

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

REQUEST FOR PROPOSALS

**Integrated Opioid Treatment and Substance
Exposed Infants (IOT-SEI)**

January 11, 2022

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to provide comprehensive array of services for opioid dependent pregnant women, their infants and family. The Integrated Opioid Treatment and Substance Exposed Infants (IOT-SEI) initiative will provide opioid use disorder treatment, prenatal and postpartum medical/obstetric services, care coordination, sober living arrangements, wraparound services, intensive case management and recovery supports.

This initiative will focus on three of the five major timeframes when intervention in the life of the Substance Exposed Infants (SEI) can reduce potential harm of prenatal substance exposure: the prenatal phase, the birth event, and neonatal phase. IOT-SEI will ensure barriers to services for opioid dependent pregnant women are alleviated through integrated care that includes a multi-services approach that best serves the needs of pregnant women and their infants. The IOT-SEI will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population.

The overall goal of the IOT-SEI is to promote maternal health, improve birth outcomes, reduce the risks and adverse consequences of prenatal substance exposure and promote the sustainable recovery for each woman and her family. The IOT-SEI will continually assess and utilize demographic data of participants' catchment area in its development and delivery of programming, evaluation, and treatment outcomes to ensure it is relevant to the population served. Additionally, the awardee will analyze data to implement strategies to increase program participation and combat the reluctance of opioid dependent women in accessing services.

DMHAS will provide total annualized funding up to \$1,300,000 subject to State appropriations. DMHAS anticipates making one (1) award to establish an IOT-SEI program in one of the following counties: Morris, Passaic, Sussex or Warren. The IOT-SEI funding was awarded in 2017 through the RFP process with five (5) providers receiving awards. In State Fiscal Year 2021, one of the awardees located in the Northern counties chose not to renew their contract. DMHAS is rebidding these services to serve one of the following counties: Morris, Passaic, Sussex or Warren 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. 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 11, 2022	Notice of Funding Availability
February 16, 2022	Deadline for receipt of proposals - no later than 4:00 p.m.
March 11, 2022	Preliminary award announcement
March 18, 2022	Appeal deadline

March 25, 2022
April 15, 2022

Final award announcement
Anticipated contract start date

II. Background and Population to be Served:

New Jersey submitted a successful application in 2014 to the Substance Abuse and Mental Health Services Administration (SAMHSA) supported National Center on Substance Abuse and Child Welfare (NCSACW) for In-Depth Technical Assistance (IDTA) to address the multi-faceted problems of Neonatal Abstinence Syndrome (NAS) and SEI. New Jersey DHS/DMHAS as the lead State agency, partnered with the Departments of Children and Families (DCF), and Health (DOH) to address the entire spectrum of NAS and SEI from pre-pregnancy, prevention, early intervention, assessment and treatment, postpartum and early childhood. The IDTA provided technical assistance to New Jersey to strengthen collaboration and linkages across multiple systems such as addictions treatment, child welfare, and medical communities to improve services for pregnant women with opioid and other substance use disorders and outcomes for their babies. The IDTA Core Team included over 60 individuals representing multiple State Departments and Divisions, community stakeholders, treatment providers, and the medical community.

Three goals were established through the IDTA in an effort to develop uniform practices and guidelines: (1) Increase perinatal SEI screening at multiple intervention points; (2) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women screening positive on the 4P's Plus (Parents, Partner, Past, and Present Screening Tool) get connected for a comprehensive assessment by establishing formal warm-handoffs and other safety net measures; and (3) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women delivering SEIs and other eligible children, receive early support services for which they are eligible.

New Jersey requires that Department of Health licensed substance use disorder treatment providers enter treatment data into the New Jersey Substance Abuse Monitoring System (NJSAMS). NJSAMS indicated an increase in substance using pregnant women accessing treatment services, and as such, SEI. Data collected includes pregnancy and Medication for Opioid Use Disorder (MOUD) utilization. NJSAMS data are used to inform the need for integrated care services for pregnant women. However, not all women who could benefit from services are accounted for through this system. Hospital-based programs, MAT-waivered physicians, and other community office-based treatment providers provide services to pregnant women and are not required to enter this data into NJSAMS. Given that the scope of need is larger than the estimation based on existing data, an IOT-SEI program can be helpful in reaching additional pregnant women who could benefit from services.

The IDTA provided the framework for guiding the Departments in establishing the opportunity for practice improvement when addressing the needs of pregnant women

with opioid use disorders and their infants. According to SAMHSA¹, No single system has the necessary resources, information, or influence needed to adequately serve pregnant women with opioid use disorders, their infants and other involved family members who are likely to need services. All those who have a role in improving outcomes for such families need to collaborate in order to put the necessary practices in place. These collaborations can set the stage for maternal recovery from substance use disorders, child safety, and the well-being of all those involved. In order to understand the array of services in the community and overcome barriers to coordinating services to meet the needs of this population, prospective collaborative partners from each of the primary systems; medical, substance use disorder treatment community, maternal child health, mental health and child welfare, need to know what questions to ask when joint planning begins. Additionally, providers and their system partners work together to identify and combat barriers that may impede the target population from seeking and accessing services. Obstacles to treatment may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, and language, etc.

The IDTA Core Team, with the DOH as the lead State agency, developed a comprehensive *Birthing Hospital Survey* that was distributed statewide to New Jersey labor and delivery hospitals. The survey sought to understand how pregnant women with substance use disorders and their SEI are identified, treated, and triaged with partners at discharge, and if treatment for NAS was explored. The findings were intended to guide Departments in establishing statewide guidelines for best practice; aid in the development of cross system models to ensure families get access to services; establish education needs on issues of SEI/NAS and identify high risk areas.

The survey findings indicated some common themes: Is universal screening occurring throughout the state, and if not how would the community be informed? What process is needed to improve service linkages, care coordination and increase warm handoffs? Do the addictions treatment community, medical community, maternal child health and other stakeholders utilize New Jersey's Central Intake? What are the current barriers to services? Are the New Jersey birthing hospitals and birthing centers aware of the Adopted Rules requiring hospitals and birthing centers to report to child welfare system on SEIs in order to facilitate Plans of Safe Care for SEIs and their families.

The Departments worked together to educate the community by collaborating on launching multiple Project ECHOs (Extension for Community Healthcare Outcomes). The ECHOs would help facilitate the statewide adoption of best practice clinical care and community based interventions to support pregnant and parenting mothers with opioid use disorder, and focus on prevention, birth, and the infant's first year of life. The

¹ A Collaborative Approach to the treatment of Pregnant Women with Opioid Use Disorders "Practice and Policy Considerations for Child Welfare, Collaborating Medical and Service Providers" (US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

survey findings helped to develop the ECHO curriculum and provide education to the New Jersey birthing hospitals, prenatal clinics, maternal child healthcare, substance use treatment providers, child welfare and other social service providers in areas such as screening, assessments, access to treatment including Medication for Opioid Use Disorder (MOUD), Plans of Safe Care, Reporting, Service Linkages, Care and Coordination, Central Intake, etc.

The IOT-SEI Initiative is a model of integrated care that addresses the unique needs of pregnant women with opioid use disorder, their infants and families. It represents a coordinated, multi-system approach that includes collaborative planning and implementation of services that reflect best practices for pregnant women with opioid use disorder. Although the IOT-SEI focuses on the prenatal phase, the birth event, and neonatal phase, the integrated care must provide the resources to assess, prevent, and stabilize barriers such as cultural and linguistic needs, housing, transportation, medical care, etc. so that the woman can have a successful, sustainable recovery that will result in improved birth outcomes for her infant and family.

III. Who Can Apply?

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

- The bidder 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 proposal submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of [New Jersey Consolidated Debarment Report](#)² 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. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

² <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

IV. Contract Scope of Work

DMHAS seeks proposals to establish an IOT-SEI program in one of the following counties: Morris, Passaic, Sussex or Warren. The successful bidder must serve the county identified and provide an array of services ranging from substance use disorder treatment, medical care that includes prenatal care through postpartum care, intensive case management, wrap around services, sober housing, social services, and recovery supports to opioid dependent pregnant and postpartum women, their newborns and family. The IOT-SEI program is intended to ensure that barriers to services are alleviated through the establishment of a comprehensive care coordination model within the timeframes when intervention in the life of the SEI can reduce potential harm of prenatal substance exposure.

The IOT-SEI program utilizes a cross-systems approach that focuses on coordinating effective communication between all the systems that will be involved with the pregnant opioid dependent woman and her newborn. The awarded provider will be the lead agency ensuring that all affiliates are part of the team to ensure the woman's needs are identified sooner and addressed more quickly to mobilize the full range of services and/or resources needed. The comprehensive care coordination model for the IOT-SEI must include professional services agreements between the awardee and the partner service providing entities.

The overall goal of the IOT-SEI is to promote maternal health, improve birth outcomes, reduce the risks and adverse consequences of prenatal substance exposure and promote the sustainable recovery for each woman and her family.

Service delivery should begin as soon as possible and no later than four (4) months after grant award.

The primary programmatic components are detailed below:

Participant Eligibility

Opioid dependent pregnant women will be eligible for services during the following intervention points: prenatal (pregnancy); birth event (delivery); postpartum/neonatal up to twelve (12) weeks, and if there is an immediate postpartum need identified at sixteen (16) weeks, where there is an impact on the infant's health or mother's substance use disorder treatment and healthy recovery, postpartum women will be accepted into the program. Referrals may come from entities such as prenatal clinics, Federally Qualified Health Centers (FQHC), prenatal clinics, substance use disorder treatment providers, Boards of Social Services, Maternal Child and Health Consortia, Central Intake, Child Welfare, Work First New Jersey Substance Abuse Initiative (WFNJ-SAI) Self-Referrals, Maternal Wrap Around Program (MWRAP), etc.

Program Design

The IOT-SEI will be expected to provide services to pregnant and postpartum women (up to 16 weeks after birth) who have an opioid use disorder. The program should have flexible scheduling to allow the staff to be available out of routine business hours as per a program schedule. The IOT-SEI program design will emphasize coordination of services that is family-centered, gender and culturally responsive. Applicants should describe how as the lead agency and partner affiliates will collaborate on coordinating the goals and efforts among all partners. In particular, efforts would include: screening and linkages to substance use disorder treatment (MOUD) during prenatal/postpartum; prenatal care/labor and delivery; co-occurring services including postpartum depression; trauma; social services; housing/sober living; recovery supports and child welfare involvement when identified.

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

The total budget for the IOT-SEI is up to \$1,300,000 per year. Eligible expenses unique to the operation of the IOT-SEI can include the following:

- Staff;
- Office space;
- Supplies; and
- Equipment, including a vehicle, a lap-top computer, and cell phones by use by staff.

If the lead agency proposes to use a portion of their IOT-SEI funds to partner with another entity who will be providing specialty services such as temporary shelter, recovery housing, etc., the proposal must include the amount of funding in their budget and a draft Professional Services Agreement(s)/Affiliation Agreement(s) between the lead agency and provider(s) who will receive the funding. Agreement(s) should include:

- Funding amount between contractee and professional services provider
- Description and provision of services
- Scope of agreement, terms and effective dates
- Identify target population to receive services
- Identify who will be responsible for performing the services under the Agreement

- Identify where services will be performed (Specify exact address), hours and days
- Describe coordination of care and collaboration with affiliated partners
- Require Naloxone training (each affiliate can provide training through their organization)

Lead Agency Staffing Requirements

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

All lead agency staff will be required to attend DMHAS trainings related to this initiative.

Program Supervisor

The Program Supervisor must possess an LPC, LCSW or other master's or higher level clinical license and will be responsible for the supervision of the program staff. They shall demonstrate evidence of working with the substance use disorder population and/or evidence of addiction coursework. The Program Supervisor will also be responsible for the following:

- Coordinate and monitoring of program services
- Demonstrate progress toward program goals
- Collaborate with system partners to ensure coordination, equity, and inclusion of care
- Communicate regularly with partner affiliates through a multidisciplinary approach
- Deliver services in a culturally competent manner that exemplify National CLAS Standards.
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Deaf/ASL, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality, and treatment outcomes
- Improve the scope and capacity of the delivery system in order to ensure program sustainability
- Attend DMHAS training focused on supervising peers and case managers

Additional program staff **may** include the following positions as well as other staff such as credentialed addictions staff, medical staff, etc.:

Case Managers: The Case Manager must possess a bachelor's degree in health, psychology, counseling, social work, education or other behavioral health profession. The Case Manager must possess the knowledge, skills, and experience necessary to competently perform case management activities. Case Managers must have at least three (3) years' experience working with high need families involved with substance use disorder. Case Managers will be expected to develop a Case Management Assessment and an Integrated Family Case Plan that is person and family-centered and includes strategies for recovery.

Peer Recovery Specialists: Recovery Specialists with a minimum associate degree preferred; high school diploma or equivalency preferred. The peer recovery specialist will be required to attend a three (3) day DMHAS required training that delineates peer role functions, competencies, responsibilities and includes an orientation to DMHAS' multiple treatment initiatives. In addition, the peer recovery specialist will attend a 5-day, 30-hour CCAR (or equivalent) training leading to certification as a Certified Peer Recovery Specialist (IC&RC) or a National Certified Peer Recovery Support Specialist (NCPRSS) (NAADAC). The peer recovery specialist must have two years' experience in the guiding principles of recovery that assist individuals to improve their health and wellness, live a self-directed life, and reach their full potential. Peer recovery specialists will be expected to obtain peer certification, develop care plans, and document case notes.

Certified Doula and/or Doula with a Peer Recovery Specialist Certification: Doula's support the pregnant women through pregnancy, and postpartum period by providing education, emotional and physical support. They may visit their program participants in the home/community, accompany them to clinical appointments, and provide continuous labor support at the hospital.

Data Collection/Evaluation

The successful bidder will be required to comply with the Division's program evaluation by responding to data requests from DMHAS, participating in the data collection system for this program, facilitating completion of program participant satisfaction questionnaires and any other monitoring activities. The successful bidder will provide client-level data including number and type of units of service using data collection forms developed by DMHAS.

The successful bidder will work with the Division's program evaluation team and other collaborative partners to identify specific program outcomes demonstrating the effectiveness of the services model. Examples of outcomes to be measured include: substance use, homelessness, employment, education, birth outcomes, child and family well-being, involvement with the Division of Child Protection and Permanency (DCP&P), and the effectiveness of activities related to diversity, inclusion, equity, and cultural/linguistic competence. The provider will then be expected to report on these outcomes as requested by DMHAS.

V. General Contracting Information

Bidders must 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:

<https://www.state.nj.us/humanservices/olra/contracting/policy/>

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 accurately reflect the scope of responsibilities in order to accomplish the goals of this program.

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

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

In accordance with DHS Policy P1.12 available on the web at: <http://www.state.nj.us/humanservices/olra/assets/documents/CPIManual.pdf>, funds awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental

Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed on the [DHS website](#)³.

IV. Written Intent to Apply and Contact for Further Information

Bidders must email SUD.upload@dhs.nj.gov by February 9, 2022 indicating their agency's intent to submit a proposal. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to SUD.upload@dhs.nj.gov no later than January 19, 2022. All questions and responses will be compiled and emailed to all those who submit a question and/or provide 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 (10 points)

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and the number of years' experience working with the target and marginalized underserved populations, and history working collaboratively with other systems such as the medical community, child welfare, community social service providers, housing, and substance use disorder treatment providers or recovery centers.
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. Attach a one-page copy of the agency's organization chart showing the location of the proposed project and its link in the organization.
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.

³ <http://www.nj.gov/humanservices/providers/rulefees/regs/>

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. Demonstrate the organization's commitment to cultural competence (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1 et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
7. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
8. Document that the bidder's submissions are up-to-date in NJSAMS, USTF, QCMR and BEDS (if applicable)
9. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (40 points)

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

1. The bidder's proposed approach satisfies the requirements as stated in the RFP.
2. The bidder's understanding of the project goals and measurable objectives.
3. The bidder's justification of program services which includes assessment and needs of the target population.
4. Indicate the number of unduplicated individuals the bidder will serve annually.
5. Attach a flow chart outlining the operational steps of the proposed program.
6. Attach a logic model consisting of needs statement; goals; objectives; inputs such as resources for example funding; staff, etc.; activities; outputs for example level of service or units; number of individuals receiving services and referrals; etc.; and expected outcomes.
7. Description of all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein.
8. Description of bidder's anticipated collaboration with the systems and/or other entities in the course of fulfilling the requirements of the contract resulting from this RFP. System collaborations for pregnant/parenting women can include but not be limited to FQHCs, prenatal clinics, licensed substance use disorder treatment providers including Opioid Treatment Providers (OTPs) maternal and child health, labor and delivery hospitals, community services such as shelters, transitional housing, supportive housing, sober living housing, WIC, Work Force New Jersey Substance Abuse Initiative (WFNJ SAI) child welfare etc. Include Business Agreement and/or Affiliation Agreement if the bidder proposes to contract with another agency and describe the services. Agreements must ensure providers share information to support service coordination as well as informed and voluntary consent of mothers.

9. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in access, quality, and treatment outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
10. Description of any other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
11. Describe how the demographic makeup of the catchment area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches.
12. Provide agency policy to prohibit discrimination against individuals who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication/s.
13. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
14. 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. Services are expected to begin within four (4) months of grant award.
15. Describe how care coordination will alleviate barriers from pregnancy through birth and the timeframe for the program how barriers to services are alleviated through comprehensive care coordination within the timeframes.
16. Attach a draft "Plan of Safe Care" that anticipates coordination and collaboration with DCP&P at the time of birth and addresses the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services.
17. Describe the process with preparing and advocating on behalf of the pregnant woman for the potential for child welfare involvement If she is prescribed Medication for Opioid Use Disorder (MOUD) or using opioids.
18. Attach a draft comprehensive Case Management Assessment that includes life domains such as housing, finances, transportation, legal services, vocational, employment, health care, and family strengths/needs.
19. Attach a draft Integrated Family Case Plan that identifies priorities, desired outcomes and the strategies and resources to be used in obtaining outcomes based on the case management assessment.
20. Description of protocols and procedures to ensure that in situations of possible child abuse or neglect, the bidder will immediately report the matter to DCP&P as mandated by, and in accordance with N.J.S.A. 9:6-8.10 and 8.14, and N.J.S.A.2C:43-3 and 43-8.
21. Description of protocols and procedures to linking women to other appropriate services where there may be barriers to accessing treatment, such as transportation.

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 approach to measurement of program participant satisfaction.
2. The bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation.
5. Details about any outside entity planned for 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.
6. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice and best practices program approaches.
7. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particular to the reduction of disparities and barriers in access, quality, and treatment outcomes.
8. Assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with the DMHAS evaluator.

Staffing (15 points)

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

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) staffing and any Part Time Equivalent (PTE) required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing, credentialing, and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Describe program efforts to recruit, hire and train staff who are from or have experience working with opioid dependent women and
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and treatment outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
5. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
6. 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.
7. Describe flexible scheduling to allow staff to be available outside of routine business hours as per a program schedule. Describe an approach to ensuring other recovery supports (i.e., help lines, self-help meetings, etc.) are accessible and available when program staff is not scheduled.
8. Describe the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
9. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.

10. Describe the program requirements and approach for supervision of clinical staff, peer specialists, case managers, and doulas.
11. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and treatment outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
12. 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.
13. 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.
 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. Appendix information exceeding 50 pages will not be reviewed. **Please note that if items #8 through #11 are not submitted and complete, the proposal will not be considered.** Items #12 and #13 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. 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](#)⁴;
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](#)⁵;
11. Statement of [Bidder/Vendor Ownership Disclosure](#)⁶;
12. Most recent single audit report (A133) or certified statements;
13. Any other audits performed in the last two (2) years; and
14. Original and/or copies of letters of commitment/support.

The following 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 or the 10-page limit for the written narrative.

1. Cultural Competency Plan;
2. Program Flow Chart;
3. Logic Model;
4. Business Agreement and/or Affiliation Agreement if the bidder proposes to contract with another agency and describe the services;
5. Plan of Safe Care;
6. Case Management Assessment; and
7. Family Case Plan.

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.

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 16, 2022. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Additionally, bidders must request login credentials by emailing SUD.upload@dhs.nj.gov **no later than one (1) week before the proposal is due**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

⁴ www.njconsumeraffairs.gov/charities

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

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

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

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 on the [DHS's website](#)⁷.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by March 11, 2022.

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

⁷ <https://www.nj.gov/humanservices/olra/contracting/policy/>

later than 4:00 p.m. on March 18, 2022. 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 25, 2022. 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](#)⁸;
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;

⁸ <https://www.njportal.com/DOR/annualreports/>

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](#)⁹; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)¹⁰;
25. Source Disclosure ([EO129](#))¹¹; and
26. Chapter 51 [Pay-to-Play Certification](#)¹².

XII. Attachments

⁹ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp

¹⁰ <http://www.nj.gov/treasury/revenue>

¹¹ www.nj.gov/treasury/purchase/forms.shtml

¹² 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: Integrated Opioid Treatment and Substance Expose Infants

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: <https://www.nj.gov/treasury/purchase/vendor.shtml>. Or via telephone: (609) 341-3500.

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 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 are 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 - Mandatory Equal Employment Opportunity Language

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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