

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

REQUEST FOR PROPOSALS

**Expanded Hour/Same Day Service
For Methadone and Other Medications in
Opioid Treatment Programs**

January 14, 2021

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposal (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the development of an Expanded Hour/Same Day Service to Methadone and Other Medications in Opioid Treatment Programs (OTPs) initiative. This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response grant (Short Title: SOR). The SOR grant period is September 30, 2020 to September 29, 2022. Funding is available through September 29, 2021 and may be available through September 29, 2022, depending on Federal appropriations. The Expanded Hour/Same Day Service to Methadone and Other Medications in OTPs initiative (Short Title: Expanded Hour/Same Day Service OTPs) is intended to be a two (2) year program. Total annualized funding is \$4,000,000, subject to Federal appropriations, which must include services to provide low threshold, on-demand Medication Assisted Treatment (MAT) followed by treatment or referral to ongoing care for individuals with an opioid use disorder (OUD). These services create access to treatment by removing traditional barriers such as service hours.

DMHAS anticipates making up to five (5) regionalized awards in the amount of \$800,000 for each award for one (1) year with the possibility of extending for up to \$800,000 for a second (2nd) year.

North: Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren Counties
Central: Hunterdon, Mercer, Middlesex, Monmouth, Somerset, and Union Counties
South: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem Counties

Awards for Expanded Hour/Same Day Service OTPs will be made with the goal of services being available across the State with special focus on high-need areas. Related data can be found at DMHAS' website¹. No more than one (1) award will be issued in a county.

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. Providers are expected to bill for all eligible services. 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 Expanded Hour/Same Day Service OTPs will provide same-day access to treatment for individuals with an OUD with or without co-occurring mental health and/or physical health disorders. Services will include medical screening and facilitated referral; behavioral health assessment; medications for treatment of OUD including, methadone and buprenorphine; case management services; brief intervention; and treatment and/or facilitated referral to ongoing treatment. Providers will have naloxone available at all times.

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

Total annualized funding is \$4,000,000, subject to Federal appropriations, which must include services to provide Extended Hour/Same Day Services Medication Assisted Treatment (MAT) followed by treatment or referral to ongoing care for individuals with an opioid use disorder (OUD).

These services create increased access to care by removing traditional barriers to engagement and ongoing treatment. New Jersey has designated two MAT Centers of Excellence (COEs) in the treatment of OUDs, one at Rowan University/Cooper Medical School in Camden, NJ, and another located at Rutgers University Medical School in Newark, NJ. The COEs offer free training, mentoring and telephonic assistance to prescribers or individuals with a SUD. These services will be available to the successful bidder.

In addition to onsite services, the successful bidder will provide prescribing services through telehealth, thereby expanding the reach of the Expanded Hour/Same Day Service OTPs.

The following summarizes the RFP schedule:

January 14, 2021	Notice of Funding Availability
January 27, 2021	Mandatory Bidders Conference
February 11, 2021	Deadline for receipt of proposals - no later than 4:00 p.m.
March 5, 2021	Preliminary award announcement
March 12, 2021	Appeal deadline
March 19, 2021	Final award announcement
April 9, 2021	Anticipated contract start date

II. Background and Population to be Served

Background

Recent data indicates that New Jersey has decreased the number of drug-related deaths between 2018 and 2019. Drug-related deaths continue to be a statewide public health problem that impacts too many lives. The use of medications to treat OUD is an evidence-based practice that decreases overdose risks and increases the likelihood that individuals can recover from the disorder.

Studies of the treatment trajectories of people using opioids demonstrate that many of those at highest risk for overdose do not enter or sustain treatment in traditional OUD programs. For many people, the availability of medications at earlier and later-than-normal program hours and a dedicated program offering medications and case management would provide improved access to care. This includes people who are homeless, use Harm Reduction Centers (HRCs), have been discharged from emergency departments or released from jails/prisons.

Data from pilot programs in other states indicates that people seek treatment more readily when services are available at times that accommodate their work, school and family obligations. One initiative, implemented in three states, also reports that people seek out dedicated open-access programs during the times when they are at the highest risk of overdose: in the early morning hours, at 6 pm and again between 9 pm and midnight. Seventy-eight percent (78%) learned about these open-access programs from family and friends, indicating that community partnerships and public education are critical. Almost one hundred percent (100%) chose these programs because the hours “best accommodated me.”²

The Expanded Hour/Same Day Service OTPs initiative is designed to increase treatment options through expanded hours, as well as to enable agencies to offer case management and peer navigator services. These additional services will assist with overcoming obstacles people encounter, with facilitated referrals and warm hand-offs to services where people can receive maintenance medications.

Population to Be Served

The Expanded Hour/Same Day Service OTP initiative will offer immediate treatment with methadone or buprenorphine to individuals with an OUD who are appropriate to initiate these medications immediately. Individuals who cannot be treated with medication immediately will continue care at the Expanded Hour/Same Day Service Methadone Clinic and will be prescribed medication based on appropriate clinical protocols. Any individual who presents at the OTP who: is at least 18 years of age, meets DSM-5 criteria for an OUD, and has no known allergy/hypersensitivity to methadone, buprenorphine or naloxone will be provided access to medications at that visit.

Providers will follow clients and provide ongoing medication services or will maintain their treatment until they are transitioned to another community provider. People will not be turned away due to a co-occurring physical health or mental health disorder. Providers will provide same-day care, during open hours, to people who walk in and for people referred from other community services, including, but not limited to: emergency departments, emergency medical services, law enforcement, jails, and health providers.

Each recipient of services should receive ongoing medication management services. All prescribers must utilize the NJ Prescription Monitoring Program (PMP) as part of initial and ongoing prescribing. Misuse of medications should be addressed as part of the clients ongoing treatment including client education on medication interactions and the danger of overdose. However, no client can be refused care due to a medication that has been prescribed or that is being misused.

² Koch, J., Sherrick, R. & Braham, T. Breaking All Barriers: Increasing Access to Care through the Country’s First 24/7 OTP (Presentation).

III. Who Can Apply?

Any licensed OTP with a commitment to providing low-barrier/on demand medication and support to individuals with an OUD shall provide a full array of programmatic services, to include six (6) additional hours per day, a minimum of six (6) days per week with the goal of extending hours into the evening and admitting new individuals for these services during these times. The additional operating hours may be continuous or separated by times when the clinic closes and would reopen for business.

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

- The bidder may be a non-profit, for-profit entity or governmental entity;
- Applicant must be a NJ-licensed OTP;
- Awardees must have the capacity to provide medications for addiction through expanded hours and provide same day treatment services;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements.
- If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within 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 [Debarment³](#) or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies; and
- The bidder must attend the Mandatory Bidders Conference as described in the RFP.

IV. Contract Scope of Work

The successful bidder will implement the following:

- Six (6) additional hours per day, a minimum of six (6) days per week with the goal of extending hours into the evening and admitting new individuals for these services during these times. The additional operating hours may be continuous or separated by times when the clinic closes and would reopen for business.

³ <https://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

- Please indicate the zoning laws for the facility to assure that no conflict exists with the municipality due to increased hours and list the current hours that the facility is open.
- Provide a welcoming and respectful environment for program participants.
- Accept referrals from the community, including but not limited to: law enforcement, substance use disorder (SUD) treatment providers, mental health treatment providers, emergency medical services, jails, shelters, hospitals and Harm Reduction Centers (HRCs).
- Assure that a client who has walked in without an appointment can see a prescriber and counselor the same day.
- Design services so that no clients who present at the facility are turned away from same-day services.
- Each recipient of services should receive ongoing medication management services. All prescribers must utilize the PMP as part of initial and ongoing prescribing. Misuse of medications should be addressed as part of the clients ongoing treatment including client education on medication interactions and the danger of overdose. However, no client can be refused care due to a medication that has been prescribed or that is being misused.
- Assure that no client will be refused care because they have been administratively discharged or barred from the agency for administrative reasons.
- Awardee must comply with any and all applicable Federal grant requirements including, but not limited to, the following Special Term of Award required by SAMHSA for the SOR grant: Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under Federal law. Please note, SAMHSA’s grant conditions related to medicinal marijuana do not reflect the views or opinions of the State of New Jersey or DHS.

- Assess clients for OUD and appropriate treatment services which shall include a medical assessment and a determination that the clinical criteria for prescribing medication are met.
- Screen for acute medical conditions and make appropriate referrals.
- Provide screening for co-occurring mental health issues.
- Immediately refer any client who is experiencing a psychiatric emergency to New Jersey's designated psychiatric screening centers.
- Treat or make a facilitated referral to ongoing services for individuals with a co-occurring mental health disorder.
- Provide case management to address social needs including, but not limited to, food and housing.
- Provide same-day access to buprenorphine, for treatment of OUD by a qualified prescriber.
- Provide same day access to methadone.
- Provide telehealth services to other providers across the State who are interested in providing medications for OUD but do not have the capacity. These relationships and services will be identified through a formal affiliation agreement. All services will be in compliance with Federal and State regulations.
- Provide ongoing treatment with medication to clients who can be treated by the successful bidder for long-term medication maintenance.
- Provide care coordination to patients to assist in transition to a different OTP, an Office Based Addictions Treatment (OBAT) program, and/or a medical setting for ongoing medication maintenance and/or counseling services, if necessary. These relationships and services will be identified through a formal affiliation agreement.
- Maintain all clients on medication until a referral has been successfully completed, ensuring that there is no gap in medication treatment.
- Work collaboratively with the community to develop and maintain referral sources that can send clients to the bidders' Expanded Hour/Same Day Service OTPs. This includes, but is not limited to: law enforcement, treatment providers, emergency medical services, jails/prisons, shelters and HRCs.
- Provide outreach and follow up to clients when needed to ensure continuity of care.

- Work collaboratively with the community to develop and maintain referral sources that can be used to sustain client treatment when referrals from Expanded Hour/Same Day Service OTPs are necessary.
- Provide client education on the use and risks of buprenorphine and methadone.
- Provide client education on the use of naloxone and assist with access to naloxone to prevent death from overdose.
- Bill Medicaid, Medicare and private insurance for billable services for qualifying clients. This includes providing assistance to individuals who are uninsured to apply for Medicaid or Medicare as appropriate.
- Successful bidder can collect co-pays and collect payment until deductibles are satisfied but must not require full self-pay for SUD services for clients who have public and/or private insurance.
- Market and advertise services to the local community and statewide, such that people with SUD, their families and supporters become aware of the bidder's extended hours, especially for walk-in clients.
- Contract or employ DATA 2000 waived prescriber(s) who are trained in a protocol that guides OUD clients through induction of medication to stabilization and transition to continuation of service.
- Contract or employ care management or peer navigator services to engage clients and to provide facilitated referrals.
- Provide security to assure client and staff safety.
- Work collaboratively with DMHAS to collect data relevant to the assessment of the program and client outcomes.
- Report admissions and discharges in DMHAS-approved electronic reporting system.
- Collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA) Modernization Act of 2010⁴. This data must be collected and reported for all clients enrolled in the initiative.
- Bidders shall have three months from the contract start date to begin services or the contract may be forfeited.

⁴ <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>

Budget:

A total of \$4,000,000 is available for five (5) Expanded Hour/Same Day Service OTPs such that services are available across the State with special focus on high need areas as determined by data. Awards for Expanded Hour/Same Day Service OTPs will be made with the goal of services being available across the State with special focus on high-need areas. Related data can be found on DMHAS' website⁵. No more than one (1) award will be issued in a county. The maximum award amount will be \$800,000 for each award for one (1) year with the possibility of extending for up to \$800,000 for a second (2nd) year. Providers are required to bill Medicaid, Medicare and other funders when appropriate. Those funds must be reported as income and offset the costs of this contract. This contract cannot supplant any existing funding.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services 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 website at [CPIM Manual](#)⁶.

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).

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

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

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

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

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

⁵ <https://www.nj.gov/humanservices/dmhas/publications/statistical/index.html>

⁶ <https://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>

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

In accordance with Policy P1.12 available on the web at [P1.12 Policy](#)⁷, 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 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 [NJAC 10:37](#)⁸.

VI. Mandatory Bidders Conference

A bidder intending to submit a proposal in response to this RFP must attend a virtual Mandatory Bidders Conference at 1:00 pm on January 27, 2021. It is the responsibility of the bidder to arrive promptly at the beginning of the Mandatory Bidders Conference and sign in to confirm attendance. A proposal submitted by a bidder not in attendance will not be considered.

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

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

⁷<https://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>

⁸<https://www.nj.gov/humanservices/providers/rulefees/regs/>

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Needs Statement (10 points)

Awards for Expanded Hour/Same Day Service OTPs will be made with the goal of services being available across the State with special focus on high-need areas. Related data can be found on DMHAS' website⁹. No more than one (1) award will be issued in a county.

- 1) Describe the need in the area that the successful bidder will serve.
- 2) Describe the services currently available and how many people are currently being served.
- 3) Describe the gap in that service area and how the successful bidder will address the gap, including any outreach, referrals, partnerships and affiliations.
- 4) Describe the cultural diversity in the successful bidder's service area and how services will meet the cultural needs of the community.

Project Description (45 points)

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

1. How will the bidder assure a welcoming and respectful environment?
2. How will the bidder provide a full array programmatic services, to include six (6) additional hours per day, a minimum of six (6) days per week with the goal of extending hours into the evening and admitting new individuals for these services during these times? How will the bidder provide "on demand" access to methadone within Federal regulations?
3. Describe the number of clients per day that you can serve and how you will assure that these individuals will have same-day services. Describe how you will handle a patient flow that exceeds these numbers.
4. How will the bidder provide buprenorphine for treatment of an OUD by a qualified prescriber?
5. Describe how you will incorporate telehealth services into the Expanded Hour/Same Day Service OTP.
6. Describe the process for medical screening, facilitated referral and treatment.
7. Describe how medical screening during the COVID-19 Public Health Emergency will differ from your routine procedures and how you will transition to routine procedures

⁹ <https://www.nj.gov/humanservices/dmhas/publications/statistical/index.html>

- when the Public Health Emergency has been lifted.
8. Include how the successful bidder will address screening and medical care for those with COVID-19 or suspected of COVID-19.
 9. Describe the process for mental health screening, facilitated referral and treatment.
 10. Describe the bidder's crisis intervention methods and procedures.
 11. Describe protocols to encourage medication compliance and minimize overdose risks.
 12. Describe the bidder's case management services and how case managers will address any client barriers to treatment.
 13. Describe how assessment for case management needs and the case management services will be incorporated into the flow of services.
 14. Describe how the bidder will provide care coordination to patients to assist them in transition to another OTP, OBAT, SUD provider and COE or other medical provider if necessary.
 15. Describe how the bidder will offer ongoing medication maintenance and treatment for clients.
 16. Describe how the bidder will treat people until they are successfully transitioned to a health professional who can provide ongoing medication management. Describe anticipated circumstances under which that will be necessary.
 17. Describe the bidder's warm handoff procedure.
 18. Describe how the bidder will provide client education on the use and risks of buprenorphine and methadone.
 19. Describe how the bidder will provide naloxone kits and training.
 20. How will the bidder develop ongoing relationships with referral sources to the Expanded Hour/Same Day Service OTP including: criminal justice, law enforcement, emergency medical services and more?
 21. How will the bidder work collaboratively with the community and form affiliation agreements to develop and maintain referral sources that can sustain client treatment after they are transitioned to other providers?
 22. How will bidder outreach and market to the community and to the region such that people with SUD, their families and supporters become aware of the bidder's extended hours, especially for walk-in clients.
 24. How will the bidder assure the safety of clients and staff during hours of service?
 25. Describe how the bidder will identify and use available payer sources for funding without creating an impediment to same-day services.

Staffing (10 points)

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

1. Describe details of prescribing staff to be hired; include hours/staffing schedule, number of hours per prescriber, and credentials of prescriber. Details should include currently on-board staff, with details of recruitment effort. Identify bilingual staff, if applicable. Include any staff already on board who will be transferred to this project.
2. Describe hours of operation and how you will assure full coverage during those hours.

3. Provide copies of job descriptions and resumes as an appendix—limited to two (2) pages each, for all proposed staff.

Data Collection/Evaluation (10 Points)

The successful bidder will be required to comply with the 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. The successful bidder must comply with all GPRA requirements as described in the *Budget* section of this RFP and below.

1. Identify staff who will be assigned to data collection and reporting. Include their title and experience and number of hours per week assigned to the data and reporting.
2. Describe how data collection will be incorporated in your agency's workflow.

GOVERNMENT PERFORMANCE AND RESULTS ACT REQUIREMENTS (GPRA)¹⁰

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 GPRA. Data will be collected via a face-to-face interview using this tool at three (3) data collection points: intake to services; six (6) months post intake; and at discharge. The GPRA intake interview must be completed within four (4) days after the client starts receiving services. The follow-up window for the six (6) month interview is five (5) to eight (8) months after the intake interview. The discharge interview should be conducted on the day of discharge or within 30 days if the client is lost to contact and has had no contact with the program for 30 days.

Bidders will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six (6) 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 the same day the GPRA interview is completed. Details regarding submission of GPRA forms to DMHAS will be provided after award. GPRA training and technical assistance will be offered to bidders.

¹⁰ <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>

Establishment of an Incentive Program for GPRA Interviews

SOR funding, with a maximum cash value of \$30 per interview, may be used for incentives for completion of a six (6) month GPRA follow-up interview among individuals who have completed an intake GPRA interview. Providers shall create a written policy for this incentive program that shall be reviewed and approved by DMHAS. The incentive program requires that funding earmarked for incentives may include items such as food vouchers or transportation vouchers. However, any incentives must be in the form of either a stipend or generic gift card (i.e. Visa, Mastercard) that can be used anywhere.

Facilities, Logistics, Equipment (5 points)

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

Budget (20 points)

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

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

Funds can be used to provide:

- Services for the uninsured and the underinsured;
- Care coordination staff and/or support staff to include staff required to extend OTP hours;
- Training (including training for prescribers to obtain their DATA 2000 waiver and/or become knowledgeable and educated to treat OUD);
- Costs of medications for the uninsured or underinsured;
- Operating expenses to extend hours;
- Security services if necessary;
- Telehealth capability/capacity;
- Marketing of the bidder's Expanded Hour/Same Day Service initiative;
- Staff to perform all data activities, as described in the section, *Data Collection/Evaluation; and*

- Incentives for completion of a six (6) month GPRA follow-up interview among individuals who have completed an intake GPRA interview (see above GPRA section).
1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those who attend the Mandatory Bidders Conference. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site described in *VIII. Submission of Proposal Requirements*. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues; (which by formula will be included in total award); and
 - b. Section 2 - Proposed one-time costs up to \$100,000 of total budget.
 2. Budget notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
 3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
 4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff (only if being allocated to this program) and total hours per workweek.
 5. Identify the number of hours per consultant and sub-contractee.
 6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
 7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.
 8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts.

Appendices

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

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status ¹¹;
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 Iran¹²;
11. Statement of Bidder/Vendor Ownership Disclosure ([ownership disclosure](#)¹³); and
12. Attestation of Program Requirements (RFP Attachment E)
13. Attestations of Contract Requirements (RFP Attachment F)
14. Original and/or copies of letters of commitment/support.

Additional attachments that are requested in the written narrative section and not listed in items #1-14 under Appendices do not count towards the 50-page limit for appendices. Appendix information exceeding 50 pages will not be reviewed.

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

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

VIII. Submission of Proposal Requirements

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

¹¹www.njconsumeraffairs.gov/charities

¹²<https://www.nj.gov/treasury/purchase/forms.shtml>

¹³<https://www.nj.gov/treasury/purchase/forms.shtml>

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 11, 2021. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically by the deadline using a file transfer protocol site. Please email SUD.upload@dhs.nj.gov, as soon as you determine that you will be submitting a proposal and no later than one (1) week before the proposal is due, in order to receive unique login credentials to upload your proposal to the FTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

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 [Policy Circular P1.04](#)¹⁴

¹⁴<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 5, 2021.

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 12, 2021. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health and Addiction Services
5 Commerce Way
PO Box 362
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 19, 2021. 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: [annual report](#)¹⁵);
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

¹⁵ <https://www.njportal.com/DOR/annualreports/>

- 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 [Registration form](#)¹⁶; for an entity doing business with the State for the first time, it may register at [1st Time Registration](#)¹⁷);
 25. Source Disclosure (EO129) ([Source Disclosure](#)¹⁸); and
 26. Chapter 51 Pay-to-Play Certification ([Pay2Play Cert](#)¹⁹).

XII. Attachments

¹⁶ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp

¹⁷ <https://www.nj.gov/treasury/revenue/>

¹⁸ <https://www.nj.gov/treasury/purchase/forms.shtml>

¹⁹ <https://www.nj.gov/treasury/purchase/forms.shtml>

Attachment A – Proposal Cover Sheet

Date Received

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

Name of RFP: Expanded Hour/Same Day Service to Methadone and Other Medications in OTPs

Incorporated Name of Bidder: _____

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

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

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated individuals to be served: _____

County in which services are to be provided: _____

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

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

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

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

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

Attachment E -- Attestation of Program Requirements

STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

Division of Mental Health and Addiction Services

Attestation of Program Requirements

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

Name of RFP: **Expanded Hour/Same Day Service to Methadone and Other Medications in Opioid Treatment Programs**

Incorporated Name of Bidder: _____

Address Where Services Will Be Delivered: _____

Attests that:

- Agency will not refuse care to any client due to the prescribed use of benzodiazepines.
- Agency will not refuse care to any client due to the use of unprescribed benzodiazepines.
- Agency will not refuse care to any client due to the use of prescribed medications for co-morbid medical conditions.
- Agency will operate in accordance with SAMHSA Special Term of Award as articulated under Section IV of this RFP.
- Agency will not refuse care to any client who has been administratively discharged or barred from care for administrative reasons.
- Agency will work collaboratively with DMHAS to collect data for State and Federal quality improvement purposes.

Authorization: _____

Chief Executive Officer (printed name): _____

Signature: _____

Date: _____

Attachment F -- Attestation of Contract Requirements

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

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

Name of RFP: **Expanded Hour/Same Day Service to Methadone and Other Medications in Opioid Treatment Programs**

Incorporated Name of Bidder: _____

Address Where Services Will Be Delivered: _____

Attests that:

- All outstanding Plans of Correction (PoCs) for any deficiencies in all contracts currently with DMHAS have been submitted to DMHAS for approval before this proposal has been submitted, as stated in section, *Who Can Apply?*
- It is in compliance with contract commitments in regard to programmatic performance and level of service, as stated in the section, *General Contracting Information.*

Authorization: _____

Chief Executive Officer (printed name): _____

Signature: _____ Date: _____