

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

REQUEST FOR PROPOSALS

Outpatient Treatment Services in Ocean County

October 5, 2015

Valerie Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

TABLE OF CONTENTS

I.	Purpose and Intent.....	3
II.	Background and Population to be Served.....	3
III.	Who Can Apply?	5
IV.	Contract Scope of Work	5
V.	General Contracting Information	8
VI.	Mandatory Bidders Conference.....	9
VII.	Required Proposal Content.....	9
VIII.	Submission of Proposal Requirements	14
IX.	Review of Proposals	16
X.	Appeal of Award Decisions	17
XI.	Post Award Required Documentation	17
XII.	Attachments.....	19
	Attachment A – Proposal Cover Sheet.....	20
	Attachment B – Addendum to RFP for Social Service and Training Contracts	21
	Attachment C – Statement of Assurances.....	22
	Attachment D – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions.....	24
	Attachment E – County Mental Health Administrators RFP Submission Preference.....	26

I. Purpose and Intent

This Request for Proposals (RFP) is issued by the Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the provision of outpatient mental health treatment services to adult consumers age 18 and older presenting at mental health ambulatory care settings in Ocean County. Total annualized funding up to \$300,000, subject to State appropriations is available. The final FY 16 contract award amount is estimated to be \$112,500 and is subject to adjustment once the contract period of performance is finalized. Start-up funds may be available and are subject to negotiation upon final contract award. DMHAS anticipates awarding one (1) contract.

The DMHAS seeks proposals to provide a comprehensive outpatient service delivery system that meets the needs of individuals with mental health symptoms. This service is intended to provide viable, accessible, and effective therapeutic treatment for consumers to preserve or improve current functioning, strengths, and resources. Mental health services must be designed and implemented in a manner which reflects recovery and wellness as an overarching value as well as an operational principle. That is, treatment services must embody Substance Abuse and Mental Health Services Administration (SAMHSA) working definition of recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential, as detailed at the SAMHSA website: www.blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/.

The following summarizes the RFP schedule:

10/5/15	Notice of Funding Availability
10/16/15	Mandatory Bidders Conference
11/13/15	Deadline for receipt of proposals - no later than 4:00 p.m.
12/17/15	Preliminary award announcement
12/24/15	Appeal deadline
12/31/15	Final award announcement
3/1/16	Anticipated contract start date

II. Background and Population to be Served

DMHAS, in partnership with consumers, family members, providers and other stakeholders, promotes wellness and recovery for individuals managing a mental illness through a continuum of prevention, early intervention, treatment and recovery services delivered by a culturally competent and well-trained workforce.

DMHAS believes that people with mental illness can achieve wellness and recovery. A strong and responsive mental health care system can meet the varied needs of people as they experience the recovery process. Towards that end, it is the Division's policy to ensure that consumers and families have access to recovery oriented services and resources that promote wellness, an improved quality of life and community inclusion.

Within this initiative, DMHAS seeks to strengthen the mental health care system and reduce existing barriers, such as long waits for outpatient, psychiatric, and Advanced Practice Nurse (APN) services for those individuals seeking mental health services. The focus of this RFP is to create or expand existing outpatient mental health service capacity in Ocean County and to increase accessibility to an array of services that will support, enhance, and encourage the emotional development and improvement of consumer life skills in order to maximize mental health functioning. This initiative provides funding for consumers in need of outpatient mental health services when such diagnosis has been determined by appropriately licensed behavioral health professionals and such services are provided in a coordinated fashion by an integrated multidisciplinary team.

The applicant must establish a comprehensive delivery system utilizing a multidisciplinary team approach of integrated or cross-trained, appropriately credentialed New Jersey licensed practitioners by SAMHSA 2010, who within their scope of practice, are permitted to diagnose and treat individuals with serious mental illness. Additionally, clinicians working with individuals who concurrently have a serious mental illness and substance abuse disorder are preferred to be dually credentialed as licensed alcohol and drug counselors, or have two years of documented experience working in the addiction field. For the purpose of this RFP, a serious mental illness is defined as the presence of at least one disorder identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), other than a substance abuse/use disorder, for at least a twelve (12) month period that causes serious impairments in emotional and behavioral functioning. These diagnoses include, but are not limited to the following:

- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective Disorders
- Delusional Disorder
- Other Psychotic Disorders
- Major Depressive Disorder Recurrent
- Bipolar I Disorder
- Bipolar II Disorder
- Schizotypal Disorder
- Borderline Personality Disorder
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder

The service array includes the following services: comprehensive assessment, brief screening, on-site psychiatric evaluation, medication services (prescribing and monitoring), treatment planning, psychotherapy, crisis intervention, case management, and discharge planning.

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, for-profit or governmental entity that can document its experience in successfully providing community-based mental health services and supports to adults who have serious and persistent mental illness in a manner fully consonant with recovery and wellness principles;
- The bidder must be licensed by the Department of Human Services, Office of Licensing prior to the start of services;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited 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 at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. 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

Psychiatric Evaluation

Psychiatric evaluations are meetings between a psychiatrist or a qualified Psychiatric Advanced Practice Nurse and the consumer in which the professional tries to glean information necessary to diagnose an emotional disorder. During this interview the psychiatrist collects enough information about the individual, through input from the mental health, substance abuse and/or co-occurring evaluation, previous treatment records and consultation with the treatment team, to develop an initial psychiatric diagnosis and treatment plan, including pharmacotherapy.

Psychiatric evaluations, pharmacotherapy, medication monitoring, and medication assisted therapy must be provided by: MD or DO Certified in Addiction Psychiatry;

Board Certified Psychiatrist who is a member of the American Society of Addiction Medicine (ASAM) or experienced with addiction; Board Eligible and ASAM Certified Psychiatrist; MD or DO Board Eligible for Psychiatry with 5 years of co-occurring mental health disorders experience; or a Psychiatric Advanced Practice Nurse with collaborating agreement with the MD.

Assessment

The assessment must be based on obtaining an integrated, longitudinal, strengths-based history. The history must incorporate a chronological description of the individual's functioning, including emphasis on the onset of the disorders, interactions between the disorders, effects of treatment, and identification of the factors that contribute to stability and relapse. The assessment shall include: intake evaluation, brief screening, full mental status evaluation, a detailed history of psychiatric and where applicable substance abuse symptoms, current use and patterns, collection and review of previous treatment records and response to treatment (includes interactions between mental illness and substance abuse and treatment), and the completion of relevant assessment tools, e.g., the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

Additionally, the integrated assessment will include information on abuse, neglect, domestic violence and trauma, the family situation including the constellation of the family group, the current living situation and recovery environment, social, ethnic, cultural, emotional, and health factors. The assessment will also identify the consumer's education and work history, community resources currently utilized by the consumer, evaluation of the developmental age factors of the consumer, and evaluation of any language, self-care, and other areas of functioning which relate to the consumer's mental condition.

The integrated assessment must minimally be provided by a licensed clinical practitioner (e.g., LCSW, LPC, APN, preferably with mental health and addiction experience).

Medication Monitoring

Medication monitoring is the ongoing assessment, evaluation, mental health monitoring and review of the effects of a prescribed medication, including medication assisted therapy. It is as a result of these visits that medications are adjusted, medical tests are ordered, and the consumer's response to treatment is evaluated.

Treatment Planning

Treatment planning is a continuous collaborative process that guides service delivery through an array of services, including medication management, counseling, and case management. Appropriately credentialed staff work with consumers to develop personal goals and a strength-based service plan to address both emotional and substance abuse disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Applicants must demonstrate how substance abuse disorders treatment will be provided or addressed, if applicable.

Counseling that promotes cognitive and behavioral skills is offered in different forms and formats to meet the consumer's readiness to change status. Staff shall fully consider the consumer's preferences when formulating the service plan as well as ensure that the consumer participates in the development of his or her treatment plan.

Treatment planning must incorporate evidence based treatment services that are designed to help consumers become ready for more definitive interventions aimed at recovery-management, i.e., cognitive behavioral therapy and motivational enhancement therapy. Additionally, the treatment plan will address SAMHSA's Eight Dimensions of Wellness: emotional, physical health, social, environmental, financial, spirituality, occupational and intellectual (<http://www.samhsa.gov/wellness>). Individual targets of the plan can include biological, psychological, cognitive, trauma informed care, interpersonal, legal issues, homelessness, antecedents or consequences to mental illness and substance abuse, dangerous behaviors and severe symptomology.

Treatment planning services must minimally be provided by clinically licensed professionals (e.g. LCSW, LPC, APN).

Case Management/Psycho-educational Services

Case management and psycho-educational services is a mutual exchange of information and education between the professional and the consumer or the professional and family members. These services increase the likelihood of family and community support to the consumer and support an individual's recovery. Case management and psycho-educational services may minimally be provided by Bachelors level case managers with a mental health background (preferably with addiction or peer support experience).

Accepted Practices

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

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

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

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contract policies and procedures as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

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

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

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards and prior to final award, as well as through the State Open Public Records Act procedures 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 DHS Policy P1.12 available on the web at www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, 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 <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

VI. Mandatory Bidders Conference

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

Date: October 16, 2015
Time: 10 a.m.
Location: 222 South Warren Street
1st floor conference room
Trenton, NJ

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. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP are requested to register for the Mandatory Bidders Conference via the registration link at <https://njsams.rutgers.edu/training/OTSOC/register.aspx>. Additionally, if you require assistance with this registration link, please e-mail RFP.Submissions@dhs.state.nj.us no later than two (2) days prior to the Mandatory Bidders Conference.

The meeting room and facility is accessible to individuals with physical disabilities. Anyone who requires special accommodations should e-mail RFP.Submissions@dhs.state.nj.us. For sign language interpretation, please e-mail RFP.Submissions@dhs.state.nj.us at least five (5) business days in advance of the Mandatory Bidders Conference. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (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 work with the target population and the number of years' experience working with the target population.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
4. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
6. Include a description of the bidder's ability to provide culturally competent services.
7. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
8. Document that the bidder's submissions are up-to-date in New Jersey Substance Abuse Management System (NJSAMS), Unified Service Transaction Form (USTF), Quarterly Contract Monitoring Report (QCMR) and Bed Enrollment Data System (BEDS).
9. Describe the bidder's current status and compliance with contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (35 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 describing the following:

1. Demonstrate the need for the proposed level of service in Ocean County and the impact that the expanded service array will have on meeting the needs of the community.
2. Provide a proposed schedule and number of hours of service accessibility demonstrating service activities, staff and treatment modalities that will be added with this initiative. Please specify the days and hours that proposed services will be offered, along with rationale for the schedule. Include how services will be covered on evenings and weekends by describing the after hour and on-call mechanism in place to respond to after hour and emergency contacts.

3. Provide a detailed description of how the program will incorporate principles and dimensions of wellness, recovery, recovery management, and consumer-centered services. Include information on the use of peer supports, 12-step and other self-help group referral lists for those consumers with mental health and co-occurring substance abuse disorders.
4. Detail how your agency will provide treatment via an integrated multidisciplinary team. Provide a description and rationale of each service proposed, including individual, group therapy, case management, psycho-educational and family therapies. Specify the anticipated caseload size per therapist and the percentage of direct service time and indirect service time spent by each therapist each month.
5. Submit an Outpatient Annex A for the phase in of this program and annual display of the specific services provided. The Annex A is available on the DMHAS website at: <http://www.state.nj.us/humanservices/dmhas/provider/contracting/annexaqcmr.html>.
6. Provide a detailed description of your agency's admission policies and procedures for screening, assessing, referring, and treating consumers.
7. Describe how your agency will prioritize individuals in accordance with N.J.A.C. 10:37-2.2. Provide specific detail on how the program will prioritize individuals referred from the Ocean County Early Intervention and Support Services (EISS) program and describe the anticipated referral process and wait time for a first appointment with a clinician.
8. Specify how the agency will manage a waiting list for service.
9. Describe discharge plans and discharge policies.
10. Include the proposed service population language, beliefs, norms and values, as well as how the proposed service will address issues of cultural competence and access for age and generational influences, disabilities acquired later in life, religion and spiritual orientation, ethnic and racial identity, sexual orientation, indigenous heritage, national origin, gender, and socioeconomic factors that must be considered in delivering services to this population.
11. Clearly describe the facility's compliance with the Americans with Disabilities Act (ADA) accessibility for individuals with disabilities.
12. Include a fully written description of the proposed evaluative processes that will be used to measure and evaluate the effectiveness of the program.

13. Describe your agency's plan to ensure capacity for assessing the achievement of required outcomes. Identify the specific consumer and system level outcomes your program will produce, including sufficient details on all data collection and data management activities. For consumer level outcomes, the use of reliable and valid measurement instruments is preferred. Outcomes related to consumer satisfaction are acceptable, but not sufficient.
14. Describe any obstacles or barriers of implementation you foresee in operationalizing service delivery.
15. Express a written assurance that if your organization is funded pursuant to this RFP:
 - The bidder will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to obtain approval and maintain certification may result in termination of the service contract.
 - The bidder will provide a statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and that the award will not fund or replace existing services.

Staffing (20 points)

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

1. Describe the composition and skill set of the proposed program team, 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 the recruitment effort. Identify bilingual staff.
3. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
4. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent (PTE) work hours.
5. Description of the proposed organizational structure, including a copy of the organizational chart as an appendix to the bidder's proposal.
6. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. The approach for supervision of clinical staff, if applicable.
8. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of

the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.

9. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Budget (35 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. Please include:

1. A detailed budget using the Annex B Excel template is required. 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 Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference. The budget must include two (2) separate, clearly labeled columns:
 - a. Column 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Column 2 – Proposed one-time costs.
2. Budget notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. 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.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages:

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;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

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

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

VIII. Submission of Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one inch margins, and be no smaller than 12 point Arial, Courier New or Times New Roman font.

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. Eastern Standard Time on November 13, 2015. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Alicia Meyer
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

OR

For private delivery vendor such as UPS or FedEx:

Alicia Meyer
Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor
Trenton, NJ 08608

The bidder may mail or hand-deliver its proposal, however, DMHAS is not responsible for items mailed but not received by the due date. Note that U.S. Postal Service two-day priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely and, therefore, being deemed ineligible for RFP evaluation. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

In addition to the required hard copies, the bidder must also submit its proposal (including budget, budget notes, and appendices) electronically by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.

Go to: <https://ftpw.dhs.state.nj.us>

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

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

IX. Review of Proposals

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

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

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

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

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

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 (<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

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

family members to provide input to the review committee regarding the proposals submitted.

County Mental Health Boards should review the RFP proposals and provide the Division with their recommendation and comments no later than November 30, 2015. This input will be considered in the final deliberations of the review committee. Recommendations are to be submitted to Alicia Meyer at the email or mailing address listed above.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by December 17, 2015.

X. Appeal of Award Decisions

Appeals of any determinations may be made only by the respondents of this proposal. All appeals must be made in writing and be received by the DMHAS at the address below no later than 5:00 p.m. on December 24, 2015. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke
Division of Mental Health & Addiction Services
222 South Warren Street, 3rd Floor
PO Box 700
Trenton, NJ 08625-0700

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

The DMHAS will review all appeals and render a final funding decision by December 31, 2015. Contract awards 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 DMHAS.

1. Most recent IRS Form 990 or IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);

3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 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;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>); and
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and Chapter 51 Pay-to-Play Certification (refer to www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP **Outpatient Treatment Services in Ocean County** _____

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF 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 RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

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

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

**Attachment E - County Mental Health Administrators RFP Submission Preference
(as of 6/2015)**

County	Mental Health Administrator	Submission Type
Atlantic	Sally Williams, Mental Health Administrator Shoreview Building 101 So. Shore Road Northfield, NJ 08225 Email: williams_sally@aclink.org	Email + Postal Mail
Bergen	Michele Hart-Loughlin, Program Coordinator Email: mhartlo@co.bergen.nj.us	Email
Burlington	Anna Payanzo, Mental Health Administrator Email: apayanzo@co.burlington.nj.us	Email
Camden	Rashid M. Humphrey, Mental Health Services Community Planning & Advocacy Council 2500 McClellan Avenue - Suite 110 Pennsauken, NJ 08109 Email: rhumphrey@cpachvi.org	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: devaneyp@co.cape-may.nj.us	Email
Cumberland	Juanita Nazario, Mental Health Administrator Email: juanitana@co.cumberland.nj.us	Email
Essex	Joseph Scarpelli, D.C., Administrator Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
*Gloucester	Lisa A. Cerney, Director Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 856-384-6874 (direct) 856-384-0207 (fax) lcerney@co.gloucester.nj.us	Email + Postal Mail
Hudson	Robin F. James, Mental Health Administrator Email: rjames@hcnj.us	Email

Hunterdon	Cathy Zahn, Mental Health Planner Department of Human Services 8 Gauntt Place - PO Box 2900 Flemington, NJ 08822-2900 Email: czahn@co.hunterdon.nj.us	Email + Postal Mail
Mercer	Michele Madiou, Administrator Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
Middlesex	Penny Grande, Administrator Email: penny.grande@co.middlesex.nj.us Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901	Email + Postal Mail
Monmouth	Steve Horvath, Acting Administrator Email: Steve.Horvath@co.monmouth.nj.us	Email
Morris	Laurie Becker, Mental Health Administrator Email: lbecker@co.morris.nj.us	Email
Ocean	Jamie Busch, Assistant Mental Health Administrator Email: JBusch@co.ocean.nj.us	Email
Passaic	Francine Vince, Director Email: francinev@passaiccountynj.org	Email
*Salem	Rita Shade, Director Department of Health and Human Services 110 5th Street Salem, NJ 08079 rita.shade@salemcountynj.gov	Email + Postal Mail
Somerset	Pam Mastro, Mental Health Administrator Email: mastro@co.somerset.nj.us	Email
Sussex	Christine Florio, Mental Health Administrator Email: cflorio@sussex.nj.us	Email
Union	Sara Thode, Mental Health Administrator Email: sthode@ucnj.org	Email
Warren	Shannon Brennan, Mental Health Administrator/ Youth Services Administrator	Email

Email: sbrennan@co.warren.nj.us

*Salem and Gloucester Counties are working on a replacement Mental Health Administrator. Listed is the contact person until a permanent replacement for the Mental Health Administrator is made.