

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

REQUEST FOR PROPOSALS

**Nurse Care Management
in Ambulatory Care Treatment**

November 27, 2023

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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 Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to embed Nurse Care Managers (NCMs) into ambulatory substance use disorder (SUD) treatment agencies including; Opioid Treatment Programs (OTPs), licensed outpatient, licensed intensive outpatient and partial care to manage physical health services, including hepatitis C, for individuals being served at the agency. This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grant. The SOR grant period is September 30, 2023 to September 29, 2024. Total annualized funding is \$1,660,000, with up to \$415,000 in annualized funding for each award; however, the contracts will be prorated for six (6) months, subject to federal appropriations. DMHAS anticipates making up to four (4) awards to maximize the impact of the NCM initiative based on unmet need.

Awards for Nurse Care Management in Ambulatory Care Treatment will be made to licensed ambulatory substance use treatment programs who have been granted the waiver by CN&L to prescribe medication including OTP, intensive outpatient and partial care programs. The goal of services to focus on those who are at risk for, or who have been diagnosed with, hepatitis C (HCV). The NCM is expected to coordinate this treatment into the full array of services offered to each client served by the OTP. Successful bidders shall add nurse care management, along with case management and health coaching, to assist people with improvement of their overall health and well-being with an emphasis on hepatitis C and integration of their behavioral and medical healthcare.

The successful bidder shall ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful bidder shall continually assess and utilize demographic data of participants' catchment area in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the successful bidder shall analyze data to implement strategies to increase program participation.

No funding match is required; however, bidders shall identify any other sources of funding, both in-kind and monetary, that shall be used on their proposal budget. Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the **anticipated** RFP schedule:

November 27, 2023	Notice of Funding Availability
December 4, 2023	Questions on RFP are due no later than 4:00 p.m. ET
January 5, 2024	Deadline to submit written intent to apply - no later than 4:00 p.m. ET

January 5, 2024	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials - no later than 4:00 p.m. ET
January 12, 2024	Deadline for receipt of proposals - no later than 4:00 p.m. ET
February 9, 2024	Preliminary award announcement
February 23, 2024	Appeal deadline - no later than 4:00 p.m. ET
March 1, 2024	Final award announcement
April 1, 2024	Anticipated contract start date

II. Background and Population to be Served

Background

As states continue to improve efforts to integrate behavioral and physical health care, treatment has steadily included nurse care management, case management and health coaching to reduce identifiable health risks associated with hepatitis C, other infectious diseases and medical issues that people managing opioid use disorder (OUD) are at high risk of contracting.¹ Research with this population shows that behavioral health interventions, such as motivational interviewing, education and case management help people successfully initiate and remain in care for hepatitis C and substance use disorder (SUD) treatments.²

In 2018-2019, a surveillance study was conducted by the New Jersey Department of Health at five (5) OTPs with the capacity to screen, treat or refer to medical providers; 38.6% of OTP clients who were tested for hepatitis C were found to be positive. Of those, 63% were referred to an outside medical provider for treatment, and 40% of those referred were able to attend a visit and receive treatment.³ This data shows that testing clients who participate in addiction treatment is beneficial to identifying infections and referral to treatment.

The study also revealed common barriers, such as lack of health insurance, misinformation about treatment, long wait times outside clinics, negative side effects, incarceration and other challenges that people encounter when attempting to seek treatment for infectious disease.

In 2019, New York state conducted a study that focused on integrating telemedicine in to HCV treatment. The study found that telemedicine, along with administering direct-acting antivirals onsite, allowed for clients to engage more in their HCV treatment which then resulted in low viral loads and remission of HCV.⁴ The telemedicine methods used

¹ Substance Abuse and Mental Health Services Administration. *Addressing Viral Hepatitis in People with Substance Use Disorders*. Treatment Improvement Protocol (TIP) Series 53. HHS Publication No. (SMA) 11-4656. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

² Meyer JP, Moghimi Y, Marcus R et al. Evidence-based interventions to enhance assessment, treatment, and adherence in the chronic hepatitis C care continuum. *Int J Drug Policy* 2015; 26

³ New Jersey OTP Hepatitis C Surveillance Study, 2018-2019

⁴ Talal, A, Andrews, P, Mcleod, A et al. Integrated, Co-located, Telemedicine-based Treatment Approaches for Hepatitis C Virus Management in Opioid Use Disorder Patients on Methadone. *CID* 2019:69

in opioid substitution therapy (OST) programs included, but were not limited to, evaluations, HCV educational sessions, consultations with a hepatologist and an OST program advanced practitioner, and co-administration of methadone. A standard medical evaluation is performed during the initiative visit and any medical concerns are addressed and referrals are completed. Of the 62 patients who participated in this study, 42 (93%) achieved viral eradication after 12 weeks.

Through this research it was found that when telemedicine is integrated into substance use treatment programs, individuals are more likely to complete HCV treatment and adhere to treatment protocol. Telemedicine allows these programs to meet the clients where they are in their treatment while avoiding some stigmatization that comes with going to conventional healthcare settings.

This *Nurse Care Management in Ambulatory Care Treatment* initiative is designed to respond to this need for comprehensive care for the prevention, screening and treatment for physical health conditions. The full array of services will incorporate into a client's care plan integrated care for both behavioral health and medical care. Medical care includes, but is not limited to, acute illnesses, as well as chronic diseases, such as cardiometabolic syndrome, diabetes and lung disease. This initiative is designed to add nurse care management that would ensure that 100% of all clients are tested and treated. The addition of case management and health coaching would address barriers to care and increase the likelihood that people will stay in treatment, reduce risky behavior and fully recover from the disease.

Population to be Served

All clients served by the successful bidders' agency shall be eligible for the services. Each client shall be screened for hepatitis C and other medical conditions, included but not limited to, Hepatitis A and B, HIV, sexually transmitted illnesses, diabetes, tobacco use and weight-related conditions and other required screenings as recommended by the United States Preventive Services Task Force⁵. All clients who test positive for chronic or acute illness must be offered and encouraged to receive treatment, case management and health coaching to increase the likelihood that their overall well-being improves.

The successful bidder shall offer hepatitis C services to clients while they are in treatment at the agency. No client shall be denied care due to the use of prescribed or unprescribed benzodiazepines or other medications, or because he or she has been discharged or barred from the agency for administrative reasons other than behavior that threatens the safety of other clients. In such cases, the agency must work to facilitate a transfer to another agency that can provide appropriate services.

The provider must assure that an agency clinician shall work with any client who has been prescribed medical marijuana to help that individual understand the risks of

⁵ <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>

marijuana use and work towards using evidence-based alternatives to treat their mental/substance use disorder.

All eligible services must be billed to Medicaid or commercial insurance. NJ Addictions Fee-for-Service Network (FFS) may be payer of last resort for these services after all other eligible payment sources including these contracts have been used. The successful bidder must have a sliding fee scale and cannot require self-pay for clients who have public and/or private insurance, or who qualify for state funding.

III. Who Can Apply?

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

- The bidder may be a non-profit or for-profit entity or governmental entity;
- The bidder must be licensed by the Department of Health Division of Certificate of Need Licensing Office (CN&L) as an SUD outpatient, intensive outpatient, partial care agency and also possess the CN&L waiver to prescribe medications, and/or a CN&L licensed OTP facility with a commitment to providing nurse care management services to people managing SUD.
- 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 for deficiencies submitted to DMHAS for approval prior to proposal submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of [New Jersey Consolidated Debarment Report](#)⁶ or be suspended or debarred by any other State or Federal entity from receiving funds;
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the bidder shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency staff members, officers and Governing Board Members. A bidder must have written Conflict of Interest policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 circular; and
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

⁶ <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

IV. Contract Scope of Work

The successful bidder shall implement the following objectives:

The agency shall:

1. Provide services through onsite and telehealth appointments.
2. Coordinate with other providers so that clients can be seen through telehealth at partner providers.
3. Utilize telehealth for consultation and referral with other providers.
4. Provide medical assessment and/or screening and treatment for illnesses, including those related to substance use disorder (SUD).
5. Provide health measurements including blood pressure, cholesterol, HgbA1c, diabetes, tuberculosis, heart disease, cancer, HIV, sexually transmitted diseases, and Hepatitis A, B and C. Provide vaccinations, referrals, and education on these conditions, when permitted through licensure or coordinate these services with other agencies as needed.
6. Provide follow-up care when referrals are made to ensure proper care coordination and treatment.
7. Assess for risk of substance use disorder, tobacco/nicotine and mental health using an evidence-based tool per NJ DOH, CN&L regulation NJAC 10:161B. Based on the screening results, a full evaluation shall be conducted with a clinician and a recommendation made for further treatment or referral to a specialty Behavioral Health provider agency.
8. Provide addiction medications including methadone, buprenorphine and Naloxone.
9. Offer smoking cessation services to all clients, when indicated.
10. Refer to and coordinate care with specialty behavioral health and specialty medical providers based on client need.
11. Utilize evidence-based practices that include Motivational Interviewing (MI), smoking cessation, harm reduction and patient education, and chronic disease self-management.
12. Incorporate NCMs and physical health services in every client's care plan.
13. Partner with medical providers in the community that can offer treatment for hepatitis C and other co-morbid medical conditions, e.g., Federally Qualified Health Centers (FQHCs), primary care offices or specialty medical services including, but not limited to, cardiology, hepatology, nephrology, endocrinology, or infectious disease.
14. Plan for workforce development of all agency staff regarding physical health diagnoses, treatments and prognoses.
15. Plan to have the Health Coach, or another staff member, attend the smoking cessation training. Scholarships will be provided when available.
16. Develop public awareness tools about accessibility to infectious disease care among community partners.
17. Develop a sustainability plan for nurse care management to continue after this contract ends.

18. Develop policies and procedures for continuity of care that address staffing changes or changes in agency leadership.
19. Provide services according to cultural competency and diversity, including competency in treating individuals with OUD. (Law against Discrimination, N.J.S.A. 10:5-1 et seq.).

Nurse care management services shall involve:

1. Assuring that all clients receive active care coordination that assist them in receiving the care that they need, this includes but is not limited to: making appointments for clients, answer questions or concerns that a client may have about a referral, following up with a referral to assure that the client attends, addressing any barriers to client attendance.
2. Developing protocols for physical health screening and assessment.
3. Screening, or review of screening completed by others, of 100% of all clients for hepatitis C, HIV and other related health conditions upon admission and at regular intervals.
4. Providing or referring clients to other practitioners, such as an FQHCs for vaccinations and medications for Hepatitis A or B and HIV when appropriate.
5. Coordinating with prescribers at all community medical providers.
6. Delivery and/or review of the client nursing assessment.
7. Monitoring of health risks by providing screening, preventative care, analyzing lab/screening reports, and referring to treatment, where needed.
8. Developing or contributing to the medical components of the client care plan.
9. Monitoring medications and medical treatments for potentially adverse interactions and effects, developing strategies to reduce or eliminate polypharmacy, and intervening where needed to protect the health and well-being of the client.
10. Developing and periodically revising medical aspects of the care plan based on information collected through client assessments, review of records, consultation with any treating physician and input from client and family.
11. Interfacing with Medicaid and private insurers to assure that information needed for medical coverage is available to the payer.
12. Investigating, and whenever possible, obtaining services for clients who are uninsured.
13. Ensuring the provision or coordination of high-quality health care services that are informed by evidence-based practices and coordinating preventative and health promotion services.
14. Interfacing with specialty medical services (e.g., cardiology, hepatology, nephrology, endocrinology, infectious disease) to include, but not limited to, referral to specialty practice, facilitation of the referral, communicating medical needs identified at the OTP, collecting records from the specialty care service provider necessary to inform care at the OTP, sharing records from the OTP to specialty care provider, periodically reviewing progress at the specialty care provider.

15. Assuring that all information from client, family, testing, evaluations and records are incorporated in the treatment of clients with hepatitis C and other chronic illnesses.
16. Follow up with clients regarding the care plan and address any barriers to care that are mentioned. Note attempts to assist in the patient charts.

Case Manager services involve:

1. Providing active and assertive care management and care coordination. This includes but is not limited to: making appointments for clients, answer questions or concerns about a referral, following up with a referral to assure that the client attends, addressing any barriers to client attendance.
2. Assisting the NCM with contacting the client and any other providers, family and other community supports to ensure progress on the care plan and resolving any coordination problems that may occur.
3. Maintaining relationships with clients who are receiving inpatient or emergency care or are in re-entry from jail or prison.
4. Motivating clients to create personal health and wellbeing plans that specifically include their hepatitis C treatment using evidence-based practices, such as Motivational Interviewing (MI).
5. Supporting the NCM in coordination with Medicaid and private insurers.
6. Ensuring that all data about screening, rapid testing, referrals and ongoing treatment are documented in the OTP's electronic health record (EHR).
7. As defined in the Data Collection/Evaluation section, ensuring that all data required by DMHAS and by the federal Government Performance Requirements Act (GPRA)⁷ is supplied to DMHAS and/or the SOR third-party evaluator.

Health Coach services involve:

1. Educating client and family members about substance use disorders, behavioral and physical health wellness and self-management.
2. Educating clients in state-of-the-art treatment for hepatitis C to dispel hesitation or concerns regarding older treatments that required lifetime care and distressing side-effects.
3. Educating clients on sexually transmitted illnesses and their treatment.
4. Educating clients on HIV and medication for HIV (PrEP), when appropriate.
5. Developing and implementing self-monitoring tools for clients to use in managing OUD, infectious disease, and co-morbid illness.
6. Develop a survey for clients and/or family members to complete after attending a session with the Health Coach.

Program Description:

Each full-time NCM team is expected to serve 250 clients. If the ambulatory care program can serve more than 250 clients, they are permitted to submit one proposal for

⁷ <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>

each full-time team. If the provider can propose to serve less than 250 clients, in such instances they are permitted to submit one proposal for partial funding of a part-time team. The NCM team shall work closely to develop individualized care plans that best meet the client's needs.

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

Providers and their system partners shall work together to identify and combat barriers that may impede the target population from seeking and accessing services. Obstacles to services may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, and language, etc.

The successful bidder shall:

- Collaborate with system partners to ensure coordination, equity, and inclusion of care
- Deliver services in a culturally competent manner that exemplify National CLAS Standards
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Deaf/ASL, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality, and program outcomes

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

The successful bidder must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery with

legitimately prescribed medication(s). These policies must be in writing, legible and posted in a clearly visible, common location accessible to all who enter the facility.

Moreover, no individual admitted into a treatment facility, or a recipient of or participant in any prevention, treatment or recovery support services, shall be denied full access to, participation in and enjoyment of that program, service or activity, available or offered to others, due to the use of legitimately prescribed medications.

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.

There is a 10% limitation on indirect cost allocations for SOR grant-funded programs per SAMHSA guidelines. Accordingly, the indirect/General and Administrative (G&A) costs in your proposal must *not* exceed 10% of your overall budget.

Note the following direct salary restriction: The Consolidated Appropriations Act, 2022 (Public Law 111-103) restricts the amount of direct salary that may be charged to this initiative. Effective January 2, 2023, the salary limitation is \$212,000. Salary amounts over the limitation are considered unallowable expenses under the grant and as such, cannot be direct charged by the successful bidder (the sub-recipient) to DMHAS, the pass-through entity. 48 CFR 352.231-70 and 48 CFR 331.101-70; see also, US DHHS Salary Rate Limitations at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Data Collection/Evaluation:

The successful bidder must comply with the DMHAS' program evaluation by responding to all data requests from DMHAS and its third-party evaluator, thus enabling DMHAS to meet all federal data reporting requirements. The successful bidder shall collect and email to the SOR Initiative Manager and SOR Research Scientist on a monthly basis:

1. Program Outcomes

- Number of clients screened for hepatitis C and chronic, co-morbid medical conditions, including but not limited to, diabetes, tobacco use, and weight-related conditions.
- Number of clients testing positive, for the above conditions
- Number of clients whose services are provided through telehealth
- Number of clients whose medical services are provided at a primary care community partner (e.g., FQHCs, primary care offices)
- Number of clients whose medical services are provided at specialty medical providers (e.g., infectious disease, cardiology, hepatology, nephrology, endocrinology)

2. Government Performance and Results Requirements Act of 2010 (GPRA):

Successful bidder must collect and report certain data so that SAMHSA can meet its obligations under GPRA. Successful bidder is required to report a series of data elements that shall enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Grantee is required to report client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Successful bidder is required to ensure all data reported are accurate.

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

Successful bidder shall be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Successful bidder must submit completed GPRA forms to DMHAS for inputting into SAMHSA's Performance Accountability and Reporting System (SPARS). Details regarding submission of GPRA forms to DMHAS will be provided after award. GPRA training and technical assistance will be offered to bidders.

3. Consumer Satisfaction

The successful bidder is required to facilitate completion of a Consumer Satisfaction Survey developed by DMHAS midway through the grant period and at the end of the grant period.

V. General Contracting Information

Bidders must 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, and the Contract Policy and Information Manual. These documents are available on the [DHS website](#)⁸.

Bidders must 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).

⁸ <https://www.nj.gov/humanservices/olra/contracting/policy/>

Budgets should accurately 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.

The contract awarded as a result of this RFP is anticipated to have an initial term of April 1, 2024 through September 29, 2024, and may be renewable at DMHAS' sole discretion and with the agreement of the successful bidder. Funds may be used only to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the [DHS website](#)⁹, programs awarded a contract pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder.

VI. Written Intent to Apply and Contact for Further Information

Bidders must email SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on January 5, 2024 indicating their agency's intent to submit a proposal for the Nurse Care Management in Ambulatory Care Treatment). The bidder must email their notice of intent to submit a proposal no later than the January 5, 2024 deadline. If a bidder's notice to intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on December 4, 2023. All questions and responses will be compiled and emailed to all those who submit a question or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop

⁹ <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>

their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (Attachment A)

Bidder's Organization, History and Experience (10 points)

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the agency's work with the target population and marginalized underserved populations, and the number of years' experience working with the target population and marginalized underserved populations.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Describe any similar health management services currently available and how many people are currently being served through them.
4. Describe the gap in that service area and how the successful bidder shall address the gap, including any outreach, referrals, partnerships and affiliations.
5. Describe the number of clients to be served by the treatment team funded by this initiative.
6. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
7. 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, such as an appendix, to the bidder's proposal.
8. 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.
9. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan shall be updated and reviewed regularly.

10. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
11. If applicable, document that the bidder's submissions are up-to-date in the New Jersey Substance Abuse Management System, Unified Service Transaction Form, Quarterly Contract Monitoring Report and Bed Enrollment Data System.
12. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (45 points)

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

1. Describe how the bidder capacity for telehealth:

- a. How the bidder shall determine if telehealth or face to face services are needed.
- b. Assurance that all telehealth services shall comply with statutes and best practices.
- c. Identify how you shall utilize telehealth to make referrals and provide and receive consultative services.

2. Eliminating Disparities:

- a. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in access, quality, and program outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
- b. Describe how the demographic makeup of the catchment area population (race, ethnicity, gender, sexual orientation, language, etc.) shall shape the design and implementation of evidence based and best practice program approaches and interpretation of outcomes.
- c. Provide services according to cultural competency and diversity, including competency in treating individuals with OUD¹⁰.
- d. The bidder's capacity to accommodate all individuals who take legitimately prescribed medications and who are referred to or present for admission.
- e. Summary of the policies that prohibit discrimination against individuals who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication(s).

3. Implementation Schedule:

- a. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.

¹⁰ Law Against Discrimination, N.J.S.A. 10:5-1 et seq.

- 4. Direct Services** – Describe how the agency shall provide the following:
- a. Medical assessment and/or screening and treatment for illnesses. This includes but is not limited to HIV and Hep C.
 - b. Screening for mental health and substance use disorder and smoking using an evidence-based tool.
 - c. Describe the referral process for medical services and for behavioral health services that you do not provide.
 - d. How you shall ensure client access to addiction medications; Methadone, Buprenorphine and Naloxone products.
 - e. How your agency shall include the NCM services in the intake process and ongoing care for every client.
 - f. Determine schedules for clients to meet with the NCM, case manager and health coach.
 - g. Provide care for clients who have been prescribed medical marijuana.

- 5. Care and Case Management-** Describe how the agency will provide the following:
- a. Describe the affiliations with specialty and general medical providers to make referrals and receive consultation. Please attach any affiliation agreements.
 - b. Refer to and coordinate care with specialty providers for clients in need.
 - c. Provide assertive and active care coordination that improves client access to care at medical and behavioral health services.
 - d. Provide assertive and active care coordination that follows clients through the continuum and assures continued services.
 - e. Explain how you shall address and overcome barriers that clients encounter.
 - f. Provide case management for concrete services such as, housing, employment, and other services.
 - g. Identify the high-quality community medical and/or behavioral health providers who will accept referrals for medical treatment of the NCM program's clients. Include specialty services, general medical and behavioral services.
 - h. Interface with Medicaid and private insurers to ensure that information needed for medical coverage is available to the payer.

- 6. Care Planning** – Describe how the agency shall do the following:
- a. Integrate nurse care management services and physical health services in every client's care plan.
 - b. How the NCM elements of the care plan shall be evaluated and updated.
 - c. Ensure that all clients give consent for, and are education about, nurse care management services.

- 7. Sustainability** - Describe how the agency shall do the following:
- a. Plan for workforce development of all agency staff regarding physical health diagnoses, treatments and prognoses.
 - b. Develop public awareness tools about accessibility to infectious disease care among community partners.

- c. Develop a sustainability plan for nurse care management after this contract funding ends.

Outcome(s) and Evaluation (10 points)

Provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that shall 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 shall implement to ensure fidelity to the evidence-based practice.
7. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particularly noting any reduction of disparities and barriers in access, quality, and treatment/program outcomes.
8. Assurance that the bidder shall complete the data collection tool developed by DMHAS and cooperate with the DMHAS evaluator.
9. Identify the staff position that shall be responsible for oversight of the data collection.
10. Describe how data collection shall be incorporated in your agency's workflow.
11. Describe how you shall ensure that all data required by DMHAS and by the federal Government Performance Requirements Act (GPRA) is supplied to DMHAS and/or the SOR third-party evaluator.

Staffing (10 points)

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff members shall 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 recruitment effort. Identify bilingual staff.
3. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
5. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.

6. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent work hours.
7. Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
8. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
9. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
10. The approach for supervision of clinical staff, if applicable.
11. A list of the bidder's board members and their current terms, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors votes on contract-related matters.
12. A list of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s).
13. Describe qualifications of the registered nurse care manager. Provide details of nurse manager to be hired; include hours/staffing schedule, number of hours per staff, and credentials of staff. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff.
14. Describe qualifications of case manager. Provide details of case manager to be hired; include hours/staffing schedule, number of hours per staff, and credentials of staff. Details should include currently on-board or to-be-hired staff, with details of recruitment effort. Identify bilanguage staff.
15. Describe qualifications of health coach. Provide details of health coach including hours/staffing schedule, number of hours per staff person. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff.

Facilities, Logistics, Equipment (5 points)

The bidder should detail its facilities where normal business operations shall be performed and identify equipment and other logistical issues, including:

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

Budget (20 points)

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

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

1. A detailed budget using the Excel Budget template is required. Bidders must submit pricing using the Excel budget template accompanying this RFP. Bidders should refer to Instructions for Excel Budget Template (Attachment E) for a clear understanding of how to work within the template file. The Excel Budget template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Budget notes detailing and explaining the proposed budget methodology, estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
2. 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.
3. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per workweek.
4. Identify the number of hours per clinical consultant.
5. 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.
6. 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.
 - a. There is a 10% limitation on indirect cost allocations for SOR grant-funded programs per SAMHSA guidelines. Accordingly, the indirect/General and

Administrative (G&A) costs in your proposal must *not* exceed 10% of your overall budget.

7. Written assurance that if the bidder receives an award pursuant to this RFP, it shall pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.
8. Bidders may not use these funds to pay for the costs of laboratory tests or medications. To fund these costs, the successful bidder must, as stated in the *Contract Scope of Work*, partner with medical providers in the community that offer treatment for hepatitis C and co-morbid medical conditions. These partners should have the capacity to assist clients with costs through the Federal 340b Drug Pricing Program, pharmaceutical Patient Assistance programs, health insurance or other financial sources.

Attachments/Appendices

The enumerated items of Required Attachments #1 through #7 and Appendices #1 through #8 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #4 are not submitted and complete, the proposal will not be considered. Required Attachments #5 through #7 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.

The collective of Required Attachments and Appendices is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #6 and #7) do not count towards the appendices' 50-page limit. Appendix information exceeding 50 pages will not be reviewed.

Required Attachments

1. Department of Human Services Statement of Assurances (Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment D);
3. [Disclosure of Investment in Iran](#)¹¹;
4. Statement of [Bidder/Vendor Ownership Disclosure](#)¹²;
5. Pursuant to Policy Circular P. 11, 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. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years; and
7. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid.

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

¹² www.nj.gov/treasury/purchase/forms.shtml

8. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

Appendices

1. Copy of documentation of the [bidder's charitable registration status](#)¹³;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support;
8. Cultural Competency Plan.

VIII. Submission of Proposal Requirements

A. Format and Submission 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 be no more than 10 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and not be in smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 13 it is 11 pages long, not 10 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes. The budget notes and appendix items do not count towards the narrative page limit. Please provide page numbers for the narrative.

Proposals must be submitted no later than 4:00 p.m. ET on January 12, 2024. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Proposals should be submitted in the following three files.

1. PDF file of entire proposal consisting of proposal narrative, budget, budget notes, attachments and appendices. Do not include interim and audited financial statements and Single Audits (A133) which should be submitted in a separate PDF file (see #3 below). Label file with the following title: Name of Agency/Provider NCM in Ambulatory Care Proposal.
2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/Provider NCM in Ambulatory Care.
3. PDF file of interim and audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years template. Label file with the following title: Name of Agency/Provider NCM in Ambulatory Care Audit.

Additionally, bidders must request login credentials for this RFP by emailing SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on January 5, 2024, in order to

¹³ www.njconsumeraffairs.gov/charities

receive unique login credentials for the Nurse Care Management in Ambulatory Care Treatment RFP to upload your proposal to the SFTP site. Email requests for login credentials must include the title of this RFP, individual's first name, last name, email address and name of agency/provider.

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

B. Confidentiality/Commitment to Defend and Indemnify

Pursuant to the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1 et seq., or the common law right to know, proposals can be released to the public in accordance with N.J.A.C. 17:12-1.2(b) and (c).

Bidder should submit a completed and signed Commitment to Defend and Indemnify Form (Attachment G) with the proposal. In the event that Bidder does not submit the Commitment to Defend and Indemnify Form with the proposal, DHS reserves the right to request that the Bidder submit the form after proposal submission.

After the opening of the proposals, all information submitted by a Bidder in response to a Bid Solicitation is considered public information notwithstanding any disclaimers to the contrary submitted by a Bidder. Proprietary, financial, security and confidential information may be exempt from public disclosure by OPRA and/or the common law when the Bidder has a good faith, legal/factual basis for such assertion.

As part of its proposal, a Bidder may request that portions of the proposal be exempt from public disclosure under OPRA and/or the common law. Bidder must provide a detailed statement clearly identifying those sections of the proposal that it claims are exempt from production, and the legal and factual basis that supports said exemption(s) as a matter of law. DHS will not honor any attempts by a Bidder to designate its price sheet, price list/catalog, and/or the entire proposal as proprietary and/or confidential, and/or to claim copyright protection for its entire proposal. If DHS does not agree with a Bidder's designation of proprietary and/or confidential information, DHS will use commercially reasonable efforts to advise the Bidder. Copyright law does not prohibit access to a record which is otherwise available under OPRA.

DHS reserves the right to make the determination as to what to disclose in response to an OPRA request. Any information that DHS determines to be exempt from disclosure under OPRA will be redacted.

In the event of any challenge to the Bidder's assertion of confidentiality that is contrary to the DHS' determination of confidentiality, the Bidder shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the Bidder. DHS assumes no such responsibility or liability.

In order not to delay consideration of the proposal or DHS' response to a request for documents, DHS requires that Bidder respond to any request regarding confidentiality markings within the timeframe designated in DHS' correspondence regarding confidentiality. If no response is received by the designated date and time, DHS will be permitted to release a copy of the proposal with DHS making the determination regarding what may be proprietary or confidential.

IX. Review of Proposals

There will be a review process for responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each responsive proposal.

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

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

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 all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in [Policy Circular P1.04](#)¹⁴.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by February 9, 2024.

¹⁴ <https://www.nj.gov/humanservices/olra/contracting/policy/>

X. Appeal of Award Decisions

All appeals must be made in writing by 4:00 p.m. ET on February 23, 2024, by emailing it to SUD.upload@dhs.nj.gov (subject line must include "Appeal and RFP title") and/or mailing or faxing it to:

Department of Human Services
Division of Mental Health and Addiction Services
Office of the Assistant Commissioner
PO Box 362
Trenton, NJ 08625-0362
Fax: 609-341-2302

The written appeal must clearly set forth the basis for the appeal.

Any appeals sent to an email/address/fax number not mentioned above, will not be considered.

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 1, 2024. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

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

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the [Annual Report-Charitable Organization](#)¹⁵;
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions

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

- on behalf of the bidder;
6. Current Agency By-laws;
 7. Current Personnel Manual or Employee Handbook;
 8. Copy of Lease or Mortgage;
 9. Certificate of Incorporation;
 10. Co-occurring policies and procedures;
 11. Policies regarding the use of medications, if applicable;
 12. Policies regarding Recovery Support, specifically peer support services;
 13. Conflict of Interest Policy;
 14. Affirmative Action Policy;
 15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
 16. A copy of all applicable licenses;
 17. Local Certificates of Occupancy;
 18. Current State of New Jersey Business Registration;
 19. Procurement Policy;
 20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
 21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
 22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
 23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
 24. Business Registration (online inquiry to obtain copy at [Registration Form](#)¹⁶; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)¹⁷;
 25. Source Disclosure ([EO129](#))¹⁸; and
 26. Chapter 51 [Pay-to-Play Certification](#)¹⁹.

XII. Attachments

Attachment A – Proposal Cover Sheet

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

Attachment C – Statement of Assurances

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

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

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

¹⁸ www.nj.gov/treasury/purchase/forms.shtml

¹⁹ www.nj.gov/treasury/purchase/forms.shtml

Attachment E – Instructions for Excel Budget Template
Attachment F – Mandatory Equal Employment Opportunity Language
Attachment G – Commitment to Defend and Indemnify Form

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP: Nurse Care Management in Ambulatory Care Treatment

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: _____

Anticipated Funding Period: From April 1, 2024 to September 29, 2024

Total number of unduplicated individuals to be served: _____

County in which services are to be provided: _____

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

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 C.F.R. 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 C.F.R. 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 C.F.R. 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 (N.J.A.C. 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 C.F.R. 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 C.F.R. 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 C.F.R. 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 C.F.R. 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 C.F.R. 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 - Instructions for Excel Budget Template

The Excel template, posted with the RFP, contains a template spreadsheet. Please open the respective template file tab and read the below guidance at the same time. This will allow for a clear understanding of how to work within the template file.

1. In the turquoise section, you will enter the proposed costs for this RFP. This should include all information from budget categories A-F, G/A, as well as ***your number of consumers to serve***. FTE's in Category A are to be broken down between direct care, administration, and support. FTE's will not appear until three cells are completed: hours worked per employee on contract (column C), hours worked per employee per week (column D), and the amount of salary (column H) respectively. Category B is to be broken down between medical/clinical consultants, and non-medical/clinical consultants.
2. There is also a One-Time budget section at the bottom in the turquoise section for your use. Onetimes are shown separately, but included in Total Gross Costs right after Gross Costs.
3. Please use the ***“Explanatory Budget Notes”*** column to help support anything that you feel needs to be explained in written word for evaluators to understand your intent regarding any cost/volume data populated in your template submission. Please provide notes, as well as, calculations that support any and all offsetting revenue streams. If you double up expenses on one budget line, please provide the individual expense details in the budget notes. Many cells are protected, but you can expand rows to give more room in the notes column should you need it.
6. General and Administrative Costs should be recorded in the template per the instructions in the RFP. That is, only additional G&A associated with this proposal should be included, not your normal G&A rate.
7. Make sure to remember to place your Agency Name and Region or County in the subject line when you send your template in ***Excel*** format.

SAVE ALL YOUR WORK, REVIEW AND PREPARE TO SEND IN EXCEL FORMAT.

Attachment F - Mandatory Equal Employment Opportunity Language

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act. The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

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

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

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

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

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Attachment G – Commitment to Defend and Indemnify Form

**Department of Human Services
Commitment to Defend and Indemnify Form**

I, _____, on behalf of _____ (“Company”) agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey (“State”) or the New Jersey Department of Human Services (“DHS”) arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for Nurse Care Management in Ambulatory Care Treatment (“RFP”), which may become the subject of a request for government records under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. (“OPRA”). The Company agrees to indemnify and hold harmless the State and DHS against any judgments, costs, or attorney’s fees assessed against the State of New Jersey or DHS in connection with any action arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State and DHS, and relating to the RFP, which may become the subject of a request for government records under OPRA.

The Company makes the foregoing agreement with the understanding that the State and DHS may immediately disclose any documents withheld without further notice if the Company ceases to cooperate in the defense of any action against the State arising from or related to the above-described non-disclosure due to the Company’s request.

I further certify that I am legally authorized to make this commitment and thus commit the Company to said defense.

(Signature)

(Print Name)

Title

Entity Represented

Date