

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

REQUEST FOR PROPOSALS

**COMMUNITY SUPPORT SERVICES FOR INDIVIDUALS DISCHARGED  
FROM STATE PSYCHIATRIC HOSPITALS WHO ARE FORENSICALLY  
INVOLVED**

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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 the provision of Community Support Services (CSS) to adult consumers age 18 and over being discharged from a New Jersey State Psychiatric Hospital and who are forensically involved.

DMHAS will initiate a deficit funded contract for a period of six (6) months, after which the contract will be transitioned into the fee for service network, subject to state appropriations. DMHAS anticipates serving a minimum of 30 individuals through this RFP.

Consistent with the target population requirements set forth at N.J.A.C. 10:37-5.2 and pursuant to Administrative Bulletin 5:11, DMHAS or its designee, a New Jersey State Psychiatric hospital, will identify the consumers to be served by this initiative in accordance with the eligibility requirements for CSS and the eligibility criteria checklist. The provider agency must accept consumers identified by DMHAS as CSS eligible, consistent with the consumer attributes delineated in this RFP. The provider agency will begin working with identified eligible consumers as soon as possible after contract award but prior to actual discharge to complete the Preliminary Rehabilitation Needs Assessment (PRNA) in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:38B-2.3 and the Preliminary Individualized Rehabilitation Plan (PIRP) in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:37B-2.4.

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 FRP from current DHS/DMHAS contracts.

Bidders applying for more than one (1) county must submit a separate proposal for each county.

The following summarizes the RFP schedule:

1/3/19	Notice of Funding Availability
1/11/19	Mandatory Bidders Conference
2/8/19	Deadline for receipt of proposals - no later than 4:00p.m.
3/15/19	Preliminary award announcement
3/22/19	Appeal deadline
3/29/19	Final award announcement
5/1/19	Anticipated contract start date

## **II. Background and Population to be Served**

DMHAS has a long history of seeking to develop and expand the network of community integration opportunities for persons with serious mental illness, most recently as part of a larger initiative related to the recently concluded Olmstead Settlement Agreement. DMHAS remains committed to effective timely discharge of persons in the State Hospital system determined to no longer require that level of care and to consumers who reside in the community and are eligible for CSS. The Division has the need to implement a new, more direct strategy of service development, based on community support needs of the specific persons awaiting discharge from the state psychiatric hospitals.

## **III. Who Can Apply?**

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

- The bidder must be a non-profit or for-profit entity or governmental entity;
- The bidder must be licensed by the Department of Health's (DOH's) Office of Licensing to provide Community Support Services prior to the start of services;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within 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/debsearch.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;
- 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**

DMHAS seeks proposals to develop CSS to serve individuals who are ready for discharge from a state psychiatric hospital and have a history of forensic involvement and commitment(s).

By virtue of this program development, services must facilitate the discharge of persons on Conditional Extension Pending Placement (CEPP) status at a state psychiatric hospital. Many of these individuals also have co-existing medical conditions or co-occurring substance use disorders, have experienced periods of long-term institutionalization, and/or are refusing to leave the hospital.

Specifically, DMHAS is seeking to develop CSS for thirty (30) individuals who are forensically involved in the following state hospital catchment areas:

- Ten (10) beds: Greystone Park Psychiatric Hospital: Essex and Union
- Ten (10) beds: Trenton Psychiatric Hospital: Mercer/Middlesex
- Ten (10) beds: Ancora Psychiatric Hospital: Burlington, Camden and Gloucester

By virtue of this program development, services will be targeted to facilitating the discharge of persons on CEPP status in a state psychiatric hospital who have a history of forensic involvement and commitment(s). A description of the legal histories of the individual's served through this initiative include those who are forensically-involved including Megan's Law registrants and persons whose criminal histories include having been convicted by a court for one (1) or more of the following: murder, aggravated assault, manslaughter, aggravated sexual assault, sexual assault, criminal sexual contact, robbery in the first degree, aggravated assault, aggravated arson, arson, and kidnapping, or a crime that is similar to one of the aforementioned crimes. Many of these individuals have co-existing medical conditions, co-occurring substance use disorders, co-existing developmental disability, have experienced periods of long-term institutionalization, and/or are refusing to leave the hospital.

Consistent with the target population requirements set forth at N.J.A.C. 10:37-5.2 and pursuant to Administrative Bulletin 5:11, DMHAS or its designee, the above-referenced State Psychiatric hospitals, will identify the consumers to be served by this initiative in accordance with the eligibility requirements for CSS and the eligibility criteria checklist. The successful bidder must accept consumers identified by DMHAS as appropriate for CSS level of placement, consistent with the consumer attributes delineated in this RFP, within the timeframes identified by DMHAS. The successful bidder's staff will begin working with identified, eligible consumers as soon as possible after contract award but prior to actual discharge to complete the Preliminary Rehabilitation Needs Assessment (PRNA) in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:38B-2.3 and the Preliminary Individualized Rehabilitation Plan (PIRP) in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:37B-2.4. Provider agency shall also: participate in hospital discharge meetings and other meetings as requested by State hospital staff; and meet with the consumer to establish a rapport and to engage consumers that are discharge reluctant. For consumers without post-discharge housing, provider agency shall also provide housing search assistance in accordance with N.J.A.C. 10:37B-4.4(b)1 and this RFP. Provider agency shall comply with all other requirements of Administrative Bulletin 5:11. Admission into CSS occurs on the date of actual discharge into the community.

No capital funding is available through DMHAS for this initiative.

Provider agency must comply with the Supportive Housing Principles at N.J.A.C. 10:37A, Appendix B and embrace a “housing first” philosophy. “Housing First” is a philosophy that homelessness can be most efficiently ended by providing someone with access to safe, decent and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance use counseling, participation in these services is not a prerequisite to access housing or a condition of maintaining it.

Provider agency must use and exhaust all available non-DMHAS housing resources and subsidies (as well as any unused or open DMHAS rental subsidies) for which the consumer qualifies before it may request any additional DMHAS rental subsidies. If a consumer requires a rental subsidy and no other resource is available, then the provider agency may request a DMHAS rental subsidy through DMHAS housing unit.

All DMHAS rental subsidies (they serve only as a bridge to long term, federal funds and programs that provide a more permanent support), tenant-based, and administered by DMHAS through the Supportive Housing Connection (SHC). The current DMHAS rental subsidy guideline published on DMHAS and SHC websites shall govern the terms and conditions of the subsidy.

DMHAS rental subsidies will not be included in the provider agency’s budget award.

Awardees must adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

The successful bidder is to provide CSS opportunities to meet the individual’s varying needs and preferences.

The proposed service model must demonstrate how services and supports will be provided in a holistic manner such that it enables individuals diagnosed with a serious mental illness to develop the skills necessary to become fully integrated into their communities, particularly in the areas of housing, employment, and in social contexts. The proposed service is to articulate how it will use a strengths-based approach to working with individuals, rather than a focus on an individual’s deficits.

The proposed service model must also utilize tools as an integral part of the service to monitor physical health, including two of the following health risks/conditions: a pulmonary condition, metabolic syndrome, cardiovascular disease, diabetes, obesity and tobacco use.

Consumers, expected to be full partners in planning their own treatment, are to identify and direct the types of activities that would most help them maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which must be adjusted as consumer needs or interests change. In order to avoid duplication of effort, individuals served by Programs for Assertive Community Treatment (PACT) or Integrated Case Management Services (ICMS) are not eligible for CSS under contracts awarded pursuant to this RFP.

## **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, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual. 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 will be structured as a cost-based, deficit funded contract for a six (6) month term. The expectation is that at the end of the six (6) month term, DMHAS, in consultation with the provider agency, will transition all CSS from a cost-based contract to a fee-for-service contract. If no such transition is made at the end of the six (6) month term, then DMHAS will determine, on a case by case basis, in its sole discretion but with the agreement of the awardee, whether the contract awarded as a result of this RFP will be renewed. 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.

Contract commitments will be negotiated based upon representations made in response to the RFP. Failure to deliver commitments may result in termination of the contract.

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

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

Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

The timeframe for filling vacancies that occur after initial implementation and initial full occupancy is achieved must comport with DMHAS Administrative Bulletin 5:11, which may be found on the DMHAS website at <http://www.state.nj.us/humanservices/dmhas/regulations/bulletins/>.

## **VI. Mandatory Bidders Conference**

A bidder intending to submit a proposal in response to this RFP must attend the 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: January 11, 2019  
Time: 10am  
Location: 5 Commerce Way  
Hamilton, NJ 08691  
Conference Room 199 B



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. Any necessary response to questions posed by a potential bidder during the Mandatory Bidders conference than cannot be answered at that time will be furnished via electronic mail to all potential bidders registered as being in attendance. 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 the registration link <https://njsams.rutgers.edu/training/shcss/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.

## **VII. Required Proposal Content**

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

### **Funding Proposal Cover Sheet (RFP Attachment A)**

#### **Bidder History, Experience and Recent Experience/Performance (10 points)**

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and the number of years' experience working with the target population;

2. Describe the bidder's background and experience in implementing CSS or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area;
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program;
4. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal;
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion;
6. Include a description of the bidder's ability to provide culturally competent services;
7. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract;
8. Document that the bidder's submissions are up-to-date in New Jersey Substance Abuse Management System (NJSAMS), Unified Service Transaction Form (USTF), Quarterly Contract Monitoring Report (QCMR) , Bed Enrollment Data System (BEDS), and New Jersey Mental Health Application for Payment Processing (NJMHAPP); and
9. Describe the bidder's current status and compliance with contract commitments in regard to programmatic performance and level of service, if applicable.
10. Please indicate bidder's participation in any Community Support Services trainings.

**Project Description (40 points and up to 5 additional bonus points)**

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

1. The number of individuals (on CEPP status at a state psychiatric hospital) that will be enrolled by the successful bidder as a result of this initiative. The current contracted caseload capacity and proposed caseload capacity must be clearly stated.
2. The full range of treatment, recovery and support services that will be provided to service recipients. Treatment, recovery and support services are to be grounded in principles of wellness and recovery and grounded in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Eight Dimensions of Wellness. The treatment, recovery and support services provided and described are to be reflective of all eight dimensions of wellness. SAMHSA's Eight Dimensions of Wellness may be found at the following web address: <https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>
3. Demonstrate how the project will create new permanent housing opportunities for mental health consumers consistent with the Supportive Housing Principles at N.J.A.C. 10:37A, Appendix B and the "housing first" philosophy.

Up to five (5) additional points will be awarded to provider agencies that secure housing/rental assistance from non-DMHAS sources and/or are in the process of developing new housing opportunities through other state (non-DMHAS), federal or local funds and programs (including but not limited to DCA, SRAP, Section 8 Moderate Rehabilitation SRO, Shelter Plus Care, Public Housing, Section 8 Housing Choice Voucher Program, Section 811 Supportive Housing for Persons with Disabilities, Section 202 Supportive Housing for Elderly, and Housing Opportunities for Persons with Aids).

- a. Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if the bidder is purchasing housing and state how the bidder will separate the lease-based housing from treatment programming in accordance with the Supportive Housing Principles at N.J.A.C. 10:37A, Appendix B and the “housing first” philosophy.
  - b. Describe the number and availability of affordable housing units you will be able to develop/provide/access, and the resources being used to access, secure, or develop those units as well as the anticipated sources of operational funding to ensure affordability and financial viability of the housing project. Include anticipated development schedule and timeframe for occupancy.
  - c. Describe well-defined, viable lease-based housing development project with anticipated occupancy within 6 – 9 months of award.
  - d. Confirm provider agency’s consent to convert all sponsor-project based and sponsor-tenant based subsidies to tenant-based subsidies.
  - e. Identify the program (DCA, SRAP, Section 8, etc.), number and status (filled or vacant) of all non-DMHAS rental subsidies available to provider agency.
  - f. Specify the number of DMHAS rental subsidies that will be needed for the proposed program.
4. A detailed monthly timeline of activities for engagement and admission of the target population.
  5. The strategies that will be used for engaging the targeted individuals and addressing their needs related to community integration, inclusive of how the service will provide “pre-admission” services.
  6. The bidder will outline potential barriers in the placement process and propose ways of mitigating them.
  7. Detailed description of the daily level of service that will be delivered to consumers upon discharge.
  8. Description of clear and effective strategies that will be used in the proposed program to address consumers’ needs in a community setting for each of the physical and

behavioral health care needs listed below that may interfere with successful community tenure such as:

- a. Incontinence;
- b. Diabetes with difficulties self-administering insulin;
- c. Obesity;
- d. Ambulation Impairment;
- e. Poor impulse control;
- f. Self-injurious behavior (burning, cutting, teeth/hair pulling);
- g. Anger management;
- H. Florid psychosis/active fixed delusions;
- i. Cognitive impairment (or brain injury);
- j. Metabolic Syndrome;
- k. Resistance to Hospital Discharge;
- l. Daily living skills including showering, eating, toileting, etc.;
- m. Developmental Disability and Intellectual Disability; and
- n. Independent living skills deficits (budgeting, cooking, etc.).

9. Description of how the target population's needs related to housing will be addressed. Include a description of the tenancy support services that will be provided in accordance with N.J.A.C. 10:37B-4.4(b). Include a detailed description of an array of strategies and interventions that will be used to prevent eviction, including but not limited to rental arrears policies and procedures in the event a consumer is unable to pay rent. Include procedures that will ensure that in the event eviction proceedings are warranted, such action is carried out in accordance with the law. Include a detailed description of strategies and interventions to assist the consumer in pursuing alternate housing where eviction is carried out.

10. The plan to address consumers' substance use disorder treatment needs.

11. Description of how the proposed service will integrate the following principles into service delivery, as evidenced by specific program considerations:

- a. Promotion of wellness and recovery;
- b. Promotion of community support services inclusion; and
- c. Demonstration of best practices.

12. The units of service that the bidder is committing to provide, defined as 15 contiguous minutes of face to face contact with the consumer.

13. The average number of hours of service the bidder estimates one (1) consumer will receive per week for the first six (6) months of service.

14. Indicate compliance with all CSS documentation requirements and referral to the IME.

15. The level of effort for full time equivalent (FTE) staff and the percentage of face-to-face hours to be provided in the proposed service (e.g., a bidder may identify that one (1) FTE consists of a 40 hour work week and 50% (or 20 hours per week) of the staff time will be spent in direct face-to-face contact with consumers).

### **Outcome & Evaluation (10 points)**

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

1. The bidder's approach to measurement of 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 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 (15 points)**

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

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) staffing 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. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. The approach for supervision of clinical staff, if applicable.
8. 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 vote on contract-related matters.
9. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s)

### **Facilities, Logistics, Equipment (5 points)**

The bidder should detail its facilities where it's 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 (20 points)**

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

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

1. A detailed budget using the Annex B Excel template is required. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference. The budget must include two (2) separate, clearly labeled columns:
  - a. Column 1 – Six months of operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
  - b. Column 2 - Proposed one-time costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program.

Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.

8. Written assurance that if the bidder receives an award pursuant to this RFP, it will:
  - a. Pursue all available sources of revenue and support upon award and in future contracts, including agreement to pursue Medicaid certification. Failure to obtain approval and maintain certification as a Medicaid-eligible provider may result in termination of the service contract;
  - b. Pursue all available resources (including but not limited to DCA, SRAP, Section 8 Moderate Rehabilitation SRO, Shelter Plus Care, Public Housing, Section 8 Housing Choice Voucher Program, Section 811 Supportive Housing for Persons with Disabilities, Section 202 Supportive Housing for Elderly, and Housing Opportunities for Persons with Aids) and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled consumers;
  - c. Work in cooperation with the regional and central offices of DMHAS, the regional offices of the Division of Developmental Disabilities, County Mental Health Boards and State psychiatric hospitals to identify consumers to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
  - d. Comply with DMHAS reporting requirements specific to this initiative; and
  - e. Provide the full range of services delineated in DMHAS and related regulations to all enrolled consumers.
  - f. Be prepared for the project to move to fee for service for contract payment after 6 months.

## **Appendices**

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 40 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of personnel;
4. Resumes of proposed key personnel if on staff, limited to two (2) pages each if not on staff, key staff resumes shall be submitted upon hire;
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. When application, a copy of documentation of the bidder’s charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Health 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).

### **VIII. Submission of Proposal Requirements**

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 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. on February 8, 2019. 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  
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, 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(s) for the county(ies) in which the bidder is proposing services. Please refer to the Attachment regarding the submission preference for each of the County Mental Health Administrators, as some require copies while others prefer an electronic version or both methods. For those counties requiring postal mail submission, submit four (4) copies.

## **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 125 points, including up to 5 additional bonus 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 Board recommendations and comments must be received by DMHAS no later than March 7, 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 March 15, 2019.

## **X. Appeal of Award Decisions**

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. on March 22, 2019. 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  
5 Commerce Way, Suite 100  
PO Box 362  
Hamilton, NJ 08691

Email address: [alicia.meyer@dhs.nj.gov](mailto:alicia.meyer@dhs.nj.gov) or Fax number: (609) 341-2302

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

DMHAS will review all appeals and render a final decision by March 29, 2019. 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 award announcement, the successful bidder(s) must be prepared to submit, at a minimum, one (1) copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner, as well as any other documents required by DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit only hard 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 as an additional insured;
5. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
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. Master lease agreements, evidence of all State (non-DMHAS), federal and local housing subsidies and resources;
19. Current State of New Jersey Business Registration;
20. Procurement Policy;
21. Current Equipment inventory of items purchased with DOH funds (Note: the inventory shall include: a description of the item, a State identifying number or code,

- original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
22. All subcontracts or consultant agreements, related to the DHS Contracts, signed and dated by both parties;
  23. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated; and
  24. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal.
  25. 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>);
  26. Source Disclosure (EO129) ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)); and
  27. Chapter 51 Pay-to-Play Certification ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)).

## **XII. 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) \_\_\_\_\_

Address of Bidder: \_\_\_\_\_  
\_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Total number of unduplicated consumers to be served: \_\_\_\_\_

County in which services are to be provided: \_\_\_\_\_

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 Health.

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 Health 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 Health, 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 Health.
- 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.

**Attachment E - County Mental Health Administrators RFP Submission Preference  
(as of 11/2018)**

<b>County</b>	<b>Mental Health Administrator</b>	<b>Submission Type</b>
<b>Atlantic</b>	<b>Kathleen Quish, Mental Health Administrator</b> Shoreview Building 101 South Shore Road Northfield, NJ 08225 Email: <a href="mailto:quish_kathleen@aclink.org">quish_kathleen@aclink.org</a>	Email + Postal Mail
<b>Bergen</b>	<b>Michele Hart-Loughlin, Program Coordinator</b> Email: <a href="mailto:mhartlo@co.bergen.nj.us">mhartlo@co.bergen.nj.us</a>	Email
<b>Burlington</b>	<b>Shirla Simpson, Mental Health Administrator</b> Burlington County Department of Human Services Division of Behavioral Health 795 Woodlane Road, 2 <sup>nd</sup> Floor Mount Holly, NJ 08060 Email: <a href="mailto:ssimpson@co.burlington.nj.us">ssimpson@co.burlington.nj.us</a>	Email + Postal Mail
<b>Camden</b>	<b>John Pellicane, Mental Health Administrator</b> Dept. of Health & Human Services 512 Lakeland Rd., Suite 301 Blackwood, NJ 08012 Email: <a href="mailto:jpellicane@camdencounty.com">jpellicane@camdencounty.com</a>	Email + Postal Mail
<b>Cape May</b>	<b>Patricia Devaney, Mental Health Administrator</b> Email: <a href="mailto:pdevaney@co.cape-may.nj.us">pdevaney@co.cape-may.nj.us</a>	Email
<b>Cumberland</b>	<b>Melissa Niles, Interim Mental Health Administrator</b> Email: <a href="mailto:melissani@co.cumberland.nj.us">melissani@co.cumberland.nj.us</a>	Email
<b>Essex</b>	<b>Joseph Scarpelli, D.C., Administrator</b> Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: <a href="mailto:jscarpelli@health.essexcountynj.org">jscarpelli@health.essexcountynj.org</a>	Email + Postal Mail
<b>Gloucester</b>	<b>Rebecca Dilisciandro, Mental Health Administrator</b> Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 Email: <a href="mailto:bdilisciandro@co.gloucester.nj.us">bdilisciandro@co.gloucester.nj.us</a>	Email + Postal Mail

<b>Hudson</b>	<b>Robin F. James, Mental Health Administrator</b> Email: <a href="mailto:rjames@hcnj.us">rjames@hcnj.us</a>	Email
<b>Hunterdon</b>	<b>Megan Isbitski Mental Health Planner</b> Department of Human Services 8 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 Email: <a href="mailto:misbitski@co.hunterdon.nj.us">misbitski@co.hunterdon.nj.us</a>	Email + Postal Mail
<b>Mercer</b>	<b>Michele Madiou, Administrator</b> Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
<b>Middlesex</b>	<b>Penny Grande, Administrator</b> Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901 Email: <a href="mailto:penny.grande@co.middlesex.nj.us">penny.grande@co.middlesex.nj.us</a>	Email + Postal Mail
<b>Monmouth</b>	<b>Steve Horvath, Mental Health Administrator</b> Email: <a href="mailto:Steve.Horvath@co.monmouth.nj.us">Steve.Horvath@co.monmouth.nj.us</a>	Email
<b>Morris</b>	<b>Laurie Becker, Mental Health Administrator</b> Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900 Email: <a href="mailto:lbecker@co.morris.nj.us">lbecker@co.morris.nj.us</a>	Email + Postal Mail
<b>Ocean</b>	<b>Jamie Busch, Assistant Mental Health Administrator</b> Email: <a href="mailto:jbusch@co.ocean.nj.us">jbusch@co.ocean.nj.us</a>	Email
<b>Passaic</b>	<b>Brenda Browne, Director</b> Email: <a href="mailto:brendab@passaiccountynj.org">brendab@passaiccountynj.org</a>	Email
<b>Salem</b>	<b>Becky Foraker, Mental Health Administrator</b> Department of Health and Human Services 94 Market Street Salem, NJ 08079 Email: <a href="mailto:rebecca.dilisciandro@salemcountynj.gov">rebecca.dilisciandro@salemcountynj.gov</a>	Email + Postal Mail
<b>Somerset</b>	<b>Pam Mastro, Mental Health Administrator</b> Email: <a href="mailto:mastro@co.somerset.nj.us">mastro@co.somerset.nj.us</a>	Email

<b>Sussex</b>	<b>Cindy Armstrong, Mental Health Administrator</b> Sussex County Administrative Center 1 Spring Street, Newton, NJ 07860 Email: <a href="mailto:carmstrong@sussex.nj.us">carmstrong@sussex.nj.us</a>	Email + Postal Mail
<b>Union</b>	<b>Marilucy Lopes, Mental Health Administrator</b> Email: <a href="mailto:marilucy.lopes@ucnj.org">marilucy.lopes@ucnj.org</a>	Email
<b>Warren</b>	<b>Shawn Buskirk, director of Human Services</b> Email: <a href="mailto:sbuskirk@co.warren.nj.us">sbuskirk@co.warren.nj.us</a>	Email

<http://www.nj.gov/health/integratedhealth/dmhas/administrators/#1>

**N.J. Department of Human Services  
Subsidy Program  
Published Rent Standards  
Effective October 1, 2017**

		Written permission from DMHS required to use these rates (See Subsidy Program Policy)			
		Maximum rent allowed			
COUNTY	0-BDR	1-BDR	2-BDR	3-BDR	4-BDR
Atlantic	821	918	1181	1599	1830
<b>Bergen</b>	<b>1088</b>	<b>1272</b>	<b>1440</b>	<b>1859</b>	<b>2209</b>
Burlington	816	967	1169	1466	1650
<b>Camden</b>	<b>816</b>	<b>967</b>	<b>1169</b>	<b>1466</b>	<b>1650</b>
Cape May	671	854	1051	1464	1748
<b>Cumberland</b>	<b>753</b>	<b>873</b>	<b>1129</b>	<b>1442</b>	<b>1659</b>
Essex	1044	1099	1324	1695	1922
<b>Gloucester</b>	<b>816</b>	<b>967</b>	<b>1169</b>	<b>1466</b>	<b>1650</b>
Hudson	1080	1235	1460	1876	2032
<b>Hunterdon</b>	<b>1021</b>	<b>1254</b>	<b>1578</b>	<b>2025</b>	<b>2512</b>
Mercer	863	1072	1328	1733	2008
<b>Middlesex</b>	<b>1021</b>	<b>1254</b>	<b>1578</b>	<b>2025</b>	<b>2512</b>
Monmouth	917	1124	1417	1928	2245
<b>Morris</b>	<b>1044</b>	<b>1099</b>	<b>1324</b>	<b>1695</b>	<b>1922</b>
Ocean	917	1124	1417	1928	2245
<b>Passaic</b>	<b>1177</b>	<b>1272</b>	<b>1440</b>	<b>1859</b>	<b>2209</b>
Salem	816	967	1169	1466	1650
<b>Somerset</b>	<b>1020</b>	<b>1254</b>	<b>1578</b>	<b>2025</b>	<b>2512</b>
Sussex	1044	1099	1324	1695	1922
<b>Union</b>	<b>1044</b>	<b>1099</b>	<b>1324</b>	<b>1695</b>	<b>1922</b>
Warren	812	1012	1223	1518	1825

