

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

REQUEST FOR PROPOSALS

**Mobile Access to Medications  
for Substance Use Disorder (SUD)**

March 28, 2022

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Division of Mental Health and Addiction Services

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## I. Purpose and Intent

This initiative is funded through a blend of federal Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grant program awarded to the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) in 2020 as well as federal funding from the Substance Abuse Treatment and Prevention block grant.

The contracts awarded for this initiative will be for one year and therefore, the term will be July 1, 2022 through June 30, 2023.

This Request for Proposals (this RFP) is issued to implement an initiative that will enable agencies to travel to communities on a regular basis to provide low-threshold medication services to people with a substance use disorder (SUD) who encounter obstacles to receiving services at traditional "brick-and-mortar" treatment agencies.<sup>1</sup> The selected bidder(s) in response to this RFP (Contractee(s)) will purchase a Mobile Outreach Vehicle (MOV) to travel to areas of high need in the agency's service area and prescribe medication to people with SUD or co-occurring SUD and mental illness. Total annualized funding is \$3,000,000 subject to Federal and State appropriations. DMHAS anticipates making up to three (3) awards. Contractees will address the behavioral and medical health needs of, at minimum, 100 people and refer them to primary or specialty providers for needed services. Each Contractee will receive \$1,000,000, which will include start-up funds in the amount of \$300,000 for each contractee to purchase the MOV. When the initiative ends, the MOV will be the property of DMHAS, and Contractees may continue to operate by renting the vehicle from DMHAS for a nominal cost.

This initiative, *Mobile Access to Medications for Substance User Disorder* (Short Title: *Mobile Access*) is designed to increase access to medications for SUD, i.e., buprenorphine, naloxone, naltrexone, methadone or acamprosate; case management; and recovery support services. This initiative is open to any Opioid Treatment Program (OTP) licensed by the NJ Department of Health Certificate of Need Licensing Office prior to the start of services. Priority will be given to proposals from counties with low access to those medications, as well as areas of the State with a high number of people who are homeless or at-risk of homelessness. Related data can be found at DMHAS' website,<sup>2</sup> the NJ Cares real-time dashboard of opioid-related information<sup>3</sup> and the NJ Point-in-Time Count of the Homeless.<sup>4</sup> This initiative will offer services to people who seek this type of service in a safe and nonjudgmental environment, despite continued drug use or lapses in care.

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<sup>1</sup> Low threshold medication services create access to care by removing traditional barriers such as requirements for abstinence or ongoing counseling, to people who are at high risk.

<sup>2</sup> <https://www.state.nj.us/humanservices/dmhas/publications/statistical/index.html>

<sup>3</sup> <https://www.njoag.gov/programs/nj-cares/>

<sup>4</sup> <https://www.hudexchange.info/programs/hdx/pit-hic/>

The Contractee will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The Contractee will 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 Contractee will analyze data to implement strategies to increase program participation.

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. Contractees may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

March 28, 2022	Notice of Funding Availability
April 5, 2022	Mandatory Bidders Conference
May 2, 2022	Deadline for receipt of proposals - no later than 4:00 p.m.
May 23, 2022	Preliminary award announcement
May 31, 2022	Appeal deadline
June 7, 2022	Final award announcement
July 1, 2022	Anticipated contract start date

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

### *Background*

While recent data of suspected drug-related deaths indicates that New Jersey had a decreased number of overdose deaths between 2018 and 2019, 2020 data show a marked increase due to COVID-related isolation and other issues,<sup>5</sup> resulting in an even greater need to increase access to medications, case management and recovery supports.

Studies of the treatment trajectories of people with a SUD demonstrate that many of those at the highest risk for opioid overdose do not enter or sustain treatment in typical SUD programs. This includes people who are homeless, attend Harm Reduction Centers (HRCs), have been discharged from emergency departments, released from jails/prisons, or are experiencing distress in other settings. These "hard to reach populations" are not likely to access traditional health care and social services on their own due to various barriers that may include mental illness, unstable housing, lack of transportation and SUDs. Additionally, stigma and lack of trust often play a role in those with SUD not seeking out services.

Data from pilot programs in other states indicates that people who are facing instability in their lives will seek treatment more readily when services are brought to them rather

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<sup>5</sup> *New Jersey's Response to the Opioid Overdose Epidemic: A Year in Review 2020*

than their having to go to a treatment provider.<sup>6</sup> One popular method of community outreach is through MOVs, which usually consist of box trucks, vans, trailers, or campers that are customized to provide care in targeted communities. A large benefit over brick-and-mortar clinics is the fact that MOVs can travel to those who most need services. Additionally, one MOV can service multiple neighborhoods and can travel to targeted areas in the community as drug use patterns emerge. By becoming a recognizable presence in a community, MOVs become familiar to, and gain credibility with, the community in high-risk neighborhoods.

Information on designing effective, evidence-based MOV programs is becoming increasingly available to SUD providers as they focus on improving access to medications for SUD. Bidders are expected to use state-of-the-art resources in the design of their *Mobile Access* proposals, for example, the *Mobile Addiction Services Toolkit*, published by the Kraft Center for Community Health.<sup>7</sup>

### *Population to Be Served*

The *Mobile Access* initiative will serve people who are appropriate for immediate initiation of medication for an SUD, who are at least 18 years of age; meet the DSM-5 criteria for an SUD; have no known allergy/hypersensitivity to buprenorphine, naloxone, naltrexone, methadone or acamprosate and do not have severe liver disease. People who have an interest in medication treatment and a willingness to accept referrals for ongoing services will be provided access to medication on their first visit or the next available time when staff can arrange a telehealth or in-person visit with a prescriber. The prescriber may be located at the contractee's brick-and-mortar location or on the MOV. There will be no gaps in medication services, caused by the provider or providers, for people served by this initiative, and follow up MOV services will be made when referral arrangements for medication cannot be made.

**Each contractee is responsible for serving 100 people per year.**

### **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 an OTP licensed by the NJ Department of Health Certificate of Need Licensing Office at the time the proposal is submitted;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to proposal submission;

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<sup>6</sup> Legislative Analysis and Public Policy Association, *Mobile Outreach Vans*, July 2020

<sup>7</sup> <https://www.kraftcommunityhealth.org/wp-content/uploads/2020/01/Kraft-Center-Mobile-Addiction-Services-Toolkit.pdf>

- 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](#)<sup>8</sup> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity;
- 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 be an approved Medicaid provider or agree to apply to become a Medicaid provider; and**
- **The bidder must attend the Mandatory Bidders conference as described in this RFP.**

#### IV. Contract Scope of Work

The Contractee will implement the *Mobile Access* initiative by successfully serving, at minimum, 100 people per year, resulting in a statewide initiative total of 300 people. Contractees will prescribe medications for SUD, i.e., buprenorphine, naloxone, naltrexone, methadone or acamprosate; case management; and recovery support services. Contractees are also required to identify and/or address the medical needs of people managing SUD. If medical issues are identified, providers must refer people to primary or specialty care providers for needed services.

The Contractee will maintain people on medications for SUD or provide a warm handoff to a community provider for medication maintenance. The agency receiving referrals may be the Contractee's agency or any medication provider of the person's choosing including, *but not limited to*: an OTP, Office Based Addiction Treatment program (OBAT), licensed SUD treatment program, a licensed mental health provider with a waiver to prescribe addictions medications, a Federally Qualified Health Center (FQHC) or a primary care provider. Bidders must agree to actively partner with other DMHAS-funded initiatives designed to increase access to medications for SUD to the targeted population described in the *Background and Population Served* section of this RFP.

#### Initiative Infrastructure

To fulfill all requirements, the Contractee will develop the following infrastructure:

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<sup>8</sup> <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

- Within 15 business days of the contract start date, submit to DMHAS for approval three (3) quotes from reputable vendors that have the capacity to build or convert an MOV that meets the following requirements:
  1. An area for private assessments and interviews
  2. An area for people who are waiting to be seen
  3. An area for clean supplies, soiled supplies and for storage
  4. Bathroom
  5. Refrigeration if necessary for proper storage of medications
  6. Mechanical design and heating/air conditioning systems
  7. Security cameras
  8. Exterior marketing that minimizes the stigma of receiving SUD services

**NOTES:**

**NO MEDICATIONS, OTHER THAN NALOXONE, SHALL BE STORED ONBOARD THE MOV.**

**NO MEDICATIONS MAY BE STORED ON THE MOV WHEN IT IS NOT OPERATING.**

**ALL OUTDOOR AND INSIDE SIGNAGE MUST PROMINATELY STATE THAT NO MEDICATIONS ARE ONBOARD.**

- Only after DMHAS provides written approval to contract with a vendor, the contractee may purchase the MOV and ensure it is fully equipped to begin services within six (6) months of the contract start date.
- Develop a written policy stating where the MOV will be parked before and after initiative hours.
- Develop a specified route and schedule that enables your agency to fill the unmet needs of the people in the geographic area you plan to serve. The route and schedule you design must enable your agency to serve 100 people per year and must clearly reflect your intention to serve a majority of the people identified in your needs analysis.
- Develop a plan to publicize the route and schedule to the communities being served.

- Install computer systems in the MOV that allow for private and confidential transmission of all clinical and billing information to the electronic systems at the agency's brick-and-mortar location. These systems must comply with all federal and state rules and regulations.
- Install private and confidential telehealth systems for medication services provided by a Data-Waivered prescriber if that person will be located at the agency's brick-and-mortar location. These systems must comply with all federal and state rules and regulations.
- Ensure that medical staff are licensed and trained in accordance with applicable licensing standards and criteria. Prescribers must be a Medical Doctor (MD), Advanced Practice Nurse (APN) or Physician Assistant (PA) who has attained all relevant certifications and credentials, such as DATA 2000 waivers. New Jersey has designated two Centers of Excellence (COE) in the treatment of SUDs, one at Rowan University/Cooper Medical School in Camden, NJ and another located at Rutgers University Medical School in Newark, NJ. The COEs offer free training, mentoring and telephonic assistance to prescribers or people who are becoming certified to offer medications that treat people with an SUD. These services will be available to assist the Contractee.
- Ensure that Peer Recovery support staff complete the DMHAS three-day *Peer Ethics Training* provided by the New Jersey Prevention Network (NJPN). The DMHAS Initiative Manager will provide information about registration after the contract start date.
- Develop affiliation agreements with community providers who can offer continued medication services and counseling, including, *but not limited to*, OTPs, FQHCs, OBATs, licensed SUD treatment programs, licensed mental health providers with a DATA 2000 waiver to prescribe medications for SUD, or primary care providers. When possible, the Contractee will affiliate with providers who use a harm reduction approach to care and will accept people referred by the *Mobile Access* initiative regardless of continued drug use or relapses.
- Facilitate the transfer to a provider even if a person chooses to transfer to a provider other than the contractee's treatment program.
- Develop affiliation agreements with pharmacies in the communities near each stop along the specified routes. Affiliated pharmacies should collaborate with the *Mobile Access* staff to ensure people are able to fill prescriptions in a timely manner.
- Develop affiliation agreements with primary care service providers who can provide follow-up for medical conditions.



- Develop affiliation agreements with Emergency Medical Services (EMS), public safety departments and psychiatric screening centers in the communities near each stop along the initiative's specified route.
- Design processes and workflows to allow for urine drug screens (UDSs) to determine clinical appropriateness for buprenorphine treatment. Contractees may either access their affiliated laboratories or have CLIA-waivered, rapid tests onboard.
- Develop a written policy for use in selecting people for admission to the program when the contractee has multiple applicants and is near funding capacity.
- Develop plans to actively partner with other DMHAS-funded initiatives designed to increase access to medications for SUD.
- Develop the procedures and workflow for screening and referring people with a co-occurring mental illness, including referrals to the contractee's brick and mortar site if appropriate.
- Develop procedures and workflows for individuals in crisis.
- Develop partnerships with local leaders in the communities along the specified route that ensure the *Mobile Access* initiative will comply with all ordinances and statutes related to the prescribing of medications for SUD in those cities, townships and municipalities. **Include documentation in your proposal** verifying that your agency will be able to legally fulfill the requirements in this *Contract Scope of Work*.
- Begin services within six (6) months from the contract start date or the contract may be forfeited.
- Fulfill all data collection requirements as specified the *Data Collection* section.
- Eligible bidders will be approved Medicaid providers and are expected to apply to the DMHAS Fee-for-Services network when eligible. The Contractee will sustain the provision of medication services through Medicaid, the NJ Addictions Fee-for-Service (FFS) Network and/or commercial insurance. Providers 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. The bidder must be an approved Medicaid provider or agree to apply to become a Medicaid provider.
- Ensure that services are provided in accordance with all federal and state licensing standards.

### *Behavioral Health Medication Services*

- Assess clients for SUD, including alcohol use disorder (AUD), and co-occurring mental illness using DSM-5 criteria.
- Assess for withdrawal risk using the Clinical Opioid Withdrawal Scale/Subjective Opioid Withdrawal Scale (COWS/SOWS) and/or the Clinical Institute Withdrawal Assessment (CIWA), as appropriate.
- Ensure that people are referred to withdrawal management services if necessary.
- Ensure people receive an assessment, using DSM-V criteria, for suicidal ideation or other mental health crises requiring immediate transfer to the State's psychiatric screening centers.
- Determine clinical appropriateness for all medications for SUD.
- Collect initial UDSs.
- Prescribe buprenorphine, naloxone, naltrexone, methadone or acamprosate and other medications that may become approved by the federal Food and Drug Administration (FDA) for the treatment of SUD.
- Provide in-person education, along with written instructions, for home induction and follow-up care. For people who show signs of needing support with home induction, such as people with intellectual or developmental disorders, case management staff must provide training and support at the person's home.
- If arrangements for timely follow-up medication treatment in an appropriate setting cannot be made, providers will ensure that people will continue to receive treatment by the MOV unit.
- Distribute naloxone kits and educate people about their use in preventing overdose. Encourage people to educate their family members and friends about the benefits.
- Distribute fentanyl test strips and educate people about their use in preventing overdose.
- Distribute condoms and educate people about safe sex practices.
- Refer people to any of the State's HRCs if practicable.
- Ensure people receive regular UDSs for current drug use and to ensure the use of prescribed buprenorphine is clinically appropriate. Any incidents of self-reported diversion, or of a urine sample consistent with diversion, must be evaluated and addressed. Programs must counsel the person and will use a risk-benefit approach to determine whether continued treatment despite non-adherence or diversion is in

the person's best interests. This requires that programs consider the risks of abruptly stopping medications.

- Develop policies ensuring that your organization will not refuse care to any person due to the **prescribed or unprescribed** use of benzodiazepines or other substances.
- Agency will not refuse care to any client due to the use of **prescribed** medications for co-morbid medical conditions.
- An agency clinician will work with any client who has been **prescribed** medical marijuana to help that individual understand the risks of marijuana use and will work towards using evidence-based alternatives to treat his or her mental/substance use disorder.
- Develop policies regarding administrative discharge to respond to relapses, such that people **will not be terminated** due to the use of substances. Alternatively, Contractees must use motivational strategies that support a person in being re-admitted when they are ready. Policies must clarify that your organization will not refuse care to any person who has been administratively discharged or barred from care for administrative reasons other than behavior that threatens the safety of other clients or staff. In these cases, the OTP must work to facilitate a transfer to another agency that can provide appropriate services.
- Provide brief interventions focused on increasing a person's insight into and awareness about substance use and behavioral change with the goal of motivating people to remain in, resume or sustain medication treatment.
- Encourage, if appropriate, a person's approval to include family and/or supporters in the process for admission, treatment, and discharge. This approval shall be in writing, signed and included in the person's records.
- Maintain comprehensive and accessible records that document services provided directly and indirectly. Every file must contain the following:
  - Results of all assessments
  - Treatment plans, with no less than quarterly re-assessments
  - Time, date, type, and length of each visit
  - Referrals for primary or specialist treatment for medical issues, including results of referrals and follow-ups
  - Any interaction with other medical professionals or pharmacies on the person's behalf
  - Results of UDSs
  - Progress notes documenting brief intervention, case management and recovery support services

- Written approval to include family and/or supporters in the process for admission, treatment, and discharge, if the person has approved this decision
- Discharge plan

### Medical Referrals

Each Contractee must:

- Conduct an interview to screen clients on their medical history and symptoms using a standard checklist approved by medical staff. Include medical issues common among people with SUD, such as cardio-metabolic syndrome, nicotine addiction, asthma, diabetes, high blood pressure and dental problems, and make referrals as necessary.
- Provide first-aid treatment.
- Ensure people exhibiting signs of medical illness which could result in complications, such as HIV, hepatitis A, B, or C, sexually transmitted diseases (STDs), tuberculosis or other infectious diseases, are screened, or are referred to medical or specialty services and counseling, to address these co-morbid medical issues. People interested in medication services have the right to refuse HIV testing, but they should be strongly encouraged to be tested and, if necessary, treated.
- Review all women's history of gynecological testing and mammograms and refer as necessary.
- Ensure pregnant women receive prompt priority attention and are immediately referred for medical, obstetrical, and gynecological services if they are not already receiving this care. Recent data confirm that medications for SUD are safe and effective for women who are pregnant<sup>9</sup>; the determination of whether to prescribe buprenorphine to a pregnant women must be individualized, with the medical risks of pharmacotherapy balanced against the risks of continued substance use without these treatments. In any case, prescribers should monitor closely any women who have: (a) Received medications for the treatment of SUD or have been prescribed opioid medications or sedative-hypnotics (confirmed using New Jersey's Prescription Monitoring Program); (b) Moderate to severe alcohol use disorder as determined by DSM-5 criteria; or (c) Serious mental illness that requires treatment for stabilization.

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<sup>9</sup> Substance Abuse and Mental Health Services Administration. *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

- Refer all people to primary care for routine vaccinations. People interested in medication services have the right to refuse vaccinations, but they should be strongly encouraged to prevent serious co-morbid medical conditions.
- Refer all people to COVID vaccination or testing. People interested in medication services have the right to refuse COVID-related services, but they should be strongly encouraged to be tested and, if necessary, and vaccinated.

### Case Management Services

- Facilitate referrals to primary and specialty services for medical conditions and pregnancy.
- Coordinate with affiliated pharmacies to ensure prescriptions are filled in a timely manner.
- Assess need for recovery supports, e.g., supportive housing, supported employment, supported education and harm reduction services, and make referrals as necessary.
- Provide case management services to address obstacles to participating in the *Mobile Access* initiative.
- Offer case management services in locations convenient and preferable to people in the program.
- Implement an education plan based on harm reduction strategies to empower people with knowledge about:
  - Co-occurring SUD and mental illness
  - Co-occurring SUD and AUD
  - Sexually transmitted diseases
  - Prevention and treatment of HIV, hepatitis A, B and C
  - Nutrition
  - Sleep hygiene
  - Reproduction
  - Safe injection practices
  - Care for injection-related wounds
  - Use of naloxone to rapidly reverse overdose
  - Use of fentanyl test strips in preventing overdose
  - Tools to prevent COVID-19
  - Home induction of medications for SUD
- Accompany people who show signs of needing support with home induction, such as people with intellectual or developmental disorders, to their homes to provide training and support in a safe location.

- Offer case management to people who are experiencing obstacles in transferring to other medication prescribers (e.g., lack of readiness for referral, lack of transportation to community prescribers or scheduling obstacles for interested people who work or attend school during program hours).
- Facilitate referral to affiliated providers by offering a warm hand-off to the affiliated receiving agency to assure continuity of services. If a person chooses to transfer to a provider other than the contractee's treatment program, the contractee will facilitate that transfer.
- Continue to coordinate with case management staff at the receiving affiliated agencies for, at minimum, three months to ensure that the person's medication services are being sustained.
- Refer people to community and social services to assist them with psychosocial supports, e.g., food, housing, transportation, employment, legal representation.
- Ensure people who are hospitalized for any physical condition or mental illness receive medication services for SUD while hospitalized, if possible. Upon discharge, work to help those people resume *Mobile Access* services.
- Work to ensure that people who enter the criminal justice system receive medication services for SUD while incarcerated, if possible. Upon release, work to help those people resume *Mobile Access* services.
- Ensure that people who are homeless or at risk of homelessness are aware of low-threshold medication services for SUD provided at homeless shelters.
- Facilitate access to shower trucks or libraries that allow the homeless to shower and attend to physical hygiene.
- Work to ensure that people who are eligible for Medicaid are enrolled and assist in the process whenever possible.
- Support the collection of all data requested by DMHAS.

### Peer Recovery Services

- Contribute lived experience of personally managing SUD or SUD and co-occurring mental illness.
- Educate people about coping skills to strengthen them and enable them to remain in the *Mobile Access* initiative.
- Provide Wellness Coaching that addresses the co-morbid physical needs of people with SUD or SUD and co-occurring mental illness.

- Support the case manager in facilitating a warm handoff for people being transferred to affiliated community providers, hospitals, jails, prisons and homeless shelters.
- Facilitate the formation of support groups of people who have chosen medications to manage SUD.
- Support the collection of all data requested by DMHAS.

NOTE: Peer Recovery support staff must complete the DMHAS three-day *Peer Ethics Training* provided by NJPN. The DMHAS Initiative Manager will provide information about registration after the contract start date.

### Data Collection

**Contractees will provide four data sets required by SAMHSA and the State of New Jersey: 1) Program Outcomes, 2) Client Satisfaction, 3) New Jersey State Opioid Response (NJSOR) and 4) Government Performance and Results Act of 1993 (GPRA).**

The Contractee will collect on an aggregated basis the following nine (9) **Program Outcomes** listed below. The Contractee will email all Program Outcomes to the DMHAS SOR Initiative Manager on a monthly basis using the DMHAS-approved data collection form.

1. Number of unduplicated people admitted to the initiative
2. Number of duplicated people re-admitted after missing doses of medication
3. Number of people who were transferred to a licensed SUD treatment provider or other prescriber for medication maintenance
4. Number of people who chose not to transfer, but want to continue to receive services from the MOV
5. Number of administrative discharges
6. Number of people who chose to discontinue medication treatment altogether
7. Number of people referred for co-morbid medical issues along with a list of those issues
8. Number of prescriptions paid for through this initiative
9. Total number of people served to date (currently active and non-active calculated from the Contract Start Date)

The Contractee will collect from each person a completed **satisfaction survey** whenever a person is discharged, using the DMHAS-approved satisfaction survey. The Contractee is required to email the full set of satisfaction surveys to the DMHAS SOR Initiative Manager at the completion of each grant year.

The Contractee will submit data in the **New Jersey State Opioid Response system (NJSOR)**. DMHAS will provide training on the system after the contract start date.

## Administration of the GPRA

### 1. Security Requirements for Data Collection and Transmission

- (a) The Contractee will work with the DMHAS Research Scientist to ensure all of the GPRA data collected is saved on computers that require staff use of password access. Database access will be controlled and only project staff will have access. Any raw data related to this project will be in a locked file in a locked office at the Contractee's brick-and-mortar site.
- (b) The Contractee work with the DMHAS Research Scientist to transmit the GPRA data to DMHAS within three (3) days of a GPRA interview and on a Secure File Transfer Protocol (SFTP) set up by DMHAS. The Contractee is required to submit completed GPRA forms for inputting into SAMSHA's Performance Accountability and Reporting System (SPARS).
- (c) The Contractee will ensure that all GPRA data is password-protected in electronic files and saved on computers that require staff use of password access, located on secure computers at the contractee's brick-and-mortar site. Database access will be controlled and only project staff will have access. Privacy of these records will be ensured based upon the security requirements of both HIPAA and 42 CFR part 2.

### 2. Design of GPRA Collection to Effectuate a Rate of at Least 80% Compliance

The Contractee will design a program for GPRA to achieve a 6-month and discharge follow-up rate of at least 80% and move to a rate of at least 100% of completion of GPRA forms for people served. Participation in the GPRA collection is voluntary. If a person does not wish to participate in the GPRA data collection, the Contractee will document same. The target for this contract is service to a 100 people per Contractee.

### 3. General Principles and Data Collection Intervals

- (a) The Contractee will be responsible for collecting, management and quality control of all GPRA data according to SAMSHA guidelines as found in the *SAMHSA GPRA Question-by-Question Instruction Guide*, available at <https://spars.samhsa.gov/content/csat-GPRA-client-outcome-measures-question-question-q-q-instruction-guide>.
- (b) The Contractee will submit all GPRA data described here in this RFP.
- (c) The Contractee will collect the GPRA data at baseline within four (4) days after a person begins receiving services. If that person has been receiving



services for more than four (4) days, the person is ineligible for a GRPA interview. Data will be collected face-to-face.

- (d) The contractee will collect the GPRA data at a six (6) month interval from baseline. The interview will be completed according to all current SAMSHA guidelines, and the scheduling of interviews will be within thirty (30) days before the due date and up to two months after. SOR funding, with a maximum cash value of \$30 per interview, may be used for incentives for completion of a 6-month GPRA follow-up interview among people who have completed an intake GPRA interview. The Contractee will create a written policy for this incentive program that will be reviewed and approved by DMHAS. The incentive program requires that funding earmarked for incentives may include items such as food vouchers or transportation vouchers. However, any incentives must be non-cash, e.g., a generic gift card (i.e., Visa, MasterCard) that can be used anywhere.

The Contractee will interview people at the point of discharge. A person is considered discharged from services if he or she is no longer receiving services after 30 days of the last date of treatment. This definition is for the purpose of the GPRA reporting requirements only.

Budget:

DMHAS anticipates granting three (3) awards. Each Contractee will receive \$1,000,000, which will include start-up funds in the amount of \$300,000 for each Contractee to purchase an MOV, which must be fully equipped to begin services within six (6) months of the contract start date. When the initiative ends, the MOV will be the property of DMHAS, and Contractees may continue to operate by renting the vehicle from the Division for a nominal cost.

Ongoing services in this initiative will be funded through cost reimbursement contracting in combination with billing to Medicaid the NJ Addictions Fee-for-Service (FFS) Network and/or commercial insurance. Prior to payment, DMHAS reserves the right to onsite monitoring to ensure that start-up purchases are in compliance with the requirements in the *Infrastructure* section of this RFP.

Funds can be used to provide:

- All costs related to the purchase and maintenance of the MOV including, but not limited to:
  - Initial purchase of the MOV
  - Modifications to the MOV to provide all services outlined in the *Contract Scope of Work* section
  - Anticipated, ongoing maintenance costs
  - Local service contracts

- Unanticipated repair costs
  - Registration with the New Jersey Division of Motor Vehicles
  - Insurance
  - Technology allowing for telehealth, if necessary
  - Technology allowing for coordination with electronic medical record systems at the brick-and-mortar location
  - Technology allowing for coordination with billing systems at the brick-and-mortar location
  - Security
  - Parking
- Costs of hiring/contracting with prescribers, medical professionals, case management staff and recovery support staff
  - Salaries for Peer Recovery support staff to attend the required DMHAS three-day *Peer Ethics Training* provided by NJPN
  - Services for the uninsured and under-insured
  - Costs of medications for SUD for the uninsured and under-insured
  - Marketing of the MOV services
  - GPRA incentives for 6-month follow-up interviews as described in the *Data Collection* section
  - Costs for personal protective equipment
  - Costs for naloxone kits and fentanyl test strips
  - One-time expenses

### National CLAS Standards

The Contractee will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations. This includes a diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National Culturally and Linguistically Appropriate Service Standards (CLAS).<sup>10</sup> 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 contractee will use available demographic data from agency and target population catchment area

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<sup>10</sup> [www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov)

(race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Providers and their system partners will 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 Contractee will:

- 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 people 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

If the contract(s) resulting from this RFP includes drug treatment services, then the Contractee must have in place established, facility-wide policies that prohibit discrimination against individuals of prevention, treatment and recovery support services assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing in a visible, legible and clearly posted at a common location accessible to all who enter the facility.

Moreover, no person 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 people 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.

### Other

All data, technical information, materials gathered, originated, developed, prepared, used or obtained in the performance of the requested services, including but not limited to, all papers, reports, surveys, plans, charts, records, analyses or publications produced for, or as a result of, this agreement (hereinafter "Work Product") shall bear an acknowledgement of DMHAS' support and shall be the property of DMHAS. The Contractee shall submit any such work product to DMHAS sixty (60) days prior to the

publication or presentation. DMHAS shall have sixty (60) days from the date the document is delivered to review. A party shall agree to abide by the policies of the applicable journals and presentations organizers as to such matter as the public release or availability of data related to the publication or presentation, including poster presentations (collectively "Publications"). All parties shall mutually agree to resolve any difference which may arise during the review of a Publication. Authorship of Publications of the research results will be determined in accordance with appropriate scientific and academic standards and customs. Proper acknowledgements will be made for the contribution of each party to the research. Due consideration shall be given to the scheduling of any Publication to allow time to: (a) seek protection of any intellectual property which may be developed by one of the parties, such period not to exceed thirty (30) days and (b) identify confidential information which one party may wish to delete. It is recognized that due to the nature of the services of the RFP, articles may be jointly authored, and such joint authorship shall be so recognized where appropriate. No work product produced utilizing funds or data obtained under this Agreement shall be released to the public without the prior written consent of DMHAS. DMHAS shall have the right to edit such work product and shall further have the right to add co-authorship or disclaimers as it, in its sole discretion, deems appropriate. DMHAS shall assume all responsibilities relative to determining compliance and effect of the Open Public Records Act (N.J.S.A. 47:1A-1) as it pertains to work products provided by the Contractee.

DMHAS reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, the work products (deliverables) developed pursuant to the RFP.

## **V. General Contracting Information**

Bidders must currently meet or be able to meet the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the [DHS website](#)<sup>11</sup>.

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

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

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

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<sup>11</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS' sole discretion and with the agreement of the contractee. 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.

Should service provision be delayed through no fault of the provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of six (6) months. In the event that the timeframe will be longer than six (6) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed on the [DHS website](#)<sup>12</sup>.

## **VI. Mandatory Bidders Conference**

A bidder intending to submit a proposal in response to this RFP must attend a virtual Mandatory Bidders Conference at 10:00 am on April 5, 2022. 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 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. Responses to emailed questions will be distributed to all attendees of the Mandatory Bidders Conference. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP must register for the Mandatory Bidders Conference by emailing [SUD.upload@dhs.nj.gov](mailto:SUD.upload@dhs.nj.gov). Instructions regarding how to attend the virtual Mandatory Bidders Conference will be sent to those who register.

## **VII. Required Proposal Content**

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<sup>12</sup> <http://www.nj.gov/humanservices/providers/rulefees/regs/>

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)**

### **Statement of Need: (10 points)**

1. Using accurate and comprehensive data, describe the need in your community for mobile medication services, including data about people who are homeless or at risk of homelessness.
2. Explain how your plan for mobile services will most effectively respond to the scope of the need.
3. Explain your rationale for choosing the geographic area you plan to serve.
4. Describe the need for additional data about the unmet need for medication services in the community you serve.

### **Bidder's Organization, History and Experience (5 points)**

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

1. Describe the agency's history, mission, purpose, current licenses to operate **as an OTP** and record of accomplishments.
2. Explain the work with the target population and marginalized underserved populations, along with the number of years' experience working with them.
3. 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.
4. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
5. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
6. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
7. 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 will be updated and reviewed regularly.
8. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.

9. Document that the bidder's submissions are up-to-date in the New Jersey Substance Abuse Monitoring System (NJSAMS).
10. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.
11. Attach a one-page copy of the agency's organization chart showing the specific location of the proposed project and its link in the organization.
12. Describe the bidder's sustainability plan for the project at the end of the contract.
13. Describe your interest and commitment to serving individuals with SUD in your community whom you are aware have hesitancy about going to your brick-and-mortar site for behavioral health services.

### **Project Description (30 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:

In this section, the bidder is to provide an overview of how the services detailed in the *Contract Scope of Work* will be implemented.

#### Initiative Infrastructure

1. Describe how you will purchase an MOV that meets the requirements in the *Contract Scope of Work* and allows for your agency to begin providing *Mobile Access* services. Include information about reputable vendors you may work with to submit, within 15 business days of the contract start date, three (3) quotes to be reviewed by DMHAS for approval to purchase.
2. Provide a detailed timeline of the purchase of the MOV and the start of medication services allowing for you to begin services within six (6) months of the contract start date.
3. Describe how you will develop a written policy stating where the MOV will be parked before and after initiative hours.
4. Describe how you will develop a specified route and schedule that enables your agency to fill the unmet needs of a majority of people in the geographic area you plan to serve. Include your plan to ensure your initiative will serve 100 people per year.
5. Describe your plan to publicize the route and schedule to the communities being served.
6. Explain how you will install computer systems in the MOV that allow for private and confidential transmission of all clinical and billing information to the electronic systems at the agency's brick-and-mortar location.
7. Explain how you will install private and confidential telehealth systems for medication services provided by a Data Waivered prescriber if that person will be located at the agency's brick-and-mortar location.

8. Describe how you will facilitate a transfer for a person who chooses to sustain his or her medication services at a program other than your own.
9. Describe how you will ensure that people receive medication treatment by the MOV if referral arrangements cannot be made for them in a timely manner.
10. Describe how you will develop, as specified in the Contract Scope of Work, affiliation agreements with: community providers, pharmacies, EMS, public safety departments and psychiatric screening centers; and laboratories if you do not plan to use CLIA-waivered, rapid tests onboard.
11. Describe how you will develop a written policy for use in selecting people for admission to the program when you have multiple applicants and are near funding capacity.
12. Describe how you will actively partner with other DMHAS-funded initiatives designed to increase access to medications for SUD.
13. Explain how you will develop partnerships with local leaders in the communities along the specified route that ensure the *Mobile Access* initiative will comply with all ordinances and statutes related to the prescribing of medications for SUD in those cities, townships and municipalities. **Include documentation verifying that your agency will be able to legally fulfill the requirements in this *Contract Scope of Work*.**
14. Describe how you will facilitate access to medication services for people who desire medications but are not eligible for *Mobile Access* services.
15. Submit an attestation that you are a Medicaid provider in good standing and explain how you will sustain the provision of medication services through Medicaid, the NJ Addictions FFS Network and/or commercial insurance. Include information about your sliding fee scale ensuring you will not require self-pay for people who have public and/or private insurance or who qualify for state funding.
16. Describe your agency 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.
17. Describe how the demographic makeup of the geographic area you plan to serve (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of *Mobile Access* services.

### *Behavioral Health Medication Services*

1. Explain how you will assess clients for SUD, including AUD, and co-occurring mental illness.
2. Explain how you will ensure that people are referred to withdrawal management services if necessary.
3. Explain how you will ensure people receive an assessment, using DSM-V criteria, for suicidal ideation or other mental health crises requiring immediate transfer to the State's psychiatric screening centers.
4. Explain how you will determine clinical appropriateness for all medications for SUD.



5. Explain how you will collect UDSs. Include information about how you will get results on admission *and* throughout the time a person is receiving services through the *Mobile Access* initiative.
6. Explain the process you will use to prescribe buprenorphine, naloxone, naltrexone, methadone or acamprosate and other medications that may become FDA-approved for the treatment of SUD. Include specific information about whether the prescriber will be on the van or at your brick-and-mortar site.
7. Describe how you will provide written instructions for home induction and follow-up care. Include how your case management staff will accommodate people who show signs of needing support with home induction.
8. Describe when and how you will refer people to any of the State's HRCs if necessary and if practicable.
9. Describe how your prescriber will determine that a person is ready to resume services if he or she self-reports diversion or a current UDS is consistent with diversion. Include information about how the *Mobile Access* team will be involved in these decisions.
10. Describe the policy your agency will develop regarding the use of prescribed or un-prescribed benzodiazepines and other medications
11. Describe the policy your agency will develop regarding the use prescribed medications for co-morbid medical issues.
12. Describe the policy your agency will develop regarding the use of medical marijuana.
13. Describe the policies your agency will develop regarding alternatives to administrative discharge to respond to relapses. Include information about how you will use a harm-reduction approach to SUD treatment.
14. Describe the brief interventions your *Mobile Access* team will use to increase insight into and awareness about substance use and behavioral change with the goal of motivating people to remain in, resume and sustain medication treatment.
15. Explain how you will encourage, if appropriate, a person's approval to include family and/or supporters in the process for admission, treatment, and discharge.
16. Explain your agency's process for maintaining comprehensive and accessible records that document services provided directly and indirectly as described in the *Contract Scope of Work*.

### Medical Referrals

1. Describe the standard checklist you will use to conduct interviews to screen clients on their medical history and symptoms and make referrals as necessary.
2. Describe how you will provide minor, first-aid treatment.
3. Explain how you will ensure people exhibiting signs of medical illness which could result in complications are screened or referred to medical or specialty services and counseling. Provide a workflow for how you will address HIV, hepatitis A, B, or C, STDs, tuberculosis or other infectious diseases.
4. Describe how you will review each woman's history of gynecological testing and mammograms and refer as necessary
5. Explain how you will ensure pregnant women receive prompt priority attention and are immediately referred for medical, obstetrical and gynecological services if they

are not already receiving this care. If the prescriber determines that medications for SUD should be prescribed and monitored at your brick-and-mortar site, include the workflow for ensuring that pregnant women receive medications in coordination with specialty obstetrical providers.

6. Describe how you will ensure that all people who are interested in COVID vaccination or testing receive those services.
7. Describe how you will ensure that all people who are interested in routine vaccinations receive those vaccinations.

### Case Management Services

1. Describe how you will facilitate referrals to primary and specialty services for medical conditions and pregnancy.
2. Describe how you will coordinate with affiliated pharmacies to ensure prescriptions are filled in a timely manner.
3. Describe how you will assess a person's need and make referrals for recovery supports, e.g., supportive housing, supported employment, supported education, harm reduction services, legal services, food or housing.
4. Describe services to assure that eligible individuals apply for Medicaid coverage
5. Describe the case management services you will offer to address obstacles to participating in the *Mobile Access* initiative. Include information about how you will help people who relapse to re-engage in medication services with the *Mobile Access* team.
6. Describe your plan for offering case management services in locations convenient and preferable to people in the program.
7. Describe your plans to educate people about home induction of medications for SUD and the use of naloxone to rapidly reverse overdose.
8. Describe how you will implement an education plan based on harm reduction strategies.
9. Describe your plan for case managers to accompany people who show signs of needing support with home induction, such as people with intellectual or developmental disorders, to their homes to provide training and support in a safe location.
10. Describe how you will offer case management to people who are experiencing obstacles in transferring to other medication prescribers and how you will work with them for three (3) months to ensure their medication services are being sustained.
11. Explain the process you will use to ensure people who are hospitalized for any physical condition or mental illness receive medication services for SUD while hospitalized. Include information about how you will work with people, upon discharge, to resume *Mobile Access* services.
12. Explain the process you will use to ensure that people who enter the criminal justice system receive medication services for SUD while incarcerated. Include information about how you will work with people, upon release, to resume *Mobile Access* services.

13. Describe how you will ensure that people who are homeless or at risk of homelessness are aware of medication services for SUD provided at homeless shelters.
14. Explain how you will facilitate access to shower trucks or libraries that allow the homeless to shower and attend to physical hygiene.
15. Explain how the case management staff will support the collection of all data requirements

### Peer Recovery Services

1. Describe how peer recovery support staff will contribute their personal, lived experience of managing SUD or COD.
2. Describe how peer recovery staff will educate people about coping skills to strengthen them and enable them to remain in the Mobile Access initiative.
3. Describe how peer recovery staff will provide Wellness Coaching that addresses the co-morbid physical needs of people with SUD or COD.
4. Describe how peer recovery staff will support the case manager in facilitating a warm handoff for people being transferred to affiliated community providers, hospitals, jails, prisons and homeless shelters.
5. Describe how peer recovery staff will facilitate the formation of support groups of people who have chosen medications to manage SUD.
6. Explain how you will ensure that peer recovery support staff will complete the DMHAS three-day *Peer Ethics Training*.
7. Explain how peer recovery staff will support the Mobile Access team in the collection of all data requirements.

### **Staffing (15 points)**

Bidders must determine staff structure to satisfy the requirements in the *Contract Scope of Work*. Bidders should describe the proposed staffing structure and identify how many staff will be hired to meet the needs of the initiative.

1. Provide details of **initiative management** to be hired, including hours/staffing schedule, number of hours per staff person, and credentials. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff, if applicable.
2. Provide details of **prescribing staff** to be hired, including hours/staffing schedule, number of hours per prescriber, and credentials. Provide details about where the prescriber will be located, either in the MOV or at the brick-and-mortar location. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff, if applicable.
3. Provide description of **case management staff** to be hired, including hours/staffing schedule, number of hours per staff person and credentials. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff, if applicable.

4. Provide description of **peer recovery support staff** including hours/staffing schedule, number of hours per staff person and credentials. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff, if applicable.
5. Provide description of **data collection and reporting staff**, including hours/staffing schedule, number of hours per staff person and credentials. Details should include currently on-board or to-be-hired staff, with details of the recruitment effort. Identify bilingual staff, if applicable.
6. Provide details about which initiative staff will drive the MOV, including when staff are out sick or on vacation.
7. Attach staffing schedule for coverage on the van.
8. Attach staffing schedule for coverage at the brick-and-mortar location, if applicable.
9. Provide copies of job descriptions and resumes as an appendix – limited to two (2) pages each – for all proposed staff.
10. 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.
11. 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.
12. Describe the bidders' hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
13. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors votes on contract-related matters.
14. 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 affiliations.

### **Data Collection/Evaluation (10 Points)**

The contractee will be required to comply with the DMHAS' program evaluation by responding to data requests from DMHAS and its third-party evaluator, participating in the data collection system to be developed for this initiative, facilitating completion of consumer satisfaction questionnaires and any other monitoring activities.

1. Include a statement of commitment to collaborate with DMHAS on data collection.
2. Identify staff who will be assigned to data collection and reporting. Include their title and experience and number of hours per week assigned to the data and reporting.
3. Describe how data collection will be incorporated in the *Mobile Access* workflow. Include processes that will enable collection of monthly and cumulative

information: Behavioral health medication services, brief intervention, medical services, case management services and recovery services.

4. Describe the assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particular to the reduction of disparities and barriers in access, quality, and treatment outcomes.

### **Facilities, Logistics, Equipment (10 points)**

For the bidder's brick-and-mortar OTP provide details about its location and where its normal business operations are performed. Identify space, equipment and other logistical issues required to operate an MOV, including at minimum, descriptions of:

1. The manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
2. The bidder's Americans with Disabilities Act (ADA) accessibility
3. Information about accessibility, safety, access to public transportation, etc.

For the MOV, provide, at minimum, descriptions of:

1. The plan for adequate space specific for this initiative as specified in the Infrastructure section of the *Contract Scope of Work*. Include the specifications showing the size and design of the MOV.
2. Where the van will be purchased and how it will be altered to fit the needs of the *Mobile Access* initiative.
3. Any maintenance plans and/or schedules for MOV maintenance.
4. Any permits required by the NJ Division of Motor Vehicles and how you will ensure compliance.
5. The procurement of the MOV and all related expenses.

### **Budget (20 points)**

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

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

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to all attendees of the Mandatory Bidders Conference. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard

budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:

- a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
  - b. Section 2 - Proposed one-time costs up to \$300,000 for the purchase of the MOV which will be included in the Total Gross Costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
  3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
  4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per workweek.
  5. Identify the number of hours per clinical consultant.
  6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
  7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.
  8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

## Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages. **Please note that if items #8 through #11 are not submitted and complete, the proposal will not be considered.** Items #12 and #13 below are also required with the proposal unless **the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS. Audits do not count towards appendices 50-page limit.**

1. Bidder mission statement;

2. Organizational chart showing where, in the bidder's service system, responsibility for the *Mobile Access* initiative will reside. Insert names of hired staff and indicate to-be-hired staff.
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the [bidder's charitable registration status](#)<sup>13</sup>;
8. Department of Human Services Statement of Assurances (RFP Attachment C);
9. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
10. [Disclosure of Investment in Iran](#)<sup>14</sup>;
11. Statement of [Bidder/Vendor Ownership Disclosure](#)<sup>15</sup>;
12. Most recent single audit report (A133) or certified statements;
13. Any other audits performed in the last two (2) years; and
14. Original and/or copies of letters of commitment/support.

Additional attachments that are requested in the written narrative section such as the Cultural Competency Plan and not listed in items #1-14 under Appendices do not count towards the 50-page limit for appendices. Appendix information exceeding 50 pages will not be reviewed.

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

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 10 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 13 it is 11 pages long, not 10 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on May 2, 2022. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Additionally, bidders must request login credentials by emailing [SUD.upload@dhs.nj.gov](mailto:SUD.upload@dhs.nj.gov) **no later than one (1) week before the proposal is due**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

<sup>13</sup> [www.njconsumeraffairs.gov/charities](http://www.njconsumeraffairs.gov/charities)

<sup>14</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>15</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

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

## **IX. Review of Proposals**

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

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

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

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

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

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in [Policy Circular P1.04](#)<sup>16</sup>.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by May 23, 2022.

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

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no

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<sup>16</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>



later than 4:00 p.m. on May 31, 2022. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner  
Department of Human Services  
Division of Mental Health and Addiction Services  
5 Commerce Way  
PO Box 362  
Hamilton, NJ 08691-0362  
Fax: 609-341-2302

Or via email: [Helen.Staton@dhs.nj.gov](mailto:Helen.Staton@dhs.nj.gov)

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

DMHAS will review all appeals and render a final decision by June 7, 2022. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

## **XI. Post Award Required Documentation**

Upon final contract award announcement, the contractee(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](#)<sup>17</sup>;
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;

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<sup>17</sup> <https://www.njportal.com/DOR/annualreports/>

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

## **XII. Attachments**

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<sup>18</sup> [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp)

<sup>19</sup> <http://www.nj.gov/treasury/revenue>

<sup>20</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>21</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

**Attachment A – Proposal Cover Sheet**

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

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

Name of RFP: Mobile Access to Medications for Substance Use Disorder

Incorporated Name of Bidder: \_\_\_\_\_

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable) \_\_\_\_\_

DUNS Number: \_\_\_\_\_

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

Chief Executive Officer Name and Title: \_\_\_\_\_

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

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

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

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

Funding Period: From July 1, 2022 to June 30, 2023

Total number of unduplicated people to be served: 100

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

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

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

Authorization: Chief Executive Officer (printed name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

#### **ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

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

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

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

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

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

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

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

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

## **Attachment C – Statement of Assurances**

### **Department of Human Services Statement of Assurances**

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

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

\_\_\_\_\_  
Applicant Organization

\_\_\_\_\_  
Signature: CEO or equivalent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

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**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 a Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



## **Attachment E - Mandatory Equal Employment Opportunity Language**

### **EXHIBIT A**

#### **MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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