

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

REQUEST FOR PROPOSALS

Integrated Case Management Services for the County of Passaic

March 20, 2019

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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) for Integrated Case Management Services (ICMS) in the County of Passaic. This award is for a Fee for Service (FFS) contract. DMHAS anticipates making up to one (1) award to a bidder to provide services to Passaic County individuals. Historically, the Passaic County ICMS caseload has been composed of over one hundred (100) individuals.

ICMS is a community based mental health program that is contracted by DMHAS. The goal of ICMS is to assist individuals who are eighteen (18) years of age and older who have a serious and persistent mental illness, successfully integrate and live independently in the community of their choice. The purpose of ICMS is to provide support and linkage, reduce hospitalizations, and provide advocacy for DMHAS individuals and education to the community concerning mental health. ICMS is based on a consumer-centered approach to treatment, working alongside the individual where they are at. ICMS follows a wellness and recovery philosophy which is a personalized, flexible, and collaborative program available to individuals twenty-four (24) hours a day, seven (7) days a week and three hundred sixty-five (365) days a year. The provided service intensity of ICMS is based upon the individuals assessed risk of hospitalization, functional level, and willingness and/or ability to access needed services.

Risk Category - the three levels of case management involvement, based upon assessed risk of hospitalization, functional level and willingness and/or ability to access needed services. The three risk categories are: high-risk, or intensive case management; at-risk, or supportive case management; and low-risk, or maintenance level case management.

1. High Risk – consumers who are in crisis and at immediate risk of decompensation, or who are experiencing situational crisis which, without active intervention, would rapidly lead to decompensation and hospitalization.
2. At Risk – consumers who exhibit signs of regression, who stop their medication, who are undergoing major transitions from an inpatient or residential treatment setting, or who are withdrawing or refusing needed aftercare services.
3. Low Risk – consumers who are stable but who have a pattern of psychiatric hospitalization, acute care recidivism, dropping out of mental health and non-mental health services, medication non-compliance, disruption of living, working, program and social environments.

Case Manager – Provider agency's individual staff member responsible for providing case management services to the consumer.

Since the inception of ICMS in 1997, there have been no out of pocket costs to individuals. ICMS bills Medicaid Targeted Case Management (TCM) for their services; however, having Medicaid is not a requirement to receive services. Presently, DMHAS

has moved to a Fee for Service model. Services not eligible for Medicaid reimbursement (e.g. individual is not eligible for Medicaid, services provided to individuals in a state psychiatric hospital), are billed through the New Jersey Mental Health Application for Payment Processing (NJMHAPP). Please see the NJMHAPP manual (Version 4.2.0, January 2019, [https://dmhas.dhs.state.nj.us/NJMHAPP/Content/Documents/NJMHAPP\\_Provider\\_Program\\_Manual](https://dmhas.dhs.state.nj.us/NJMHAPP/Content/Documents/NJMHAPP_Provider_Program_Manual)) for services billable to NJMHAPP. In order to assist bidders with their goal of supporting individuals in hospital settings and providing support and education to the providing treatment teams, DMHAS is providing separate funding, which is capped, to ICMS providers for Pre-Admission and In Reach Services.

This contract will be awarded as a mental health fee for service contract, renewable for one (1) year at DMHAS' sole discretion and with the agreement of the bidder. Funding of up to \$150,218 will be available through the New Jersey Mental Health Application for Payment Processing (NJMHAPP) system to serve approximately 100 individuals per year. (The anticipated NJMHAPP portion of the targeted 100 total caseloads is 30%, or 30 individuals.) Actual funding levels will depend on the availability of funds and satisfactory performance. The bidder must utilize the NJMHAPP system to request approval and to submit requests for payment. The bidder will also be eligible for pre-admission per the NJMHAPP provider manual.

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.

All rates for services funded through the MH-FFS program are listed in the Mental Health Fee for Service Program Provider Manual (Version 4.2.0, January 2019, [https://dmhas.dhs.state.nj.us/NJMHAPP/Content/Documents/NJMHAPP\\_Provider\\_Program\\_Manual](https://dmhas.dhs.state.nj.us/NJMHAPP/Content/Documents/NJMHAPP_Provider_Program_Manual)) in Appendix D. This table includes the rate for State-funded services along with procedure codes, modifiers and business rules. The business rules describe limitations of the service, such as the number of units that can be provided during a period of time and any other prohibitions against providing the service on the same day as another service. It should be noted that the rate for State-funded services was set at 90% of the Medicaid rate when the service is covered by Medicaid, with the exception of PACT. Below are the State-funded rates, procedure codes, modifiers and business rules for ICMS programs operating under FFS:

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)							
Service	Billing unit	Maximum # of units per month	Revenue Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Integrated Case Management Services (ICMS)	15 minutes	50	Z5006	HW	\$34.31	No billing for consumers during psychiatric hospitalization or in correctional facility. Unit is 15 consecutive minutes. Cannot bill with PACT, CSS or Supervised Residential Services.	
Integrated Case Management Services (ICMS) In-Reach	15 minutes	See Business Rules	Z5006	QJ	\$34.31	Total episode maximum of 32 units (8 hours). Consumer must be receiving ICMS services at times of admission to inpatient setting or correctional facility. See In-Reach Guidelines for additional requirements and limitations.	
Integrated Case Management Services (ICMS) Pre-Admission	15 minutes	See Business Rules	Z5006	PA	\$34.31	Total episode maximum of 32 units (8 hours). Consumer must be admitted to ICMS services at time of discharge from a State or county hospital. See Pre Admission Guidelines for additional requirements and limitations.	
Integrated Case Management Services (ICMS) in Excess of 50 units	15 minutes	150	Z5006	OL	\$34.31	No billing for consumers during psychiatric hospitalization or in correctional facility. Unit is 15 consecutive minutes. Cannot bill with PACT, CSS or Supervised Residential Services. DMHAS MH FFS Unit approval is required before billing is submitted.	

The following summarizes the RFP schedule:

3/20/19	Notice of Funding Availability
4/3/19	Mandatory Bidders Conference
5/1/19	Deadline for receipt of proposals - no later than 4:00 p.m.
6/7/19	Preliminary award announcement
6/14/19	Appeal deadline
6/21/19	Final award announcement
8/1/19	Anticipated contract start date

## II. Background and Population to be Served

DMHAS is presently issuing this RFP for ICMS in Passaic County due to the former provider of these services relinquishing the program. The service is currently being managed by another ICMS provider on a temporary basis pending the outcome of this RFP.

Created in 1997, the ICMS program is in all twenty-one (21) counties and was adopted to assist individuals with mental illness in gaining access to needed mental health, medical, social, educational, vocational, housing as well as other services and resources. At the time of ICMS' adoption DMHAS was committed to reorganizing case management services and expanding the services to serve all individuals discharged from State and County psychiatric beds via redesigning the liaison case management program and forming ICMS. This was a part of the State's plan to expand and strengthen community mental health services throughout the State of New Jersey.

DMHAS seeks proposals to provide ICMS in Passaic County:

- A. To individuals' years (18) years and older who have a serious mental illness who recently were discharged from a State or county psychiatric hospital and are in need of linkage services to ensure continuity of care with other mental health services; adults with serious mental illness who are presently hospitalized in a State or county hospital or jail who:

1. Either received ICMS prior to incarceration or hospitalization; or
  2. Are being referred to ICMS by the hospital inpatient unit upon discharge, or the correctional facility upon release.
- B. Individuals with serious mental illness who are at high risk of hospitalization or deterioration in their functioning and who require an assertive community outreach service to meet their needs. This targeted group shall meet at least two of the following criteria:
1. Have repeated admissions to inpatient services. Priority is given to persons with two (2) or more admissions to inpatient psychiatric services within a two (2) month period or two (2) or more uses of emergency/screening services within a twenty (20) day time period;
  2. Participate in mental health services but are not receiving additional services which meet the individual's multiple needs, and who require extensive service coordination (i.e. co-occurring)
  3. Have a recent history of being a danger to themselves or others within a time period of three (3) months.
  4. Have a history of resistance or non-compliance in the use of medication, resulting in a pattern of decompensation and re-hospitalization.
  5. Are in another service system and in need of assessment and possible treatment prior to linkage to case management (i.e.: residential, drug/alcohol programs, shelters for homeless)
  6. Reside with family, in boarding homes, Residential Health Care Facility (RHCF),

Residential Health Care Facility	A facility, attached to another licensed long-term care facility, that provides food, shelter, supervised health care and related services in a homelike setting
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or other residential settings (other than twenty-four (24) hour supervised group homes and CSS) and are not receiving any mental health services.

7. Recently were discharged from a general acute care hospital psychiatric inpatient unit and are in need of linkage services to ensure continuity of care with other mental health services; and/or
8. Have a recent history of a hospitalization as a result of mental illness and are a danger to themselves and/or others.

### III. Who Can Apply?

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

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

- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors, or hire them in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue (This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies);
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

#### **IV. Contract Scope of Work**

- A. Bidder shall make services available twenty-four (24) hours a day, three hundred sixty-five (365) days a year.
- B. Bidder's case management services shall include, but not be limited to: assessment, service planning, services linkage, ongoing monitoring, ongoing support, and advocacy.
  1. Assessment shall be the ongoing process of identifying, reviewing and updating an individual's strengths, deficits, and needs, based upon input from the individual and significant others, including family members, community and hospital professionals. The assessment process shall continue throughout the individual's entire length of stay in the program. Assessments shall be updated periodically based upon availability of individual information and the requirements set forth in Annex A. The bidder shall determine the individual's risk status in accordance with the risk levels (high risk, at risk and low risk as defined in Section I above) and shall provide the following level of service:
    - a. High Risk – shall be provided intensive case management;
    - b. At Risk – shall be provided supportive case management; and
    - c. Low Risk – shall be provided maintenance level case management.
  2. Service Planning shall be the process of organizing the outcomes of the assessment in collaboration with the individual, significant others, potential service providers, and others as designated, to formulate a written service plan that addresses the individual's needs, through a detail of the services required, and plans to motivate the individual to utilize the services and remain in the community. The service planning process continues throughout the individual's entire program length of stay.

3. Services linkage shall be the ongoing referral to, and enrollment in, a mental health and/or non-mental health program. Mental health program linkage means that the individual has completed the mental health program's intake process, that the individual has been accepted for service, and that the individual has effectively participated in the program.
  4. Ongoing monitoring consists of both individual monitoring and service provider monitoring by the case manager.
    - a. Individual monitoring shall be the ongoing review of the individual's status and needs, the frequency of which is contingent upon the individual's risk status and reported changes from the individual, significant others and/or service providers. An update of the service plan may result from the monitoring process to address changing needs.
    - b. Service provider monitoring shall be the process of routine follow-ups with the individual's service providers to assess that provision of the services is being carried out as planned in accordance with the individual's needs, and the individual's individualized service plan.
    - c. Provider monitoring may result in the adjustment of the individualized service plan including provider changes. Service provider monitoring includes the following:
      - (1) Monitoring the plans, including the medication management plan for individuals in need of such plans; and
      - (2) Coordination of services from multiple providers including calling and coordinating treatment team meetings of a individual's service providers until the consumer exits from the case management program.
  5. Ongoing support shall be the provision of face-to-face individualized support services for individuals who need consistent contact to ensure engagement with the case manager and to help the individual maintain stability and remain linked to needed services. Ongoing support services include support within the individual's natural support system, including family, friends, and employers and typically occurs where the individual resides or frequents. The frequency of support services is contingent upon the individual's risk status and individual needs.
  6. Advocacy shall be the process of assisting the individual in receiving all benefits to which he or she is entitled by working toward removal of barriers to receiving needed services. Consumer advocacy by the case manager continues throughout the individual's entire program length of stay.
- C. Pre-Admission Services. The parties acknowledge and agree that pursuant to Section III.B of the ICMS Annex A [https://nj.gov/health/integratedhealth/dmhas/documents/contracting\\_info/Fillable\\_ICMS%20Annex%20A%20\(2017.11.09\)%20-FINAL.pdf](https://nj.gov/health/integratedhealth/dmhas/documents/contracting_info/Fillable_ICMS%20Annex%20A%20(2017.11.09)%20-FINAL.pdf) and consistent with the target populations set forth at N.J.A.C. 10:37-5.2, DMHAS and the provider agency shall maximize the utilization of all DMHAS-contracted ICMS services for individuals being discharged from State and county psychiatric hospitals. Accordingly, in addition to all of the services identified in this RFP the bidder shall provide the following pre-admission services to individuals being referred to ICMS by State or



County psychiatric hospital or contracted Diversion bed staff upon anticipated discharge from the same:

1. Attendance and participation in hospital discharge planning meetings;
2. Attendance and participation in an Initial Treatment Plan Meeting;
3. Completion of the initial intake interview;
4. Face-to-face meeting(s), when necessary, with individuals who are discharge reluctant; and
5. The bidder in conjunction with the State psychiatric, County hospital, or contracted Diversion bed placement entity (as defined by Administrative Bulletin 5:11), will work with the patient to identify and secure appropriate housing in the community.

D. In-Reach Services Section IV, the bidder shall.

1. The bidder shall provide in-reach services in accordance with the In-Reach Guidelines included as Appendix A in the Mental Health Fee-for-Service Program Provider Manual.
2. The DMHAS shall pay the bidder for in-reach services in accordance with the In-Reach Guidelines included as Appendix A in the Mental Health Fee-for-Service Program Provider Manual at the rate set forth in Annex B-2.
3. In-reach services shall include:
  - a. Attendance and participation in hospital discharge planning meetings;
  - b. Attendance and participation in the Initial Treatment Plan Meeting and any other treatment meetings required by hospital staff;
  - c. Face-to-face meeting(s), when necessary, with individuals who are discharge reluctant.

## **V. Bidder Responsibilities**

The bidder shall perform the specified scope of case management services in accordance with the following:

- A. Bidder shall provide ongoing support to enrolled individuals in their own environment, who are at risk of hospitalization or deterioration in function, to enable them to function in the community and to enable them to access other mental health services whenever possible;
- B. Bidder shall provide community-based engagement activities, coordination, and integration for enrolled individuals;
- C. Bidder shall provide ongoing, individualized support and monitoring to maintain stability until the individual participates effectively in other needed services;
- D. Bidder shall seek and accept referrals within provider capacity of individuals from emergency/screening services, local inpatient units and other structured sites, such as homeless shelters or jails, and other referral sites as identified at the local level.
- E. Prior to termination from ICMS, bidder shall complete and submit to DMHAS for approval applications for discharge, which applications must be submitted through the New Jersey web based Community Services Information System (CSIS).
- F. Access to case management services shall not be contingent upon the use of certain providers.
- G. Individuals shall have no more than a single case manager at one time and provider agency shall reassign a case manager to a individual upon the consumer's request when feasible.

- H. Case Managers are prohibited from serving as gatekeepers and/or making determinations as to what is medically necessary. Case Managers shall not provide direct medical or related services unless such services are billed as something other than case management
- I. Case Managers shall provide the following services to individuals:
1. Identify individuals with a serious mental illness in need of Case Management services in some types of residences (i.e. family residence, boarding home, RHCF, etc.) excluding supervised group homes and CSS
  2. Provide assessment of the individual's strengths, needs, resources, motivation, level of functioning, mental status, and risk category;
  3. Provide functional assessment of the individual's skills (daily living, self-care, social, vocational, and other skills);
  4. Provide intensive community-based engagement services to maximize the individual's access to services and ability to function adequately and integrate into the community;
  5. Provide or arrange for direct intervention;
  6. Provide assessment of the need for crisis intervention, and assistance to providers of psychiatric emergency services in resolving crises, which assistance shall include but not be limited to obtaining any existing Advance Directive for Mental Healthcare and if none exists, making periodic and repeated efforts to obtain one from the individual;
  7. Provide assessment of the individual's substance abuse symptoms;
  8. Provide assessment of available social services, health and mental health resources and the ability of these services to meet each individual's needs;
  9. Develop individualized service plans with the primary goal to motivate the individual to access, appropriately use, and remain in community programs;
  10. Provide education and support needed to encourage adherence to medication management plan;
  11. Provide ongoing service planning and periodic reviews and revisions of such plans;
  12. Provide access to appropriate services, and ensure the individual receives needed transportation in order to attend services.
  13. Ensure that the consumer engages in the community mental health and non-mental health systems through provision of ongoing individualized support and monitoring;
  14. Provide consultation with other providers in an individual's network;
  15. Coordinate and integrate services from multiple providers until the individual exits from the Case Management services/program, which shall include coordination of treatment team meetings of the service providers of a consumer in the community.
  16. Monitor service delivery to meet an individual's changing needs;
  17. Identify resource gaps and problems of service delivery, and advocate for the resolution of these issues;
  18. Provide direct service support to the individual's natural support system, including family, friends, employers, self-help and other natural support groups; and
  19. Develop discharge plans, in conjunction with other State or county psychiatric hospital or short-term care facility treatment team members, for individuals assessed as able or willing to access or engage in necessary community mental health services after hospital discharge.

The bidder must have in place established, facility-wide policies that prohibit discrimination against individuals with legitimately prescribed medication(s) to treat a substance use disorder. These policies must be in writing in a visible, legible and clearly posted at a common location accessible to all who enter the facility.

The bidder must demonstrate 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.

## **VI. General Contracting Information**

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

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

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

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract award 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.

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/>.

## **VII. Mandatory Bidders Conference**

A bidder intending to submit a proposal in response to this RFP must attend a Mandatory Bidders Conference. It is the responsibility of the bidder to arrive promptly at the beginning of the Mandatory Bidders Conference and sign in to confirm attendance.

A proposal submitted by a bidder not in attendance will not be considered. The Mandatory Bidders Conference will be held as follows:

Date: April 3, 2019  
Time: 10am  
Location: 5 Commerce Way, Hamilton  
Room 199B

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

Potential respondents to this RFP are requested to register for the Mandatory Bidders Conference via <https://njsams.rutgers.edu/training/icmsp/register.aspx>. Additionally, if you require assistance with this registration link, please contact [Alicia.Meyer@dhs.nj.gov](mailto:Alicia.Meyer@dhs.nj.gov) no later than two (2) days prior to the Mandatory Bidders Conference.

The meeting room and facility is accessible to individuals with physical disabilities. Anyone who requires special accommodations should notify [Alicia.Meyer@dhs.nj.gov](mailto:Alicia.Meyer@dhs.nj.gov).

For sign language interpretation, please notify [Alicia.Meyer@dhs.nj.gov](mailto:Alicia.Meyer@dhs.nj.gov) at least five (5) business days in advance of the Mandatory Bidders Conference. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor.

## **VIII. 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 (5 points)**

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

1. Describe the bidder's history, mission, purpose, current licenses and modalities, and record of accomplishments.
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 the training and provide the technical assistance required for implementation of the EBP at each SUD agency.

3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program and describe why the bidder is the most appropriate and best qualified to implement this program
4. Attach a one-page copy of the bidder's organizational chart showing the location of the proposed project and its links in the organization.
5. 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.
6. 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.
7. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A. 10:5-1 et seq.) and ability to provide culturally competent services.
8. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.
9. Document that the bidder's submissions are up-to-date in New Jersey Substance Abuse Management System (NJSAMS), Unified Service Transaction Form (USTF), Quarterly Contract Monitoring Report (QCMR) and Bed Enrollment Data System (BEDS);

### **Project Description (50 points)**

The proposal must describe how the bidder will provide the ICMS services as detailed in the scope of work including how the services will be implemented and the timeframes involved, specifically addressing the following:

1. The proposed business model, including the following.
  - a. how the bidder's proposed approach satisfies the requirements as stated in the RFP to provide ICMS services to Passaic County individuals;
  - b. the bidder's proposed project goals and measurable objectives;
  - c. the bidder's proposed needs assessment to justify the services;
  - d. the bidder's anticipated collaboration with all other entities to achieve fulfillment of the requirements of the contract resulting from this RFP including names of entities and a draft affiliation agreement;
  - e. all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein; and
  - f. anticipated resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
2. The evidence-based practice(s) that will be used in the design and implementation of the program.
3. How will Wellness and Recovery principles be utilized in the implementation of the ICMS program?
4. How will the bidder provide culturally competent and bilingual services to Passaic County ICMS individuals?
5. A description of the bidder's last Continuous Quality Improvement effort identified issue(s), actions taken, and outcome(s).

6. The proposed timed framed action plan for implementation of the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.
7. Submit a copy of the proposed training plan for ICMS staff and the tracking system to ensure the ICMS staff receive mandated ICMS training.

### **Outcome(s) and Evaluation (15 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 consumer 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 an 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.

### **Staffing (20 points)**

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

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Provide copies of job descriptions or 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 in the bidder's proposal. If applicable, define the Part Time Equivalent (PTE) work hours.
5. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
6. Provide a copy of the bidder's proposed weekly staff schedule including evenings, weekends, and holidays.
7. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
8. The approach for supervision of clinical staff, if applicable.
9. 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 vote 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)**

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.

### **Budget (5 points)**

Please recall that the Fee-for-Service rates are inclusive of all costs required to operate the program. Therefore, DMHAS will not fund "one-time" costs to purchase items that are included in the rate structure, such as vehicles, office furniture and building improvements. However, DMHAS is mindful of the fact that a number of expenditures will need to be made before the awarded ICMS provider will be able to provide billable services and generate revenue.

As such, applicants should include in their application a phase-in plan, with specific staffing phase-in schedule and associated staffing costs tied to the phase-in schedule, showing the time-frame and costs for the period of time until services are fully operational and billable. DMHAS will score this as part of the competitive scoring of the RFP, in terms of the adequacy and reasonableness of both the phase-in schedule and budget. Services that can be operationalized in a time-effective and cost-effective manner are preferred and will be scored accordingly.

Upon final award, DMHAS will use the phase-in schedule and budget to consider any funding of phase-in costs, in advance and separate from the revenue that will be generated by billing Medicaid and NJMHAPP. Please be aware that no commitments or assurances of phase-in funding can be made at this time, and that any funding is subject to negotiation after a final award is announced.

The phase-in budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the phase-in of the project must be delineated and the budget notes must clearly articulate the details of all proposed phase-in budget items.

1. A phase-in plan, with specific staffing phase-in schedule and associated staffing costs tied to the phase-in schedule, showing the time-frame and costs for the period of time until services are fully operational and billable.
2. A detailed phase-in budget using the Excel template is required. The Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference.
3. Budget Notes that detail and explain the proposed phase-in budget methodology and estimates and assumptions made for phase-in expenses and the calculations/computations to support the proposed phase-in budget. The State's proposal reviewers need to fully understand the bidder's phase-in 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.

4. 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.
5. 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 40 pages. Please note that if items 9-12 are not submitted, the proposal will not be considered.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status;
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](http://www.nj.gov/treasury/purchase/forms.shtml)); and
12. Statement of Bidder/Vendor Ownership Disclosure ([www.nj.gov/treasury/purchase/forms.shtml](http://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.**

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).

## IX. 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 twenty (20) pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier 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. Eastern Standard Time on May 1,



2109. 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:

Alicia Meyer, RFP Coordinator  
Department of Human Services  
Division of Mental Health and Addiction Services  
5 Commerce Way  
PO Box 362  
Hamilton, NJ 08691

OR

For private delivery vendor such as UPS or FedEx:

Alicia Meyer, RFP Coordinator  
Department of Human Services  
Division of Mental Health and Addiction Services  
5 Commerce Way, Suite 100  
Hamilton, NJ 08691

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 in EXCEL format, 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

Proposal(s) must also be submitted to the County Mental Health Administrator for Passaic County. Please address correspondence to:

Francine Vince, Director  
Division of Mental Health  
Passaic County Department of Human Services  
401 Grand Street, 5<sup>th</sup> Floor  
Administration Building

## **X. 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 seventy (70) points out of one hundred (100) points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to twenty (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 one hundred twenty (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/olra/ocpm/resources/manuals/>

DMHAS recognizes the invaluable perspective and knowledge that consumers, family members and County Mental Health Boards possess. Input from these groups is an integral component of a system that holds wellness and recovery principles at its core. Consequently, DMHAS will convene an advisory group consisting of consumers and family members to provide input to the review committee regarding the proposals submitted.

County Mental Health Boards recommendations and comments will be received by DMHAS no later than May 30, 2019. This input will be incorporated in the final deliberations of the review committee.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by June 7, 2019.

## **XI. 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. Eastern Standard Time on June 14, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

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

Or via email: [alicia.meyer@dhs.nj.gov](mailto:alicia.meyer@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 June 21, 2019. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

## **XII. 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](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 Health, Division of Mental Health and Addiction Services, PO Box 362, Hamilton, NJ 08691-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;

7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLoginJsp.jsp](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](http://www.nj.gov/treasury/purchase/forms.shtml)); and
26. Chapter 51 Pay-to-Play Certification ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)).

### **XIII. Attachments**

**Attachment A – Proposal Cover Sheet**

\_\_\_\_\_ Date Received

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

Name of RFP \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 HEALTH**

#### **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 RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI 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.