

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

REQUEST FOR PROPOSALS

**Low Threshold Buprenorphine Induction at
Syringe Access Programs**

February 15, 2019

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposal (RFP) is issued by the New Jersey Department Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the development of a Low Threshold Buprenorphine Induction program. This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response to Grants (Short Title: SOR). The SOR grant period is September 30, 2018 to September 29, 2020. Funding is available for FFY 2019 and may be available for FFY 2020 depending on federal appropriations. The Low Threshold Buprenorphine Induction program is intended to be a two-year program. Total annualized funding is \$355,000 per year, subject to federal appropriations per year, which must include services and funds to provide Buprenorphine medication for individuals who are uninsured. An additional \$25,000 in the first year is available for start-up if needed. DMHAS anticipates making one (1) award.

The Low Threshold Buprenorphine Induction program (Low Threshold) is designed to make Buprenorphine treatment easily accessible to clients who utilize Syringe Access Programs (SAP) at South Jersey AIDS Alliance (SJAA) located in Atlantic City and the Visiting Nurse Association (VNA) of Central Jersey located in Asbury Park. Through the Low Threshold program, individuals will be offered same day, immediate enrollment in Buprenorphine treatment and care management services. The program will offer services to individuals who seek this type of service in a safe and nonjudgmental environment, despite continued drug use or lapses in care.

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

The following summarizes the RFP schedule:

February 15, 2019	Notice of Availability of Funds
March 1, 2019	Mandatory Bidders Conference
March 25, 2019	Deadline for receipt of proposals – no later than 4:00 p.m.
April 15, 2019	Preliminary award announcement
April 22, 2019	Appeals deadline
April 29, 2019	Final award announcement
May 28, 2019	Anticipated award start date

II. Background and Population to be Served

Funding for this program is through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response Grant (SOR). The goal of SOR is to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription

opioids as well as illicit drugs such as heroin). States are required to develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse crisis within the states and territories.

Deaths from opioid overdoses in New Jersey have continued to rise despite increased access to Medication Assisted Treatment (MAT). Studies of the treatment trajectories of individuals using opioids demonstrate that many of those at highest-risk for opioid overdose do not enter or sustain attendance in traditional substance use disorder (SUD) treatment programs and do not have ready-access to MAT. This includes individuals who are homeless, those using heroin intravenously who attend syringe access programs, and individuals being released from jails/prisons. This RFP will focus on low threshold buprenorphine treatment for Syringe Access Programs (SAPs).

Overdoses in these high-risk populations could be prevented if they had ready access to buprenorphine induction followed by a warm-handoff to a program providing buprenorphine maintenance. Low threshold buprenorphine induction programs can be effective in providing on demand treatment to individuals who do not have access to traditional SUD resources.¹ Low threshold programs are designed to reduce barriers to MAT. These programs allow unobserved (home) induction. After individuals receive induction or are initially stabilized on the agent, they are transitioned to other programs where they receive maintenance buprenorphine.

III. Who Can Apply?

To be eligible to apply for funding, the bidder must satisfy the following requirements:

- Eligible bidders will be agencies in good standing with the state that are able to provide the following scope of work that includes, but is not limited to: hospitals, Syringe Access Programs (SAP), managed care organizations, or licensed SUD treatment providers;
- Licensed or credentialed to provide the required services as detailed in the Scope of Work section of this RFP;
- The bidder may be a non-profit, for-profit or governmental entity;
- If a bidder has a contract with DMHAS 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 of an application for funding;
- 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;

¹ Bhatraju et al. Public Sector Low Threshold Office-based Buprenorphine Treatment: outcomes at year 7. *Addict Sci Clin Pract.* 2017; 12: 7

- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarchsearch.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 DMHAS of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies; and
- The bidder must attend the Mandatory Bidders Conference as described in the RFP.

IV. Contract Scope of Work

The bidder shall be responsible for performing a medical evaluation, prescribing buprenorphine and providing case management services to participants of the South Jersey AIDS Alliance (SJAA) and Visiting Nurses Association (VNA) of Central Jersey SAPs on a regular schedule that is posted and available to SAP participants. The bidder will provide buprenorphine (7-day prescriptions) to SAP participants seeking low threshold buprenorphine treatment. Low Threshold services shall be provided a minimum of weekly until such time as an appointment for follow-up treatment can be made with a buprenorphine provider for maintenance buprenorphine treatment (e.g. Opioid Treatment Program, Office Based Opioid Treatment program, Substance Use Disorder treatment program or a Federally Qualified Health Center).

The bidder shall:

- A. Assess participants for clinical criteria for OUD and as candidates for buprenorphine treatment using the following inclusion and exclusion criteria:
 1. Inclusion Criteria: SAP participants must have an OUD, be at least 18 years old, and have an interest in buprenorphine treatment and a willingness to accept referrals for ongoing treatment and services. (Individuals diagnosed with a co-occurring mental illness shall not be categorically excluded from this service.)
 2. Exclusion Criteria: SAP participants shall not be receiving MAT treatment or be on prescribed opioid medications confirmed using Prescription Monitoring Program); have an unstable mental illness (such as posing an imminent danger to themselves or others due to their mental illness), moderate or severe alcohol use disorder determined by DSM-5 criteria and/or not have hypersensitivity to buprenorphine or naloxone or be pregnant.
- B. Provide medical evaluation of participants that at minimum include a history and review of systems, as well as vital signs and a brief physical evaluation.

1. Participants with signs of medical illness, that may result in complications, such as individuals with jaundice or other signs of liver disease will require further work-up.
 2. Participants shall receive a Urine Drug Screen (UDS). The extent of further lab testing will depend on the capacity of the SAP, which routinely offers HIV and Hepatitis B, C testing.
- C. Ensure participants receive a Clinical Opioid Withdrawal Scale/Subjective Opioid Withdrawal Scale (COWS/SOWS) and be educated on dosing of buprenorphine for induction and stabilization.
 - D. Ensure practitioners will write a 7-day prescription for buprenorphine, which must be filled in a community pharmacy. The participant will be given written instructions for home induction and follow-up care.
 - E. Ensure that while in the program, participants receive urine screening for drug abuse and for buprenorphine. Any self-reported diversion, or a urine sample consistent with diversion, will be evaluated and participants may not be allowed to continue in the program.
 - F. Serve a minimum of 75 program enrollees per year, annualized. Enrollees are defined as individuals who fully complete induction and stabilization.
 - G. Facilitate access to treatment for individuals who desire substance use disorder treatment services and meet exclusionary criteria for Low Threshold Buprenorphine, to include, ensuring that pregnant women receive priority treatment services.
 - H. Include, at a minimum, care/case management services to address obstacles such as client resistance to referral and to refer SAP participants to care through a facilitated referral which would include a warm-handoff whenever possible.
 - I. Coordinate with the SAP leadership and staff to assure continuity of services and respect for mission. Bidder will develop an affiliation agreement with SJAA and the VNA of Central NJ to allow for Low Threshold services within the SAP. Submit signed agreements with proposal.
 - J. Develop affiliation agreements with substance use disorder treatment programs that can provide continued care with buprenorphine, including but not limited to: an OTP, FQHC, OBOT or SUD outpatient program with capacity to provide MAT. Bidder will have the capacity to make a facilitated referral to the treatment program, share information as necessary, assist in overcoming obstacles to engagement and follow up with both treatment provider and client. Submit signed agreements with proposal.

- K. Provide services in a non-judgmental, patient-centered manner that meets the participant where they are. Bidder will utilize motivational interviewing techniques to encourage participant involvement in ongoing services.
- L. Encourage prescribers employed or contracted by the bidder to utilize the Data 2000 Mentorship program sponsored by DMHAS and is available through Rowan and Rutgers Universities.
- M. Complete the GPRA data requirements for the 75 individuals that are enrolled. Bidders shall have three months from the date of the contract award to begin services or the contract may be forfeited.

Budget:

DMHAS shall provide up to \$355,000 per year designated to fund services and Buprenorphine medication for individuals who are uninsured. An additional \$25,000 in the first year is available for start-up if needed.

These funds shall support capacity to provide low threshold buprenorphine treatment at SAP programs through the hire and dispatching of medical staff who possess the Data 2000 Waiver and can serve a minimum of 75 individuals annually with buprenorphine.

One-time funds can be utilized for startup and include but are not limited to: a motor vehicle, electronics including computer and phone and ongoing data plan. Other allowable expenses include but are not limited to, expenses to cover the costs of recruiting medical staff, nursing or support staff, medical equipment and the purchase of medical malpractice insurance.

The ongoing grant will support the prescribers time (APN or physician), additional staff who may be needed for care management or medical support, and travel expenses, if applicable.

Staffing:

Bidder shall hire or contract with medical staff that possess the Data 2000 waiver and are able to medically evaluate participants and prescribe buprenorphine to a minimum of 75 clients, Naltrexone and injectable Naltrexone, and other medications that may become available for the treatment of Opioid Use Disorder.

Bidder shall hire or contract with care coordination staff who will assist to engage and refer clients for ongoing care.

Bidder may hire or contract with staff who will complete the Federal GPRA data requirements.

All staff must be provided with adequate supervision and possess any federal and/or state credentials and licenses required to perform these functions.

Data Collection/Evaluation:

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

Bidder shall provide:

1. Numbers and the demographics of individuals served
2. Numbers of individuals who complete induction and stabilization
3. Numbers and demographics of individuals who meet exclusionary criteria
4. Number and type of interventions per participant
5. Disposition of each participant evaluated, including but not limited to: referrals for care for those participants deemed ineligible, transition to care after induction and/or stabilization, drop outs
6. Numbers of participants receiving medication through the grant with the number of prescriptions written, and the number paid
7. Numbers of individuals seeking care (defined by the number who initiate a conversation with SAP staff regarding the program)

Government Performance and Results Requirements:

Bidders are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. Bidders will be required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Bidders will be required to report client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Additional data elements will be provided after award. Bidders are required to ensure all data reported are accurate.

Examples of the type of data collection tools required can be found at <https://www.samhsa.gov/grants/gpra-measurement-tools/csathgpra/csathgpra-discretionary-services>. Data will be collected via a face-to-face interview using this tool at four data collection points: intake to services, three months post intake, six months post intake, and at discharge. The GPRA intake interview must be completed within four days after the client enters the program. The GPRA follow-up interview window is one month prior and two months after the GPRA intake interview. Thus, the follow-up window for the three-month interview is two to five months after the intake interview.

The follow-up window for the six-month interview is five to eight months after the intake interview. If your program has an existing discharge definition or policy, you should follow it and conduct the discharge interview on the day of discharge. If you do not have a discharge definition or policy, you must complete a discharge interview for all clients for whom 30 days have elapsed from the time of last service.

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

V. General Contracting Information

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

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 to accomplish the goals of this project.

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

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

In accordance with DHS Policy P1.12 available on the web at <http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>, programs awarded pursuant to this RFP will be separately clustered until 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 bidder, funding continuation will be considered on a case-by-case basis, based upon the circumstances creating the delay. In no case shall 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: March 1, 2019
Time: 10:00 am
Location: 5 Commerce Way, Hamilton, NJ 08691
Conference Room 199A

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

Potential bidders responding to this RFP are requested to register for the Mandatory Bidders Conference via the registration link: <https://njsams.rutgers.edu/training/tbip/register.aspx>. Additionally, if you require assistance with this registration link, please contact RFP.Submissions@dhs.nj.gov 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 notify RFP.Submissions@dhs.nj.gov. For sign language interpretation, please notify RFP.Submissions@dhs.nj.gov 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. Proposal Content

Proposals must address the following topics, and be submitted according to the following sections:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder History and Experience (10 points)

1. Describe the bidder's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population, the number of years' experience working with the target population and any collaboration with other SUD and medical providers.
2. 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 the medication component of a MAT program and ability to refer for maintenance treatment and counseling. Attach a one-page copy of the bidder's organization chart showing the location of the proposed project and its link in the organization.
4. Describe the bidder's 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. Failure to disclose active or pending litigation may result in the bidder being ineligible for contract award at DMHAS' sole discretion.
6. Demonstrate the bidder's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A.10:5-1et seq.)
7. Describe the bidder's status and compliance with contract commitments regarding 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 which will be implemented and the timeframes involved, specifically addressing the following:

1. Describe how bidder's philosophy of care will assure services are nonjudgmental and client-centered. Attach as an appendix any applicable policies and procedures.
2. Provide inclusionary and exclusionary criteria for the proposed service
3. Describe policies and procedures for treatment of individuals who are not compliant with appointments or referrals, who continue to use other illicit drugs and alcohol, who appear to be diverting medications.
4. Describe how the bidder will coordinate and cooperate with the host SAP, including dedicated and private space for services. Attach as an appendix signed affiliation agreements with host SAP.
5. Describe how the bidder will assure flexible scheduling and access that will meet participant needs, including: schedule at each SAP program, how initial and follow up visits will be accommodated, how bidder will accommodate appointments and walk-ins, how bidder will minimize "No Show" appointment times and assure full-utilization of staff time.
6. Describe how the bidder will coordinated with local pharmacies to arrange payment and distribution of medications when the client is uninsured. Attach as an appendix signed agreements with local pharmacy(ies).
7. Describe procedures for assuring that the grant is not charged for medications if the client is insured.
8. Describe how participants will be tracked, and any follow-up or outreach procedures.
9. Describe policies and procedures for participant discharge from the program.
10. Describe how bidder will motivate and assist participants to move to community care after stabilization at the SAP.
11. Include the number of clients that can be treated at each SAP through this program and how bidder will manage referrals if the program is at capacity on site.
12. Describe how care will be coordinated with ongoing treatment providers.
13. Detail specific steps that will be taken with the treatment facilities that will assist in moving clients to treatment from the SAP. Attach as an appendix signed affiliation agreements with substance use disorder treatment programs that can provide continued care with buprenorphine, including but not limited to: an OTP, FQHC, OBOT or SUD outpatient program with capacity to provide MAT.
14. Describe procedures to assess participants for clinical criteria for opioid use disorder (OUD) and as candidates for buprenorphine treatment, including the medical evaluation.
15. Attach as an appendix the written instructions for home induction and follow up care that will be provided to clients.
16. Describe urine testing for drugs of abuse procedures, including laboratory services.
17. Describe procedures to minimize diversion risk.
18. Describe procedures for services for those participants who do not meet inclusionary criteria for Buprenorphine treatment.

Outcome(s) and Evaluation (10 points)

1. Describe staffing, policies and procedures to assure that bidder will report all required data.

2. Provide assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with DMHAS contracted evaluator.
3. Please describe the process for completing the Federal GPRA data collection requirements and submitting GPRA data collection forms to DMHAS.
4. Provide 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.

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 will be hired to meet the needs of the program.

1. Describe the composition and skill set of the proposed medical program team and care managers, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) and Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Describe proposed medical 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. Describe the proposed method for procuring the medical services described such as hire, constricted, consulting, and how you will assure proper credentials and their role on the treatment team.
4. Describe the number of individuals served per medical staff hired.
5. Project the number of uninsured individuals to be served and the cost of supplying the medication.
6. Describe the ratio of billable vs. non-billable time for medical staff
7. A list of names of consultants the bidder intends to utilize for the contract, as it relates to medical services, resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Confirm that no member of the Board of Directors is employed in a consultant capacity to the bidder.
8. Provide copies of job descriptions– limited to two (2) pages each – for proposed staff.
9. Provide the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
10. Provide the bidder's proposed plan for medical staff development as an attachment including any ASAM, DEA waiver, or any completed DATA 2000 Waiver trainings.
11. Describe the approach for supervision of staff.
12. Provide 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.

Facilities, Logistics, Equipment (10 points)

1. Describe the plan for private treatment space within the SAP, vehicle needs, and any needs specific to this project.
2. Describe how the bidder will manage the service delivery at two sites.
3. Describe the way tangible assets, i.e. computers, phones, other special service equipment, etc., will be acquired and allocated.
4. Describe the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (20 points)

Total annualized funding is \$355,000 per year, subject to federal appropriations per year. An additional \$25,000 in the first year is available for start-up if needed. 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 as outlined on page six (6) of this Request for Proposal, 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 all attendees of the Mandatory Bidders Conference. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site described in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file will result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues, and
 - b. Section 2 - Proposed one-time costs if any.
2. Describe the bidder's sustainability plan for the project at the end of the contract. Include a timeline indicating how the program will transition from this grant funding to sustainability through any other types of income that are available.
3. 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.

4. The name and address of each organization – other than third-party payers – providing support and/or funding to support the program for which the proposal is being submitted.
5. For all proposed personnel, the budget should identify the staff position titles and only staff names for current staff being allocated; and total hours per workweek.
6. Identify the number of hours per clinical consultant.
7. 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.
8. 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.
9. 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. **Omission of items #7-10 with proposal will exclude proposal from review.**

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

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

The documents listed below are also required with the proposal unless **the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS. Audits do not count towards appendices 50-page limit.**

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

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 9 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 12 it is 10 pages long, not 9 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on March 25, 2019. 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 private delivery vendor such as UPS or FedEx:

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

OR

For U.S. Postal Service delivery:
Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
Trenton, NJ 08625-0362

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. The proposal must be uploaded as a PDF file and the Excel budget template as an Excel file by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the 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

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.nj.gov/humanservices/olra/ocpm/resources/manuals/>).

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by April 15, 2019.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. on April 22, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
5 Commerce Way
Hamilton, NJ 08691
Fax: 609-341-2302
Email: Helen.Staton@dhs.nj.gov

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

DMHAS will review all appeals and render a final decision by April 29, 2019. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful 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 (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 from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;

4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
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>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP: **Low Threshold Buprenorphine Induction**

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

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

Applicant Organization

Signature: Chief Executive Officer 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.