

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

REQUEST FOR PROPOSALS

**Support Team for Addiction Recovery (STAR)
Program**

July 24, 2017

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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 Division of Mental Health and Addiction Services (DMHAS) to develop Support Teams for Addiction Recovery (STAR) to provide case management and recovery support services for individuals with opioid use disorders (OUD). This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Targeted Response to the Opioid Crisis grant. Total annualized funding for this RFP is \$3,850,000 subject to federal appropriations. DMHAS anticipates making up to eleven (11) awards of approximately \$350,000 each. Funding is available for FFY 2018 and may be available for FFY 2019. DMHAS anticipates making one (1) award in each of the following eleven (11) counties that are high risk for opioid overdoses and are the counties where the Opioid Overdose Recovery Program was first established: Atlantic, Bergen, Camden, Essex, Gloucester, Hudson, Middlesex, Monmouth, Ocean, Passaic and Mercer.

The STAR initiative will be comprised of eleven (11) teams, each consisting of a program supervisor, two (2) case managers and two (2) recovery specialists. STAR case managers will work with individuals to assist with issues that often occur concurrently with an OUD, such as homelessness, incarceration, legal issues, employment, education, transportation, need for social services, health care, child welfare involvement, child care, health insurance, documentation, etc. The STAR recovery specialists will provide non-clinical assistance and recovery supports services. The overall goal of STAR is to help maintain individuals with an OUD in the Recovery Zone for as long as possible, help to reduce the risk of recurring episodes of opioid related problems, and prevent future overdose.

STAR will provide services according to a recovery based philosophy of care and support individuals continuing stability, recovery and wellness as they move through the recovery continuum. The STAR team encourages self-determination and promotes the hope that the individual can recover from an OUD and regain meaningful roles and relationships in the community. The goals of the STAR program are to increase individuals' recovery capital in order to sustain long-term recovery. The STAR team will support recovery planning by linking individuals to resources and services in the community, identifying factors that will impact wellness and recovery, providing assistance in the managing of crisis situations, and modeling strategies on how to manage addiction successfully.

Bidders applying for more than one (1) county must submit separate proposals for each 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:

July 24, 2017	Notice of Availability of Funds
August 28, 2017	Deadline for receipt of proposals – no later than 4:00 p.m.
September 22, 2017	Preliminary award announcement
September 29, 2017	Appeals deadline
October 6, 2017	Final award announcement
November 1, 2017	Anticipated award start date

II. Background and Population to be Served

SAMHSA, Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) announced the opportunity for states and territories to apply for funding on December 14, 2016. Funding was made available for grants to states/territories via a formula based on unmet need for opioid use disorder treatment and drug poisoning. DMHAS submitted a grant application in February 2017 for its proposed State Targeted Opioid Response Initiative (STORI) and was awarded federal funding for the initiative in April 2017. The goals of STORI are to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.

The NJ STORI includes the development of the STAR program which consists of a community-based group of case managers and recovery specialists. This program will have the potential to change and immeasurably improve countless lives affected by OUD throughout the State. By integrating case management with recovery supports, we hope to alleviate barriers as individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Case management will help individuals with acquiring needed resources and/or provide assistance with navigating multiple social service and health systems. Recovery specialists will help individuals with their most pressing early recovery needs in the four dimensions that support a life in recovery: health, home, purpose and community.

According to the 2015 New Jersey Substance Abuse Monitoring System (NJSAMS), treatment data indicated that of 48,638 individuals, 4,508 individuals experienced two or more episodes of care during the year. Of the 4,103 individuals who experienced two episodes, 52% re-entered care within three months and another 34% were back in treatment within three to six months. The Opioid STR funding will help these individuals move to and remain in recovery for longer periods of time. This funding will also enhance recovery support services for clients after discharge from the NJ substance use disorder treatment system since there are no formal recovery support services in New Jersey other than two Recovery Centers, one in Passaic County and one located in Camden County.

III. Who Can Apply?

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

- The bidder may be a non-profit or for-profit entity or governmental entity;

- If a bidder has a contract with DMHAS when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission of an application for funding;
- The bidder must be fiscally viable - based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity; 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.

IV. Contract Scope of Work

DMHAS seeks proposals to establish the STAR in eleven (11) targeted counties. The STAR teams will be expected to provide services for forty (40) individuals with OUD as needed. It is expected that at all times the caseload will not fall below forty (40). Successful bidders will provide case management and recovery supports to forty (40) unduplicated opioid dependent individuals using a team approach comprised of a program supervisor, two (2) full time equivalent (FTE) case managers and two (2) FTE recovery specialists. After normal business hours, the STAR teams must be accessible by telephone so that coverage is 24 hours a day/seven (7) days a week to achieve optimum flexibility and responsiveness to individuals. Services will be provided for up to 12 months.

Priority access to the STAR are individuals reversed from opioid overdoses and treated at hospital emergency departments through the Opioid Overdose Recovery Program (OORP); other hospital emergency department OUD overdoses; discharges from licensed residential substance use disorder treatment facilities, and individuals recently released from incarceration. STAR will provide services according to a recovery-based philosophy of care and support individuals' continuing stability, recovery and wellness as they move through the recovery continuum. Additionally, STAR will assist individuals to gain access to a continuum of care and rehabilitation services such as medication assisted treatment (MAT). Successful bidders will demonstrate collaboration with substance use disorder treatment providers, including OTPs. All proposals shall include detailed information regarding collaboration specifically around the planning and implementation of this project with hospital emergency departments through OORP and other hospital emergency department OUD overdoses, licensed residential substance use disorder treatment facilities, and correctional facilities including jails and prisons.

STAR will follow the philosophy that successful recovery depends on finding and using the supports that work best for an individual. The STAR model is based on SAMHSA's Treatment Improvement Protocol (TIP) 27 Series *Comprehensive Case Management for Substance Abuse Treatment* and SAMHSA's *Working Definition of Recovery Ten Guiding Principles of Recovery*. Individuals are full partners with the STAR team in planning for their own recovery support service needs. The STAR develops a supportive relationship with the individual by helping him/her with maintaining recovery in an environment conducive to personal recovery. With the assistance of the STAR team, the individual decides which activities would maximize his/her opportunities for successful community living and achieving life goals. In turn, the STAR team responds to the individual's choices with support services coordinated with the needs, interests, and schedules.

The overall goal and mission of the proposed initiative is to:

- Increase linkage to appropriate care and resources in the community;
- Reduce relapse and prevent future overdoses;
- End the "revolving door" where too many individuals endlessly cycle in and out of emergency departments and/or other paths and never connect to treatment or recovery support services;
- Engage peers by promoting hope that they can recover from an OUD and regain meaningful roles and relationships in the community;
- Identify factors that will impact the STAR individuals' wellness and recovery, as appropriate;
- Promote improved recovery, wellness, and healthy lifestyles;
- Reduce public healthcare expenditures for individuals living with an OUD;
- Support individuals' accessibility to a continuum of care that includes rehabilitation services including Medication Assisted Treatment,
- Promote a recovery path that is dependent upon supports that work best for an individual, even when medication is part of the journey;
- Reduce identifiable behavioral health and physical health risks, including but not limited to HIV, hepatitis and other bloodborne pathogen diseases;
- Improve health behaviors, clinical outcomes, and quality of life; and
- Prevent the occurrence of another overdose.

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

Budget:

The total budget for each STAR team is up to approximately \$350,000 per year to underwrite the supportive services team. Eligible expenses unique to the operation of the STAR team include:

- Staff;
- Office space;
- Supplies; and

- Equipment, including a vehicle, a lap-top computer, and cell phones for use by STAR team (included in the funding of \$350,000).

Staffing:

The STAR teams will be comprised of the following mandatory positions:

Program Supervisor (.25 FTE)

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 Case Managers and Recovery Specialists. S/he shall demonstrate evidence of working with substance use disorder population and/or evidence of addiction coursework. Supervisory experience, training, or course work is highly recommended. The Program Supervisor will also be responsible for case manager duties as needed listed below. S/he will also be responsible for ensuring the following:

- Communicate regularly with the DMHAS STAR Coordinator;
- Demonstrate progress toward program goals;
- Supervise program staff (monthly meetings with STAR staff and biweekly phone or face to face for minimally 15 minutes);
- Coordinate and monitoring of program services;
- Collaborate with systems partners to ensure coordination of care;
- Deliver services in a culturally competent and linguistic manner; and
- Communicating with UBHC if substance use disorder treatment is needed.

Case Manager (2 FTE)

The case manager must possess a Bachelor's level CADC, LCADC, or Master's 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. The case manager must have at least three (3) years' experience working with high need individuals involved with substance use disorders. The Case Manager shall demonstrate evidence of working with substance use populations or evidence of addiction coursework. The Case Manager shall possess knowledge in formal/informal community systems and resources. Additional Case Manager responsibilities include:

- Providing a comprehensive case management assessment that addresses life domains such as housing, finances, transportation, legal services, vocational, employment, health care, and family strengths/needs;
- Developing an Integrated Family Case Plan that is person-centered and includes strategies for recovery. The plan shall identify priorities, desired outcomes and the strategies and resources to be used in obtaining outcomes based on the case management assessment;
- Linking to appropriate care and resources in the community including resources that address specialized needs, such as agencies providing services related to

HIV/AIDS, mental health disorders, chronic and acute health problems and problems stemming from involvement with the criminal justice system;

- Promote the STAR individual's recovery to his/her fullest potential by facilitating assessment of skills, including literacy, educational opportunities (GED, certification programs), job readiness skills, vocational training, employment placement and retention and career development;
- The STAR Case Managers are required and must document that each individual was offered a visit minimally one (1) hour per week by a staff member, whether that visit was accepted and document their participation in the visit and any services received. The individual will determine the type and frequency of services desired. The services provided will be responsive to the individual's needs;
- Refer clients and help them access substance use disorder treatment if needed;
- Assist and engage the individual with transitioning to another level of care (outpatient substance use disorder treatment) to ensure continuity of care if needed and provide documentation that the individual has been offered the treatment if there is evidence of a lapse in recovery, and whether or not the individual is attending treatment or had an overdose while receiving STAR services;
- Coordinate needed interventions and services provided by multiple agencies;
- Provide case management services to ensure that individuals are both informed about and able to access the full range of medical and treatment opportunities or other support services, such as legal, financial, educational, vocational, or employment counseling, that may be available to them at the time the individual chooses to use them;
- Use engagement skills to motivate and encourage individuals to voluntarily access services that would assist them in maintaining a healthy lifestyle;
- Advocate on behalf of the individual;
- Provide education to clients on HIV and Hepatitis; and
- Provide training to clients on the recognition of relapse triggers and strategies to deal with avoiding a relapse.

Recovery Specialist (2 FTE)

The recovery specialist with a minimum associate's degree preferred; high school diploma or equivalency required, will provide recovery support and peer coaching to the program participants. The recovery specialist will be required to attend a three (3) day DMHAS State mandated training that delineates peer role functions, competencies, responsibilities and includes an orientation to DMHAS multiple treatment initiatives. The 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. The Recovery Specialists will work with individuals to support and strengthen their capacity to engage in their personal recovery. The competencies and role of the recovery specialist shall include, but are not limited to the following:

- In collaboration with the individual, develop a Recovery Plan which should include culturally competent and relevant services that identifies goals with measurable objectives, assesses strengths, can be used to work towards those goals, identifies

barriers that can inhibit goal attainment, and monitors the progress made attaining those goals;

- Educate the individuals on how to appropriately navigate treatment, social service and recovery support systems;
- Provide recovery support services based on the individual's preference and his/her assessed needs;
- Support individuals as they move through the stages of change to encourage them in their recovery;
- Assist individuals with accessing recovery support services in the community;
- Work collaboratively with the Case Manager to ensure the individual engages in services up to one year;
- Be a positive role model by sharing experiential knowledge, hope, and skills;
- Maintain relationships with the individual in order to assist him/her in the treatment engagement and retention process;
- Reinforce, guide, and ensure the individual that recovery is possible, and is built on multiple strengths, coping abilities, and the resources of each individual;
- Assist the individual participating in STAR with gaining skills and resources needed to initiate and maintain recovery;
- Assist in establishing and sustaining a social and physical environment supportive of recovery;
- Enhance identification and participation in the recovery community;
- Advocate for appropriate and effective community treatment and recovery;
- Empower individuals to make self-determined and self-directed choices about their recovery pathway;
- Provide support with face to face sessions and/or telephone support based on individual's personal choice; Maintain follow-up one year after starting STAR program; and
- Help individuals maintain healthy community, family and social functioning.

Data Collection/Evaluation:

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

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 this service model. The provider will then be expected to report on these outcomes annually.

The successful bidder will be expected to participate in the evaluation of program outcomes, including continuity housing, support services provided for achievement of identified wellness and recovery related goals, and consumer satisfaction. Other

outcomes to be assessed will focus on education and employment, criminal justice involvement, social connectedness, well-being and quality of life. Evaluation will also address the utilization of emergency medical, psychiatric or substance use disorder services, utilization of public assistance, Medicaid expenditures, and voluntary participation in treatment services.

STAR will collect data on individuals' basic demographics including age, race, and gender. The STAR key outcomes that we will assess are as follows: number of past 30 day use of opioids and past 30 day use of other substances; number of overdoses since engaging with STAR; time to relapse; individuals receiving MAT (Buprenorphine, Methadone, Vivitrol), GED/vocational, employment, housing stability, and Medicaid enrollment.

The STAR program will also track/count number of (warm hand-off) referrals to: legal services; educational services; housing assistance including SUD-related; mental health services; social services; medical services including federally qualified health centers (FQHC); dental services; transportation services; vocational services; domestic violence services; sexual assault interventions; individual and family mutual aid, self-help, and recovery community organizations (e.g., AA, NA, Nar-Anon, Al-Anon, Parent to Parent, etc.); and Division of Child Protection and Permanency (DCP&P).

The outcomes will be assessed at first encounter/intake, at six (6) months from first engaging with a STAR team and discharge from STAR. At discharge, STAR will document reason for STAR program discharge to include overdose death, other death, quit or dropped out, successfully completed the program, program funding ending, and other.

In general, the STAR team will be expected to assist consumers in maintaining long-term recovery. The team will provide services in the home and by telephone that ensure the individual's long-term recovery and help them to identify and access resources in the community that will help them achieve their long-term wellness and recovery goals.

There is also a performance expectation that at least 60% of the STAR participants will be engaged in part-time or full-time employment, and/or volunteer work, or enrolled in a vocational training or other educational program.

Other:

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

V. General Contracting Information

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

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

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

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards and prior to final award, as well as through the State Open Public Records Act 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 www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental

health services. These regulations can be accessed at <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

VI. Written Intent to Apply and Contact for Further Information

Bidders are requested to email RFP.submissions@dhs.state.nj.us 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 RFP.submissions@dhs.state.nj.us no later than July 31, 2017. All questions and responses will be compiled and emailed to all those who provided a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

VII. Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder History and Experience (10 points)

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population, the number of years' experience working with the target population, and history working collaboratively with other systems such as the medical community, child welfare, community social service providers and SUD treatment providers.
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.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
6. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A.10:5-1et seq.)
7. Describe the bidder's sustainability plan for the project at the end of the contract.
8. Describe the bidder's current status and compliance with 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. How the bidder's approach satisfies the requirements as stated in the RFP.
2. A detailed description of the services to be provided by the proposed STAR team and the methods the team will use to deliver services. Attach a flow chart outlining the operational steps of the proposed program.
3. A detailed description of bidder's collaboration specifically around the planning and implementation of this project with hospital emergency departments through OORP and other hospital emergency department OUD overdoses, licensed residential substance use disorder treatment facilities, and correctional facilities including jails and prisons.
4. A detailed description of how the STAR team will work with other organizations to coordinate access to the appropriate recovery sustaining services.
5. A description of the bidder's approach for providing directly or through linkages the services set forth under "Performance Expectations and Requirements."
6. A description of the motivational interventions that will be used to engage the individual in appropriate services.
7. A description of measures that will be taken to ensure that services are provided in a culturally competent, linguistically appropriate, and sensitive manner.
8. A detailed description of the bidder's emergency response plan including response to medical and psychiatric emergencies, including an explanation of personnel training for assessing risk and safety, handling emergencies, coordinating with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures. The emergency plan should also address situations such as child safety, fire, sexual harassment, disaster, and other incidents that may jeopardize the health and safety of individuals.
9. State outcomes to be achieved by individuals to be served and description of how the program would effectively assist them to achieve those outcomes.
10. A description of the bidder's active participation in community- and municipality-wide networks appropriate to the needs of program participants.
11. A description of bidder's experience in successfully providing case management services to the target population and having effective linkages with appropriate not-for profit agencies, government, and service providers in the community in which the proposed program will be located or be readily accessible through public transportation, and who could serve as resources for and/or provide off-site services.
12. A description of the bidder's collaboration and relationship working with the local boards of social services.
13. A description of how the special needs of the individual will be addressed.
14. A description of how the proposed team will coordinate the services they provide with other support services available in the wider community.

15. A description of how the psychiatric, medical and prescription medicine needs of the individual will be addressed.
16. A description of how the bidder will refer individuals to and access substance use treatment services if needed.
17. A description of the approach for developing and monitoring the individual's Recovery Plan.
18. A description of obtaining individual consent for participation in the STAR program.
19. A statement and explanation of the project goals and measurable objectives. All goals must be clearly and directly linked to the desired outcomes of the project. All objectives under each goal should also be clear and measurable. A description of the program activities to achieve the stated goals and objectives, any anticipated barriers in meeting the goals, and plans to overcome them.
20. A description of the bidder's plan for reviewing the individual's financial health.
21. A description of the bidder's plan for reviewing specific individual housing, employment, educational, legal, family, social and health needs.
22. Explanation of the bidder's understanding of person-centered planning for wellness and recovery, and description of how the bidder's understanding characterizes service delivery across the range of services to be provided within this program.
23. Explanation regarding professional boundaries and ethical guidelines the recovery specialists will adhere to with the individual and description of how conflicts will be handled and the recusal and referral process for project staff.
24. Attach as an appendix the inter-agency cooperative or affiliation agreements for any community-based service provision previously referenced in the bidder's proposal.
25. A description of the population to be served in the bidder's proposed program and anticipated service needs. Specify the process through which potential program participants would be identified and recruited into program, including a description of inclusionary and exclusionary criteria for individual selection.
26. A description of the process and timeframe for program implementation, including how quickly the proposed STAR team can be assembled, trained and made operational. Include a description of the proposed target population and a timeline of activities.
27. Provide a work week schedule detailing how you will deploy staff to ensure 24 hours per day/ 7 days a week coverage to achieve optimum flexibility and responsiveness to individuals.
28. Provide a table of organization that specifies the proposed STAR program's structure in relationship to the agency and its other operations.
29. State a policy which supports an individual who is receiving medication assisted therapy (MAT).
30. A description of the agency's last Continuous Quality Improvement effort, including items identified as issues, actions that were taken and outcomes.
31. The sustainability plan for the project at the end of the contract.

Outcome(s) and Evaluation (10 points)

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

1. A description of how the bidder will measure outcomes related to personal recovery, successful housing, employment, healthcare access, and increased self-sufficiency.
2. The bidder's approach to measurement of individual satisfaction.
3. The bidder's measurement of the achievement of identified goals and objectives.
4. The evaluation of contract outcomes.
5. Assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with the DMHAS contracted evaluator.
6. Details regarding an outside entity the bidder plans to use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.

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) and Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Provide copies of job descriptions and resumes as an appendix – limited to two (2) pages each – for all proposed staff.
4. Identify the number of work hours per week that constitute each FTE and PTE in the bidder's proposal.
5. Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
6. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. Provide the bidder's proposed plan for staff development as an attachment. Trainings shall include neonatal abstinence and substance exposed infants, MAT, cross-systems collaborations, and trauma informed care.
8. The approach for supervision of program staff. Provide staff supervision schedule as an attachment.
9. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.
10. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must

identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (5 points)

1. A description of the plan for office space, vehicle, and any needs 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.

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 as outlined on page six (6) of this Request for Proposal, bidders are asked to provide budget notes.

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

1. A detailed budget using the description provided on page six (6) of this Request for Proposal is to be submitted.
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.
3. The name and address of each organization – other than third-party payers – providing support and/or funding to support the program for which the proposal is being submitted.
4. For all proposed personnel, the budget should identify the staff position titles and only staff names for current staff being allocated; and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to

“new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.

8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

Appendices

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

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm’s name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder’s charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

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

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

VIII. Submission of Proposals

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1”) inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 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 August 28, 2017. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

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

OR

For private delivery vendor such as UPS or FedEx:

Helen Staton
Division of Mental Health and Addiction Services
222 South Warren Street, 4th Floor
Trenton, NJ 08608

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

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

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

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

IX. Review of Proposals

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

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

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

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

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

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

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by September 22, 2017.

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 September 29, 2017. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

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

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

DMHAS will review all appeals and render a final decision by October 6, 2017. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;

20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A –Proposal Cover Sheet

Date Received

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

Name of RFP: Support Teams for Addiction Recovery (STAR)

Incorporated Name of Bidder: _____

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

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

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:

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

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

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines

the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.