

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

REQUEST FOR PROPOSALS

**Substance Use Disorder Peer Recovery Specialists
for Residential Treatment**

March 22, 2023

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for substance use disorder (SUD) residential treatment agencies contracted by DMHAS to hire Peer Recovery Specialists to provide non-clinical assistance and recovery supports services to individuals in SUD residential treatment. Total annualized funding is \$5M subject to federal appropriations. This RFP is funded by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant COVID-19 Supplement and the American Rescue Plan Act of 2021 from the Substance Abuse and Mental Health Services Administration (SAMHSA). The DMHAS is making approximately 65 awards, depending upon demand, of up to \$75,000 annually to support the hiring of a Peer Recovery Specialist to work in residential services. Funding is available for two years. This includes inpatient withdrawal management, short-term and long-term residential, and halfway house. Agencies can request one peer for each different level of care they provide at a given site.

Recovery Specialists will work with individuals to assist with issues that often occur concurrently with a SUD, such as homelessness, incarceration, legal issues, employment, education, transportation, need for social services, health care, child welfare involvement, child care, health insurance, documentation, etc. The Recovery Specialist will provide services according to a recovery based philosophy of care and support the individuals' continuing stability, recovery and wellness as they move through the treatment and recovery continuum. The Recovery Specialist will support recovery planning by linking individuals to resources and appropriate culturally-specific services in the community, identifying factors that impact wellness and recovery, and modeling strategies on how to manage addiction successfully. They will encourage clients to remain in treatment as recommended in their treatment plan.

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

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 on their proposal budget. Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the **anticipated** RFP schedule:

March 22, 2023	Notice of Funding Availability
March 29, 2023	Questions on RFP are due no later than 4:00 p.m. ET

April 27, 2023	Deadline to submit written intent to apply - no later than 4:00 p.m. ET
April 27, 2023	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials - no later than 4:00 p.m. ET
May 4, 2023	Deadline for receipt of proposals - no later than 4:00 p.m. ET
June 8, 2023	Preliminary award announcement
June 15, 2023	Appeal deadline - no later than 4:00 p.m. ET
June 22, 2023	Final award announcement
July 13, 2023	Anticipated contract start date

II. Background and Population to be Served

Over the last several years, the DMHAS has made significant efforts to increase the SUD peer workforce. Recovery Specialists were hired for the Opioid Overdose Recovery Program (OORP), Support Team for Addiction Recovery (STAR) and Telephone Recovery Support (TRS) programs, where they now play a vital role. The DMHAS has worked to develop two peer credentials, the Certified Peer Recovery Specialist (CPRS) and National Peer Recovery Support Specialist (NPRSS) and has worked with Medicaid to reimburse OORP services in Emergency Rooms and SUD peer services in outpatient settings. However, there is currently a gap in the provision of peer services in residential settings. These services are not eligible for reimbursement by Medicaid. The goal of this RFP is to continue to expand the SUD workforce and the wealth of experience peers can bring to treatment settings.

According to a report from the University of California San Francisco (UCSF), while peer providers have traditionally worked as volunteers, changes in mental health and SUD treatment and recognition of the importance of long-term recovery support, have led to a professionalization of this role with formalized training and certification, and the potential for paid employment. In recent years, the peer support services (PSS) workforce has evolved to become an essential part of mental health and addiction treatment, family support, and primary care services (Chapman, S., Blash, L., and Chan, K. (2015)). The Peer Provider Workforce in Behavioral Health: A Landscape Analysis. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.)

SAMHSA defines peer support services (PSS) as specialized assistance that is delivered by a person in recovery from serious mental illnesses (SMI), substance use, or co-occurring mental and substance use conditions, before, during, and after treatment to facilitate a recipient's long-term recovery in the community (Chinman, George, Dougherty, Daniels, Ghose, Swift, and Delphin-Rittmon (2014)). The goal of these services is to assist with the development of strategies to promote coping, problem-solving, and self-management of a person's behavioral health condition. This is accomplished by the peer support specialist drawing upon his/her own lived experiences and empathy to help others by promoting hope, developing skills and insights, fostering treatment engagement, accessing community supports, and building a satisfying life. Through the Recovery Community Services Program (RCSP), the

Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT) funds grant projects across the country to develop and deliver these services. The peer recovery support services developed by the RCSP projects help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Because they are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.

Bassuk et al conducted a systematic review of the evidence on the effectiveness of peer support services for people in recovery from alcohol and drug addiction, which resulted in nine studies meeting the criteria for inclusion in the review. Despite methodological limitations found in the studies, the body of evidence suggested beneficial effects on participants (Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-delivered recovery support services for addictions in the united states: a systematic review. *Journal of Substance Abuse Treatment*. 2016;63:1–9.) In another systematic review, Reif et al evaluated peer support services for individuals with substance use disorders resulting in ten studies that met the review criteria. The studies demonstrated increased treatment retention, improved relationships with treatment providers and social supports, increased satisfaction, and reduced relapse rates (Reif S, Braude L, Lyman DR, et al. Peer recovery support for individuals with substance use disorders: assessing the evidence. *Psychiatric Services*, 2014;65(7):853–861.)

A literature review by Tracy K, Wallace SP found ten studies that met their minimum inclusion criteria, including randomized controlled trials or pre-/post-data studies, adult participants, inclusion of group format, substance use-related, and US-conducted studies published in 1999 or later. Studies demonstrated associated benefits in the following areas: 1) substance use, 2) treatment engagement, 3) human immunodeficiency virus/hepatitis C virus risk behaviors, and 4) secondary substance-related behaviors such as craving and self-efficacy. Peer support groups included in addiction treatment show much promise in potentially reducing substance use, improving engagement, reducing HIV/HCV risk behaviors, and improving substance-related outcomes (Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, 2016 Sep 29;7:143-154.)

Another review by the Peer Recovery Center of Excellence states that because of the knowledge gained through lived experience of addiction and recovery, and specialized training received, Peer Support Workers (PSWs) are uniquely positioned to provide four key types of social support often missing from the addiction and recovery field: emotional, informational, instrumental and affiliational. **Emotional** support is perhaps the most readily understood, as it is central to the peer role; peers offer empathy, encouragement, and care to the peers with whom they work. In providing **informational** support, PSWs share knowledge and information about the recovery process and often provide skills training related to achieving and maintaining a life in recovery. **Instrumental** support is a tangible form of support, providing concrete assistance to

accomplish tasks, such as providing transportation. Through **affiliational** support, peer specialists help connect individuals to the greater recovery community, wrapping them in a supportive (Peer Recovery Support: Evolving Roles and Settings: A Literature Review, March 2021.)

III. Who Can Apply?

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

- The bidder must be a non-profit or governmental entity;
- The bidder must be currently contracted by DMHAS to provide SUD residential treatment services (inpatient withdrawal management, short-term residential, long-term residential, halfway house);
- Site of services must be licensed by the Department of Health Division of Certificate of Need Licensing (CN&L) to provide SUD residential treatment prior to the start of services;
- 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](#)¹ or be suspended or debarred by any other State or Federal entity from receiving funds; and
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity.

IV. Contract Scope of Work

The Peer Recovery Specialist will provide non-clinical assistance and recovery supports services and will work with individuals to assist with issues that often occur concurrently with a substance use disorder, such as homelessness, incarceration, legal issues, employment, education, transportation, need for social services, health care, child welfare involvement, child care, health insurance, documentation, etc. The Recovery Specialist will provide services according to a recovery based philosophy of care and support the individuals' continuing stability, recovery and wellness as they move through the recovery continuum and support recovery planning by linking individuals to resources and appropriate culturally-specific services in the community, identifying factors that impact wellness and recovery, providing assistance in the managing of crisis situations, and modeling strategies on how to manage addiction successfully.

¹ <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

Other examples of peer services include: recovery mentoring/coaching, recovery connecting, recovery consultation, peer support groups, and telephone recovery support.

Service delivery should begin as soon as possible and no later than three (3) months after award.

Cultural Competency

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

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

The successful bidder will:

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

Peer Recovery Specialist Requirements

The Recovery Specialist should at minimum possess a high school diploma or equivalency; associate's degree or above preferred. Duties include providing recovery support and peer coaching to program participants. The Recovery Specialist will be required to attend a three (3) day DMHAS mandated training that delineates peer role functions, competencies, responsibilities and includes an orientation to DMHAS' multiple treatment initiatives. If not already credentialed, it is expected that the Recovery

Specialist will work towards attaining a Certified Peer Recovery Specialist (CPRS) or National Certified Peer Recovery Support Specialists (NCPRSS) credential by attending free training offered by NJPN. The Recovery Specialist must have two (2) years of experience in the guiding principles of recovery that assist individuals to improve their health and wellness, live a self-directed life, and reach their full potential. The Recovery Specialists will work with individuals to support and strengthen their capacity to engage in their personal recovery. The competencies and role of the Recovery Specialist shall include, but are not limited to the following:

- In collaboration with the individual, develop a recovery plan which should include culturally competent and relevant services that identifies goals with measurable objectives, assesses strengths, can be used to work towards those goals, identifies barriers that can inhibit goal attainment, and monitors the progress made attaining those goals;
- Educate the individuals on how to navigate treatment, social service and recovery support systems;
- Provide recovery support services based on the individual's preference and his/her assessed needs;
- Support the individuals as they move through the stages of change to encourage them in their recovery;
- Assist the individuals with accessing recovery support services in the community;
- Work collaboratively with the case manager to ensure the individual engages in services and transitions to the next level of care when indicated;
- Be a positive role model by sharing experiential knowledge, hope, and skills;
- Maintain relationships with the individual in order to assist him/her in the treatment engagement and retention process;
- Reinforce, guide, and reassure the individual that recovery is possible, and is built on multiple strengths, coping abilities, and the resources of each individual;
- Assist the individual with gaining skills and resources needed to initiate and maintain recovery and maintain compliance with MAT if it is part of their treatment;
- Assist in establishing and sustaining a social and physical environment supportive of recovery;
- Enhance identification and participation in the recovery community;
- Advocate for appropriate and effective community treatment and recovery;
- Empower individuals to make self-determined and self-directed choices about their recovery pathway;
- Provide support with face to face sessions and/or telephone support based on the individual's personal choice; and
- Help individuals maintain healthy community, family and social functioning.

The successful bidder will ensure that the Recovery Specialist receives adequate supervision which will include bi-weekly face-to-face meetings, either in person or virtually.

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

Outcomes/ Data Collection

The successful bidder will be expected to participate in the evaluation of program outcomes. The successful bidder will be required to comply with DMHAS' program evaluation by responding to data requests from DMHAS and its evaluator, participating in the data collection system to be developed for this program, facilitating completion of consumer satisfaction questionnaires and any other required monitoring activities. When requested, the successful bidder will document units of service delivered using data collection forms developed by DMHAS.

The successful bidder will work with DMHAS' program evaluation team and other collaborative partners to identify specific program outcomes demonstrating the effectiveness of this service model and the effectiveness of activities related to diversity, inclusion, equity, and cultural/linguistic competence. Outcomes will include treatment engagement, reduction in substance use, retention in treatment and transition to the next level of care when indicated. The bidder will then be expected to report on these outcomes quarterly.

Other

The successful bidder must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing, legible and posted in a clearly visible, common location accessible to all who enter the facility.

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

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

All data, technical information, materials gathered, originated, developed, prepared, used or obtained in the performance of the requested services, including but not limited to, all papers, reports, surveys, plans, charts, records, analyses or publications produced for, or as a result of, this agreement (hereinafter "Work Product") shall bear an acknowledgement of DMHAS' support and shall be the property of DMHAS. The successful bidder shall submit any such work product to DMHAS sixty (60) days prior to the publication or presentation. DMHAS shall have sixty (60) days from the date the document is delivered to review. A party shall agree to abide by the policies of the applicable journals and presentations organizers as to such matter as the public release or availability of data related to the publication or presentation, including poster presentations (collectively "Publications"). All parties shall mutually agree to resolve any difference which may arise during the review of a Publication. Authorship of Publications of the research results will be determined in accordance with appropriate scientific and academic standards and customs. Proper acknowledgements will be made for the contribution of each party to the research. Due consideration shall be given to the scheduling of any Publication to allow time to: (a) seek protection of any intellectual property which may be developed by one of the parties, such period not to exceed thirty (30) days and (b) identify confidential information which one party may wish to delete. It is recognized that due to the nature of the services of the RFP, articles may be jointly authored, and such joint authorship shall be so recognized where appropriate. No work product produced utilizing funds or data obtained under this Agreement shall be released to the public without the prior written consent of DMHAS. DMHAS shall have the right to edit such work product and shall further have the right to add co-authorship or disclaimers as it, in its sole discretion, deems appropriate. DMHAS shall assume all responsibilities relative to determining compliance and effect of the Open Public Records Act (N.J.S.A. 47:1A-1) as it pertains to work products provided by the successful bidder.

DMHAS reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, the work products (deliverables) developed pursuant to the RFP.

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, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. These documents are available on the [DHS website](#)².

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).

² <https://www.nj.gov/humanservices/olra/contracting/policy/>

Budgets should accurately reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract.

The contract awarded as a result of this RFP may be renewable at DMHAS' sole discretion and with the agreement of the successful bidder. 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](#)³, programs awarded a contract pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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

VI. Written Intent to Apply and Contact for Further Information

Bidders must email SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on April 27, 2023 indicating their agency's intent to submit a proposal for the Recovery Support Specialist RFP. It is required that the bidder email their notice of intent to submit a proposal no later than the April 27, 2023 deadline. If a bidder's notice of intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on March 29, 2023. All questions and responses will be compiled and emailed to all those who submit a question or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

³ <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (10 points)

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the agency's work with the target population and marginalized underserved populations, and the number of years' experience working with the target population and marginalized underserved populations.
2. Describe the bidder's background and experience in implementing this or related types of services. A description of bidder's experience in successfully providing peer services to the target population and having effective linkages with appropriate not-for profit agencies, government, and service providers in the community in which the proposed program will be located or be readily accessible through public transportation, and who could serve as resources for and/or provide off-site services.
3. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
4. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
5. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation, such as an appendix, to the bidder's proposal.
6. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
7. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
8. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
9. If applicable, document that the bidder's submissions are up-to-date in the New Jersey Substance Abuse Management System, Unified Service Transaction Form, Quarterly Contract Monitoring Report and Bed Enrollment Data System.

10. Describe the bidder'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 bidder is to provide an overview of how the services detailed in the scope of work will be implemented and the timeframes involved, specifically addressing the following:

1. A statement and explanation of the project goals and measurable objectives. All goals must be clearly and directly linked to the desired outcomes of the project. All objectives under each goal should also be clear and measurable. A description of the program activities to achieve the stated goals and objectives, any anticipated barriers in meeting the goals, and plans to overcome them.
2. A description of the population to be served in the bidder's proposed program and anticipated service needs.
3. Completion of the attached Recovery Specialist Staffing Request Grid (Attachment F) to indicate the site and level of care for which you intend to hire Recovery Specialists. Only one Recovery Specialist can be hired for a specific Level of Care at each site. Indicate the total number of peers for which you are seeking funding.
4. Description of how the demographic makeup of the catchment area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches.
5. A detailed description of the services to be provided by the Recovery Specialist.
6. Attach a flow chart outlining the operational steps of the proposed program and a table of organization that specifies the proposed program's structure in relationship to the agency and its other operations.
7. A detailed description of bidder's collaboration specifically around the planning and implementation of this project.
8. A detailed description of how the Peer Recovery Specialist will work with other organizations to coordinate access to the appropriate recovery sustaining services.
9. A description of measures that will be taken to ensure that services are provided in a culturally competent, linguistically appropriate, and sensitive manner.
10. Outcomes to be achieved by individuals to be served and description of how Recovery Specialist services would effectively assist them to achieve those outcomes.
11. A description of the approach for developing and monitoring the individual's Recovery Plan.
12. A description of how the Recovery Specialist will be integrated with the treatment team.
13. Explanation of the bidder's understanding of person-centered planning for wellness and recovery, and description of how the bidder's understanding characterizes service delivery across the range of services to be provided within this program.
14. Explanation regarding professional boundaries and ethical guidelines the Recovery Specialist will adhere to with the individual and description of how conflicts will be handled.

15. A description of the process and timeline for program implementation, including how quickly the Recovery Specialist can be hired, trained and provide services. 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.
16. State a policy which supports an individual who is receiving medication assisted therapy (MAT) and those who initiate MAT, including how the Recovery Specialist will help connect individual to MAT if indicated by the treatment plan and assist individual to maintain compliance with MAT.
17. The sustainability plan for the project at the end of the contract.
18. A description of the agency's last Continuous Quality Improvement effort, including items identified as issues, actions that were taken and outcomes.
19. Approach for developing and monitoring the individual's recovery plan and plan for reviewing the individual's financial health, specific individual housing, employment, educational, legal, family, social and health needs.

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. A description of how the bidder will measure outcomes related to retention in treatment and personal recovery.
2. The bidder's approach to measurement of individual satisfaction.
3. The bidder's measurement of the achievement of identified goals and objectives.
4. Assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with the DMHAS evaluator.
5. Details regarding an outside entity if the bidder plans to use to conduct an evaluation of the proposed program, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
6. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particularly noting any reduction of disparities and barriers in access, quality, and treatment outcomes.

Staffing (15 points)

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

1. Describe the composition and skill set of the Recovery Specialist, including staff qualifications.
2. 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 recruitment effort. Identify bilingual staff.
3. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent work hours.

4. Describe the planned caseloads for the Recovery Specialist by level of care.
5. Describe the approach for supervision of the Recovery Specialist.
6. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
7. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
8. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
9. Describe the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
10. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
11. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
12. Provide a list of the bidder's board members and their current terms, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors votes on contract-related matters.
13. Provide a list of consultants the bidder 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 bidder should detail its facilities where normal business operations will be performed and identify equipment and other logistical issues, including:

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 bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.
3. 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 the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders 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 a timely 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 may 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 annualized 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, if any, which will be included in the Total Gross Costs.
2. Budget notes detailing and explaining the proposed budget methodology, 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 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 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 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, including agreement to obtain approval as a Medicaid-eligible provider.

Attachments/Appendices

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

Please note that if Required Attachments #1 through #5 are not submitted and complete, the proposal will not be considered. Required Attachments #6 through #8 below are also required with the proposal unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.

The collective of Required Attachments #1 through #6 and Appendices #1 through #9, is limited to a total of 50 pages. Audits and financial statements (Required Attachments #7 and #8) do not count towards the appendices' 50-page limit. Appendix information exceeding 50 pages will not be reviewed.

Required Attachments

1. Department of Human Services Statement of Assurances (RFP Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
3. [Disclosure of Investment in Iran](#)⁴;
4. [Certification of Non-Involvement in Prohibited Activities in Russia or Belarus](#)⁵;
5. Statement of [Bidder/Vendor Ownership Disclosure](#)⁶;
6. Pursuant to Policy Circular P. 11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
7. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years; and
8. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid.
9. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

Appendices

1. Copy of documentation of the [bidder's charitable registration status](#)⁷;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support;
8. Cultural Competency Plan;
9. Program Flow Chart; and
10. Recovery Specialist Staffing Request Grid (Attachment F).

⁴ www.nj.gov/treasury/purchase/forms.shtml

⁵ www.nj.gov/treasury/purchase/forms.shtml

⁶ www.nj.gov/treasury/purchase/forms.shtml

⁷ www.njconsumeraffairs.gov/charities

VIII. Submission of Proposal Requirements

A. Format and Submission Requirements

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

Proposals must be submitted no later than 4:00 p.m. ET on May 4, 2023. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Proposals should be submitted in the following three files.

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

Additionally, bidders must request login credentials for this RFP by emailing SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on April 27, 2023, in order to receive unique login credentials for the Peer Recovery Support Specialist RFP to upload your proposal to the SFTP site. Email requests for login credentials must include the title of this RFP, individual's first name, last name, email address and name of agency/provider.

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

B. CONFIDENTIALITY/COMMITMENT TO DEFEND AND INDEMNIFY

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

Bidder should submit a completed and signed Commitment to Defend and Indemnify Form (Attachment G) with the proposal. In the event that Bidder does not submit the

Commitment to Defend and Indemnify Form with the proposal, DHS reserves the right to request that the Bidder submit the form after proposal submission.

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

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

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

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

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

IX. Review of Proposals

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

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

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from

the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the review committee's averaged score for the proposal's narrative and budget sections combined with the fiscal viability score.

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

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in [Policy Circular P1.04](#)⁸.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by June 8, 2023.

X. Appeal of Award Decisions

All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. ET on June 15, 2023. 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
PO Box 362
Trenton, NJ 08625-0362
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.

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

DMHAS will review all appeals and render a final decision by June 22, 2023. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the [Annual Report-Charitable Organization](#)⁹;
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;

⁹ <https://www.njportal.com/DOR/annualreports/>

20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at [Registration Form](#)¹⁰; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)¹¹;
25. Source Disclosure ([EO129](#))¹²; and
26. Chapter 51 [Pay-to-Play Certification](#)¹³.

XII. Attachments

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

¹⁰ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp

¹¹ <http://www.nj.gov/treasury/revenue>

¹² www.nj.gov/treasury/purchase/forms.shtml

¹³ 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: Peer Recovery Support Specialist

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/Countries in which services are to be provided: _____

Total number of Peer Recovery Support Specialists in your request: _____

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 C.F.R. 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 C.F.R. 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 P.L. 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 C.F.R. 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 C.F.R. 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 - Mandatory Equal Employment Opportunity Language

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**

Attachment F – Recovery Specialist Staffing Request Grid
Location of Peers to be Hired by Site and Level of Care

Agency name: _____

Total number of Peer Recovery Specialists in your request: _____

Agencies may request one (1) Peer Recovery Specialist for each different level of care (i.e. inpatient withdrawal management, short term and long term residential, and halfway house) provided at a given site. Complete the following grid detailing the location of each Peer Recovery Specialist in your request.

Location of Peers to be Hired by Site and Level of Care

Site Full Address	County	Level of Care	CN&L License Number

Attachment G – Commitment to Defend and Indemnify Form

Department of Human Services Commitment to Defend and Indemnify Form

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

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

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

(Signature)

(Print Name)

Title

Entity Represented

Date