

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

REQUEST FOR PROPOSALS

**Alternative Approaches to Pain Management for
Older Adults**

January 16, 2020

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

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for educational programs regarding Alternative Approaches to Pain Management for Older Adults. This RFP is funded through the Substance Abuse and Mental Health Services Administration's ("SAMHSA") State Opioid Repose ("SOR") grant supplemental funding. The SOR grant period is September 30, 2018 to September 29, 2020. Total annualized funding is \$150,000 subject to Federal appropriations. DMHAS anticipates making up to two (2) awards of \$75,000 each in Atlantic and Passaic counties.

Previously, contracts were awarded to establish five (5) educational programs from an Alternative Approaches to Pain Management for Older Adults RFP issued in October 2017 and five (5) educational programs were established from an RFP issued in December 2018. Recently, nine (9) more educational programs were established from an RFP issued in June 2019.

Growing awareness of the extent of the dangers of misuse of prescription painkillers has led to a major public health effort to educate individuals about addiction risk. These endeavors have started to lead to a decline in the number of prescriptions being written, but the situation still continues to be a serious problem. DMHAS seeks to fund programs that will provide education to older adults (age 60+) on alternatives to opioid analgesics as a means of dealing with acute or chronic pain.

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

The following summarizes the RFP schedule:

January 16, 2020	Notice of Funding Availability
February 13, 2020	Deadline for receipt of proposals - no later than 4:00 p.m.
March 4, 2020	Preliminary award announcement
March 11, 2020	Appeal deadline – no later than 4:00 p.m.
March 18, 2020	Final award announcement
April 8, 2020	Anticipated contract start date

II. Background and Population to be Served

In the United States, the older adult population – (adults aged 60 years and older) is predicted to more than double in size in the first half of the 21st century, from 40 million in 2010 to 88.5 million in 2050. Currently, the older adult population in the State of New Jersey is the fastest growing population segment in the State, largely due to the "Baby Boomer" generation reaching older adulthood. This great influx of older adults will have a

substantial effect on healthcare, social, and public health services the State provides to this group and future cohorts.¹

Recent studies have found that today's older adults are more likely to participate in risky health behaviors such as gambling, abusing prescription medications and off market drugs, chain smoking, and binge drinking when compared to previous generations. A 2008 report estimated that an average of 17% of the national older adult population had developed issues with alcohol or illegal drug abuse in the past decade. Older adults who feel socially isolated may be more inclined to partake in these activities. Feelings of social isolation and negative perceptions of social support may also lead to participation in risky behaviors, poor mental health, and poor physical health outcomes in later life.²

In 2014, DMHAS conducted a statewide Older Adult Survey on Drug Use and Health. The survey had two purposes: (1) to assess the issues of mental health and substance abuse in New Jersey older adults; and (2) to analyze the results of the survey with the aim of providing policy suggestions to the State of New Jersey that would help better allocate resources for New Jersey older adults. One need identified from the survey was for the services that will be funded by this RFP.

Due to the increase in chronic illness and physical pain experienced later in life, older adults are generally prescribed more medications when compared to younger adults. Ease of access to prescription pain killers and sedatives may lead to addiction and drug abuse. Additionally, when prescription drug intake is paired with alcohol consumption, the unnoticed adverse effects of the interaction may make older adults more susceptible to physical injuries caused by falls, driving accidents caused by cognitive impairment, depression, isolation, overdose, and potentially death.³ Details regarding the scope of the issue in New Jersey can be seen in the table below.

New Jersey State Prescription Opioid-Involved Deaths by Age

Age	2007	2008	2009	2010	2011	2012	2013	2014	2015
55-64	32	31	26	35	56	55	67	78	84
65 +	1	6	8	7	4	7	8	12	13
Total	33	37	34	42	60	62	75	90	97

New Jersey State Medical Examiner's Office

Most older Americans (8 out of 10) take at least one medication and many older adults take three or more medications each day. Older adults comprise 13% of the U.S.

¹ Schneider Ph.D., John, Scheibling, Cara, Parikh, Anjani, and Foti, Daenine. 2016 New Jersey Older Adult Survey. Avalon Health Economics. July 20, 2016.

² Schneider Ph.D., John. et. al.

³ Schneider Ph.D., John. et. al.

population, but account for 34% of all prescription medicine use and 30% of all over-the-counter (“OTC”) medicine use. Other concerning facts include:

- 51% of all deaths due to medication related problems occur in the elderly
- It is projected, that as many as 50,000 to 75,000 older people die each year as a result of medication-related problems
- Medication problems are considered to be the fifth leading cause of death amongst the elderly
- 1/3 of patients over age 75 were hospitalized because of problems with medications
- Very serious costly public health problems are due to medication misuse.
- At least half of these deaths are considered to be entirely preventable through better education for patients and their families

People who are knowledgeable about the possible risks and side effects are more likely to use non-pharmacological strategies for their pain rather than opiates. Patient and caregiver education is essential as a mechanism to improve pain management in older adults. Patient education programs typically include information about the nature of pain, assessment instruments, medication use, non-opioid analgesics, and non-pharmacologic treatment modalities, as well as coping strategies. Both one-on-one as well as group programs can be effective. Caregiver education is especially important in caring for an older adult.⁴

The successful bidders will be required to design and implement a comprehensive educational program specifically focused on providing older adults with practical information regarding (1) the appropriate use of non-opioid analgesic pain medication and (2) non-pharmacological approaches to dealing with acute and chronic pain. The goal of the project is to reduce the overuse, misuse and abuse of prescription opioid medications within this population. Programs should utilize current evidence-based treatment guidelines for non-pharmacological treatment modalities. The “efficacy” of the educational program on participants’ knowledge about and understanding of alternative approaches to pain management should be assessed by means of a pre and post-test. In order to assess the longer-term utility of the educational program, follow-up interviews with program participants may also be required.

Providing information about the risks associated with prescription pain medications will be a component of these trainings. However, the primary focus will be on providing information and answering questions about proven, non-pharmacological means of addressing pain. The successful bidder should not provide actual services, but only provide information about alternative approaches and information regarding how and where to access such services such as physical therapy, chiropractic care, yoga, massage therapy, etc.

⁴ Schneider Ph.D., John. et. al.

In addition, successful bidders will reach out to various agencies (e.g., primary care doctors, senior centers, retirement associations, older adult communities, churches, etc.) that provide services to older adults to educate them about alternative therapies for dealing with pain, such as yoga, physical therapy, etc.

Please see below link to Administrative Bulletins.

<https://www.state.nj.us/humanservices/dmhas/regulations/bulletins/>

III. Who Can Apply?

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

- The bidder must/may be a non-profit or for-profit entity or governmental entity;
- 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 as an employee or in a consultant capacity; and
- 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, i.e., this statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

IV. Contract Scope of Work

DMHAS defines prevention as a proactive, evidence-based process that focuses on increasing protective factors and decreasing risk factors that are associated with alcohol and drug abuse in individuals, families, and communities. DMHAS' approach to alcohol and substance abuse prevention and the conceptual framework that supports it has continuously evolved over time. It is based on emerging national research findings and the State's experience in program development, implementation and evaluation. Current research regarding prevention continues to prove that effective substance abuse prevention must include evidence-based strategies for addressing risk and protective factors across multiple domains. In addition, these strategies must be implemented at

appropriate levels of intensity and in appropriate settings for this population such as senior centers, churches, older adult housing developments, etc.

A program that meets the current definition of evidence-based disease prevention and health promotion as defined by the Administration on Aging has:

- a) Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults;
- b) Proven effective with older adult population, using Experimental or Quasi-Experimental Design;
- c) Research results published in a peer-review journal;
- d) Been fully translated in one or more community site(s); and
- e) Developed dissemination products that are available to the public.

Additionally, the U.S. Centers for Disease Control and Prevention provides the following approaches as possible alternatives to opioids for the treatment of chronic or acute pain: It is imperative that the patient discuss any of these alternatives with his/her physician before utilizing them.

- Acetaminophen
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Corticosteroids
- Topical medications
- Neurostimulators
- Massage, acupuncture, and other alternative therapies
- Biofeedback
- Exercise and physical therapy

It is important to consider the following tips for teaching older adults when providing health-related information:

1. Maintain a positive and patient attitude. Treat the older person as intelligent and capable of learning.
2. Take a few minutes to talk and problem-solve before starting to teach. Ask the participant about experience in a given area. Find out what's worked or what hasn't worked in the past.
3. Identify significant cultural or social factors that may affect the teaching/learning process.
4. Include the participant in setting learning goals. Keep the material relevant to the learner's needs.
5. Identify and try to accommodate any disability that may affect the learning process. For example, for participants with visual impairment, encourage the use of glasses (if appropriate), and investigate special learning tools, such as large print material.
6. When necessary, slow the pace of instruction and gear teaching to the patient's rate of absorption. Stop teaching if the patient appears tired or stressed.

7. Break each topic into small parts. Repeat sessions when necessary. Give pertinent, positive feedback.
8. Provide opportunities for practice sessions and repeat demonstrations. Include role playing, discussion, and problem-solving.
9. Avoid tests or challenges — these can create too much stress and impede learning.
10. Assess responses carefully to make sure the information was understood correctly. Gear the frequency and duration of your teaching to match the participant's learning ability and need to know.

Successful bidders will be required to develop a comprehensive plan for delivering the information to older adults and agencies serving the population described in this RFP. Prior to implementation, the plan will be submitted to DMHAS for review and approval.

Service delivery should begin within 90 days of final contract award notification.

Successful bidders will provide DMHAS with monthly reports that include information about:

- Dates and location of trainings for the previous month
- Number of people trained
- Any issues or problems identified during the training
- The evidence-based approach being utilized
- Aggregate data from pre and post-tests completed by program participants
- Outreach efforts to entities serving older adult

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the 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 in order to accomplish the goals of this project.

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

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

In accordance with 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 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 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. Written Intent to Apply and Contact for Further Information

Bidders are requested to email RFP.submissions@dhs.nj.gov by February 6, 2020 indicating their agency's intent to submit a proposal. Submitting a notice of intent to apply does not obligate an agency to apply. Failure to submit an intent to apply does not disqualify a bidder from applying for this funding opportunity.

Any questions regarding this RFP should be directed via email to RFP.submissions@dhs.nj.gov no later than January 24, 2020. All questions and responses will be compiled and emailed to all those who provided a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

VII. Required Proposal Content

All 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 (25 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 bidder'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. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
6. Include a description of the bidder's ability to provide culturally competent services.
7. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (30 points)

In this section, the bidder is to provide an overview of how the services detailed in the scope of work will be implemented and the timeframes involved, specifically addressing the following:

1. The bidder's proposed approach to the opportunity described in the State's RFP, including the following.
 - a. how the bidder's approach satisfies the requirements as stated in the RFP;
 - b. the bidder's understanding of the project goals and measurable objectives;
 - c. the bidder's needs assessment to justify the services;
 - d. a description of how program participants will be identified and recruited;
 - e. all anticipated collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP;
 - f. all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein; and

- g. All other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
2. The evidence-based practice(s) that will be used in the design and implementation of the program.
3. Summary of the policies that prohibit discrimination against consumers who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication/s.
4. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
5. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.
6. The bidder's plan for sustainability at the end of the contract.

Outcome(s) and Evaluation (10 points)

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

1. The bidder's measurement of the achievement of identified goals and objectives.
2. The evaluation of contract outcomes and description of all tools to be used in the evaluation.
3. Assurances that the bidder will cooperate with DMHAS' evaluators and complete the data collection tools developed by DMHAS.
4. Details about any outside entity the bidder intends to use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
5. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.

Staffing (10 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 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. 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.
3. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.

4. Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
5. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
6. The approach for supervision of staff.
7. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors votes on contract-related matters.
8. 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).

Facilities, Logistics, Equipment (5 points)

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

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

Budget (20 points)

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

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

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those who submit an intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and

- b. Section 2 - Proposed one-time costs, if any, which will be included in the Total Gross Costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the 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 (excluding FFS data).
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. Please note that if **items #7-10** are not submitted, the proposal will not be considered.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status (www.njconsumeraffairs.gov/charities);
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 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 15 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 18 it is 16 pages long, not 15 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on February 13, 2020. 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 08625-362

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 proposal narrative, 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.



IX. Review of Proposals

There will be a review process for responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each 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 March 4, 2020.

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 March 11, 2020. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

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

Or via email: Helen.Staton@dhs.nj.gov

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

DMHAS will review all appeals and render a final decision by March 18, 2020. 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 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 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: **Alternative Approaches to Pain Management for Older Adults** _____

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 (check one): _____ Atlantic _____ Passaic

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: 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.