1, 2021	Anticipated contract start date

II. Background and Population to be Served

Background

As states continue to improve efforts to integrate behavioral and physical health care, treatment has steadily included nurse care management, case management and health coaching to reduce identifiable health risks associated with hepatitis C, other infectious diseases and medical issues that people managing opioid use disorder (OUD) are at high risk of contracting.² Research with this population shows that behavioral health interventions, such as motivational interviewing, education and case management help people successfully initiate and remain in care for hepatitis C and substance use disorder (SUD) treatments.³

In 2018-2019, a surveillance study was conducted by the New Jersey Department of Health at five (5) OTPs with the capacity to screen, treat or refer to medical providers; 38.6% of OTP clients who were tested for hepatitis C were found to be positive. Of those, 63% were referred to an outside medical provider for treatment, and 40% of those referred were able to attend a visit and receive treatment.⁴ This data shows that testing clients who participate in addiction treatment is beneficial to identifying infections and referral to treatment.

The study also revealed common barriers, such as lack of health insurance, misinformation about treatment, long wait times outside clinics, negative side effects, incarceration and other challenges that people encounter when attempting to seek treatment for infectious disease.

This *Nurse Care Management in Opioid Treatment Programs* initiative is designed to respond to this need for comprehensive care for the prevention, screening and treatment for physical health conditions. The full array of services will incorporate into a client's care plan integrated care for both behavioral health and medical care. Medical care includes, but is not limited to, acute illnesses, as well as chronic diseases, such as cardiometabolic syndrome, diabetes and lung disease. This initiative is designed to add nurse care management that would ensure that 100% of all clients are tested and treated. The addition of case management and health coaching would address barriers to care and increase the likelihood that people will stay in treatment, reduce risky behavior and fully recover from the disease.

² Substance Abuse and Mental Health Services Administration. *Addressing Viral Hepatitis in People with Substance Use Disorders*. Treatment Improvement Protocol (TIP) Series 53. HHS Publication No. (SMA) 11-4656. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

³ Meyer JP, Moghimi Y, Marcus R et al. Evidence-based interventions to enhance assessment, treatment, and adherence in the chronic hepatitis C care continuum. *Int J Drug Policy* 2015; 26

⁴ New Jersey OTP Hepatitis C Surveillance Study, 2018-2019

Population to be Served

All clients served by the successful bidders' OTP will be eligible for the services. Each client will be screened for hepatitis C and other medical conditions. All clients who test positive for chronic or acute illness must be offered and encouraged to receive treatment, case management and health coaching to increase the likelihood that their overall well-being improves.

The successful bidder will offer hepatitis C services to clients while they are in treatment at the OTP. No client will be denied care due to the use of prescribed or unprescribed benzodiazepines or other medications, or because he or she has been discharged or barred from the agency for administrative reasons other than behavior that threatens the safety of other clients. In such cases, the OTP must work to facilitate a transfer to another agency that can provide appropriate services.

OTPs must assure that an agency clinician will work with any client who has been prescribed medical marijuana to help that individual understand the risks of marijuana use and work towards using evidence-based alternatives to treat their mental/substance use disorder.

All eligible services must be billed to Medicaid or commercial insurance. NJ Addictions Fee-for-Service Network (FFS) may be payer of last resort for these services after all other eligible payment sources including these contracts have been used. The successful bidder must have a sliding fee scale and cannot require self-pay for clients who have public and/or private insurance, or who qualify for state funding.

III. Who Can Apply?

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

- The bidder may be a non-profit, for-profit or governmental entity;
- Applicant must be a NJ-licensed OTP with a commitment to providing nurse care management services to people managing SUD;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to proposal submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements;
- If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated [Debarment](#)

[Report](#)⁵ or be suspended or debarred by any other State or Federal entity from receiving funds;

- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies; and
- The bidder must attend the Mandatory Bidders Conference as described in the RFP.

IV. Contract Scope of Work

The successful bidder will implement the following objectives:

The OTP will:

1. Incorporate NCMs and physical health services in every client's care plan.
2. Partner with medical providers in the community that can offer treatment for hepatitis C and other co-morbid medical conditions, e.g., Federally Qualified Health Centers (FQHCs), primary care offices or specialty medical services including, but not limited to, cardiology, hepatology, nephrology, endocrinology, or infectious disease.
3. Provide services through telehealth per current regulations.
4. Plan for workforce development of all OTP staff regarding physical health diagnoses, treatments and prognoses.
5. Develop public awareness tools about accessibility to infectious disease care among community partners.
6. Develop a sustainability plan for nurse care management after this contract ends.
7. Provide services according to cultural competency and diversity, including competency in treating individuals with OUD. (Law against Discrimination, N.J.S.A. 10:5-1et seq.).

Nurse care management services will involve:

1. Developing protocols for physical health screening and assessment.
2. Screening, or review of screening completed by others, of 100% of all clients for hepatitis C, HIV and other related health conditions upon admission and at regular intervals.
3. Coordinating with prescribers at all community medical providers.
4. Delivery and/or review of the client nursing assessment.
5. Monitoring of health risks by providing screening, preventative care, analyzing lab/screening reports, and referring to treatment, where needed.
6. Developing or contributing to the medical components of the client care plan.

⁵ <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

7. Monitoring medications and medical treatments for potentially adverse interactions and effects, developing strategies to reduce or eliminate polypharmacy, and intervening where needed to protect the health and well-being of the client.
8. Developing and periodically revising medical aspects of the care plan based on information collected through client assessments, review of records, consultation with any treating physician and input from client and family.
9. Interfacing with Medicaid and private insurers to assure that information needed for medical coverage is available to the payer.
10. Investigating, and whenever possible, obtaining services for clients who are uninsured.
11. Ensuring the provision or coordination of high-quality health care services that are informed by evidence-based practices and coordinating preventative and health promotion services.
12. Interfacing with specialty medical services (e.g., cardiology, hepatology, nephrology, endocrinology, infectious disease) to include, but not limited to, referral to specialty practice, facilitation of the referral, communicating medical needs identified at the OTP, collecting records from the specialty care service provider necessary to inform care at the OTP, sharing records from the OTP to specialty care provider, periodically reviewing progress at the specialty care provider.
13. Assuring that all information from client, family, testing, evaluations and records are incorporated in the treatment of clients with hepatitis C and other chronic illnesses.

Case Manager services involve:

1. Assisting the NCM with contacting the client and any other providers, family and other community supports to ensure progress on the care plan and resolving any coordination problems that may occur.
2. Maintaining relationships with clients who are receiving inpatient or emergency care or are in re-entry from jail or prison.
3. Motivating clients to create personal health and wellbeing plans that specifically include their hepatitis C treatment using evidence-based practices, such as Motivational Interviewing (MI).
4. Supporting the NCM in coordination with Medicaid and private insurers.
5. Ensuring that all data about screening, rapid testing, referrals and ongoing treatment are documented in the OTP's electronic health record (EHR).
6. As defined in the Data Collection/Evaluation section, ensuring that all data required by DMHAS and by the federal Government Performance Requirements Act (GPRA)⁶ is supplied to DMHAS and/or the SOR third-party evaluator.

⁶ <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>

Health Coach services involve:

1. Educating client and family members about behavioral and physical health wellness and self-management.
2. Educating clients in state-of-the-art treatment for hepatitis C to dispel hesitation or concerns regarding older treatments that required lifetime care and distressing side-effects.
3. Developing and implementing self-monitoring tools for clients to use in managing OUD infectious disease and co-morbid illness.
4. Creating wellness stations within the OTP that help clients learn about prevention of infectious disease.

Budget:

Each full-time NCM team is expected to serve 250 clients. If OTPs can serve more than 250 clients, they are permitted to submit one proposal for each full-time team. If OTPs can propose to serve less than 250 clients, in such instances they are permitted to submit one proposal for partial funding of a part-time team. DMHAS anticipates making six to nine awards to maximize the impact of the NCM initiative based on unmet need.

Bidders may not use these funds to pay for the costs of laboratory tests or medications. To fund these costs, the successful bidder must, as stated in the *Contract Scope of Work*, partner with medical providers in the community that offer treatment for hepatitis C and co-morbid medical conditions. These partners should have the capacity to assist clients with costs through the Federal 340b Drug Pricing Program, pharmaceutical Patient Assistance programs, health insurance or other financial sources.

Data Collection/Evaluation

The successful bidder is required to comply with the DMHAS' program evaluation by responding to all data requests from DMHAS and its third-party evaluator, thus enabling DMHAS to meet all federal data reporting requirements. The successful bidder will collect and email to the SOR Initiative Manager and SOR Research Scientist on a monthly basis:

1. Program Outcomes

- Number of clients screened for hepatitis C and chronic, co-morbid medical conditions
- Number of clients testing positive for the above conditions
- Number of clients whose services are provided through telehealth
- Number of clients whose medical services are provided at a primary care community partner (e.g., FQHCs, primary care offices)
- Number of clients whose medical services are provided at specialty medical providers (e.g., infectious disease, cardiology, hepatology, nephrology, endocrinology)

2. Government Performance and Results Requirements Act of 2010 (GPRA):

Grantee is required to collect and report certain data so that SAMHSA can meet its obligations under GPRA. Grantee is required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Grantee is required to report client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Grantee is required to ensure all data reported are accurate.

Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six-months post intake, and at discharge. The GPRA intake interview must be completed within four days after the client begins receiving services. The GPRA follow-up window for the six-month interview is five to eight months after the intake interview. The discharge interview should be conducted on the day of discharge or after 30 days have elapsed if the client is lost to contact and has had no contact with the program for 30 days.

Bidders will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Bidders must submit completed GPRA forms to DMHAS for inputting into SAMHSA's Performance Accountability and Reporting System (SPARS). Details regarding submission of GPRA forms to DMHAS will be provided after award. GPRA training and technical assistance will be offered to bidders.

3. Consumer Satisfaction

The successful bidder is required to facilitate completion of a Consumer Satisfaction Survey developed by DMHAS midway through the grant period and at the end of the grant period.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the [DHS' website](https://www.nj.gov/humanservices/olra/contracting/policy/)⁷.

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

⁷ <https://www.nj.gov/humanservices/olra/contracting/policy/>

If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.

If there is an active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice it must be described in an appendix. Failure to disclose active or pending litigation may result in the bidder being ineligible for contract award at DMHAS' sole discretion.

Bidder's must be in compliance with contract commitments in regard to programmatic performance and level of service, if applicable.

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS' sole discretion and with the agreement of the awardee. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the [DHS' website](#)⁸, programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Should service provision be delayed through no fault of the provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at [NJAC 10:37](#)⁹.

⁸ <https://www.nj.gov/humanservices/olra/contracting/policy/>

⁹ <https://www.nj.gov/humanservices/providers/rulefees/regs/>

VI. Mandatory Bidders Conference

A bidder intending to submit a proposal in response to this RFP must attend a virtual Mandatory Bidders Conference at 1:00 pm on July 12, 2021. It is the responsibility of the bidder to arrive promptly at the beginning of the Mandatory Bidders Conference and sign in to confirm attendance. A proposal submitted by a bidder not in attendance will not be considered.

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify technical aspects of the RFP. This ensures that all potential bidders have equal access to information. Questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders Conference, are not permitted. Responses to emailed questions will be distributed to all attendees of the Mandatory Bidders Conference. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP must register for the Mandatory Bidders Conference by emailing SUD.upload@dhs.nj.gov. Instructions regarding how to attend the virtual Mandatory Bidders Conference will be sent to those who register.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Needs Statement (10 points)

Awards for *Nurse Care Manager in OTPs* will be made with the goal of services being available across the state with special focus on high-need areas and those who are at risk for, or who have been diagnosed with, hepatitis C. Related data on high-need areas can be found on DMHAS' website¹⁰, and related data on prevalence of hepatitis C can be found on the Department of Health's website¹¹.

1. Describe the need for nurse care management services in the area the successful bidder will serve.
2. Describe any similar health management services currently available and how many people are currently being served through them.
3. Describe the gap in that service area and how the successful bidder will address the gap, including any outreach, referrals, partnerships and affiliations.

¹⁰ <https://www.state.nj.us/humanservices/dmhas/publications/statistical/index.html>

¹¹ https://www.state.nj.us/health/populationhealth/opioid/viral_hep.shtml

4. Describe the cultural diversity in the successful bidder's service area and how services will meet the cultural needs of the community.
5. Describe the number of clients to be served by the NCM team funded by this initiative.

Project Description (45 points)

In this section, please fully describe how the successful bidder will:

1. Integrate nurse care management services and physical health services in every client's care plan.
2. Include the NCM in the intake process and ongoing care for every client.
3. Ensure that all medical services are addressed through collaboration with the OTP's medical provider and other clinical team members.
4. Ensure that the NCM interacts and coordinates with existing nurse services.
5. Organize care teams to effectively integrate the NCM, case manager and health coach into existing clinical teams.
6. Determine schedules for clients to meet with the NCM, case manager and health coach.
7. Ensure that all clients give consent for, and are educated about, nurse care management services.
8. Determine high-quality community medical providers who will accept referrals for medical treatment of the OTP's clients.
9. Educate community medical providers who may be hesitant to work with people who manage SUD about the importance of integrating behavioral and medical health care.
10. Establish an effective continuum of care for people with existing medical providers in their communities.
11. Screen and assess for hepatitis C and HIV.
12. Coordinate with community partners that prescribe medications for hepatitis C antiviral treatment.
13. Interface with specialty medical services (e.g., cardiology, oncology, nephrology, endocrinology, infectious disease).
14. Maintain relationships with clients who are receiving inpatient or emergency care or are in re-entry from jail or prison.
15. Ensure that the NCM's plan for medical care informs every aspect of the client's care.
16. Incorporate services that help clients become motivated to include physical health and wellness into their recovery plans.
17. Ability to provide services through telehealth when indicated.
18. Work to provide services to people who are uninsured.
19. Partner with community medical providers that have the capacity to assist clients with the costs of laboratory tests and medications.
20. Interface with Medicaid and private insurers to ensure that information needed for medical coverage is available to the payer
21. Plan for workforce development of all OTP staff regarding physical health diagnoses, treatments and prognoses.
22. Develop public awareness tools about accessibility to infectious disease care among community partners.

23. Develop a sustainability plan for nurse care management after this contract funding ends.
24. Provide services according to cultural competency and diversity, including competency in treating individuals with OUD¹².
25. Provide care for clients who are using prescribed or unprescribed benzodiazepines or other medications or other medications for co-morbid medical conditions.
26. Provide care for clients who have been discharged or barred from the agency for administrative reasons other than behavioral that threatens the safety of other clients.
27. Provide care for clients who have been prescribed medical marijuana.

Staffing (10 points)

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

1. Describe qualifications of the registered nurse care manager. Provide details of nurse manager to be hired; include hours/staffing schedule, number of hours per staff, and credentials of staff. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff.
2. Describe qualifications of case manager. Provide details of case manager to be hired; include hours/staffing schedule, number of hours per staff, and credentials of staff. Details should include currently on-board or to-be-hired staff, with details of recruitment effort. Identify bilanguage staff.
3. Describe qualifications of health coach. Provide details of health coach including hours/staffing schedule, number of hours per staff person. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff.
4. Provide copies of job descriptions and resumes as an appendix – limited to two (2) pages each – for all proposed staff.

Outcomes and Evaluation (10 Points)

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

1. Include a statement of commitment to collaborate with DMHAS on data collection.
2. Identify the staff position that will be responsible for oversight of the data collection.
3. Describe how data collection will be incorporated in your agency's workflow.
4. Describe how you will ensure that all data required by DMHAS and by the federal Government Performance Requirements Act (GPR) is supplied to DMHAS and/or the SOR third-party evaluator.

Facilities, Logistics, Equipment (5 points)

¹² Law Against Discrimination, N.J.S.A. 10:5-1et seq.

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

Budget (20 points)

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

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

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those who attend the Mandatory Bidders Conference. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site described in *VIII. Submission of Proposal Requirements*. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & 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, labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues; (which by formula will be included in total award) and
 - b. Section 2 - Proposed one-time costs up to \$100,000 of total budget.
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. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff (only if being allocated to this program) and total hours per workweek.
5. Identify the number of hours per consultant and sub-contractee.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.

7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages. Please note that if **items #7 through #13** are not submitted and complete, the proposal will not be considered.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm’s name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder’s charitable registration status ¹³;
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 Iran¹⁴;
11. Statement of Bidder/Vendor Ownership Disclosure ([ownership disclosure](#)¹⁵);
12. Attestation of Program Requirements (RFP Attachment E);
13. Attestations of Contract Requirements (RFP Attachment F); and
14. Original and/or copies of letters of commitment/support.

Additional attachments that are requested in the written narrative section and not listed in items #1-14 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 bidder 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.**

1. Most recent single audit report (A133) or certified statements; and

¹³ www.njconsumeraffairs.gov/charities

¹⁴ <https://www.nj.gov/treasury/purchase/forms.shtml>

¹⁵ <https://www.nj.gov/treasury/purchase/forms.shtml>

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 bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 10 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 13 it is 11 pages long, not 10 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on July 26, 2021. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Additionally, bidders must request login credentials by emailing SUD.upload@dhs.nj.gov **no later than one (1) week before the proposal is due**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

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

IV. Review of Proposals

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

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the combined score from the proposal narrative and budget as well as fiscal viability.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in

each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in [Policy Circular P1.04](#)¹⁶.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by August 18, 2021.

V. 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 August 25, 2021. 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
Trenton, NJ 08625
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 September 1, 2021. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

VI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a

¹⁶ <https://www.nj.gov/humanservices/olra/contracting/policy/>

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: [annual report](#)¹⁷);
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;

¹⁷ <https://www.njportal.com/DOR/annualreports/>

24. Business Registration (online inquiry to obtain copy at [Registration form](#)¹⁸; for an entity doing business with the State for the first time, it may register at [1st Time Registration](#)¹⁹);
25. Source Disclosure (EO129) ([Source Disclosure](#)²⁰); and
26. Chapter 51 Pay-to-Play Certification ([Pay2Play Cert](#)²¹).

VII. Attachments

¹⁸ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp

¹⁹ <https://www.nj.gov/treasury/revenue/>

²⁰ <https://www.nj.gov/treasury/purchase/forms.shtml>

²¹ <https://www.nj.gov/treasury/purchase/forms.shtml>

Attachment A – Proposal Cover Sheet

Date Received _____

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

Name of RFP: **Nurse Care Management in Opioid Treatment Programs (OTPs)** _____

Incorporated Name of Bidder: _____

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

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

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated individuals to be served: _____

County in which services are to be provided: _____

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

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

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

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

Attachment E -- Attestation of Program Requirements

STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

Division of Mental Health and Addiction Services

Attestation of Program Requirements

Please note that if this Attestation of Program Requirements is not submitted, the bidder's proposal will not be considered. Every box must be checked, and this attestation must be signed by the bidder's Chief Executive Officer.

Name of RFP: **Nurse Care Management in Opioid Treatment Programs (OTPs)**

Incorporated Name of Bidder: _____

Address Where Services Will Be Delivered: _____

Attests that:

- Agency will not refuse care to any client due to the prescribed use of benzodiazepines.
- Agency will not refuse care to any client due to the use of unprescribed benzodiazepines.
- Agency will not refuse care to any client due to the use of prescribed medications for co-morbid medical conditions.
- An agency clinician will work with any client who has been prescribed medical marijuana to help that individual understand the risks of marijuana use and will work towards using evidence-based alternatives to treat his or her mental/substance use disorder.
- Agency will not refuse care to any client who has been administratively discharged or barred from care for administrative reasons other than behavior that threatens the safety of other clients. In these cases, the OTP must work to facilitate a transfer to another agency that can provide appropriate services.
- Agency will work collaboratively with DMHAS to collect data for state and federal quality improvement purposes.

Authorization: _____

Chief Executive Officer (printed name): _____

Signature: _____

Date: _____

Attachment F -- Attestation of Contract Requirements

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Division of Mental Health and Addiction Services
Attestation of Contract Requirements

Please note that if this Attestation of Contract Requirements is not submitted, the bidder's proposal will not be considered. Every box must be checked, and this attestation must be signed by the bidder's Chief Executive Officer.

Name of RFP: **Nurse Care Management in Opioid Treatment Programs (OTPs)**

Incorporated Name of Bidder: _____

Address Where Services Will Be Delivered: _____

Attests that:

All outstanding Plans of Correction (PoCs) for any deficiencies in all contracts currently with DMHAS have been submitted to DMHAS for approval before this proposal has been submitted, as stated in section, *Who Can Apply?*

It is in compliance with contract commitments in regard to programmatic performance and level of service, as stated in the section, *General Contracting Information*.

Authorization: _____

Chief Executive Officer (printed name): _____

Signature: _____

Date: _____